Teaching about resilience, mental health, and hauora

KATIE FITZPATRICK AND RACHEL RIEDEL

KEY POINTS

- Mental health education is a key part of the Health and Physical Education learning area.
- Mental health education includes learning about diversity, identity, interpersonal skills, mana, and wellbeing. It can include positive psychology and mindfulness.
- Programmes that focus only on positive psychology are too individualistic and lack learning about social contexts.
- A new resource published by NZCER provides detailed activities to enable teachers to plan and teach mental health education in Years 7–11.

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There are currently very few resources available in New Zealand for teaching mental health education (within the Health and Physical Education learning area). Outside providers are, however, offering different programmes for sale to schools (in areas such as positive psychology, mindfulness, and growth mindset). These tend to be individualistic, not to mention expensive. NZCER Press has, however, just published a new comprehensive teaching resource to help teachers of Years 7–11 to structure programmes around identity, wellbeing, interpersonal skills, hauora and health promotion. This resource is ideal to help you design and teach mental health education in your school. This article outlines the thinking behind the resource and why it's important to learn about both the individual and the social aspects of mental health.

Introduction

The area of mental health education is under-resourced currently in New Zealand schools. While there are resources in other health-related areas, few resources currently available support teachers to address mental health, interpersonal skills, and resilience. As a response to this gap, we have co-authored a new 300-page mental health education resource. The new resource (for Years 7–11) contains a wide range of specific lesson activities and ideas, as well as background reading for teachers. The book, *Mental Health Education and Hauora: Teaching Interpersonal Skills, Resilience and Wellbeing* (Fitzpatrick, Wells, Tasker, Webber, & Riedel, 2018) (see Figure 1), covers topics such as identity, bullying, interpersonal skills, rangatiratanga, mindfulness, mana, positive psychology, and wellbeing. It also provides guidance on how students can lead meaningful health promotion activities in their school. This book was conceptualised by five writers, each of whom brings different expertise to the project.

In this article, we outline some of the thinking and research behind the resource, and argue that mental health education is very important for young people to learn as part of *The New Zealand Curriculum* (Ministry of Education, 2007) (*NZC*). However, we show that there are problems with schools simply "buying in" or engaging outside providers to deliver particular content (such as mindfulness or positive psychology), without all of the other important content and concepts from the curriculum. The book then draws on research, not only from the field of psychology, but also the latest research from the fields of wellbeing, critical studies in education, Māori education, and health education. This approach is much broader—and less individualistic—than programmes that solely focus on psychological knowledge. Our book provides further knowledge and tools to classroom teachers, so that a mental health programme can be planned across the year in meaningful and contextual ways.

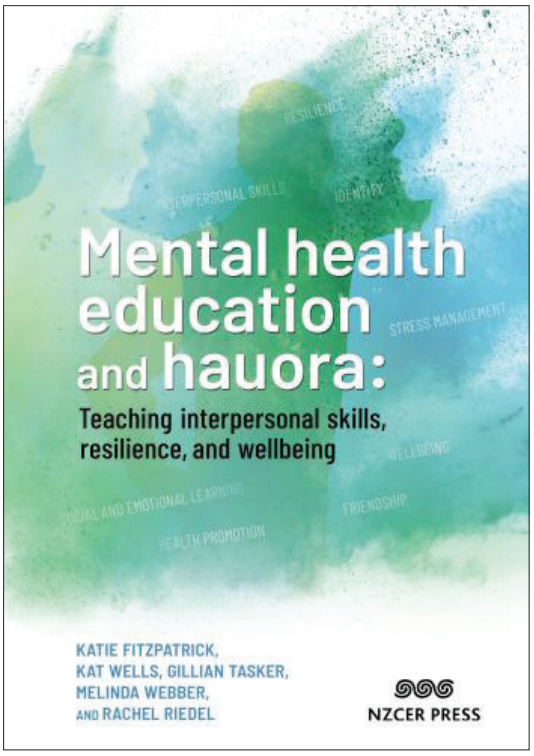

FIGURE 1. MENTAL HEALTH EDUCATION AND HAUORA: TEACHING INTERPERSONAL SKILLS, RESILIENCE AND WELLBEING (FITZPATRICK ET AL., 2018)

Why do we need mental health education in schools?

