



RESILIENCE
INTERPERSONAL SKILLS
IDENTITY
STRESS MANAGEMENT
WELLBEING
FRIENDSHIP
HEALTH PROMOTION
SOCIAL AND EMOTIONAL LEARNING

Mental health education and hauora:

Teaching interpersonal skills,
resilience, and wellbeing

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Background

The mental health of young people is important for the wellbeing of communities. In current times, however, some young people seem to be experiencing increased mental health issues as they grapple with ever more complex social, cultural, and environmental conditions (Bor, Dean, Najman, & Hayatbakhsh, 2014; Pashang, Khanlou, & Clarke, 2018). There is evidence that learning about mental health, and developing strategies for mental health, can have a positive protective impact on wellbeing (Taylor, Oberle, Durlak, & Weissberg, 2017).

There is provision for teaching about mental health within the *New Zealand Curriculum* (Ministry of Education, 2007) but anecdotal evidence and news reports suggest this is not currently being realised in programmes. Mental health is a key area of learning in the Health and Physical Education learning area of the *New Zealand Curriculum* and recent youth health research suggests that such learning is urgently needed (Clark et al., 2014). This is not to suggest that schools alone can “solve” mental health issues, but the schooling environment, and what young people learn, can make a big difference.

This resource is for use with all students in Years 7–11 in New Zealand schools. It may also be useful for senior students. It is a collaborative project, supported by NZCER and the New Zealand National Commission for UNESCO through a Beeby Fellowship. It aims to engage students in learning about mental health, and it links specifically with achievement objectives in health education (within the *New Zealand Curriculum*). Good teaching resources that align with the *New Zealand Curriculum* are vital, as are dedicated health education timetabling and educated teachers who are able to access ongoing and subject-specific professional learning and development.

International research shows that New Zealand has significantly higher rates of bullying behaviour and youth suicide than other countries (see, for example, Gluckman, 2017; Martin, Mullis, & Foy, 2008). In the most recent (2012) iteration of the Youth2000 survey series (a youth health survey of over 8,500 New Zealanders aged 13–18), mental health was a key concern (Clark et al., 2013). The survey reported that:

- 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 Youth2000 research findings identified that “bullying ... [and] significant depressive symptoms ... [are] significant problems for New Zealand youth” (Clark et al., 2013, 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 knowledge about resilience, hauora, and positive emotional and mental wellbeing. Health education can enhance social connectedness at school (Bond et al., 2007) and is the only subject that explicitly addresses health and wellbeing. This resource provides a wide range of content and activities to enable teachers to implement meaningful, ongoing mental health education programmes with students in Years 7–11. Ideally, such programmes will be a part of health education and given dedicated time in the school timetable.

Research basis

While this resource has a strong focus on practical application, it is underpinned by research from the fields of health education, mental health, positive psychology, wellbeing education, and critical studies in education. This combination is important because mental health is not only an individual concern, but also a social and political concern. Issues such as bullying, for example, affect individuals but are also linked to wider cultures of exclusion such as sexism, racism, fatism, and homophobia. Helping an individual student develop skills (such as assertive communication) might help, but if the wider school environment is promoting discrimination, then wider cultures also need to be addressed. Thus this resource spans the field of mental health including learning and strategies for individuals, as well as interpersonal skills, group strategies, and community social action.

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.

It is important that mental health education is primarily educative. This means that the focus is on learning, rather than trying to “fix” specific health issues or behaviours. The reason for this focus is that health issues are always a complex combination of social, political, biological, and contextual factors (Marmot & Wilkinson, 2005). The key focus of health education should be *learning about health*, rather than education for health (Fitzpatrick & Tinning, 2014a). Learning about health can, of course, impact health outcomes, but learning is the central aim, and focus of assessment and evaluation.

Mental health education encompasses a wide range of content including learning about identity, wellbeing, interpersonal skills, social and emotional learning, resilience, mana, and understanding how social hierarchies and power relations impact individuals and communities. Topics such as mindfulness, positive psychology, and wellbeing education are also included, but placed within social and political contexts.

