



PROMEHS

*The curriculum to promote
mental health at schools*

Guidelines for policy-makers



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For further information on PROMEHS visit our website: <https://www.promehs.org/>

Contents

Introduction.....	5
About PROMEHS.....	5
Theoretical background.....	5
Social and Emotional Learning.....	6
Resilience.....	6
Social, emotional and behavioural problems.....	6
Principles.....	6
Curriculum materials.....	7
Getting started.....	8
Contents of the activities.....	8
What evidence says.....	9
Key concepts.....	9
Evidence-based programs.....	9
Promoting social and emotional learning.....	10
Benefits.....	10
Promoting resilience.....	11
Benefits.....	11
Preventing social, emotional and behavioural difficulties.....	11
Benefits.....	12
Recommendations for policy-makers.....	12
References.....	14

Introduction



About PROMEHS

PROMEHS - *Promoting Mental Health at Schools* is an Erasmus + Key Actions 3 project co-funded by the European Commission (2019-2022) and designed to develop, implement and evaluate a mental health promotion curriculum in schools. The project will create a bridge between evidence-based school programs and educational Institutions, thus linking research, practice and policies.



Goals

- Provide a systematic framework for the development and implementation of an evidence-based comprehensive universal mental health curriculum in schools;
- Increase students, teachers and families' mental health;
- Support teachers, school leaders and policy-makers' effort to integrate mental health promotion into national and international educational policies.

PROMEHS is the first mental health curriculum developed collaboratively by researchers, policy-makers and scientific associations across 7 European Countries, namely Croatia, Greece, Italy, Latvia, Malta, Romania and Portugal.



Theoretical background

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2005, p.12)

Over the past twenty years, the presence of mental health difficulties in children and adolescents has increased worldwide, becoming one of the leading causes of disability (WHO, 2003). Mental health difficulties have a significant adverse impact on different aspects of students' development, negatively impacting on their school adjustment, concentration, overall achievement and social relationships.

PROMEHS recognizes the importance of improving the living conditions and environments that support mental health in the school context, allowing children, school staff, families, and communities to adopt and maintain optimal emotional functioning, in order to foster social inclusion.

The PROMEHS framework (fig. 1) - which is grounded on existing research on school-based initiatives - represents school mental health in a threefold manner. The first two aspects concern the promotion of protective factors in mental health, specifically, social and emotional learning (SEL) and resilience, while the third is linked to the prevention of social, emotional, and behavioural difficulties.

Social and Emotional Learning

Social and emotional learning is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (Domitrovich, Weissberg & Gullotta, 2015).

Resilience

Resilience is the ability to overcome and positively adapt to challenges and adversities (Masten, 1994).

Social, emotional and behavioural problems

Social, emotional, and behavioural difficulties comprise a broad spectrum of difficult and challenging behaviours that are outside the norms for children's age. They may be displayed as internalizing (directed at the self), externalizing (directed at the external environment) and at-risk behaviours (Achenbach, Ivanova, & Rescorla, 2017).



Principles

The principle described below have guided the development and implementation of PROMEHS.

Promotion and Prevention: activities target the promotion of healthy social and emotional development and the prevention and relief of students and school staff's behavioural problems.

- **Evidence-based** outcomes will be assessed through a rigorous research procedure carried out by the University of Malta with the role of an independent researcher using reliable and valid instruments. Data on the effectiveness of the program will be collected from students, teachers and parents before (pre-test) and after the implementation (post-test). The results of 2 groups will be compared: the first group will include the people who implemented the PROMEHS curriculum (experimental group) and the second group will include the people who did not implement it (control group). The researcher will estimate how both groups changed from pre-test to post-test in order to identify the impact of PROMEHS over time.
- **Whole school approach:** the curriculum acknowledges the importance of working collaboratively among students, teachers, families, school leaders, community stakeholders and policy-makers. Our framework highlights the systemic collaboration existing among students' and teachers developmental contexts.
- **SAFE approach:** the development of the PROMEHS activities was based on

