

Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives

Second Edition

William Morrison, PhD
Patricia Peterson, EdD



Pan-Canadian
Joint Consortium for School Health
Governments Working Across the Health and Education Sectors

COMPREHENSIVE SCHOOL HEALTH

Pillar I
Social and Physical
Environment

Pillar II
Teaching and Learning

Pillar III
Partnerships and Services

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Healthy School Policy

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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 Pan-Canadian 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 JCSH 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 first phase of this endeavour was undertaken in September 2009 and concluded in January 2010. The main activities of this preliminary effort included:

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

The implementation of these activities culminated in the publication of the first edition of the book, entitled *Schools as a Setting for Positive Mental Health: Better Practices and Perspectives*. In 2013, a second edition of this resource was planned and completed. The second edition includes an update of existing references and an elaboration of key written sections based on evidence-informed insights from the literature. Overall, 42 new references from 2011-2013 have been incorporated into this document. In addition to the literature review update, consultations were undertaken with school health representatives in 2013 from across provincial and territorial jurisdictions in efforts to update perspectives highlighted in the Key Informant section of the document, as well as to address the dissemination and use of the Positive Mental Health Toolkit and the Positive Mental Health Indicator Framework (Appendix), developed since the publication of the first edition of this document.

The second edition has maintained the same organization as its original publication. The first section presents an updated and elaborated 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 practices are presented according to a comprehensive school health 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 of this aspect of the initiative was to complete a literature scan of promising practices for the promotion of positive mental health among students in the school context. The initial review of literature was undertaken in 2009, with a second review completed in 2013 for the purpose of highlighting updated and innovative approaches. For this effort, 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 (identified for the first edition of document)
- Post-2009 publications (identified for the second edition)
- Professionally reviewed or juried research documents
- Summary and literature review articles
- Program evaluation reports
- 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 the presentation of an overview of key definitions and assumptions related to positive mental health, as well as evidence supporting such approaches. These introductory sections are followed by 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 & Diguseppe, 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 assist in enhancing the quality of life of children and youth, and prevent or reduce the risk of developing mental health-related concerns (Seligman & Csikszentmihalyi, 2000). In addition, the promotion of positive mental health perspectives has increased emphasis on prevention practices and ecological approaches. This in turn has reinforced the importance of universal and whole school strategies for supporting the social development of all students, including those with and without identified mental health concerns. (Burns, 2011; Bianco, 2010).

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 and 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).
- 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, protective factors and resiliency, diversity, acceptance and understanding of student mental health needs, connectedness, strength-based perspectives, mental fitness and self-efficacy.*

SOCIAL-EMOTIONAL LEARNING

Social-emotional learning (SEL) 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
- 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 et al., 2000; Ross, Powell & Elias, 2002). Positive research support for the effectiveness of social-emotional

programs has been noted in both school and after-school settings. Areas of change linked to such programs have included enhanced positive attitudes about self and others, strengthened connections to school, increased academic performance, as well as reductions in externalizing and internalizing behaviours (Payton et al., 2008; Ashdown & Bernard, 2012).

Current studies are providing evidence that explicit efforts to include social-emotional learning elements across the curriculum, as well as in targeted learning activities, have a positive impact on students' growth and development. In an Australian study investigating the effect of such learning elements on the social-emotional development, well-being, and academic achievement of students, results were consistent with the growing body of evidence indicating the impact of programs that include targeted, teacher-led instruction related to social-emotional learning (Ashdown and Bernard, 2011). This study reported significantly greater gains among students receiving explicit instruction in their levels of social-emotional competence, positive self-orientation, positive other-orientation, and positive work-orientation, than did students not participating in the program (p. 403). Cefai and Cooper (2011) provide further evidence for the efficacy of housing explicit SEL programming within the school context in their investigation of Maltese "nurture groups". This study concluded that such programming should be "an integral and central part of the mainstream primary school...[and] be embedded into the fabric of the whole school...valued by parents, staff and pupils alike" (p. 69).

While the impacts of social-emotional learning programs on children and youth have been widely studied, researchers are beginning to turn their attention to the effects of SEL approaches on teacher commitment and job satisfaction. Collie, Shapka and Perry (2011) investigated whether school climate and social-emotional learning impacted professional commitment among 664 public school teachers from British Columbia and Ontario. The study indicated that school-wide support and promotion of an SEL culture was the most consistent predictor of teacher comfort, commitment and satisfaction, noting: "Teachers may be more willing to commit to teaching in general and to a particular school that values the social-emotional well-being of all its members" (p. 1044).

POSITIVE YOUTH DEVELOPMENT

Positive youth development (PYD) refers to ecological, asset or strength-based approaches that promote healthy child and youth development through supportive community environments and connections. In contrast to 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 to 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).

Current positive youth development writers make reference to Pittman's (1999) five Cs framework for conceptualizing positive youth development initiatives and their desired outcomes (McKay, Sanders and Wroblewski, 2011; Mueller et al., 2011). These include:

- **Confidence** Having a belief in one's capacity to succeed
- **Character** Having a sense of independence and responsibility to personal principles and values
- **Connection** Having a sense of belonging to people and their social environments
- **Competence** Possessing the capacity to respond or act effectively in school, social or work situations
- **Contribution** Being an active participant or leader in making a positive difference

In their discussion of positive youth development programs, Law and Shek (2011) highlight a range of core characteristics associated with effective youth programming, including:

- A focus on youth interests
- Active involvement of youth
- Sufficient structure by program implementers
- Interactive delivery methods
- Strategies to engage and motivate youth
- Praise and encouragement
- Familiarity of program implementers with youth
- Reflective learning by youth

Positive youth development approaches emphasize a focus on building relationships with caring community adults 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). Some researchers also suggest that youth development initiatives should not only provide opportunities for youth participation and leadership, but also for positive engagement and contribution of parents. In addition, positive youth development programs may be implemented within schools or communities, or represent partnerships between educational settings and the youth-serving agencies in the same locale (McKay, Sanders & Wroblewski, 2011).

Positive youth development programs have been associated with increases in protective influences for youth over time. Such protective factors include youths' sense of security or safety, the presence of caring adults, and the development of problem-solving skills. (Madsen, Hicks & Thompson, 2011).

RESILIENCY

Resiliency is defined as the demonstration of positive adaptation of 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
- 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 persons apply “to guide and regulate” their decisions and behaviour (Short & Russell-Mayhew, 2009, p. 216). In discussion of internal assets, Mak, Ivy and Wong (2011) provide evidence of a relationship between the application of a “positive cognitive triad” - positive views toward the self, the world, and the future - and well-being among resilient individuals (p. 615).

External assets are identified as those 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. In this regard, 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 successful personal and academic development (Short & Russell-Mayhew, 2009). Prince-Embry (2011) posits that for many young people, such experiences of social support serve as buffers against risk and adversity: “First, youth may view relationships as providing specific supports in specific situations. Second, internal mechanisms that emerge from youths’ cumulative experience of previous support may shield youth from negative psychological impact” (p. 674).

PROTECTIVE FACTORS

In contrast to 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 (Van Ryzin, 2011).

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 (Peterson and Morrison, 2012).

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 the 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).

Increasingly, educators have turned their attention to preventing the development of risk behaviours through school-wide approaches designed to enhance protective factors. Such approaches have demonstrated positive impacts on skill attainment, pro-social behaviours and character development (Bower, Carroll and Ashman, 2012). Benefits have been noted when approaches engage school, family and community stakeholders in communicating common behavioural expectations. In addition, researchers note that, "Participation in school activities, engagement in the school process, and a sense of belonging are crucial elements in keeping young people on a positive life path" (p. 10).

DIVERSITY

Pioneering work by Chickering and Gamson in the 1980s assisted educators in shifting 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 and Goff, 2008, p. 12). Bartolo (2010) highlights seventeen personal and social categories of diversity that are represented in the Charter of Fundamental Rights of the European Union (2000):

....sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation (p. 568).

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 will be acknowledged and valued, and that both classroom content and delivery approaches are inclusive of diverse points of view and cultural contexts. Recent perspectives from empathy-related research underscore the value and impact of getting to know and forming personal relationships with individuals from diverse cultures:

It has been pointed out that getting into concrete, deep, positive contact with a person from another culture and with her/his history makes it easier to better address issues related to the diversity of cultural beliefs, norms and values, since this contact helps understand that in an individual's history these beliefs, norms, and values are not experienced as abstract entities but in terms of specific emotions, thoughts, and events (Pagani, Robustelli & Martinelli, 2011, p. 343).

Diaz, Kosciw and Greytak (2010) report that among secondary students who identify as lesbian, gay, bisexual or transgendered (LGBT), "73.6% reported routinely hearing homophobic remarks at school and less than a fifth reported that school staff regularly intervened when these remarks were made in their presence" (p. 15). Such findings indicate a need for ongoing professional development on the part of teachers, administrators and school staff, as well as school-wide awareness initiatives to enhance understanding and appreciation of diversity in this regard.

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 will lead 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. Some theorists and practitioners assert the importance of providing school personnel and stakeholders with training in diversity related to the sensitivity regarding differences, respectful and equitable participation, and social justice. Others recommend the implementation of policies that ensure the use of school-wide practices that foster the inclusion of all students (Bartolo, 2010; Diaz, Kosciw, & Greytak, 2010).

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 et al., 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, health and wellness needs, as well as to existing attitudes and stigma associated with mental illness.

Such statistics suggest a need for targeted professional development and training for teachers related to their role in enhancing students' mental health and well-being. With growing evidence supporting the link between teacher influence and social-emotional outcomes, researchers highlight the value of pre-service teacher education programs that adequately prepare graduates to better understand and support students with mental health concerns (Graham, Phelps, Maddison & Fitzgerald, 2011). In addition, studies have increasingly emphasized the importance of positive home-school relationships, and teacher involvement and participation in family-focused systems of care (Ofsted, 2011).

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
- The design of 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 the home, school or community contexts (Deci and 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 adolescent stages (Schonert-Reichl, 2007; Morrison, Kirby, Losier & Allain, 2009). Serpell and Mashburn (2011) suggest that, "child development is best conceived in terms of a set of interdependent systems that simultaneously exert their influence on children" (p. 22). Findings from their study of nearly 3000 children and their families indicate that, "Within family-school connections, the parent-teacher relationship.... appears to be particularly important for facilitating meaningful information exchanges and parental involvement in school" (p. 44). Further, positive family-school connections were seen to facilitate children's development and to influence children's perception of the importance of school, as well as their engagement with school and teachers.

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?*). In many instances, the quality of friendship is more important than the quantity (Schonert-Reichl, 2007). Monahan, Oesterle and Hawkins (2010) report that, “adolescents who are socially engaged and accepted by peers, as opposed to being socially isolated and rejected by peers, are more likely to be actively engaged in school” (p. 5). In addition, students who are the focus of negative peer interactions, including bullying and harassment, report lower school connectedness. The quality of peer relationships and personal characteristics of an adolescent’s friends were also seen to influence school connectedness, indicating that “youth who have close friends who are connected to school are likely to become more connected to school as well” (p. 5). Such findings have implications for the development of targeted school-based efforts to enhance positive peer relationships and pro-social values among students.

School connectedness: School connectedness refers to the extent to which students perceive that they are accepted, respected, included, and supported by others in the educational environment. In the literature, school connectedness has been positively associated with students’ academic motivation, performance and adjustment. Similarly, school connectedness has been found to be related to students’ sense of belonging and self-esteem, whereas it has been negatively correlated with the presence of delinquency, oppositional behavior and high-risk health behaviors (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
- Provision of social supports during times of academic change and transition

In their synthesis of literature related to school connectedness, Monahan, Oesterle and Hawkins (2010) suggest that schools can increase the likelihood of positive outcomes by:

- Not separating students into vocational and college tracks
- Setting high academic standards for all students
- Creating small-sized learning environments
- Forming multidisciplinary education teams
- Ensuring that every student has an advisor
- Providing mentorship programs
- Ensuring the course content is relevant to the lives of students
- Providing service learning and community service projects
- Providing experiential, hands-on learning opportunities (p. 5)

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 may have experienced in other relationships within their lives. Connectedness is promoted within neighborhood 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

Traditional mental health approaches often emphasize problems or challenges, and focus on interventions to remediate or address areas of risk, need or concern related to student well-being. Recent better practices are demonstrating the importance of moving beyond a problem-focused approach to embrace a more positive view of children, their potential and motivations (Peterson & Morrison, 2013). Historically, health and education stakeholders have tended to function within a deficit model of learning and mental health – working to identify areas for remediation, and developing interventions to address challenges. However, school-based health and education services are increasingly conceptualizing mental health in positive terms, with the implementation of programming designed to promote “meaningful inclusion of children and young people within school environments....through collaborative solution-focused work with parents and adults in school, listening to and acting upon the voice of the child” (Hall, 2010, p. 325).