Debates in the field of health education

The field of health education internationally is somewhat divided over definitions of health education and health promotion, and these are frequently collapsed or confused (Fitzpatrick & Tinning, 2014a). Outside of the education sector, the term “health education” often refers to the kinds of communications practice medical professionals employ to “educate” patients and is thus often associated with biomedical approaches (Whitehead, 2003). In relation to schools, however, health education is a dedicated topic of study and is usually juxtaposed with health promotion as being concerned primarily with education and learning (rather than behaviour change). In New Zealand, health education in schools occurs in curriculum time, while health promotion tends to involve different approaches to community health issues (alcohol and drug use, mental health, driving behaviours, etc.). Health education is much broader and explicitly values learning about health in all its complexity. The purpose of health education is not to change behaviour but to engage young people in the study of health. This is an important distinction because it aligns with the key competencies and achievement objectives of the *New Zealand Curriculum*.

Health promotion is also a topic of study within health education, and young people can use and evaluate health promotion strategies within their schools and communities; young people may, for example, use health promotion processes for learning and aim to impact problematic cultures, policies,

and practices. New Zealand is uniquely placed internationally in that health education is named as a subject area in national curriculum documents, and is recognised as a credentialed subject in senior high school under the National Certificates of Educational Achievement (NCEA). The approach to health education in New Zealand has several defining features:

- a sociocultural foundation that takes into account the determinants of health and a holistic approach to wellbeing
- learning based on the concept of hauora, which incorporates a Māori view of holistic wellbeing
- an educative approach to health education that centralises learning; the right to knowledge of health contexts, issues, and theories is upheld
- a critical approach to health that questions moralism, power hierarchies, and health inequities
- a focus on studying a diverse range of health issues including mental health, sexuality education, drug and alcohol education, and food and nutrition.

This approach requires schools to have well-planned, long-term programmes in place that align with the *New Zealand Curriculum* and are scaffolded in terms of the learning at each year and level. Singular interventions and one-off programmes do not address the depth and breadth of learning required to address curriculum aims.

Social and emotional learning

Social and emotional learning is an area of research that explores how schools can help young people develop social and emotional competencies, and also address school-wide cultures (Frydenberg, Martin, & Collie, 2017). The overall aim of this work is “on short- and long-term student outcomes such as ... reduced emotional distress, increased academic performance, increased rates of high school completion, improved mental health, and more engaged citizenship” (p. 3). This area of research focuses on both classroom-level approaches as well as family, community, and school-wide environments (Weissberg, Durlak, Domitrovich, & Gullotta, 2015). Space here doesn’t allow us to go into detail about social and emotional learning but this resource certainly aligns with some of the work in that field. Health education, however, also goes beyond the learning of specific skills or behaviours, and incorporates reflection, critique, and the study of social and emotional contexts, and other health issues.

What about positive psychology and mindfulness?

Positive psychology is a strengths-based approach to mental health that shifts the focus from skill development to the growth of human capacity (Norrish & Vella-Brodrick, 2009). Mental health and wellbeing education that draws upon positive psychology aims to educate students on the skills associated with enabling factors of flourishing established by Seligman (2011). Teachers can use these factors in a variety of ways, including examining gratitude, positive emotion, and developing a growth mindset (Froh, Kashdan, Ozimkowski, & Miller, 2009; Froh, Sefick, & Emmons, 2008). While positive psychology and mindfulness strategies can be very useful, if these are implemented in isolation they ignore how wider social and political contexts impact health. We draw on such strategies in this resource in combination with addressing wider social contexts and more complex notions of identity.

Thinking about health equity

There is extensive international research in the area of health equity. As a field, this research explores why some populations and individuals are disproportionately healthier than others. Underpinning this research is an understanding that the interrelationships between individuals, cultures, and environments are imperative to any attempt to explain or impact health inequalities. Public health scholars have sought to understand health inequalities in many different ways. In order to get beyond the limits of individualistic analyses, the determinants of health—especially social determinants—have been widely explored (for example, Davidson, 2014; Marmot & Wilkinson, 2005; Solar & Irwin, 2010). Singh-Manoux and Marmot (2005) take this one step further, contending that “cultural, behavioural, structural and material explanations of social inequalities need to be integrated in order to understand the social determinants of health” (p. 2130). The issue in health equity is actually the fact that societies are unequal. Wilkinson and Marmot (2003, p. 10) note that: “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:

Nor are the effects 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 healthcare, 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 we need an educative approach to mental health that takes on a critical perspective.

A critical approach to mental health education

A critical approach to mental health education includes attention to social issues such as gender and sexual 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. Critical approaches to mental health education include the study of, for example, gender inequalities, racism, homophobia, and sexism. These might begin by studying identities and discrimination. While positive psychology can be individually helpful, it does not address these wider social issues, nor does it 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 and the study of social inequalities. It also includes enabling students (and teachers) to take action against injustice.