In New Zealand and Australia there has been increasing recognition of the relationship between wellbeing and learning in educational policies and frameworks. In New Zealand, the Education Review Office (ERO) released *Wellbeing for Success: A Resource for Schools*, which states that "Wellbeing is vital for student success. Student wellbeing is strongly linked to learning. A student's level of wellbeing at school is indicated by their satisfaction with life at school, their engagement with learning, and their social-emotional behaviour" (ERO, 2016, p.4). Similarly, in New South Wales, the Department of Education and Communities (NSW DEC) released a Wellbeing Framework for Schools. This framework explicitly draws a connection between wellbeing and learning: "Wellbeing, or the lack of it, can affect a student's engagement and success in learning. Educators need to understand potential wellbeing has to bring about positive change, what is required to foster wellbeing, and how it can become a powerful force in students' learning and development" (NSW DEC, 2015, p.2). Specifically, higher levels of wellbeing have been shown to improve attentional focus, creative thinking, and holistic thought (Bolte, Goschke, & Kuhl, 2003; Frederickson, 1998; Seligman, 2011). Higher levels of wellbeing promote academic behaviours that support learning, including high levels of self-regulated learning, a mastery approach to goal orientation, perceived control over tasks, and lower levels of procrastination (Howell, 2009).

Mental health is a key part of the Health and Physical Education learning area (NZC). Recent youth health research also suggests that such learning is urgently needed. In the latest iteration of the Youth 2000 survey series (a youth health survey with over 8,500 New Zealanders aged 13–18) mental health was a key concern (Clark et al., 2013, p. 22):

- 9% of boys and 16% of girls showed signs of depression
- 18% of boys and 29% of girls engaged in deliberate self harm
- 10% of boys and 21% of girls admitted having suicidal thoughts

The Youth 2012 findings identified that "bullying… [and] significant depressive symptoms…[are] significant problems for New Zealand youth" (p. 5). While it is not the express purpose of schools alone to address these societal health issues, learning in health education can help young people to develop the skills and knowledge to support themselves and others in developing resilience, interpersonal skills, and positive emotional, and mental wellbeing. Health education can also enhance social connectedness at school (Bond et al., 2007).

What is mental health education?

Mental health education in schools needs to be primarily educative. This means that the focus is on learning, rather than trying to "fix" health issues. Health issues are always a complex combination of social, political, biological, and contextual factors, so it is not possible for schools alone for directly impact these in fundamental ways. The key focus of health education should be learning about health, rather than education for health (Fitzpatrick & Tinning, 2014). This means that health education is approached as a discipline of study, rather than a health intervention. This is not to suggest that learning about health will have no impact on the wellbeing of young people, it simply means that the purpose and aim of health education is learning, not behaviour change.

Mental health education encompasses a wide range of content including learning about identity, wellbeing, interpersonal skills, social and emotional learning, resilience, and understanding how social hierarchies (power relations) impact individuals (for example, through discrimination, sexism, racism, homophobia, etc). The previous Health and Physical Education curriculum (Ministry of Education, 1999, p. 37) stated that mental health education, included opportunities to:

- "strengthen personal identity"
- "[develop] skills to examine discrimination"
- "[develop] personal and interpersonal skills to enhance relationships"
- "[develop] knowledge, understandings and skills to support themselves and other people during times of stress, disappointment, and loss"
- "[develop] values and attitudes the support the enhancement of mental health".

In more recent times there have been moves to include mindfulness, positive psychology, and wellbeing education. In the next section, we reflect on some of the research in these fields, and then argue that these need to be included alongside learning about the social and political contexts of health issues. We first outline some of the research in wellbeing.

Research on wellbeing and mental health education

Contemporary discourse on wellbeing tends to locate it in relation to "good" health (McNaught, 2011). This discourse has been influenced by the World Health Organisation (1946) definition of health as: "not merely the absence of disease but a state of wellbeing" (p.100). A state of wellbeing is articulated therein as an interrelationship between physical, social, mental, emotional and spiritual health (WHO, 1946). Wellbeing

has been primarily located within the mental and emotional domains of health (La Placa, McNaught & Knight, 2013). While establishing a link between health and wellbeing is valuable, it can also undermine: "the significance and complexity of wellbeing as a concept" (La Placa et al., 2013, p.116).

