Introduction

Topic: What are the Better Practices for Promoting Positive Mental Health in Students with and without Learning Disabilities at the Elementary Level?
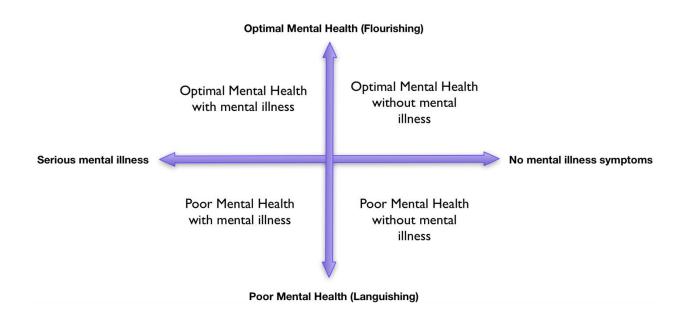
Literature Scan
A Focus on Mental Health (unidimensional view)

Very often, when a child wrestles with the academics in the school setting, mental health is not always considered as the foremost probable factor to be explored. Instead, the child's home life,

socioeconomic status, or even the child's potential to cope with academic issues, are held responsible, rather than acknowledging the fact that the problem could be more intense than it seems, and the child could require professional assistance. Interest in the study of mental health has mushroomed in the past decade, driven by perspectives in the fields of health and education. Mental health is a critical aspect of health and is a resource to assist individuals to cope with the stresses and challenges of day to day living. According to the Association for Children's Mental Health (ACMH), 1 in 5 children and youth have some kind of diagnosable emotional, behavioral, or mental health disorder. Additionally, 1 in 10 adolescents suffer with some form of mental health issue serious enough to impede their daily function at home or in school. This explains that there is a dire need to delve into the study of mental health and make the necessary changes to alleviate this problem. The 2017 Mental Health of Children and Young People in England survey reported that one in eight children between five and 19 years old had at least one mental disorder. Latest government statistics also suggested that exclusions had hit an all-time high during the 2017-18 school year with 7,900 pupils excluded, equivalent to 42 per day. This means that there is an urgent call for children with mental issues at the primary school level to be given special assistance to help deal with their mental issues to avoid more serious mental in problems later in life.

The importance of mental health cannot be understated, as research on mental health continues to play a pivotal role in the development of the social and emotional capacities of students, as well as being a key influential factor in their potential academic success (Askell-Williams & Lawson, 2014). Educators have been vociferous in championing the importance of mental health as it remains a topic of discussion with an international allure, among the ongoing battle to prevent youth depression, suicide, self-harm, anti-social behaviors, such as substance abuse, bullying and violence.

Two-Dimensional View of Mental Health

Corey Keyes in his model of mental health goes beyond a singular focus on mental health concerns or problem. In 2002, Corey Keyes, designed the dual continuum model to illustrate that mental health is a complex state and is not merely an absence of mental illness. He described the two as building along different but intersecting lines. He refers to it as the dual continuum perspective. Keyes posits that it is possible for someone to be free from mental illness but be in a state of low health, a condition he refers to as "languishing." Consequently, there is the possibility for a student to display signs and symptoms of mental illness or stress and could be "flourishing." Keyes made use of the graphic below to illustrate his model.

Optimal Mental Health (Flourishing)

Optimal Mental Health with mental illness

Optimal Mental Health without mental illness

Serious mental illness ←→ **No mental illness symptoms**

Poor Mental Health with mental illness

Poor Mental Health without mental illness

Poor Mental Health (Languishing)

Keyes description of the 'dual continua,' with mental health as one continuum and mental illness as a separate continuum, is indicative that health and illness traverse along different paths. He further posits that trying to avoid an illness or simply treating it, does not create or uncover health. Consequently, there is need for a comprehensive plan to be put in effect that embraces appropriate

activities that cater for students to strengthen their mental wellness, in addition to catering for those who are at risk of developing illness or treating those diagnosed with mental issues.

Another important implication of the Two Continua Model is that level of mental health differentiates level of functioning among individuals who are free of mental illness and those who have a mental illness. Put differently, anything less than flourishing mental health is associated with impaired functioning for those with and those without a mental illness.

Using the model, it is evident that children with a mental illness are not mentally healthy, but it is "extremely dubious to assume that children without a mental illness are necessarily mentally healthy" (Keyes, 2006, p. 396). Instead, the state of a person's mental health may be described across a continuum, so that individuals experiencing unhappiness and difficulties, but who have no mental health disorder, are considered to be languishing (Keyes, 2002). According to Keyes, languishing is a state of being which occurs at the lower end of the mental health spectrum. It "is a state that lacks positive functioning and has an emphasis on the individual merely existing from day to day" (Liddle & Carter, 2010, p. 9). Individuals who are neither languishing nor flourishing are said to be experiencing moderate mental health.

 Individuals with the most positive state of mental health are at the higher end of the spectrum and they are deemed to be flourishing. Most people, according to Keyes (2006), have a state of being that is located between languishing and flourishing on the spectrum, and are said to be experiencing moderate mental health. Boundaries between these states of wellbeing are not clearly defined and people can move along the spectrum at different stages of their lives.

Mental wellness, which is considered a process as well as a state, must also be seen as a positive phenomenon that is more than the absence of mental illness. Keyes uses "mental wellness" for the continuum from languishing to flourishing as evidence that it is not mainly focused on mental illness and that, we can be assessed using both our inward and outward state of mental wellness at any particular time. He posits that a person's mental health, which is a resource with many dimensions, includes their wellbeing, how they function as an individual, as well as their adaptation in society in productive ways that will allow them to attain their goals.

Positive Mental Health Defined

The field of Positive Psychology in its pursuit of contemporary better practice research has contributed to a change in the perception of mental health by moving beyond a problem focused approach to welcome a more constructive and positive view of mental health. This view places emphasis on wellbeing and strengths and is consistent with Keyes' view of flourishing, the second dimension of his model. Conceptions of mental health have changed significantly over the past decades (Weare, 2010), shifting from notions of mental "health" as the absence of mental disorders, to a focus on mental well-being as a positive state that everyone can attain. This focus on mental wellbeing has commonly been called in the literature, Positive Mental Health.

Much of the work on mental health has not focused on supporting the development of positive mental health, but instead has had a primary focus on mental illness, specifically service-access and stigma-related issues. Just as health involves more than the absence of a physical illness, mental health is more than the absence of a mental illness. It is a component of overall health and is shaped by individual, physical environment, social, cultural and socio-economic

Current definitions of positive mental health reflect the conceptual evolution of its more holistic aspects. For example: According to the WHO, positive mental health "is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (2010, p.1).

According to the PHAC, positive mental health "is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity."

