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Learning from Turbulent, Real-World Practice: Insights from a Whole- School Mental Health Promotion Project

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Introduction

Feeling alienated from school is a predictor of risky health behaviours and poor mental well-being among adolescents (Nutbeam *et al*, 1993; Forero *et al*, 1999). Academic achievement has also been linked to school environment (Haynes, 1996). Whole-school approaches to improving the school social environment have been shown to be more effective than curriculum-

based and uni-dimensional approaches in affecting health and mental health problems (Lister-Sharp *et al*, 1999; Wells *et al*, 2003). Notable examples of such programs include the Manitoba School Improvement Program (Earl & Lee, 1998), the Comer Schools Project (Haynes, 1996) and the Gatehouse Project (Patton *et al*, 2006). Gatehouse, in Australia, showed unprecedented reductions in alcohol, tobacco and marijuana use among Grade 8 students simply by targeting practices and policies that make students feel safe, connected and valued at school (Patton *et al*, 2006).

A B S T R A C T

Mental health promotion in schools has a growing literature on best practice, but there is insufficient exploration of whole-school change, particularly in every-day settings. We investigated the transfer of a high-profile, successful, whole-school mental health promotion demonstration project into a different context, a cluster of schools in a low-income area with fewer resources than the prototype model available to implement the project. Our study involved interviews with teachers, staff and parents. Despite the fact that significant features of the model program were not

followed (for example any particular classroom-level curriculum, or extensive teacher training) the central organizational development process still led many participants to report a qualitative improvement in school climate. Internalizing the project as a mindset seemed to be the strongest way in which the project 'existed'. Recommendations for strengthening practice in challenging contexts are outlined, in particular the use of informal and incidental learning theory to encourage language that amplifies organizational change approaches.

The Gatehouse Project adopted the traditional survey-feedback-action-survey sequence of organizational development. A facilitator guided a school-based action team (made up of students, teachers and parents) to use their local data to review the school environment and to drive change. This might include, for example, improved practices to orientate and welcome new students, teaching and talking about emotions and feelings (and how to handle them), and more activities to involve parents with the school. The curriculum element of the intervention was designed to be taught in the 8th grade during a 10-week period in English, health or personal development classes. The professional development for teachers focused on curriculum and ideas for achieving whole-school change (Bond *et al*, 2004).

In Calgary, the Southern Alberta Child and Youth Health Network developed the Whole School Mental Health Promotion (WSMHP) pilot project, based on the Gatehouse model. It focused on a younger age group (elementary schools) and one junior high (more like the Australian prototype). The four schools were chosen for the WSMHP project by the Board of Education System Managers. The criteria were perceived level of readiness, need and geographic proximity to each other. Unlike Gatehouse, no specific investment was made in new curriculum materials or systematic teacher training. Funds were used instead to release teachers to attend any training or activities that were already on offer

and consistent with WSMHP goals. The facilitator-led, central process of survey-feedback-action as a way of catalyzing change set by Gatehouse was replicated. Each school action team was left to determine its own needs, interventions, activities and professional development, guided by the facilitator. The frequency of team meetings varied between schools, ranging from weekly to monthly. Even the composition of the teams varied by school – all included teachers and other staff, some included students and all included parents.

Note that variation in community or organizational development interventions across sites is not a threat to fidelity, provided that the different forms of the intervention adequately serve the same function (Hawe *et al*, 2004). The facilitator kept the schools focused on ensuring that their activities were in keeping with the objective of helping students feel safer, valued and more connected, in order to achieve the goals: reductions in risk behaviors and improvements in mental health. Gatehouse investigators visited Calgary on several occasions over the four years of the WSMHP, and provided some training and support to the local facilitator. See **Table 1**, below, for the full details of the two projects.

During the course of the four years that the Whole School Mental Health Promotion (WSMHP) project had been implemented, the schools underwent significant changes (**Table 2**, opposite).

TABLE 1 Difference between the Original Gatehouse Intervention and the Calgary Replication Pilot Project

Gatehouse Project (Australia)	Calgary WSMHP pilot project
Facilitator led, one facilitator for every 3 schools	Facilitator led, one facilitator shared among 4 schools
A formal curriculum; approx 20 lessons (15 hours in total) in Year 1 in each school	No formal curriculum specifically designed for WSMHP
40 hours per school per year of specially designed professional development for teachers, group-delivered	No formal professional development but teacher release for any training and conferences in keeping with WSMHP goals (used at rate of 6 days per school per year)
School action team	School action team
Survey feedback of baseline results of student self esteem and experience of school safety and connection in Year 1	Survey feedback of baseline results of student self esteem and experience of school safety and connection in Year 1 Plus social network surveys and feedback in years 3 and 4
Two years duration	Four years duration
26 schools in a cluster randomized trial design; Grade 8 students	4 schools in a before-and-after study design; four elementary schools (grades K-6); and one junior high (grades 7-9)
Schools were recruited from areas of low, medium and high socioeconomic status; both rural and metropolitan	All 4 schools were in a low socioeconomic area of the city
Summative evaluation of goals and objectives	Formative evaluation only. This was a pilot study, as a prelude to a larger summative trial

The facilitator spent the first school term of the first year visiting, observing and building a relationship with the school staff and administrators, reviewing curriculum to see where integration of the key principles might be possible, and sharing with the staff the goals of the project. The baseline surveys of student connection began in the second term, followed by school feedback and formation of the school action teams. In years 3 and 4, surveys of the students' social networks (for example friendship, playing together, whom they trust) were conducted and fed back also. The final surveys of student connection to school along with their risk behaviors and mental well-being took place at the end of year 4.

