SCHOOL HEALTH

COMPREHENSIVE

SCHOOLS AS A SETTING FOR PROMOTING POSITIVE MENTAL HEALTH: BETTER PRACTICES AND PERSPECTIVES

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Introduction JCSH

I. INTRODUCTION

The purpose of this project was to develop guidelines for better practices related to the promotion of positive mental health perspectives within a comprehensive school health framework. This initiative was undertaken by the Joint Consortium for School Health (JCSH) as part of its national knowledge development activities involving the identification and dissemination of better practice information supporting comprehensive school health approaches. This project builds on recent JSCH publications related to positive psychology school health approaches, including: *Positive Psychology in Schools* (April 2009); *Mental Resilience Quick Scan* (March 2009); and the 2009 Canadian Association of Principals Journal on School Health article, *Conceptualizing Psychological Wellness: Addressing Mental Fitness Needs*.

This endeavour was undertaken in September 2009 and was concluded in January 2010. The project was comprised of three specific phases:

- Completion of a literature review focusing on the promotion of positive mental health approaches within a comprehensive school framework.
- Execution of interviews with key informants including educational and school health leaders and service providers involved in the delivery of school-based positive mental health services and initiatives.
- Analyses of convergent practices themes emerging from the literature and key informant interview findings.

This report provides a summary of the outcomes of this initiative. The first section presents a succinct review of relevant research documents and articles that address key insights related to positive mental health perspectives and practices within a school health context. The next section documents the perspectives of educational and school health leaders and service providers regarding positive mental health approaches. The final section outlines convergent better practices emerging from the literature review and key informant interview findings. These better practices are presented according to a comprehensive school framework. It is hoped that the key perspectives and practices delineated in this document may serve as a useful planning resource for teachers, school administrators and school health professionals, as well as other government, provincial and community stakeholders involved in the development or implementation of positive mental health approaches.

II. LITERATURE REVIEW

PURPOSE

The purpose is to provide a complete literature scan of promising practices for the promotion of positive mental health among students in the school context. A comprehensive school health framework was applied to guide the identification of evidence-informed and promising practices in areas related to social and physical environments, teaching and learning, partnerships and services, as well as school health policies.

METHODOLOGY

The research activities for this initiative included a review of relevant published and unpublished reports, and an examination of specific theoretical models and corresponding service or program applications related to the promotion of positive mental health in the school context. The scope of this review considered both research and professional documents from Canadian and international literature. Criteria for the inclusion of literature included:

- post-2000 publications;
- professionally reviewed or juried research documents;
- summary and literature review articles;
- program evaluation reports; and
- theoretical literature relating to better practice applications.

This initiative culminated in the completion of a literature summary document. In this report, headings and concise practice statements are used to ensure the effective presentation of key practices for a broad audience of readers including educators, administrators, school health and community service providers, as well as parents and other community stakeholders.

This report begins with an overview of key definitions and assumptions related to positive mental health, as well as evidence supporting such approaches. There follows a summary of promising practices and approaches organized according to a comprehensive school health perspective.

CONCEPTUALIZING POSITIVE MENTAL HEALTH

Mental health programs and services within the school, community and health settings have often focused on addressing concerns related to the psychological well-being of children and youth through the identification of risk-need factors, delivery of timely intervention and support services, and promotional efforts aimed at reducing potential stigma associated with mental health conditions. Traditionally, such approaches have emphasized the problems or challenges associated with existing or emerging mental

health-related concerns in children and youth, and the approaches or interventions needed to remediate or address areas of risk and need (Terjesen, Jocofsky, Froh & Digiuseppe, 2004; Morrison, Kirby, Losier & Allain, 2009).

Recent better practice research across health and educational domains assert the importance of moving beyond a problem-focused approach to embrace a more positive view of mental health. This shift involves the recognition that children's and youths' state of psychological well-being is not only influenced by the absence of problems and risk-need concerns, but also is impacted by the existence of positive factors present within individuals and their social settings that contribute to positive growth and development. From this perspective, positive mental health views and approaches underscore that positive mental health is more than the absence of mental illness.

Positive mental health is a component of overall health and is shaped by individual, physical, environmental, social, cultural and socio-economic characteristics. Fostering the development of positive mental health by supporting individual resilience, creating supportive environments and addressing the influence of the broader determinants of mental health, are key components of promoting mental health (CIHI, 2009, p. 2).

The Public Health Agency of Canada describes positive mental health as "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity" (2006, p. 2).

The emergence of positive mental health perspectives has shifted the focus of educators and health professionals "from a preoccupation with repairing weakness to enhancement of positive qualities" (Clonan, Chafouleas, McDougal & Riley-Tillman, 2004, p. 101). Such qualities or factors may include investigation or application of positive individual traits, positive personal experiences or enabling initiatives/programs that help enhance the quality of life of children and youth, and prevent or reduce the risk of developing mental health-related concerns (Seligman & Csikszentmihalyi, 2000).

KEY ASSUMPTIONS

Positive mental health approaches in education and health share common principles or values related to fostering the psychological well-being of children and youth. These include the assumptions that:

 children and youth have inner strengths and gifts that support their capacity to initiate, direct and sustain positive life directions (Hamilton & Hamilton, 2004; Losier & Morrison, 2007);

- child and youth engagement and empowerment are critical considerations for facilitating positive development or change (CSPH, 2002; Deci & Ryan, 2007);
- children's and youths' social contexts and networks provide important resources and influences that have the capacity to contribute to and enhance their psychological well-being (Losier & Morrison, 2007; Sheridan, Warnes, Cowan, Schemm & Clarke, 2004); and
- children's and youths' relationships with adults and peers that contribute to psychological well-being are characterized by interactions that convey genuineness, empathy, unconditional caring and affirmation (Brendtro, 2003).

POSITIVE MENTAL HEALTH CONCEPTS

The literature on positive mental health approaches includes a wide array of key concepts that describe the nature and characteristics of promising perspectives and practices for the promotion of psychological wellness among children and youth. These positive mental health themes include: social-emotional learning; positive (strength-focused) youth development; resiliency; protective factors; diversity; acceptance and understanding of student mental health needs; connectedness; strength-based perspectives; mental fitness; and self-efficacy.

SOCIAL-EMOTIONAL LEARNING

Social-emotional learning is defined as the process through which children and youth develop the knowledge, attitudes and skills to:

- identify and manage their emotions;
- set and pursue positive goals;
- communicate caring and concern for others;
- initiate and sustain positive relationships;
- make decisions that demonstrate respect for self and others; and
- deal with interpersonal concerns and challenges effectively.

These critical developmental competencies assist children and youth in initiating friendships and resolving conflicts, calming themselves when they are upset and making choices that contribute to the positive growth and development of self and others in their school and home communities (NCMHPYVP, 2008; Payton, Wardlaw, Graczyk, Bloodworth, Tompsett & Weissberg, 2000; Ross, Powell & Elias, 2002). Positive research support for the effectiveness of social-emotional programs has been noted in both school and afterschool settings. Areas of change linked to such programs have included enhanced positive attitudes about self and others, strengthened connections to school and increased academic performance, as well as reductions in externalizing and internalizing behaviours (Payton, Weissberg, Durlak, Dymnicki, Taylor, Schellinger & Pachan, 2008).

POSITIVE YOUTH DEVELOPMENT

Positive youth development refers to ecological, asset or strength-based approaches that promote healthy child and youth development through supportive community environments and connections. In contrast with interventions or approaches that attempt to solve mental health concerns or problems, an underlying function of youth development programs is the promotion of normal, healthy child and adolescent development. In contrast with traditional community mental health programs, these approaches focus on the inclusion of all children and youth, rather than targeting services to those with specific risk-need profiles (Bradshaw, Brown & Hamilton, 2008).

Positive youth development approaches focus on building relationships with caring adults within the community through engagement in challenging activities in which youth are active participants rather than solely recipients of services or supports. Such methods include structured programs that provide opportunities to explore, apply and build upon their strengths and capacities, as well as those assets in their immediate social environment and communities (Hamilton, Hamilton & Pittman, 2004; Bradshaw, Brown & Hamilton, 2008; Damon, Bronk & Menon, 2004).

RESILIENCY

Resiliency is defined as the demonstration of positive adaptation among children and youth despite challenges, obstacles or areas of risk that they may encounter in their social contexts and living circumstances (Small & Memmo, 2004; Axvig, Bell & Nelson, 2009). Recent research suggests that resilient individuals:

- feel appreciated and valued for their individual gifts and strengths;
- have an understanding of how to set realistic expectations for themselves and others;
- possess positive problem-solving skills;
- apply productive coping strategies when they encounter areas of challenge or vulnerability;
- seek assistance from others when support is deemed necessary; and
- experience positive support and interactions from peers and adults (Brooks & Goldstein, 2001; Axvig, Bell & Nelson, 2009).

Asset development theories propose that both internal and external factors contribute to resiliency in children and youth. Internal assets include values, skills and self-perceptions that young people apply "to guide and regulate" their decisions and behaviour (Short & Russell-Mayhew, 2009, p. 216). External assets are identified as factors that facilitate the development of positive relationships with students in the home, school and community contexts. Such relationships are characterized by the provision of support and care, and the demonstration of unconditional acceptance and empathy. Asset-rich schools are described as those in which educators and other caring adults make efforts to understand the perspectives of students, and convey an attitude of support for their personal and academic development (Short & Russell-Mayhew, 2009).

PROTECTIVE FACTORS

In contrast with risk factors that may pose challenges to children's and youths' adaptation, protective considerations have been defined as factors that contribute to positive development and resiliency. The enhancement of protective factors requires addressing the developmental needs of children and youth.

Preschool years: During these developmental years, efforts should be made to support children's primary caregivers. Key protective considerations include promoting the importance of prenatal care, facilitating the development of nurturing family routines and enhancing caregiver skills and confidence.

Middle childhood: Between the ages of six and twelve, children's school experiences become increasingly important. Meaningful educational experiences contribute to positive social and academic development in children and youth and foster the development of healthy peer relationships. Positive school-based experiences for children involve providing them with opportunities to experience academic success and supportive, caring interactions with adults who work collaboratively including educators, caregivers, family members and those from the wider community (Morrison, LeBlanc & Doucet, 2005).

Adolescence: During the later school years, strengthening protective factors includes specific emphasis on promoting pro-social attitudes and behaviours through positive interactions with others in home, school and community settings. Youths' participation in structured community-based and recreational activities serves to enhance social skills, encourage positive peer interactions, create a sense of belonging beyond the family context and decrease social isolation (Morrison et al., 2005).

DIVERSITY

Pioneering work by Chickering and Gamson in the 1980s helped educators shift their focus from a systems-based to a student-centered approach to instruction and learning environments. In considering the essential needs of all students, programming has moved increasingly toward an appreciation of diversity and the valuing of a broad spectrum of student strengths and learning styles. Educators increasingly "think more broadly about the diversity of our students and how students' social identities can shape their learning experiences, and meanwhile we are also more focused on how we can ensure that no students are excluded or marginalized" (Higbee & Goff, 2008, p. 12).

In recent years, researchers have underscored the connection between culture, student learning and classroom communication (Lee, Mearkart & Okagawa-Reg, 2002; Nieto, 2002). According to Higbee and Goff (2008), "the life experience that the students bring into the classroom is highly valued and used as a point of entry for teaching and learning. In so doing, students find their cultural values highly regarded" (p. 30). Both teachers and students benefit from a culturally enriched learning environment that ensures the voices of all students are acknowledged and valued, and classroom content and delivery approaches that are inclusive of diverse points of view and cultural contexts.

It is commonly acknowledged that providing students across a spectrum of learning styles, cognitive strengths and challenges, physical abilities and cultural backgrounds with increased opportunities for accessing curriculum content and classroom activities leads to

greater potential for academic and social growth. This emerging educational philosophy has resulted in a shift away from helping educators *deal* with diversity, toward enhancing teaching and learning methods and environments to meet the needs of a heterogeneous student population.

ACCEPTANCE AND UNDERSTANDING OF STUDENT MENTAL HEALTH NEEDS

The issue of stigma associated with mental illness in children and youth remains a challenge for educators, and must be targeted as an essential area of change in the design of positive learning environments (Rickwood, Cavanagh, Curtis & Sakrouge, 2004; Conrad, Dietrich, Heider, Blume, Angermeyer & Riedel-Heller, 2009; Essler, Arthur & Stickley, 2006). According to World Health Organization (WHO) estimates, "approximately one in five young people under the age of 18 experiences some form of developmental, emotional or behavioural problem; one in eight experiences a mental disorder" (WHO, 2004, p. 13). The inclusion of these students in all learning environments necessitates careful attention and sensitivity to their academic and health and wellness needs, as well as existing attitudes and stigma associated with mental illness.

Within health-promoting schools, addressing mental health issues requires the design of policies and programs that are based on:

- awareness of the mental health needs of student populations;
- the will to advocate for change in attitudes and understanding; and
- targeted solutions and results-focused program evaluation activities (Vince Whitman, Aldinger, Zhang & Magner, 2008).

Vince Whitman et al. (2008) assert that schools that embrace comprehensive health approaches are ideally suited for the promotion of mental health awareness. With a shared focus among health and education stakeholders on creating healthy physical and psychosocial environments, there are inherent opportunities to promote awareness and sensitivity, as well as to reduce the stigma associated with chronic mental health conditions in children and youth.

CONNECTEDNESS

Connectedness refers to children's and youths' perceptions regarding the nature of key relationships in their daily routines and activities. Connectedness is closely linked with the basic needs of *belonging* or *relatedness*, and involves relating, feeling close to and experiencing positive attachments with caregivers, peers and others within home, school or community contexts (Deci & Ryan, 2007; Schonert-Reichl, 2007). Connectedness may be considered on four major relationship levels, including:

Parent connectedness: Early positive-child attachment has been associated with longer term positive psychosocial development in children and youth. As time with peers increases, adequate parental monitoring provides needed structure related to routines and friendship development, and supports the emergence of autonomy throughout later childhood and adolescence (Schonert-Reichl, 2007; Morrison, Kirby, Losier & Allain, 2009).

Peer connectedness: As children become older, friendships with peers become increasingly important and are a key source of relationship influence in their lives. Peer connectedness is impacted by the quality of interactions within friendships (Do friends care about me? Do I have friends with whom I can talk? Do my friends help me when I have problems?). For many, the quality of friendships is more important than the quantity (Schonert-Reichl, 2007).

School connectedness: School connectedness refers to the extent to which students perceive they are accepted, respected, included and supported by others in the educational environment. In the literature, school connectedness has been positively associated with academic motivation, performance and adjustment. Similarly, school connectedness has been found to relate to students' sense of belonging and self-esteem, whereas it has been negatively correlated with the presence of delinquency, oppositional behaviour and high-risk health behaviours (Juvonen, 2007). Within the school context, school connectedness may be fostered through:

- application of cooperative learning strategies;
- development of caring peer friendship opportunities that are emotionally safe for students; and
- provision of social supports during times of academic change and transition.

Community connectedness: Children and youth who are able to identify adults in the community who know and care about them tend to experience a greater sense of personal well-being (Juvonen, 2007). Community connections provide children with a broad sense of belonging that may buffer challenges they experience in other relationships within their lives. Connectedness is promoted within neighbourhood contexts in which children and youth feel safe, valued and have opportunities to become meaningfully involved as members of the community (Health Canada, 2008).

STRENGTH-BASED PERSPECTIVES

The emergence of positive psychology has contributed to increased focus on the identification, exploration and use of strengths in children and youth to foster positive mental health outcomes within school, home and community contexts. Strength or asset approaches view children and youth as having self-righting potential and innate strengths for resilient outcomes. From this perspective, problems are reframed as learning opportunities. The resolution of such challenges results in the development of positive strengths and resilience (Brendtro, Brokenleg & Van Bockern, 2005; Sternberg, 2000; Laursen, 2003; GermAnn, 2009). As Brendtro et al. (2005) assert:

Strengths enable one to cope with difficult life challenges, a common definition of resilience. Even the concept of intelligence is being reformatted to a strengths perspective. Abandoning the bell-shaped curve notion of talent, practical intelligence is defined as the ability to meet pro-social goals by developing one's strengths and overcoming limitations (p.130).

Various theorists have linked strength-based approaches with the Circle of Courage (Brendtro et al., 2005) model. A basic assumption of this model is that all individuals share common needs that require the use and development of strengths. In other words, when key need areas are fulfilled opportunities for expressing and exercising personal strengths are provided. These need areas include:

- Belonging: opportunity to establish trusting connections;
- Mastery: opportunity to solve problems and meet goals;
- Independence: opportunity to build self control and responsibility; and
- Generosity: opportunity to show respect and concern for others.

According to Cox (2008), applying a strength-based perspective requires a commitment to structured processes for exploring strengths and developing personalized, strength-based approaches for working with children and youth. Such processes should include procedures for assessment, acknowledgement and creative applications of strengths in pursuing opportunities for personal growth.