Positive Mental Concepts or Themes

The literature on positive mental health includes a range of key concepts that place emphasis on the promotion of psychological wellness surrounding children and youth. These positive mental health themes include, **protective factors, diversity, social emotional learning, positive (strength-focused) youth development, resilience.**

protective factors and resiliency, diversity, acceptance and understanding of student mental health needs, connectedness, strength-based perspectives, mental fitness and self-efficacy.

Protective Factors

Protective factors are extremely paramount to the development of our children and youth. Protective considerations have been defined as 'factors that contribute to positive development and resiliency. The enhancement of protective factors requires addressing the developmental needs of children and youth' (Van Ryzin, 2011).

At the pre-school years, caregivers need to be given assistance in the promotion of pre-natal care, facilitating the development of nurturing of family routines, and enhancing caregiver skills and confidence (Peterson and Morrison, 2012).

At the middle childhood phase, which caters for ages 6 to 12, school experience remains a priority. During this period, purposeful educational encounters play an integral role in assisting children develop positive relationships. They should be privy to positive school-based experiences that allow them to experience academic success and be surrounded by adults who support and show concern for them by working in collaboration with them. These caring adults could be their caregivers, educators, family members and respectable persons/mentors in the community.

During the adolescence period, which is considered the later school years, enhancing protective factors incorporates the promotion of pro-social mindset and conduct, through positive contact with the home, school and the community setting.

Educators have been giving much attention to the prevention and development of risk behaviors through a school-wide education approach, crafted to intensify protective factors. Such approaches have yielded positive impacts on skill-attainment, pro-social behaviours and character development (Bower, Caroll and Ashman, 2012).

Diversity

Diversity helps cater for students' strengths as well as their learning styles. It alters the instruction approach to focus from a system-based to a student-centered approach to instruction and learning environments. Therefore, students enjoy being educated, as educators tap on their strengths and teach them according to their learning styles. According to Bartolo (2010, p., 568), some of the

categories of diversity are…. sex, race, color, ethnic or social origin, genetic features, religion, political affiliation, age, disability, etc. According to Higbee and Goff (2008), "the life experience that the students bring into the classroom is highly valued and used as a point of entry for teaching and learning. In so doing, students find their cultural values highly regarded" (p.30).

A culturally enriched classroom learning environment benefits both teachers and students, as it ensures that the voices of all students are acknowledged and respected. It is also a recommendation by theorists and practitioners that school personnel be trained in diversity as it relates to sensitivity regarding students' differences, respect and equitable participation and social justice. However, others propose the implementation of policies that ensure the use of school-wide practices that foster the inclusion of all students Bartolo, 2010; Diaz, Kosciw, & Greytak, 2010).

The acceptance and understanding of students' mental health needs is an area of great concern to educators. The stigma associated with children and youth suffering with mental illness continue to be a battle for educators and must be considered a critical area of change in the design of positive learning environments (Rickwood, Cavanagh, Curtis & Sakrouge, 2004; Conrad et al., 2009; Essler, Arthur & Stickley. 2006). According to the World Health Organization (WHO) estimates, "Approximately one in five young people under the age of eighteen experiences some form of developmental, emotional or behavioural problem; one in eight experiences a mental disorder" (WHO, 2004, p. 13). This means that the inclusion of these students in all learning environments warrant extreme caution and sensitivity as it relates to their educational, health and wellness needs, in addition to existing attitudes and stigma associated with mental illness.

Statistics with such alarming rates indicate the need for targeted professional development and training for teachers as it relates to their responsibilities in the enhancement of students' mental health and well-being.

Social Emotional Learning

Social emotional learning (SEL) is defined as the process through which children and youth develop the knowledge attitudes and skills to identify and manage their emotions, set and pursue positive goals, communicate caring and concern for others, initiate and sustain positive relationships, make decisions that demonstrate respect for self and others and deal with interpersonal concerns and challenges effectively (Morrison and Peterson, 2010).

These salient development competencies not only facilitate children and youth in initiating friendships and resolving conflicts, but assists them in getting themselves to a state of calmness when they are annoyed and allowing them to make decisions that will benefit the positive growth and development of themselves as well as their school, home and communities. Positive research support for the effectiveness of social-emotional programs has been noted in both school and after-school settings. Areas of change linked to such programs have included enhanced positive attitudes about self and others, strengthened connections to school, increased academic performance, as well as reductions in externalizing and internalizing behaviors (payton et al., 2008; Ashdown & Bernard, 2012).

Contemporary studies are presently issuing evidence that explicit efforts to include social-emotional learning elements across the curriculum, as well as in specific learning activities, have a positive impact on students' growth and development. In an Australian study investigating the effect of such learning elements on the social-emotional development, well-being and academic

achievement of students, results were consistent with the growing body of evidence indicating the impact of programs that include targeted teacher-led instruction related to social-emotional learning (Ashdown and Bernard, 2011). The report from this study revealed significantly greater gains among students who were recipients of explicit instructions in their levels of social-emotional competence, positive self-orientation, positive other-orientation, and positive work-orientation, than did students not participating in the program (p. 403). The confirmation made by this study was that such programming should be "an integral and central part of the mainstream primary school… and be embedded into the fabric of the whole school…valued by parents, staff and pupils alike' (p. 69).

Positive Youth Development

Positive youth development (PYD) refers to ecological, asset or strength-based approaches that promote healthy child and youth development through supportive community environments and connections (JCSH, p., 9). In contrast to traditional community mental health programs, these approaches focus on the inclusion of all children and youth rather than targeting services to those of specific risk-need profiles (Bradshaw, Brown & Hamilton, 2008).

Additionally, present-day positive youth development writers make reference to Pittman's (1999) five C's framework for conceptualizing positive youth development initiatives and their desired outcomes (McKay, Sanders and Wroblewski, 2011; Mueller et al., 2011). These include:

- Confidence – Having a belief in one's capacity to succeed
- Character- Having a sense of independence and responsibility to personal principles and values
- Connection- Having a sense of belonging to people and their social environments

- Competence- Possessing the capacity to respond or act effectively in school, social or work situations

- Contribution- Being an active participant or leader in making a positive difference

Through their discussion of positive youth development programs, Law and Shek, (2011) featured a variety of dominant components associated to the development of successful programs geared towards youth. These include; a focus on youth interests, active involvement of youth, sufficient structure by program implementers, interactive daily methods, strategies to engage and motivate youth, praise and encouragement, familiarity of program implementers with youth and reflective learning by youth.

Additionally, the move towards positive youth development features heavily on building relationships with concerned community adults by taking part in activities that foster active participation instead of being recipients of services or just receiving community aid. This initiative will allow the youth to maximize their potential by exploring avenues through structured programs. In addition, positive youth development programs may be implemented within schools, communities or represent partnerships between educational settings and the youth-serving agencies in the same locale (Madsen, Hicks & Thompson, 2011).

Resilience

The term 'resilience' is frequently used by individuals to describe mental wellness. Resilience refers to one's 'bouncing back' after a stressful event, ambiguous situation or a challenging time. In addition to resources such as having considerate and supportive relationships, someone can use coping or stress management tools to regain their usual functioning state.