Methods

We set out to capture participants' experience of the WSMHP at the end of the project and to understand the process of change within the schools. Those interviewed were asked to comment on the impacts they observed and the every-day workings of the project. This paper pertains only to this qualitative inquiry process.

In the final year of the project, semi-structured interviews were conducted with 18 people to gain insight into their understanding of the project and its change processes. The study participants were 10 teachers/administration, three support staff, three parents and two community partners involved in the four schools. This was a heterogeneous cross-section (Patton, 2003) of people with various roles in the project and varying degrees of involvement and exposure to the project.

The sample was the result of the following process. A list was created of all school staff as well as the parents and community partners known to be involved in the WSMHP project. Ten of the participants were purposively sampled from the list. All these ten interviewees accepted

the invitation to be interviewed. An additional 22 people were randomly selected from the same list. Of these, 14 declined to participate or did not respond after three attempts, and eight agreed to be interviewed. Every staff member at each of the schools received a sealed envelope in their school mailbox which included a letter of explanation about the study, and for selected participants also included a letter of invitation to participate in the interviews. Parents and community partners were contacted via telephone and/or email. Twelve of the decline/no responses came from the two schools that had undergone the most structural changes in the last few years. Although we had resources for more interviews, saturation was reached after 18 had been completed.

The interviewers began by asking how the project began in their school and then prompted participants to talk about what they understood the project to be, what it looked like on a day-to-day level, and what or who contributed to the development of whole-school mental health over time (including observations about roles and impacts). The interviews ended by asking what advice they would give to others who might want to implement a WSMHP project in another school, given their experience. The average length of interview was 40 minutes.

Sixteen interviews were audio-tape recorded and transcribed verbatim. One person did not want to be recorded and for one interview the tape recorder was not working. For both these interviews the interviewer wrote detailed notes and sent them to the participants to check for accuracy. Most participants chose to conduct the interviews on school premises, usually in their classroom or in a resource room. There were two telephone interviews. Eleven participants had some direct experience of working on the WSMHP committee in the schools, although most had not been part of it for the whole time, and two participants were no longer connected with the project due to job changes.

TABLE 2 Contextual Turbulence in WSMHP Schools in the Four-Year Implementation Period

	School 1	School 2	School 3	School 4
Principal resigns/transferred	1 change	no changes	6 changes	1 change
Assistant principal resigns/transferred	No-one in this position	2 changes	2 changes	1 change
Change in school size and/or composition	43% staff turnover during the project	35% staff turnover during the project	74% staff turnover during the project*	59% staff turnover during the project**
Student turnover	65%	41%	59%	27%

*School 3 amalgamated with two nearby schools, then became a French immersion school, with consequent influx of new students during the project
 **School 4's mission changed – became an arts learning school in Year 3, with consequent influx of new students

The transcribed interviews were coded and analyzed using NVivo 7 software. We conducted a thematic analysis where the experiences, meanings and realities of participants were examined and categorized into ten codes, which both emerged from the data and were guided by our previous understanding of the phenomena of interest as reflected in our questions (Braun & Clarke, 2006). The latent themes that emerged were apparent across all categories. We designed the codes, drawing on the field notes of the interviewers (DO and CC) combined with the review and discussion of six transcripts by the interviewers and two other members of the research team. Thereafter all transcripts were coded by two members of the team, who double-checked coding with each other throughout, with constant comparison to ensure consistency. Once all the transcripts had been coded in NVivo, the two investigators who had conducted the interviews (DO and CC) worked together to analyze the data in consultation with the remainder of the research team (RP and PH). Two authors, who were responsible for implementing WSMHP (KD and CM), did not read transcripts and were kept blind to all identifying information, for privacy purposes.

The study was approved by the Conjoint Health Ethics Board of the University of Calgary and the Calgary Board of Education.

Results

Overall, the WSMHP project was understood and recounted to us differently according to interviewees' length and depth of personal exposure to the project. The two schools that had undergone the least structural changes were more actively engaged, and their interviews suggested a deeper understanding of the project and its goals. The other two schools experienced some obstacles in understanding and implementing the project. The project's purpose and value were understood, but people in the most turbulent settings failed to grasp the principle that the project was intended to be a process of school-led, whole-school change.

