Resilience and Mental Health Promotion in Schools

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Abstract

Students enter schools with greater personal challenges today than in the past. Although mental health promotion is not new to the educational system, the approach to it needs to change. Despite the adversities that students experience, many enter the system with the capacity to manage and overcome these challenges in their lives. Often, this quality of resilience is neither recognized nor fostered in schools. Educators need to consider resilience and the related research-based interventions to foster positive mental health in students.

Students enter the hallways and classrooms of schools every day as willing and eager participants in the educational system. Many carry with them challenges that include poverty, family dysfunction, victimization, transiency, and marginalization, yet they overcome these adversities to achieve success and mental wellness. This quality of resilience is among an array of mental health themes that has contributed to a recent shift from mental health programming that was centered on deficit-based approaches, with preventative components, to a positive mental health approach (Joint Consortium of School Health [JCSH], 2010). Because this change in perspective is relatively new, students' displays of resilience often continue to be misunderstood or overlooked by school staff. Schools need to take careful stock of concepts such as resilience, and related evidence-based programming and interventions. It is the school's responsibility to embrace best practices for the promotion of mental wellness in their students. When resilience in students is fostered, positive mental health is achieved.

Resilience and Mental Wellness

Resilience can be defined as an individual's ability to grow and to be successful regardless of life's stressors or adversities (Ungar, 2006). Individuals could not be characterized as resilient, however, if no adversity or risk to their development were present. The risk factors for students are diverse: challenging temperaments, low socioeconomic status, limited reliable housing, failed educational experiences, limited community resources, transience, maltreatment, violence, chemical dependency, etc. (Hunter, 2012; Public Health Agency of Canada [PHAC], 2006). These factors are also dynamic, unpredictable, and often distressing. The ordinary processes of human adaptive systems, including brain development, relationships, emotional regulation, and a desire to learn, are significant contributors to an individual's resilience (Masten, 2001). Other influences that contribute to resilience include external assets such as school, family, and community (Bryan, 2005). Resilience definitions also encompass students' capacity to steer their way to, and negotiate for, resources that will sustain their sense of well-being by meeting their needs (Ungar, 2013). When educators understand resilience, and when supports and interventions that develop resilience are available, the students will adjust their behaviours as needed, increasing their likelihood of experiencing mental wellness.

A Case Study

The following case study is an example of student resilience. People were drawn to Curtis (a pseudonym) from the moment they met him. He was charming and friendly, and he appeared ready to learn. He was also 11 years old, and was transferring into a new "city" school from a small community several hundred kilometers away. He had recently been placed in the care of an agency after being removed from an abusive setting. The school environment appeared to stimulate Curtis significantly. The larger the space that he was in, the louder, more aggressive,

and more mobile he would become. Within days after his arrival, staff labelled his behaviour as problematic. They inquired about previous interventions, and they asked about a mental health diagnosis. It is noted that resilience in students is not always understood by adults because how these children are actually surviving does not always match with what the adults think is right behaviour (Ungar, 2006). This was the case with Curtis. Over a year later, Curtis would be characterized as resilient because his growth and success became increasingly apparent in spite of his past experiences, and as the result of both internal and external factors in his life.

Mental Health Programming in Schools

In an effort to teach, assist, and manage students successfully, educators frequently seek information about a student's history, including the state of the student's mental health, and by learning how to recognize and address mental health issues educators can play a significant role in a student's mental wellbeing (Meldrum, Venn, & Kutcher, n.d.). Mental health has been defined as the ability that individuals have to think and act in ways that enable them to enjoy their lives, even as they deal with challenges; mental illness is seen as changes in mood, thinking, and behaviour that impairs daily functioning and can be considered distressing (PHAC, 2006). In the past, mental health programming and services in schools have focused on identifying risk factors that affect children's health, and on understanding the signs and symptoms of potential mental illnesses – in an attempt to ensure that a student's mental health needs would be met through referral to appropriate health care providers. In Manitoba, more recent attention has been given to positive mental health promotion within the educational sector, with the intent to create environments that heighten protective factors and reduce risk factors for students (Government of Manitoba, 2014). Statistics reveal that 21% of Canadians will suffer from a mental disorder within their lifetime, the most common being depression and anxiety disorders (Canadian Mental Health Association [CMHA], 2014, p. 1). One out of five of these will be children or youth, yet only 20% will receive the required treatment (CMHA, 2014, p.2). The data raises concern about the number of children and youth in the educational system who suffer daily from mental disorders, including those who have yet to be identified.