The emergence of positive psychology approaches has contributed to increased focus on the identification, exploration and use of strengths in children and youth to foster positive mental health outcomes within the 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, fulfilling key need areas provides opportunity for expressing and exercising personal strengths. 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
- 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. Weishaar (2010) identifies the importance of engaging students and parents in exploring and applying strengths in the development of special education or accommodated learning plans. In this regard, he asserts the importance of using strengths to reframe problems and areas of challenge as opportunities for development and expression of student strengths.

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 (Morrison & Peterson, 2007). 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; Morrison and Peterson, 2007).

Competency refers to the need for recognition and using personal gifts and strengths in achieving 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; Morrison and Peterson, 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' self-perceptions, 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; Ferguson, Kasser, and Jahng, 2010, Morrison and Peterson, 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 also 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.
- 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 (Morrison & Peterson, 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 may 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 in the development of their own solutions for specific problems (autonomy, competency, relatedness)
- Suspending judgment and encouraging the expression of children and youths' 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)
- Focusing on developing positive working relationships with parents and members of the community (relatedness)
- Encouraging children and youth to be involved in a wide range of activities that include emphasis on their interests and preferences (competency) (Morrison and Peterson, 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 challenge, 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 respectively 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)
- Receiving words of encouragement and affirmation from others (social persuasion) (Tucker & McCarthy, 2001)

In a longitudinal study, Alivernini and Lucidi (2011) explored the relationship between self-efficacy, motivation, academic achievement, and students' intention to drop out of school. Through the lens of self-determination theory, this research demonstrated that, "those students who perceived their social context as supportive of their autonomy, particularly regarding the role of teachers, also had higher perceived competence and self-regulation, measured in terms of academic self-efficacy" (p. 250). Over time, student perceptions of self-efficacy were positively correlated with school performance, and were the strongest predictors of the intention to drop out of school. Implications for educators are clear: student self-efficacy plays a significant role in retention, relatedness to the school context, and overall academic success.

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
- 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" (Morrison & Peterson, 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. In this regard, 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 promoting the delivery of 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 educational 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 as, or at risk of developing mental health problems (Aldinger et al., 2008; St. Leger, Kolbe, Lee, McCall & Young, 2007). The school has been identified as a unique setting in the community 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 community-based 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
- 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
- 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 approach

for health promoting schools 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 may be further elaborated by considering the guidelines for health promoting schools outlined by the International Union for Health Promotion and Education (IUHPE) 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.
- 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 positively contribute to students’ positive mental health
- Promotes the belief that healthy lifestyle choices positively impact children’s and youth’s physical health and emotional well-being
- Integrates health into all aspects of school and learning
- Bridges health and education concerns and systems
- Requires the support and collaboration of families, community members, and service providers (JCSH, 2013)

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, 2013)

Figure 1: Comprehensive School Health Framework – Pan-Canadian 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 (2013), the *social environment* is defined as the quality of the relationships among staff and students in the school, 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 specific theme categories, including:

- Physical and Emotional Safety
- School and Classroom Climate
- Use of Physical Spaces

PHYSICAL AND EMOTIONAL SAFETY

Within a comprehensive school health 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 advance 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 movements 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 with them specific behaviours, skills or routines 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, Positive Behaviour Intervention Supports, and Discovering Strengths, a project designed to increase access to high-results, strength-based programs for Aboriginal communities across Canada.

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 practices related to 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
- 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 establishing 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 could be undertaken by the full school community in promoting or sustaining 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 pertaining to tardiness and absence patterns within 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 enhancing 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). From their perspective, addressing student engagement involves understanding and responding to the school experience and perspectives of students. In this regard, it is critical that educators and parents understand how students feel about school life (Are they frustrated, anxious, bored or depressed?); their own achievement (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, for 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
- 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:

1. *Identify the space.* Select a physical space; consider the purpose of the space, location, dimensions, budget, and other issues that affect design.
2. *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 the ability to see, hear, manipulate objects, read, and communicate).
3. *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.
4. *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 with these best practices in architectural design.
5. *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, restrooms, and sound, fire, and security systems).
6. *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).

7. *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).
8. *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 in 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 outlined approaches underscores the importance of the existence of positive work 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
- 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 their childhood and adolescent stages. Such preferences include four Jungian dimensions, each with a set of bi-polar 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)

- 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 a *universal design for learning* (UDL) 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. According to the Center for Applied Special Technology (CAST), a nonprofit research and development organization that works to expand learning opportunities for all individuals, UDL is based on three primary principles:

- Multiple means of representation, to give diverse learners options for acquiring information and knowledge
- Multiple means of action and expression, to provide learners options for demonstrating what they know
- Multiple means of engagement, to tap into learners' interests, offer appropriate challenges, and increase motivation (Center for Applied Special Technology, 2011).

The application of these principles in the design of instructional materials and activities involves the consideration of accessibility, fairness and flexibility, and teacher communications that are straightforward, consistent and explicit. In addition, the UDL approach is characterized by learning environments that are supportive, that minimize unnecessary physical barriers, and that accommodate students through multiple teaching methods (Maryland State Board of Education, 2011). 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 and complete learning activities both during and outside of class times.

Instructional Practices

- Communicate to students the teacher's interest in the learning process, support for individual learning, and openness to assisting with student 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
- Teachers' decisions, comments, and behaviors 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. In addition, Gross and Maloney (2012) provide evidence for the use of service learning cultural exchanges as beneficial for increasing awareness of and sensitivity toward diverse cultural groups.

There is widespread agreement among researchers and practitioners that, "Schools represent an excellent opportunity for positively addressing and valuing cultural diversity and for extending the beneficial effects of positive contacts with culturally diverse individuals to attitudes toward and relations with outgroups in general" (Pagani, Robustelli and Martinelli, 2011, p. 388). Teachers can create opportunities for increasing understanding and appreciation of cultural diversity among students within the classroom context by:

- 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
- Creating learning opportunities for communication and learning new languages within the classroom (NCREL 2009; Patton et al., 2000)

Regarding the role of leadership in promoting culturally-relevant practices, Andersen and Ottesen (2011) explored the perspectives and practices of principals leading ethnically and culturally diverse schools. Research findings revealed the necessity of developing “critical consciousness” in order to break from traditional, ethno-centric teaching approaches and learning environments: “Critical conversations may help school communities acknowledge, recognize, critique and change the invisible practices that may impede inclusion” (p. 295). It was further noted that there is a need for “purposeful strategies” to apply the principles of social justice throughout the school context:

This can be achieved through critical conversations addressing questions related to power, such as what counts as knowledge, and who decides what counts. How is knowledge transmitted, and who has access? How do the school practices accommodate and help develop the interests, skills, knowledge and understanding of minority students? Educational leaders can contribute to the students’ learning by focusing on minority students’ learning conditions and putting inclusive practices on the agenda for the whole school (p. 296).

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, high-level thinking, and favourable attitudes toward school increase dramatically” (Bellanca & Fogarty, 2003, p. 43). According to Marzano, Pickering & 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 how to instruct 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 strategies such as a T-chart to present and teach cooperative social skills to students. The T-chart activity engages students in discussing what cooperative learning “looks and sounds like” (2003, p. 43).

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

- Significant reductions in off-task behavior 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)
- 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 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 in classrooms taught by autonomy-supportive teachers, compared to students in classrooms 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
- Academic persistence rather than dropping out of school (Black & Deci, 2000; Ciani, Middleton, Summers & Sheldon, 2010; Reeve, 2006; Reeve, Jang, Carrell, Barch, & Jeon, 2004; Reeve, Nix & Hamm, 2003)

Research has 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
- Praising instances of progress and accomplishment (Reeves, 2006)

Autonomy-Supportive Practices	
Student Areas of Internal Motivation	Instructional Considerations
Interests	• Incorporation of interests in learning activities • Provision of optimal challenges • Creation of opportunities for student engagement, leadership and self determination <i>(Morrison & Peterson, 2013)</i>
Preferences	
Values	
Motivations	
Goals	
Aspirations	

STRENGTH-BASED APPROACHES

The use of strength-based approaches within school curriculum activities and social interactions requires initially exploring with students 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 (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)
- Choices, dreams or aspirations they have for the present or future (choices, autonomy)

As students recount stories of strength, educators may 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 (Morrison, 2009; MacLean, 2009).

As traditional deficit-based approaches to the remediation of risk and academic challenges are increasingly called into question, researchers have turned their attention to the investigation of student strengths through the lens of social justice. According to Gardner and Toope (2011), “Deficit discourses which label, pathologize, blame, and over-emphasize youth vulnerabilities limit opportunities for students to engage strengths-based subjectivities in school” (p. 88), and serve as a form of hidden curriculum that tends to marginalize and limit struggling students. In contrast, teachers foster the use of strength-based approaches, provide opportunities for children to “express their own thoughts and feelings and actively influence what happens in their lives” (Victoria State Government, 2012, p. 8).

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

- Developing independent study projects on particular areas of interest for individual students or small groups
- Linking students with school or community mentors who have specialized knowledge or skill 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
- Planning special lessons, field trips or initiatives that incorporate theme areas relevant to important student relationships, accomplishments or goals (NBDofE, 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 with developing core social skills which may 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 observational methods, standardized checklists completed by teachers or parents, and discussions with students about social situations and their perceptions regarding the specific social challenges and needed social skills (Peterson, 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 array of social skills including initiating conversations, making friends, playing together, and sharing.
- Stories provide examples of successful social competencies in actions and models from which students can recall and 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, direct instruction of 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 include doing so in the classroom, on the playground, at home or in social activities in the community. Mentorships or supportive relationships from peers or adults within these settings provide opportunities for additional support in 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 (Peterson, 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 foundational 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
- 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 behavior 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 problem-solving:* Sustained positive communication and contact contributes to the development of positive working relationships with caregivers and family members. Over time, the development of trust provides a strong foundation for working collaboratively on more complex 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 in maintaining active contact and communication with parents. These include:

- *Positive news phone calls:* These contacts are intended to share with families something positive that has been noticed or observed about a student. It may be advantageous at the outset of the year for teachers to ask parents or caregivers when would be the most convenient time for them to call. In some instances, such calls could be scheduled on a regular basis, for example every two-to-three weeks.
- *Periodic postcards:* Postcards may be applied in the same manner as positive news phone calls. At the beginning of the school year, students can be invited to write their addresses on the cards. When there is positive news to share about the student, the note can be written down and easily dropped into the school mail.
- *Occasional emails:* Email can also serve as a means for maintaining communication with parents and caregivers about their children's progress and functioning in the educational context; however, it is limited to those families that have the technological means to receive emails. 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 provide a positive means for families to become aware of classroom events and activities in 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 their 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 has been 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 mentorship 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). Komosa-Hawkings (2012) in their quasi-experimental design examined the pre- and post social-emotional strengths of adolescents who had been part of a mentoring program with those who were not assigned a mentor. At post-intervention, the mentorship group demonstrated greater strengths than the non-mentorship group in four of the six social-emotional domains. These variables included measures of interpersonal strength, school functioning, affective strength, and career strength.

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 step-up 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). 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

- 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 a catalyst for the creation of community-wide plans or strategies for the promotion of positive mental health practices both within and beyond the educational context. Such approaches are often broad-based and targeted to promote a wide range of familial, school and community level protective factors. 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 for school and community leaders in 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 it 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 as part of the school and larger community, providing forums to hear and document their perspectives on setting goals for mobilization, and incorporating opportunities for use of 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
- 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 POLICY

Healthy school policies include leadership practices, decision-making processes, as well as guidelines, rules, and procedures that affect how programs, services, and relationships are negotiated in the 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
- 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 reinforcing to 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
- 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 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 supported a wide range of recommended practices including bullying-prevention programs, skill development sessions for students, positive behaviour discipline strategies, child advocacy considerations, peer-helper/mentor approaches, as well as consultation and awareness forums for parents and the community (JCSH, 2013).

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 may participate fully and actively in the teaching and learning environment (Gabhainn et al., 2007; NB Department of Education, 2000).

Inclusion provides opportunities for students with disabilities to participate in universally designed educational programming 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 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 that 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 there has been overuse of such measures within the North American context, and that there is minimal research to support the outcomes of such policies and practices to create safer school environments for students or members of the community. In contrast, when students return to school following a suspension, they tend to display the same or more severe behaviors (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 becoming in conflict with the law (Martinez, 2009; Daly, Buchanan, Dasch, Eichen, and Lenhart, 2010).