MENTAL FITNESS

Mental fitness is defined as a state of psychological wellness that reflects people's self-perceptions (feeling and cognitions) regarding the fulfillment of three basic psychological need areas. These include the need for relatedness, competency and autonomy.

- Relatedness refers to the need for connection or closeness to family, peers
 and other significant individuals. Fulfillment of this need requires interaction
 with others, membership in groups and support and encouragement. When
 relatedness needs are met, children's and youths' self-perceptions may include
 such notions as: I belong or am part of a group or community, or I feel included,
 encouraged and supported by others (Deci, 2009; Deci & Ryan, 2007; HERG,
 2007).
- Competency refers to the need for recognition and to use personal gifts and strengths to achieve goals. Fulfillment of this need provides individuals with a sense of personal achievement and accomplishment. When competency needs are met, children's and youths' self-perceptions may include such beliefs as: I have strengths and gifts that are recognized by others. When I use them to meet goals I feel a sense of worth and accomplishment (Deci, 2009; Deci & Ryan, 2007; HERG, 2007).
- Autonomy refers to the need for personal freedom to make choices or decisions. When this need is satisfied in conjunction with other need areas, freedom and choice are expressed in ways in which respect is demonstrated for self and others. When autonomy needs are met, children's and youths' selfperceptions, as well as those of adults, may include such beliefs as: I am able to make decisions about things that are important to me and others. I feel hopeful because others support my participation in decision-making (Deci, 2009; Deci & Ryan, 2007; HERG, 2007; Reezigt & Creemers, 2005).

Current research suggests that satisfaction of all three needs is associated with increased psychological well-being or resilience, as well as increased self-determination related to setting goals, formulating plans and carrying out activities for healthy lifestyle behaviour change. In addition, recent provincial surveillance results in Atlantic Canada revealed that:

- at moderate and high levels of mental fitness, increases in mental fitness were associated with increases in reported positive affect (unpleasant vs. pleasant affect) among students;
- increases in mental fitness were associated with increases in reported pro-social attitudes and decreases in oppositional behaviours;
- reduction in the probability of smoking in the past 30 days for both male and female students was associated with increases in mental fitness;
- lower levels of mental fitness were associated with higher levels of susceptibility to smoking for both male and female students; and
- the probability of engaging in competitive physical activity increased as mental fitness increased from low to high levels. While not as large, increases in mental fitness were also associated with increases in participation in non-competitive physical activity (HERG, 2007).

According to Ryan and Deci (2008), psychological needs associated with relatedness, competency and autonomy may either be met or thwarted within social relationships and interactions. Ideally, mental fitness approaches should be applied in a proactive manner to foster the psychological well-being of all children and youth within their natural social environments. In this regard, schools, homes and communities are key settings for intentionally addressing mental fitness or psychological needs. Some potential implications for contributing to psychological wellness may include:

- empowering children and youth to collaborate with their peers to develop their own solutions for specific problems (autonomy, competency, relatedness);
- suspending judgment and encouraging children and youths to express their thoughts and feelings in classroom and home discussions (autonomy);
- providing opportunities for children and youth to identify and use their strengths in academic work (autonomy, competency);
- encouraging children and youth to be involved in a wide range of activities that include emphasis on their interests and preferences (competency, autonomy);
- emphasizing fairness and social inclusion in small group, school-wide and community learning activities (relatedness);
- reaching out and involving specific groups of children and youth who do not feel part of the school or community (relatedness, autonomy); and
- focusing on developing positive working relationships with parents and members of the community (relatedness) (HERG, 2007).

SELF-EFFICACY

Self-efficacy beliefs are the perceptions people hold regarding their ability to perform successfully in a particular situation. In other words, does a person perceive that they have the necessary skills to successfully complete a given task? Self-efficacy beliefs are shaped over time and impact many aspects of people's lives including their goals, their decision-making and how much effort they will direct towards completing an activity, including their level of persistence when facing personal obstacles or challenges (Hejazi, Shahraray, Farsinejad & Asgary, 2009; Leurs, Bessems, Schaalma & de Vries, 2007).

Research indicates that students with high self-efficacy are more likely to seek challenges, persist in the face of challenge and use effective strategies to address problems when compared

with their peers with low self-efficacy. In addition, research has also identified a positive link between student self-efficacy, academic achievement and their use of meaningful learning strategies (Linnenbrink & Pintrich, 2003; Lane & Lane, 2001). Perceptions of self-efficacy in children and youth involve their perceptions of whether they are capable of successfully meeting personal, academic, health or social goals. Key means for increasing levels of self-efficacy include:

- experiencing repeated success on tasks (mastery);
- seeing others be successful (modeling); and
- receiving words of encouragement and affirmation from others (social persuasion) (Tucker & McCarthy, 2001).

POSITIVE MENTAL HEALTH CORRELATES WITH HEALTHY DEVELOPMENT

In the literature, positive mental health approaches and practices have been positively correlated with healthy and enhanced physical and emotional developmental outcomes in children and youth. The key positive mental health concepts outlined in the preceding sections revealed a range of educational, physical health and psychosocial benefits related to the use of positive mental health perspectives and practices. In this regard, applications of positive mental health concepts were associated with:

- identification and effective management of emotions;
- promotion of normal and healthy child and adolescent development;
- exploration and use of children's and youths' strengths and capacities;
- development of meaningful family, school and community relationships;
- enhancement of positive coping and problem-solving skills;
- creation of meaningful and positive learning environments;

- increased participation in structured community recreational and leisure activities;
- enhanced respect and appreciation for diversity and individual differences;
- increased understanding and de-stigmatization of mental health conditions;
- enhanced opportunities for children and youth to demonstrate age-appropriate autonomy and choice;
- heightened sensitivity to the needs of others and demonstration of pro-social behaviours;
- increased involvement in structured and unstructured physical activities;
- reduction in high-risk behaviours (e.g. tobacco use);
- enhanced academic achievement and school attendance;
- decreased oppositional behaviour; and
- increased academic confidence and engagement.

According to Deci and Ryan (2007), positive mental health approaches and perspectives contribute to psychological wellness and increased readiness to pursue goals related to healthy lifestyle change and personal growth. From their perspective, individuals with positive mental health are more likely to be self-determined; that is, "to think about and act on personal decisions to contribute to emotional and physical growth" (HERG, 2007, p. 4).

POSITIVE MENTAL HEALTH IN SCHOOLS

SCHOOLS AS A CRITICAL SETTING FOR POSITIVE MENTAL HEALTH

According to Stewart, Sun, Patterson, Lemerle and Hardie (2004) the role of the school has been regarded, both nationally and internationally, as an important environment for promoting the psychological wellness and resilience of children and youth. Schools provide a "critical context for shaping children's self-esteem, self-efficacy and sense of control over their lives" (p. 27). Given that children and youth spend more than six hours daily and over 180 days a year in school, the educational context provides key opportunities for delivering activities and comprehensive initiatives related to positive mental health. As children move into their early and later teen years, schools may play an even greater role than the home context in influencing youth, given the powerful influence that teacher support and peer networks have within the educational settings (Stewart, 2008; Stewart et al, 2004).

Policy-makers and practitioners from both the education and health sectors have recognized the critical importance of mental health and the potential roles that schools can play in promoting the positive mental health of all students, including those already identified or at risk of developing mental health problems (Aldinger, Zhang, Liu, Pan, Yu, Jones & Kass, 2008; St. Leger, Kolbe, Lee, McCall & Young, 2007). Schools are a unique community

setting where the greatest number of children and youth can be accessed and supported. Although schools traditionally have been concerned with the provision of educational services, current research and practice-based perspectives assert the importance of mental health to learning, as well as to the social and emotional development of students (Kopela & Clarke, 2005). Given "the important interplay between emotional health and school success, schools must be partners in the mental health care of our children" (NCMHPYVP, 2008, p. 1).

The promotion of mental health for all students involves responding effectively to learning challenges and needs, as well as promoting the well-being of every student. In order to accomplish these goals, educational and health professionals, in collaboration with community stakeholders, must:

- combine efforts and resources to create continuums of school and communitybased care and support that foster the positive development of children and youth, and that prevent the development of mental health-related concerns;
- organize evidence-informed early intervention services and supports that are easily accessed in a timely fashion; and
- provide continuity of assistance for those with chronic conditions who require more intensive supports (Adelman & Taylor, 2006; NB ISD, 2009; GermAnn, 2009).

Within the school context, positive mental health promotion should focus on enhancing protective factors that contribute to the social-emotional growth of children and youth, and decreasing specific risk factors that impede psychosocial development. Key strategic actions for positive mental health promotion include:

- implementation of supportive public and school policies;
- development of safe and caring environments within school and community settings;
- provision of direct instruction for students on skills and strategies that enhance their coping and problem-solving capacities;
- ensuring engagement and mobilization of community members in promoting protective factors; and
- development of collaborative and integrated services and supports that share a common vision for positive mental health promotion (Rickwood, 2007).

HEALTH PROMOTING SCHOOLS

A systematic review carried out by the World Health Organization (WHO) (Stewart-Brown, 2006) revealed that school-based programs "are particularly effective if developed and implemented using approaches common to the *health promoting schools* approach" (Cushman, 2008, p. 232). In the Canadian context, the health promoting schools approach

is known as *comprehensive school health*. This review highlighted 17 studies that evaluated interventions involving all students and that included the promotion of some aspect of positive mental health. School-based health promotion activities ranged from single intervention classroom-based approaches to the implementation of comprehensive programs that involved classroom, school-wide and community-based efforts. Evidence of effectiveness was noted for school-based initiatives that adopted a whole-school approach and that included major characteristics associated with the health-promoting schools model (e.g., student skill development, changes in the school environment, participation of parents and members of the local community). In addition, programs that were implemented continuously beyond one year were identified as more likely to be effective (Stewart-Brown, 2006).

According to the World Health Organization (1997), health promoting schools are defined as ones "in which all members of the school community work together to provide pupils with integrated and positive experiences and structures which promote and protect their health. This includes both the formal and the informal curriculum in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health" (p. 2).

This definition can be elaborated by considering the ten guidelines for health promoting schools outlined by the International Union for Health Promotion and Education (IUPHE) in 2009. These principles assert that health promoting schools:

- promote the health and well-being of students;
- enhance the learning outcomes of students;
- uphold social justice and equity concepts;
- provide a safe and supportive environment;
- involve student participation and empowerment;
- link health and education issues and systems;
- address the health and well-being issues of all school staff;
- collaborate with parents and the local community;
- integrate health into the school's ongoing activities, curriculum and assessment standards;
- set realistic goals built on accurate data and sound scientific evidence; and
- seek continuous improvement through ongoing monitoring and evaluation (p. 2).

Although there has been widespread international recognition of the efficacy of health promoting schools, Cushman (2008) asserts that "there is still debate around the precise meaning of a *health promoting school*" (p. 232), and the key processes that support the effectiveness of this model. A recent multiple-case study carried out by Inchley, Muldoon and Currie (2007) investigated the implementation of four health promoting schools over

a four-year period. This study revealed a range of key factors that had contributed to the development and successful implementation of these sites. These factors included:

- Ownership and empowerment: "A sense of ownership by the individual schools
 was considered crucial to the success of the project...Members of staff were
 more likely to buy in to the project when it was rooted in the school and they
 had control over development and implementation" (p, 69).
- Leadership and management: "Where senior management did take the lead, it gave the project status and their involvement was considered crucial to effective implementation, even if they were not participating at an operational level...Senior management involvement/leadership helped to embed the health promoting school concept in the life of the school" (p. 70).
- Collaboration: "Partnership working or 'intersectoral collaboration' is a core
 principle of the HPS....Within these schools, the process of forming a group
 was a valuable learning experience and a number of important steps towards
 establishing effective alliances were made. These included identifying key
 players, allocating roles clearly, and establishing effective communication
 channels" (p. 70).
- Integration: "Integrating new initiatives into the ongoing life of the school is
 considered crucial to sustainability in the longer term....Some schools found it
 more difficult than others to identify links with existing practices and priorities.
 Where links were perceived, the project was more likely to become a core
 element of the ongoing work of the school" (p. 71).

COMPREHENSIVE SCHOOL HEALTH FRAMEWORK: A MODEL FOR POSITIVE MENTAL HEALTH PROMOTION

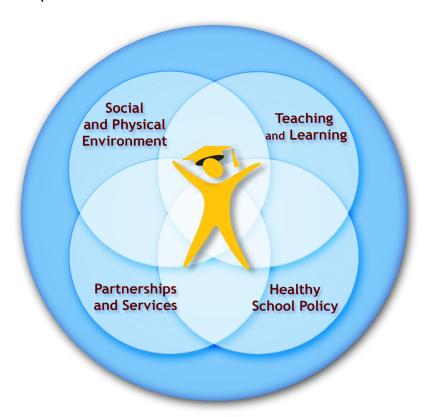
The Comprehensive School Health framework has been recognized internationally as a better practice framework for supporting children and youths' academic development concurrently with addressing school health areas in an intentional, multifaceted and integrative manner. Comprehensive school health:

- affirms that physically and emotionally healthy children and youth are more likely to reach their academic potential;
- recognises that the school setting has the potential to contribute positively to students' positive mental health;
- promotes the belief that healthy lifestyle choices positively impact children's and youths' physical health and emotional well-being;
- integrates health into all aspects of school and learning;
- bridges health and education concerns and systems; and
- requires the support and collaboration of families, community members and services providers (JCSH, 2009).

The comprehensive school health framework involves a whole school approach that includes four inter-related pillars that provide the foundation for this model. They include:

- social and physical environment
- teaching and learning
- healthy school policy
- partnerships and services (JCSH, 2009)

Figure 1: Comprehensive School Health Framework - Joint Consortium for School Health



The following sections provide an overview of promising approaches cited in the literature that may be applied in the school context to promote positive mental health outcomes among children and youth. The highlighted perspectives and practices are organized according to the major pillars of the comprehensive school health framework.

PILLAR I: SOCIAL AND PHYSICAL ENVIRONMENT

According to the Joint Consortium for School Health (2009), the *social environment* is defined as the quality of the relationships among staff and students in the school, and the emotional well-being of students, as well as the attachments that students have with their families and members of the wider community. *Physical environments* include the

buildings, grounds, play spaces and equipment within and surrounding the school. This pillar of comprehensive school health challenges educators and administrators to attend to all aspects of the learning environment in order to meet the emotional, physical and academic needs of a diverse population of children and youth. The key perspectives and practices outlined for this pillar are organized according to three specific theme categories:

- physical and emotional safety
- school and classroom climate
- use of physical spaces

PHYSICAL AND EMOTIONAL SAFETY

Within a comprehensive school framework that includes positive mental health promotion, safety for learning includes both physical safety and emotional/psychological safety. The creation of a safe environment involves both advanced planning and ready responses in times of crisis. Key considerations for proactive planning include:

Physical Safety

- Ensure that signs are posted, exits are identified and illuminated, and halls are clear to facilitate ease of movement.
- Have emergency codes and procedures posted in hallways and in classrooms.
 Review these on a regular basis with school staff and students.
- Assign educational staff to monitor student movement at doors and hallways at times of arrival, departure or class transitions.
- Ensure that all school staff and students have a clear understanding regarding
 positive behaviour expectations in the classroom, halls, lunch area and during
 community or special events. These expectations should be reviewed at the
 outset of the school year, as well as before and after vacation breaks.
- Collect data from school staff and students on areas of concern related to physical safety. Use such data to identify problems and potential responses.

Emotional Safety

- Encourage staff to learn students' names as soon as possible and to greet them by name each day.
- Ensure that students who are identified as at-risk or needing additional support
 have a staff member assigned to them who will take additional initiative and
 make a positive connection.
- Review behavioural expectations with students and practice specific behaviours, skills or routines with them to ensure positive participation in classroom and school activities.

- Ensure that educational and school staff model respectful behaviour towards their colleagues and students.
- Respond in a timely fashion to reports of harassment, name-calling or bullying. Implement responsive strategies that support identified victims and apply restorative processes to re-engage students who have initiated any form of harassment or bullying towards others (Minneapolis Public Schools, 2009; Riley, 2001).

In addition, the implementation of school-wide programs that emphasize social and emotional learning also contributes to key practices and interactions that support the creation of a physically and emotionally safe school environment. Promising programs include the Olweus Bully Prevention model, Second Step Social Skills Curriculum and Positive Behaviour Intervention Supports (Minneapolis Public Schools, 2009).

A recent concern and potential threat to emotional and physical safety has been the emergence of cyberbullying. According to Diamanduros, Downs and Jenkins (2008), technology "has removed the schoolyard parameters from traditional bullying and expanded the problem to the borderless cyberworld" (p. 693). Patchin and Hinduja (2006) describe cyberbullying as an intentional act that harms another person through the medium of electronic text. Suggested strategies for addressing cyberbullying include:

- holding information sessions for parents that increase their awareness of cyberbullying and warning signs associated with their own children's use of technology;
- establishing mentoring programs that involve older students assisting younger peers in understanding cyberbullying and learning about responsible technology use;
- assessing the seriousness of cyberbullying comments and intent with the support of school-based student services personnel;
- creating clear policies on cyberbullying and sharing these with students and parents during school orientation meetings; and
- developing interactive lessons on appropriate technology use to be presented by media specialists in collaboration with school counsellors and teachers (Diamanduro et al., 2008).