That said, the divergent contexts appeared to remain largely robust in that the philosophy of the project overall and its value were understood and appreciated. While implementation was sub-optimal in the schools with greatest turbulence (in that factors such as staff turnover made it difficult to develop and maintain a focus on WSMHP), our sense is that some key principles and relationships were seeded that

could be built on later. Indeed, a positive change in school climate was observed in most schools. What stood out was that the schools with the least turbulent contexts appeared to have **internalized** the process of WSMHP more than their counterparts. This showed in their way of speaking about what the project was. It raised the possibility for us that WSMHP might exist in different forms and that this might be significant. We expand on these findings below, and discuss their implications for how implementation in turbulent contexts could possibly be strengthened.

Confused recall of how the project began, struggle with the core concepts initially

When asked to recall the project at the end, very few were able to articulate what that first year had actually entailed. This may be in part due to the high levels of staff turnover in a couple of the schools, but even in those with little turnover there was not a clear understanding of how the project got started. It was complicated by the fact that whole-school organizational development processes rarely involve 'packaged' curriculum or activities. The latter is what schools are accustomed to and so possibly recall better. The agency placed by the WSMHP on the people within the school itself was hard for some people to grasp.

'When this very first started, nobody knew what it was. It was intangible. Nobody really understood, and what's it going to do for me?... It's "what's in it for us"?' (13)

'The first year was a bit tough, in that we, nobody really knew where we were going.' (02)

The importance of the Principal's leadership

A strong theme throughout was that a project like this one does not get going or keep going without a strong leader, namely the Principal. Nearly every person interviewed, regardless of role, position, or school, stressed this point.

'[Our Principal], she was really passionate about the whole school mental health project but she was really passionate about anything, any program that could help her kids and help the families and the community as well and so this was just one of her many passions but I know that she was a strong believer in the whole school mental health project.' (09)

'It really matters that the Principal's on board with this, and then it's important that the staff get on board with it, and then the kids.' (02)

Strategy and how to do it in another site

Box 1, below, captures the interviewees' thoughts about the strategy they could see in the WSMHP project and what aspects they thought would be essential in its replication.

According to many of the participants, the term 'project' usually has many negative connotations, specifically, extra workload, short-term/temporary duration and a lot of energy output with very little reward. To counter this, participants suggested connecting the whole-school approach with already existing structures within the schools.

'Like, make it work by building on the, the good things you're already doing. It doesn't have to be an add-on, it doesn't, it's not, not a pre-packaged, you know, prescriptive kind of thing. It's like, it's up to you, and it's up to everybody to help make it work.' (02)

'Tie your projects into your curriculum, you know, take a project and see "Oh how does it fit in to health? Or how does it fit into social?": Because there's lots of areas that you can do it and, and the Facilitator tried to do that.' (12)

The previous comment refers to a curriculum-mapping exercise that the facilitator undertook explicitly to link provincially mandated programs of study (K to 9) with the goals and philosophy of the WSMHP pilot. This was done in collaboration with several teachers who assisted the facilitator to sift, edit, condense and restructure the core programs of study into chart format for easy reading by the schools. The chart highlighted samples from each course of study (maths, science, etc) across all grades and aligned them with the key goals of WSMHP. This allowed the facilitator to 're-badge' or 'sell' WSMHP to the schools in the context of their existing core responsibility and practice.

BOX 1 Key Aspects of the Strategy

- A skilled, approachable facilitator
- Use of survey results to trigger ownership of findings
- Create lots of roles for lots of people
- A supportive Principal
- Cultivate enthusiasm
- 'Weave it in' to what is already there

Although the philosophy and 'soft' approach of the whole-school approach was understood by most people at the end, and people appreciated not having a 'top-down' program, 'the talk' needs to be strong and the examples very concrete.

'We need to be careful of too much philosophy when trying to explain and implement WSMHP.. We need to have concrete examples – for teachers, for parents, or anyone else who is involved or interested in the project.' (06)

'I guess that you said earlier that it's not a pre-packaged program, but I do think that when you got a school that's all beginning teachers you kind of need some of that pre-packaged ideas to go in like to create some depth to anything.' (08)

'It would be good sort of to have some paper work for it, do you know what I mean? Something written down about what, what it was and what that meant.' (09)

In relation to the last comment, there was, of course, **a lot** about the project on paper. The point is raised here not to dispute the facts, but to appreciate that, for this interviewee, these materials were not recognized.

Challenges appeared overwhelming at times

Table 3, overleaf, outlines the key problems that participants identified, along with illustrative comments. They include the staff turnover issues alluded to earlier, as well as phenomena that others have identified in this field. Examples include the anxiety of teachers moving out of their perceived role, and the stigma associated with the phrase 'mental health' itself. The latter point was amplified because the title of the project was mandatory on the parental consent forms for their child's participation in the quantitative surveys. Active consent was required, and chasing what they ended up calling 'the mental health survey consents' was, in many teachers' experience of the project, a frustration that compounded the stigma of the words.