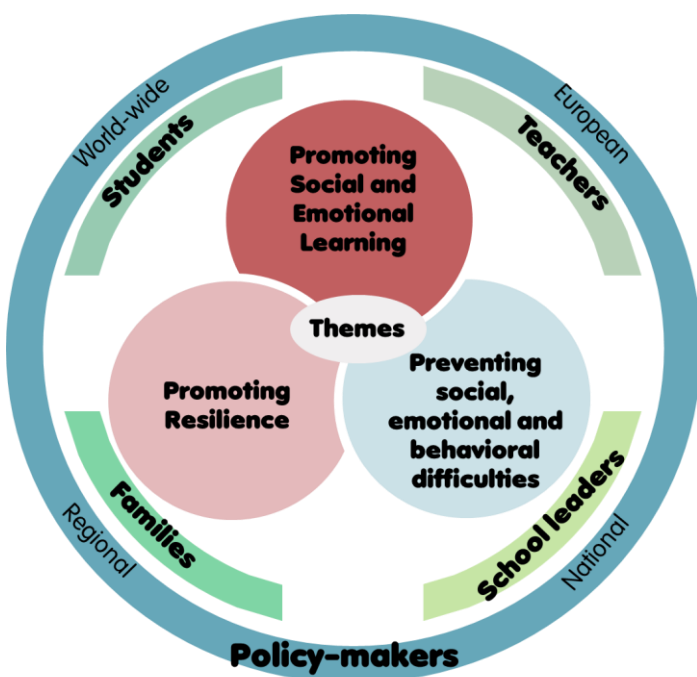


Figure 1 - PROMEHS theoretical framework

the S.A.F.E. approach (Durlak et al., 2015) which highlights that classroom-based activities need to be *Sequenced* (connected and coordinated to foster skills development across years in order to be developmentally age-appropriate), to include *Active* forms of learning (to help students master new skills and to apply new competences in other settings outside the school context), to be *Focused* (emphasizing the development of a specific competence) and to target skills *Explicitly* (teachers need to explain them clearly).

- **Embedded:** in order to have the best benefits, the targeted skills need to be addressed within the core subject areas of the school curriculum during daily practices.
- **Inclusive approach:** PROMEHS aims to improve students' successful engagement in school life, including the engagement of students who are experiencing temporary or mild mental health difficulties. The activities are developed to value the culture, the background and the experience of all students, including those who come from different socio-economic backgrounds.
- **Quality teachers' education and mentoring:** research suggests that socially and emotionally competent teachers can understand and manage their own and others' emotions better, that they have stronger relationship-building capabilities and that they also report higher self-efficacy in teaching (Jennings & Greenberg, 2009). For this reason, the implementation of PROMEHS requires initial and ongoing teachers' training and mentoring. This training will enhance teachers' mental health and social and emotional skills as well as

teachers' strategies and approaches to promote students' and families' wellbeing.

- **Family active engagement:** schools and families need to work together to develop collaboratively children's mental health skills. This can be possible only if school and families share the same language and the same goals. PROMEHS students' and the parents' handbooks are indeed designed to reinforce the skills and behaviours students learn at school. Students' take-home activities, which also involve family members, will help students apply the new competencies at home too.
- **Sustainability:** To maximise the impact and sustainability of the project's results, mental health initiatives need to be linked to existing educational policies and supported by local, national, or international policymakers. This way, they could be applied to wider contexts.



Curriculum materials

PROMEHS is composed of a series of manuals and resources targeted to teachers, students, families, school leaders and policy-makers.

For teachers

- Training course delivered by project's leaders and composed of theoretical and practical activities focused on the promotion of social and emotional skills and resilience and on the prevention of mental health difficulties.
- Teacher's handbook to promote the mental health of students - kindergarten and primary school version.
- Teacher's handbook to promote the mental health of students - middle and high secondary school version.

- Handbook to promote teacher's own mental health.

For students

- Student's handbook to promote their own mental health - kindergarten and primary school version.
- Student's handbook to promote the mental health of students - middle and high secondary school version.

For families

- Meetings managed by the project's leaders and focused on how to promote mental health at home.
- Handbook for parents to promote mental health at home.

For school leaders and policy-makers

- Meetings managed by project's leaders focused on how to promote mental health.
- Guidelines for school leaders and policy-makers to promote mental health in schools.

Contents of the activities

Skills are taught through fully scripted age-appropriate activities. Each session could last 1 or 2 hours.

Activities feature attractive storytelling, games, motor activities, songs, online resources, etc. Each activity presents a brief description of the students' learning outcome, the targeted age and level of difficulty, and the materials needed. In each activity, the following steps are included:

- Short story about one or more PROMEHS main characters.
- Self-reflection questions to deepen the discussion.
- Practical activities using different methodologies.
- Evaluation chart to monitor students' improvements.
- Explanation of the aims of the activities.
- Instruction on how to embed the targeted skill into teachers' daily classes.
- Further resources.



Getting started

The PROMEHS curriculum includes three themes – the promotion of social and emotional learning, the promotion of resilience, and the prevention of social, emotional and behavioural problems. These apply to all students' age groups.