SCHOOL AND CLASSROOM CLIMATE

School and classroom climate may be defined as "the quality and character of school life. It is based on patterns of school life experiences and reflects norms, goals, values, interpersonal relationships, teaching, learning and leadership practices, and organizational structures" (NSCC et al., 2008, p. 5). A critical preliminary step in addressing school and classroom climate is the establishment of a common understanding of this concept among school staff, students and parents and its link to the creation of environments conducive to learning. The next step involves assessing the existing school climate and identifying actions that can be undertaken by the whole school community to promote or sustain attitudes

and practices that will contribute to a positive learning environment. Assessing school climate often requires the review of multiple data sources. This may include reviewing:

- Perception survey results: These survey outcomes may provide valuable information regarding the extent to which the school climate is regarded as positive by students, parents and faculty.
- Student discipline records: These sources of information may include office
 referrals or suspension and expulsion records. These records often contain
 information on the number of students being referred for discipline, and
 whether any one sub-group of students is being disproportionately referred for
 discipline or suspended.
- Class or school attendance records: These sources of information provide data related to lateness and patterns of absence related to specific sub-groups of students, teachers or subject areas.
- Participation records: Records that account for student participation in school clubs or extra-curricular activities may provide useful information regarding the number of students who are involved in varied in-school and out-of-school activities (CCSRI, 2009).

According to Willms, Friesen and Milton (2009), developing plans to positively impact school-wide and classroom climate requires designing actions that contribute to the enhancement of students' engagement socially, academically and intellectually. They define student engagement as "the extent to which students identify with and value schooling outcomes, have a sense of belonging at school (social engagement), participate in academic and non-academic activities (academic engagement), strive to meet the formal requirements of schooling, and make a serious personal investment in learning (intellectual engagement)" (p. 7). Addressing student engagement involves understanding and responding to the school experience and perspectives of students. It is critical that educators and parents understand how students feel about school life (Are they frustrated, anxious, bored or depressed?); their own achievements (Are they excited about what they are learning? Are they learning at all?); and their relationships with others (Do they feel good about themselves? Do they feel cared about by others?) (p. 7).

USE OF PHYSICAL SPACES

Health promoting schools benefit from a commitment to the universal design of their physical spaces. The principles of universal design suggest that "rather than designing your facility....for the average user, you design them for people with a broad range of abilities.... and other characteristics" (Burgstahler, 2009, p. 1). With proactive planning measures in place, the needs of individuals with physical challenges, disabilities and indeed all those who benefit from well-designed and welcoming spaces are addressed in an atmosphere of full inclusion and acceptance of diversity. Physical spaces should be designed to ensure that all students and school staff:

- feel welcome;
- can access facilities and manoeuvre within them;

- are able to fully participate and benefit from learning activities; and
- make use of accessible equipment and software (2009).

When applying universal design principles to the development or renovation of physical spaces in schools, it is essential to consider the diversity of the school community at all stages of planning. Burgstahler (2009) identifies the following steps for applying universal design to physical spaces in an educational context:

- *Identify the space*. Select a physical space; consider the purpose of the space, location, dimensions, budget and other issues that affect design.
- Define the universe. Describe the overall population and then consider the diverse characteristics of potential members of the population who might use the space (e.g., students, staff and visitors with diverse characteristics with respect to gender, age, size, ethnicity and race, native language, learning style, and their ability to see, hear, manipulate objects, read and communicate).
- Involve consumers. Consider and involve people with diverse characteristics
 (as identified in Step 2) in all phases of the development, implementation and
 evaluation of the space.
- Adopt guidelines or standards. Review research and practice to identify the
 most appropriate practices for the design of the type of space identified in
 Step 1. Identify universal design strategies to integrate these best practices in
 architectural design.
- Apply guidelines or standards. Apply universal design strategies in concert with
 other best practices identified in Step 4 to the overall design of the physical
 space (e.g., aesthetics, routes of travel) and to all subcomponents of the space
 (e.g., signage and restrooms, sound and fire and security systems).
- Plan for accommodations. Identify processes to address accommodation requests by individuals for whom the design of the space does not automatically provide access (e.g., cafeteria staff members should know how to assist customers who are blind).
- Train and support. Tailor and deliver ongoing training and support to staff who
 manage the physical space. Share institutional goals with respect to diversity
 and inclusion and practices for ensuring welcoming, accessible and inclusive
 experiences for everyone using the space. Explain the reasoning behind design
 decisions so that design integrity is maintained over time (e.g., make sure
 that staff know not to configure furniture in such a way that it creates physical
 barriers to wheelchair users).
- Evaluate. Include universal design measures in periodic evaluations of the space, evaluate the space with a diverse group of users and make modifications based on feedback. Provide ways for ongoing input to occur (e.g., through online and printed instruments and signage that requests suggestions from facility users) (p. 2).

PILLAR II: TEACHING AND LEARNING

This pillar includes learning activities and curriculum approaches through which children and youth acquire developmentally appropriate knowledge, attitudes and skills that contribute to their social and emotional growth and overall psychological well-being. Each of the approaches outlined underscores the importance of the existence of positive working relationships among students, teachers, educational support staff and school administration. The key perspectives and practices outlined for this pillar include:

- differences and diversity in the classroom;
- culturally relevant practices;
- cooperative methods;
- autonomy-supportive practices;
- strength-focused applications; and
- social skill development.

DIFFERENCES AND DIVERSITY IN THE CLASSROOM

Individual differences have been a focus of current research and practice in education. The basic premise of such efforts is that having an understanding of individual differences is beneficial for designing learning activities and routines that affirm students' personal learning preferences and accommodate their learning styles in the classroom context. A widely-used model of individual differences with children and youth is Murphy's (2008) conceptualization of Jungian psychological personal preferences. According to Murphy, children's and youths' personal preferences emerge over the course of childhood and adolescence. Such preferences include four Jungian dimensions, each with a set of bipolar preferences. These include:

- direction of personal energy (extraversion or introversion);
- cognitive functions related to perceiving information (sensing and intuition);
- cognitive preferences related to evaluation or decision-making (thinking and feeling); and
- outward orientation (judging and perceiving).

Several instruments have been structured to measure personal learning preferences including the Murphy-Meisgeier Type Indicator for Children (Revised 2008), which has been validated for use with students in elementary and secondary schools.

In contrast to structuring classroom practice to accommodate varied personal or learning preferences, other theorists and practitioners have emphasized the importance of creating classroom routines and approaches that respond to the range of diverse needs of all children and youth. With the application of such a universal approach, it is expected that educators will design fewer individual accommodations, potentially reducing any stigma associated with singling out students with disabilities or learning needs for special

programming. General considerations for guiding the development of planning and instructional practices for such approaches might include:

Planning Considerations

- Clearly identify learning objectives and create a concept map or graphic illustration that links learning intent to given learning activities.
- Be explicit about what is expected of students in terms of their participation in learning activities and offer avenues of support that can be engaged as needed.
- Ensure that assessment and evaluation content appropriately reflect key learning objectives and employ a variety of assessment methods.
- Provide students with essential materials that they need to participate in and complete learning activities both during and outside of class times.

Instructional Practices

- Communicate to students your interest in the learning process, your support for their individual learning and your openness to help them with any of their concerns.
- Organize structured learning approaches that include signals for beginnings, check points for assessing learning outcomes and closure points for summary of essential learning content. Build in sufficient time and opportunities within such learning routines for clarifying or re-teaching concepts.
- Assess often and adapt to students' prior knowledge, experience and learning preferences.
- Assist students in developing independent learning skills that they can apply to new situations or areas of personal inquiry.
- Use interactive approaches that are accessible to all students providing time for student-to-student interactions and student-to-teacher interactions about learning (University of Guelph, 2003).

CULTURALLY RELEVANT PRACTICES

In inclusive classrooms, teachers strive to be responsive to students on both individual and cultural levels. The actual degree of inclusiveness is often significantly affected by the types of interactions that take place among students and teachers in the learning context. Such interactions may be influenced by:

- curriculum content;
- prior teacher and student assumptions and awareness of potential multicultural themes and issues;

- instructional plans including the ways students are grouped for learning;
- teachers' knowledge about the diverse backgrounds of students; and
- teachers' decisions, comments and behaviours during the process of teaching (Saunders & Kardia, 2009).

Current education training methods underscore the importance of teachers getting to know students in their classes individually and learning about their racial, ethnic and cultural backgrounds. Other theorists suggest that professional teacher self-reflection is critical for clarifying and evaluating assumptions related to cultural diversity and that such processes should be undertaken as part of professional development and supervision activities.

Teachers can also create opportunities for increasing understanding and appreciation of cultural diversity among students within the classroom context. Some useful practices may include:

- presenting more than singular perspectives on classroom discussion topics and including perspectives from individuals with varied backgrounds and experiences;
- inviting students, as well as their family members to act as resources of knowledge for sharing culturally relevant traditions and practices;
- making the classroom an inviting space through regular opportunities for dialogue among students, family members and members of the wider community;
- using multicultural literature as a resource for understanding key perspectives;
 and
- creating learning opportunities for communication and learning new languages within the classroom (NCREL 2009; Patton, Glover, Bond, Butler, Godfrey, DiPietro & Bowes, 2000).

COOPERATIVE METHODS

Cooperative learning is an instructional approach for teaching students how to learn collaboratively with their peers. "It uses heterogeneous groups as a tool for creating a more cooperative classroom in which students' achievement, self-esteem, responsibility, highlevel thinking, and favourable attitudes toward school increase dramatically" (Bellanca & Fogarty, 2003, p. 43). According to Marzano, Pickering and Pollock, "of all the classroom grouping strategies, cooperative learning may be the most flexible and powerful" (2001, p.91).

Before cooperative learning can be introduced, educators have the tasks of determining how to group students, as well as instructing students in the social skills that will ensure

an effective implementation of cooperative learning strategies. Bellanca and Fogarty indicate that cooperative groups generally consist of two to five students who may differ in terms of key characteristics such as gender, race, ability or skill level and motivation. Once groups are formed, teachers may use a strategy such as a T-chart to present and teach cooperative social skills to students. In the T-chart activity students discuss what cooperative learning "looks and sounds like" (2003, p. 43).

Current evidence and documented action research suggest that cooperative learning strategies contribute to:

- significant reductions in off-task behaviour during instructional periods (Cartney & Rouse, 2006);
- increased collaborative interactions among students in finding solutions;
- enhanced social skills and self-esteem of students in the group context (Veenman & Kenter, 2000);
- opportunities for expression and appreciation of diverse perspectives (Mueller & Fleming, 2001); and
- enhanced academic engagement and outcomes (Capros, Cetera, Ogden & Rossett, 2002).

AUTONOMY-SUPPORTIVE PRACTICES

Deci and Ryan (2000), the creators of Self-Determination Theory (SDT), assert that children and youth possess inner motivational resources that may be supported or impeded by conditions they experience in the classroom context. These resources include their inherent needs and growth propensities to proactively seek out and constructively engage in learning opportunities and challenges in their current living and social contexts. According to SDT, teachers who adopt autonomy-supportive approaches plan instruction strategies that engage and nurture these inner resources. In contrast, more controlling educational routines and interactions serve to impede or thwart the expression of children's and youths' inner motivation (Reeve, Deci & Ryan, 2004). As Reeve (2006) asserts:

Autonomy-supportive teachers facilitate by identifying and nurturing students' needs, interests, and preferences and by creating classroom opportunities for students to have these internal states guide their behaviour. In contrast, relatively controlling teachers interfere with students' self-determination because they ask students to adhere to a teacher-constructed instructional agenda that alienates students from their inner motivational resources and instead defines what students should or must do (p.228).

Current evidence-based literature also indicates that students taught by autonomysupportive teachers, compared to students taught by controlling teachers experience a greater range of positive personal and academic-related outcomes including:

- greater perceived competence;
- a preference for optimal challenge over easy success;
- an enhanced sense of well-being;
- better academic performance; and
- academic persistence rather than dropping out of school (Black & Deci, 2000; Reeve, 2006; Reeve, Jang, Carrell, Barch & Jeon, 2004; Reeve, Nix & Hamm, 2003).

Research has also revealed a range of key practices that are associated with the approaches undertaken by autonomy-supportive teachers in the classroom. These practices include:

- using effective listening skills;
- communicating information-rich language and avoiding use of controlling words and phrases;
- validating perspectives that are shared or expressed by students;
- explaining the value and rationale of given routines which may not be of interest to students;
- linking students' interests, preferences and strengths with learning content and instructional activities;
- creating opportunities for students to design their own approaches for working;
- providing activities in which students can talk about learning with their peers;
- organizing learning materials and seating arrangements so students can work with concrete materials and interact, rather than watching and listening passively; and
- praising instances of progress and accomplishment (Reeves, 2006).

STRENGTH-BASED APPROACHES

The use of strength-based approaches within school curriculum activities and social interactions requires an initial exploration with students of their points of personal connection that reflect their preferences, interests, areas of competency and aspirations. Such points of connection may be explored by asking students to share personal stories of strength related to:

- activities or things they like to do for fun (fun intrinsic motivation);
- important people and relationships in their home, school or community settings (belonging);

- activities and experiences that provide them with a sense of accomplishment (worth); and
- choices, dreams or aspirations they have for the present or future (choices, autonomy).

As students recount stories of strength, educators can record their narratives in the form of a word or story web. During web activities, educators may encourage students to elaborate on their stories through asking open-ended questions and reflecting their understanding through thoughtful comments and summaries (NBYC, 2009; MacLean, 2009).

As areas of strength and personal connection are explored and identified, they can subsequently be used as potential content theme areas for the development of specific curriculum strategies for. Applying points of personal connection to differentiate instruction or academic plans may include:

developing independent study projects on particular areas of interest for

The proactive student engages in classroom learning activities as an expression of self and out of desire to interact effectively in the classroom environment.

Classroom Conditions Student's **Teacher's Motivating Style Affordances Inner Motivational Resources** Autonomy Supportive Interesting Activities Controlling Optimal Challenges **Psychological** Interests, Values, Opportunities for Action Needs and Strivings **External Events Social Demands** Interests Autonomy Rewards Competence Preferences Prescriptions Punishers Relatedness Values Proscriptions Praise Goals Goals Feedback Priorities Aspirations Evaluation Values Personal Strivings Surveillance Rules Competition Norms Expectations

Classroom conditions sometimes nurture and enrich the student's inner resources and positive functioning, but other times disrupt and thwart these inner resources, leading to less optimal development.

individual students or small groups;

• linking students with school or community mentors who have specialized knowledge or skills related to areas of student interests or strength;

- providing opportunities for students to demonstrate or celebrate areas of strength or interest through special events, performances or presentations; and
- planning special lessons, field trips or initiatives that incorporate theme areas relevant to important student relationships, accomplishments or goals (NBDoE, 2009).

SOCIAL SKILLS DEVELOPMENT

The development of social skills is critical for initiating and maintaining friendships with peers and adults. Early identification of children and youth who experience difficulties with social or communication challenges is essential for assisting them develop core social skills that can be applied within their daily routines and interactions with others. Social skills training literature underscores the value of instructional components that include:

Identification of needed social skills: This may include identifying specific social skills needs through observation, standardized checklists completed by teachers or parents, discussions with students about social situations and their perceptions of specific social challenges and the social skills they need (Kirby, 2004).

Direct instruction of targeted social skills: Using children's literature and social stories that reflect students' current social contexts has many benefits for teaching social skills. As a tool for teaching:

- Stories provide interesting and novel introductions to social skills instruction for students.
- Literature-based and developed social stories include themes and topics that can be applied to a wide range of social skills including initiating conversations, making friends, playing together and sharing.
- Stories provide examples of successful social competencies in action and models that students can recall and from which they can practice key social skill steps.
- Stories also provide characters and situations that may be related to their own feelings and perspectives (Chatwin, 2007).

After introducing key social skills steps through developed social or literature-based stories, social skills lessons should include opportunities for modelling and peer practice of target social skills.

Social skills practice in natural settings: In addition to practicing targeted social skills during direct instruction lessons, students should have opportunities to practice such skills in their natural environment. This may be in the classroom, on the playground, at home or

in social activities in the community. Mentorships or supportive relationships with peers or adults within these settings provide opportunities for additional support for practicing and generalizing key social skills. Similarly, the use of social stories may also be helpful in these contexts for recalling and putting into practice previously learned social skills (Kirby, 2004).

Evaluation: It is critical that follow-up with students be undertaken to review with them their experiences in applying social skills in their daily social interactions with others. Such student-teacher interactions provide opportunities to clarify potential challenges in applying specific social skills steps, as well as to re-teach or extend additional supports to students as required.

