

# Promoting mental health through schools

Is this field of development an evidence-based practice?  
Rosalyn H. Shute investigates

**Schools are increasingly seen as places for promoting good mental health through social-emotional education, an enterprise that straddles the border between psychology and teaching. Professionals from these two fields bring complementary expertise to bear on the development and implementation of effective social-emotional programmes, but there are nevertheless some barriers to ensuring that practice will be firmly based on the available evidence about what works. This article considers these issues and suggests some ways forward.**

The notion of promoting good mental health through schools has aroused international interest in recent years, spurred by research in many countries that has identified concerning numbers of young people with mental health problems (e.g. British Medical Association, 2006). The potential role of schools has been further highlighted by accumulating evidence that the early years lay the foundations for later mental health, well-being and resilience (e.g. Mustard, 2008). Hence, the school is increasingly being identified as a context not just for providing education about traditional 'subjects', but for assisting children and adolescents to develop competences for living more broadly, through what is known in educational circles as 'social-emotional education'.

This movement is reflected in initiatives such as SEAL (Social and Emotional Aspects of Learning) in the UK (Humphrey et al., 2010) and KidsMatter in Australia (Dix, 2011). Social-emotional education is in keeping with the World Health Organization's notion of the 'health-promoting school', and encompasses a broad range of issues, such as promoting positive relationships, preventing bullying, developing a healthy body-image and managing strong emotions. Individual programmes may be wide-ranging or more narrowly focused. The approach in both the UK and Australia has been flexible, in allowing schools to select their preferred programmes and to build upon activities already happening in the school.

Accumulating evidence from many studies favours providing social-emotional

education universally, in order to promote a positive school ethos that nurtures both well-being and academic achievement. While this may be supplemented by targeted interventions for specific at-risk groups (Bannerjee, 2010), the evidence overall indicates that social-emotional education should not be 'bolted on' to the regular curriculum, but be integral to it (Durlak et al., 2011). This means that, although psychological expertise may be heavily involved in developing and evaluating programmes, the responsibility for their day-to-day delivery lies with teachers. Social-emotional education is therefore a borderland enterprise between these professions, and we need to consider them both in efforts to ensure that programmes are based upon the best available evidence about what works.

## Psychology's approach to evidence

Researchers in the field of psychology have produced an enormous body of knowledge about how children and adolescents develop, the factors that influence their mental health, the measurement of mental health and methods for improving it. Clinical and counselling psychologists provide mental health services directly to children, while educational psychologists provide psychological services related to children's learning and well-being in school contexts.

Psychologists bring this expertise to bear upon the development and evaluation of social-emotional education programmes. That such programmes should be based upon good evidence is well accepted in the field. A respect for evidence, especially scientific evidence, underpins undergraduate and postgraduate psychology courses (Kennedy & Llewellyn, 2001), and learning to access, understand and evaluate the scholarly literature (and even to contribute to it) is intrinsic to psychology education. In terms of the mental health area specifically, the 'scientist-practitioner' model of clinical

### questions

You are responsible for the introduction of an evidence-based programme in your area of expertise. What steps could you take to ensure that its implementation is evidence-based?

### resources

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psychology was adopted at the 1949 Boulder Conference (Raimy, 1950), and it is widely accepted that young people's mental health problems should be addressed on the basis of good evidence about 'what works' or, even more specifically, 'what works for whom' (Fonagy et al., 2002).

The scientist-practitioner model is not uncontested or always fully realised, and the notion of what constitutes good evidence for clinical practice has continued to be revised (Charman & Barkham, 2005). While the 'gold standard' for judging the quality of a mental health intervention is generally accepted to involve statistical comparisons between outcomes for experimental and control groups to which participants have been

small. Some psychologists espouse qualitative research methods, which have different philosophical underpinnings from science, but are scholarly and systematic, and can provide in-depth insights that complement broader-brush quantitative evidence.

Although the nature of good evidence is a matter of ongoing debate within psychology, the fact remains that an understanding of such matters is central to the discipline, and amounts to an attitude towards practice that involves seeking and evaluating evidence, rather than relying on unsupported opinion. It is foundational to applied psychology that the practitioner asks, 'What is the most relevant available research to guide this decision I have to make for this client?' (Frick, 2007, p.3).

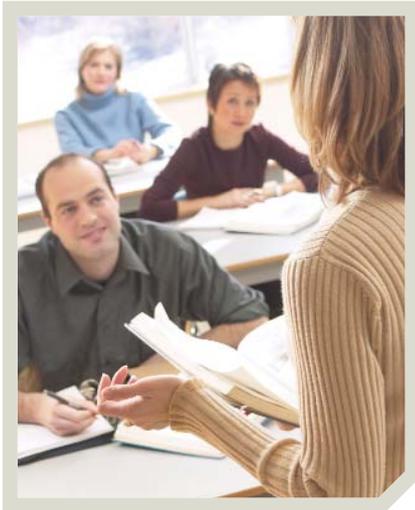
Popham (2009), for example, noting the need for professional development to increase teachers' 'assessment literacy'.