Discipline policies that reinforce positive mental health approaches provide alternatives to addressing student behavior 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 context (Martinez, 2009). Alternative responses to zero tolerance policies might 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 behavioral contracts that include straightforward steps that are achievable by students
- Applying solution-focused or motivational interviewing approaches to identify plans for resolving areas of difficulty or challenge
- 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 play 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
- 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 in-school student services support systems that screen and identify at early points 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 are 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). The use of the Positive Behaviour Intervention Support Framework has assisted schools and student services teams in adjusting the intensity of interventions to address varying levels of student behavioural needs using a three-tiered service delivery model:

- Primary prevention: School and classroom wide behavioral systems; all students and staff
- Secondary prevention: Systems for students at risk; specialized group supports
- Tertiary Prevention: Systems for students with high-risk: individualized behavioral plans

Some theorists assert the importance of elaborating this service framework to move beyond a behavioural focus to include a broader range of supports for students from other departmental or community agencies. Such supports would also be inclusive of services targeting the enhancement of family relationships, quality of life and adaptation (Center for Mental Health in Schools at UCLA, 2011; Reinke, Splett, Robeson & Offutt, 2009; Bradshaw et al., 2012).

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 have adequate knowledge of the range of available programs and resources within the community and school 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 educational stakeholders and service providers may promote their services and exchange program information
- 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, 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).

Collaboration across systems has been prioritized in the implementation of the Integrated Service Delivery (ISD) Framework within the Province of New Brunswick. Designed to address service gaps in early assessment and intervention services for children, youth and their families, the ISD framework integrates services and supports related to emotional/behavioural functioning, family relationships, mental health and addictions, and physical health and wellness. Housed in the school setting, service providers from four government departments are brought together on common inter-professional teams, providing dedicated services to children and youth in their own school context. Preliminary outcomes indicate significant gains related to increased numbers of appropriate referrals; the elimination or reduction of wait times and wait lists related to mental health services; and the pooling of departmental resources (Morrison and Peterson, 2012; Bourque, 2012). Similarly, the SchoolsPlus program in the Province of Nova Scotia was also designed to improve coordination and collaboration in the delivery of programs and services. Schools provide a convenient location for the delivery of government and other services, and facilitate the collaboration of professionals on behalf of children, youth and families in a familiar setting (schoolsplus.ednet.ns.ca).

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. Initial key informant interviews were held in 2009, with follow-up interviews conducted for the second edition of this document in 2013.

METHODOLOGY

For the initial 2009 data collection activities, a potential participant list was created in collaboration with project authorities. 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 suggested participants to review the purpose of the initiative and their potential participation in the project. Upon obtaining their consent, individual interview times were arranged. Interviews were conducted by telephone in either French or English, given the linguistic preference of the interviewee.

In 2013, seventeen additional interviews were undertaken with stakeholders from across Canada, in an effort to highlight perspectives and practices that have emerged since the initial 2009 data collection. For both rounds of data collection, semi-structured interviews were undertaken, with a range of open-ended and more focused questions intended to provide essential information on school-based innovative practices for the promotion of positive mental health approaches within a comprehensive school health framework. For these interviews, key areas of inquiry included:

- Major assumptions and perspectives related to positive mental health
- Relationship of positive mental health to areas of student development
- Key perspectives and practices: 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
- Challenges and corresponding responses to the promotion of positive mental health perspectives and practices
- Use and impacts of the Positive Mental Health Toolkit

Responses from each key informant were recorded and a written protocol for each interview was developed. Upon completion of these protocols, interview responses for the various areas of inquiry were merged and content analysis was used to analyze the key themes emerging from the outcomes of the interviews. The following sections provide a summary of the key findings for each of the areas of inquiry.

RESULTS

PARTICIPANT DEMOGRAPHICS

Of the 58 suggested participants, 42 were successfully contacted and consented to be interviewed during the two rounds of data collection in 2009 and 2013. These individuals represented educational and health specialists with experience in the design and implementation of positive mental health approaches within the school health context from the Northern (NU, NT, YK), Western (BC, AB, SK), Central (MB, ON, QC), and Eastern (NB, NS, PE, NL) regions of Canada.

In terms of professional background, participants identified themselves as district level leaders or consultants with expertise and background in educational and health-related programs and services for families; policy analysts; or professionals involved in direct service provision to students and their families as educators, health specialists, counsellors or mental health/addiction clinicians.

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. Reported key positive concepts or aspects of positive mental health included psychological wellness or well-being; positive social and emotional development; client-centered strength; state of inward readiness for learning and growth; enhanced self-efficacy; and heightened awareness of personal strengths and capacities. In addition, participants spoke of the presence of internal and external protective factors, personal resiliency, and self-determination or self-actualization. Areas of research that were seen as either synonymous to or closely related to positive mental health are presented in Figure 2.

Figure 2: Positive Mental Health Terms and Concepts



In addition to highlighting key concepts, some participants elaborated by describing potential outcomes associated with the realization of positive mental health perspectives and practices within the school context. 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 at all student, educator and school leadership levels
- Students are engaged in meaningful and successful learning processes
- Academic instruction is differentiated and learning is continuous
- 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 a school environment 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
- Collaborative relationships with school, health and community stakeholders to promote positive mental health approaches
- Evolution of the language surrounding student wellness, to embrace a more holistic and universal approach to enhanced positive mental health among all students

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 a foundational area for creating readiness for growth and strength to pursue or support areas of personal development. Participant descriptions of the key environmental conditions and outcomes associated with positive mental health school approaches 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. For this area of inquiry, they were invited to comment on a minimum of two of the four inter-related pillars that provide the foundation for the comprehensive school health model, including:

- Social and Physical Environment
- Teaching and Learning
- Healthy School Policy
- Partnerships and Services (JCSH, 2013)

SOCIAL AND PHYSICAL ENVIRONMENT

With respect to the social and physical environment, participants highlighted a range of perspectives and practices related to enhancing relationship connectedness, effectively designing and using physical spaces, and ensuring the emotional and physical safety of all students. The following sections highlight the key themes related to these areas of participant sharing and deliberation.

SOCIAL ENVIRONMENT: RELATIONSHIP CONNECTEDNESS

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

"Creating positive social environments provides a foundation for the support and promotion of other health pillars."

Participants described the importance of creating a sense of connectedness or belonging among all individuals within the school context inclusive of students, teachers, caregivers and members of the wider community. 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 school-wide or classroom-based curriculum activities or routines.

- There is evidence of a collective responsibility for reaching out and including students and their families 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, peer-assisted or structured mentorship approaches or programs.
- Schools value positive mental health at all levels, and create environments that encourage student resiliency, well-being and thriving.
- 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 administration and leadership personnel model positive and autonomy-supportive interpersonal interactions with students, school staff and families. Such leadership approaches include the development of shared priorities with others; openness to discuss key areas of concern from students, school staff or families; and the application of consultative and participatory decision-making approaches.
- Students have opportunities to apply their leadership capacities and strengths in creating 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.”

Participants emphasized the role of the physical environment in promoting relationship connectedness, as well as contributing to universal opportunities for student participation in active academic and healthy lifestyle learning routines. In particular, they asserted 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. In this regard, key actions included:

- Providing equipment and material to encourage paired, small group or team-based student physical activities
- Adding chairs and benches to open spaces to facilitate positive interpersonal interactions among students, as well as school personnel
- Incorporating student performances, music, and demonstration of special skills or accomplishments as part of organized social events or free time activities in common meeting spaces or areas
- Using spaces surrounding or in close proximity to the school to promote school, family and community-wide collaborative efforts that reinforce pro-social behaviours and attitudes, and opportunities for giving or helping others
- Establishing measurable goals and objectives, and creating strategic plans for the enhancement and increased accessibility of physical environments

EMOTIONAL AND PHYSICAL SAFETY

*“Students need to feel safe...safe enough to try new things
... safe enough to discover their strengths.”*

“Access to the results of wellness surveys and assessments has led to cross-sectorial discussions and the acknowledgement of the importance of safe environments for kids.”

“Our staff recently participated in professional development training on threat assessment – but what we really talked about was creating a safe culture and how to focus on a positive environment.”

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

- Existence of physical spaces and meeting areas free from litter, damage or clutter and open to facilitate movement and interactions among students and school personnel
- Presence of open, frequent and positive communication between students, teaching staff, school support staff, and school administration
- Designated places or relationships in which student concerns or needs may be shared and explored with caring adults in a timely manner without fear of reprisal, stigmatization or loss of respect within relationships with others
- The presence and interactions of teachers with students in common meeting places or social areas during free periods or breaks
- Enhanced parental understanding and awareness of their children’s online social environments: In this regard, educators or health professionals’ role 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 emotional development of children and youth, and the creation of safe and caring environments: Participants indicated that such programs should include an emphasis on increasing understanding among students about individual differences, the use of restorative approaches to address bullying issues, and enhancement of social and helping skills among students.
- The use of student and parent surveys, focus group consultations 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 efforts was viewed as beneficial for facilitating the participation of school administration, teachers, and students in joint-planning activities for school improvement activities or initiatives.
- The creation of school or district-wide environmental health and safety councils, including representation from school and district administration, parents, students,

teachers, custodial staff, justice or policing officials, and community members: Such committees provide interdisciplinary support to schools in the development and promotion of environments of emotional and physical safety for all students and staff members.

- The full inclusion of students in the creation of safe environment initiatives: Students should be empowered to have a voice and opportunities to impact change in their schools, leading to the prioritization of their issues of concern.

TEACHING AND LEARNING

Participants highlighted the importance of intentionally 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. Various participants emphasized the need to embed positive mental health perspectives and practices within major curriculum areas, avoiding the potential for incorporating such content as an “add-on” to regular teaching materials or routines. Other informants cited the benefits of consulting or partnering with other school health stakeholders in the organization or implementation of positive mental health learning methods. For this area of investigation, participants described positive mental health perspectives and practices related to:

- 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
- 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.”

“The middle school years provide a real area of concern in terms of vulnerable youth. Over the past two years, we’ve developed an openness to comprehensive school health, and to extending wellness initiatives to parents and families to further support our students.”

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

- Exhibiting open and non-judgmental attitudes in addressing issues involving diverse perspectives

- Making efforts to listen and convey empathy in responding to student or family concerns
- Demonstrating a sincere desire to know students and support their academic success
- Expressing appreciation of students' strengths, gifts and accomplishments
- Teaching and reinforcing positive behaviours, decision-making skills and pro-social attitudes and actions

The development of nurturing and supportive teacher-student relationships was identified as the most critical component of any instructional technique to promote positive mental health outcomes among students. In this regard, the organization of professional development workshops on supportive and strength-focused interactional approaches was also identified as beneficial for both pre-service teachers, as well as those currently practicing within the school system.

Participants stressed the importance of ongoing education to stay abreast of innovations in the field of positive mental health, and to be better prepared to assist students in their positive growth and development. In addition, many teachers indicated the need to work collaboratively with school health stakeholders to coordinate approaches that create positive classroom environments.

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."

"We've been putting mental fitness in the curriculum, with a focus on understanding differences and fostering cultures of diversity and inclusion."

Participants asserted the importance of acknowledging and affirming diversity among students in the classroom and school contexts. Such diversity may include a wide range of individual differences within inclusive educational contexts related to:

- Learning needs and strengths
- Personal preferences or strengths
- Sexual orientation
- Cultural backgrounds
- Special physical, emotional or behavioral needs requiring accommodation

Participants highlighted various instructional practices that could be applied to reinforce the value of diversity in the classroom 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 centers 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 instructional and evaluation strategies
- Inviting students to develop key messages to promote acceptance and appreciation of student diversity through various media or communication methods
- Using gender-neutral language, and applying female pronouns within discussions as often as male
- Referring to the contributions of culturally diverse individuals to advances in science, art, and other disciplines throughout history

Several participants shared their perspective that school systems need to extend their conceptualization of diversity to include a wider range of learning strengths as represented by multiple intelligences. 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, potentially becoming a source of stress and disconnection between students and their school experiences.

PROMOTING CULTURALLY RELEVANT APPROACHES

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

"Literature in the classroom should reflect the experiences and values of different cultures. Teachers from all disciplines can collaborate to include school-wide units on specific cultures."

Participants asserted 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. Culturally responsive teaching was characterized as fostering appreciation of diverse heritages and ethnicities, and being sensitive to their impact on students' approaches to and attitudes about learning. Specific intentional strategies for promoting culturally relevant educational practices included:

- Consulting with community leaders or mentors on cultural learning themes, processes and values
- Inviting students, family or community leaders to share cultural traditions, values or beliefs as part of classroom or school-wide learning or celebration events
- Organizing in-service cultural sensitivity training for educational and health system professionals

- Encouraging educators to collaborate with teaching mentors who routinely apply culturally relevant practices
- Incorporating multicultural resources and themes in the teaching of all skills and curriculum areas

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.”