PILLAR III: PARTNERSHIPS AND SERVICES

This pillar underscores the importance of building strong relationships between the school, students' families and members of the wider community. In addition, this foundation component also includes the formation of partnerships among district and school educational authorities, departmental services, non-government agencies and other community stakeholders. The approaches outlined in this pillar emphasize the importance of implementing collaborative and integrative efforts for positive mental health promotion. The key perspectives and practices outlined in this area include:

- sustained family contact and communication;
- adult-student mentorship programs;
- partnerships with family and youth-serving agencies; and
- school and community-wide mobilization activities

SUSTAINED FAMILY CONTACT AND COMMUNICATION

Davis and Yang (2009) underscore the importance of maintaining ongoing communication and contact with parents, caregivers and families over the course of the school year. Key reasons include:

- Families need information in order to be partners in education: Regular communication allows adults in the home context to know what is happening in their children's class and school contexts, and opens up communication about ways they can play a supportive role in their children's development.
- Frequent contact fosters positive school-home relationships: Infrequent communications often focus on problems or challenges that are encountered with respect to students' performance or behaviour in the educational setting. In contrast, ongoing communication provides a means for reporting on growth and positive aspects of students' functioning over the school year.
- Sustained communication builds trust and supports collaborative problemsolving: Sustained positive communication and contact contributes to the development of positive working relationships with caregivers and family members. Over time, development of trust provides a strong foundation for

working collaboratively on more difficult issues or concerns that may arise related to specific school issues or the functioning of their children.

A variety of key methods may be employed by teachers and education personnel to maintain active contact and communication with parents. These include:

- Positive news phone calls: These contacts are intended to share something
 positive that has been noticed or observed about a student with their family.
 It may be advantageous at the outset of the year for teachers to ask parents or
 caregivers when the most convenient time for them to call would be. In some
 instance, such calls could be scheduled on a regular basis, for example every
 two-to-three weeks.
- Periodic postcards: Similarly, at the beginning of the school year, students can be invited to write their addresses on postcards. When there is positive news to share about the student, a note can be written down and easily dropped into the school mail.
- Occasional e-mails: For those with access to email, this can serve as a means
 for maintaining communication with parents and caregivers about their
 children's progress and functioning. For addressing issues or concerns of a more
 confidential nature, in-person or phone contacts are preferable.
- Weekly or biweekly newsletters: Newsletters about classroom happenings are a positive way for families to become aware of classroom events and activities with which their children are involved.
- Daily or weekly "exit passes": This communication strategy involves having students fill out about a half page of prompts such as Today I was proud that.
 Students then choose the prompt they would like to take home to their parents and family.
- Weekly learning portfolios: This communication strategy involves having students take home samples of their work and accomplishments to share with their families. After reviewing the folders, parents are invited to record their comments on a form or sheet within the portfolio (Davis & Yang, 2009, p. 61-64).

ADULT-STUDENT MENTORSHIP PROGRAMS

Building positive attachments among children and youth with caring adults is a critical consideration for supporting positive growth and development. Such relationships within the school and community provide them with sustainable sources of social support and opportunities to learn skills that contribute to their resiliency.

Mentorship programs have been found to have a positive influence, especially where youth are matched with caring adult mentors who have experienced similar issues and have a genuine respect and affection for youth. Research on such programs indicates they are associated with increased school participation, reduced involvement with negative

peer associations and enhanced skills to refuse alcohol and substance use. Of particular importance in organizing mentorship programs is the matching of adult mentors with youth. Key areas for consideration in establishing mentoring relationships include creating a comfortable environment for both youth and adults, finding common interests and activities and developing guidelines to structure mentorship activities and interactions (CCHRC, 2002).

PARTNERSHIPS WITH FAMILY AND YOUTH-SERVING AGENCIES

School sites may also be utilized as central locations for the delivery of coordinated services for youth and their families. In this regard, school jurisdictions may be in a unique position to establish partnerships with local and regional service agencies to provide timely stepup services for children, youth or their families who may require additional support or early intervention services (Kirby & Keon, 2006; Welsh, Domitrovich, Bierman & Lang, 2003). Step-up services involve increasing children, youth and their families' access to a wider array of services and intensity of support to address areas of identified concern or need (Hawkins & Catalano, 2004). The benefits of such efforts include:

- provision of accessible services without the need to travel to attend appointments;
- reduction in missed school time usually associated with accessing additional supports or services; and
- coordination of services and supports for students and their families within the school context (NBISD, 2009).

Such school-based services might include support from youth-serving agencies, local police, mental health services, addiction counsellors and other providers representing a range of health and social programs (Welsh et al., 2003). Such supports and early intervention efforts emphasize the importance of incorporating strategies that foster students' positive growth and development and that strengthen their engagement and positive participation in the school context (CCHRC, 2002).

SCHOOL AND COMMUNITY-WIDE MOBILIZATION ACTIVITIES

Schools may also act as catalysts for the creation of community-wide plans or strategies for the promotion of positive mental health practices both within and beyond the education context. Such approaches are often broad-based and targeted to promote a wide range of protective factors at the family, school and community level. In addressing community-wide approaches, some theorists assert the importance of assessing the community's readiness to change. The Community Readiness Model provides a beneficial framework to school and community leaders for planning regional strategies to promote positive mental health perspectives and practices (Health Canada, 2008). This model serves as a guide for evaluating the level of community readiness to embrace, promote and sustain such efforts within their local regional jurisdictions. The theory underlying this approach postulates that unless the community is ready to initiate such efforts, it is conceivable that they will not happen or succeed. The underlying principles of this theoretical model are as follows:

 Communities are at various stages of readiness with respect to specific issues or problems.

- The stage of readiness can be assessed and documented.
- Communities can proceed through a series of stages to formulate, implement and sustain positive changes in health and behaviour.
- It is essential to structure specific intervention approaches based on the community's level of readiness (Edwards, Jumper-Thurman, Plested, Oetting & Swanson, 2000).

Within such mobilization efforts, it is critical that children and youth be invited to be meaningful participants. This includes recognizing children's and youths' membership of the school and larger community, providing forums to hear and document their perspectives on setting goals for mobilization and incorporating opportunities for using their strengths and gifts in the execution of mobilization activities and initiatives. Creating readiness for children and youth participation in such activities could include:

- holding forums in which children and youth can exchange perspectives with caring adults on issues and themes that affect their lives in the school, home and community settings;
- inviting children and youth to provide input in decision-making, problem-solving and action-taking activities within school groups, youth clubs, non-government agencies and volunteer organizations in the community; and
- providing children and youth with opportunities to demonstrate leadership skills through participation in joint school-community action groups, advisory committees or training events designed to develop their communication, problem-solving or interpersonal skills in addressing health and wellness priorities (Brennan, 2008).

PILLAR IV: HEALTHY SCHOOL POLICIES

Healthy school policies include leadership practices and decision-making processes, as well as guidelines, rules and procedures that affect how programs, services and relationships are negotiated in school and community settings. Effective leadership and enabling policies are critical for supporting the application of positive mental health practices at all system levels. The key perspectives and practices outlined in this area include:

- effective leadership;
- policies that promote safe and caring environments;

- policies for inclusion;
- discipline policies that restore and reconnect;
- policies for professional development and training;
- student services policies that provide timely support; and
- shared policies that ensure system collaboration.

EFFECTIVE LEADERSHIP

Educational leaders and administrators play a key role in communicating the importance of positive mental health promotion and modeling behaviours and actions in their daily routines that are consistent and reinforce these policies. According to the National Center for Mental Health Promotion and Youth Violence Prevention (2009), specific leadership activities that effectively support positive mental health promotion include:

- promoting high academic standards and expectations;
- ensuring that everyone in the building is held accountable for upholding and modeling rules pertaining to respectful behaviour;
- ensuring that every student in the school is assigned an adult who will take time to know and care for that student;
- meeting with key stakeholders to promote positive mental health perspectives and practices as a framework for student success;
- encouraging teachers to consider potential curriculum linkages for embedding positive mental health perspectives and practices;
- adopting and applying school rules and policies that are fair and equitable;
- expanding staff teams that address children's social and emotional needs to include community service providers to ensure coordination across school and community settings; and
- adding social and emotional learning goals to School Improvement Plans (adapted from p. 5).

POLICIES THAT PROMOTE SAFE AND CARING ENVIRONMENTS

Policies at the school and district levels that support positive mental health perspectives and practices often include the "articulation of a school improvement goal on student social and emotional development" (NCMHPYVP, 2009, p. 9). In this regard, positive mental health perspectives and practices are recognized and addressed, as are core academic areas such as literacy and numeracy. Policies to foster the social and emotional development of students often support programming in two key areas of health promotion: safe schools, and supportive and caring schools. These policy areas emphasize the need for creating safe environments for all children, as well as the importance of reaching out and

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extending caring approaches to students at risk for behavioural concerns. Such policies identify safe and caring school climates as necessary ingredients for realizing a sense of belonging and connectedness among all students, and for supporting their academic development and success. A review of provincial and territorial websites revealed that safe and caring school policies support a wide range of recommended practices including bullying-prevention programs, skill development sessions for students, positive behaviour discipline strategies, child advocacy considerations and peer-helper/mentor approaches, as well as consultation and awareness forums for parents and the community (JCSH, 2009).

POLICIES FOR INCLUSION

Positive mental health promotion requires the implementation of clearly articulated policies related to inclusive education programming. Inclusive education is a philosophical approach to teaching that enhances opportunities for all students to participate in education in an atmosphere of respect and safety. Ideally, inclusive education policies are based on a value system that is student-centered and socially responsible toward all students, including those with exceptionalities. It is essential that such values be shared by schools, families and communities in order to ensure that all students can participate fully and actively in the teaching and learning environment (Gabhainn, Sixsmith, Delaney, Moore, Inchley and O'Higgins, 2007; NB Department of Education, 2000).

Inclusion provides opportunities for students with disabilities to participate in universally-designed education programs and activities, to engage in positive interactions with age-appropriate peers in the school setting and to access needed services and supports. Inclusion policies prioritize the promotion of social responsibility in the inclusive education context through guidelines such as:

- Schools promote students' participation in community volunteer organizations, student government and decision-making on school and community issues.
- Schools ensure that learning opportunities are provided which help students learn about, appreciate and celebrate differences among people.
- Schools ensure that opportunities are provided for students to develop the social skills of sharing, cooperating, communicating and resolving conflicts constructively.
- Schools ensure that opportunities are provided for students to participate fully in co-curricular and extra-curricular activities which will enhance their overall development.
- Schools promote social responsibility among students by providing meaningful experiences in a variety of settings (NB Department of Education, 2000, p. 3).

DISCIPLINE POLICIES THAT RESTORE AND RECONNECT

In some jurisdictions, the use of zero tolerance policies have been used as "a one-size-fits-all, quick-fix solution" (Martinez, 2009, p. 153) to address behaviour problems within the classroom and school contexts. Recent research suggests that zero tolerance policies have been overused in North American, with little research suggesting that they create

safer school environments for students or members of the community. Indeed, when students return to school following suspension, they tend to display the same or more severe behaviours (Cassidy, 2005; Noguera, 2003), which often results in administrators repeatedly suspending the same students. Suspension is negatively correlated with academic achievement (Scott, Nelson & Liaupsin, 2001) and a significant predictor that students will eventually drop out of school and be at heightened risk of coming into conflict with the law (Martinez, 2009).

Discipline policies that reinforce positive mental health provide alternatives approaches for addressing student behaviour issues. Such policies support practices that seek to maintain school engagement with students and reconnect them to meaningful academic routines and activities in their home and school contexts (Martinez, 2009). Some alternative responses to zero tolerance policies include:

- carrying out individual problem-solving situations with students following a cool-down period;
- finding points of connection or common areas that could be used to develop rapport and a working relationship with students who have emotional or behavioural issues;
- using restitution or restorative approaches to keep students engaged within the education context;
- developing behavioural contracts that include straightforward steps that students can achieve;
- using solution-focused or motivational interviews to identify plans for resolving areas of difficulty or challenge; and
- organizing mentorship or supportive relationships with key school personnel or community volunteers (Martinez, 2009; NCMHPYVP, 2009; Health Canada, 2008; Paternite & Johnston, 2005).

POLICIES FOR PROFESSIONAL DEVELOPMENT AND TRAINING

Koller (2002) asserts that professional preparedness is critical for engaging teachers in the promotion of positive mental health in their daily interactions and routines with students. Current research suggests that aside from their major instructional content areas, teachers may not feel equipped to apply positive mental health practices (Cramer & Paris, 2001). Koller and Bertal (2006) suggest that all pre-service teachers should be given knowledge about and be able to demonstrate competencies in the delivery of positive mental health approaches. These include:

- understanding the specific role that all teachers have in the prevention of mental health problems;
- possessing skills to design and carry out instructional approaches aimed at creating positive classroom environments, promoting healthy peer relationships and enhancing students' self-concept; and

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 having curriculum expertise to create learning activities that link students' strengths with academic content to enhance their engagement and motivation for learning.

Ideally, leadership decisions and established policies should provide opportunities for teachers and administrators to acquire essential knowledge and skills related to evidence-informed positive mental health practices.

STUDENT SERVICES POLICIES THAT PROVIDE TIMELY SUPPORT

Positive mental health policies should include clearly delineated guidelines and procedures that ensure the provision of service approaches that are responsive to the emerging needs of children and youth. In this regard, positive behaviour support policies and approaches advocate the development of early point in-school student services support systems that screen and identify students who demonstrate or experience specific behavioural, emotional or learning needs. When such challenges in adaptation are noted in the school context, then these areas of student concern should be referred to the school-based student services team. These teams often are composed of student services professionals such as special educators and counsellors, as well as representatives from teaching and administration staff (Alberta Education, 2008).

In many instances, school district specialists including school psychologists or speech language pathologists attend regular monthly or weekly meetings with these teams. When a referral is received, a team problem-solving format is used and possible strategies for early intervention are discussed and acted upon. Team meetings often involve the participation of parents or caregivers and youth. When additional interventions are required, referrals are made to external service providers or specialists. These teams also organize transition plans for students with specific emotional, learning or behavioural concerns as they transition from the school to other educational sites or residential programs (Alberta Education, 2008).

SHARED POLICIES THAT ENSURE SYSTEM COLLABORATION

Comprehensive positive mental health approaches require the establishment of policy and practice guidelines that are complementary and that support the provision of coordinated programs and services to children, youth and their families in the school and community contexts. Ideally, educational personnel and health service providers should have adequate knowledge of the range of available programs and resources within the community and schools to support the key components and activities associated with a comprehensive school health framework approach for positive mental health promotion. Strategies for enhancing service providers' awareness of existing school and community capacity may include:

- developing regional or community resource directories outlining positive mental health programs for children, youth and families;
- organizing community fairs and open houses where health and education stakeholders and service providers can promote their services and exchange program information; and

• implementing community-wide planning sessions to strengthen collaborative efforts and develop strategies that address policy gaps or concerns (Murray & Belenko, 2005).

Over time, the outcomes of collaborative and integrative practices may also create opportunities for the establishment of common policies for accessing services and supports, and for working together in a more integrative fashion. These may include common policies related to program referrals and service access, and shared approaches for the provision of school-wide positive mental health promotion or early intervention efforts, as well as common protocols for the exchange of confidential information and collaborative mechanisms for identifying and addressing gaps in services to children and youth or their families (Nissen, Hunt, Bullman, Marmo & Smith, 2004; Weist & Murray, 2007; SIDRU, 2001).

III. KEY INFORMANT INTERVIEWS

INTRODUCTION

The intent of this initiative was to obtain perspectives from a range of educational and health specialists regarding the promotion of positive mental health practices within a school health context. Efforts were made to ensure representation from key informants from Western, Northern, Central and Eastern Canada who had direct experience in the development or implementation of positive mental health practices within a comprehensive school health framework.

METHODOLOGY

A list of potential participant was created in collaboration with JCSH School Health Coordinators from across Canada. The list included a range of service professionals such as school administrators, teachers, school counsellors, school psychologists and social workers, school or healthy learner nurses, as well as district level and departmental student services personnel and managers. Initial contact was made with potential participants to introduce the purpose of the initiative and to invite their participation in the project. After obtaining their consent, individual interview times were arranged. Interviews were conducted by telephone in either French or English.

A semi-structured interview took place with each participant that included a range of open-ended and more focused questions. The interview was intended to gather essential information on school-based innovative practices that related to the promotion of positive mental health approaches within a comprehensive school health framework. For this interview, key areas of inquiry included:

- major assumptions and perspectives related to positive mental health;
- the relationship of positive mental health to areas of student development;
- key perspectives and practices: the Social and Physical Environment;
- key perspectives and practices: Teaching and Learning;
- key perspectives and practices: Healthy School Policy;
- key perspectives and practices: Partnerships and Services; and
- challenges and corresponding responses to the promotion of positive mental health perspectives and practices.

Each participant's responses were recorded and a written protocol for each interview was developed. Once complete, interview responses for the various areas of inquiry were merged and content analysis was used to analyze the key themes emerging from the interviews. The following sections provide a summary of the key findings for each of the areas of inquiry.