Being able to take measures to bounce back and function in your normal lifestyle is paramount. However, being determined to increase your knowledge in managing your stress level or resilience, can be even more powerful in allowing you to not only 'bounce back,' but 'bounce forward.' This is like a self-discovery and growth-oriented resilience activity, where the object advances and improves as time progresses. Growth oriented resilience has the objective of assisting one in the face of challenges to manage and thrive. When someone takes time to assimilate and understand what triggers their stress level and what solutions work best for dealing with their stress, they can reflect on those practices when the need arises and thrive amid their challenges.

Resilience refers to the ways in which some people facing adversity seem to deal with certain challenges with little or no apparent change in their daily functioning and development. Some definitions of resilience focus on how individuals positively adapt or avoid negative events and trajectories. Others move beyond the individual to reflect a dynamic process and interaction of risk and protective factors at multiple levels, including the individual, family/relationship, system or community, and cultural levels. Within this perspective, "resilience is the capability of individuals and systems (families, groups, communities) to cope successfully in the face of significant adversity or risk. This capability develops and changes over time, is enhanced by protective factors within the individual/system and the environment and contributes to the maintenance or enhancement of health. Factors that influence resilience may be a risk or a protective factor, depending on various circumstances and may also have a greater cumulative impact over time.

Another way of looking at resilience is in terms of how people navigate (seek out help) and negotiate with family, community and culture for meaningful resources to cope. This perspective arose out of a Canadian-led project involving over 1,500 youth from 14 communities in 11 countries. Results showed that youth's successful management of adversity was contingent on how they navigated or negotiated the following:

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  • Having available material resources and opportunities and access to them;

  • Having connections to family, peers and community;

  • Having a sense of purpose and identity;

  • Having the ability to effect change in one's circumstances;

  • Adhering to cultural practices, values and beliefs;

  • Ensuring social justice through meaningful roles in the community and social equality; and

  • Connecting with one's larger surroundings.

In addition to looking at the concept of resilience, researchers are increasingly discussing adversity, challenges and struggles as contexts for positive consequences, growth and change. Life can be seen as an ongoing and dynamic process; in this context, when people are exposed to risk and both positive and negative experiences, they can be strengthened against future adversity. Authors suggest that one key in doing this is to determine what supports people need as individuals and communities as a whole to facilitate growth from negative circumstances and adversity. For some, such as people with high levels of maturity, this may involve finding meaning in and growing from life transitions and experiences. In addition, developing the skills and knowledge to

confront problems and expand their resources, as seen through effectively mobilizing individual and social resources in the face of a threat, can help people reach a higher level of functioning.

Moving beyond PMH Concepts to an SDT Framework for Positive Mental Health Promotion

Moving beyond positive mental health concepts, Deci and Ryan delineate three positive mental health or wellbeing needs that are shared by students and adults together. Within NB, these needs have become known as mental fitness needs. Mental fitness is a universal phenomenon that is paramount to the quality of life of all human beings. Therefore, promoting positive mental fitness is a primary concern as children and youth continue to struggle with anxiety and depression. Morrison et al describe mental fitness as students' capacity to be self-determined, to think about, plan, and act on personal decisions that contribute to emotional, social, and physical development. They suggest that mental fitness has been shown to be associated with student attitudes and behaviors, including positive and negative affect, pro-social and oppositional behaviors, and tobacco use. They developed a mental fitness survey module based on positive psychology approaches, particularly the work of Deci and Ryan who stress the importance of relatedness, competency, and autonomy as core psychological needs.

Relatedness Needs

Relatedness, which has attracted increased attention in recent years, refers to the need for connections and relationships with peers, family and other people who are important to us or play an integral role in our life. Fulfillment of this requires interaction with others, membership in groups, and support and encouragement. When relatedness needs are met, children's and youth's self-perceptions may include such notions as: I belong or I am part of a group community, or I feel

included, encouraged and supported by others (Deci, 2009; Deci &Ryan, 2007; Morrison and Peterson, 2007).)

Competency Needs

Competency refers to the feeling of being capable of mastering tasks and developing skills within a given context by making use of an individual's personal abilities to obtain goals. Fulfillment of this need provides individuals with a sense of achievement and accomplishment. When competency needs are met, children's and youth's self-perceptions may include such beliefs as: I have strengths and gifts that are recognized by others. When I use them, I feel a sense of worth and accomplishment (Deci,2008; Deci & Ryan, 2007; Morrison and Peterson, 2007).

Autonomy Needs

Autonomy is described as a feeling of personal agency and ability to make your own decisions in different activities. When this need is satisfied in conjunction with other need areas, freedom and choice are expressed in ways in which respect is demonstrated for self and others. When autonomy needs are met, children's and youth's self-perceptions as well as those of adults, may include such beliefs as, I am able to make decisions about things that are important to me and others. I feel hopeful because others support my participation in decision-making (Deci, 2009; Deci & Ryan, 2007; Ferguson, Kasser, and Jahng, 2010, Morrison and Peterson, 2007; Reezigt & Creemers, 2005). A learning climate with autonomy support fulfills the student need for satisfaction and adaptive outcomes (Cheon, Reeve, & Moon, 2012). People's autonomy is supported by the social environment in terms of urging activities which are in harmony with their true selves, contrary to those activities which only serve other people's egoist desires or expectations (Weinstein, Ryan & Deci, 2012).

Educational Implications for Promoting PMH

Research proposes that when these three conditions are present, individuals may be motivated for more intrinsic reasons. They are highly motivated, enthusiastic, more involved in learning activities, are more likely to persist on difficult tasks, actively cope with challenges, stay in school longer because they feel connected to the school, and achieve higher academic rates when they believe their teachers understand and care about them. Additionally, when the school environment is able to support pupils' need for autonomy, competence and relatedness, its activities are associated with positive cognitive, physical and social experiences (Chatzisarantis et al., 2003; Liu et al., 2016; Niemiec and Ryan, 2009; Ntoumanis and Standage, 2009; Sun et al., 2017; Van den Berghe et al., 2014). This means that their psychological well-being and resilience needs will definitely be boosted.

Mental fitness is fundamental to drive positive lifestyle changes and is also a strong predictor of physical health. Improved mental fitness motivates us for positive lifestyle changes around healthy eating, increased physical activity, and tobacco-free living. According to Deci & Ryan, when the three fundamental psychological needs (relatedness, competency and autonomy) are satisfied, it leads to well-being and when thwarted, leads to ill-being (Ryan and Deci, 2017). Consequently, contexts such as schools, homes and communities are thought to support or inhibit the satisfaction of these needs. However, they can play a pivotal role in paving a trajectory for children and youth that can serve as a panacea to the plaquing issues of mental health in today's society. Some potential implications for contributing to psychological wellness may include:

- Empowering children and youth to collaborate with their peers in the development of their own solutions for specific problems (autonomy, competency, relatedness).