But by the end the benefits had emerged

Table 4, page 11, outlines participants' views on the impacts and benefits at three levels: classroom, school and community contact. One benefit that stood out, possibly because the project was focused on a younger age group, was about language. The WSMHP

TABLE 3 Challenges Identified in Delivering and Maintaining the WSMHP Approach

<p>Staff turnover</p>	<p><i>'I've been the principal for 5 months... I heard a little bit about the mental health project but I wasn't sure what it was. So it wasn't a top priority to me, I had to get the school up and running.'</i> (14)</p> <p><i>'Coming in at the end of a project, even though I knew and I heard it, I hadn't lived it and it's hard to sometimes get that real feeling of where it started and how it grew, its hard.'</i> (12)</p> <p><i>'The hard thing is... eighty five percent of first year teachers are brand new teachers... when they're all brand new to this school they don't kind of, you don't always see the journey that's happened.'</i> (08)</p>
<p>Getting new teachers engaged</p>	<p><i>'Well with everything that's happening in the school, I can guarantee you one thing... first year teachers who are just trying to survive, are not going to go "well you know I'm going to dedicate five hours a week to developing this program".'</i> (14)</p>
<p>The incorrect impression that the schools were chosen because they were performing poorly with children</p>	<p><i>'It's like they were telling us, 'Oh look, you guys aren't good enough, we're going to give you more stuff to do... no money for it... and it's another job, and we're going to tell you how to do your job better'</i> (13)</p>
<p>Survey results that illustrated that some students were socially isolated or distressed</p>	<p><i>'When you see the survey results, some of the teachers took offence to seeing they had six social isolates for example, and that takes a while to sort out. So I guess that's another negative, is having poor results that everybody knows exactly whose [class] room that is. Cause you kind of feel responsible.'</i> (05)</p>
<p>School staff already feeling overworked</p>	<p><i>'I remember one staff member saying "I'm not sure if my own mental health is good enough to be working with the project".'</i> (15)</p>
<p>Title of the project was a handicap</p>	<p><i>'We always thought: how do we approach this by not saying "mental health".'</i> (15)</p> <p><i>'Because a lot of people, when you say 'mental health', they think there's a problem'</i> (17)</p> <p><i>'There's a bit of a stigma attached to the word 'mental''</i> (14)</p>
<p>The project mandate seemed not to coincide with teacher beliefs</p>	<p><i>'I remember when I was first here, there was a lot of attitude from teachers... 'why should we be social workers, right?... we're teachers, we should be doing the academics, not the other stuff.'</i> (02)</p>

gave teachers the opportunity to teach students the vocabulary of feelings and social interaction. For example, school displays were strategically placed to encourage/teach 'language of emotion' words and terminology. In all schools, teachers gradually and consciously led class discussions and debates on a range of emotional issues and relationship matters, until the topics and language became the norm in each school.

The French immersion school addressed the bi-lingual aspects of 'emotional talk'. It was only during that process that the staff realized that much of the disciplinary interaction in the school took place in English. Thus, when WSMHP encouraged constructive and gentler ways to deal with friction, it initially also happened in English. So the students were not being exposed to the more complex emotional language and issues in French. Teachers therefore began an intentional teaching program to address this 'black hole' they had discovered in the French immersion program.

Insights about how the project existed and could be sustained

We asked people to explain what the project was, in their own words, and noticed that many participants were far more comfortable talking about the perceived impacts of WSMHP than naming what the process actually looked like in the schools. Four distinct ways of answering emerged.

Some people's first thought was to tell us about the programs and activities that had taken place under the banner of WSMHP. Some elementary schools, for example, had engaged a local provider who used glove puppets to teach the children how to express their thoughts and feelings. So an interviewee would name this and other programs and activities in the schools. Indeed, 64 programs, events or activities that had come about in full or in part as a result of the WSMHP project were mentioned in the interviews.

Another type of response was to talk about the

TABLE 4 Benefits and Impacts of the Project (continued on next page)

