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**REPORT FROM THE WORKSHOP
ON THE ROLE OF MENTAL HEALTH AND SOCIAL EMOTIONAL LEARNING
IN PROMOTING EDUCATIONAL ATTAINMENT AND PREVENTING EARLY SCHOOL LEAVING**

Luxembourg, 9 October 2012

The workshop, organised jointly by the Directorates General for Education and Culture and for Health and Consumers, brought together experts both from the education sector and the mental health sector to (1) review the current experiences and research findings in Europe and (2) to investigate the need for, and possible forms of, further action at EU level. It was attended by 40 representatives of different stakeholder organisations and research institutions, including representatives from WHO and OECD. A complete list of participants is annexed to this report.

Key findings

- Reducing the rate of early school leaving (ESL) to an EU average rate of 10% is one of the headline targets of the Europe 2020 Strategy. Promoting the mental health of children and young people is a priority of the European Pact for Mental Health and Well-being.
- Mental health problems or signs of them are among the most prevalent health problems in school children in the EU. They have a significant impact on children's well-being, social life and educational performance; they contribute to early school-leaving.
- It is widely recognised that whole school approaches, including social and emotional learning, support schools' educational objectives. However implementation of such programmes is lagging behind.
- Although schools are key settings for promoting mental health to children and young people, there is a risk of overburdening them with expectations. Interventions already in early childhood education and care are of critical importance.
- Mental health promotion in schools requires cooperation of many actors, such as different professions inside schools, regions and local communities, health and social services, welfare providers, parents, and youth organisations.
- The EU can contribute to the promotion of mental health in schools by disseminating good practices and acting as a model in bringing together the various related policy fields.

1. OPENING AND INTRODUCTION BY THE CHAIRS

Michael Hübel, Head of Unit in DG SANCO, opened the workshop by outlining the mental health situation of children and young people in Europe and the important role of schools in this context. He presented the activities of DG SANCO in the context of the European Pact for Mental Health and Well-being and mentioned especially the forthcoming Joint Action on Mental Health and Well-being.

The work under the European Pact for Mental Health and Well-being, launched in 2008, showed the need to strengthen the capacity of health systems to meet population mental health needs, to engage into cross-sectoral partnerships and provide healthy life environments in the community, at work and at school, to promote social inclusion, rights and empowerment of people with mental health problems and to improve the knowledge on mental health. The Pact was implemented through a series of conferences in 2009, 2010 and 2011, supported by a range of European research and public health projects and had led to Council Conclusions under the Hungarian Presidency of 2011.

The Joint Action will now assess the current situation in Europe, develop country specific recommendations and establish an action framework on mental health. It will contain a work package on mental health and schools, which will be coordinated by Italy (Veneto Region).

Susanne Conze from DG EAC gave a brief overview of the activities of the Commission in the area of tackling early school leaving (ESL). Following the adoption of the Europe 2020 strategy and its headline target of reducing early school leaving, several initiatives were launched to support Member States in reaching their targets.

While early school leaving rates in the EU are declining, many countries still face severe difficulties. In addition, the current trend in reducing ESL is not sufficient and - especially with a view to the current economic and financial crisis - reaching the European target of reducing the European average ESL rate to less than 10% by 2020 is not a given.

In June 2011 the Education Council adopted a Recommendation on policies to reduce ESL taking a comprehensive approach to fight ESL. It responds well to the complexity of the ESL phenomenon and underlines that ESL triggered by educational, social, economic, and emotional factors. A more detailed insight in the linkage between mental health problems and ESL is needed. Especially those areas in preventing early school leaving are underdeveloped which are most relevant to address mental health problems sufficiently: cross-sectional cooperation, involvement of the local community, of parents and carers.

2. MENTAL HEALTH, SOCIAL AND EMOTIONAL COMPETENCES AND LEARNING OUTCOMES – FIELDS OF COMMON INTEREST AND RESPONSIBILITY?

Prof Margaret Barry from the WHO Collaboration Centre for Health Research at the National University of Ireland looked at the question how action on mental health can support schools in realising their educational objectives. She underlined that schools are the most important setting for promoting mental health of young people. They provide a socialising context for young people with an important influence on their development and their sense of belonging to community and broader society.

Social and emotional learning and good mental health are at the same time relevant for building academic success; they allow children to develop their potential and to learn. Social and emotional learning improves the self-awareness of children, their self-management, social awareness, relationship skills, and abilities to take responsible decisions. It supports positive mental health and the abilities to develop psychologically, emotionally, intellectually, socially and spiritually.