- Suspending judgement and encouraging the expression of children and youth's thoughts and feelings in classroom and home discussions (autonomy).

- Providing opportunities for children and youth to identify and use their strengths in academic work (autonomy, competency).

- Encouraging children and youth to be involved in a wide range of activities that include emphasis on their interests and preferences (competency, autonomy).

- Emphasizing fairness and social inclusion in small group, school-wide and community learning activities (relatedness).

- Reaching out and involving specific groups of children and youth who do not feel part of the school or community (relatedness, autonomy).

- Focusing on developing positive working relationships with parents and members of the community (relatedness).

- Encouraging children and youth to be involved in a wide range of activities that include emphasis on their interests and preferences (competency) (Morrison and Peterson, 2007).

Research Questions

The key question of this research is to elucidate the better practices for promoting positive mental health in students with and without learning disabilities at the elementary level. The sub-questions to be addressed are:

1. From your perspective what role does the school environment play in promoting student well-being and flourishing?

2. How would you define positive mental health for students and educators? How does it differ from our traditional view of mental health?

3. What is the relevance of Mental Fitness or Deci and Ryan's SDT model to the promotion of positive mental health environments in schools?

4. What strategies should be implemented to promote positive mental health (mental fitness) among school staff?

5. What strategies should be implemented to promote positive mental health (mental fitness) among students?

6. What strategies should be implemented to promote positive mental health (mental fitness) among students' families and communities?

7. What are the initial steps of readiness needed to begin promoting positive mental health/mental fitness practices in schools?

Taking a qualitative research approach, this research offers insight from experienced teachers and educational professionals from elementary schools and professors from the University of New Brunswick. I have collected in depth, qualitative data, which is idiographic in nature, seeking to provide a rich description of the subject matter (Bryman & Bell, 2012). Therefore, a total of four individual interviews will be conducted. The interviewees will be certified teachers who have supported students with mental health issues. Throughout this collective research, I will be focusing on one topic and will replicate the same procedures for each individual.

Implications for St. Lucia

The present research has important implications for educational reform in St. Lucia. In broad strokes, this research serves as a reminder to policymakers and curriculum planners in St. Lucia that mental health issues are significantly affecting schools and it starts as early as in kindergarten children. The rich breath of new knowledge and understanding that this research has afforded me on the subject matter, has brought me to the realization of the prevalence of mental health problems in St. Lucia, which seems to be occurring among younger cohorts. It triggered a burning desire in me to search for better practices for student well-being/or practical solutions to reduce the burden of suffering on children and their families, and the costs to society both immediate and long term. In addition to this, all my previously held beliefs concerning mental illness have been totally thwarted- that mental health is not just about seeking interventions for those who are mentally ill, but addressing the needs of young people with emotional concerns, as well as undertaking proactive actions that promote the well-being of all children and youth and reduce risks associated with the emergence of mental health problems.

Numerous implications can be drawn from this research, but I think the first major implication is the need to address the very low levels of mental health literacy and associated stigma, at the elementary school level. If teachers do not make a conceited effort to support the mental health of their students, then they are subsequently doing them a disservice. It is clear that strong mental health is vital for student success; thus, all teachers must be practicing strategies to support and promote student mental health and wellness. Of course, teachers cannot be expected to do this alone, because mental health promotion is a shared responsibility. It takes the education community, parents, and the public to ensure the success of our future generation.

Sad to say, our Ministry of Education still has a long way to go in adopting the recommendations of the World Health Organization in the placement of social-emotional learning content within the general curriculum, and the design of teaching and learning practices to foster environments of support and well-being for students. To date, very little consideration is given to topics that promote positive mental health development within the health and family life syllabus. Furthermore, greater emphasis is placed on subjects such as Language Arts and Mathematics, while subjects that address the social and emotional wellbeing of students are not considered as a major priority. More assessments are carried out in Language Arts and Mathematics than any other subject area and teachers are under constant pressure to improve students' performances in these academic areas, while scant regard is given to subjects that foster the mental, social and emotional development of students. Through this research paper, I hope that education leaders will understand that the mental health of students is more important than their grades, because they need to be mentally healthy to produce good grades.

Some great practices have been introduced to me through this study; however, I believe the easiest way to begin supporting mental health in schools is to provide education on the topic and guidance on enhancing social- emotional learning through explicit and systematic instruction, as well as strategies for reinforcing social-emotional competencies in cross-curricular instruction and throughout classroom and school-wide activities.

Through this research, I hope that in order to enable all students to achieve their potential and experience positive mental health and well-being, school and school authority leaders will play an important role in fostering collaboration, engagement and empowerment of all partners in the educational system.

This, in turn, will heighten mental health literacy among our students and educators. It will raise awareness on the topic and hopefully aid in reducing stigma associated with mental health problems. I believe no age is too young to begin this discourse. The sooner we educate our students on mental health, the sooner we can begin to combat this national dilemma affecting our younger population. Student wellbeing is pervasive in that, it affects most aspects of a student's functioning at school.

According to Morrison and Peterson (2013), the need for relatedness, competency and autonomy is associated with increased psychological well-being or resilience. Consequently, some of the potential implications for contributing to psychological wellness may include, empowering children and youth to collaborate with their peers in the development of their own solutions for specific problems, which is where autonomy, competency and relatedness come to play.

I have always recognized the importance of a strong relationship with students' families; however, this research has illustrated how critical it is for this connection to be made. As a recommendation for the education community, I strongly encourage teachers to establish a communication bond with students' families. For some students, this steady contact may be the reason that mental health problems are brought to light. If teachers consistently communicate with families, they have a better opportunity of truly knowing what is going on in the lives of their students. They can acquire information about their students' lives outside of school, including their home-life. Throughout my experience, I have discovered that families are more willing to divulge, sometimes personal and sensitive information to teachers who demonstrate a sincere concern for their students' well-

being. This, in turn, can potentially aid teachers in supporting their students' mental health by being aware of the challenges and strengths in their students' lives.

Another recommendation that I have for the education community revolves around mental health training for teachers. Through this research, I have discovered that many teachers feel unprepared to support student mental health effectively; furthermore, many teachers have little preparation and education about it at the pre-service level. Thus, I suggest that more in-depth training be included in teacher education programs in St. Lucia. An increase of knowledge on the subject matter can potentially relieve educators of their own stress and anxiety that often results from feeling ill-equipped to manage mental health in students. I believe positive mental health is an approach that should be practiced in all schools. However, support and awareness of that fact should start at the highest level and trickle down.