Aims of the resource

This resource aims to enhance learning in four broad areas to enable students to develop knowledge, understandings, and skills in the areas of:

- personal identity and wellbeing
- communication and relationships with others
- social issues and social justice (especially against discrimination and exclusion)
- health promotion and action.

This book is designed to be used at multiple year and curriculum levels. We envisage it being most useful for students in Years 7–11 health education (but it can be used with students at higher levels as well). We have included some notes throughout about how you might extend activities for senior secondary students, or approaches you might use with students at lower levels. The knowledge and skills in this resource will, however, be useful for all students (and for adults too). It is up to individual teachers to decide how they might adapt, apply, and use the activities and ideas in this book. For this reason, we have not specified particular achievement objectives for each activity (links will depend on how you use the ideas and what topics you focus on). For planning purposes, we have provided a matrix showing links with the *New Zealand Curriculum* (in the section titled: Designing a mental health education programme: Achievement objectives from the *New Zealand Curriculum*, see page 17). We have also added specific achievement objectives at the beginning of each section.

The resource is most likely to be relevant for teaching the following health education topics:

- personal identity and enhancing self-worth
- stress management
- friendships, relationships, and communication
- effects of discrimination and stereotyping on mental health
- support of self and others during times of difficulty
- equity issues that support the mental health of others and society
- help-seeking
- drug education and alcohol education (for example, the content on assertive communication, decision making, personal values)
- leadership and effective communication.

This book is an excellent resource for teachers wanting to teach about resilience, mental health, interpersonal skills, and wellbeing. It does not, however, address all aspects of mental health education and other resources will be needed for comprehensive programmes (for example, additional learning in the area of grief, loss, and change may require further resources—see more suggested resources further below and throughout the book). This resource has a strong educational and pedagogical framing and is focused on learning. It may help students gain the skills to manage stress, communicate effectively, reflect on their needs and wellbeing, and develop resilience, stress management tools, and anti-bullying strategies.

It is our hope that this resource will enhance youth capabilities to understand different cultural perspectives and approaches to mental health, as well as specifically developing skills to enhance resilience, social cohesion, and social justice. The resource development has included consultation and trialling with teachers working with Pasifika, Māori, Asian, and Pākehā New Zealand youth (and those

from other ethnicities). As a result of this process, the resource aims to engage with the diversity of young people in New Zealand schools.

Defining mental health education

Mental health education is primarily about learning, rather than about “solving” mental health or public health issues. However, learning about mental health and developing skills for mental health will likely have positive effects for individuals. This resource aims to give students (and teachers) knowledge, skills, and strategies for their own mental health, but it also acknowledges that mental health is located in social, political, and historical contexts that are often completely out of the control of individuals. Issues such as gender and sexism, homophobia, racism, abuse, poverty, and social class status are inextricably intertwined with mental health (and health of all kinds). Nutbeam (2000, p. 260) notes that “Health 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.”

This statement about mental health education, from the document *Health and Physical Education in the New Zealand Curriculum* (Ministry of Education, 1999), is still relevant. It stated that, in mental health education:

students will have opportunities to explore the ways in which the physical, mental and emotional, social, and spiritual dimensions of hauora contribute to mental health. Students will examine social, cultural, economic, and environmental factors that influence people’s mental health, including the effects of media messages. Students will use critical-thinking and problem-solving skills to develop strategies and safety procedures for avoiding, minimising, or managing risk situations. (p. 36)

This resource is underpinned by the underlying concepts in the health and physical education learning area of the *New Zealand Curriculum* (Ministry of Education, 2007). These are:

- hauora
- a socio-ecological perspective
- attitudes and values
- health promotion.

A note on hauora

In the health and physical education learning area, the concept of hauora is represented by Mason Durie’s Te Whare Tapa Whā Model,¹ which incorporates taha tinana (physical), taha hinengaro (mental and emotional), taha wairua (spiritual), and taha whānau (social) aspects of wellbeing. This entire resource connects with the kaupapa of this articulation by enabling students and teachers to explore and learn about wellbeing in the context of mental health. The sections and activities in this resource

¹ <http://health.tki.org.nz/Teaching-in-HPE/Health-and-PE-in-the-NZC/Health-and-PE-in-the-NZC-1999/Underlying-concepts/Well-being-hauora>

explore personal identity, social relationships, and interpersonal skills, and take a holistic approach to wellbeing. In this sense, the whole resource helps young people to explore hauora.