Each theme includes a set of topics aimed at presenting the general competence addressed. Each topic is defined by goals describing the specific skills promoted by the activities.

The teacher is invited to select activities based on two levels of complexity: basic or advanced.

What evidence says



Key concepts

Mental health is a key resource in children's and adolescents' lives for effective functioning as students, community members, and citizens. Nevertheless, many children and adolescents face significant mental health problems that can severely compromise their chances to lead successful lives as adults. In this scope, the World Health Organization (WHO, 2019a; 2019b) summarizes some key facts regarding child and adolescent mental health:

- Globally, 10-20% of children and adolescents experience mental difficulties.
- Half of all mental health difficulties start by the age of 14 (most cases are undetected and untreated) and three-quarters by mid-20s.
- Mental health conditions account for 16% of the global burden of disease and injury in young people between 10–19 years.
- Neuropsychiatric conditions, particularly depression, are leading causes of illness and disability in young people in all regions.
- Suicide is the third leading cause of young people death aged 15-19-year-olds.
- Children and adolescents with mental difficulties face significant challenges like stigma, isolation, discrimination, as well as lack of access to comprehensive strategies for promotion, prevention, treatment, and recovery in health and education facilities, in violation of their fundamental human rights.
- Not addressing adolescent mental health conditions has major consequences that extend to adulthood, with considerable

impacts on physical and mental health, restricting their positive and healthy life trajectory.

- Mental health promotion and prevention are key actions in helping children and adolescents thrive.

Interventions to support children's and adolescent's mental health aimed to strengthen protective factors are mostly focused on the promotion of social and emotional learning and resilience and the prevention of social, emotional and behavioural. Mental health interventions require a multilevel approach that encompasses, among others, health, social care settings, schools and the community. Schools are now seen more and more as contexts with the mission to promote young people positive development and, as such, key contexts to promote mental health and well-being through universal or target interventions. There is evidence of the positive impact of such interventions on mental health, emotional and behavioural problems and academic learning (O'Connor et al., 2018; Weare, 2010).

Evidence in this field also shows that some elements need to be taken in account to reach these outcomes, namely, practices based on relevant theories, consistent evaluation and implementation procedures, a whole-school approach, explicit learning of skills (SAFE approach), the collaboration between agencies including parents, students, educational professionals development, training and support, among others (Weare, 2010).

Evidence-based programs

Mental health programs can be mostly divided into the following categories: school-based interventions, community-based interventions, digital platforms, and individual/family-based interventions (Das et al. 2016).

School-based interventions are mainly based in skills-based psychoeducation interventions (social and emotional learning; social skills; life skills; coping skills; self-esteem, interpersonal and self-management skills), and they are targeted for all students. Other approaches, which can be targeted for at-risk students, may cognitive behavioural therapy (CBT), interpersonal psychotherapy (IPT), mindfulness-based cognitive therapy (MBCT), well-being therapy (WBT). Such intervention can be carried out as an individual, group or computerised interventions (Seidler et al., 2017; Onrust et al., 2016; Reavley et al., 2015; Dray et al., 2017; Hale et al., 2014).

Some core common elements can be highlighted among the successful school-based mental health programs. For instance, most of the interventions generally comprise a curriculum that focuses mainly on the promotion of personal protective factors (e.g. cognitive competence, problem-solving/decision making, cooperation and communication, coping skills). Other programs also are dedicated on the promotion of the external environmental protective factors (Davydov et al. 2010), like a parent-child relationship, home-school connection, or classroom and school climate (Blewitt et al., 2018). Programs aimed at the prevention of social, emotional and behavioural difficulties and at-risk behaviours encompass also topics like health education, and adjustment to social norms and offering healthy alternatives to risk-taking behaviours (Langford et al., 2015).



Promoting social and emotional learning

Social and emotional skills are essential factors for promoting positive adjustment and reducing risk in school-aged children (Domitrovich, Durlak, Staley & Weissberg, 2017).

According to the Collaborative for Academic, Social, and Emotional Learning (CASEL) consortium in the USA, social and emotional learning (SEL) defined more than two

decades ago, is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (Durlak et al., 2015; Pinto & Raimundo, 2016; Domitrovich et al., 2017).

Research has also drawn attention to the centrality of social and emotional skills in learning processes and the impact of such competences in academic learning (Weare, 2010).



Benefits

Social and emotional programs have been found to have effects on students' behaviour, attitudes and school achievement. Evidence showed that students who are involved in these programs become more prosocial, they show fewer behavioural problems and better academic results in school across all education levels and students from different socioeconomic, ethnicity backgrounds and geographic location, such as urban or rural areas (Payton et al., 2008; Durlak et al., 2011, Taylor et al., 2017; Weare, 2010).