Definitions of wellbeing are contested and there is no one universal definition (Haybron, 2008; La Placa et al., 2013). Given the range of different approaches to wellbeing, McNaught (2011) developed a framework that "identified the principle factors and relationships that create what is perceived as 'wellbeing'" (La Placa et al., p. 118). This framework broadens the concept of wellbeing beyond the interrelationship between physical, social, mental, emotional and spiritual health by including: environmental, geographical, socioeconomic and political forces (McNaught, 2011). Importantly, this framework positions wellbeing as an interplay between forces and resources, between circumstance, interrelationships (with family/community/society), and psychological resources (as evident in Figure 2).

Historically, mental health and wellbeing education have focused on enhancing knowledge and understanding of psychological skills. Mental health and wellbeing education began with the self-esteem movement in the 1970s, and progressed to "social skills programs in the 1990s and resilience and anti-bullying programs in the 2000s" (Dulagil, Green & Ahren, 2016, p. 131). In the present day, the field of positive psychology is increasingly used to inform mental health and wellbeing education. Positive psychology is a relatively new branch of psychology that aims to contribute to the field of mental health by exploring factors that promote human functioning (Norrish & Vella-Brodrick, 2009). Martin Seligman is considered to be one of the pioneers of positive psychology (Froh, 2004).

Seligman (2011) established a fundamental theory on wellbeing, known as flourishing. He suggested five primary enabling factors for human flourishing, through which individuals can experience heightened levels of wellbeing. These include: positive emotion, engagement, relationships, meaning, and accomplishment (PERMA) (Seligman, 2011). Secondary enabling factors include: self-determination, resilience, grit/perseverance, optimism, vitality, and self-esteem (Seligman, 2011).

Education about positive psychology

Mental health and wellbeing education that draws upon positive psychology aims to educate students on the skills associated with the primary or secondary enabling factors of flourishing established by Seligman (2011) (listed above). Teachers can use these factors in a variety of ways. This section will discuss possible learning tasks for each of the primary enabling factors of flourishing, as represented by PERMA. These learning tasks follow a similar format to Fitzpatrick et al. (2018) where a summary of the underlying theory is provided alongside the suggested learning tasks. In the book, we provide detailed lesson plan ideas that teachers can follow and adjust for their own classes.

Positive emotion

Positive emotion is concerned with cultivating positive individual emotions, like warmth, joy, comfort, and rapture (Seligman, 2011). Creating learning opportunities for gratitude can enhance positive emotion (Froh, Kashdan, Ozimkowski & Miller, 2009; Froh, Sefick & Emmons, 2008). To teach gratitude there are a variety of learning