An impact on the school environment	<i>'You can really feel the difference when you walk into this school and talk to the teachers and talk to the kids.'</i> (16)
	<i>'A greater sense of belonging... the kids started to feel ownership for the school and what was happening, it was a greater commitment to that. But it wasn't like an event thing, people often asked me when I was there, what's one thing we could do for you and I said like 'there's just no one thing, its just the way we shape the culture of the school together.'</i> (10)
Teachers and staff appreciating their role in promoting emotional well-being	<i>'That's not all that an education is about, it's learning: "how do I... solve a problem? And how do I interact with somebody and build a relationship when I'm really shy and don't know where to start?"'</i> (16)
	<i>'I really feel that, like, I'm needed... and my job is really rewarding. Because some of these kids don't have positive relationships once they walk out our doors, so letting them know that "Yes, when you come here you are safe and you are loved and you are taken care and you are our first priority"'</i> (16)
	<i>'If we don't have a happy child, uh, it doesn't matter how smart they are, they're not going to learn.'</i> (05)
	<i>'Our staff are very aware of their communication, how you speak to the kids like what you say, your tone of voice you know, facial expression, all of it, very, very aware.'</i> (03)
	<i>'It really helped me as a staff person working with these kids in the capacity I do to just become more aware to be a better listener for them, to find out how they're really feeling.'</i> (03)
Changes in students' relationships and well-being	<i>'I can't even express to you how amazing the changes have been for the kids and just the relationships that, that have been fostered and have flourished between the staff and the kids, very positive, just amazing, absolutely amazing, you know.'</i> (03)
	<i>'Oh, I can tell you for sure... definitely a change. I could see a difference in my own son. Really, I could. Like the whole language changed, the whole atmosphere. It was incredible what happened to that school.'</i> (13)
	<i>'The kids were using the language they have learned... they talked about how important their own emotional health was and about positive self-talk and self-esteem.'</i> (06)
	<i>'I have seen some very positive responses in terms of children being a lot more self-aware and trying to problem solve and just being a little more empathetic than perhaps they would be otherwise.'</i> (01)
	<i>'The fact that you'll see multi-age groups of kids playing outside on the playground, not necessarily kids just playing with kids from their class.'</i> (01)
Giving voice and opportunity to parents	<i>'We've had two very involved parents and so having that parental perspective that [historically] didn't always get listened to.'</i> (01)
	<i>'They want to be more involved and aware of what's going on in the school. For example, they want updates about how initiatives such as Sing-It, Be-It, Do-It are going so they can support it at home'</i> (06)
The WSMHP working group connected the schools together	<i>'Has definitely helped me do my job because I connected with a lot of the different schools that would be a little bit harder to get a connection with as well right?... Once I found out the [project] was actually in other schools as well, I started attending those meetings. It was sort of a way for me to introduce myself and... and find out what else I could be doing to make the community stronger and make the families stronger.'</i> (09)
Reported impact on absenteeism and vandalism	<i>'Our attendance has gone like way up there, we used to have kids come by at all times in the morning and that's just unheard of now cause they want to be here... we used to have 25-30 lates every morning not that long ago'</i> (15)
	<i>'The number of suspensions had decreased dramatically and so I think that we were seeing a significant cultural change... when I first came to school, we had vandalism on a weekly basis there, I dreaded Mondays for what I would find there. The last year I left, there were two acts of vandalism in the whole year.'</i> (10)

TABLE 4 Benefits and Impacts of the Project (continued from previous page)

<p>Making connections with community agencies and services</p>	<p>'The facilitator has brought... different professionals together. I've made some good connections with the public health nurse... I am so grateful to [facilitator] for bringing people like that to the table in this initiative.' (03)</p> <p>'Whether it be social workers, counselors, psychologists, heck even police officers, there needs to be that partnership. I like the idea that WSMH has of bringing in outside agencies and partnering up with teachers.' (14)</p> <p>'It's just opened up so many doors for us and you know what before this whole mental [health promotion project] these places were there, we just never made the connections.' (15)</p> <p>'When you're listening to all of these perspectives, different people brought different things that really enriched our school.' (10)</p>
<p>The language of emotional literacy spread</p>	<p>'We've kind of decided as a staff that we need to have kind of a common vocabulary like to teach the kids.' (08)</p> <p>'The buzz words 'safe', 'valued' and 'connected' were really a priority and that that taps into everything from academic to physical needs to emotional and social needs as well.' (16)</p> <p>'You don't have to explain what the word 'valued' means [any more], they already know it, so that's something that we have to keep promoting 'cos there's new kids in the school, so we have to keep using those words with them so they understand them.' (12)</p>

facilitator and what he did to help activate schools and support their school action team.

'The kids loved him and the teachers... he got invited to staff meetings, and you know, it was him that made it work.' (13)

'You need a facilitator coming in... to persevere with this. To push and push and push and push until the light dawns.' (13)

Correspondingly, people who saw the project as the facilitator were worried about sustainability.

'I'm really sad that it's the facilitator's last year. I think it might fall apart, I honestly do.' (13)

A third response was to talk about the surveys. Their presence in the schools was impossible to ignore, as the whole school was affected by the collection of consents, having survey time in the timetable and then the sessions where the results were discussed. The surveys seemed to bring the need for whole-school mental health promotion into focus for some people, as a form of motivation.

'I was so busy with other stuff, to be honest I never fully tried to understand it I guess, or took the time or made the time... and then when we got the results back from some of the surveys... it bit me more when you could see the data.' (05)

'Definitely the surveys made it take off... they actually could see results... It was something they could touch, they could feel, they could see it. They had 'Wow'. And that's what I really feel got it going, because up until then at the beginning of the project everybody was dragging their feet. They weren't totally convinced. Then, all of a sudden, yeah.' (13)

'I went away thinking okay, what can I do with this? I can either feel very emotional about it and be personally upset for my staff and myself or, I can take this and I can go back to my staff and we can learn from it.' (03)

But the final way of answering was intriguing. It simply conveyed WSMHP as a mindset or a level of consciousness or intention that was triggered by the project.

'It's not so much what you do, but the attitude of paying attention.' (02)

'It was more about building that sense of belonging throughout the whole school.' (10)

'It's not a pre-packaged program, it's an increased awareness and a different way of doing the everyday things.' (06)

'It's just the way we shape the culture of the school.' (10)

'Someone had asked me if it was an anti-bully [program], and I'm like, it is, but it's not, because it's so much more involved than that.' (17)

'The only way to do it is to believe in it.' (06)

Some of the most powerful action in the program was therefore simply in the talk.