Results of a systematic review and meta-analysis, with a total of 18292 participants (Goldberg et al., 2019), pointed out that such interventions appear to be more effective in the development of social and emotional skills, as well as in behavioural self-regulation and learning skills of children if the programs are implemented from yearly years, between 2 and 6 years (Blewitt et al., 2018).

Other meta-analyses, encompassing a large number of studies and students, show a significant improvement in academic performance, by an 11% gain, in comparison to those students not enrolled in SEL programs. Review studies on Universal SEL interventions showed benefits of SEL on positive developmental trajectories and resilience. In particular, systematic reviews on SEL programmes have demonstrated that some programmes are effective when adequately delivered, both at universal and targeted levels, with an impact on school

achievement. Also, SEL programs conducted by teachers and school staff seem to have better results and positively influence on students' academic achievement, attitudes toward school and overall behaviour (Adi et al., 2007; Shucksmith et al., 2007; Zins et al., 2004).

During the follow-up, students presented improvements in their skills, attitudes, prosocial behaviour and academic achievement, although not as strong as soon after the intervention (Weare, 2010). In addition, SEL programs were also identified as protective factors, reducing later conduct problems, drug use and emotional distress (O'Connor et al., 2018)



Promoting resilience

Schools, given the role that they play in children and young people's lives, over an extended and central developmental period, are the best scenario for programs targeting mental health and resilience (Cefai et al. 2014). For this reason, resilience-focused interventions are important elements in mental health promotion (Davydov et al., 2010).



Benefits

There is evidence that resilience-focused programs for children and adolescents promote positive developmental and health outcomes (Brownlee et al., 2013). Although the key feature of resilience programs is their main focus on promoting competences rather than decreasing health problems (Brownlee et al. 2013), some studies (Dray et al., 2017) point out gains and improvements in protective factors, physical and mental health, emotion regulation, the ability to solve problems and manage daily stressors, school engagement and academic achievement (Ungar, Russell, & Connelly, 2014), as well as decreases in negative emotions, depressive symptoms, internalizing problems and

externalizing and general psychological distress.

Besides individual benefits, resilience-focused programs show also the potential to impact in the main young people life contexts, for instance through the improvement of children's relations with their families and communities, and of their resilience. Resilience school-based programs can also improve parent-teacher interactions, increase positive academic expectations of more vulnerable children, improve school climate, and reduce exposure to bullying, especially when their focus is on changing children's learning environments (Ungar, Russell, & Connelly, 2014).

The success of resilience programs is influenced by several aspects. Programs are more effective if they are high intensity, allowing sufficient time to skills acquisition (Hart & Heaver, 2015) and follow a SAFE approach. Another key feature is the involvement of teachers in the program delivery particularly when support and training are offered. (Fenwick-Smith, Dahlberg, & Thompson, 2018).

The benefits found in resilience-focused interventions seem to have a bigger expression in risky groups, even in universal school-based resilience interventions. These results are especially important when research also shows that young people with mental health problems cost more to education, are more likely to be not in education, employment and training in their early 20s, and are more likely to need additional welfare support (Knapp et al., 2016).



Preventing social, emotional and behavioural difficulties

Promoting mental health and focussing on the prevention of social, emotional and behavioural difficulties that can arise in childhood and adolescence should be a key area in health and educational governmental

priority agendas (Sawyer et al., 2012). The prevention of mental health difficulties, including at-risk-behaviours, such as smoking, drinking, drug use, sexual unprotected behaviours, violence or crime, during these years of life is crucial as these behaviours are associated with vulnerable life pathways, mental health disorders, disability and mortality issues at long term (Das et al., 2016):



Benefits

School-based interventions targeted on the prevention of social, emotional and behavioural problems have shown to have an impact on reducing internalizing symptoms, namely depressive and anxiety symptoms and at-risk behaviours such as sexual risk behaviours, substance use (e.g. tobacco use, alcohol use, illicit drug use) and violent acts ((Das et al., 2016; Goesling et al. 2014; Onrust et al., 2016). Other programs, more focused on suicide prevention programs, have been found to increase the knowledge about the dangerousness of self-harm and suicide behaviours being effective as suicide prevention (Das et al., 2016). The World Health Organization's, that has largely implemented worldwide the program named "Health Promoting Schools" reported positive effect in the reduction of body mass index, smoking and incidence of being bullied, and increasing physical activity, fitness, and fruit and vegetable intake (Lindegard Nordin, Jourdan & Simovska, 2019).