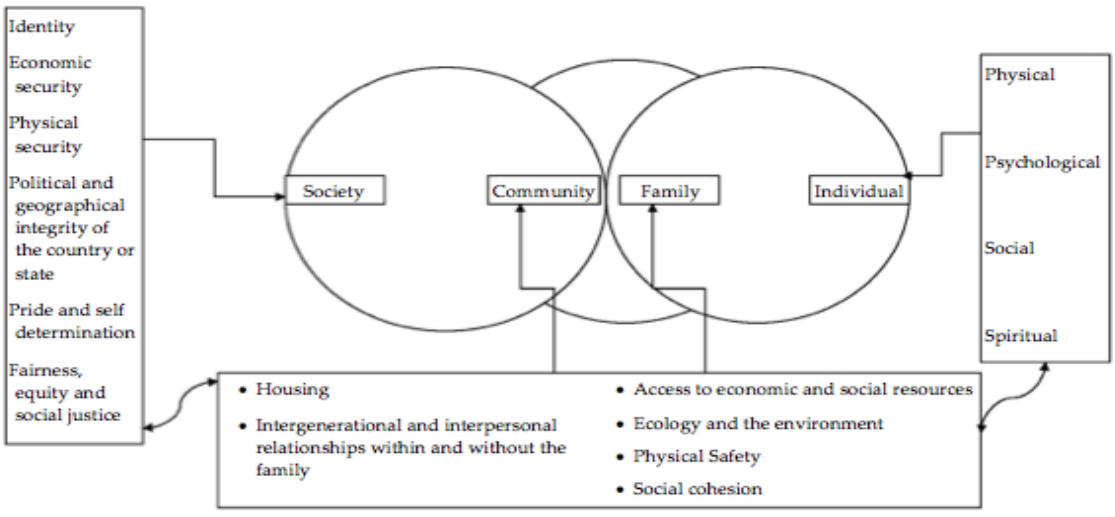

FIGURE 2. A STRUCTURED FRAMEWORK FOR DEFINING WELLBEING (KNIGHT & MCNAUGHT, 2011, P. 11)

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tasks teachers can draw upon including, writing letters of gratitude addressed to people who have had an impact on their lives; collecting images that represent aspects of their lives they are thankful for; or simply reflecting on things that went well during the week (Seligman, 2002).

Engagement

Engagement centres on Csikszentmihalyi's (2002) theory of flow, where a person's attention, and cognitive and emotional resources are entirely focused on the task at hand. An individual is believed to lose self-consciousness when in flow, as they are functioning at their highest capacity (Csikszentmihalyi, 2002). For an individual to be in flow, the challenge of the task must match their personal resources. If the task is too easy, the individual will be bored, and if the task is too hard, the individual may become stressed or anxious (Csikszentmihalyi, 2002). It is helpful for students to be able to identify times where they have experienced engagement and/or disengagement, and examine why this was so. Self-reflection or think, pair, share tasks are excellent strategies for teachers to use to facilitate such inquiries.

Relationships

Relationships centre on the human need to feel connected to others and to feel a sense of belonging (Seligman, 2011). Relationships learning opportunities are vast, and can focus on the value of social relationships as well as interpersonal skills to enhance connection. Key interpersonal skills include listening, effective communication, identifying and communicating feelings, problem solving, negotiation and conflict resolution (Fitzpatrick et al., 2018). It can also be helpful to support students to reflect on their friendships and the qualities of good friendships (Fizpatrick et al., 2018). This reflection can be facilitated by asking students to: brainstorm their qualities as a friend; brainstorm why others may see us differently from how we see ourselves, and; complete the following sentences: "I am a good friend because…", and "I could be a better friend by…" (Fitzpatrick et al., 2018).

Meaning

Meaning represents the extent to which people know where they fit into the world and feel as though their life goals are contributing to society (Seligman, 2011). It may also include a spiritual connection (feeling as though they are serving a higher entity) (Seligman, 2011). Teachers can facilitate an inquiry into meaning by asking students to identify a role model in their life who has a meaningful life. Once the students have identified a role model, ask them to assume the role of an interviewer. It is their job to interview their role model on the topic "living a meaningful life". They must create a list of questions for their role model, as well as a list of expected responses (Fitzpatrick et al., 2018).

Accomplishment

Accomplishment is an element of wellbeing that individuals pursue purely to experience a sense of accomplishment—whether it is represented by success, winning, achievement, or mastery (Seligman, 2011). Individuals want to accomplish things, simply to feel like they have done so, and will continue to pursue these feats, even if it does not give them pleasure, engagement, meaning or enhanced relationships with others (Seligman, 2011). Learning opportunities for accomplishment can focus on goal setting, and skills that contribute to goal directed thought. One such skill is explanatory style.

Explanatory style is associated with optimism and pessimism. It is the way individuals explain the events that occur in their lives, which can be divided into three factors: permanence (the extent that good fortune will last), pervasiveness (the extent of the impact of good fortune on other aspects of life) and personalisation (the extent to which you achieved good fortune through individual actions) (Seligman, 2002). An optimistic explanatory style has high permanence (good fortune will last), high pervasiveness (good fortune will impact other aspects of life) and high personalisation (good fortune was achieved through individual actions) (Seligman, 2002). To examine explanatory style, educators could facilitate students to differentiate between "positive thinking" and explanatory style through an analysis of case studies or scenarios of individuals who experience good or poor fortune.