Teachers are now being expected to add universal social-emotional education to their repertoire, and questions are being asked about the education of teachers with regard to the new tasks being demanded of them (Dix & Murray-Harvey, 2011). Although teachers delivering social-emotional education often produce excellent results, success is undermined if good programmes are not well-implemented or not continued, or if poor programmes are selected in the first place (Durlak et al., 2011).

Recent research from several countries suggests that teachers do not use the strength of the evidence base as a criterion for programme selection and feel overwhelmed by the range of programmes jostling for attention (e.g. Cooper, 2011; Dix & Murray-Harvey, 2011; Toda, 2011). Respecting the evidence base supporting particular social-emotional programmes was a major recommendation arising from a disappointing national evaluation of SEAL in UK secondary schools (Humphrey et al., 2010). Without such respect for evidence, the probability is that programmes with the best sales pitch or intuitive appeal will win out regardless of the strength of the evidence base.

The vulnerability of schools in this regard is illustrated by the widespread adoption of teaching practices – and their promotion by governments – based on Howard Gardner's 'multiple intelligences' theory, despite an almost complete absence of support for the theory or the effectiveness of its applications. This has made even Gardner himself uneasy, but he recognised the strength of his own salesmanship, in saying that if he had used the term 'multiple talents' instead, his theory would not have been nearly as popular (Revell, 2005).

Although on the one hand teachers report being confused by the plethora of social-emotional programmes, they may also be understandably resentful when these are imposed from above (Humphrey



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assigned at random, other types of evidence are used in some circumstances. For example, single-case methods may be used when the number of participants is

### The teaching profession's approach to evidence

Teachers have specialist knowledge in their subject areas, are experts in providing education to young people and in understanding the school context. They are more effective than 'outsiders' at providing social-emotional education in schools (Durlak et al., 2011). The notion that teaching should be evidence-based is, however, relatively new, arising from an increased culture of accountability (Cochran-Smith & Boston College Evidence Team, 2009). Although some teachers specialise in teaching science subjects, teaching as a profession is not science-based, and the kinds of evidence teachers generally prefer are informal, and include personal experience and advice from colleagues, rather than scholarly journals and professional courses (Cook et al., 2003). This has created a gap between educational research and classroom practice, such that well-developed methods for working with pupils with emotional and behavioural difficulties are not being implemented (Cook et al., 2003). Enhancement of teacher skills in evidence-based practice has been identified as an ongoing objective, with

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## social-emotional education

et al., 2010; Toda, 2011). Some teachers seem to be actually hostile towards researchers or other 'outsiders' advocating for research into, or the implementation of, mental health initiatives in their schools. My belief that this is the case is largely based on anecdotal evidence, but it is supported by research findings from the UK that some teachers resent SEAL for a range of reasons, including not wanting to change traditional practices, and perceiving SEAL as 'rubbish' and not part of their core business (Humphrey et al., 2010). Others welcome SEAL initiatives, and devise innovative ways of weaving them into their teaching, such as addressing empathy in the context of a history lesson about the slave trade (Bannerjee, 2010). Still others are rather bemused or have concerns based on time pressures and 'initiative fatigue' rather than active hostility (Humphrey et al., 2010). A researcher's focus on developing a good evidence base for a social-emotional programme may therefore not be well matched by some teachers' priorities. Such clashes are not surprising, given that the introduction of social-emotional programmes into schools involves not only different professions, but the different 'cultures' of policy, research and practice (Wotherspoon et al., 2011).

It is further possible that recent public attacks on science in the context of issues such as global warming (in several countries, including the UK and Australia) and evolutionary theory (particularly in the United States) may have negatively influenced some teachers' attitudes towards science, though some US science teachers, through the National Center for Science Education, are actively resisting pressure to teach climate change and evolution as controversial (Scott, 2012). The widespread undermining of public confidence in the credibility of science and scientists has been identified as a threat to evidence-based public policy and practice in general (Rosenstock & Lee, 2002). Interestingly, though, some of the strongest resistance to SEAL in the UK seems to have come from some science teachers: the



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data of Humphrey et al. (2010) suggest that these are teachers with a rationalist worldview who perceive social-emotional teaching as 'soft' and not part of their core business.

Postmodernism has also been suggested as a threat to the implementation of research-based practice in schools (Cook et al., 2003), presumably by being perceived as promoting 'anything goes' anti-science attitudes. My view is that such attacks are based on an extreme version of postmodernism and risk throwing out the baby with the bathwater (Slee & Shute, 2003). This is not to deny the possibility that postmodern discourse may have negatively affected some teachers' perceptions of science and researchers. The matter of teacher attitudes to science, to the nature of evidence and to social-emotional education in particular therefore seems complex and deserving of further research.

### Overcoming barriers

Cook et al. (2003) identified several other barriers to the implementation of research findings in schools. Though their discussion was in the context of special

education, these barriers, and their suggested solutions, seem equally applicable to social-emotional education.