The effectiveness of such programs is achieved when a whole-school approach is applied and when these programs are implemented continuously for over a year (Barlow & Stewart-Brown, 2003).

Findings on the positive impact of internet-based prevention and treatment programs for the reduction of anxiety and depression underlined that further research is needed as evidence of the effectiveness, even though results related to pilot studies seem to be promising (Hale et al., 2014)

Systematic reviews and meta-analysis related on programs to prevent multiple risk behaviours in adolescents claimed that in

some programs may be effective at the long-term, as for this kind of programs a small positive effect at short term (Langford et al., 2015; Hale et al., 2014)

Other programs focusing on at-risk behaviours prevention, related with teen pregnancy and associated sexual risk behaviours, were found to be effective in reducing teen pregnancy, sexually transmitted infections, and associated sexual risk behaviours (Goesling et al., 2014).



Recommendations for policy-makers

This guide is intended to raise awareness, encourage and enable policymakers in Europe to develop policy and initiatives to promote mental health in schools. This entails a multidisciplinary approach, to ensure coordination and collaboration between different sectors, particularly education, health and social services, to ensure that support is well integrated, preferably within a non-medical, school-based approach.

Policies and school programmes focused on mental health promotion contribute to increasing social-emotional skills and social, emotional and behavioural reduction when they are embraced as a crucial element in education just as other main contents (Young, Leger & Buijs, 2013). Although these interventions occur mainly in the classroom, an ecological framework encompassing a series of processes triggered by the curriculum implementation, at school, home and the extended community, are crucial to allow significant changes.

For this reason, the mental health competences of students and teachers need to be developed at various levels. Here below a set of guidelines is provided to guide the implementation of school mental health initiatives at regional and national and level.

- **Prioritize school mental health.** The mental health promotion in school needs to be recognised as a key priority area of

quality education from preschool to high school, with schools taking responsibility for the promotion of mental health, of students and the school staff. It should be thus be integrated into national curricular frameworks in member states in the EU.

- **Early intervention.** It is crucial to lay the foundations for good mental starting from early education. Mental health promotion needs to continue throughout the school years, including the middle and high school when mental health problems such as depression, anxiety, self-harm and anti-social behaviours may become more evident.
- **Approaches.** Mental health initiatives can be implemented through an instructional and transversal approach, with specific activities in mental health promotion delivered as a separate content area of the curriculum as well as the integration of mental health promotion in the other academic subjects of the curriculum as part of a school-wide approach.
- **School climate.** The school context itself, besides the curriculum, can also promote mental health through the classroom and whole school climates, with a focus on caring and supportive relationships amongst the various members of the school community at horizontal and vertical levels, an ethic of collaboration, inclusion and appreciation of diversity, and with all members supported and empowered having a sense of belonging as well as a sense of competence and self-efficacy through recognition and support.
- **Formative assessment** by teachers and students themselves will ensure that effective learning is taking place whilst providing feedback to improve practice.
- **Students' voice.** Students need to be given more voice in planning, designing and implementing the curriculum so that this will be more meaningful and relevant for their life at school and outside and more likely to be owned by the students.
- **Teacher education.** School staff needs to be adequately trained both in initial teacher education and continuing professional development in taking care of students' and their own mental health during their practice. Such competences need to include an understanding of child and adolescent development, social and emotional learning, psychological wellbeing and resilience, programme implementation, identification and referral of mental health difficulties, working with parents, colleagues and other professionals, as well as the development of teachers' own social and emotional competences, including empathy, conflict management, collaboration, relationships and self-care. Teachers need to be actively involved in identifying training needs and organisation of the training itself and together with students and parents, in the development of school-based policies in mental health promotion.
- **Parents** are a key partner in the promotion of mental health in school and needs to be invited, supported and empowered by the school to share and exercise responsibility for mental health promotion at school.
- **Sustainability.** Schools need to be provided with adequate funding for the inclusion of mental health promotion into national policies and curriculum frameworks, and with the required resources, training, monitoring and evaluation; these are crucial for the feasibility and sustainability of mental health initiatives. This needs to be adequately planned with the involvement of all the stakeholders, implemented well, with all school staff on board, regularly monitored and evaluated. Poor quality implementation is one of the main causes of programme failure. Having mental health mentors, also called "champions", within the schools would also serve as an anchor for the sustainability of initiatives in mental health promotion. Establishing school networks and communities of

practice with staff from different schools meeting and collaborating regularly to share good practice in mental health promotion, helps to keep schools and staff motivated and engaged in their efforts, whilst continually refining their policies and practices to make more effective on the basis of the shared practice.

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