Decatastrophising also targets thought patterns, specifically automatic negative thoughts. Automatic negative thoughts are linked to survival instincts, where, historically humans needed to perceive all possible threats to life and respond appropriately (Seligman, 2002). While holding the ability to perceive threat and possible consequences is a valuable skill, it can lead to a state of catastrophising, where the individual has a distorted view of a situation (Seligman, 2002). Individuals who are in a catastrophised state will assume a negative outcome will occur, and that when it does occur, it will cause significant damage or harm (Seligman, 2002). Decatastophising aids individuals by challenging automatic negative thoughts. Seligman (2002) created an ABCDE decatastrophising technique:

1. Adversity: identify the adversity.
2. Beliefs: identify and describe the beliefs held about the adversity.
3. Consequences: identify and explain the consequences of holding the aforementioned beliefs.
4. Disputation: challenge your beliefs about the adversity.
5. Energisation: identify and describe the possible impact/outcomes of challenging the aforementioned beliefs.

To examine decatastrophising, educators can help students to apply the ABCDE model to scenarios, and encourage them to reflect on their thought processes when they experience a significant challenge. Journal entries, blogs, or vlogs could be used to support this reflection.

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The problem with positive psychology and growth mindset programmes in schools

In Australia and New Zealand there has been a rapid increase in the interest of the utility of positive psychology, including growth mindset, knowledge within schools (Slempt et al., 2017). With this increase in popularity, it is important to recognise that positive psychology is an emergent field of research and "major gaps exist between research and practice" (Halliday, Kern, Garrett & Turnbull, 2018, p. 2). Similarly, consideration must be given to the critiques of positive psychology, which centre on three key issues.

- First, positive psychology has been critiqued for its apparent overemphasis on the "power of positivity" (Wong, 2011). Negative experiences and emotions can help individuals develop effective coping mechanisms, motivate reflection and personal growth (Wong, 2011). Moreover, negative conditions do not simply dissipate through focusing on the positive (Held, 2002; King, 2011; Wong, 2011).
- Second, positive psychology presents a dichotomous view of the human experience as either positive or negative (Wong, 2011). This dichotomy is not reflective of the human experience, which is at any time, a complex mix of positive and negative emotions (Ryff & Singer, 2003; Wong, 2011).
- Third, positive psychology has been challenged for its focus on individual outcomes, which does not necessarily align with the motivations of people from collectivist cultures (Wong, 2011). Indeed, people from collectivist cultures are more likely to prioritize flourishing of others over the self (Wong, 2011).

This final point is very important. If teachers focus solely on learning from the field of psychology—including programmes on growth mindset, positive psychology and the like—then the learning is only focused at the individual level. This means that social and cultural issues are ignored. For example, if a student is experiencing racism and bullying in the school, then positive thinking is not going to help very much. Our book (Fitzpatrick et al., 2018) addresses this tension by including a range of lessons that deal with the personal and individual within the social context (these are in the section on identity), interpersonal skills (that help students navigate friendships, communicate well and use assertiveness), as well as learning about and practicing strategies and skills related to wellbeing.

So, what can I do in my classroom?

People clearly find aspects of positive psychology useful, and many use it as a strengths-based approach to mental

health that shifts the focus of skill development to the growth of human capacity (Norrish & Vella-Brodrick, 2009). However, this learning alone is quite narrow and, as stated above, individualistic. By definition, this learning does not engage with the social contexts of health, nor does it connect with the social contexts of schools. The field of research into health equity (which explores why some groups of people are consistently healthier than others) shows that the interrelationships between individuals, cultures, and environments are imperative to any attempt to explain or impact health inequalities. Nutbeam (2000, p. 260), for example, argues that "[h]ealth status is influenced by individual characteristics and behavioural patterns (lifestyles) but continues to be significantly determined by the different social, economic and environmental circumstances of individuals and populations". The greatest factor in health inequalities is actually the fact that societies are unequal. Wilkinson and Marmot (2003, p. 10) summarise the situation as follows: "People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top". They point out, however, that "the effects are not confined to the poor: the social gradient in health runs right across society, so that even among middle class office workers, lower ranking staff suffer much more disease and earlier death than higher ranking staff" (p. 10). This means that how people fare in society in comparison to others matters. If everyone has similar resources and access to health care, then health outcomes are likely to be similar at a population level. However, if access is uneven and the society is highly stratified, then there will be unequal outcomes. This all makes good sense, but the key factor (and the interesting thing) here is that social hierarchies make a difference. Those with less status and less power are more likely to have worse health. This is the key reason that we need an educative approach to mental health that takes on a critical perspective.