Resilience Practices as Effective Model for Mental Wellness Promotion

It is unrealistic to suggest that there is an accurate and manageable way to assess the mental health of all children and youth in the school system. The question arises about whether these numbers exist as a result of continuing to rely on prevention and treatment models to address mental health despite having insufficient resources. Education claims to embrace the theory of mental health promotion in schools (|Government of Manitoba, n.d. p.1; JCSH, 2010, p.16; Manitoba Association of School Superintendents [MASS], 2014, pp.1-2). However, effective interventions that foster mental wellness in children and youth do not occur consistently. Questions also arise regarding the remaining 80% of children who have not been diagnosed with a mental illness (CMHA, 2014, p.1). These students may be characterized as mentally healthy, yet many have profiles that provide information about adverse factors in their lives, and they display periods of dysfunctional and disruptive behaviour. Schools need to focus on the varying components of positive mental health, such as resilience, in order to develop a greater understanding of what is truly needed to assist students.

Case Study Continued

It was a greater understanding that was required in order to teach and assist Curtis. His days soon teemed with verbal outbursts in the classroom, moving between unpredictable attempts at positive interactions and incidents of aggression towards peers and authority figures. Curtis demonstrated patterns of self-doubt, and when encouraged to take risks with new

activities, he exhibited self-sabotaging behaviours. Staff queried a mental illness. However, there was no former diagnosis of one and no other formal psycho-educational assessment data to explain his behavioural concerns. He displayed high academic achievement with occasional periods of focus, engagement, and exemplary work ethics. Curtis could be labelled as mentally healthy, yet finding effective interventions for his increasingly disruptive behaviour continued to be a challenge for the school. He was not a candidate for mental health support because there was no evidence of mental illness, and prevention programming that had been delivered to the students as a whole did not appear to have an effect on his behaviour. Other interventions were needed, but they could be provided only after attempting to understand Curtis' motives for his behaviour and inferring that his behaviours were characteristic of an attempt to survive in spite of his past.

The Role of Protective Factors and Resilience Assessment

Positive mental health promotion has become an expectation within Manitoba schools. It is embedded in the strategic directions of school divisions that include commitments to ensure safe and caring learning environments and the implementation of strategies that will foster student engagement(Government of Manitoba, n.d., p.4; Government of Manitoba, 2012, p. 24-25). Because schools are positioned to have a positive influence on the health of children, they are held responsible for implementing research-based practices that promote children's wellness (MASS, 2014). A number of reasons explain why resilience needs to be a core component of mental health promotion in schools. The number of students with risk factors continues to rise (Hunter, 2012; PHAC, 2006). As well, students' ability to handle adversity and life stressors carries over into positive mental wellness in adulthood (Government of Manitoba, 2014). Reducing students' risk factors while simultaneously increasing protective factors needs to take precedence in this programming. Protective factors, defined as the internal and external mechanisms that protect an individual against risk, are directly linked to mental wellness (Cox, 2008; Hunter, 2012). The list of these protective factors is extensive, ranging from students' social competence and above-average intelligence to supportive parents, economic security, and access to support services (see Table 1-1 of PHAC, 2006, p. 19, for complete data). A careful examination of the students' present protective factors is necessary if schools want to implement effective interventions that foster student mental health.

A means to identify, assess, and measure resilience is also required. Researchers are currently exploring ways to diagnosis resilience, with the goal of creating an assessment that would support a model that views mental health as both the absence of a mental illness and the existence of mental wellness (Ungar, 2015). A school's decision to use a resilience assessment tool would lead to earlier and more effective interventions that would increase the chances of improving mental wellness for children.

Return to the Case Study

In the case of Curtis, the collection of his presenting behaviours could be regarded as bullying, hyper, belligerent, and disrespectful. Curtis would, without thought, curse at or shove other students and, when confronted by adults, would deny his behaviour, becoming argumentative or running away. As staff grew to know Curtis, other patterns of behaviour became apparent. Curtis would challenge staff's integrity, displaying mistrust. He would also work to sabotage opportunities for accomplishment, revealing his fear of success. The staff were being challenged to see his "choice of dangerous, delinquent, deviant, and disordered behaviors as coping strategies in under-resourced environments" (Ungar, 2006). There was evidence that the school would need to look beyond the preventative programming in order to find ways to address the severity of Curtis' behaviour.

The Need for Research-Based Practices

If educators are going to do more than just talk about fostering resilience as a way of promoting mental health, then commitment, attention, and resources must be channeled into effective research-based practices that do just that. In Manitoba, guidelines have been provided to ensure that mental health services in schools have a predominantly preventive focus and monitor for early onset of mental disorders (Government of Manitoba, 2012, pp. 8, 33, 35). Partnerships with community services that provide treatment options are suggested when severe problems arise (Government of Manitoba, 2012). However, as was the case with Curtis, mental health interventions comprised of programs, informational packages, and treatment options alone are not adequate to cultivate healthy children. Interventions that foster resilience need to address both the internal and external factors that can affect mental health. There is evidence that individual characteristics such as genetic predispositions, personality and temperament, and external factors such as family, school and community can predict positive development in children, and that school environments need to cushion stress and grow strengths in children, especially when their mental health is at risk (Ungar, 2015). Therefore, a careful review of best practices for intervention is in order.