RESULTS

PARTICIPANT DEMOGRAPHICS

Of the 35 suggested participants, 25 were contacted and consented to be interviewed during December 2009. These individuals represented education and health specialists with experience in the design and implementation of positive mental health approaches within the school health context from Northern (NU, NT, YK), Western (BC, AB, SK), Central (MB, ON, QC) and Eastern (NB, NS, PE, NL) Canada. A breakdown of the number of participants from each region is presented in Table 1.

Participants' experiences in the school health context ranged from four to 34 years with a median of 18 years of work-related practice. In terms of professional background, approximately one-third of the group identified themselves as district level leaders or consultants with expertise and background in education and health-related programs and services for families. The remaining participants were educators, health specialists, counsellors or mental health/addiction clinicians who were directly involved in providing services to students and their families. Table 1 shows the number of participants by Canadian region and Table 2 shows the participants' professional work roles.

TABLE 1: REGIONAL JURISDICTION

Canadian Region	Number	Percent
Northern (NU, NT, YK)	5	20%
Western (BC, AB, SK)	7	28%
Central (MB, ON, QC)	4	16%
Eastern (NB, NS, PE, NL)	9	36%
TOTAL	25	100%

TABLE 2: PROFESSIONAL WORK ROLES

Roles	Number	Percent
School Leadership or District Consultants	8	32%
Educators	5	20%
School Health Professionals	4	16%
School Counselors	4	16%
Mental Health or Addiction Specialists	4	16%
TOTAL	25	100%

DEFINITION AND RELEVANCE OF POSITIVE MENTAL HEALTH

Participants were asked to define the term *positive mental health* in relation to the educational or school setting and to identify terms or words used to describe aspects of positive mental health within the school or school health context. The key positive concepts or aspects that were identified included:

- psychological wellness or well-being;
- positive social and emotional development;
- client-centred strength;
- state of inward readiness for learning and growth;
- enhanced self-efficacy;
- heightened awareness of personal strengths and capacities;
- presence of internal and external protective factors;
- personal resiliency; and
- self-determination or self-actualization.

Some participants elaborated on these key concepts by describing potential outcomes associated with the inclusion of positive mental health perspectives and practices within schools. These included educational settings in which students are happy and have a positive outlook on self and others;

- students are emotionally and physically healthy;
- families, educational personnel and community members feel welcome and part of the school environment;
- student strengths are affirmed and applied;
- student coping skills and resiliency are supported and enhanced;
- empathy and pro-social attitudes and behaviours are demonstrated by all students, educators and school leaders;
- students are engaged in meaningful and successful learning processes;
- academic instruction is differentiated and learning is continuous; and
- students have positive adult attachments in the home, school and community settings.

Other participants extended their descriptions to include general statements about school health practices and the importance of creating school environments in which all students benefit from positive mental health approaches. Key environmental conditions or characteristics included the presence of:

- personalized learning opportunities to increase student readiness to learn and academic engagement;
- daily interaction and structured mentorship relationships with nurturing and caring adults;
- learning routines and physical spaces in which students feel emotionally and physically safe;
- targeted social-emotional instruction to enhance coping, problem-solving and resiliency skills;
- integrated positive mental health perspectives and practices within healthy lifestyle behaviour curriculum areas or initiatives;
- cooperative learning methods and interactive ways of learning;
- policies that support timely responses to students' emotional and behavioural concerns; and
- collaborative relationships with school, health and community stakeholders to promote positive mental health approaches.

In defining and describing positive mental health perspectives and practices, participant responses reinforced the theoretical link between students' social and emotional growth and their physical and academic development. For many participants, positive mental health was regarded as foundational for creating readiness for growth and strength to pursue or support areas of personal development. Their descriptions of key environmental conditions and outcomes associated with positive mental health approaches in schools also emphasized the relevance of the key pillars of the comprehensive school framework, as discussed in the next section.

KEY PERSPECTIVES AND PRACTICES

Participants were asked to describe key perspectives and practices related to the promotion of positive mental health among students within the school context. They were invited to comment on a minimum of two of the four inter-related pillars of the comprehensive school health model, including:

- Social and Physical Environment
- Teaching and Learning
- Healthy School Policy
- Partnerships and Services (JCSH, 2009)

PILLAR I: SOCIAL AND PHYSICAL ENVIRONMENT

With respect to the social and physical environment, participants highlighted
a range of perspectives and practices that related to enhancing relationship
connectedness, the effective design and use of physical spaces, and ensuring
the emotional and physical safety of all students. The following sections
highlight key themes identified by participants.

SOCIAL ENVIRONMENT: RELATIONSHIP CONNECTEDNESS

"Students should be known by name, have a sense of belonging, and experience positive friendships."

Participants described the importance of creating a sense of connectedness or belonging for all individuals including students, teachers, caregivers and members of the wider community within schools. Such a social environment was described as a context in which:

- all students and adults are mutually valued and respected regardless of individual or family differences or cultural diversity;
- parents or guardians are welcomed and invited to be participants in schoolwide or classroom-based curriculum activities or routines;
- there is evidence of the whole school community reaching out and including students and their families that have been identified as marginalized or not actively involved in routine school or community-wide relationship-building opportunities;
- there are positive learning interactions among students, teachers, caregivers
 and school leaders. Such interactions are characterized by opportunities to
 learn or share strengths or knowledge with one another through informal, peerassisted or structured mentorship approaches or programs;
- student contributions, achievements and accomplishments are recognized by the school and wider community. Areas of recognition move beyond sports and academics to include special interest areas and noteworthy efforts dedicated to the welfare of others;
- school administrators and those in leadership model positive interactions that support the autonomy of students, school staff and families. This includes the development of shared priorities with others, openness to discuss key areas of concern from students, school staff or families, and the application of decisionmaking approaches that involve consultation and participation; and
- students have opportunities to apply their leadership capacities and strengths to create activities and school-wide initiatives that contribute to the development of a positive social and learning climate for all students within the school context.

PHYSICAL ENVIRONMENT: EFFECTIVE DESIGN AND USE OF SPACES

"Create open spaces... common meeting areas ... family- and student-friendly places."

- The physical environment was identified as important for promoting relationships and creating opportunities for all students to actively participate in academic and healthy lifestyle learning routines. Participants identified the importance of intentionally designing and using key aspects of the school environment including buildings, grounds and meeting spaces to enhance students' social, academic and physical development. Key actions for providing such environments included:
- providing equipment and material to encourage paired, small group or teambased student physical activities;
- adding chairs and benches to open spaces to facilitate positive interactions among students and with school personnel;
- incorporating student performances, music and demonstrations of special skills or accomplishments as part of organized social events or free time activities in common meeting spaces or areas; and
- using spaces surrounding or in close proximity to the school to promote
 activities and events that bring the school, family and the community
 together and that reinforce pro-social behaviours and attitudes and provide
 opportunities for giving or helping others.

EMOTIONAL AND PHYSICAL SAFETY

"Students need to feel safe...safe enough to try new things ... safe enough to discover their strengths."

Participants highlighted the importance of creating school settings that were perceived as both physically and emotionally safe for students. Key actions or processes that were identified as contributing to the creation of safe school environments included:

- the existence of physical spaces and meeting areas that are free from litter, damage or clutter and which facilitate movement and interactions among students and school personnel;
- the presence of open, frequent and positive communication between students, teaching staff, school support staff and school administrators;
- designated places or relationships in which student concerns or needs can be shared and explored with caring adults in a timely manner without fear of reprisal, stigmatization or loss of respect;

- the presence of teachers in common meeting places or social areas during free periods or breaks so that interactions with students can take place;
- enhanced parental understanding and awareness of their children's online social environments. The role of educators or health professionals' in enhancing parents' knowledge of key practices for supporting their children's safety in online social exchanges and relationships was regarded as beneficial;
- the implementation of school-wide bullying prevention programs or curriculums that address the social and emotional development of children and youth, and the creation of safe and caring environments. Participants indicated that such programs should emphasize increasing understanding among students about individual differences, the use of restorative approaches to address bullying issues and enhance students social and helping skills; and
- the use of student and parent surveys and consultations with focus groups or other data collection methods to identify areas of concern related to school safety, social relationships or the learning environment. The use of school-based data to inform decision-making was viewed as beneficial for facilitating the participation of school administrators, teachers and students in joint-planning activities for school improvement activities or initiatives.

PILLAR II: TEACHING AND LEARNING

Participants highlighted the importance of designing and implementing learning activities and curriculum approaches that contribute to the social and emotional development of students, as well as their resiliency to meet life challenges, transitions and opportunities for growth. A number of participants emphasized the need to embed positive mental health perspectives and practices within major curriculum areas in order to avoid "addons" to regular teaching materials or routines. Others identified the benefits of consulting or partnering with other school health stakeholders when organizing or implementing positive mental health learning methods. Participants described positive mental health perspectives and practices associated with teaching and learning as:

- embracing essential instructor attitudes;
- affirming diversity in the classroom;
- promoting culturally relevant approaches;
- enhancing social-emotional development;
- applying strengths and interest-based methods;
- ensuring autonomy-supportive practices; and
- providing targeted learning support.

EMBRACING ESSENTIAL INSTRUCTOR ATTITUDES

"Students need someone they can communicate with... someone open, non-judgemental and positive... ...someone who sees their potential."

Participants asserted the importance of teachers embracing key elements in their interactions with students, caregivers and other school personnel. These included:

- exhibiting open and non-judgmental attitudes when addressing issues involving diverse perspectives;
- making the effort to listen and convey empathy when responding to student or family concerns;
- demonstrating a sincere desire to know students and support their academic success; and
- expressing appreciation of students' strengths, gifts and accomplishments.

The development of nurturing and supportive teacher-student relationships was identified as the most critical teaching technique in relation to promoting positive mental health among students. Professional development workshops on approaches to supportive and strength-focused interactions were identified as beneficial for both pre-service and inservice teachers.

AFFIRMING DIVERSITY IN THE CLASSROOM

"We need to have a more global definition of difference and diversity

– one that includes learning styles and individual student needs."

Participants asserted the importance of acknowledging and affirming diversity among students in the classroom and the wider school context. Diversity may include a wide range of individual differences including:

- learning needs and strengths;
- personal preferences or strengths;
- sexual orientation;
- cultural background; and
- special physical, emotional or behavioral needs.

Participants highlighted various practices that teachers could apply in the classroom to reinforce the value of diversity and the benefits associated with acknowledging individual differences. These included:

- organizing classroom discussions that are intended to encourage students to share and convey respect for diverse perspectives;
- designing learning activities or centres that draw on students' learning styles or preferences;
- assisting students to express their views and perspectives on how they learn best;
- creating approaches that facilitate differentiated teaching and evaluation; and
- inviting students to develop key messages to promote acceptance and appreciation of student diversity through various media or communication methods.

To address diversity, several participants were of the opinion that school systems need to extend their perceptions of what diversity is to include a wider range of learning strengths and aptitudes. It was noted that most academic streams have traditionally been designed to prepare students for university or other post-secondary experiences. It was felt that this limited focus does not serve all students or contribute to the identification of other areas of competency. A limited perception of diversity has the potential to become a source of stress and disconnection between students and school.

PROMOTING CULTURALLY RELEVANT APPROACHES

"Schools must identify cultural needs – not just universally, but individually as it applies to each child."

Participants pointed out the importance of understanding and being responsive to students' racial, ethnic and cultural backgrounds. They also emphasized that teachers and administrators should be sensitive to potential social or personal values that misrepresent, stigmatize or marginalize students, their families or communities. Strategies for promoting culturally-relevant educational practices included:

- consulting with community leaders or mentors on cultural learning themes, processes and values;
- inviting students, their family or community leaders to share cultural traditions, values or beliefs as part of classroom or school-wide learning or celebrations;
- organizing in-service cultural sensitivity training for education and health system professionals; and
- encouraging educators to collaborate with teaching mentors who routinely apply culturally relevant practices.

ENHANCING SOCIAL-EMOTIONAL DEVELOPMENT

"The social environment is definitely changing. Lots of children have friends only on their computers – they don't know how to be together anymore."

Participants highlighted the importance of students gaining skills related to social development, coping and relationship formation at both the elementary and secondary school levels. Learning approaches that are beneficial for supporting students' personal capacities and their skills related to social-emotional development in the classroom and school context were reported to include:

- direct instruction and practice of social skills associated with daily routines and activities;
- use of cooperative learning and problem-solving methods;
- training of student peer-helpers to supportively engage one-on-one to draw out the strengths and potential of others;
- organization of peer-led learning mentorship opportunities with secondary students modelling or demonstrating specific interpersonal skills with small group of students at the elementary level;
- application of peer-mediation and conflict resolution strategies;
- implementation of school-wide social-emotional learning programs; and
- invitation of student services and health specialists to collaborate with teachers in the design and implementation of caring for self and others components.

APPLYING STRENGTHS AND INTEREST-BASED METHODS

"We need to draw on students' strengths...what they bring to the learning experience...
strengths empower students and give them confidence."

Participants saw it as important to move beyond "problem-focused" approaches or strategies to learning. They argued for the inclusion of methods that encourage students to explore and use their strengths and interests. They identified the use of structured learning models and corresponding inventories (e.g., Gardiner's Multiple Intelligences), as well as informal conversations or narrative approaches as helpful for exploring areas of strength or interest with students. According to participants, application of students' strengths and interest areas may provide:

- meaningful topics for relating specific curriculum content to areas that are of personal relevance for students;
- themes for the development of project-focused learning activities;

- areas of common interest that can be shared in mentorship learning relationships in the school or community; and
- specific knowledge or skills that may be shared with other students.

There are a number of reported benefits associated with strength- and interest-based instructional or curriculum methods. These include increased student motivation and confidence to engage in academic activities or tasks, greater understanding of students' learning preferences and capacities, and the creation of learning interactions that contribute to knowing students personally and which strengthen teacher-student relationships.

ENSURING AUTONOMY-SUPPORTIVE PRACTICES

"Students love to have choice...it gives them a sense of personal power...
a sense that their decision-making counts, and that they can make a difference."

Several participants highlighted the potential disadvantages of inflexible and "controlling" routines or learning activities within schools that do not allow for student input or choice. These were described as discouraging for students, resulting in decreased engagement and motivation to learn. In contrast, learning routines and interactions that are structured to elicit students' perspectives and to invite their collaboration in problem-solving were regarded as potentially more satisfying and motivating for both students and educators.

Participants also indicated that approaches that support autonomy and engage students in individual learning activities may be undertaken simply by providing choice or including tasks that require students to share their personal ideas or perspectives. Similarly, autonomy-supportive approaches, such as inviting student feedback or participation in the development of plans for positive change or improvement as part of school-wide initiatives, can be incorporated by school administrators.

PROVIDING TARGETED LEARNING SUPPORT

"We are all learners together, and we must be given the tools to solve problems."

Providing individual support for students identified as at potential risk of leaving or dropping out of the educational context was also identified as important by participants. Strategies for supporting and enhancing positive learning interactions with students included:

- creating links between learning themes or activities and areas of personal relevance or interest;
- identifying obstacles to learning and working together to identify solutions;
- identifying specific learning gaps and providing targeted tutorial support;

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- conveying an intent to work with students and to support them over the long term;
- enhancing academic confidence through short-term successes;
- taking steps to understand students' concerns in order to reduce potential sources of anxiety and to build relationships with students within the school setting; and
- engaging interagency supports as needed to provide support and services within the school context.

PILLAR III: PARTNERSHIPS AND SERVICES

Participants emphasized the primary role and influence that caregivers and families have in relation to their children's social and emotional needs, as well as their academic development. It was seen as important that other community partnership organizations and service providers be consulted in the development of school-wide positive mental health initiatives and viable supports so that students had access to an increased number of service options when dealing with significant emotional or behavioural challenges. The need to develop routine or formalized approaches for working collaboratively with multiple agencies to ensure coordinated and consistent support for students and their families was also identified. For this area of investigation, participants described positive mental health perspectives and practices related to school-home relationships, partnerships with community-based youth services, and coordinated service delivery approaches.

SCHOOL-HOME RELATIONSHIPS

"Parents are important sources of information about students... how they learn, what they enjoy doing."

The development of positive interactions between the school and parents or guardians (caregivers) was also identified by participants. Positive relationships between the home and the school were viewed as critical for supporting students' academic development throughout their time at school. Reported key actions to support the development of positive working interactions among school personnel and caregivers included:

- early school year interactions or contacts between teachers and caregivers.
 These provide opportunities for knowing students in greater depth through discussions with caregivers regarding their children's strengths, interests and preferences, as well as areas of academic need or support;
- outreach to parents or guardians who have not been regularly involved in their child's school. The purpose being to engage their support and collaboration as key participants in their children's academic and social-emotional development;

- inclusion of caregivers on school-wide committees or action groups that plan
 or implement positive change related to learning opportunities for students,
 school improvement planning processes or identified areas of schoolcommunity need or concern;
- participation of parents or guardians as learning mentors within the school context. Caregivers possess a wide range of expertise and areas of interest that can be shared with students in structured classroom learning activities or as part of school-wide educational initiatives.