Additionally, I propose that boards of education make mental health professional development mandatory for teachers. By so doing, I believe that principals will have the motivation to organize mandatory professional development days on student mental health and wellness throughout the academic school year. All educators, including individuals who interact with, and support children daily must attend. That would include early childhood educators, social workers, child and youth workers, ancillary staff members, should be present. These professional development opportunities will bring awareness and diminish the stigma associated with mental illness in St. Lucia. It will allow educators to interact with each other and break the silence of mental illness, with the hope of adequately supporting all students. Indeed, if teacher candidates are trained correctly and educated in student mental health, protective measures will increase while vulnerability factors decrease.

Consistent with the conclusions of WMA (2009), the present research finds that stigma which is defined as "society's negative response to people who have a mental illness, is often described as more disabling than the illness itself" (p. 44). Many children who suffer from mental issues have learnt to be quiet about it because there is very little in place to cater for their needs in the school, home and community environment. Consequently, this has led to poor performance at the school and society level. In many cases, children turn to drugs and violence for comfort. In some cases, adolescents suffer negative consequences from silence which lead to suicide.

Policy makers need to pay special attention to the issue of teacher education and preparedness for the classroom as it relates to mental health and resiliency in elementary school children. According to the literature, Rothi (2008) claims that teachers feel unprepared to manage students with mental health needs because they are lacking the resources and tools required to understand student mental health and promote a safe and healthy learning environment.

Another implication presented by this research for teachers supporting students with mental health needs, is to have a burning desire to support students' mental health. As educators it is paramount that we bring an awareness of mental health into our classrooms, to facilitate building resilience in our students. It is noted in the literature, Morrison et al (2010) defines resiliency as "the demonstration of positive adaptation of children and youth despite challenges, obstacles or areas of risk that they encounter in their social contexts and living circumstances" (p. 10). Bouncing back from today's stressors is one of the best skills children and youth can develop. As educators, it is our responsibility to provide our students with the best possible care and education in order to be healthy global citizens. We can inculcate this practice in our students by allowing them to

express their feelings in a safe and welcoming environment and providing ample opportunities for them to talk about their feelings and settle disputes in a complaisant fashion.

Secondly, protective factors have also been found to reduce the chances a child will develop a mental illness (Mash, 2002). Some characteristics of protective factors in children include sociable, easygoing, high self-esteem, self-confidence, close relationship to caring parent figure, adults outside the family who take an interest in promoting the child's welfare, connections to social organizations, and attendance at effective schools (Mash, 2002). These are all moral protective factors that teachers need to become more aware of. I believe most children are resilient, and that resiliency is something that can be developed and nurtured. Nonetheless, if teachers are educated on the qualities that help make young people resilient, thus protective factors, fewer children may have mental health issues.

Based on the evidence from both the WHO (2014) and the CMHA (Canadian Mental Health Organization, 2015) there is a substantial percentage of students, specifically in the school age range, who suffer from some form of mental disorder. The CMHA (2015) has reported that mental health disorders are the second highest factor for hospital care, and that it is related to Canada's increasing suicide rate in youth. The most troubling finding is that only twenty percent of individuals who suffer from a mental disorder actually receive adequate support (CMHA, 2015). These statistics illustrate the growing demand for mental health support, from the health sector and other public sectors within Canada.

The literature confirmed a confluence of problems associated with school performance and child and adolescent mental health. Poor academic functioning and inconsistent school attendance were

identified as early signs of emerging or existing mental health problems during childhood and adolescence.

Although the concept of mental health is applicable to every member of the school community, there is an apparent stigma that exists in the education system associated with the term, mental health. The perception, reinforced in the literature is that schools are not in the mental health business, specifically with reference to the role in treating and supporting psychological challenges; this stigma may also exist because society often correlates mental health with treating mental illness (Adelman & Taylor, 2006; Whitley, 2010). Rather, the role of the school is to ensure that teaching and learning are taking place. In some developed countries like Canada, there has been an evolution in how mental health is viewed within schools as a result of research specifically identifying how mental health impacts student achievement in school (Askell-Williams & Lawson, 2014; Brener et al. 2007; Flannery et al., 2004; Whitley, 2010).

I believe that principals should organize mandatory professional development days on student mental health and wellness throughout the academic school year. Individuals who interact and support children daily must attend. That means all educators, including early childhood educators, social workers, child and youth workers, should be present. Professional development opportunities will bring awareness and diminish the stigma associated with mental illness. It will allow educators to interact with each other and break the silence of mental illness. Educators will start many conversations around mental health and wellness in hopes of adequately supporting all students.

The second recommendation is aimed at teacher education programs in St. Lucia. There are no programs available at the Teachers' Training Institutes in St. Lucia that cater for student mental

health and wellbeing. Interviews conducted with a few teachers revealed that they do not have a course on student mental health in their Bachelor of Education program. Throughout the course, mental health was not addressed in the classroom or in their practicum classrooms. I recommend that all Bachelor of Education programs have a course on student mental health and wellbeing and teacher candidates are placed in schools that support a mentally healthy environment. Indeed, if teacher candidates are trained correctly and educated in student mental health, protective measures will increase while vulnerability factors decrease.

As educators, we know there are students in our classrooms struggling with very real concerns and their well-being is at risk. Mental health challenges can manifest in acting out behaviours or can lead children to become withdrawn and underachieve.

Mental illness seriously interferes with a child's academic achievement and their ability to form relationships. In our schools, anxiety, behaviour and mood disorders are the most prevalent and are experienced by some of our most struggling students. As frontline workers, we know that the well-being of many of our students is a concern even when there is no diagnosis of mental illness. As I think of my teaching years and the mental health and well-being of the young people I am tasked with educating, I feel overwhelmed and frustrated.

My VISION FOR THE FUTURE

With adequate government intervention, the vision for child mental health services, training, and research in the St. Lucia can be expanded, drawing on the experiences in other regions of the world that have faced or are now facing similar challenges. The next three paragraphs describe three specific actions that I believe are both feasible and in the best interests of developing a long-term strategy for child and adolescent mental health in St. Lucia.

Initiating a research training seminar that would help to develop a cadre of young researchers to establish key mentoring relationships in the education system in St. Lucia will be the trajectory to positive mental health. This kind of mechanism has been very successful for many years in the WHO European Region. To initiate such a program, a primary sponsor is needed, along with the involvement of key researchers who have an interest in positive mental health activities.

Another possible action would be to establish a child and adolescent mental health training committee. This could be done under the auspices of one of the highly recognized child and adolescent mental health professional organizations such as Pan-Canadian Joint Consortium for School Health (JCSH). Such a group could carry out a systematic study of existing training programs, coordinate them, and identify extrabudgetary resources for additional training programs.

My Own Journey

As my frustrations grew about how I could meet the needs of the students in my classroom, I embarked on a journey of learning and discovery. I spent two years working towards a Bachelor of Science Degree in Special Education, with a focus on education and pedagogy. I wanted to learn more about what was happening to the children in my classroom and to understand ways I could impact their ability to be present and learn. When I completed my program, I was eager to get back into my classroom and put some strategies into place.