Systematic reviews in recent decades have proven that mental health programmes in schools are effective; they already provide a broad evidence base on the effects of good quality approaches in mental health promotion, their long-term impact and their influence on academic performance and social functioning. Whole-school approaches which impact on the social and physical environment of the school, teaching and learning, the services provided and the school policy on health are important. Quoting Katherine Weare (2004) Margaret Barry underlined that "programmes that teach social and emotional competence can result in gains that are absolutely central to the goals of all schools. Gains include improved school atmospheres, more effective learning, better behaviour, higher school attendance, higher motivation, higher morale of students and teachers, and better results for students and schools".

But Margaret Barry also remarked that the implementation of mental health promotion programmes is less well documented; more implementation research is needed to understand the different contextual factors and to understand better the obstacles in implementing these programmes. Teachers and schools need support in implementing programmes, need training as well as planning support and additional resources.

What is needed to improve mental health in schools is a whole school approach, engaged school staff and a strong focus on the implementation of mental health promotion programmes.

Dr Jean Gordon, Director of the European Institute of Education and Social Policy in Paris and involved in the work of the Learning for Well-Being Consortium of Foundations, addressed the topic from the education perspective. Starting from the vision that "more and more children and youth learn how to live a meaningful joyful and healthy life in harmony with themselves, family, friends, the community and the world at large", she looked at recent initiatives at EU level to support this aim.

Despite existing policy initiatives at European and at national level (e.g. the integration of well-being in curricula in Scotland or the definition of a number of values for education in Finland), there are still issues which need to be addressed: education systems measure academic achievement, not holistic development of children; the assessment of transversal key competences is underdeveloped; children centred learning is hampered by big class sizes, classroom lay-outs, and timetables which do not respect the bio-rhythm of children. Curricula are overcrowded and leave only little room for other approaches to teaching and learning; teachers lack support in implementing new practices.

Jean Gordon presented the 'learning for well-being approach' proposed by a consortium of foundations in education. This approach defines five principles for policy and action: (1) Taking a process approach (incl. taking the child's perspective, encouraging expression of each child's unique potential, focussing on strengths and inner differences, emphasising the nature and quality of relationships, being holistic), (2) measuring what matters, (3) including children and youth in the policy process, (4) underlining the need

all of society to contribute and (5) helping sectors working together in integrated, proactive, multidimensional approaches.

Leo Zandbergen, director of primary schools for 32 years and member of the Dutch School Head Association) reported from his experiences in implementing mental health programmes. He reported on the development of a new tool that school inspectors in the Netherlands can use to assess the well-being of children and their socio-emotional profile of children. This includes looking at whether children feel safe and accepted by teachers and pupils. He underlined that norms and values in teaching are important as well as the quality of methods used and the continual assessment of social and emotional skills. He identified a set of criteria that make a programme on mental health promotion in schools successful: a teacher friendly programme design which is aware of the fact that a teacher is not a social worker; an approach which makes use of existing topics and structures at school; limited investment of resources; easy-to-understand work schemes and formats for implementation and evaluation; a focus on cooperation with external care services, with the school taking the lead and being in control of the different activities. He also addressed the problem of overcrowded curricula which limit the possibilities to act.

In the discussion, participants underlined that many of the ideas expressed by the speakers are not new, but that indeed the implementation of programmes is lagging behind. This is all the more difficult in times of austerity with budget cuts also affecting school education. Another strong notion from several experts was the role of early childhood education and care: mental health programmes in school often start too late; first support is needed already in early childhood education to avoid later problems and to allow children a strong start.

Another challenge is to overcome the more traditional approaches of schools and teachers in conflict resolutions. Prominent example is school suspension which rather triggers early school leaving than helping young people to solve their problems. The cooperation between schools and outside school services was addressed as well; while schools are best placed to detect problems, they cannot always solve them. Other actors are needed and schools need a network of support services to help children with problems.

Mental health programmes need also to address the problems of children with specific needs, ADHD or more severe mental problems. While universal programmes in schools are important, there is a need to look more at the specific needs of pupils. Also teachers need better education and administrative support to deal with the specific needs of pupils.

3. WORKING TOGETHER ON MENTAL HEALTH AND WELL-BEING IN SCHOOLS: EXAMPLES OF JOINT GOOD PRACTICES AND PROJECTS BRINGING TOGETHER HEALTH AND EDUCATION

Within this session, four examples of mental health promotion programmes were presented.