Considerations for Intervention

Seven components of resilience require attention when developing interventions that will assist young people in building resilience: competence, confidence, connection, character, contribution, coping, and control ("Building resilience," 2014). Strategies need to identify missing components and subsequently find opportunities for students to develop these. A study of high school students who were expelled revealed several points of entry for school intervention that have the potential to increase resilience (Coleman, 2014). These were derived from the students' discovery of the underlying needs and motivation behind their own behaviours that resulted in their expulsion. For example, the students discovered that a sense of competence and confidence was gained when peers approved of their behaviour. They also shared that there needed to be a significant incident that interfered with their current dysfunctional behaviour before they would decide to change their actions (Coleman, 2014). Programming that focuses on these components of resilience will help students to develop coping skills and give them control over their programming.

School interventions that teach students to pay attention to their thinking and provide strategies for changing counterproductive thoughts are also required. Individuals' thought patterns have a direct effect on their emotional responses, which in turn influence the individuals' state of psychological wellness or mental fitness, and consequently their resilience and mental health (JCSH, 2010). Students' mindsets influence their view of adverse academic and social situations; when students can be taught to see their intelligence and personality as having the potential to change, resilience is increased (Yeager & Dweck, 2012). Additionally, a combination of practices and strategies from varying fields of study, such as cognitive behavioural therapy, solution and strength-based counselling, and attachment and trauma theory, is necessary when developing resilience interventions (Hunter, 2012). These practices can be used to assist students in adjusting their mindsets so that they make more positive behavioural choices. This capability, in turn, becomes an additional protective factor in the students' repertoire of resilience skills.

Although interventions that focus on strengthening internal factors of resilience are important, interventions that address the external factors of family and community are also needed. School, family, and community partnerships play a role as significant sources of protective factors, because they provide opportunities for students and families to have meaningful involvement in the community, contributing to the students' sense of self-worth and purpose (Bryan, 2005). External supports act as a stepping stone, building students' capacity to

negotiate for these resources on their own, and in turn giving them a sense of competence and control (Ungar, 2006). Effective interventions require time, human resources, and a desire for partnership. The intent to intervene is not enough. For effective intervention to occur, the people who will provide the intervention, and the time to intervene successfully, must also be in place. Health, social services, and the educational system need to find solutions that will provide efficient use of the services that each offers while maintaining the integrity of each system's policies and mandates.

Case Study Outcome

In Curtis' case, both internal and external aspects that contribute to resilience were either already established or were eventually identified as necessary by the school and the family, and were addressed. No mental disorders were identified for Curtis. However, his protective factors were significant. His regard for his caregiver was deep, and he showed consistent attachment to his family when possible. He demonstrated enough social competence to form loyal friendships and was resourceful in the way that he used the supports provided to him. Curtis' caregiver was supportive, consistent, and firm with him. She advocated relentlessly for Curtis, and she supported the school's attempts to discipline him and to develop leadership and responsibility in him. In addition, the family used the support of community resources, and maintained a connection to its culture and their former community. The community partners involved ensured that Curtis maintained a relationship with his biological parent and that the parent had some input in his educational experience. Effective intervention planning for Curtis' success included practices that sheltered, supported, and added to these protective factors, effectively reducing risk and significantly influencing Curtis' positive mental health. Curtis manifested characteristics typical of resilience.

Conclusion

It would be impossible to address the array of experiences, both positive and challenging, that students bring with them to the school environment each day, yet many prove capable and successful as they move through their tasks of learning and building relationships with others. These displays of resilience are often misinterpreted and disregarded by educators. With the task of fostering positive mental health in students more recently becoming the responsibility of education, schools must review and improve their current mental health practices. All members of the school system will be required to use efficient interventions and research-based strategies as individual students' needs increase and the access to specialized resources decreases. Developing components of resilience promotes mental wellness in students. Therefore, educators require a heightened awareness and a clear understanding of what is required to foster student resilience as a prerequisite to mental health promotion in schools.

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About the Author

Shelley Tucker has worked in Dauphin and surrounding communities in her role as a guidance counsellor and a resource teacher for 27 years. Topics of interest to Shelley in the graduate program include current research in resilience, positive mental health, and counselling clients toward worth and purpose.