Although I tried the best I could, there was still a missing piece in the puzzle. It was only after I did my first course at the University of New Brunswick with Dr. William Morrisson that I was

awakened to the reality of the missing piece to solve the puzzle, and that is the study of mental health and wellbeing of students.

As educators, to perform our duties we must be able to create healthy learning conditions in our classrooms and schools. The question remains how do we do this when we know that for so many of our students the challenges are grounded in mental health and well-being difficulties? As I explored the better strategies to be implemented in the classroom setting, I discovered that as a classroom teacher, I can adopt the following**: (Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives)**

- Provide appropriate support within the framework of a welcoming, caring, respectful and safe learning environment when they recognize that a student may be struggling with mental health difficulties;

- Work together with other school staff to help all students learn about and experience positive mental health;

- Create a learning environment that is inclusive and values diversity. Provide appropriate universal and targeted strategies and supports to address students' strengths, learning challenges and areas for growth;

- Foster equality and nurture a sense of belonging and a positive sense of self;

- Look for teaching and learning opportunities to enhance resiliency, social-emotional competencies and other mental health literacies;

- Collaborate with service providers and other specialists to design and provide targeted and specialized supports; and

- Build positive relationships with students, families, peers and others in the school and in the community to support student learning and well-being.

Final Thoughts

I have the burning desire to push positive mental health and well-being to the highest level in the education and health sector in St. Lucia. I will also be working towards building a positive classroom environment that is safe and inclusive, working daily to practice better positive mental health strategies and help reduce the stigma associated with mental illness. As I build those all-important relationships with my students, I will be better able to model appropriate social skills and the "selfies" (awareness, control, and esteem). I feel empowered through this research and know that I am getting closer to having the type of impact I want to have on my students.

Data Analysis

The data received through the interviews with each participant was audio-recorded. I listened carefully to each audio-recorded file. Many of the responses were overlapping so I summarized it.

8. **From your perspective what role does the school environment play in promoting student well-being and flourishing?**

All participants strongly agreed that the role played by the school environment in promoting student well-being and flourishing is critical, owing to the fact that students spend in excess of more than six hours daily at the school. Within the school context, promoting student well-being and flourishing involves enhancing protective factors that contribute to the social-emotional

growth of students and decreasing specific risk-factors that impede psychological development. This includes the implementation of supportive school policies, development of safe and caring environments within school and community settings and the provision of direct instruction for students on skills and strategies that enhance their coping and problem-solving capacities. The school environment should be one that involves student participation and empowerment and provides a safe and supportive environment for all students. One participant noted that, "Greeting each student every morning and afterschool so they feel welcomed and cared for and providing them with opportunities to express themselves freely in the class, are strategies that set up a mentally healthy classroom environment where all children are able to learn and feel safe. One of the participants stated, 'I cannot separate wellbeing from learning."

Another key point brought about by the participants was that of respect. They were of the belief that respectful relationships support among all teachers help promote and model respect, positive attitudes and positive behaviours among students. One of the participants noted that, "It teaches our children how to build healthy relationships, resilience and confidence. Therefore, there is need to provide a safe and accepting environment for students." Additionally, the school environment should give them a sense of wellbeing and connectedness as a result of learning and living in a school environment that is welcoming, equitable, inclusive and respectful. Participants stated that the school environment should be a place where every student is encouraged to take risks, be creative and innovative in a learning culture that is caring and safe. It should be a place where healthy relationships are nurtured, and students are inspired every day to participate actively and with confidence. Another participant said, "Students need to be engaged and display competency in a range of skill- building and movement-development activities to promote physical health, increase self-esteem and develop positive interpersonal skills." Participants agreed that the school

environment should be a place where students not only cultivate their intellectual minds but also develop a broad set of character strengths, virtues and competences, which together support their well-being.

Positive and secure relationships correlate directly to motivation and school engagement, subjective well-being and the reduction of anxiety and depression. All participants agreed that the roles that the school environment play in promoting student well-being and flourishing afford students the opportunity to explore, take risks, and try new experiences because they know they have people to count on, fall back on, and turn to for reassurance and encouragement. One participant ended the interview with the question, "How can we learn when we do not have a positive sense of wellbeing?"

9. How would you define positive mental health for students and educators? How

does it differ from our traditional view of mental health?

The participants definitions pointed to Corey Keyes definition of mental health. Like Keyes, they agreed that mental health is just not the absence of mental health problems; it is also having the right conditions in an environment, having the right kinds of relationships. The dual dimension of mental health presented by Keyes serves to define mental health accurately and specifically. According to a participant, "When we speak of mental health, we look at concerns, diagnosis, those things that are problematic or challenging. In those cases, we look to provide the right level of support for children." He went further to explain, "This means that when there is a complex mental health problem related to a child, we look for services to assist the child at the school, home and community level." The other facet is that of the view of Deci and Ryan, who posit that

mental health is not just the absence of mental health problems, but it is also having the right conditions in an environment, having the right kinds of relationships that support wellbeing and setting the right tone in the environment. One participant added further that mental health means "Students need to be in a place where they will feel valued, feel a sense of connection, where their little voices will be heard and built upon, they will feel appreciated and they will learn and flourish." The other aspect is the environment, which must foster a sense of belonging, valued and have a voice. Wellbeing involves addressing areas of support by setting the right tone in the environment.

Participants asserted that positive mental health is a state of psychological wellness that reflects people's self-perceptions, regarding the fulfillment of three basic psychological need areas; relatedness, competency and autonomy.

Relatedness refers to the need for students to feel connected to family, peers, and other significant individuals in their lives. When relatedness needs are met students' self-perception will be boosted and they will feel belonged and accepted. Competency refers to the need for recognition and using their personal gifts and strengths to achieve their personal goals. Competency gives them the sense of worth and accomplishment and helps them realize that they have gifts that are recognized by others. Autonomy refers to the need for personal freedom to make choices and decisions. When autonomy needs are met students feel hopeful, knowing that they had an input in the decision-making process of things which are important to themselves as well as others. One of the participants stated, "Positive mental health emphasizes well-being and takes a more proactive, strength-based approach to health."

Participants agreed that satisfaction of all three needs will lead to psychological well-being, which is self-acceptance, positive relationship with others, personal growth, having a purpose in life, environmental mastery, and autonomy. That is, individuals are functioning well when they like most parts of themselves, have warm and trusting relationships, see themselves developing into better people, have a direction in life, are able to shape their environments to satisfy their needs, and have a degree of self-determination.

Another participant posited that positive mental health is supporting positive relationships with supportive friends, social opportunities, involvement in meaningful activities, and the effective management of stress and conflict.

The responses to our traditional view of mental health approaches was met with a common thread by the participants. They all emphasized that the traditional approaches were focused on problems or challenges and their emphasis was based on interventions to remediate or address the areas of risk, need or concern related to student well-being. One participant refer to it as a 'deficit' plan.