'There was a lot of that talk, a lot of that 'responsibility' talk, you know. And teachers would openly stop a lesson and take an opportunity to talk about something bad that happened, or something good that happened, or what should have happened. And they felt that because it was sanctioned from the Principal, that it was okay to do that. And I know that it was all related back to this project, because even though it all is common sense stuff and they should be doing it anyway, it doesn't [usually] happen.' (13)

As a result the project became embedded automatically.

'Because these wheels have been turning for three years it's just an automatic thing, it's not work any more. It's just part of what the teachers do. And the Principal talks about it at staff meetings.' (13)

Discussion

Our insights are based on a set of interviews from a range of different WSMHP participants, active insiders, off-to-the-side observers, newcomers, parents, teachers, staff and community agencies. We reached saturation on the issues we investigated, but would have to conclude that the missing voices were those from the most turbulent schools who, for whatever reason, felt unable or (mistakenly) that they were unqualified to talk with us and declined to be interviewed. That said, the insights here are rich and important for people in every-day practice settings.

Earl and Lee (2000) have written about the need for a critical event which sparks the understanding of need for change within schools. This might be a major incident that happens at the school (such as an episode of conflict) or it might be something orchestrated, like the results of the survey data. In our case the survey-feedback mechanism in the WSMHP, copied and expanded from the Gatehouse prototype, provided the trigger or 'impetus for action' (Bond *et al*, 2004). Our interviewees repeatedly referred to the survey results as 'a slap in the face', as something that made them 'sit up and take notice'. Staff saw these results as tangible examples of the need for change in their classrooms and schools, as well as an indication of how prevalent the need was. Indeed, so invested in

the process were some schools that their expectations of receiving immediate feedback from the social network surveys were occasionally ahead of what analysis time would allow.

Non-government organizations and community-based collaboratives commonly implement programs with less than optimum resources for new staff or activities (Dowrick *et al*, 2001). In this sense our project and context were routine. What was surprising, therefore, was that in many respects the positive results of this study were typical of projects elsewhere, including the better-resourced prototype being emulated here. Others have reported qualitative improvements in school climate (Earl & Lee, 2000; Gittelsohn *et al*, 2003) and renewed attention to teacher-student relationships and student-student relationships (Earl & Lee, 2000). The challenges we observed were not unique either, as others have reported concerns about increased workload (Gittelsohn *et al*, 2003; Wasley *et al*, 1997), turnover of staff (Elias *et al*, 2003; Gittelsohn *et al*, 2003), lack of clarity about implementation (Elias *et al*, 2003) and the intrusiveness of the research process (Wasley *et al*, 1997).

It is usual to rate factors like stability and retention of key players, such as a school Principal, as crucial to successful or sustainable health promotion practice (Shediac-Rizkallah & Bone, 1998). While we support this view, we note that in our case, in spite of the loss of key players, we still had strong agreement that in at least three schools change in school climate was observed. Note that this is not the same as quantitative scores on surveys of the children (that assessment is still taking place). But in the eyes of many of the people we interviewed, the WSMHP project had brought about a noticeable change in courtesy, language, practice and the feeling of being welcome and valued.

So what dynamic might be at play here? Rather than bemoan the frustration of the context, we think it may have special lessons to teach us. Scholars argue that one way to stimulate creative thinking is to imagine any particular phenomenon at a different scale (Stein, 1974; Wicker, 1985). In doubling or tripling or, alternatively, halving or quartering any phenomenon, we see its domains or essence differently and possibly more clearly than ever. Thus under-resourced and extreme contexts can bring out forms of action that are not only adaptable for that context, but also revealing of key principles that can be of universal value. The lifesaving techniques of much modern surgery, for example, owes its roots to highly stressed

and under-resourced mobile field hospitals in mid-20th century war zones, where improvisation uncovered means and methods that had huge applicability beyond the immediate context. Credible data from an under-resourced area can be a universal teacher (Meddings, 2002).

That is not the same as saying that projects should be routinely under-funded, or teachers and children subjected to turbulence and stress, only that in this case study certain wisdom impressed us most. We refer here to the resilience of the project itself in spite of this context, and the extent to which this resilience seemed to be connected to the phenomenon of 'internalization' of the project values, language and 'mindset'. We found that one way of thinking about the project was highly resource-dependent – it's the activities, it's the facilitator, it's the surveys. The other, perhaps more powerful, way was embedded and most evident in attitude and talk. This latter mode of project existence seemed to be its core.

If WSMHP is thought of as a set of projects and activities, or as a set of surveys, one cannot imagine its being maintained without a steady stream of extra resources and an ongoing facilitator. But if WSMHP is a mindset, an intentionality about how to work with children and young people in ways that make them feel and emulate notions of respect, value, integrity, safety and social inclusion – **and this plays itself primarily in the talk and in roles shared by everyone** – then the ongoing resource implications are quite different. In other words, if 'the talk' and the way people share knowledge, skills and ideas about this type of work is the crucial way in which it exists and embeds itself, then strengthening 'the talk' may be paramount for effectiveness and sustainability.