A critical approach to mental health education includes attention to social issues such as gender and sexuality inequalities, racism, ableism, discrimination, bullying and so forth. Research suggests, for example, that young people who identify as lesbian, gay, bisexual, trans, queer or intersex (LGBTQI) are more likely to experience bullying and discrimination at school (Clark et al. 2013). This, of course, impacts mental health and learning. Critical approaches to mental health education include the study of (for example) gender inequalities, racism, homophobia, and sexism. This might include beginning by studying identities and discrimination. While positive psychology can be individually helpful, it doesn't address these wider social issues, or enable students to act to contest cultures of exclusion in schools. We suggest that a truly educative approach to mental health education includes both a focus on individual health and wellbeing, as well the study of social inequalities. We have incorporated both approaches into the book (Fitzpatrick et al., 2018) so that students can engage in learning across these fields, and gain critical and wide-ranging knowledge about mental health. Crucially, this requires dedicated time in schools, and cannot be learnt in a few lessons. Health education is its own subject (separate from physical education) and should be timetabled accordingly in all schools (see recommendations below).

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Conclusion and recommendations

Using positive psychology theory and including concepts such as self-esteem and resilience is appropriate when a teacher is aiming to enhance knowledge and understanding of individual skills that have been shown to support mental health and wellbeing. However, this approach tends to focus exclusively on the individual, without consideration of broader social and political contexts. In this sense, focusing on wellbeing skills, without understanding what else is impacting mental health, can be detrimental. Wellbeing, then, is fundamentally dependant on broader social relations, so how students experience power relations,

social hierarchies, and access to resources is absolutely crucial. Taken together, it is important for teachers to place mental health strategies within their social and political contexts: if a person is experiencing marginalisation, racism, sexism, and homophobia, then strategies such as optimism, gratitude and so forth (that ignore the political issues) will not have much effect. Addressing issues of discrimination, unfairness, and inequality is important. Understanding mental health requires studying it as a subject (as part of health education) from a variety of different disciplinary perspectives.

We were working with these issues and questions as we wrote the book (Fitzpatrick et al., 2018). We wanted to offer a mental health education resource for teachers to use with students in Years 7–11. It combines aspects of positive psychology, wellbeing, and interpersonal skills, with critical approaches to social inequalities, identity, and issues such as racism, discrimination, sexism and so forth.

Key recommendations for schools

- Timetable specific time each week for health education (ideally two lessons per week at each year level). Health education includes mental health education, sexuality education, food and nutrition, and body care and physical safety.
- Be careful about inviting outside providers into your school to deliver content. These are often expensive, and "one off" sessions don't help your students to develop knowledge and skills over time. Use the new resource (and others) to teach the content: you know your students best.
- Invest in the professional development of teachers in health education. If this isn't available then write to the Ministry of Education and request opportunities.
- Give clear messages to teachers that they are not expected to "solve" mental health issues through learning experiences. Provide training for teachers to recognise mental health warning signs, and have "are you ok?" conversations so that they can refer students to support (there is emerging evidence that these approaches, called gatekeeper training, can be effective).

Consider your wider school environment in relation to mental health. Health services are one important protective factor for young people. Ideally, every school student should have access to an onsite nurse, counsellors, and other health services. Schools can develop proactive approaches to mental health that involve screening and support. It is important that students and their parents/guardians understand what mental health services are available and how to access them. All DHBs fund mental health services for young people aged 12–19 years, and they can be referred to such services via their family doctor, school nurse, school counsellor or school pastoral team (Ministry of Health, 2017). A sense of belonging at school is another important protective factor. Schools can review their approaches to ensure they have a strategic approach to foster belonging.

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Note

1. The Department of Education and Communities (DEC) is responsible for the leadership, oversight, and regulation of New South Wales Public Schools, Early Childhood Education and care. Additionally the DEC is responsible for supporting access to services for Aboriginal communities relating to education, training, employment and careers.

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