Traditionally, such approaches have emphasized the problems or challenges associated with existing or emerging mental health-related concerns in children and youth, and the approaches or interventions needed to remediate or address areas of risk and need (Terjesen, Jocofsky, Froh & Digiuseppe, 2004; Morrison, Kirby, Losier & Allain, 2009).

Recent better practice research across health and educational domains assert the importance of moving beyond a problem- focused approach to embrace a more positive view of mental health. This shift involves the recognition that children's and youths' state of psychological well-being is

not only influenced by the absence of problems and risk-need concerns, but also is impacted by the existence of positive factors present within individuals and their social settings that contribute to positive growth and development. From this perspective, Positive Mental Health views and approaches underscore that Positive Mental Health is more than the absence of mental illness.

One of the participants made reference to a quote from Corey Keyes which states, "There is a call for a worldwide shift from "thinking we can cure our way out of disease and ill health to a new paradigm that focuses on ways to promote health. We have got to stop thinking that the old system can just be tinkered with, like an old car. 'I'll just put in a new carburetor in the Cadillac and it will run better.' No, we need a whole new car," he says. Therefore, looking at mental health through the eyes of Keyes is a chance to revolutionize the process.

10. What is the relevance of Mental Fitness or Deci and Ryan's SDT model to the promotion of positive mental health environments in schools?

Deci and Ryan's SDT model is a macro-theory of human motivation, emotion and development that takes interest in factors that either facilitate or forestall the assimilative and growth-oriented processes in people. As such, SDT is of much importance in the domain of education, in which students' natural tendencies to learn represent perhaps the greatest resource educators can tap. Yet it is also a domain in which external controls are regularly imposed, often with the well-intended belief that such contingencies promote students' learning.

Participants agreed that SDT has strong implications for classroom practice and a large corpus of empirical evidence based on Deci and Ryan's SDT model suggests that both intrinsic motivation and autonomous types of extrinsic motivation are conducive to engagement and optimal learning in educational contexts. In addition, evidence suggests that teachers' support of students' basic psychological needs for autonomy, competence, and relatedness facilitates students' autonomous self-regulation for learning, academic performance, and well- being. Deci and Ryan's SDT model has strong implications for both classroom practice and educational reform policies. It links personality, human motivation, and optimal functioning and posits that there are two main types of motivation; intrinsic and extrinsic, and that both are powerful forces in shaping who we are and how we behave (Deci & Ryan, 2008).

The theory helps meet the students need to be in a place where their voices will be heard, they will feel appreciated. It encourages parents and teachers to work together as a team to help find solutions and gain success in the overall development of the child. It fosters resilience and helps ensure that students feel safe, confident and cared for daily. As a result, they can grow academically and feel appreciated.

The model also allows a sense of psychological wellness that reflects people's self-perceptions, regarding the fulfillment of three basic psychological need areas; relatedness, competency and autonomy. Relatedness refers to the need to feel connected to family, peers, and other significant individuals in their lives. When relatedness needs are met students' self-perception will be boosted and will feel belonged and accepted. Competency gives them the sense of worth and accomplishment and helps them realize that they have gifts that are recognized by others..

When autonomy needs are met students feel hopeful, knowing that they had an input in the decision-making process of things which are important to themselves as well as others.

When this theory is practiced, it results in behaviours that can be seen with changes in people by allowing room for self and others to see more positivity in people.

4. **What strategies should be implemented to promote positive mental health (mental fitness) among school staff?**

When PMH needs are met within school team environments, people are more likely to be engaged, to be motivated to initiate and embrace personal life changes, and to perform at their best in individual and team activities. In contrast, the absence of PMH practices can potentially contribute to increased employee and school stress related to feelings of isolation, lack of recognition perceptions of limited choice or self-doubt, diminished trust in relationships, and even un- supportive interactions among colleagues. Such stresses can lead to a loss in focus and productivity as well as increased absenteeism and can contribute overtime to increased conflict and more intensified social and emotional concerns for staff members and their schools.

Recent better practice research in workplace wellness is demonstrating the importance of moving beyond a problem focus approach to embrace a more positive view of people, their potential and motivations. Positive leadership is one of the practices which can be implemented to promote positive mental health among school staff. This practice refers to what elevates individuals. People have inner strengths and gifts that support the capacity to initiate direct and sustain positive work and life directions (Hamilton and Hamilton, 2004, Losier and Morrison

2007). Engagement and empowerment are critical considerations for facilitating positive development or change (CSPH, 2002; Deci and Ryan, 2007). Good teaching, positive leadership are critical skills; competency, recognizing strengths, gratitude, valuing strengths by having people use them, speaking well of people, Autonomy support- we work together and listen to each other's voice; move forward with common goals and understanding of each other, we support the autonomy of others, "teach those skills, model those skills, expect those practices. "Measure those practices, "If it is worth doing, it is worth measuring. So, take the temperature." Social contexts and networks provide important resources and influences that have the capacity to contribute to and enhance psychological wellbeing.

People's relationships with others that contribute to psychological well-being are characterized by interactions that convey genuineness, empathy, unconditional caring and affirmation.

Leaders' actions and attitudes set the tone for the rest of the team. When faced with challenges, leaders have the opportunity to model the practices they would like the team members to emulate. Leaders play a critical role in communicating information about the nature and rational of planned changes or transitions. Leaders who empower team members to be part of building solutions increase the likelihood that team members will feel more engaged and experience a greater sense of well-being.

Leadership virtues in action refers to the capacity for leader to show gratitude compassion and forgiveness to employees. "When leaders foster compassionate behavior among employees, enabled forgiveness for missteps and mistakes and encouraged frequent expressions of gratitude, organizations profitability productivity, quality, innovation, customer satisfaction and employee retention were significantly higher than in other organizations. Leaders who reinforced

these virtuous behaviours were more successful in producing bottom-line results than typical leaders" (Cameron 2012).

Focusing on strengths where promoting the use of positive mental health approaches in the workplace involves not only shifting our attitudes and beliefs about people, but also paying attention to the way we communicate and interact with others. Such interactions or conversations are based on reframing problems as opportunities for positive change.

Common goal and understanding of each other. "Staff has to have their mental needs addressed before they can have the hope of transferring it on to the students. One of the participants noted that, "Teachers have to be role models to the students."

5. **What strategies (resources) should be implemented to promote positive mental health (mental fitness) among students?**

Within the school context, Positive Mental Health promotion should focus on enhancing protective factors that contribute to the social- emotional growth of children and youth and decreasing specific risk factors that impede psychosocial development. However, participants posited that positive mental health begins with staff and then trickles down to students. This means that classroom teachers need to know and understand what those practices are, then students must see teachers practicing positive mental health practices, so they can adopt their positive patterns of behaviours.