Dr Anthony Morgan, Associate Director of the National Institute for Health and Clinical Excellence (UK), presented the NICE Guidelines on 'Promoting young people's social and emotional wellbeing in secondary education', issued in 2009, following guidelines for primary schools (2008). The guidelines look at effective and cost-effective measures to support mental health in schools. They adopt a life-course based approach, not only looking at risk factors, but also at protective factors in the life of young people.

The Guidelines apply a very broad definition of wellbeing. They include six recommendations on who should take action and what action should be taken. The recommendations cover six areas: 1. strategic framework; 2. key principles and conditions; 3. curriculum approaches; 4. working with parents and families; 5. working in partnership with young people; and 6. training and continuing professional development. Feedback on the Guidelines confirmed the need to emphasise recommendations on implementation aspects ("how to") and to strengthen protective factors of young people.

Prof Peter Paulus from Leuphana-University in Lüneburg, Germany, presented the MindMatters initiative in Germany. Inspired by the original Australian programme, MindMatters is not a programme, but a resource for schools wanting to improve mental health in their school and taking a whole school approach. 'Mind matters' proposes a shift in perspective in education, looking at mental health promotion as a 'catalyst' to improve education in general and health education in particular. The focus is therefore on the quality of school education.

This requires looking more closely at quality in schools and its different dimensions: (1) basic conditions in the school, (2) school culture such as valuing diversity, prevention of mobbing, (3) leadership and management and coping with crisis, (4) cooperation and linking with external partners e.g. parents, social services, (5) professionalism of teaching staff especially in teaching mental health, (6) teaching and learning e.g. in a participatory approach, in friendship and with feelings of connectedness, (7) results and successes, and (8) quality management.

The initiative offers a wide range of publications and guidebooks for schools on how to implement this approach, addressing specific questions for the work of teachers, for supporting parents, but also directly addressing pupils. First evaluations show that implementing Mind Matters in schools has a positive effect on e.g. the quality of the school, the school climate, the well-being of pupils and teachers, the competences and educational achievement of pupils, and the reduction of psychosomatic complaints and school stress.

Fredrik Lindencrona and **Tomas Bokström** from the Swedish Association of Local Authorities and Regions reported on the initiative of their organisation to develop integrated systems of mental health services for children and adolescents. Starting point for the initiative is the intention of the national government and the Swedish regions to join forces in order to improve the mental health of young people. A survey carried out in 2009 on 180.000 pupils revealed that 37% of all children report symptoms of mental ill-health, 25% of all children combine mental health problems in school with problems at home. There is also a strong link between mental health problems, early school leaving and low performance in schools.

Also the Swedish initiative takes a life course approach looking at the different risk factors throughout childhood and adolescent and promoting the existing protective factors. The aim is to integrate the different services for children and young people and develop procedures as a basis for universal and targeted interventions. The approach builds strongly on the already existing resources and aims for better collaboration (horizontally and vertically) and "synchronisation" of actors, trying to build a common vision on youth.

First pilot projects shall help to identify good practices and support in this way other regions. It looks especially for systems of shared governance, shared frameworks for

synthesizing available evidence from education, mental health and social care, mechanisms to pool resources for investments in children and young people, new inter-agency/inter-professional service models, models for systems approaches to different problems such as school attendance, and also national performance-based financial incentives for coordinated care planning.

Prof Robertas Povilaitis from the European Federation of Psychologists' Associations reported on the activities in Lithuania to prevent bullying and other forms of school violence in Lithuania. Bullying, one of the risk factors for low mental health, is a wide spread phenomenon at Lithuanian schools. According to the HBSC (Health Behaviour in School-aged Children) study published in 2012, in 2009/10 nearly 30% of all 13-years-old in Lithuania report that they have been bullied at least twice in the last couple of months prior to the survey – more than in any other country participating in the survey. While the education law states that "schools must ensure a sound and safe environment that prevents any manifestation of violence and intimidation and would not allow formation of hazardous habits (...)", the actual situation in schools requires measures to turn schools into safer places.

The awareness about the problem of bullying led to a wide implementation of anti-bullying and mental health promotion programmes such as Zippy's friends, OLWEUS bullying prevention programme or Second Step. Starting from 2008 the government also allocated funding to the implementation of such schemes; with the financial and economic crisis, funding had to be reduced. Nevertheless programmes show first successes in the reduction of bullying; figures are going down constantly in those schools implementing programmes. This is also reflected in recent HBSC figures.

