PROMOTING POSITIVE MENTAL HEALTH IN THE PRIMARY SCHOOL

Theory into Practice

DEBORAH HOLT

self esteem

enjoyment

sense of achievement

positive relationships

resillience

emotional literacy

ability to develop socially

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Mental health and wellbeing is a hugely important agenda in education, both nationally and internationally. *Promoting Positive Mental Health in the Primary School* unpacks scientific and psychological research and evidence to explain positive mental health through the lens of a primary classroom in the language of teaching professionals.

Chapter by chapter, the book focuses on specific elements fundamental to positive mental health promotion in the classroom, including developing positive relationships, emotional literacy and empowering children as learners as well as the importance of teacher wellbeing, and illustrates how these can be achieved. It offers:

- an examination into the connection between positive mental health and good teaching,
- guidance underpinned by evidence for teachers and school leaders who wish to embed a consistent approach to positive mental health promotion,
- practical suggestions for whole-school professional learning.

Written from first-hand experience in both teaching and research, this accessible text makes positive mental health promotion meaningful to teachers, helping them build understanding and move from theory into practice. It is an essential resource for all practising teachers, trainee teachers, school support staff and school leaders.

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For Niki

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INTRODUCTION

Positive mental health promotion in education is a current priority in many parts of the world. This text is based on research into teachers' perceptions of promoting positive mental health and research into social, emotional and mental health–promoting practice.

Positive mental health promotion is a fundamental part of the primary school teacher's role, and, consequently, this text explores the relationship between being a good teacher and positive mental health promotion. Whilst educators certainly need mental health specialists to help support children who have been diagnosed with severe mental health difficulties, positive mental health promotion for **all** children is something that **all** teachers have the responsibility, the skills and the experience to carry out.

The book is divided into three parts.

Part I Theoretical and contextual background

Chapter 1 discusses definitions of positive mental health with a focus on what this might look like in a primary school child. Chapter 2 explores approaches to positive mental health promotion. It presents a rationale for schools as crucial places in which to promote positive mental health and explores the teacher's role within this.

Part II How to promote positive mental health in school

Chapter 3 discusses the importance of positive relationships. It presents strategies and approaches that can be used to build and strengthen relationships in the classroom. This includes the teacher-pupil relationships, which are a fundamental contributor to positive mental health. In a similar way, Chapter 4 discusses the importance of ethos and presents approaches to creating a health-promoting ethos in the classroom or school. Chapter 5 explains the relationship between emotional literacy and positive mental health and offers ways for teachers to model emotional literacy and help children develop their own emotional literacy. Chapter 6 explores ways in which empowering children as learners can contribute to their positive mental health. Chapter 7 briefly explores the relationship between specific lessons and embedded practice.

Part III Strategies for developing whole-school approaches, including those to promote teacher wellbeing

Chapter 8 presents the importance of a whole-school approach to positive mental health promotion and offers ways in which to take promotion forward as a school through professional learning opportunities. The Appendix is intended to provide a practical resource that supports this chapter.

In the final chapter, Chapter 9, arguably the most import contributor to a health-promoting school is discussed – teacher wellbeing. In order to promote the positive mental health of pupils, the teachers and whole school staff also have to have positive mental health. This chapter reinforces and explains the importance of teacher wellbeing. It presents suggestions for supporting staff wellbeing.

A key aim of the text is to help teachers and other school staff see the links between their practice and positive mental health promotion. Primary school teachers' existing knowledge and skills are usually fundamental to health promotion. Teachers are specialists and can be the experts in classroom positive mental health promotion.

Part I
Theoretical and contextual background

1 What is positive mental health?

This chapter will look at definitions of positive mental health with particular consideration of the primary school context. It explores what the characteristics of a mentally healthy child might be; for example, their ability to have fun or their resilience. The issue of stigma associated with the term 'mental health' is explored and emphasis is placed on mental health as a continuum influenced by a range of factors, rather than as an illness. Whilst drawing from theory and recent research, the chapter is firmly based within the primary school context in order to make it most accessible to the busy teacher.

What is mental health?

No definition or discussion of mental health can be effective without addressing the elephant in the room: the misunderstanding or misuse of the term mental health. Recent high-profile discussion of mental health issues by celebrities and the media does reflect the beginning of a change in attitude and understanding towards mental health. However, it cannot be ignored that the term 'mental' was often used as an insult and that there was (and often still is) a shame associated with having mental health problems and a stigma attached to those who experience poor mental health.