A note on the socio-ecological perspective

The socio-ecological perspective is an essential part of this curriculum. Using the socio-ecological perspective enables students to become aware of the interdependence and interrelationships that exist between themselves, others, and society. They are then able to understand how broader physical, social, political, economic, ethical, and cultural contexts and histories influence the ways in which they (and other people) make meaning out of their observations and experiences.

A socio-ecological perspective helps students to recognise that competing interests, power relationships, and access to resources may influence the ability of individuals, communities, and nations to achieve wellbeing. Studies that use this perspective can encourage self-reflection and critical thinking and can lead to positive action.

Protecting students' wellbeing and offering pastoral care

Health education should “do no harm”. Health education deals with sensitive topics. It is important for teachers to be prepared and consider how they might create safe classroom discussion spaces, or follow up with pathways for pastoral care in the event that topics trigger upsetting memories or a disclosure about mental health or abuse. Schools should have policies and processes in place to deal with disclosures and provide support for students who need it. It is strongly recommended that teachers connect with school counsellors and nurses when planning and teaching about mental health, and make links between classroom learning and health services. The Education Review Office (ERO) (2016) resource *Wellbeing for Success* will be useful in this regard: see <http://www.ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/>

Online resources for schools are also listed on the ERO website here:

<http://www.ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/online-resources-for-schools/#guidelines-for-mentally-healthy-schools>

How to use this resource

There are many different ways to use this resource. We suggest the following contexts:

- **Mental health education as part of health education classes in Years 7–11:** At these levels, health education should ideally be timetabled at least two lessons per week (or per timetable cycle). This resource will also be useful for learning about communication, leadership, self-awareness, and identity, and for developing personal and interpersonal skills.
- **Student groups:** Student groups conducting leadership and activism in their schools (such as feminist groups, queer groups, peer sexuality support groups, equity groups, and peace groups) might also find the suggestions in the health promotion section useful.
- **NCEA health education:** Activities, content, and the Further resources sections will be helpful for students studying health education in NCEA at Levels 1, 2, 3 and content will also be useful for

students studying physical education and outdoor education (especially content on wellbeing and interpersonal skills).

- **Workshops with senior students:** Many schools provide mental health workshops for students in Years 12 and 13. The content in this book can be used for such workshops.
- **Workshops with staff:** It is easy to forget that teachers also need help developing positive mental health strategies. Activities and content in this resource can also be used with teachers.

How you employ the topics and activities in this resource will depend on your knowledge of community and student learning needs, consultation with students and community, what your learning aims are, what focus you are taking, and what curriculum areas you are drawing on. For this reason, we have made this resource as applied as possible, so that it can suit various units of work, inquiries, and projects.

Here are a few ideas of how to begin:

- **Begin with the curriculum learning areas:** This is useful if you're teaching health education and are looking for ideas about how to approach the Health and Physical Education learning area strand on Relationships with Other People and the key area of Learning in Mental Health.
- **Begin with the curriculum key competencies:** If you are planning to focus learning on managing self, relating to others, and participating and contributing then this resource has a lot of ideas and activities to help structure programmes.
- **Begin with a topic related to a current issue:** For example, you might notice that students you're working with are experiencing a lot of stress and you decide that mindfulness would be useful to study.
- **Inquiry learning and impact projects:** Students may have identified health issues in the school that they want to conduct an inquiry around. There are lots of ideas for processes and approaches in Section 4: Health promotion, and ideas throughout that will help students build knowledge and skills to conduct an inquiry (and/or an action).
- **Use the resource in the order it is presented:** This is useful if you are keen to work with your students in the area of mental health education (the key area of learning in the Health and Physical Education learning area) but you're not sure where to begin. Start by working through the opening sections of the resource on identity, then move to interpersonal skills and wellbeing. As a result of this learning, students might identify areas of the school, class, or community that they would like to impact. You can use ideas and processes from the Health promotion section to guide learning and action.

What order should I do the activities in?

- There is a logical sequence to how the resource is structured in terms of sections and topics. You can begin from any section, but some activities require prior learning (this is noted throughout).
- Take time to identify your students' learning needs carefully before selecting activities for your programme.
- It's important to note that the activities are not a definitive list. As needs change or new learning needs emerge, further activities or extensions of these activities can be built into your programme.