But experiences also draw attention to several challenges: to guarantee the sustainability of interventions in time of economic and financial crisis, to adapt programmes to all age groups, and to integrate mental health promotion both in teacher education and in school curricula. What could in addition support a wide implementation of programmes is the set-up of a European database of effective programmes ("certification scheme for model practices"), for instance supported by FP7.

During the discussion participants addressed a wide range of issues concerning the implementation of mental health promotion programmes in schools.

- Concepts and strategies of mental health promotion need to be clarified; good mental health and well-being are often used as synonyms, but also address sometimes different aspects and support strategies. Also the relation between mental health promotion and health promotion in general needs to be clarified; political and financial mechanisms to support mental health promotion need to be analysed.
- It is necessary to have a vision on how children in Europe should grow up and to define the concept of well-being at school. There is a need to look more closely at whole school approaches, the involvement of the local community, possibilities to better monitor developments and to evaluate interventions.
- The balance between universal and targeted programmes needs to be defined. Universal and integrated programmes can address different problems at school such as early school leaving, bullying, and mental health. They required

interdisciplinary or cross-sectoral cooperation and shared goals of all stakeholders.

- With limited resources there is also a tendency to target interventions to the most vulnerable groups and to avoid duplications and overlaps in interventions.
- Attention should be drawn to the need to invest early and to shift resources from higher education to early childhood education and care.
- School psychologists form an expert group which is especially trained for the interventions needed at school. They by definition can make the link between the different sectors, but at the same time this profession is more and more disappearing from the scene.
- The discussion on mental health in schools should not be limited to the school education and to the mental health sector. Looking at the long-term consequences of poor mental health, also the employment sector must have a strong interest in supporting mental health in schools. When looking at cost-benefit studies, the costs of unemployment or inability to work due to bad mental health need to be taken into account.
- Bringing different sectors (education, mental health, etc.) together is an important starting point; communication between the different sectors and professions needs to be improved.
- School constitutes only one part of the life of children and adolescents. Other influences on their mental health have to be taken into account; more research in this area is needed.
- Better teacher education is often mentioned as one of the solutions and more and more requirements for the work of teachers and their competences are defined. This creates a problem for teachers who are often not adequately trained for these new requirements, especially when school psychologists are not available. There is a need to discuss the type of competences needed in a school and to adapt the staffing to that.
- School students need to be involved in the discussion on mental health promotion and have to be a part of the desired changes.

4. PERSPECTIVES AND ACTIONS

As an introduction to this session, Lorenzo Rampazzo from the Veneto Region in Italy presented the Joint Action on Mental Health and Well-being and its work package "Promoting mental health and preventing depression in children and adolescents". This work package will be co-ordinated by the Mental Health Office of the Veneto Region and with support of the Veneto Region Coordination Centre for European Project Management (CReMPE-AOUI Verona). Malta, Croatia, Iceland, United Kingdom, Norway, Slovakia, Estonia, Finland are associated partners; there will be also cooperation with the European Social Network, the networks European Regional and Local Health Authorities (EUREGHA), Schools for Health in Europe (SHE), Eurochild,

EuroHealthNet, the Italian Ministry of Health, the University of Cagliari (Italy), and Lithuania.

The work package aims to develop an action framework for cooperation between the health and social sector and the education sector on mental health promotion in schools addressing also educational attainment of children and adolescents. The main objectives are:

- the promotion of individual, social, societal and environmental skills and conditions that enable optimal social, psycho-physiological and educational development;
- the prevention of psycho-social distress, especially in adolescence, that may lead to psychopathological diseases in adulthood;
- the cooperation between the health and social sector and the education sector on the management of mental illness prevention and mental health and well-being promotion.

Within the work package it is planned to analyse the current situation of mental illness prevention and mental health and well-being promotion in the EU, to map the scientific evidence and the best practices in this area, to develop recommendations for action at national and at European level and to support the engagement and commitment of Member States and stakeholders in mental health promotion at schools. It is intended to present a report on the situation in the participating countries, a review of scientific evidence, best practices, and available resources, and policy recommendations for cooperation between the health and social sector and the education sector and to organise regional workshops for the implementation of these recommendations.