Watkins and Marsick's (1992) model of informal and incidental workplace learning may be useful in helping us amplify the value of 'the talk' in whole organizational change projects. Incidental learning is learning 'by accident' about a phenomenon of interest, as distinct from seeking to learn about something, via a course for example. In the context of WSMHP, an example of formal learning would be teachers attending a professional development session on teaching emotional literacy to children. Incidental learning would be giving new teachers opportunities to see positive examples of how their colleagues resolve playground conflict, or staff meetings where the Principal models principles of welcome, inclusion and participation that, if reproduced in the classroom,

would have the effect of making children feel valued and connected.

Informal learning is slightly different. Here learners (in our case administrators, teachers and other staff, parents, students and community partners) know they are learning about emotional well-being but the learning is integrated, 'on the job' and enhanced by processes that foster reflectivity, creativity and proactivity (Watkins & Marsick, 1992). In other words, informal learning places people in roles and situations where they have to think about, practise and refine their skills and knowledge. These models of learning are considered far more powerful than formal learning, and are most often associated with the phenomenon of cultural change and organizational shift (Watkins & Marsick, 1992).

Learning by doing is a related concept. But the point is that 'doing' is not all. The power is in being conscious of, intentional about and able to articulate actions and broadcast them in a way that enables others to absorb them and position their own practice. Checklists for informal and incidental learning have been developed and tested elsewhere to help practitioners undertaking capacity building for health promotion (Hawe *et al*, 1997). Similar ideas could propel the side of the project that is about communicating the language of emotional literacy and modelling the actions that can make embedded values about the needs of the whole child more intentional. This communication strategy might be particularly important for overcoming the barriers at project start-up.

This insight gives particular meaning to the loss of a school Principal. Loss of a Principal to another position elsewhere is not simply a loss of endorsement or authority, or of someone who can take the decision to fit the project into the school timetable, or of someone who personally encourages parents to return their consent forms, though all these things matter hugely. Loss of a Principal is loss of someone who articulates and models change processes. To be more immune to loss, whole-school mental health promotion projects could therefore develop more active strategies to communicate and build 'the talk' across the system.

Finally, a formal communication and capacity-building strategy would also have to tackle head-on, at the outset, the language of mental health itself. A number of the interviewees commented on the stigma of the words 'mental health' and how these words are misunderstood by staff and parents alike and carry a negative or suspicious connotation. Various words carry a preconceived notion or social definition, such

as 'risk' (such as risk behaviours) (Abbott-Chapman & Denholm, 2001), 'discrimination' (Crawford, 2001) and 'disorder' (Kamhi, 1998). The phrase 'mental health care' carries such a stigma (Nelson & Barbaro, 1985). Even the words 'mental health' may seem to have a negative connotation with emphasis on pathology and mental illness (Osofsky, 2005). Others have also written about this complex problem, and suggest that mental health is under-valued and confused with mental disorders (Cunningham *et al*, 2007; Luthra, 2007; Selan & Gold, 1980; WHO, 2005).

In the UK, some efforts have been made not to use the words 'mental health' at all, instead referring to it as 'emotional and social well-being', because of the acknowledgement that mental health has become synonymous with mental illness (Weare & Markham, 2005). Teachers in our study commented on the difficulty they had in getting parents to sign the consent forms for student surveys because the title of the project contained the words 'mental health'. In one of the schools a parent refused consent for the student surveys of self-esteem, safety and connection to school because the phrase 'mental health' made her believe she was signing consent for a clinical psychiatric assessment. Some teachers were suspicious of being made to implement a mental health program. In our case the collaboration of agencies that had designed and launched the WSMHP pilot made the decision that a positive experience with a project like the WSMHP pilot might help to break down some of the stigma and suspicion. But a strategy for how these negative views would be overturned was not developed formally.

We can now see how a formal communication plan might have anticipated this and led on the language front. Some scholars argue that, in policy implementation, taking hold of and refocusing the language of a new practice is one of the most valuable aspects of the action (Colebatch, 1998). In whole-school mental health promotion most practitioners have embraced the notion that it is an 'approach' or a 'process' to school-led change rather than a 'packaged program' (Deschesnes *et al*, 2003). But this vital nuance needs an accompanying, detailed, culturally specific, sub-vocabulary suited to the range of parents, teachers, support staff and community agencies typically involved, if it is to be meaningfully actualized and embraced.