Participants noted that parents or guardians who have not had positive experiences of school may be more reluctant to become involved in school-based activities or relationships. They emphasized the need to reach out to caregivers in ways that convey understanding of their perspectives and recognition of their strengths and potential, as well as openness on the part of teachers, administrators and students to welcome them into the school.

PARTNERSHIPS WITH COMMUNITY-BASED YOUTH SERVICES

"Schools and community agencies need to have a common vision for student growth and development."

Participants affirmed the value of working in collaboration with agencies serving youth in the community to promote positive mental health practices in both the school and community contexts. Example agencies included after-school youth programs, Boys and Girls Clubs, recreational programs and services, youth outreach services and local church child and youth programs. Collaboration between school and youth-serving agency personnel was identified as beneficial for:

- providing positive points of community connection for youth and their families with caring adults during the day and in the evening;
- organizing learning opportunities to engage students' strengths and interests in both school and community settings;
- engaging mentors for students identified as at risk of leaving school to enhance their school and community connectedness; and
- organizing community mobilization efforts that engage students and adults to work together to affect positive changes in the school and community contexts.

COORDINATED SERVICE DELIVERY APPROACHES

"We need to use the school as a hub to bridge the gap between our services."

Participants highlighted the need to establish ways for school personnel and health, justice and social service providers to work collaboratively. Such relationships were described as beneficial for supporting the implementation of school-wide positive mental health approaches, as well as for ensuring the timely provision of early intervention services to students identified as having specific emotional or behavioural concerns. Participants underscored the need to develop team-based approaches that ensure that services for students and their families are coordinated and integrated within and beyond the school context. Suggested actions for school personnel and departmental service providers to support the development inter-professional team methods included:

- holding meetings to share common areas of concern or to develop coordinated approaches that address the needs of individual students, groups of students or the school environment;
- developing agreements or effective information-sharing or knowledge exchange processes;
- maintaining ongoing contact among education personnel through phone consultations and social exchanges; and
- adopting common approaches for engaging student and family strengths in the development of collaborative service plans.

PILLAR IV: HEALTHY SCHOOL POLICIES

Participants asserted the need to develop and implement targeted policies that support and sustain positive mental health perspectives and practices. In addition, consulting with multiple stakeholders to shape policy decisions and engaging youth perspectives and participation in decision-making processes were seen as valuable. Policy statements that "carry a positive tone" and facilitate the development of positive relationship and shared decision-making approaches were also emphasized.

LEADERSHIP SUPPORT

"Effective leadership is absolutely critical...when school administration is not totally on board, the process of change is really impeded."

School administration and district level leadership support was identified by participants as critical for facilitating the successful implementation of positive mental health policies and practices. Effective leadership support practices were described as:

 acting as a champion for school-wide application of policies that contribute to school connectedness and the inclusion of all students;

- organizing processes to engage and consult with school personnel, students and families to assist in the creation of a shared vision for a positive learning climate;
- modeling respectful and supportive interactions with school staff, students and family members;
- maintaining open communication and opportunities for two-way dialogue; and
- creating team-based approaches for the development and implementation of school improvement strategies.
- Several participants noted the benefits of having administrative leaders who
 had previous experience of working in educational roles related to student
 services or school health because having insight into the relationship between
 students' social-emotional functioning and their academic development
 provided essential background to guide decision-making and policy priorities to
 promote positive mental health within the school setting.

POLICIES TO CREATE SAFE AND CARING ENVIRONMENTS

"We need supportive, nurturing environments that have a positive impact on student development and coping strategies."

One of the most frequently reported areas of policy development was the creation of safe and caring schools. Key developments or actions related to this policy theme included:

- establishment of policies related to the promotion of healthy lifestyle behaviours and the prevention of health-related harm (e.g., smoke-free policies; preservation or expansion of green spaces);
- development of guidelines for the inclusion of school-wide programs related to the social and emotional functioning and development of students (e.g., bullying prevention; social skills development programs; community service or volunteer projects);
- establishment and practice of crisis or emergency routines to ensure physical and emotional safety both during and following traumatic events in the school or community; and
- collection of data that provide feedback from students, families or school staff members about areas of individual or social concern.

POLICIES FOR INCLUSION

"We emphasize inclusionary practices from a social justice perspective....
It is about embracing our differences as human beings."

Participants affirmed the importance of policies that ensure that inclusive education and social acceptance of all students are provided. The development of inclusion policies was regarded as critical for promoting the design and application of universal classroom and school-wide educational practices. From their perspectives, such policies should:

- value students' and their families' cultural identities and backgrounds;
- recognize the individual learning needs, strengths and preferences of students;
- promote acceptance of individuals regardless of differences in personal perspectives, values or beliefs;
- contribute to a sense of belonging in both the classroom and throughout the school; and
- create opportunities for all students to contribute and be recognized as members of school learning and social environments.

DISCIPLINE POLICIES THAT RESTORE AND RECONNECT

"We've had policies that disengaged kids and removed them from the school context.

We know suspensions don't work; yet, we continue to use them."

Participants reported that school discipline policies often involve imposing sanctions without including processes to reconnect or restore students to school routines or relationships. In many instances, sanctions involve suspensions or "being put out of class or school" for a period of time. When rules and regulations continue to be broken, students are required to spend greater amounts of time outside of the school context. This lack of school connectedness intensifies existing stress on families and increases the risk of students participating in high-risk health behaviours, developing negative peer associations and even possible conflict with the law.

- In contrast to zero tolerance approaches, participants highlighted the
 importance of designing discipline policies and actions that promote positive
 mental health outcomes among students without removing them from the
 school setting. Such policies or actions might include:
- identifying school champions who will advocate for specific students and assist them in solving challenging situations related to school rules or routines;

- inviting parents or caregivers to share strengths and positive points related to their children, which might provide key themes for building strategies that strengthen students' engagement to school relationships or routines;
- inviting students to take part in the setting of expectations and consequences when developing behaviour plans; and
- seeking support and consultation from other health service providers or student services specialists when developing behaviour or school re-entry plans.

POLICIES FOR PROFESSIONAL DEVELOPMENT FOR SCHOOL HEALTH STAKEHOLDERS

"School health stakeholders need to be oriented to positive mental ideas and perspectives if they are going to put such insights into practice."

Teacher training programs that include evidence-based methods that promote positive mental health practices in the classroom and school contexts were seen by participants as necessary for pre-service teachers. The need for in-service teachers and school health professionals to receive ongoing professional development sessions or workshops on key theme related to positive mental health perspectives and practices was also identified. Potential professional development or workshop themes included:

- responding to the social-emotional developmental needs of diverse student age groups;
- implementing culturally-relevant educational practices;
- applying differentiated instruction and case planning approaches;
- considering gender differences when promoting positive mental health;
- using strength-based assessment and collaborative approaches for working with students identified as at-risk;
- adopting comprehensive school health approaches for the promotion of positive mental health; and
- employing methods that engage and motivate the whole school when creating readiness for positive change.

POLICIES TO ENSURE PARTNERSHIP DEVELOPMENT AND COLLABORATIVE PRACTICES

"Departments and services sometimes function like islands."

Participants emphasized the need for developing coordinated service approaches, especially for students with more complex learning, health or family needs. They indicated that in some instances departmental service mandates or intake processes meant that students and their families found it difficult to access services in a timely manner. Participants identified a range of key actions for ensuring the development of coordinated and potentially integrated services for students. These actions included:

- implementation of case conference approaches within the school context;
- creating opportunities for informal consultation to take place among service providers;
- identifying information sharing agreements to access essential health or education information when helping students; and
- pooling departmental or agency personnel or financial resources to provide key supports for students to strengthen their attachment to the home, school or community.

POLICIES ON TIMELY ASSESSMENT AND EARLY RESPONSE SERVICES

"We need to streamline our efforts for helping students with learning challenges..

We are reacting rather than responding"

Establishing policies that support students' timely access to additional personal supports when significant learning, emotional and behavioural concerns are identified or encountered in the school context was seen as important by participants. Provision of timely support was viewed as key to averting the escalation of behavioural problems related to unmet personal or learning needs. Potential content for such policy areas included:

- the use of team-based student service approaches;
- engagement of parents or guardians in problem-solving procedures;
- establishment of school-based processes for screening or assessing student needs; and
- protocols for referral to partnership agencies to access additional support for students or their families.

CURRENT CHALLENGES AND RESPONSES TO POSITIVE MENTAL HEALTH PROMOTION

"Many do not believe positive mental health is the role or responsibility of the school." "Promoting positive mental health needs to be collectively understood and acted upon."

Participants were invited to give specific examples of barriers related to the implementation of positive mental health perspectives and practices within the school or school health context. The most frequently cited area was the need to expand perceptions of mental health beyond risk-needs or problems-only to include key assumptions related to strengths, protective factors and wellness. They asserted the need for educators and school health professionals to be aware that the social-emotional growth of students and their academic development are interconnected.

A second major challenge that was identified was the need for school, health and other stakeholders, including families, service providers and members of the wider community, to understand the importance of their roles and responsibilities in promoting positive mental health approaches. Participants stressed the importance of creating partnerships among these stakeholders so that responsibilities were shared and actions coordinated in order to promote positive mental health perspectives and practices through whole-school and community-wide initiatives. Targeted information campaigns, inter-professional training events and school or community awareness workshops were identified as potential forums in which key concepts or perspectives related to positive mental health could be promoted, discussed and acted upon by school, health and educational stakeholders.

IV. BETTER PRACTICE STATEMENTS

INTRODUCTION

This section presents better practices guidelines associated with promoting positive mental health approaches within a comprehensive school health framework. The better practice statements that are included here reflect the convergence of major insights gleaned from the research and from the key informant interviews that were undertaken with school health stakeholders and service providers. As research continues and new practices emerge, these statements may be reviewed and modified to reflect additional insights. The better practice statements are organized according to the four pillars of the comprehensive school health framework:

- Social and Physical Environment
- Teaching and Learning
- Partnerships and Services
- Healthy School Policies

It should be noted that the outlined practices are not mutually exclusive or related only to their given pillar. In contrast, these better practice statements support key positive mental health perspectives and practices across a comprehensive school health approach.

PILLAR I: SOCIAL AND PHYSICAL ENVIRONMENT

Enhance the understanding of school health stakeholders and the wider community of positive mental health perspectives and practices and how they relate to students' social-emotional functioning and academic development.

Section	Related to	See
Literature Review:	Social-Emotional Learning	page 8
	Protective Factors	page 10
	Self-Efficacy	page 15
	Schools as a Critical Setting for Positive Mental Health	page 16
	Comprehensive School Health Framework: A Model for Positive Mental Health Promotion	page 19
	School and Classroom Climate	page 22
	Effective Leadership	page 36
	Policies that Promote Safe and Caring Environments	page 36
Key Informants:	Definition and Relevance of Positive Mental Health	page 43
	Partnerships and Services	page 52
	School-Home Relationships	page 52
	Leadership Support	page 54
	Current Challenges and Responses to Positive Mental Health Promotion	page 59

Facilitate the connectedness of all students with the school and community by creating accessible meeting places or social spaces where students feel safe and valued and where opportunities for students to develop positive relationships with caring peers and adults can take place.

Section	Related to	See
Literature Review:	Connectedness	page 11
	Use of Physical Spaces	page 23
	Adult-Student Mentorship Programs	page 33
	Policies that Promote Safe and Caring Environments	page 36
Key Informants:	Social Environment: Relationship Connectedness	page 45
	Physical Environment: Effective Design and Use of Spaces	page 46
	Partnerships with Community-based Youth Services	page 53
	Policies to Create Safe and Caring Environments	page 55

Implement school-wide initiatives that foster the creation of safe and caring school environments. Such efforts contribute to the social, emotional and learning needs of students at all levels.

Section	Related to	See
Literature Review:	Understanding Student Mental Health Needs Literature Review: Schools as a Critical Setting for Positive Mental Health	page 11
	Connectedness	page 11
	Mental Fitness	page 13
	Positive Mental Health Correlates with Healthy Development	page 15
	Physical and Emotional Safety	page 21
	Autonomy-Supportive Practices	page 28
	Effective Leadership	page 36
	Policies that Promote Safe and Caring Environments	page 36
Key Informants:	Partnerships with Community-based Youth Services	page 53
	Coordinated Service Delivery Approaches	page 54
	Policies to Create Safe and Caring Environments	page 55
	Discipline Policies that Restore and Reconnect	page 56

Apply universal design principles in physical spaces to ensure all students can participate fully as learners in the classroom and school settings. These design principles reinforce the importance of including all students and the acceptance of diversity.

Section	Related to	See
Literature Review:	Diversity	page 10
	Acceptance and Understanding of Student Mental Health Needs	page 11
	Use of Physical Spaces	page 23
Key Informants:	Social and Physical Environment	page 45
	Physical Environment: Effective Design and Use of Spaces	page 46
	Policies for Inclusion	page 56

Enhance the awareness of caregivers of potential safety concerns relating to students' online social exchanges and relationships. Educators and school health professionals are in a unique position to educate caregivers on how to ensure online safety for students.

Section	Related to	See
Literature Review:	Physical and Emotional Safety	page 21
	Policies that Promote Safe and Caring Environments	page 36
Key Informants:	Emotional and Physical Safety	page 46
	Policies to Create Safe and Caring Environments	page 55

Design positive learning environments to explicitly include the needs of students with mental health concerns. This includes actions to address the issue of stigma which is a barrier to full inclusion for all students.

Section	Related to	See
Literature Review:	Acceptance and Understanding Student Mental Health Needs	page 11
	Mental Fitness	page 13
Key Informants:	Embracing Essential Instructor Attitudes	page 48
	Coordinated Service Delivery Approaches	page 54
	Policies for Professional Development for School Health Stakeholders	page 57
	Current Challenges and Responses to Positive Mental Health Promotion	page 59

PILLAR II: TEACHING AND LEARNING

Create opportunities where diversity can be understood and appreciated by students within the classroom. Teaching about and including diversity may include a wide range of individual differences including learning needs and strengths, personal preferences, gender, sexual orientation and cultural backgrounds, as well as specific physical, emotional or behavioural needs that require accommodation.

Section	Related to	See
Literature Review:	Conceptualizing Positive Mental Health	page 6
	Diversity	page 10
	Culturally Relevant Practices	page 26
Key Informants:	Social Environment: Relationship Connectedness	page 45
	Affirming Diversity in the Classroom	page 48
	Promoting Culturally Relevant Approaches	page 49
	Leadership Support	page 54

Incorporate culturally-relevant themes in instructional practices. This may include inviting students, their families or members of the community to share cultural traditions, values or beliefs as part of classroom or school-wide learning activities.

Section	Related to	See
Literature Review:	Diversity	page 10
	Culturally Relevant Practices	page 26
Key Informants:	Social Environment: Relationship Connectedness	page 45
	Affirming Diversity in the Classroom	page 48
	Promoting Culturally Relevant Approaches	page 49

Provide opportunities for students to learn and practice social skills that contribute to working cooperatively with others, solving areas of difficulty, and forming and maintaining relationships.

Section	Related to	See
Literature Review:	Social-Emotional Learning	page 8
	Resiliency	page 9
	Protective Factors	page 10
	Connectedness	page 11
	Mental Fitness	page 13
	Schools as a Critical Setting for Positive Mental Health	page 16
	Cooperative Methods	page 27
	Social Skills Development	page 31
Key Informants:	Definition and Relevance of Positive Mental Health	page 43
	Social Environment: Relationship Connectedness	page 45
	Emotional and Physical Safety	page 46
	Enhancing Social-Emotional Development	page 50
	Policies to Create Safe and Caring Environments	page 55

Explore with students areas of strength, interest and potential. This is critical for personalizing learning for students and enhancing their engagement in education and relationships.

Section	Related to	See
Literature Review:	Positive Youth Development	page 9
	Resiliency	page 9
	Strength-based Perspectives	page 12
	Mental Fitness	page 13
Key Informants:	Embracing Essential Instructor Attitudes	page 48
	Affirming Diversity in the Classroom	page 48
	Enhancing Social Emotional Development	page 50
	Applying Strengths and Interest-based Methods	page 50

Adapt teaching methods to accommodate individual learning preferences and needs. Examples include differentiated instruction, universal design approaches, the use of multiple teaching and assessment processes, applied learning experiences, mentorship opportunities, project work and cooperative learning activities.

Section	Related to	See
Literature Review:	Diversity	page 10
	Positive Mental Health Correlates with Healthy Development	page 15
	Differences and Diversity in the Classroom	page 25
	Culturally Relevant Practices	page 26
	Strength-based Approaches	page 29
Key Informants:	Social Environment: Relationship Connectedness	page 45
	Affirming Diversity in the Classroom	page 48
	Promoting Culturally Relevant Approaches	page 49
	Effective Leadership	page 54

Adopt teaching approaches that support autonomy, for example, by minimizing control, listening to and validating student perspectives, and creating opportunities for children to experience choice and autonomy within planned learning activities.