Recent better practice research across health and educational domains assert the importance of moving beyond a problem- focused approach to embrace a more positive view of mental health. This shift involves the recognition that children's and youths' state of psychological well-being is not only influenced by the absence of problems and risk-need concerns, but also is impacted by the existence of positive factors present within individuals and their social settings that contribute to positive growth and development. From this perspective, Positive Mental Health views and approaches underscore that Positive Mental Health is more than the absence of mental illness (Positive Mental Health Toolkit, p. 9).

One participant ended his comments by saying he agrees with Corey Keyes in saying, The current health care system is outdated, Keyes believes. He calls for a worldwide shift from "thinking we can cure our way out of disease and ill health" to a new paradigm that focuses on ways to promote health. We have got to stop thinking that the old system can just be tinkered with, like an old car. 'I'll just put in a new carburetor in the Cadillac and it will run better.' No, we need a whole new car," he says. Predictive health is a chance to revolutionize the process of positive mental health in today's society.

6. **What strategies should be implemented to promote positive mental health (mental fitness) among students' families and communities?**

Participants agreed that there needs to be a marriage among the parties, with the students being at the focal point. If the school becomes a place which is a community school, meaning the community is welcomed, family members feel comfortable, and practices are shared between

students, positive mental health will be promoted. The participants also agreed that practice in the following will lead to the promotion of positive mental health among syudents' families and communities; implementation of supportive public and school policies, development of safe and caring environments within school and community settings, provision of direct instruction for students on skills and strategies that enhance their coping and problem-solving capacities and ensuring engagement and mobilization of community members in promoting protective factors and development of collaborative and integrated services and supports that share a common vision for Positive Mental Health promotion.

Participants posited that individuals are functioning well when they see society as meaningful and understandable, when they see society as possessing potential for growth, when they feel they belong to and are accepted by their communities and when they see themselves contributing to society.

7. **What are the initial steps of readiness needed to begin promoting positive mental health/mental fitness practices in schools?**

In today's society, it is imperative for every child's well-being to be a vital component of every school's efforts. One participant stated that, "We have failed as educators if our students do not learn to be resilient, happy, balanced, engaged, altruistic, grateful and to find purpose in life." Educators must work to help students flourish. Therefore, we need to have a robust educational environment with a foundation based on well-being,

Firstly, protective factors have to be considered. This takes into account those factors that contribute to positive development and resiliency. This requires addressing the developmental needs of the students, which includes facilitating the development of nurturing family relationships and routines. During the elementary school, meaningful educational experiences are protective factors that contribute to the positive social and academic development of children and youth.

One participant articulated the fact that "Teachers need to view children and youth as having self-righting potential and innate strengths for resilient outcomes. From this perspective, problems are reframed as learning opportunities." He went on to explain that if students are viewed in this light, they will see more positive in them and will strive to have positive mental health throughout their daily living.

Another initial step of readiness is ensuring that the social and physical environment of the school, which refers to the quality of the relationships among staff and students in the school, the emotional well-being of students, and the buildings, grounds, play space and equipment in and surrounding the school are safe.

Participants voiced their agreement in stating that staff members should be explicit about what is expected of students in terms of their participation in learning activities and offer avenues of support that can be engaged as needed.

Class climate, especially, is described as being a "cornerstone" for the development of social self-efficacy (Jerusalem & Hessling, 2009, p. 336), meaning it is highly important to acknowledge the

relationship between classroom environment and student mental health. Student-teacher relationships, pedagogical decisions, and student-student relationships all contribute to forming social self-efficacy in students. Thus, as a means of supporting student mental well-being, teachers must reflect on their own classroom climates and ensure that they are creating an environment where social self-efficacy can be adequately fostered among those in the class.

Better Practices

Introduction

This section of the research paper offers better practices guidelines related to the promotion of positive mental health approaches in students with and without learning disabilities. The identified better practice statements are reflective of the major insights garnered from the research and from the interviewees with professionals with expertise in the field of positive mental health education. Better practice statements are organized according to the main areas of concern at the school level.

Student Physical and Emotional Safety

*Provide appropriate support to students who may struggling with mental health concerns within the context of a welcoming, caring, and safe school learning.

*Build positive mental health in students by fostering equality and inclusive practices within the classroom and school settings.

*Implement school-wide initiatives that foster the creation of safe and caring school environments. (Such efforts contribute to the social, emotional and learning needs of students at all levels)

*Encourage students to be involved in a wide range of activities that include emphasis on their interests and preferences (competency) (Morrison and Peterson, 2007).

*Apply universal design principles in the development and use of physical spaces to ensure that all students may participate fully as learners in the classroom and school settings (Universal design principles reinforce the importance of full inclusion and the acceptance of diversity).

*Create opportunities for understanding and appreciating diversity among students within the classroom context.

*Provide opportunities for students to learn and practice social skills that contribute to working cooperatively with others, problem solving areas of difficulty, and forming and maintaining relationships.

*Create mentorship learning opportunities for students during daytime and evening hours through collaborations between schools and community-based youth-serving agencies.

*Empower students at all levels to collaborate with their peers in the development of their own solutions for specific problems (autonomy, competency, relatedness).

*Suspend judgement and encourage children and youth to express their youth's thoughts and feelings in classroom and home discussions (autonomy).

*Provide opportunities for students to identify and use their strengths in academic work (autonomy, competency).

*Encourage students to be involved in a wide range of activities that include emphasis on their interests and preferences (competency, autonomy).

Professional Development and Learning

* Promote understanding among educators, students and their families regarding the positive mental health needs of students.

*Ensure positive leadership support and participation in the design and implementation of positive mental health policies and practices.

*Implement school-wide policies that contribute to the physical and emotional safety of all students.

*Develop educational policies that accommodate the learning and social needs of all students, including those with exceptionalities.

*Provide professional development opportunities for educational and school health stakeholders on positive mental health perspectives and practices. This may include targeted pre-service training for student interns or continuing educational opportunities for practicing professionals.

*Ensure that professional development opportunities focusing on positive mental health are available for all new school

*Ensure that Teacher Training within Bachelor of Education programs include course content on Positive Mental Health

*Organize educational practicums for student teachers within school environments that promote positive mental health in students and staff

School, Family, Community Connections

*Collaborate with service providers and other specialists to design and provide targeted and specialized supports for students with learning and emotional behavioral concerns.

*Establish collaborative home-school relationships through the inclusion of caregivers as participants in school improvement initiatives or as volunteers in student learning activities

*Focus on developing positive working relationships with parents and members of the community (relatedness).

*Ensure the development of positive school-home interactions through the provision of early school-year contacts and regular communications with caregivers, focusing on understanding the learning profile of students inclusive of their strengths, interests and need for support.

*Emphasize fairness and social inclusion in small group, school-wide and community learning

activities (relatedness).

*Reach out and involve specific groups of students who do not feel part of the school or community

(relatedness, autonomy).

*Encourage students to be involved in a wide range of activities that include emphasis on their

interests and preferences (competency) (Morrison and Peterson, 2007).

*Organize professional development sessions/programs for educators on Positive Mental Health

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