One barrier is accessibility of the scholarly literature to teachers. Teachers do not tend to access scholarly journals (Dix & Murray-Harvey, 2011; NICHHD & NAATE, 2007). Clearly, if teachers have not been educated in the ways of evidence-based practice and the use of scientific evidence, they are unlikely to have either the skills or the motivation to do so, especially given the pressures mentioned previously, such as lack of time, and exhaustion from many new initiatives. Even if teachers were motivated to seek scientific evidence, relevant articles in scholarly journals are not written in a manner that would assist them to appreciate the application of the issues in the classroom setting (NICHHD & NAATE, 2006). Cook et al. (2003) suggest that those producing information with applicability to the school context must be conscious of the needs of those for whom the information is intended, including taking teacher beliefs and attitudes into account. This suggests that psychologists who develop social-emotional programmes should do this in close liaison with schools

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and teachers in order to ensure their relevance and applicability in the school context.

The need has also been identified for teachers and school administrators to work together with researchers to translate developmental psychology research into user-friendly forms for teachers, which might include producing lay-reader versions of research for education newsletters (NICHD & NAATE, 2007). Huber (2007) saw a potential role for school psychologists in translating research evidence for colleagues, while Todd (2002) proposed a role for teacher-librarians in supporting teachers with regard to evidence-based practice. A practical example where the need to cross the research-practice boundary was addressed is that the evaluators of KidsMatter produced two reports, for different audiences: a general public report and a technical, scholarly report (Dix, 2011). KidsMatter Primary also has a very helpful website ([www.kidsmatter.edu.au/primary](http://www.kidsmatter.edu.au/primary)) that lists over 70 available programmes together with an assessment of the strength of the supportive evidence for each one. Such initiatives should do much to cut through the confusion caused by the existence of multiple programmes.

While there are, then, advocates for making the scholarly literature more accessible to teachers, Cook et al. (2003) argue that the onus for utilising the research literature lies much more squarely on teacher educators than on teachers themselves, maintaining that teacher educators must be 'highly skilled, critical consumers of research' (Cook et al., p.352). This is suggestive of a different model for teachers from that of the scientist-practitioner that is dominant in psychology, and means that, since science never stands still, teachers would be in particular need of ongoing in-service education to keep up to date in the field of social-emotional education. The suggestions from Cook et al. (2003) for support for special educators from colleagues, mentors and coaches to assist

with implementing new practices seem equally relevant to social-emotional education.

Proposals to place teacher education on a more scientific footing have been echoed by a US roundtable group proposing that 'the science of educating adults to implement science-based techniques should be part of efforts to integrate research into practice' (NICHD & NAATE, 2007, p.27). This implies that psychology, with its ability to create scientifically validated knowledge about teaching and learning, has a central role to play in educating teachers about social-emotional issues. Indeed, the close interrelationships between social-emotional competence, learning and pedagogy are beginning to be recognised, and teachers who are more focused on traditional learning objectives may be persuaded by evidence that well-implemented social-emotional programmes are associated with considerable gains in academic learning (Bannerjee, 2010; Durlak et al., 2011). Social-emotional education can also usefully be considered to depend on the same teaching and learning processes that underpin 'regular' subjects such as maths and music, offering the possibility of building bridges from familiar territory to these newer pastures (Lawson & Askell-Williams, 2011).

Most radically, it has been suggested that there needs to be a 're-culturing' of teacher education in accord with the broader movement towards evidence-based schooling in the face of increasing accountability demands. However, Cochran-Smith and the Boston College Evidence Team (2009) point out that notions of re-culturing organisations are often over-simplistic, top-down imposts that neglect to consider human understandings and interpretations of evidence in the light of their pre-existing beliefs, values, identities and practices, as well as organisational factors such as traditions and missions. Psychologists clearly have a potential role in helping to research these issues and how they play

into the implementation of social-emotional programmes.

### Crossing boundaries

It seems that policy makers' aspirations regarding evidence-based teaching may be running somewhat ahead of changes in teacher education. It also seems clear that there is great potential for a clash of worldviews between research psychologists and teachers that might stand in the way of the effective delivery of social-emotional education in schools (Wotherspoon et al., 2011). The notion of 'implementation science', aimed at improving the uptake of evidence-based mental health practice (Shafran, 2011) seems as relevant to educational as to clinical contexts.

Practical ideas for crossing professional and organisational boundaries include inter-professional problem-based learning and action learning groups (Hughes, 2011). These could offer structured opportunities for teachers and psychologists to work collaboratively on the development of social-emotional programmes with the aim of satisfying the researchers' motivation to create a strong evidence base while also drawing upon the expertise of teachers in implementation in the school context. Such activities could perhaps be used by ongoing 'communities of learning' for professional development that are seen as more powerful than 'one-shot' activities such as conferences and workshops (Thoonen et al., 2011). They could also assist psychologists, in the interests of preventing mental health problems in young people, to answer not only the question 'What works for whom?', but also 'What works for teachers?'



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