Section	Related to	See
Literature Review:	Connectedness	page 11
	Mental Fitness	page 13
	Positive Mental Health Correlates with Healthy Development	page 15
	Autonomy-Supportive Practices	page 28
	Strength-based Approaches	page 29
Key Informants:	Social Environment: Relationship Connectedness	page 45
	Ensuring Autonomy-Supportive Practices	page 51

PILLAR III: PARTNERSHIPS AND SERVICES

Ensure positive school-home interactions by providing early school-year contacts and regular communications with caregivers. School-home interactions should focus on understanding the learning profile of students, including their strengths, interests and support needs.

Section	Related to	See
Literature Review:	Resiliency	page 9
	Protective Factors	page 10
	Connectedness	page 11
	Sustained Family Contact and Communication	page 32
	Discipline Policies that Restore and Reconnect	page 37
Key Informants:	Partnerships and Services	page 52
	School-Home Relationships	page 52
	Policies to Ensure Partnership Development and Collaborative Practices	page 58

Establish collaborative home-school relationships by including caregivers in school improvement initiatives or as volunteers in student learning activities.

Section	Related to	See
Literature Review:	Protective Factors	page 10
	Connectedness	page 11
	Sustained Family Contact and Communication	page 32
	Discipline Policies that Restore and Reconnect	page 37
Key Informants:	Partnerships and Services	page 52
	School-Home Relationships	page 52
	Policies to Ensure Partnership Development and Collaborative Practices	page 58
	Discipline Policies that Restore and Reconnect	page 56

Create opportunities for students to engage in mentorship learning during the day and in the evening by working collaboratively with schools and community-based youth-serving agencies.

Section	Related to	See
Literature Review:	Strength-based Approaches	page 29
	Social Skills Development	page 31
	Adult-Student Mentorship Programs	page 33
	Partnerships with Family and Youth-Serving Agencies	page 34
	Discipline Policies that Restore and Reconnect	page 37
Key Informants:	Definition and Relevance of Positive Mental Health	page 43
	Social Environment: Relationship Connectedness	page 45
	Promoting Culturally Relevant Approaches	page 49
	Enhancing Social Emotional Development	page 50
	Applying Strengths and Interest-based Methods	page 50
	Providing Targeted Learning Support	page 51
	Partnerships with Community-based Youth Services	page 53

Establish approaches that ensure collaboration among school, community and departmental personnel to ensure services respond in a timely manner to the needs of students and their families when additional supports are required.

Section	Related to	See
Literature Review:	Positive Youth Development	page 9
	Protective Factors	page 10
	Connectedness	page 11
	Schools as a Critical Setting for the Promotion of Positive Mental Health	page 16
	Health-Promoting Schools	page 17
Key Informants:	Shared Policies that Ensure System Collaboration	page 39
	Partnerships with Community-based Youth Services	page 53
	Coordinated Service Delivery Approaches	page 54
	Policies for Professional Development for School Health stakeholders	page 57

Plan school and community mobilization initiatives emphasizing active student participation to promote positive mental health perspectives and practices both within and beyond the education context.

Section	Related to	See
Literature Review:	Schools as a Critical Setting for Positive Mental Health	page 16
	School and Community-wide Mobilization Activities	page 34
Key Informants:	Partnerships with Community-based Youth Services	page 53
	Current Challenges and Responses to Positive Mental Health Promotion	page 59

PILLAR IV: HEALTHY SCHOOL POLICIES

Ensure positive leadership support and participation in the design and implementation of positive mental health policies and practices.

Section	Related to	See
Literature Review:	Health Promoting Schools	page 17
	2 School and Classroom Climate	page 22
	Effective Leadership	page 36
	Policies for Professional Development and Training	page 38
Key Informants:	Social Environment: Relationship Connectedness	page 45
	Leadership Support	page 54

Implement school-wide policies that contribute to the physical and emotional safety of all students. Such policies are the foundation of whole-school health initiatives, targeted prevention programs and responsive emergency protocols.

Section	Related to	See
Literature Review:	Social-Emotional Learning	page 8
	Connectedness	page 11
	Schools as a Critical Setting for Positive Mental Health	page 16
	Physical and Emotional Safety	page 21
	Policies that Promote Safe and Caring Environments	page 36
Key Informants:	Definition and Relevance of Positive Mental Health	page 43
	Social and Physical Environment	page 45
	Emotional and Physical Safety	page 46
	Enhancing Social-Emotional Development	page 50

Develop educational policies that accommodate the learning and social needs of all students, including those with exceptionalities.

Section	Related to	See
Literature Review:	Conceptualizing Positive Mental Health	page 6
	Diversity	page 10
	Acceptance and Understanding of Student Mental Health Need	page 11
	Physical and Emotional Safety	page 21
	Use of Physical Spaces	page 23
	Policies for Inclusion	page 37
Key Informants:	Affirming Diversity in the Classroom	page 48
	Leadership Support	page 54
	Policies to Create Safe and Caring Environments	page 55
	Policies for Inclusion	page 56

Apply discipline policies that restore and reconnect students to school by providing solution-focused alternatives to zero-tolerance methods to resolve areas of student difficulty or challenge.

Section	Related to	See
Literature Review:	Connectedness	page 11
	Strength-based Perspectives	page 12
	Policies that Promote Safe and Caring Environments	page 36
	Discipline Policies that Restore and Reconnect	page 37
Key Informants:	Social Environment: Relationship Connectedness	page 45
	Providing Targeted Learning Support	page 51
	Partnerships with Community-based Youth Services	page 53
	Leadership Support	page 54
	Discipline Policies that Restore and Reconnect	page 56

Provide professional development opportunities on positive mental health perspectives and practices to education and school health stakeholders. This may include targeted pre-service training for student interns or continuing educational opportunities for in-service teachers.

Section	Related to	See
Literature Review:	Effective Leadership	page 36
	Policies for Professional Development and Training	page 38
Key Informants:	Embracing Essential Instructor Attitudes	page 48
	Policies for Professional Development for School Health Stakeholders	page 57

Establish policies to support the provision of timely assessment and early response services to students with significant learning or social-emotional concerns. This reinforces the importance of inter-professional team approaches and the engagement of families in problem-solving processes.

Section	Related to	See
Literature Review:	Schools as a Critical Setting for Positive Mental Health	page 16
	Social Skills Development	page 31
	Partnerships with Family and Youth-Serving Agencies	page 34
	Policies for Professional Development and Training	page 38
	Student Services Policies that Provide Timely Support	page 39
	Shared Policies that Ensure System Collaboration	page 39
Key Informants:	Coordinated Service Delivery Approaches	page 54
	Policies for Professional Development for School Health Stakeholders	page 57
	Policies on Timely Assessment and Early Response Services	page 58

WORKS CITED

- Adelman, H.S., & Taylor, L. (2006). School and community collaboration to promote a safe learning environment: State Education Standard. *Journal of the National Association of State Boards of Education*, 7, 38-43.
- Alberta Ministry of Education. (2008). Safe and caring schools. Website: http://education.alberta.ca/teachers/safeschools.aspx.
- Aldinger, C., Zhang, X.W., Liu, L.Q., Pan, X.D., Yu, S.H., Jones, J., & Kass, J. (2008). Changes in attitudes, knowledge and behaviour associated with implementing a comprehensive school health program in a province of China. *Health Education Research*, 23(6), 1049-1067.
- Axvig, M., Bell, J., & Nelson, J. (2009). *School psychologists and the emphasis placed on student resiliency in the assessment process*. University of Wisconsin: River Falls.
- Bellanca, J., & Fogarty, R. (2003). *Blueprints for achievement in the cooperative classroom*, (3rd edition). Illinois: Pearson Education.
- Black and Deci. (2000). The effects of instructors' autonomy support and students' autonomous motivation on learning organic chemistry: A self-determination theory perspective. *Science Education*, *84*, 740-756.
- Blum, R.W., & Mann, Rinehart, P. (2009). *Reducing the risk: Connections that make a difference in the lives of youth*. Add Health: Burness Communications, Bethesda, Maryland.
- Bradshaw, C.P., Brown, J.S., & Hamilton, S.F. (2008). Bridging positive youth development and mental health services for youth with serious behaviour problems. Child Youth Care Forum, 37, 209-226.
- Brendtro, L., Brokenleg, M., & Van Bockern, S. (2005). The circle of courage and positive psychology. *Reclaiming Children and Youth*, *14*(3), 130-136.
- Brennan, M.A. (2008). Conceptualizing resiliency: An interactional perspective for community and youth development. *Child Care in Practice*, 14(1), 55-64.
- British Columbia Ministry of Education. (2009). *Focus on bullying: A prevention program for elementary school communities*. BC Ministry of Education.
- Brooks, R., & Goldstein, S. (2001). Raising resilient children. Chicago, IL: Contemporary Books.
- Burgstahler, S. (2009). *Equal access: Universal design of physical spaces*. University of Washington, College of Engineering.
- Butler, D., Beckingham, B., & Lauscher, H. (2005). Promoting strategic learning by eighth-grade students struggling in mathematics: A report of three case studies. *Learning Disabilities Research & Practice*, 20(3), 156-174.
- Canadian Institute for Health Information (CIHI). (2009). *Improving the health of Canadians:* Exploring positive mental health. CIHI Summary Report.
- Capros, J., Cetera, Co., Ogden, L., & Rossett, K. (2002). *Improving student's social skills and achievement through cooperative learning*. (ERIC Document Reproduction Service No. ED468873).

- Cartney, P., & Rouse, A. (2006). The emotional impact of learning in small groups: highlighting the impact on student progression and retention. *Teaching in Higher Education*, 11(1), 79-91.
- Cassidy, W. (2005). From zero tolerance to a culture of care. Education Canada, 45(3), 40-42.
- Center for Comprehensive School Reform and Improvement (CCSRI). (2009). *Developing a positive school climate*. Learning Point Associates Newsletter, Washington, DC.
- Chatwin, I. (2007). Why do you do that? Stories to support social understanding for people with ASD, in B. Carpenter & J. Egerton (Eds) *New Horizons in Special Education*. Stourbridge: Sunfield.
- Clonan, S.M., Chafouleas, S.M., McDougal, J.L., & Riley-Tillman, T. C. (2004). Positive psychology goes to school: Are we there yet? *Psychology in the Schools, 41*(1), 101-109.
- Collaborative Community Health Research Centre (CCHRC). (2002). Research review of best practices for provision of youth services. A report to the BC Ministry of Children and Family Development, University of Victoria.
- Communities and Schools Promoting Health (CSPH). (2002). Youth engagement through schools: Summary. Website: http://www.safehealthyschools.org/youth/youth.htm
- Conrad, I., Dietrich, S., Heider, D., Blume, A., Angermeyer, M., & Riedel-Heller, S. (2009). Crazy? So what! A school programme to promote mental health and reduce stigma results of a pilot study. *Health Education*, 109(4), 314-328.
- Cox, K. (2008). Tools for building on youth strengths. Reclaiming Children and Youth, 16(4), 19-24.
- Cramer M., & Paris, K. (2001). *Teacher academic preparation on mental health questions*. Unpublished data administered to the MU Partnership for Educational Renewal.
- Cushman, P. (2008). Health promoting schools: A New Zealand perspective. *Pastoral Care in Education*, *26*(4), 231-241.
- Damon, W., Bronk, K. C., & Menon, J. (2004). Youth sense of purpose. In M. B. Spencer (Chair) What are the key indicators of positive youth development? An innovative session. Symposium conducted at the meeting of the Society for Research on Adolescence. Baltimore, Maryland.
- Darragh, J. (2007). Universal design for early childhood education: ensuring access and equity for all. *Early Childhood Education Journal*, *35*(2), 167-171.
- Davis, C., & Yang, A. (2009). Keeping in touch with families all year long. *Education Digest*, September, 2009.
- De Jong, T. (2000). The Role of the school psychologist in developing a health-promoting school: Some lessons from the South African context. *School Psychology International*, *21*(4), 339-357.
- Deci, E.L. (2009). Large-scale school reform as viewed from the self-determination theory perspective. *Theory and Research in Education*, *7*, 244-252.
- Deci, E.L., & Ryan, R.M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, *11*, 227-268.
- Deci, E.L., & Ryan, R.M. (2007). Facilitating optimal motivation and psychological well-being across life's domains. *Canadian Psychology*, 49(1), 14-23.

Diamanduros, T., Downs, E., & Jenkins, S. (2008). The role of school psychologists in the assessment, prevention, and intervention of cyberbullying. *Psychology in the Schools, 45*(8), 693-704.

- Edwards, R.W., Jumper-Thurman, P., Plested, B.A., Oetting, E.R., & Swanson, L. (2000). Community readiness: Research to practice. *American Journal of Community Psychology*, 28, 291–207.
- Elias, M.J. (2006). The connection between academic and social-emotional learning. In *The* educator's guide to emotional intelligence and academic achievement. p.4-14. M.J. Elias and H. Arnold eds. Thousand Oaks, CA, Corwin Press.
- Essler, V, Arthur, A., & Stickley, T. (2006). Using a school-based intervention to challenge stigmatizing attitudes and promote mental health in teenagers. *Journal of Mental Health*, 15(2), 243-250.
- Evans, W.D. (2008). Social marketing campaigns and children's media use. *The Future of Children,* 18(1), 181-203.
- Flay, B.R. (2002). Positive youth development requires comprehensive health promotion programs. Paper prepared for acceptance of the Research Laureate Medallion from the American Academy of Health Behavior, Annual Conference, Napa, California, March 25th, 2002.
- Gabhainn, S., Sixsmith, J., Delaney, E., Moore, M., Inchley, J., & O'Higgins, S. (2007). Health-promoting school indicators: Schematic models from students. *Health Education*, 107(6), 494-510.
- GermAnn, K. (2009). *Toward flourishing for all....* Proceedings of the National Mental Health Promotion and Mental Illness Prevention Think Tank. Black's Fall, AB.
- Goleman, D. (2006). Social Intelligence. Random House, Inc., New York, NY.
- Gordon, T.R. (2002). Comprehensive school health and comprehensive guidance and counselling programs: A call for collaboration. *Canadian Journal of Counselling*, *36*(1), 49-62.
- Government of Saskatchewan. (2002). Ensuring the wellbeing and educational success of Saskatchewan's children & youth. Provincial Response © Role of the School Task Force Final Report.
- Greenberg, M., Weissberg, R., O'Brien, M., & Zins, J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, *58*(6/7), 466-474.
- Grunbaum, J., Kann, L., Kinchen, S., Williams, B., Ross, J., Lowry, R., & Kolbe, L. (2001). Youth risk behavior surveillance United States, 2001. *Morbidity and Mortality Weekly Report 51*, available online at: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5104a1.htm.
- Hamilton, M., & Hamilton, S. (2004). *The youth development handbook: Coming of age in American communities*. Thousand Oaks, CA: Sage Publications,
- Hamilton, S.F., Hamilton, M.A., & Pittman, K. (2004). Principles for youth development. In S.F. Hamilton & M.A. Hamilton (Eds.), The youth development handbook: Coming of age in American communities (pp. 3-22). Thousand Oaks, CA: Sage Publications.
- Hawkins, J. D., & Catalano, R. F. (2004). *Communities that care: Prevention strategies guide*. South Deerfield, MA: Channing Bete.
- Health and Education Research Group (HERG). (2007). *Provincial wellness fact sheets: Mental fitness.* New Brunswick Department of Wellness, Culture and Sport.