There should be no stigma, and it is not possible to promote positive mental health if you have a deficit attitude towards mental illness or poor mental health. If we want to remove the perceptions of stigma and shame attached to mental health in our schools and classrooms, we need to increase understanding of mental health. Everyone has mental health just as they have physical health. Mental health, just like physical health, is a continuum. At one extreme, there is full positive mental health, and at the other, there is mental illness or very poor mental health. Most people fluctuate somewhere between, experiencing full fitness and experiencing ill health throughout their lifetime. There are always some individuals who experience more chronic or severe poor health than others, be it mental or physical.

Mental health continuum

Mental health is influenced positively and negatively by a range of factors, such as the physical and social environment, poverty, relationships, stress and other health conditions.

Figure 1.1 Mental health as a continuum

Although there are definite links between poverty and poor mental health, mental illness can occur in any context and in any person. To promote positive mental health, it is important that school practitioners understand that everyone is somewhere on the mental health continuum and that mental health promotion is not the specialist role of health professionals. With that understanding, those who work to promote positive mental health can begin to recognise and, where possible, reduce or offset some of the social and environmental factors that influence mental health. Without this positive conception of mental health there is a danger that the 'stigma' of mental health will be reinforced.
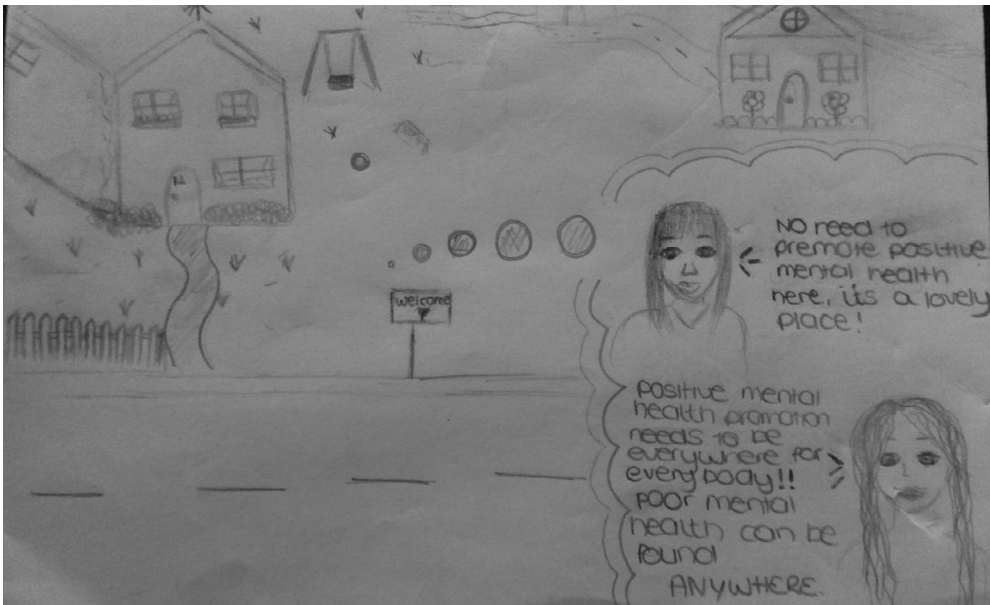
Figure 1.2 Everyone has mental health

Components of positive mental health

Positive mental health is more than just the absence of mental illness. Definitions vary in the finer detail, but there is agreement that positive mental health has three components:

- the absence of persistent negative mood,
- the presence of positive mood,
- life satisfaction.

(Ryan and Deci, 2001; WHO, 1998)

So a child with positive mental health might not always be smiling and happy. They will get upset or angry or low at times, but they will also have times where they are happy, content and relaxed.

What is actually meant by 'life satisfaction' can vary between cultures, and the factors that influence life satisfaction can also be specific to a culture. When talking about children, life satisfaction usually relates to the child's self-esteem and self-concept. That is a child's feelings about their characteristics and qualities and their body image. Children are more likely to express or recognise satisfaction with life if they like themselves and the life they are experiencing. For example, there was a time in my daughter's life when life satisfaction was wholly dependent on the success of her beloved football team. This was actually because, in the rest of her life, she had few friends who had anything in common with her, and she did not enjoy anything at school, which she experienced as boring. Whereas now, she is satisfied with life as she likes who she is; she has good friends around her, and she is studying the things she enjoys.

Characteristics of positive mental health

Characteristics of positive mental health are the **ability** to:

- cope with crises,
- develop emotionally,
- experience enjoyment of life,
- feel optimism,
- feel a sense of achievement,
- experience life satisfaction,
- have a sense of fun.