Getting the environment right

The most effective learning takes place in a positive learning environment. Dickinson, Neilson, and Agee (2004) note that:

Resiliency research has shown that protective factors such as caring relationships within the family and school, access to adults who care and are available, experiencing a sense of belonging and connectedness, being treated respectfully and fairly, being able to contribute and being needed, achieving at school and self-esteem can and do contribute to positive mental health outcomes. (p. 34)

New research shows that the classroom environment makes a big difference to how able students are to learn. The brain (and body) are alert to perceptions of threat, if students perceive the classroom as an unwelcoming or unsafe environment, then the “fight or flight” response can be triggered. This response also shuts down the parts of the brain that allow people to think clearly. If students feel uncomfortable or unsafe in the classroom, then they are less likely to be able to concentrate on tasks, to be open to new learning, or to achieve (Bowen & Watson, 2017). If students feel that they are listened to, respected, valued, and affirmed, then they will be more open and able to learn.

The physical environment should be considered and it can be helpful to have space for students to move around freely (for some activities, chairs and other furniture can be moved to create a clear space) and be as comfortable and private as possible. Large spaces with large numbers of students are not ideal. Students should feel safe to engage in small groups and have meaningful conversations, and physical environments should support this.

The whole school environment should also support and enhance the effectiveness of your programme. In discussing values, the *New Zealand Curriculum* states that:

Through their learning experiences, students will develop their ability to:

- express their own values
- explore, with empathy, the values of others
- critically analyse values and actions based on them
- discuss disagreements that arise from differences in values and negotiate solutions
- make ethical decisions and act on them. (Ministry of Education, 2007, p. 10)

Engaging young people in learning

Building self-worth and mana is about helping students to develop confidence and achieve their full potential. It is important that students are able to express their identities and have these affirmed. Since your attitudes and values (as the teacher) are continuously conveyed to students by your actions—particularly your interactions with others—the most powerful influence in your programme is probably your own attitude.

In a mental health education programme, effective teachers:

- are aware of school policies and processes for supporting themselves and students
- affirm students’ ethnicities, languages, and cultural backgrounds
- affirm students’ gender and sexual identities (including using their preferred names—with correct pronunciation—and pronouns), avoiding dividing groups by perceived gender etc.

- establish democratic classrooms and listen openly to young people's views
- are aware of their strengths and weaknesses and encourage students to develop their strengths and address their weaknesses, even if this involves taking personal risks
- confront sexist, racist, homophobic, transphobic, ableist, or other discriminatory attitudes in themselves, and also in students, the school, the media, and society
- express their own feelings honestly and openly, and acknowledge other people's feelings appropriately and sensitively
- behave assertively, and expect others to do the same
- help students to feel they are respected, cared for, and trusted
- discuss and negotiate class guidelines/tikanga and hold others accountable for these
- adapt teaching materials and approaches to better meet their students' needs
- believe what they are doing is worthwhile, and help students to believe this too
- involve students in setting achievable goals, and help them to monitor their progress
- have expectations that are hopeful, appropriate, and open to change
- challenge stigmas around mental health and difference.

Most significant of all is the learning environment in your classroom. Do all you can to encourage students to be fully aware of their own needs and feelings, and to interact with others openly and honestly. In particular, try to be reflective of actions and attitudes that could limit or restrict learning (a negative, or "hidden" curriculum, as well as unconscious bias). Try to ensure that all students receive equal amounts of your time, attention, and praise and ensure that homophobic, transphobic, fatphobic, sexist, and racist comments are not welcome (and are actively challenged).

Provide a suitable environment and establish clear parameters for your class by establishing guidelines/tikanga before you begin your programme (see below).

It can help to use warm-ups at the beginning of a session to help people to relax and feel less awkward with one another. Warm-ups are most effective when they are used to help access students' prior knowledge and create a relaxed and open atmosphere. Suggested warm-ups are included with some of the activities (and see Section 5).

Establishing guidelines/tikanga

The activities described in this book work best in a safe, supportive atmosphere where both the teacher and the students share the responsibility for the learning that occurs in the classroom. It is important to collaboratively set guidelines/tikanga for the classroom with the students (Pepler & Craig, 2014) at the start of the year so these can be built on as the year progresses. This is a group-building exercise where the teacher facilitates the students to decide what the guidelines/tikanga should be. There are many ways to do this. Two examples are described below.