“We all agree on the importance of school connectedness. Through our Ministry of Education, we organize annual forums on positive mental health and social-emotional development.”

Participants highlighted the importance of students’ acquisition of personal skills related to social development, coping and relationship formation at both the elementary and secondary school levels. It was noted that even schools who take a proactive approach to creating and sustaining environments that support healthy social-emotional development must remain vigilant, and adapt to emerging issues and concerns related to student well-being that arise over time. Further, the engagement of families and community stakeholders was seen as essential for achieving lasting change and far-reaching impacts related to social-emotional growth among students. Beneficial learning approaches for supporting students’ personal capacities and 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 in supportive conversational approaches that 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 elementary levels
- Application of peer-mediation and conflict resolution strategies
- Implementation of school-wide social-emotional learning programs
- Invitation of student services and health specialists to collaborate with teachers in designing and implementing learning and educational components on caring for self and others
- The fostering of collaborations among school, community and government stakeholders in the design of ongoing initiatives related to social-emotional development

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.”

“Schools have a tremendous opportunity to help young people identify their strengths and build confidence and self efficacy based on their interests.”

Participants asserted the importance of moving beyond “problem-focused” instructional approaches or strategies to learning to include methods that encourage students to explore and use their strengths and interests. In this regard, they identified the use of structured learning models and corresponding inventories (e.g. Gardiner’s Multiple Intelligences) and the application of informal conversational or narrative approaches as helpful for collaboratively exploring with students their areas of strength or interest. It was noted that connecting with students begins with understanding their stories – acknowledging their gifts and passions, and building on those areas of interest to design learning strategies that resonate in individual and unique ways with each student. According to participants, the application of students’ strengths and interest areas may provide:

- Meaningful topics for relating specific curriculum content to areas of personal relevance
- Themes for the development of project-focused learning activities
- Areas of commonality to be shared in mentorship learning relationships in the school or community
- Specific knowledge or skills that may be shared with other students
- Opportunities for small-step successes and early engagement, building a foundation for academic confidence and optimism

Reported benefits associated with strength- and interest-based instructional or curriculum methods included 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 to strengthening teacher-student relationships.

ENSURING AUTONOMY-SUPPORTIVE PRACTICES

“When teachers build autonomy support into their teaching practices, students become more motivated and engaged. It’s about intrinsic motivation – they’re free to explore and discover, and learning becomes a more personal experience.”

“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” educational routines or learning activities that do not allow for student

input or choice. Such learning contexts 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.

In describing autonomy-supportive approaches, participants indicated that engaging 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, school administration may also incorporate autonomy-supportive approaches for students by inviting their participation in providing feedback or developing plans for positive change or improvement as part of school-wide improvement initiatives. Cited conditions that provide autonomy support included:

- Providing opportunities for students to manage their own learning environments, including choice related to seating arrangements, group work, and project formats
- Supporting freedom to ask questions, propose new approaches, and design tasks to engage personal interests and strengths
- Encouraging students to recall problem-solving approaches in prior learning contexts, and to apply these skills to current challenges

PROVIDING TARGETED LEARNING SUPPORT

"Most students will respond to universal supports, but we also need to be prepared to provide special supports to engage students with unique learning needs."

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

Participants asserted the need to provide individualized support for students identified as at potential risk of leaving or dropping out of the educational context. Suggested instructional 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 collaboratively identifying solutions to address them
- Targeting tutorial support to address specific gaps in learning
- Conveying an intent to work with students and to support them over the long term
- Enhancing academic confidence through short-term successes
- Providing individual or small group social skills coaching
- Taking steps to understand students' concerns in order to reduce potential sources of anxiety and to build relationships with students within the school setting

- Engaging interagency supports as needed to provide support and services within the school context
- Organizing mentorship opportunities to enhance connectedness, competency-building, and positive role modeling

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 to their academic development. Other community partnership organizations and service providers were viewed as important sources of consultation for the development of school-wide positive mental health initiatives and viable supports for increasing service options for students with significant emotional or behavioural challenges. Participants also asserted the need to develop routine or formalized approaches for working collaboratively with multiple agencies to ensure coordinated and consistent support to students and their families. 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."*

"Families need more than one-way information streams from schools. They have so much to offer when they're fully engaged in planning and implementing programs and supports for their children."

Participants asserted the importance of developing positive school-home interactions with parents or guardians (caregivers) of students. The formation of such collaborative relationships was viewed as critical for supporting students' academic development over the course of their full school experience. 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.
Such opportunities 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 context. The intent of such efforts would be 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 directions for positive change related to learning opportunities

for students, school improvement planning processes, or identified areas of school-community 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 they may be invited to share 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 school-related experiences in the past may be more reluctant to become involved in school-based activities or relationships. In this regard, participants emphasized the need to reach out to caregivers in ways that convey understanding of their perspectives, recognition of their strengths and potential, as well as openness on the part of teachers, administration, and students to welcome them in the school context.

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 community youth serving agencies to promote positive mental health practices within 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 both daytime and evening hours
- Organizing learning opportunities for engaging 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
- Organizing community mobilization efforts that engage students and adults in working 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 necessity of establishing collaborative working interactions and processes between school personnel and service providers from the health, justice, and social service sectors. Such relationships were identified as beneficial for supporting the implementation of school-wide positive mental health approaches, as well as for ensuring the timely provision of early intervention or response services to

students identified with specific emotional or behavioural concerns. In this regard, participants underscored the need for the development of team-based approaches that ensure coordinated and integrative services for students and their families within and beyond the school context. Suggested actions for school personnel and departmental service providers to support the development of such 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 processes for information-sharing or knowledge exchange
- Maintaining ongoing contact among educational personnel through phone consultations and social exchanges
- Adopting common approaches for engaging student and family strengths in the development of collaborative service plans
- Inviting community service providers to take part in school-based planning and transition meetings regarding students with special needs

HEALTHY SCHOOL POLICY

Participants asserted the need for the development and implementation of targeted policies that support and sustain positive mental health perspectives and practices. They also noted the importance of consulting with multiple stakeholders in the shaping of policy decisions, and the value of engaging youth perspectives and participation in decision-making processes. It was emphasized that policy statements should “carry a positive tone” and facilitate positive relationship development and shared decision-making approaches.

LEADERSHIP SUPPORT

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

“Grassroots, community and student-led initiatives are important, but there has to be support and involvement from the top-down as well. Without that level of leadership and vision, programs will come and go, and not become embedded practices.”

Participants asserted that school administration and district level leadership support is critical for facilitating the successful implementation of positive mental health policies and practices. Such support was described in terms of effective leadership practices such as:

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

- Organizing engagement and consultation processes with school personnel, students and families that 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
- 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 in working in educational roles related to student services or school health. In this regard, they noted that having insight into the relationship between students' social-emotional functioning and their academic development provided an 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 an emphasis on the creation of safe and caring schools. Participants referred to policy initiatives designed to create respectful, safe and nurturing environments, whereby all students are protected from bullying, harassment and intimidation. Such policies may draw upon the various provincial and territorial Education Acts and Human Rights Acts, as well as the United Nations Convention on the Rights of the Child, and the Canadian Charter of Rights and Freedoms. Key developments or actions related to this policy theme area 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 programming 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
- Execution of data collection methods 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.”

*“The only true measure of a school’s achievement is one that takes into account the achievement and growth of **all** students.”*

Participants affirmed the importance of policies that ensure the provision of inclusive education and social acceptance of all students. Inclusive education was described as a pairing of philosophy and practices that allows students to feel respected, confident and safe, and to develop to their full potential. The development of inclusion policies was regarded as critical for promoting the design and application of universal classroom and school-wide educational practices. From the perspectives of participants, 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 classrooms and schools
- Create opportunities for all students to contribute and be recognized as members of the 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.”

“Restorative justice isn’t just a policy – it’s a way of connecting with kids in ways that keep them in the school community. It’s maintaining relationships, and valuing the potential for growth change in every student.”

Participants reported that school disciplinary policies often involve the imposition of sanctions without any options for the implementation of 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. As infractions to rules and regulations continue, students are required to spend greater amounts of time apart from the school context. According to participants, lack of school connectedness intensifies existing stress on families, and increases student vulnerability for potential participation in high-risk health behaviours, development of negative peer associations, and even possible conflict with the law.

In contrast to zero tolerance approaches, participants highlighted the importance of designing disciplinary policies and actions that promote positive mental health outcomes

among students without removal from the school setting. Such policy development or actions might include:

- Identifying school champions who will advocate for specific students and assist them in problem-solving challenging situations related to school rules or routines
- Inviting parents or caregivers to share strengths and positive points related to their children. Such content might serve as key themes for building strategies that strengthen students' engagement to school relationships or routines.
- Inviting students to be collaborators in setting expectations and consequences in the development of behavior plans
- Seeking support and consultation from other health service providers or student services specialists in developing behavior or school re-entry plans
- Implementing peer mediation, restorative circles and group conferences to address issues of concern

POLICIES FOR PROFESSIONAL DEVELOPMENT FOR SCHOOL HEALTH STAKEHOLDERS

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

Participants asserted the need for pre-service teacher training programs to include curriculum components related to evidence-informed methods for promoting positive mental health practices in the classroom and school contexts. They also underscored the importance of ongoing inter-professional development sessions or workshops for educators and school health professionals on key theme areas related to positive mental health perspectives and practices. 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 related to the promotion of 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
- Enacting school-wide engagement or mobilization methods for creating readiness for positive change

POLICIES TO ENSURE PARTNERSHIP DEVELOPMENT AND COLLABORATIVE PRACTICES

“Departments and services sometimes function like islands.”

Participants emphasized a need for the development of coordinated service approaches, especially for students with more complex learning, health, or family needs. They indicate that in some instances departmental service mandates or intake processes created hardships for students and their families in terms of accessing timely services. Participants identified a range of key actions for ensuring the development of coordinated and potentially integrated services for students. These actions included:

- Implementing case conference approaches within the school context
- Creating opportunities for informal service consultation among service providers
- Identifying information sharing agreements for accessing essential health or educational information for helping students
- Pooling departmental or agency personnel or financial resources to provide key supports for students in strengthening their attachment to the home, school or community
- Providing training on interdisciplinary approaches to the implementation of comprehensive school health perspectives and practices

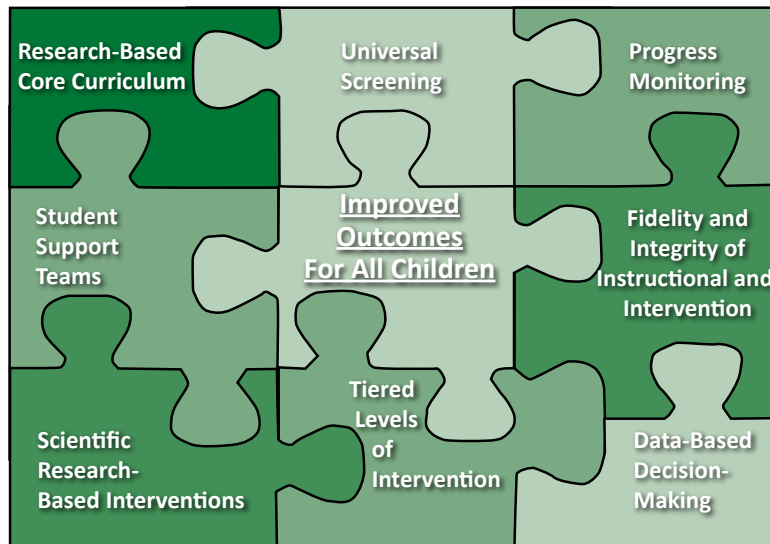
POLICIES ON TIMELY ASSESSMENT AND EARLY RESPONSE SERVICES

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

We are reacting rather than responding.”

Participants asserted the importance of establishing policies that support students’ access to additional timely personal supports when significant learning, emotional and behavioural concerns are identified or encountered in the school context. The implementation of a structured model for assessment and the design of intervention was seen as essential for effective decision-making and planning regarding programming for students, as in the model shared by one jurisdiction in Figure 3.

Figure 3: Assessment and Intervention Planning



Provision of timely support was viewed as a key consideration in 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
- Protocols for referral to partnership agencies to access additional support for students or their families

CURRENT CHALLENGES AND RESPONSES TO POSITIVE MENTAL HEALTH PROMOTION

“Under a ‘bullying’ climate, where administrators are pressed to address urgent issues of abuse or harassment, positive mental health can get lost.”

“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 share specific barriers related to the implementation of positive mental health perspectives and practices within the school or school health contexts. The most frequently cited area of concern included the need to expand individuals’ conceptualization of mental health beyond solely a risk-need or problem-only approach to mental health, to include key assumptions related to strengths, protective factors and wellness. They asserted the need for heightening educators’ and school health professionals’ awareness of the interrelatedness of the social-emotional growth of students and their academic development.