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References

- Abbott-Chapman J & Denholm C (2001) Adolescents' risk activities, risk hierarchies and the influence of religiosity. *Journal of Youth Studies* **4** (3) 279–97.
- Bond L, Patton G, Glover S *et al* (2004) The Gatehouse Project: can a multilevel school intervention affect emotional well-being and health risk behaviors? *Journal of Epidemiology and Community Health* **58** 997–1003.
- Braun V & Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* **3** 77–101.
- Colebatch H (1998) *Policy*. Buckingham UK: Open University Press.
- Crawford C (2001) Rescuing the concept of discrimination. *Academic Questions* **14** (3) 4747–64.
- Cunningham D, Stephan S, Paternite C *et al* (2007) Stakeholders' perspectives on the recommendations of the President's New Freedom Commission on Mental Health. *Psychiatric Services* **58** (10) 1344–7.
- Deschesnes M, Martin C & Hill A (2003) Comprehensive approaches to school health promotion: how to achieve broader implementation. *Health Promotion International* **18** (4) 387–96.
- Dowrick P, Power T, Ginsburg-Block M *et al* (2001) Community responsiveness: examples from under-

- resourced urban schools. *Journal of Prevention and Intervention in the Community* **21** (2) 71–90.
- Earl L & Lee L (1998) *Evaluation of the Manitoba School Improvement Program*. www.sunvalley.ca/msip3_evaluation/3_summary.html
- Earl L & Lee L (2000) Learning, for a change: school improvement as capacity building. *Improving Schools* **3** (1) 30–8.
- Elias M, Zins J, Graczyk P & Weissberg R (2003) Implementation, sustainability, and scaling up of social-emotional and academic innovations in public schools. *School Psychology Review* **32** (3) 303–19
- Forero R, McLellan L, Rissel C & Bauman A (1999) Bullying behaviour and psychosocial health among school students in New South Wales, Australia: a cross-sectional survey. *British Medical Journal* **319** 344–8.
- Gittelsohn J, Merkle S, Story M *et al* (2003) School climate and implementation of the Pathways study. *Preventative Medicine* **37** S97–S106.
- Hawe P, Noort M, King L & Jordens C (1997) Multiplying health gains: the critical role of capacity-building in health promotion. *Health Policy* **39** 29–42.
- Hawe P, Riley T & Shiell A (2004) How far 'out of control' should a randomised trial be? *British Medical Journal* **328** 1561–3.
- Haynes N (1996) Creating safe and caring school communities: Comer School Development Program schools. *Journal of Nursing Education* **65** 308–14.
- Kamhi A (1998) Trying to make sense of developmental language disorders. *Language, Speech, and Hearing Services in Schools* **29** (1) 35–44.
- Lister-Sharp D, Chapman S, Stewart-Brown S & Sowden A (1999) Health promoting schools and health promotion in schools: two systematic reviews. *Health Technology Assessment* **3** (22) 1–207.
- Luthra R (2007) *Improving maternal health through education*. World Health Organization. www.who.int/pmnch/topics/mdgs/2008unchronicle_rluthra.pdf.
- Meddings D (2002) The value of credible data from under-resourced areas. *Medicine, Conflict and Survival* **18** (4) 380–8.
- Nelson G & Barbaro M (1985) Fighting the stigma: a unique approach to marketing mental health. *Journal of Behavioral Health Services and Research* **12** (1) 17–22.
- Nutbeam D, Smith B, Moore L & Bauman A (1993) Warning! School can damage your health: alienation from school and its impact on health behaviour. *Journal of Paediatrics and Child Health* **29** Suppl. 1. S25–S30.
- Osofsky J (2005) Professional training in infant mental health. *Infants & Young Children* **18** (4) 266–8.
- Patton M (2003) *Qualitative Research and Evaluation Methods* (3rd edition). Thousand Oaks, USA: Sage.
- Patton G, Bond L, Butler H & Glover S (2003) Changing schools, changing health? Design and implementation of the Gatehouse Project. *Journal of Adolescent Health* **33** 231–9.
- Patton G, Bond L, Carlin J *et al* (2006) Promoting social inclusion in schools: a group randomised trial of effects on the student health risk behaviour and well being. *American Journal of Public Health* **96** (9) 1582–7.
- Resnick M, Bearman P, Blum R *et al* (1997) Protecting adolescents from harm: findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association* **278** 823–32.
- Shediac-Rizkallah M & Bone L (1998) Planning for the sustainability of community-based research programs: conceptual frameworks and future directions for research, policy and practice. *Health Education Research* **13** (1) 87–108.
- Selan B & Gold C (1980) The late life counseling service: a program for the elderly. *Hospital and Community Psychiatry* **31** 403–6.
- Stein M (1974) Stimulating hypothesis formation. In: M Stein (Ed) *Stimulating Creativity, Vol 1*. New York, USA: Academic Press.
- Wasley P, Hampel R & Clark R (1997) The puzzle of whole-school change. *Phi Delta Kappan* May 1997 690–7.
- Watkins K & Marsick V (1992) Towards a theory of informal and incidental learning in organisations. *International Journal of Lifelong Education* **11** (4) 287–300.
- Weare K & Markham W (2005) What do we know about promoting mental health through schools? *Promotion & Education* **12** (3-4) 118–22.
- Wells J, Barlow J & Stewart-Brown S (2003) A systematic review of universal approaches to mental health promotion in schools. *Health Education* **103** (4) 197–220.
- Wicker A (1985) Getting out of our conceptual ruts: strategies for expanding conceptual frameworks. *American Psychologist* **40** 1094–103.