1 Making a korowai

- Divide the class into groups, and ask each group to brainstorm ways in which people can help to create an environment where others feel safe emotionally and physically, and people can trust one another.
- Ask the groups to write each point on a separate piece of paper shaped like a feather.

- When everyone is ready, begin to collate the rules on to a large sheet of paper, woven flax, or fabric, shaped like a cloak headed “Our Korowai”. Discuss with the class that the korowai is generally woven or made from traditional materials such as flax and feathers. It is worn as a mantle of prestige and honour. State that the korowai is being used in this activity as a collective metaphor for safe, respectful, and inclusive agreement about the way we have collectively decided to work together.
- Have groups take turns to contribute a suggestion and explain why it is important. As it is presented, discuss each suggestion to clarify the idea further and develop class consensus. When everyone is in agreement, have the group attach its suggestion to the korowai (be prepared to adjust the wording if necessary for consensus).
- Repeat the process until all groups have had a turn, and all the suggestions are recorded or attached to the korowai. Emphasise that, through this activity, everyone (including the teacher) makes a commitment to abide by these.
- Display the korowai prominently and direct attention back to it from time to time to reinforce a sense of commitment to the guidelines/tikanga.

2 Using an inquiry approach with the class

Developing a vision

- What will make our class a positive place to learn? (physical and emotional safety)
- What kinds of things stop us from learning in our class? (barriers to learning)
- What kinds of behaviours need to happen in our classroom to make it the best learning place it can be? (enablers for learning)
- What would the classroom look like, feel like, and sound like if it met our vision?

Planning for action

- What actions do we need to take to make our vision happen?
- How can we ensure we maintain our vision? (Whose responsibility is it? How can we support each other?)

Taking action

- Putting our plan into action.

Reflecting

- Checking it out—how is it going?
- Are we achieving our vision?
- Do we need to make any changes?

Whatever strategy is used, discussion and consensus about how students will monitor the guidelines is important. Every so often the teacher should consult with the class about how their guidelines are going. Do they want to add any new ones or remove some of the existing ones? This review process is very important as there will be changes in relationships and classroom dynamics as the year progresses. Using “circle time” or “post box” may be a useful way of ensuring everyone has input into any changes.

This resource contains other ideas about establishing guidelines, as well as lesson resources for Years 9/10 teachers on hauora and feelings:

Mental Health Foundation of New Zealand. (2009). *Mental health matters: A health education resource for junior secondary school*. Wellington: Mental Health Foundation.

Designing a health education programme: Community consultation and needs assessment

Community consultation on each school's health curriculum is required every 2 years.

The Ministry of Education document *Sexuality education: A guide for principals, boards of trustees and teachers* (2015) provides useful guidance on consultation, specifically (taken from p. 34):

Consultation:

- has no universal requirements as to form or duration (the Education Act 1989 [as amended in 2001])
- allows the board of trustees to adopt any method of consultation that it considers will best achieve the purposes outlined in Section 60B of the Act
- involves providing a draft statement so that those being consulted know what is being proposed
- must provide a reasonable period of time for people to respond
- requires that the process is seen to be undertaken in good faith, with a genuine willingness to take account of feedback received
- does not necessarily involve negotiation
- does not require that there be agreement
- requires more than just a notification of what is to happen.

Parent–teacher associations, college associations, whānau, hapū, iwi, and aiga support groups, church groups, home and school committees, and parent/caregiver groups at local early childhood centres are some important sources of community opinion.

In any consultation it is important to not assume that the school is the best venue to hold the meeting.

Students should be consulted as part of the formal process.

Programmes in action: Pedagogies for mental health education

Quality pedagogy for mental health education

Quality pedagogy for mental health education is at the heart of achieving quality education. It is about the teaching and learning processes needed to bring about improvement in student achievement. While social, cultural, structural, and political factors can influence opportunities to learn, research has identified factors fundamental to the learning process that are consistent across all ages and cultures.

Pedagogies that foster inclusion, agency, and social connection can also contribute to mental wellbeing.