A second major challenge 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. In this regard, participants stressed the importance of creating partnerships among such stakeholders in which shared responsibilities and actions were coordinated to promote positive mental health perspectives and practices through whole-school and community-wide initiatives.

Targeted messaging initiatives, 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 perspectives and practices could be promoted, discussed and acted upon by school, health and educational stakeholders.

Across jurisdictions, differences related to approach, philosophy and readiness for change among school stakeholders were identified as challenges to widespread reform in comprehensive school health. In this regard, the Positive Mental Health Indicator Framework was highlighted as an effective tool for individual schools or districts to identify needed environmental supports and areas for development.

POSITIVE MENTAL HEALTH TOOLKIT

“People are beginning to become advocates of positive mental health. The toolkit provides an opportunity to focus on this area....”

“The phrase positive mental health still has people thinking about mental health or mental illness. The toolkit’s Indicator Framework generates ideas about how to promote positive social environments.”

In collaboration with Morrison and Peterson (2011), the JCSH undertook the development of an online Positive Mental Health Toolkit, drawing evidence-informed knowledge and actions from the first edition of *Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives* and the *Positive Mental Health Indicator Framework Instrument*. The creation of this resource included the engagement and contribution of key informants from across major Canadian regions (East, West, Central and North), who had expertise and direct experience in the application of positive mental health practices across the four major pillars of comprehensive school health (social and physical environment, teaching and learning, healthy school policy, and partnerships and services). Consultations with educational and school health stakeholders were undertaken to identify the scope and design of the toolkit and web-based materials, and the timeline for the introduction of these better practice products and materials. The initial draft of the online Positive Mental Health Toolkit included:

- An introduction to key concepts related to positive mental health perspectives and the comprehensive school health framework

- The presentation of promising practices and perspectives organized according to the comprehensive school health pillars
- Checklists and inventories to guide school-based analysis of existing positive mental health practices, and the identification of directions for potential development or elaboration
- Guidelines for beginning or extending positive mental health practices within a comprehensive school health framework
- Forms and key questions to guide potential planning efforts that arise from the application of toolkit action items

The final phase of the toolkit development involved disseminating the resource to selected schools in New Brunswick and British Columbia. As part of this dissemination, the JCSH's research and development team provided an orientation to the resource to each participating school site. All participating schools completed the Positive Mental Health Indicator Framework Instrument and employed it as a measure to identify areas of strength and development related to school-based positive mental health practices. Feedback regarding the Positive Mental Health Toolkit was gathered from each of the school sites and used to complete the final edits and refinement of the toolkit prior to its national launch.

USE OF THE PMH TOOLKIT

As part of the literature update of the document *Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives*, follow-up interviews were completed with provincial and territorial representatives of the Pan-Canadian Joint Consortium for School Health Network. The intent of this effort was to provide insight into the recent dissemination and potential applications of the Positive Mental Health Toolkit.

The majority of participants indicated that the kit had been distributed or made available to school health stakeholders across their perspective jurisdictions. Approaches to dissemination and sharing of this resource included:

- Orientation sessions provided by representatives of the Pan-Canadian Joint Consortium for School Health at conferences or special events
- Presentations at workshops or professional training events for regional service providers in health and education
- Inclusion of brief descriptions of the toolkit and corresponding links on departmental or related websites
- Individual conversations or consultations with colleagues and school health service providers and stakeholders

Although the Positive Mental Health Toolkit has been disseminated, most participants indicated that it was difficult to determine the extent to which the resource had been used or applied within specific districts or schools. In various provincial jurisdictions, use

of the Positive Mental Health Toolkit had been linked with wellness grant programs. This practice was regarded as beneficial for promoting the use of the toolkit as part of school-based wellness efforts. Some participants spoke of innovative school-based applications of positive mental health practices within their respective regions; however, they asserted the need for more targeted follow-up activities to investigate how the toolkit may have been used or applied.

Beyond the school context, the Positive Mental Health Toolkit has also been used as a basis for introducing universal approaches to positive mental health practices as part of New Brunswick's Integrated Service Delivery Initiative for child and youth mental health in two provincial demonstration sites. For this initiative, the Positive Mental Health Indicator Framework has been used to benchmark school changes in positive mental health practices over a two-year period. In addition, presentations on the toolkit have been made in Saint Pierre and Miquelon and France. Deliberations are ongoing regarding the use of the toolkit as part of a school wellness initiative in Saint Pierre and Miquelon for 2013-2014.

Several participants reported that at the time of the launch of the toolkit, major system changes within the education sector had posed challenges for either prioritizing or reinforcing a specific focus on new wellness or school health related resources. Such changes included major shifts in school, district and departmental positions, as well as the consolidation of school districts into fewer and larger geographical regions. These participants also spoke of the potential value of reintroducing the toolkit given the current priority area of student mental health within many provincial and territorial jurisdictions.

Another challenge cited by various participants was the continued need to promote a fuller understanding of positive mental health practices among school health service providers. Such understanding would involve moving beyond a singular focus on mental health to consider the benefits of promoting positive mental health practices within a comprehensive school health framework. In this regard, participants spoke of the importance of promoting positive mental health practices in terms of whole school approaches that foster awareness building, enhanced capacity (engagement and mobilization) and embedded practice.

Regarding next steps, the majority of participants underscored the continued relevance and usefulness of the toolkit. Specific actions to support its continued and expanded use included:

- Reintroduction of the toolkit in the next academic year as part of school wellness activities or mental health initiatives
- Creation and execution of standard awareness or orientation sessions for school health stakeholders on positive mental health practices and their use within a comprehensive school health framework

- Completion of follow-up interviews with schools that linked the toolkit to their initiatives, and inviting stakeholders to share their stories (potentially as part of a school wellness grant program process)
- Creation of online opportunities to share stories focusing on implemented practices linked to positive change. Such efforts may provide the basis for the development of a community of practice related to positive mental health approaches in school settings.

IV. Better Practice Statements

INTRODUCTION

This section of the document presents better practices guidelines associated with promoting positive mental health approaches within a comprehensive school health framework. The identified better practice statements reflect the convergence of major insights gleaned from the research and from key informant interviews 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. 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 Policy

PILLAR I: SOCIAL AND PHYSICAL ENVIRONMENT

PROMOTE AWARENESS AND UNDERSTANDING AMONG EDUCATORS, STUDENTS AND THEIR FAMILIES REGARDING THE MENTAL HEALTH NEEDS OF STUDENTS. THE ISSUE OF STIGMA SHOULD BE TARGETED AS AN ESSENTIAL AREA OF CHANGE IN THE DESIGN OF POSITIVE LEARNING ENVIRONMENTS.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	13	Acceptance and Understanding of Student Mental Health Needs
	17	Mental Fitness
Key Informants	52	Embracing Essential Instructor Attitudes
	59	Coordinated Service Delivery Approaches
	63	Policies for Professional Development for School Health Stakeholders
	65	Current Challenges and Responses to Positive Mental Health Promotion

ENHANCE UNDERSTANDING AMONG SCHOOL HEALTH STAKEHOLDERS AND THE WIDER COMMUNITY REGARDING POSITIVE MENTAL HEALTH PERSPECTIVES AND PRACTICES, AND THEIR RELATIONSHIP TO STUDENTS' SOCIAL-EMOTIONAL FUNCTIONING AND ACADEMIC DEVELOPMENT.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	8	Social-Emotional Learning
	11	Protective Factors
	19	Self-Efficacy
	20	Schools as a Critical Setting for Positive Mental Health
	23	Comprehensive School Health Framework: A Model for Positive Mental Health Promotion
	26	School and Classroom Climate
	40	Effective Leadership
	41	Policies that Promote Safe and Caring Environments
Key Informants	46	Definition and Relevance of Positive Mental Health
	57	Partnerships and Services
	58	School-Home Relationships
	60	Leadership Support
	65	Current Challenges and Responses to Positive Mental Health Promotion

FACILITATE THE SCHOOL AND COMMUNITY CONNECTEDNESS OF ALL STUDENTS THROUGH THE CREATION OF ACCESSIBLE MEETING PLACES OR SOCIAL SPACES IN WHICH STUDENTS FEEL SAFE AND VALUED. SUCH SPACES PROVIDE OPPORTUNITIES FOR THE DEVELOPMENT OF POSITIVE ASSOCIATIONS WITH CARING PEERS AND ADULTS.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	14	Connectedness
	27	Use of Physical Spaces
	38	Adult-Student Mentorship Programs
	41	Policies that Promote Safe and Caring Environments
Key Informants	49	Social Environment: Relationship Connectedness
	50	Physical Environment: Effective Design and Use of Spaces
	59	Partnerships with Community-based Youth Services
	61	Policies to Create Safe and Caring Environments
	65	Current Challenges and Responses to Positive Mental Health Promotion

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.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	13	Acceptance and Understanding of Student Mental Health Needs
	14	Connectedness
	16	Mental Fitness
	19	Positive Mental Health Correlates with Healthy Development
	25	Physical and Emotional Safety
	33	Autonomy-Supportive Practices
	40	Effective Leadership
	41	Policies that Promote Safe and Caring Environments
Key Informants	59	Partnerships with Community-based Youth Services
	59	Coordinated Service Delivery Approaches
	60	Policies to Create Safe and Caring Environments
	61	Discipline Policies that Restore and Reconnect

APPLY UNIVERSAL DESIGN PRINCIPLES IN THE DEVELOPMENT AND USE OF PHYSICAL SPACES TO ENSURE THAT ALL STUDENTS MAY PARTICIPATE FULLY AS LEARNERS IN THE CLASSROOM AND SCHOOL SETTINGS. UNIVERSAL DESIGN PRINCIPLES REINFORCE THE IMPORTANCE OF FULL INCLUSION AND THE ACCEPTANCE OF DIVERSITY.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	12	Diversity
	13	Acceptance and Understanding of Student Mental Health Needs
	27	Use of Physical Spaces
Key Informants	41	Social and Physical Environment
	50	Physical Environment: Effective Design and Use of Spaces
	61	Policies for Inclusion

ENHANCE CAREGIVER AWARENESS REGARDING POTENTIAL SAFETY CONCERNS IN STUDENT ONLINE SOCIAL EXCHANGES AND RELATIONSHIPS. EDUCATORS AND SCHOOL HEALTH PROFESSIONALS ARE IN A UNIQUE POSITION TO EDUCATE CAREGIVERS ON PRACTICES FOR ENSURING SAFE ONLINE SOCIAL ENVIRONMENT FOR STUDENTS.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	25	Physical and Emotional Safety
	41	Policies that Promote Safe and Caring Environments
Key Informants	50	Emotional and Physical Safety
	61	Policies to Create Safe and Caring Environments

PILLAR II: TEACHING AND LEARNING

CREATE OPPORTUNITIES FOR UNDERSTANDING AND APPRECIATING DIVERSITY AMONG STUDENTS WITHIN THE CLASSROOM CONTEXT. DIVERSITY MAY INCLUDE A WIDE RANGE OF INDIVIDUAL DIFFERENCES WITHIN INCLUSIVE EDUCATIONAL CONTEXTS RELATED TO LEARNING NEEDS AND STRENGTHS, PERSONAL PREFERENCES, GENDER, SEXUAL ORIENTATION, CULTURAL BACKGROUNDS, AND SPECIFIC PHYSICAL, EMOTIONAL OR BEHAVIOURAL NEEDS REQUIRING ACCOMMODATION.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	6	Conceptualizing Positive Mental Health
	12	Diversity
	31	Culturally Relevant Practices
Key Informants	49	Social Environment: Relationship Connectedness
	53	Affirming Diversity in the Classroom
	54	Promoting Culturally Relevant Approaches
	60	Leadership Support

INCORPORATE CULTURALLY-RELEVANT THEMES IN INSTRUCTIONAL PRACTICES. THIS MAY INCLUDE INVITING THE PARTICIPATION OF STUDENTS, THEIR FAMILIES, OR MEMBERS OF THE COMMUNITY TO SHARE CULTURAL TRADITIONS, VALUES OR BELIEFS AS PART OF CLASSROOM OR SCHOOL-WIDE LEARNING ACTIVITIES.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	12	Diversity
	31	Culturally Relevant Practices
Key Informants	49	Social Environment: Relationship Connectedness
	53	Affirming Diversity in the Classroom
	54	Promoting Culturally Relevant Approaches

