



MEASURING WHAT MATTERS: PHYSICAL AND MENTAL HEALTH IN SCHOOLS

Widespread professional and public concern about low rates of physical activity and high rates of obesity, depression and anxiety among young people have drawn attention to the role schools play in fostering physical and mental health. Physical and health education have a long history in school systems but programs dealing explicitly with mental health are more recent. While they are now regarded as important dimensions of education, physical and mental health education and outcomes are not systematically assessed.

HOW CAN SCHOOL PROMOTE PHYSICAL HEALTH?

Health Promoting Schools and Comprehensive School Health are currently the two most widely used school health promotion frameworks.

A Health Promoting School is defined (by the WHO) as “one that constantly strengthens its capacity as a healthy setting for living, learning, and working.” The whole school environment, including its individuals and their relationships, the physical and social environment and ethos, community connections and partnerships, and policies, are seen as important areas for action in Health Promoting Schools.

The Comprehensive School Health framework similarly addresses school health in a planned, integrated, and holistic way in order to support improvement in student achievement and wellbeing. The Comprehensive School Health framework is based on four pillars: teaching and learning, social and physical environments, healthy school policy, and partnerships and services.

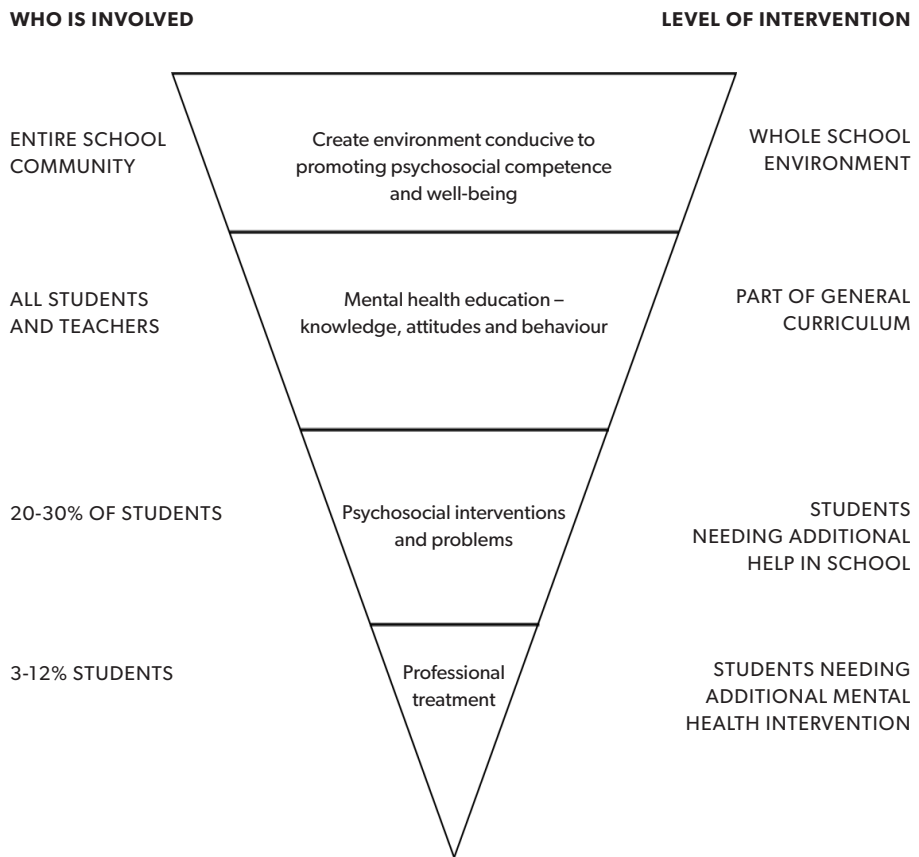
When schools implement a whole-school health promoting approach, there are a number of positive outcomes. For instance, the Alberta Project Promoting Active Living and Healthy Eating Schools initiative (APPLE) has adopted a comprehensive approach and reported several beneficial outcomes. After two years of implementation students at APPLE schools were more physically active, had a lower likelihood of obesity, and consumed more fruits and vegetables and fewer calories than students from other schools across the province.