Core quality pedagogy factors include:

1 **Culturally responsive pedagogies and teaching for social justice and inclusion**

Research suggests that many young people in New Zealand schools experience exclusion, marginalisation, and unconscious bias. This is especially the case for Māori (Bishop & Berryman, 2006; Bishop, Shields, & Mazawi, 2005), Pasifika, and young people who identify as lesbian, gay, bisexual, trans, queer, or intersex (LGBTQI) (Clark et al., 2014; Quinlivan, 2015). Employing culturally responsive approaches, making meaningful connections, and listening to students are all important strategies. Teachers also need to work to identify their own unconscious bias and challenge cultures of exclusion (including policies and practices). Resources that can support this work include:

- Sexuality Education: A Guide for Principals, Boards of Trustees and Teachers (Ministry of Education, 2015)
- Te Kotahitanga project: <http://tekotahitanga.tki.org.nz/>
- Ka Hikitia: <https://www.education.govt.nz/ministry-of-education/overall-strategies-and-policies/the-maori-education-strategy-ka-hikitia-accelerating-success-20132017/>

2 **Learning is a social process**

Evidence over many decades has shown that one way knowledge is created is by participating in learning situations with people who can share expertise and build knowledge and skills together. A social constructivist approach suggests learning is actively constructed through social negotiation with others and is shaped by the context in which it is situated. Learning and teaching approaches built on this understanding will enhance student achievement and provide opportunities to promote positive mental health. Talking about ideas and sharing ideas with others is an essential part of building understandings.

Research has also identified that teacher–student and student–student relations are much more influential in learning than has traditionally been acknowledged (Hattie, 2003). Effective teachers “know” their students (their backgrounds and culture, their strengths, their challenges, and their interests) and have the skills to create a positive classroom environment. Teachers engage in an ongoing process of maintaining relationships in a classroom learning community by:

- encouraging a culture of listening critically to one another, responding positively and constructively, asking questions, and appreciating the different strengths, experiences, and skills of their peers
- setting up opportunities for pair-sharing and group work that support students to also learn effective ways of listening and relating to others, and working with a range of peers
- encouraging students to take risks and understand that wrong answers can assist learning just as effectively as right answers
- providing opportunities for students to be leaders in the classroom and to take responsibility for their choices
- encouraging students to be creative and curious about the subject matter
- building moments of fun and excitement into lessons.

(See the exercise “Groups and group building—co-operative learning” on page 20)

3 The importance of prior knowledge

Prior knowledge can also be called “existing ideas”. Learners bring with them attitudes, values, beliefs, and knowledge from what they have experienced so far in their lives. Each learner has a different set of life experiences, which means that learning is a very personal process. As they engage with new ideas and experiences, their learning is influenced both by their prior knowledge and by their classroom experiences. Effective teachers understand that it is a student’s prior knowledge that has the most powerful influence on what they learn (Nuthall, 2007). This is because students need to be able to link or integrate new learning with what they already understand if it is to make sense and be retained in the long-term memory. In the linking process, prior knowledge may be reinforced, changed, or replaced.

The *New Zealand Curriculum* acknowledges that students learn best when teachers:

- create a supportive learning environment
- encourage reflective thought and action
- enhance the relevance of new learning
- facilitate shared learning
- make connections to prior learning and experience
- provide sufficient opportunities to learn
- inquire into the teaching–learning relationship (Ministry of Education, 2007, p. 34).

4 Learning intentions

Learning intentions are statements that describe what learners will know or be able to do as a result of a learning activity. Learning intentions are ideally shared with students and broken down into success criteria that help them know exactly what is expected of them. Achievement should be measured against learning intentions using success criteria as indicators for self, peer, and teacher assessment. Students can be active participants in co-constructing learning intentions and success criteria.

5 Time and opportunity to revisit information

Research shows that students need time and varied opportunities to encounter and process new information (Nuthall, 2007). Opportunities to interact with the material can be generated by the teacher, or occur through interactions with their peers, or by the student themselves through reading, researching, and trying out something new.

6 Students learn what they do

If all students do in the classroom is rote learn or look up information online, then their approach to learning will be limited. Learning how to think critically and creatively, how to co-operate, and how to build relationships with others enables the development of autonomous, independent learners who become capable citizens able to relate to those around them, and adjust to a constantly changing world.

7 Relevant and meaningful

Research also suggests that for learning/change to be meaningful it must be set in situations and cultural contexts that make sense to the learner (Bishop, 2011). Learning about skills and processes is a poor substitute for learning to do in real contexts. Knowledge and skills acquired

during relevant tasks in social and cultural contexts provide experiences to link new learning to, and are much more likely to result in lasting understandings.