- Health Canada. (2008). *Outreach, early intervention and community linkages for youth with problem substance use*. Government of Canada, Ottawa, Ontario (ISBN 978-0-662-48417-2).
- Hejazi, E., Shahraray, M., Farsinejad, M., & Asgary, A. (2009). Identity styles and academic achievement: Mediating role of academic self-efficacy. Social Psychology in Education, 12, 123-135.
- Hertzman, C., & Power, C. (2004). Child development as a determinant of health across the life course. *Current Paediatrics*, *14*, 438-443.
- Higbee, J., & Goff, E. (Eds.) (2008). *Pedagogy and student services for institutional transformation: Implementing universal design in higher education*. Minneapolis: University of Minnesota,
 Center for Research on Developmental Education and Urban Literacy.
- Hornik, R.C., (Ed.) (2002). *Public health communication: Evidence for behavior change*. Mahwah, NJ: Lawrence Erlbaum.
- Hymel, S., Schonert-Reichl, K., & Miller, L. (2006). Reading, 'riting, 'rithmetic and relationships: Considering the social side of education. *Exceptionality Education Canada*, *16*(3), 1-44.
- Inchley, J., Muldoon, J., & Currie, C. (2007). Becoming a health promoting school: evaluating the process of effective implementation in Scotland. *Health Promotion International*, 22(1), 65-71.
- International Union for Health Promotion in Education (IUHPE). (2009). *Achieving health promoting schools: Guidelines for promoting health in schools*. Saint-Denis Cedex, France: IUHPE.
- Jaffe, P., Wolfe, D., Crooks, C., Hughes R., & Baker, L. (2004). The fourth R: Developing healthy relationships through school-based interventions. Chapter in P. Jaffe, L. Baker, & A. Cunningham (Eds.). Protecting children from domestic violence: Strategies for community intervention. New York, NY: Guilford Press, pp. 200-218.
- Joint Consortium for School Health. (2009). What is comprehensive school health? Accessed at www.jcsh-cces.ca/upload/JCSH%20CSH%20Framework%20FINAL%20Nov%2008.pdf
- Juvonen, J. (2007). Reforming middle schools: focus on continuity, social connectedness, and engagement. The Educational Psychologist, 42(4), 197-208.
- Kirby, M.J.L., & Keon, W.J. (2006). Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada. Report of the Standing Senate Committee on Social Affairs, Science and Technology, Government of Canada.
- Kirby, P. (2004). *An examination of the social experiences of individuals with Asperger Syndrome.* University of New Brunswick.
- Kolbe, L., Jones, J., & Birdthistle, I. (2001). Building the capacity of schools to improve health, in Critical Issues In Global Health, C. Everett Koop, Clarence E. Pearson, and M. Roy Schwarz (Eds.). San Francisco: Jossey-Bass.
- Koller, J.R (2002). The application of a strengths-based mental health approach in schools. Association for Childhood Education International. 2002.
- Koller, J.R., & Bertal, J.M. (2006). Responding to today's mental health needs of children, families and schools: Revisiting the pre-service training and preparation of school-based personnel. Education and Treatment of Children, 29(2).

Kopela, J., & Clarke, A. (2005). An integrated approach to promoting emotional well-being in the school setting. HeadsUp Scotland, National Project for Children and Young People's Mental Health: A Position Paper.

- Lane, J., & Lane, A.M. (2001). Self-efficacy and academic performance. Social Behavior and Personality, 29, 687-694.
- Laursen, E.K. (2003). Creating a change-oriented, strength-based milieu. Reclaiming Children and Youth, 13(1), 16-21.
- Lee, E., Mearkart, D., & Okagawa-Ray, M. (2002). Beyond heroes and holidays: A practical guide to K-12 anti-racist, multicultural education and staff development (2nd ed.). Washington, DC: Teaching for Change.
- Leurs, M., Bessems, K., Schaalma, H., & de Vries, H. (2007). Focus points for school health promotion improvements in Dutch primary schools. *Health Education Research*, 22(1), 58-69.
- Liff, S.B. (2003). Social and emotional applications for developmental education. *Journal of Developmental Education*, *26*, 28-34.
- Linnenbrink, E.A., & Pintrich, P.R. (2003). The role of self-efficacy beliefs in student engagement and learning in the classroom. Reading & Writing Quarterly, 19, 119-137.
- Losier, G.F., & Morrison, W. (2007). *Need-based interventions for youth (NBIY): A psychological needs approach based on SDT*. Presentation at the 3rd International Conference on Self-Determination Theory, May 24 27, Toronto (ON).
- Martinez, S. (2009). A system gone berserk: How are zero-tolerance policies really affecting schools? *Preventing School Failure*, *53*(3), 153-157.
- Marzano, R. J., Pickering, D. J., & Pollock, J. E. (2001). *Classroom instruction that works: Research-based strategies for increasing student achievement*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Masten, A.S. (2001). Ordinary magic: Resilience processes in development, *American Psychologist*, *56*, 227-238.
- McLoughlin, C.S., & Kubick, R.J. (2004). Wellness promotion as a life-long endeavour: Promoting and developing life competencies from childhood. *Psychology in the Schools, 41*(1), 131-141.
- McNeely, C.A., Nonnemaker, J.M., & Blum, R.W. (2002) Promoting student attachment to school: Evidence from the National Longitudinal Study of Adolescent Health. *Journal of School Health*, 72(4).
- Miller, M. (2006). Where they are: Working with marginalized students. *Educational Leadership*, 63(5), 50-54.
- Minneapolis Public Schools. (2009). *Positive school climate tool kit*, First Edition. Minneapolis, MN.
- Morrison, W., Kirby, P., Losier, G., & Allain, M. (2009). Conceptualizing psychological wellness: Addressing mental fitness needs. *Journal of the Canadian Association of Principals*, 17(2), 19-21.
- Morrison, W., LeBlanc, M., & Doucet, C. (Eds). (2005). *New Brunswick perspectives on crime prevention: Promising practices for children, youth & families*. Fredericton, New Brunswick: University of New Brunswick/Gaspereau Press.

- Mueller, A., & Fleming, T. (2001). Cooperative learning: Listening to how children work at school. *Journal of Education Research*, *94*(5), 259-265.
- Murphy, E. A. (2008). *The Murphy-Meisgeier Type Indicator for Children (MMTIC)*. Paper presented at a pre-conference workshop at the European Type Conference, Copenhagen, Denmark. Retrieved October 12, 2009, from http://conference.cfl.dk/presentations.
- Murray, C., & Greenberg, M. (2001). Relationships with teachers and bonds with school: Social emotional adjustment correlates for children with and without disabilities. *Psychology in the Schools*, 38(1).
- Murray, L.F., & Belenko, S. (2005). *CASASTART: A community-based, school-centered intervention for high-risk youth. Substance Use and Misuse, 40*(7), 913-33.
- Murthy, R.S., Hadan, A., & Campanini, B. (2001). *The World Health Report 2001: Mental health: New understanding, new hope.* Geneva, Switzerland: World Health Organization.
- National Center for Mental Health Promotion and Youth Violence Prevention (NCMHPYV). (2009). *Connecting social and emotional learning with mental health*. University of Illinois. Chicago.
- National Conference of State Legislatures (NCSL). (2005). *Positive youth development: State strategies*. ISBN 1-58024-430-0.
- National School Climate Center, Center for Social and Emotional Education, and National Center for Learning and Citizenship at Education Commission of the States. (2008). *The school climate challenge: Narrowing the gap between school climate research and school climate policy, practice guidelines and teacher education policy*. Retrieved from www.ecs.org/html/porjectsPartners/nclc/docs/schjoo-climate-challenge-web.pdf.
- New Brunswick Department of Education. (2000). *Best practices for inclusion*. Student Services Branch.
- New Brunswick Department of Education (NBDoE). (2009). Enrichment: A guide for educators. Retrieved September 30, 2009 from http://www.gnb.ca/0000/publications/ss/Enrichment-for-parents.pdf.
- New Brunswick Inter-departmental Committee on Integrated Service Delivery (NBISD). (2009). Provincial integrated service delivery model (in development).
- New BrunswickYouth Centre. (2009). Program manual. Dept. of Public Safety, NB.
- Nieto, S. (2002). Affirmation, solidarity and critique: Moving beyond tolerance in education. In E. Lee, D. Menkart, & M. Okazawa-Rey (Eds.), *Beyond heroes and holidays: A practical guide to K-12 anti-racist, multicultural education and staff development* (2nd ed.; pp.7-18). Washington, DC: Teaching for Change.
- Nissen, L., Hunt, S., Bullman, S., Marmo, J., & Smith, D. (2004). Systems of care for treatment of adolescent substance use disorders: Background, principles and opportunities. *Journal of Psychoactive Drugs*, 36(4), 429-438.
- Noddings, N., (Ed.) (2005). *Educating citizens for global awareness*. New York, NY: Teachers College Press.
- Noguera, P.A. (2003). Schools, prisons and social implications of punishment: rethinking disciplinary practices. *Theory Into Practice*, *42*, 341-350.

North Central Regional Educational Laboratory (NCREL). (2009). Characteristics of culturally relevant classrooms. Retrieved October 1, 2009 from http://www.ncrel.org/sdrs/areas/issues/content/cntareas/reading/li4lk57.htm.

- Patchin, J.W., & Hinduja, S. (2006). Bullies move beyond the schoolyard: A preliminary look at cyberbullying. *Youth Violence and Juvenile Justice*, *4*(2), 148-169.
- Paternite, C., & Johnston, T. (2005). Rationale and strategies for central involvement of educators in effective school-based mental health programs. Journal of Youth and Adolescence, 34(1), 41-49.
- Patton, G., Glover, S., Bond, L., Butler, H., Godfrey, C., diPietro, G., & Bowes, G. (2000). The Gatehouse Project: A systematic approach to mental health promotion in secondary schools. Australian and New Zealand Journal of Psychiatry, 34(4), 586-593.
- Payton, J., Wardlaw, D., Graczyk, P., Bloodworth, M., Tompsett, C., & Weissberg, R. (2000). Social and emotional learning: A framework for promoting mental health and reducing risk behaviours in children and youth. Journal of School Health, 70(5), 179-185.
- Payton, J., Weissberg, R., Durlak, J., Dymnicki, A., Taylor, R., Schellinger, K., & Pachan, M. (2008). The positive impact of social and emotional learning for kindergarten to eighth-grade students. Collaborative for Academic, Social, and Emotional Learning (CASEL).
- Public Health Agency of Canada (PHAC). (2006). *The human face of mental health and mental illness in Canada*. Ottawa, ON: PHAC.
- Ratey, J. (2002). A user's guide to the brain: Perception, attention, and the four theaters of the brain. New York: Vintage Books,
- Reeve, J. (2006). Autonomy, volitional motivation, and wellness. *Motivation and Emotion, 30,* 257-258.
- Reeve, J., Deci, E. L., & Ryan, R. M. (2004). Self-determination theory: A dialectical framework for understanding the sociocultural influences on motivation and learning. *Big Theories Revisited*, *4*, 31-59. Greenwich, CT: Information Age Press.
- Reeve, J., Jang, H., Carrell, D., Jeon, S., & Barch, J. (2004). Enhancing high school students' engagement by increasing their teachers' autonomy support. *Motivation and Emotion, 28*, 147-169.
- Reeve, J., Nix, G., & Hamm, D. (2003). The experience of self-determination in intrinsic motivation and the conundrum of choice. *Journal of Educational Psychology*, 95, 375-392.
- Reezigt, G.J., & Creemers, B.P.M. (2005). A comprehensive framework for effective school improvement. *School Effectiveness and School Improvement*, 16(4), 407-424.
- Resolve. (2007). *School-based violence prevention programs: A resource manual*. Research and Education for Solutions to Violence and Abuse, University of Calgary.
- Rickwood, D. (2007). Conceptual framework for PPEI and applications in general practice:

 Overview of the literature. Monograph 1 in A. O'Hanlon, A. Patterson, & J. Parham (Eds.),

 Promotion, prevention and early intervention for mental health in general practice. Adelaide:

 Australian Network for Promotion, Prevention and Early Intervention for Mental Health.
- Rickwood, D., Cavanagh, S., Curtis, L., & Sakrouge, R. (2004). Educating young people about mental health and mental illness: Evaluating a school-based programme. *International Journal of Mental Health Promotion*, *6*(4), 4-13.

- Riley, P. (2001). *How to establish and maintain safe, orderly, and caring schools*. Raleigh, NC: Centre for the Prevention of School Violence.
- Ross, M., Powell, S., & Elias, M. (2002). New roles for school psychologists: Addressing the social and emotional learning needs of students. *School Psychology Review, 31*(1), 45-52.
- Rowe, F., Stewart, D., & Patterson, C. (2007). Promoting school connectedness through whole school approaches. *Health Education*, 107(6), 524-542.
- Ryan, R.M., & Deci, E.L. (2008). A self-determination theory approach to psychotherapy: The motivational basis for effective change. *Canadian Psychology*, *49*(3), 186-193.
- Saskatchewan Instructional Development & Research Unit (SIDRU). (2001). *School Plus: A vision of children and youth*. Saskatchewan Ministry of Education.
- Saunders, S., & Kardia, D. (2009). *Creating inclusive college classrooms*. Center for Research on Learning and Teaching, University of Michigan. Retrieved October 12, 2009 from www.crlt. umich.edu/gsis/P3_1.php.
- Schonert-Reichl, K., & Hymel, S. (2007). Educating the heart as well as the mind: Social and emotional learning for school and life success. *Education Canada*, 47(2), 20-25.
- Schonert-Reichl, K.A. (2007). *Middle childhood inside and out: The psychological and social world of children 9-12*. University of British Columbia: Vancouver, BC.
- Schonert-Reichl, K.A., Smith, V., & Zaidman-Zait, A. (In press). Effectiveness of the 'roots of empathy' program in fostering the social-emotional development in primary grade children. *School Psychology Review*.
- Scott, T.M., Nelson, C.M., & Liaupsin, C.J. (2001). Effective instruction: The forgotten component in preventing school violence. *Education and Treatment of Children, 24*, 309-322.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology. *American Psychologist*, 55(1), 5-14.
- Sheridan, S.M., Warnes, E.D., Cowan, R.J., Schemm, A.V., & Clarke, B.L. (2004). Family-centered positive psychology: Focusing on strengths to build student success. *Psychology in the Schools*, *41*(1), 7-17.
- Short, J., & Russell-Mayhew, S. (2009). What counsellors need to know about resiliency in adolescents. *International Journal of Advancement of Counselling*, *31*(4).
- Small, S., & Memmo, M. (2004). Contemporary models of youth development and problem prevention: Toward an integration of terms, concepts, and models. *Family Relations*, *53*(1), 1-16.
- St. Leger, L., Kolbe, L., Lee, A., McCall, D., & Young, I. (2007). School health promotion: Achievements, challenges and priorities. Chapter in D. McQueen, & C. Jones. (2007). *Global perspectives in health promotion effectiveness*. New York: Springer.
- Sternberg, R. (2000). The concept of intelligence. In R.J. Sternberg (Ed.). The handbook of intelligence (pp. 3-15). Cambridge, MA: Yale University Press
- Stewart, D. E. (2008). Implementing mental health promotion in schools: A process evaluation. *International Journal of Mental Health Promotion, 10*(1), 32-41.

Stewart, D. E., Sun, J., Patterson, C., Lemerle, K., & Hardie, M.W. (2004) *Promoting and building resilience in primary school communities: Evidence from a comprehensive 'health promoting school' approach. International Journal of Mental Health Promotion, 6*(3), 26-31.

- Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen: WHO Regional Office for Europe.
- Ten Dam, G. (2002). *Effectiveness in health education*. Paper presented to the Education and Health in Partnership Conference, Egmond aan Zee, The Netherlands.
- Terjesen, M., Jocofsky, M., Froh, J., & Digiuseppe, R. (2004). Integrating positive psychology into schools: Implications for practice. Psychology in the Schools, 4(1), 163-172.
- Treasury Board Real Property Accessibility Policy (Section 5.1). June 30, 1998. http://www.tbs-sct.gc.ca/pubs pol/dcgpubs/RealProperty/acp1 e.asp, accessed February 2007.
- Tucker, M.L., & McCarthy, A.M. (2001). Presentation self-efficacy: Increasing communication skills through service learning. Journal of Managerial Issues, Summer 2001.
- University of Guelph. (2003). *Universal instructional design: A faculty* workbook. Learning Opportunities Task Force, Ministry of Training, Colleges and Universities, Government of Ontario.
- Vancouver School Board (VSB). (2002). Accountability Contract.
- Veenman, S., & Kenter, B. (2000). Cooperative Learning in Dutch Primary Classrooms *Educational Studies*, *26*(3), 281-302.
- Veronneau, M.H., Koestner, R.F., & Abela, J.R.Z. (2005). Intrinsic need satisfaction and well-being in children and adolescents: An application of the self-determination theory. *Journal of Social and Clinical Psychology, 24*(2), 280-292.
- Vince Whitman, C., Aldinger, C., Zhang, X., & Magner, E. (2008). Strategies to address mental health through schools with examples from China. *International Review of Psychiatry, 20*(3), 237-249.
- Weist, M., & Murray, M. (2007). Advances in school mental health promotion globally. Advances in School Mental Health Promotion, Inaugural Issue, 2-12.
- Welsh, J., Domitrovich, C.E., Bierman, K., & Lang, J. (2003). Behavioral and cognitive readiness for school: Cross-domain associations for children attending Head Start. Psychology in the Schools, 40(5), 457-72.
- Willms, J. D., Friesen, S., & Milton, P. (2009). What did you do in school today? Transforming classrooms through social, academic and intellectual engagement. Canadian Education Association.
- World Health Organization (WHO). (1997). Promoting health through schools. Report of a WHO expert committee on comprehensive school health education and promotion. *World Health Organization Technical Report Services*, 870(i-vi), 1-93.
- World Health Organization (WHO). (2004). *Prevention of mental disorders: Effective interventions and policy options: Summary report*. Geneva: World Health Organization.
- Zins, J.E., Weissberg, R.P., Wang, M.C., & Walberg, H.J. (2004). *Building academic success through social and emotional learning: What does the research say*? NY: Teachers College Press.



pan-Canadian Joint Consortium for School Health

Holman Centre

250 Water Street, Suite 101

Summerside, PE C1N 1B6

902-438-4895 (Tel.)

inquiry@jcsh-cces.ca (Email)

www.jcsh-cces.ca