PROVIDE OPPORTUNITIES FOR STUDENTS TO LEARN AND PRACTICE SOCIAL SKILLS THAT CONTRIBUTE TO WORKING COOPERATIVELY WITH OTHERS, PROBLEM SOLVING AREAS OF DIFFICULTY, AND FORMING AND MAINTAINING RELATIONSHIPS.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	8	Social-Emotional Learning
	10	Resiliency
	11	Protective Factors
	14	Connectedness
	17	Mental Fitness
	20	Schools as a Critical Setting for Positive Mental Health
	32	Cooperative Methods
	35	Social Skills Development
Key Informants	46	Definition and Relevance of Positive Mental Health
	49	Social Environment: Relationship Connectedness
	50	Emotional and Physical Safety
	54	Enhancing Social-Emotional Development
	61	Policies to Create Safe and Caring Environments

EXPLORE WITH STUDENTS AREAS OF STRENGTH, INTEREST AND POTENTIAL. SUCH CONTENT IS CRITICAL FOR PERSONALIZING LEARNING FOR STUDENTS AND ENHANCING THEIR ENGAGEMENT IN INSTRUCTIONAL PROCESSES AND RELATIONSHIPS.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	9	Positive Youth Development
	10	Resiliency
	16	Strength-based Perspectives
	17	Mental Fitness
Key Informants	52	Embracing Essential Instructor Attitudes
	53	Affirming Diversity in the Classroom
	54	Enhancing Social Emotional Development
	55	Applying Strengths and Interest-based Methods

ADAPT INSTRUCTIONAL METHODS TO ACCOMMODATE INDIVIDUAL LEARNING PREFERENCES AND NEEDS. EXAMPLE METHODS INCLUDE DIFFERENTIATED INSTRUCTION, UNIVERSAL DESIGN APPROACHES, USE OF MULTIPLE INSTRUCTIONAL AND ASSESSMENT PROCESSES, APPLIED LEARNING EXPERIENCES, MENTORSHIP OPPORTUNITIES, PROJECT WORK AND COOPERATIVE LEARNING ACTIVITIES.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	12	Diversity
	19	Positive Mental Health Correlates with Healthy Development
	29	Differences and Diversity in the Classroom
	31	Culturally Relevant Practices
	34	Strength-based Approaches
Key Informants	49	Social Environment: Relationship Connectedness
	53	Affirming Diversity in the Classroom
	54	Promoting Culturally Relevant Approaches
	60	Leadership Support

ADOPT AUTONOMY-SUPPORTIVE INSTRUCTIONAL APPROACHES. SUCH PRACTICES INCLUDE MINIMIZING CONTROL, LISTENING AND VALIDATING STUDENT PERSPECTIVES, AND CREATING OPPORTUNITIES FOR CHILDREN TO EXPERIENCE CHOICE AND AUTONOMY WITHIN PLANNED LEARNING ACTIVITIES.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	14	Connectedness
	17	Mental Fitness
	19	Positive Mental Health Correlates with Healthy Development
	33	Autonomy-Supportive Practices
	34	Strength-based Approaches
Key Informants	49	Social Environment: Relationship Connectedness
	56	Ensuring Autonomy-Supportive Practices

PILLAR III: PARTNERSHIPS AND SERVICES

ENSURE THE DEVELOPMENT OF POSITIVE SCHOOL-HOME INTERACTIONS THROUGH THE PROVISION OF EARLY SCHOOL-YEAR CONTACTS AND REGULAR COMMUNICATIONS WITH CAREGIVERS. THE CONTENT OF SUCH INTERACTIONS SHOULD FOCUS ON UNDERSTANDING THE LEARNING PROFILE OF STUDENTS INCLUDING THEIR STRENGTHS, INTERESTS AND NEED FOR SUPPORT.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	10	Resiliency
	11	Protective Factors
	14	Connectedness
	37	Sustained Family Contact and Communication
	62	Discipline Policies that Restore and Reconnect
Key Informants	57	Partnerships and Services
	58	School-Home Relationships
	63	Policies to Ensure Partnership Development and Collaborative Practices

ESTABLISH COLLABORATIVE HOME-SCHOOL RELATIONSHIPS THROUGH THE INCLUSION OF CAREGIVERS AS PARTICIPANTS IN SCHOOL IMPROVEMENT INITIATIVES OR AS VOLUNTEERS IN STUDENT LEARNING ACTIVITIES.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	11	Protective Factors
	14	Connectedness
	37	Sustained Family Contact and Communication
	62	Discipline Policies that Restore and Reconnect
Key Informants	57	Partnerships and Services
	58	School-Home Relationships
	62	Discipline Policies that Restore and Reconnect
	63	Policies to Ensure Partnership Development and Collaborative Practices

CREATE MENTORSHIP LEARNING OPPORTUNITIES FOR STUDENTS DURING BOTH DAYTIME AND EVENING HOURS THROUGH COLLABORATIONS BETWEEN SCHOOLS AND COMMUNITY-BASED YOUTH-SERVING AGENCIES.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	34	Strength-based Approaches
	35	Social Skills Development
	38	Adult-Student Mentorship Programs
	38	Partnerships with Family and Youth-Serving Agencies
	62	Discipline Policies that Restore and Reconnect
Key Informants	46	Definition and Relevance of Positive Mental Health
	49	Social Environment: Relationship Connectedness
	54	Promoting Culturally Relevant Approaches
	54	Enhancing Social Emotional Development
	55	Applying Strengths and Interest-based Methods
	57	Providing Targeted Learning Support
	59	Partnerships with Community-based Youth Services

ESTABLISH COLLABORATIVE SERVICE DELIVERY APPROACHES AMONG SCHOOL, COMMUNITY AND DEPARTMENTAL PERSONNEL TO ENSURE TIMELY AND RESPONSIVE SERVICES FOR STUDENTS AND THEIR FAMILIES WHO MAY REQUIRE ADDITIONAL SUPPORTS.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	9	Positive Youth Development
	11	Protective Factors
	14	Connectedness
	20	Schools as a Critical Setting for the Promotion of Positive Mental Health
	21	Health Promoting Schools
Key Informants	42	Policies for Professional Development and Training
	44	Shared Policies that Ensure System Collaboration
	59	Partnerships with Community-based Youth Services
	59	Coordinated Service Delivery Approaches

PLAN SCHOOL AND COMMUNITY MOBILIZATION INITIATIVES TO PROMOTE POSITIVE MENTAL HEALTH PERSPECTIVES AND PRACTICES BOTH WITHIN AND BEYOND THE EDUCATIONAL CONTEXT.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	20	Schools as a Critical Setting for Positive Mental Health
	39	School and Community-wide Mobilization Activities
Key Informants	59	Partnerships with Community-based Youth Services
	65	Current Challenges and Responses to Positive Mental Health Promotion

PILLAR IV: HEALTHY SCHOOL POLICY

ENSURE POSITIVE LEADERSHIP SUPPORT AND PARTICIPATION IN THE DESIGN AND IMPLEMENTATION OF POSITIVE MENTAL HEALTH POLICIES AND PRACTICES.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	21	Health Promoting Schools
	26	School and Classroom Climate
	40	Effective Leadership
	42	Policies for Professional Development and Training
Key Informants	49	Social Environment: Relationship Connectedness
	60	Leadership Support

IMPLEMENT SCHOOL-WIDE POLICIES THAT CONTRIBUTE TO THE PHYSICAL AND EMOTIONAL SAFETY OF ALL STUDENTS. SUCH POLICIES ARE FOUNDATIONAL TO WHOLE-SCHOOL HEALTH PROMOTION INITIATIVES, TARGETED PREVENTION PROGRAMS, AND RESPONSIVE EMERGENCY PROTOCOLS.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	8	Social-Emotional Learning
	14	Connectedness
	20	Schools as a Critical Setting for Positive Mental Health
	25	Physical and Emotional Safety
	41	Policies that Promote Safe and Caring Environments
Key Informants	46	Definition and Relevance of Positive Mental Health
	49	Social and Physical Environment
	50	Emotional and Physical Safety
	54	Enhancing Social-Emotional Development

DEVELOP EDUCATIONAL POLICIES THAT ACCOMMODATE THE LEARNING AND SOCIAL NEEDS OF ALL STUDENTS, INCLUDING THOSE WITH EXCEPTIONALITIES.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	7	Conceptualizing Positive Mental Health
	12	Diversity
	13	Acceptance and Understanding of Student Mental Health Needs
	25	Physical and Emotional Safety
	27	Use of Physical Spaces
	61	Policies for Inclusion
Key Informants	53	Affirming Diversity in the Classroom
	60	Leadership Support
	61	Policies to Create Safe and Caring Environments
	61	Policies for Inclusion

APPLY DISCIPLINE POLICIES THAT RESTORE AND RECONNECT STUDENTS TO SCHOOL. SUCH EFFORTS INCLUDE PROVIDING SOLUTION-FOCUSED ALTERNATIVES TO ZERO-TOLERANCE METHODS FOR RESOLVING AREAS OF STUDENT DIFFICULTY OR CHALLENGE.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	14	Connectedness
	16	Strength-based Perspectives
	41	Policies that Promote Safe and Caring Environments
	62	Discipline Policies that Restore and Reconnect
Key Informants	49	Social Environment: Relationship Connectedness
	57	Providing Targeted Learning Support
	59	Partnerships with Community-based Youth Services
	60	Leadership Support
	62	Discipline Policies that Restore and Reconnect

PROVIDE PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR EDUCATIONAL AND SCHOOL HEALTH STAKEHOLDERS ON POSITIVE MENTAL HEALTH PERSPECTIVES AND PRACTICES. THIS MAY INCLUDE TARGETED PRE-SERVICE TRAINING FOR STUDENT INTERNS OR CONTINUING EDUCATIONAL OPPORTUNITIES FOR PRACTICING PROFESSIONALS.

<i>Source</i>	<i>Page</i>	<i>Theme</i>
Literature Review	40	Effective Leadership
	42	Policies for Professional Development and Training
Key Informants	52	Embracing Essential Instructor Attitudes
	63	Policies for Professional Development for School Health Stakeholders

ESTABLISH POLICIES TO SUPPORT THE PROVISION OF TIMELY ASSESSMENT AND EARLY RESPONSE SERVICES TO STUDENTS WITH SIGNIFICANT LEARNING OR SOCIAL-EMOTIONAL CONCERNS. SUCH EFFORTS REINFORCE THE IMPORTANCE OF INTER-PROFESSIONAL TEAM APPROACHES AND THE ENGAGEMENT OF FAMILIES IN PROBLEM-SOLVING PROCESSES.

Source	Page	Theme
Literature Review	20	Schools as a Critical Setting for Positive Mental Health
	35	Social Skills Development
	38	Partnerships with Family and Youth-Serving Agencies
	42	Policies for Professional Development and Training
	43	Student Services Policies that Provide Timely Support
	44	Shared Policies that Ensure System Collaboration
Key Informants	59	Coordinated Service Delivery Approaches
	63	Policies for Professional Development for School Health Stakeholders
	64	Policies on Timely Assessment and Early Response Services

APPENDIX

POSITIVE MENTAL HEALTH INDICATOR FRAMEWORK

The first published version of the document entitled *Schools as a Setting for Positive Mental Health: Better Practices and Perspectives* provided the delineation of key indicators for positive mental health based on a comprehensive school health model. These indicators were identified through an analysis of current literature and practice-based evidence from national policy and practice interviews (2010-2011). These indicators were further elaborated using an adaptation of Prochaska's *stages of change* to represent practices at five key levels of implementation. These levels include:

- Pre-awareness: Not yet acknowledging that there is a need for change
- Awareness and Contemplation: Acknowledging that there is an area of concern or need for change, but not yet ready or sure of wanting to make a change
- Capacity Building – Initial Plans and Actions: Getting ready to change, thinking about or making plans, increasing commitment
- Capacity Building – Expanded Plans and Actions: Implemented efforts directed at change, small step successes, securing support and encouragement
- Sustained and Embedded Practice: Persisting with positive change

Upon completion of benchmarks for all indicators using the stages of change format, the initial Positive Mental Health Indicator Framework (PMHIF) draft instrument was created. The draft instrument was subsequently piloted in schools in New Brunswick and British Columbia across rural and urban centers. Feedback from these school sites was used to refine indicator framework descriptions and their corresponding levels of change or implementation.

A copy of the Positive Mental Health Indicator Framework instrument is included on the following pages, and is also contained in the Pan-Canadian Joint Consortium for School Health's online Positive Mental Health Toolkit. School personnel may use this instrument as a self-assessment measure in order to benchmark positive mental health practices using a comprehensive school health approach. When intentional efforts are made to promote the use of positive mental health perspectives and practices across schools or school districts, the Positive Mental Health Indicator Framework instrument may also serve as a measure for documenting positive change or areas for needed development.