Health Promoting Schools and Comprehensive School Health programs that are most effective in changing students’ health-related behaviours tend to be intensive, long-lasting and involve a multi-pronged approach that includes teaching about health, changes to the school environment, and creating partnerships with the wider community. Schools rarely implement all or even multiple components of the Health Promoting Schools or Comprehensive School Health frameworks, but doing so is key to the success of school-based health promotion. To ensure progress in that direction, implementation of school-based physical health promotion programs should include a monitoring process to measure student outcomes and to assess the range of program components that are effectively implemented.

HOW CAN SCHOOLS PROMOTE MENTAL HEALTH?

The dominant model for school-based mental health promotion is a multi-level approach that provides a range of services for different segments of the school community. The figure below illustrates this model.

FIGURE 1. Comprehensive School Mental Health



All members of the school community are involved in the first tier, which involves shaping the school organization to create an environment which is health promoting for all members. All students and teachers are involved in the second tier, which involves curricula and programs designed to promote positive mental health and to reduce mental health problems. This includes: mental health literacy training, programs for destigmatizing mental illness, dealing with bullying and aggression, and building resilience.

Successful programs are multiyear, involve the whole school community, and include curriculum, teaching of personal skills and changes to the school culture.

The third tier concentrates on the subset of students who need support to deal with social, emotional, learning, and/or mental health problems. The fourth tier focuses on the small percentage of students who require professional assessment and/or treatment for mental health problems.

There is clear evidence that school-based mental health promotion programs can increase knowledge about mental health and reduce the associated stigma. Carefully selected and implemented programs can also reduce bullying and aggression; improve resilience, and prevent substance abuse. Successful programs are multiyear, involve the whole school community, and include curriculum, teaching of personal skills and changes to the school culture. It is important to ensure that schools select evidence-based programs and implement them with mechanisms for monitoring essential characteristics and measuring outcomes.

MEASURING SCHOOL-BASED PHYSICAL AND MENTAL HEALTH PROMOTION

For both physical and mental health promotion programs, full implementation of “whole of school community” models is considered ideal for producing results but remains rare. To address this issue, it is important to include process measures that allow assessment of the fidelity of implementation. Measuring the outcomes of programs is a critical component of establishing program effectiveness.

The evidence for the impact of comprehensive models of school health and health promoting schools has been varied. Among the concerns raised is the lack of a broad set of measures that include indicators for all aspects of this comprehensive approach. A model proposed for evaluating such programs includes measures of academic achievement and physical fitness and a number of self-reported measures including: attitudes, lifestyles, risk behaviours, school ethos, and self-efficacy. Student self-reports can be augmented by parent reports of diet and activity.

The success of mental health literacy programs has been demonstrated by pre-post testing of mental health related knowledge among both students and teachers. Assessment of reductions in stigma have used well-established measures of social distance, self-stigma of help seeking and self-esteem. The research on bullying and aggression has used observational methods as well as student, teacher, peer, and parent reports. Some well-constructed measures of resilience are available, such as the Youth Resiliency: Assessing Developmental Strengths and the Child and Youth Resilience Measure. Effective alcohol and substance abuse prevention programs have tended to focus on self-reported use of specific substances and clinical symptoms and may be of limited use at the school or system level.

There are many mental health measures developed for use with children and youth, but none are well suited to the task of evaluating universal mental health and well-being. Such measures would need to assess feelings of well-being, quality of relationships with peers and adults, management of day-to-day stressors, risk behaviours, and engagement in home, school and community. Evaluating how systems are succeeding in promoting mental health at the school and school board levels will require different instruments than those used in past research.

The current state of our children’s physical and mental health has brought school based health promotion into the spotlight. The evidence supports moving forward assertively to implement comprehensive health promotion programs in schools. The similarity of models for physical and mental health promotion in schools suggests the potential for a deeper integration in a long-term whole school approach with investments in ongoing monitoring and evaluation.

The critical factors in the success of health promotion initiatives include ensuring that schools select evidence-based programs and implement them with fidelity—monitoring implementation and measuring outcomes will be critical in this regard. In doing this, we are faced with changing how educators choose programs, implement them and evaluate them. While these changes will not be easily accomplished, achieving them is essential to improving life outcomes for our children.

People for Education – working with experts from across Canada – is leading a multi-year project to broaden the Canadian definition of school success by expanding the indicators we use to measure schools’ progress in a number of vital areas.

The domain papers were produced under the expert guidance of Charles Ungerleider and Directions Evidence and Policy Research Group.

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