Following this presentation, the participants split in three working groups to discuss the following topics in more detail:

1. Research needs
2. Challenges in implementation
3. Policy tasks

The working group on **research needs** agreed that there is in general a need to invest more into implementation research. Special attention needs to be given to topics like migration and mental health, the agency of children and their ability to express their interests, the holistic development of the child, early childhood education and care, and the effectiveness of measures. With regard to the type of research needed, the group identified a gap in the review of studies and evaluations in Europe; a clearing house at EU level could be helpful. Implementation research should be conducted in a comparative manner. Also large scale life course research/ research in life trajectories (quantitative and qualitative) was seen as insufficiently developed as well as the use of representative samples for cross-country analysis.

The challenges in conducting this type of research are the lack of cooperation between education and health sectors, the fact that databases are not linked, and the insufficient research infrastructure in this area. Also the link between policy and research and

dissemination of the results among all actors needs to be improved to effectively support policy development with research findings. The EU could support research by financing data collection and the linking of data bases.

The working group on **challenges in implementation** identified a set of difficulties such as the establishment of integrated services for children and young people, the investment and commitment of the community/ municipality, parent involvement, and the support of teachers and adequate teacher education. Good practice examples are needed which could demonstrate forms of cooperation between different professions which overcome competition and the tendency of professions to protect their field of activity against other stakeholder. Also good practice examples on 'community approaches', e.g. the strong commitment and involvement of municipality services, but also of other stakeholders in the community or on successful involvement of parents and pupils could be helpful to overcome difficulties in implementing mental health promotion programmes. A database on existing projects or measures at European level could provide useful support for new initiatives and help initiatives and programmes to exchange experiences.

Another aspect is the development of health promotion programmes and services which address each step in the development of children and young people. This requires often the rearrangement of existing services as well as social innovation. There are good practice examples in Germany focussing on prevention/ treatment of depression; they could as well work for the support of mental health of children and young people.

Indicators on the well-being of children and school students could help to draw more attention to the topic and trigger political support. Also teacher training should be supported.

The working group on **policy tasks** identified the need to foster cross-sectoral action at EU level and create a kind of umbrella for such activities. While PISA is focusing strongly on student performance, a new vision is needed which addresses mental health and well-being at school and takes a rights-based approach to educational development and attainment. An indicator on mental health of young people could support this.

The set-up of a Commission-internal expert group composed of experts from the relevant Commission departments was seen as a useful initiative to foster developments. Health policy has a role to play to lead such cross-sectoral work. The EU-level work on rare diseases is an example of a successful initiative to bring together actors from different backgrounds. Given the heterogeneity of such a group, the development of a common vision would be necessary.

5. CONCLUSIONS

Michael Hübel, DG SANCO, addressed five points in his closing remarks. Firstly, he underlined the need to develop a common vision on mental health promotion in schools and the development of schools into healthier places. Secondly, he also agreed to the notion that there is a need to discuss implementation and foster initiatives in this direction. Thirdly, he stressed the importance of partnership and inclusiveness in this endeavour. Structural changes might be needed to achieve sustainable results in mental health promotion and in turning every school in an inclusive and healthy place for all children. Fourthly, he reminded the workshop participants of the already existing

instruments that could catalyse developments at EU level such as European funding for research or for education. And finally he underlined the need to communicate the benefits from interventions also in economic terms, both in the work with policy areas and in the context of the Joint Action.

Susanne Conze, DG EAC, said that the workshop gave a lot of useful insights and defined several concrete tasks to follow up at European level. It also showed that there are currently similar challenges in different areas of policy development and that the implementation of policies is indeed the crucial point. E.g. the call for cross-sectoral cooperation is prominent in several policy areas such as mental health promotion, but also the prevention of early school leaving. But cross-sectoral cooperation poses challenges and good practice examples are rare. Here existing European funding mechanisms such as the Lifelong Learning Programme, the 7th Framework Programme for Research and Technological Development and their successor programmes, can support developments and European cooperation in this area. In addition, there is a clear need to continue discussion.

In line with its objectives, the workshop confirmed the link between the educational performance of children and their well-being; mental health promotion supports school objectives. The workshop underlined especially the need to focus more on the identification, dissemination and implementation of well-proven approaches and to invest in implementation research to overcome still existing barriers to mental health promotion. The workshop also gave first indications on the kind of EU level activities, which the experts would support, such as to strengthen inter-sectoral cooperation, the set-up of a European database or good practice certification scheme on projects and practices, the exchange of good practices and experiences and EU initiatives to encourage policy support for mental health promotion in schools.