8 Assessment for learning

As well as providing information about student achievement, the main purpose of assessment is to improve student learning (Black & Wiliam, 1999). Assessment can be formative or summative and involve individuals and groups. Formative assessment is ongoing throughout a unit of work and may occur several times within a lesson. This is called *assessment for learning*. Summative assessment is done at the end of the unit of work or the end of a term or year. This is called *assessment of learning*. Ongoing formative assessment improves student motivation through providing feedback for the students about their progress to date, and also feed-forward that helps them with next steps for learning (Clarke, 2003). Students can be actively engaged in assessing their own and others' work. Formative assessment also helps the teacher make decisions about their next steps in teaching. The frequent giving of quality feedback and feed-forward to students has been identified as being the most important factor in improving student achievement (Hattie, 2008). While good assessment information allows for targeted teaching, it can only serve this purpose if teachers are focused on the teaching–learning relationship and how to improve it; without this focus, assessment becomes a tool for labelling.

9 Student reflection on their learning

Students learn most effectively when they develop the ability to stand back from the information or ideas that they have engaged with and think about these objectively (Alton-Lee, 2003). Reflection can be considered a form of self-assessment. It helps learning through providing time for students to process what they have been engaged in, to relate it to what they already know, and to internalise new information and skills. Reflection helps build independent learning skills by developing the ability to think critically about information and ideas, and metacognition.

10 All children and young people can learn

The “ability” of a child is not an explanation for whether or not they learn concepts in class. All students are able to learn when they are given sufficient opportunities to interact meaningfully with their school work. This has implications for teacher expectations of their learners.

The *New Zealand Curriculum* (see the section on Effective pedagogy, p. 34); can be used as a framework for planning either a unit of work, sequence of lessons, or an individual lesson (See also Table 1 on p. 23 of this resource.).

Groups and group building—co-operative learning

Co-operative learning has been shown in many reviews to improve both social and academic outcomes for students of different ages, ability levels, and in a range of subject areas (Slavin, 2010). It involves students working together in small groups to accomplish shared goals. Two key elements required for its effectiveness are group goals and individual accountability. It is also more effective and engaging when tasks are interesting and relevant to student learning and when students clearly understand how they are expected to operate. There is an expectation of a clearly defined outcome, and assessment can be of the work of the whole group as well as of an individual member's contribution.

Group work:

- encourages participation through active involvement
- can foster self-worth when everyone is able to contribute and feel valued
- improves the outcome by encouraging people to learn from each other through sharing their ideas and experiences (the sum is greater than the parts)
- helps students to work co-operatively and develop social skills to apply in other contexts
- gives students an understanding of other people's ideas and needs, especially where these are different from their own
- takes the pressure off individuals, as the group can share the responsibility for answers.

Groups are also fun. Pairs are the most non-threatening and are quick to establish. Threes create interesting dynamics, but you may need to assign roles to ensure no-one is left out. Four is a very suitable size for most group work. Larger groups are difficult to manage and some people can feel excluded in a larger group. Be aware of the dynamics of groups (there are power relations in all groups and bullying behaviours or exclusion of individuals can make group work toxic). Be aware of how things are going and address issues sensitively as they arise (there may be dynamics outside of class and in online environments that you are not aware of). Make sure you are allowing students to work in groups at times, and individually at other times. Be open for how things are going in groups and be alert for groups that are not working. You may have to work with groups for a while to figure out what is going wrong, or change groups around so that students learn to work with a range of peers. Be aware that relationships outside the classroom (including online) might affect how students act towards others in class.

Assigning groups

Assigning students to groups using a random method has several advantages:

- no-one feels "not chosen", with consequent damage to their self-esteem
- students work with a greater variety of other people in the class
- students practise their social skills as often they work with people they would not otherwise choose.

Some ways of establishing random groups are described below. In some cases, however, you might want to assign students directly. It is often appropriate to let students choose their own groups so that they feel comfortable. (When assigning groups yourself, be aware of class dynamics and power relations between students; some groupings might not be positive or supportive.)

There are lots of ways to assign groups (for example, give students each a colour and get into colour groups; number the class off and cluster each number together; use a pack of cards or Post-it notes; or assign by birthdays). Avoid assigning groups by gender (as this reinforces binaries and typically excludes students who are nonbinary, trans, or gender diverse).

Assigning roles

It helps students to work more effectively if you assign roles within the class or within groups. This gives less confident people a chance to practise leadership skills, and also keeps individuals "on task". Useful roles might include (you can add your own or get students to identify roles):

- Researcher: looks for extra materials online and useful websites
- Resource manager: gathers and returns materials for the group (paper, iPads, etc.)