The word **ability** is very important here. Positive mental health does not mean that someone is always happy or optimistic. Nor does it mean they are never sad or angry. Someone with positive mental health will experience the full range of emotions. It is only when a person gets stuck in a particular emotion, which might include a numb, almost emotionless state, that they might be experiencing or at risk of poor mental health.

Included within these characteristics of positive mental health are the ability to value self and having realistic confidence and self-esteem. Humphrey (2004) defines self-esteem as the evaluation of a person's self-concept compared to their ideal self. In the classroom this would be how a child sees themselves compared to the child they would like to be. It is important to emphasise and explain the word 'realistic' here. Realistic optimism is based on an accurate self-image in relation to the context. An unrealistic self-image is not necessarily healthy or desirable and can lead to misplaced or unfulfilled ambition or expectation. A child might have low self-esteem because they see themselves as slow and not as clever as their classmates. They only notice how quickly their friends finish a task, without actually realising that their slow, careful approach is giving them a good understanding and accuracy. Their ideal self is a fast worker rather than one who develops understanding. They can see the speed in others, but they cannot see the depth of understanding in themselves.

Obviously, there is far more to self-esteem than this, but this simple example is intended to illustrate how unrealistic views of the classroom can influence a child's self-esteem. As shall be explored in later chapters, there is much teachers can do to support their pupils to develop healthy, realistic self-esteem.

Excessively high self-esteem is associated with substance abuse and other risky behaviours. Unrealistic expectations or self-confidence, whether too high or too low, can damage life satisfaction. For example, consider the child who never dares to write because they believe they are not good enough or might get something wrong and the child who always picks the easy maths or PE challenge. These children may stay safe and never meet failure, but they will also not experience the satisfaction of overcoming barriers, trying something tricky and achieving success after effort.

At the other extreme, consider the overconfident child who gets into tricky situations because they think their skills are more advanced than they actually are. Consider also the child who has unrealistically high self-expectations that lead them to pick the hardest maths task or physical challenge every time, even though they end up in tears, unable to complete it.

In this way, positive mental health involves balance and proportion; rather than being about demonstrating only positive emotions and experiences, it includes a level of self-understanding and being able to reflect on self accurately, to build on past experiences and learn from them (Keyes, 2002). Self-awareness and life satisfaction are closely linked to the ability to cope with challenges.

Coping with challenges

Positive mental health allows individuals to cope with challenging or stressful experiences in addition to the normal stress of life (WHO, 1998). This coping is often known as resilience.

It is worth looking at several different definitions of resilience to get a clear understanding of what it actually means.

- Weare (2010:4) defines resilience as 'processing or bouncing back from difficult experiences'.
- Luthar, Cicchetti and Becker (2000:546) define it as 'the maintenance of positive adjustment under challenging life conditions'.
- Gu and Day (2013:40) state that it is 'the capacity to function well generally' rather than specifically in challenging times.

Discussion of resilience would fill a book in itself, but it is worth considering it in a little more detail in the context of the primary classroom. Taking Luthar, Cicchetti and Becker's definition, it would seem that if a child cannot carry on as normal in the face of challenge, then they do not have resilience. This would be an inaccurate interpretation. As Gu and Day's definition suggests, sometimes resilience is required to cope with life's general demands. Think about yourself. Are there times when you find even the routine chores at home, work or school almost too demanding? A great deal of emotional and mental energy can be consumed just functioning normally.

This takes me back to Weare's definition. Whether experiencing a routine challenge or extreme crisis, it is normal and healthy to have a reaction, to struggle a bit before bouncing back and coping. Tears, anger or sadness when experiencing a loss or difficulty are not evidence of a lack of resilience. They are likely to be part of a healthy coping mechanism, an aspect of resilience that actually helps the person bounce back. If we are promoting positive mental health, we should be exploring coping strategies, not expecting there to be none. I would be more concerned about the mental health of a child who experienced a loss but exhibited no sign of a reaction than of one whose behaviour and mood changed for a few days, weeks or months.

Resilience is a characteristic of positive mental health. However, resilience can both help a child maintain their positive mental health and be enhanced by a child's positive mental health. Resilience could come from being fully functioning, experiencing the full range of emotions, rather than repressing or denying any uncomfortable ones. Expressing anger or sorrow can be healthy, but disproportionate emotion, such as excessive persistent anger and the ensuing aggression or antisocial behaviour, is more likely to be an indicator of or