Joint Consortium for School Health: Key Indicators of Positive Mental Health in Schools		
Pillar I: Social and Physical Environment		
PMH Indicators	Benchmark 1: Pre-Awareness	Benchmark 2: Awareness and Contemplation
1.1 An understanding of positive mental health perspectives and practices and how they relate to students' social-emotional functioning and academic development	Positive mental health perspectives are not routinely discussed among school stakeholders.	School administrators share information and research with staff members regarding the impact of positive mental health practices in education.
1.2 Accessible meeting places and social spaces where students feel safe and valued	School spaces are designed and utilized without specific consideration of students' social-emotional functioning.	School improvement planning processes include consideration of student well-being in the design of new or refurbished environments.
1.3 School-wide initiatives that foster the creation of safe and caring school environments	School initiatives are planned without explicit consideration of elements and conditions that foster safe and caring environments.	Staff discussions on the importance of safe and caring environments are informal and take place as the need arises.
1.4 Universally-designed physical spaces that ensure all students can participate fully as learners in the classroom and school settings	Physical spaces are not designed with a view to enhancing universal access.	Planning processes include consideration of needed renovation or redesign of school spaces to increase accessibility.
1.5 Awareness of potential safety concerns related to students' online social exchanges and relationships	Online social exchanges and communications are not formally addressed at school.	School staff are provided with information related to the risks of online communication, and encouraged to address these risks with students.
1.6 Positive learning environments that explicitly include the needs of students with social/emotional concerns	The design of learning environments does not explicitly consider the needs of students with social/emotional concerns.	School staff have an awareness of the impact of learning environments on students with social/emotional concerns.

Benchmark 3: Capacity-Building: Initial Plans and Actions	Benchmark 4: Capacity-Building: Expanded Plans and Actions	Benchmark 5: Sustained and Embedded Practices
Some educators are knowledgeable about positive mental health perspectives and apply such insights to their plans and activities.	Most educators routinely apply principles of positive mental health to school plans and activities.	Measures are created and implemented that monitor the application and review of positive mental health perspectives and practices in school settings.
Spaces are re-conceptualized or redesigned to enhance social-emotional and positive development of students.	School spaces are evaluated for their impact on student well-being, and renovations or repurposing of spaces are carried out where necessary.	Social and physical environments are routinely audited to monitor ongoing suitability, and are found to meet established quality standards.
Some school-based initiatives include a focus on the creation of safe and caring environments prior to their implementation.	Most school initiatives routinely consider the creation of safe and caring environments as a required component prior to their implementation.	Established school practices require that initiatives are examined prior to implementation to ensure that they meet established standards related to safe and caring environments.
Renovations and upgrades of existing school spaces incorporate the inclusion of accessibility features.	Physical spaces are designed so that students can access facilities, manoeuvre within them, and participate fully in planned learning activities.	The needs of individuals with physical challenges and disabilities are effectively addressed through policies and practices that ensure the functionality and universality of physical spaces.
In-service teacher training routinely includes sessions on internet safety.	Teachers and school staff incorporate explicit school policy regarding internet safety and online communication protocols in their classroom learning strategies.	Measures are in place to monitor adherence to internet policies, and to protect children from inappropriate contact and cyber-bullying.
Some school staff consider ways to create learning environments that meet the needs of students with social/emotional concerns.	Most school staff routinely design and adapt learning environments to meet the needs of students with social/emotional concerns.	School administrators and student services personnel utilize evaluation processes to ensure that positive learning environments are accessible to all students, including those with social/emotional concerns.

Pillar II: Teaching and Learning		
PMH Indicators	Benchmark 1: Pre-Awareness	Benchmark 2: Awareness and Contemplation
2.1 Opportunities for students to gain enhanced understanding and appreciation of diversity	No explicit opportunities to discuss diversity are presented.	Teachers are aware of the importance of discussing issues of diversity as part of classroom learning activities.
2.2 Incorporation of culturally-relevant themes in instructional practices	Cultural contexts are generally not considered in instructional planning.	Teachers are aware of cultural themes that relate to their students, their respective communities and the wider region.
2.3 Opportunities for students to learn and practice social skills	Classroom and school environments do not purposefully promote positive social skill development among students.	Teachers talk to students about the importance of social skills in their relationships with others.
2.4 Exploration of areas of strength, interest and potential to enhance student engagement in educational routines and relationships	Student growth is considered primarily in terms of the identification and remediation of areas of need or challenge.	Teachers have an awareness of students' strengths and personal interests.
2.5 Teaching methods that accommodate individual learning preferences and needs	Teaching methods and classroom environments are designed without an explicit focus on the individual learning needs and preferences of students.	Teachers are aware of the varied learning needs of students and the necessity of providing accommodations.
2.6 Teaching approaches that support autonomy by minimizing control, listening to and validating student perspectives	Classroom interactions and learning routines are characterized primarily by a focus on behaviour control and limited student choice.	Teachers are aware of the importance of student choice and autonomy to academic motivation and engagement.

Benchmark 3: Capacity-Building: Initial Plans and Actions	Benchmark 4: Capacity-Building: Expanded Plans and Actions	Benchmark 5: Sustained and Embedded Practices
Some teachers promote understanding and appreciation of diversity among students in classroom interactions.	Most teachers create opportunities for enhancing students' understanding and appreciation of diversity through planned learning activities.	Creation of learning opportunities on diversity is prioritized and consistently applied within classroom and school-wide planning and programming activities.
Some teachers incorporate culturally relevant themes in instructional plans and activities.	Most teachers build in culturally relevant themes as part of their classroom learning activities.	Culturally relevant themes are routinely included in the development and application of classroom practices and school-wide initiatives.
Some teachers incorporate opportunities for the development of social skills within classroom learning activities.	Most teachers routinely incorporate opportunities for learning and practicing social skills in classroom-based instructional activities.	Social skill practices are consistently monitored and enhanced across classroom and school-wide routines.
Teachers take time to explore in greater depth students' strengths and interests, and ways in which they may be incorporated into instructional or learning activities.	Teachers often use student strengths, interests and potential to personalize learning activities.	Classroom and school-based learning approaches and strategies consistently incorporate practices that emphasize student strengths, interests and potential.
Some teachers make efforts to respond to identified learning needs and preferences of students as they emerge in the classroom context.	Most teachers proactively differentiate instructional plans to address a wide range of student learning styles and needs.	Practices are documented and consistently applied to ensure that classroom and school-wide learning activities are designed to address a wide range of learning styles and needs.
Teachers create occasional learning opportunities that incorporate student choice and expression.	Teachers routinely create opportunities for students to experience choice and autonomy within planned learning activities.	Classroom and school-wide practices encourage the implementation of autonomy-supportive environments for students.

Pillar III: Partnerships and Services		
PMH Indicators	Benchmark 1: Pre-Awareness	Benchmark 2: Awareness and Contemplation
3.1 Positive school-home interactions that provide early school-year contacts and regular communications with caregivers	School personnel generally work independently of the home context with respect to planning and carrying out student learning activities and strategies.	Teachers recognize the value of school-home interactions and make contacts with caregivers when problems arise.
3.2 Collaborative home-school relationships that include family members in school improvement initiatives or as volunteers in student learning activities	School functions, events and initiatives are designed and implemented independently of family input or collaborations.	Teachers and school leaders are aware of the benefits of collaborative approaches that include opportunities for family involvement and input.
3.3 Opportunities for students to engage in mentorship learning activities with caring adults from community-based youth-serving agencies	Educational programming does not include opportunities for mentorship learning in the community.	Information regarding the benefits of mentorship learning experiences is available to teachers and administrators.
3.4 Collaboration approaches among school, community and departmental service providers that ensure the execution of timely responses to the needs of students and their families when additional supports are required	Other than regular academic supports, additional services for students and their families are considered to be the mandates of organizations located outside of the school context.	School staff explore ways to create community and government linkages to support student learning and development.
3.5 School and community partnerships initiatives that emphasize active student engagement and participation	School and community partnership initiatives do not address student engagement and participation.	School and community stakeholders recognize the importance of hearing student perspectives on setting goals for joint initiatives.

Benchmark 3: Capacity-Building: Initial Plans and Actions	Benchmark 4: Capacity-Building: Expanded Plans and Actions	Benchmark 5: Sustained and Embedded Practices
Some teachers incorporate communication strategies with families on student academic progress as part of their regular routines.	Most teachers maintain regular communication with parents or caregivers on student academic progress and functioning as part of their regular routines.	Classroom and school communication practices are documented and regularly reviewed to proactively explore ways to enhance interactions between school staff and caregivers.
School improvement initiatives routinely include family perspectives and input.	Family members are invited to participate in the planning and implementation of school initiatives and learning activities.	School staff and active family volunteers routinely review and jointly revise strategies for engaging family members in the design and implementation of school learning activities and initiatives.
Targeted opportunities for individual learners to engage in community mentorship activities are developed.	Schools create partnerships with youth-serving agencies and community professionals to develop mentorship and cooperative learning experiences.	Community mentorship programming is embedded as part of the regular curriculum and is accessible to all students
Informal collaborative relationships among school, community, and departmental services provide a starting point for the initiation of joint case planning activities when additional student or family services are required.	Strong service linkages exist among school, community, and departmental service providers and contribute to greater continuity of service provision for students and families with multiple needs.	Interagency service agreements, policies and review processes contribute to integrative and timely services for students and their families.
School and community stakeholders organize opportunities for hearing students' perspectives and using their strengths in partnership initiatives.	School and community stakeholders collaborate with students to set initiative goals, carry out actions, and evaluate outcomes.	School and community stakeholders adopt policies that provide students with opportunities to demonstrate leadership skills through participation in joint school-community action groups, advisory committees or training events.

Pillar IV: Healthy School Practices and Policy		
PMH Indicators	Benchmark 1: Pre-Awareness	Benchmark 2: Awareness and Contemplation
4.1 Leadership support and participation in the design and implementation of positive mental health perspectives and practices	School leadership does not explicitly express interest or commitment to positive mental health perspectives or practices.	School leadership communicates to school staff the importance of positive mental health perspectives and practices
4.2 School-wide practices that contribute to the creation of safe and caring environment of all students	Existing school practices have not been examined from the perspective of safe and caring school environments.	School leadership and staff recognize the need for school-wide practices that ensure a safe and caring environment for students.
4.3 Educational policies that accommodate the learning and social needs of all students, including those with exceptionalities	Curriculum and extracurricular planning activities do not proactively consider the needs of students with exceptionalities.	School staff are aware of educational policies related to the accommodation of student learning and social needs.
4.4 Discipline policies that restore and reconnect students to school by providing solution-focused responses to resolve areas of student difficulty or challenge	Discipline policies are inflexible and do not focus on restorative measures for students with behavioural challenges.	School staff are aware of the value of solution-focused approaches to discipline concerns, and of maintaining a sense of school connectedness for students with behaviour issues.
4.5 Professional development opportunities on positive mental health perspectives and practices	Professional development activities do not include components on positive mental health.	Informal discussions are held by school staff on the educational importance of positive mental health practices.
4.6 Documented school practices that support the provision of timely assessment and early response services to students with significant learning and/or social-emotional concerns	School practices do not address the need for timely service responses for students with significant learning and/or social-emotional concerns.	School leadership and student services specialists research methods for building capacity for early response services for students with significant learning and/or social-emotional concerns.

Benchmark 3: Capacity-Building: Initial Plans and Actions	Benchmark 4: Capacity-Building: Expanded Plans and Actions	Benchmark 5: Sustained and Embedded Practices
School leadership collaborates with teachers to explore ways in which to embed positive mental health perspectives and practices in classroom interactions and learning routines.	School leadership includes goals and activities associated with positive mental health perspectives and practices as part of school improvement plans.	Formalized or standardized approaches are implemented to monitor the effectiveness of school-wide positive mental health practices.
Some staff members model and apply practices that contribute to safe and caring classroom environments	Most school staff model and apply practices that contribute to safe and caring classroom and school-wide environments.	Established school practices on safe and caring school environments are consistently applied, reviewed and refined to reflect the use of current better practices.
Some teachers apply universal educational approaches in their curriculum planning and delivery activities.	Most teachers apply universal instructional approaches that facilitate full class participation in curriculum-based activities.	Documented policies are in place and consistently applied to maximize opportunities for the inclusion of all students in curriculum and extra-curricular activities.
School staff consult with one another on approaches for designing and applying restorative strategies to address discipline and behaviour challenges.	School staff identify and implement individualized restorative strategies that restore relationships and ensure continued school connectedness.	Discipline policies that reinforce the restoration of relationships and school connectedness are in place and consistently applied
School staff participate in school or district level professional development sessions on how to incorporate positive mental health perspectives and practices in classroom routines and relationships.	School staff work together in grade level or curriculum working groups to design innovative approaches or strategies for embedding positive mental health perspectives and practices within or across curriculum areas.	Positive mental health perspectives and practices are routinely included as key content in ongoing professional development activities and school-based professional learning team planning processes.
School staff screen and identify students who demonstrate significant learning or social-emotional needs.	Regular student service team meetings employ a problem-solving format to identify and implement timely strategies for students with significant learning and/or social-emotional concerns.	Documented school practices clearly delineate guidelines and evidence of timely provision of services to students with significant learning and/or social-emotional concerns.

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.
- Alivernini, F. and Lucidi, F. (2011). Relationship between social context, self-efficacy, motivation, academic achievement, and intention to drop out of high school: A longitudinal study. *The Journal of Educational Research*, 104(4), 241-252.
- Andersen, F.C. and Ottesen, E. (2011). School leadership and ethnic diversity: Approaching the challenge. *Intercultural Education*, 22(4), 285-299.
- Ashdown, D.M. & Bernard, M.E. (2012). Can explicit instruction in social and emotional learning skills benefit the social-emotional development, well-being, and academic achievement of young children? *Early Childhood Education*, 39, 397-405.
- Ashdown, D.M. & Bernard, M.E. (2012). Can explicit instruction in social and emotional learning skills benefit the social-emotional development, well-being, and academic achievement of young children? *Early Childhood Education Journal*, 39, 397-405.
- 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.
- Bartolo, P.A. (2010). Why school psychology for diversity? *School Psychology International*, 31, 567-580.
- Bellanca, J. & Fogarty, R. (2003). *Blueprints for achievement in the cooperative classroom*, (3rd edition). Illinois: Pearson Education.
- Bianco, M. (2010). Strength-based RTI: Conceptualizing a multi-tiered system for developing gifted potential. *Theory Into Practice*, 49, 323-330.
- 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.
- Bourque, J. (2013). *Interim Evaluation Findings, ISD Demonstration Sites*. Province of New Brunswick.

- Bower, J.M., Carroll, A. & Ashman, A.F. (2012). Adolescent perspectives on schooling experiences: The interplay of risk and protective factors within their lives. *International Journal of Educational Research*, 53, 9–21.
- Bowers, E.P., Li, Y., Kiely, M.K., Brittian, A., Lerner, J.V. and Lerner, R.M. (2010). The five C's model of positive youth development: A longitudinal analysis of confirmatory factor structure and measurement invariance. *Journal of Youth Adolescence*, 39, 720-735.
- 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).
- Bradshaw, C.P.; Pas, E.T.; Bloom, J.; Barrett, S.; Hershfeldt, P.; Alexander, A.; McKenna, M.; Chafin, A.E. & Leaf, P. (2012). A state-wide partnership to promote safe and supportive schools: The PBIS Maryland initiative. *Administrative Policy and Mental Health*, 39, 225–237.
- Brendtro, L.; Brokenleg, M. & Van Bockern, S. (2005). The circle of courage and positive psychology. *Reclaiming Children and Youth*, 14(3), p. 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. British Columbia 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.
- Burns, M.K. (2011). School psychology research: Combining ecological theory and prevention science. *School Psychology Review*, 40(1), 132–139.
- 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.

- Cefai, C. and Cooper, P. (2011). The introduction of nurther groups in Maltese schools: A method of promoting inclusive education. *British Journal of Special Education*, 39(2), 65-72.
- Center for Applied Special Technology (CAST). 2011. UDL Guidelines. Retrieved from www.cast.org/library/UDLguidelines
- Center for Comprehensive School Reform and Improvement (CCSRI). (2009). *Developing a positive school climate*. Learning Point Associates Newsletter, Washington, DC.
- Center for Mental Health in Schools at UCLA. (2011). Moving beyond the three tier intervention pyramid toward a comprehensive framework for student and learning supports. A Centre Policy Brief, UCLA. Los Angeles, CA.
- 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.
- Ciani, K.D., Middleton, M.J., Summers, J.J. and Sheldon, K.M. (2010). Buffering against performance classroom goal structures: The importance of autonomy support and classroom community. *Contemporary Educational Psychology*, 35, 88–99.
- 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.
- Daly, B.; Buchanan, C.; Dasch, K.; Eichen, D. & Lenhart, C. (2010). Promoting school connectedness among urban youth of color: Reducing risk factors while promoting protective factors. *The Prevention Researcher*, 17(3), 18-20.
- 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. (2007). Facilitating Optimal Motivation and Psychological Well-Being Across Life's Domains. *Canadian Psychology*, 49(1), 14-23.
- 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.
- 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.
- Diaz, E.M., Kosciw, J.G. & Greytak, E.A. (2010). School connectedness for lesbian, gay, bisexual, and transgender youth: In-school victimization and institutional supports. *The Prevention Researcher*, 17(3), 15-17.
- 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*. Eds., M.J. Elias and H. Arnold. Thousand Oaks, CA, Corwin Press, 4-14.
- 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.
- Ferguson, Y.L.; Kasser, T. & Jahng, S. (2010). Differences in life satisfaction and school satisfaction among adolescents from three nations: The role of perceived autonomy support. *Journal of Research on Adolescence*, 21(3), 649-661.
- 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.

- Gardner, M. and Toope, D. (2011). A social justice perspective on strengths-based approaches: Exploring educators' perspectives and practices. *Canadian Journal of Education*, 34(3), 86-102.
- 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.
- Graham, A., Phelps, R., Maddison, C. and Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and Teaching: Theory and Practice*, 17(4), 479-496.
- 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.
- Gross, P.A. & Maloney, V.A. (2012). Embracing diversity through service learning, *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*, 85(5), 192-196.
- 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>.
- Hall, S. (2010). Supporting mental health and wellbeing at a whole-school level: Listening to and acting upon children's views. *Emotional and Behavioural Difficulties*, 15(4), 323-339.
- Hamilton, M. & Hamilton, S. (2004). *The Youth Development Handbook: Coming of Age in American Communities*. Sage Publications, Thousand Oaks, CA.
- 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*. Thousands Oaks: Sage.
- Hawkins, J. D., & Catalano, R. F. (2004). *Communities that Care: Prevention strategies guide*. South Deerfield, MA: Channing Bete.
- 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*. University of Minnesota, Center for Research on Developmental Education and Urban Literacy, Minneapolis, MN.
- 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. and 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*. IUHPE, Saint-Denis Cedex, France.
- Jaffe, P.; Wolfe, D.; Crooks, C.; Hughes R. & Baker, L. (2004). The fourth R: Developing healthy relationships through school-based interventions. Chapter in Jaffe, P.; Baker, L. & Cunningham, A. (Eds.). *Protecting children from domestic violence: Strategies for community intervention*. New York, NY: Guilford Press, 200-218.
- Joint Consortium for School Health. (2013). *What is comprehensive school health?* Accessed at www.jcsh-cces.ca.
- 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. and Birdthistle, I. (2001). Building the Capacity of Schools to Improve Health, in *Critical Issues In Global Health*, Eds. C. Everett Koop, Clarence E. Pearson, and M. Roy Schwarz. 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).

- Komosa-Hawkins, K. (2012). The impact of school-based mentoring on adolescents' social-emotional health. *Mentoring & Tutoring: Partnership in Learning*, 20(3), 393-408.
- 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.
- Law, B.M.F. & Shek, D.T.L. (2011). Process evaluation of a positive youth development program: Project P.A.T.H.S. *Research on Social Work Practice*, 21, 539.
- Lee, E., Mearkard, 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).
- Madsen, K.A.; Hicks, K. & Thompson, H. (2011). Physical activity and positive youth development: Impact of a school-based program. *Journal of School Health*, 81, 462-470.
- Mak, W.W.S.; Ivy, S.W. & Wong, C.C.Y. (2011). Resilience: Enhancing well-being through the positive cognitive triad. *Journal of Counseling Psychology*, 58(4), 610–617.
- Martinez, S. (2009). A system gone berserk: How are zero-tolerance policies really affecting schools? *Preventing School Failure*, 53(3), 153-157.
- Maryland State Department of Education. (2011). *A route for every learner: Universal Design for Learning as a framework for supporting learning and improving achievement for all learners in Maryland, prekindergarten through higher education*. Baltimore, MD.
- 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.
- McKay, C., Sanders, M. and Wroblewski, S. (2011) Positive youth development and school capacity building. *School Social Work Journal*, 36(1), 16-25.
- McKay, C.; Sanders, M. & Wroblewski, S. (2011). Positive youth development and school capacity building. *School Social Work Journal*, 36(1), 16-25.
- McLoughlin, C.S. & Kubick, R.J. (2004). Wellness promotion as a life-long endeavor: 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.
- Monahan, K.C., Oesterle, S. and Hawkins, J.D. (2010). Predictors and consequences of school connectedness: The case for prevention. *The Prevention Researcher*, 17(3), 3-6.
- Morrison, W. (2009). *New Brunswick Youth Centre Program Manual*. Department of Public Safety, Province of New Brunswick.
- Morrison, W. & Peterson, P. (2012). *Preliminary Evaluation Findings, ISD Charlotte County Demonstration Site*. Province of New Brunswick.
- Morrison, W. and Peterson, P. (2007). *Provincial wellness fact sheets: Mental fitness*. New Brunswick Department of Wellness, Culture and Sport.
- Morrison, W. and Peterson, P. (2012). *ISD evaluation interim findings: Charlotte County demonstration site*. March 2012.
- 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*. University of New Brunswick/Gaspereau Press, Fredericton, New Brunswick (ISBN 1-55131-101-1).
- Mueller, A. & Fleming, T. (2001). Cooperative learning: Listening to how children work at school. *Journal of Education Research*, 94(5), 259-265.
- Mueller, M. K., Phelps, E., Bowers, E. P., Agans, J. P., Urban, J. B., & Lerner, R. M. (2011). Youth development program participation and intentional self-regulation skills: Contextual and individual bases of pathways to positive youth development. *Journal of Adolescence*, 34(6), 1115-1125.

- 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.
- 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 at 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 <http://www.ecs.org/html/projectsPartners/nclc/docs/school-climate-challenge-web.pdf>.
- New Brunswick Department of Education (NBDoE). (2009). *Enrichment: A guide for educators*. Province of New Brunswick.
- New Brunswick Department of Education. (2000). *Best Practices for Inclusion*. Student Services Branch.
- New Brunswick Inter-departmental Committee on Integrated Service Delivery (NBISD). (2009). *Provincial Integrated Service Delivery Model*.
- New Brunswick Youth Centre. (2009). *Program Manual*. Department of Public Safety, Province of New Brunswick.
- 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.), 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*. Teachers College Press, New York, NY.

- 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/contareas/reading/li4lk57.htm>.
- OFSTED. (2011). *Appleby Primary School wrap around care inspection report for early years provision*. Office for Standards in Education, Children's Services and Skills, United Kingdom.
- Pagani, C., Robustelli, F. and Martinelli, C. (2011). School, cultural diversity, multiculturalism, and contact. *Intercultural Education*, 22(4), 337-349.
- 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).
- Peterson, P. & Morrison, W. (2012). *Year three research report: New Brunswick early childhood centres*. Wallace and Margaret McCain Family Foundation. Toronto, ON.
- Prince-Embury, S. (2011). Assessing personal resiliency in the context of school settings: Using the resiliency scales for children and adolescents. *Psychology in the Schools*, 48(7), 672-685.
- 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*. Vintage Books, New York.
- 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.
- Reinke, W.M.; Splett, J.D.; Robeson, E.N. & Offutt, C.A. (2009). Combining school and family interventions for the prevention and early intervention of disruptive behavior problems in children: A public health perspective. *Psychology in the Schools*, 46(1), 33-43.
- 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*. Centre for the Prevention of School Violence, Raleigh, NC.
- 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.
- Serpell, Z.N. and Mashburn, A.J. (2012). Family-school connectedness and children's early social development. *Social Development*, 21(1), 21-46.
- 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. In *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 McQueen, D. & Jones, C. (2007), *Global perspectives in health promotion effectiveness*. Springer, New York.
- State Government Victoria. (2012). *Strength-based approach: A guide to writing transition learning and development statements*. Victoria Department of Education and Early Childhood Development, Melbourne, AU.
- Sternberg, R. (2000). The concept of intelligence. In R.J. Sternberg (Ed.). *The handbook of intelligence* (pp. 3-15). Yale University Press: Cambridge, MA.
- 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.
- 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.
- 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.
- 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.
- Van Ryzin, M.J. (2011). Protective factors at school: Reciprocal effects among adolescents' perceptions of the school environment, engagement in learning, and hope. *Journal of Youth Adolescence*, 40, 1568-1580.
- 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.
- Weishaar, P.M. (2010). Twelve ways to incorporate strengths-based planning into the IEP process. *The Clearing House*, 83, 207-210.
- 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, 3-22.



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