



USER MANUAL

Introduction

With this Guide we commit to operationalising the Happy School approach to mental health, which enables schools to engage in changing their culture, policies, procedures and structures to promote safety, learning, wellbeing and resilience for all people in the school environment.

Mental health encompasses our emotional, psychological and social well-being. It affects the way we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence to adulthood.

With the Happy School model, we invite a holistic understanding of mental health at school, addressing three basic macro-areas: emotional health, physical health and cognitive health.

School mental health is a set of policies, procedures and practices that promote students' social, emotional and behavioural development and well-being to support their learning and success in school and in life.

This guide provides information, practical considerations, resources and tools for schools. The aim is to help plan and deliver a comprehensive school mental health system.

Mental health in schools includes:

1. Social, emotional, behavioural and mental development and well-being for all people in the school community.
2. Age-appropriate development of personal and interpersonal skills that support learning and general well-being.
3. A positive, safe and supportive school climate and culture.
4. Adequate access to mental health care when students and their families need help.
5. Safety, emotional and physical, for all people in the school environment.

School mental health practices support the social, emotional and behavioural competencies of school-age children during learning and development in early childhood, childhood, adolescence and young adulthood. Achieving research-based social and emotional competencies provides students with the skills they need to learn successfully, set goals, achieve them and prepare for college, career or the military.

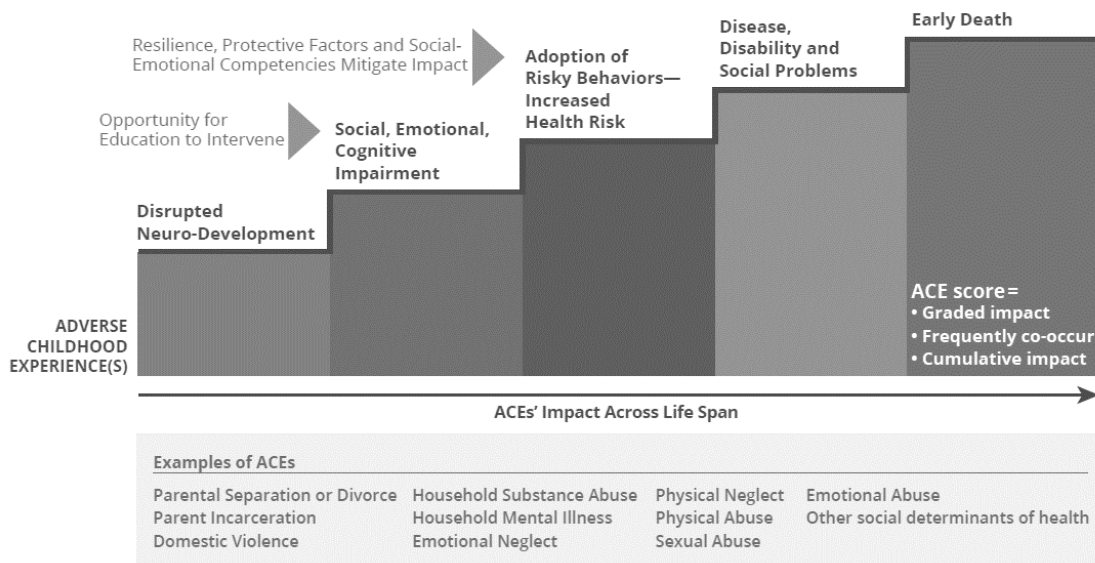
School mental health supports school safety through intentional strategies that promote a positive, safe and supportive climate and culture. Mental health practices help schools build policies, procedures, partnerships and capacity to ensure adequate access to school and community mental health care systems when students and their families need help.

The purpose: building social and emotional resilience

The increasing rates of trauma, anxiety, depression and substance use among young people before and during COVID-19 recovery are of concern to families and educators. Trauma and mental health problems can impact child development, learning, memory, concentration, optimism, energy, motivation, general well-being and goal-oriented behaviour. Mental health problems can hinder preparation for university, a career or the army.

Mental health problems increase the risk of repeating a class, truancy and dropping out of school. The risk of developing an internalising or externalising mental health problem can be reduced by changes in the school environment and curriculum. For example, there is ample evidence that bullying behaviour has a significant and lasting impact on mental health. Therefore, anti-bullying prevention and intervention activities, along with other prevention and intervention practices, are key features of mental health promotion for all.

The Adverse Childhood Experience (ACE) Study is an important milestone in the understanding of childhood adversity and trauma. The original study was published by Felitti and colleagues (1998) and analysed the relationship between childhood adversity and adverse health outcomes in adulthood. Adverse childhood experiences are potentially traumatic events that occur during childhood. ACEs can include violence, abuse and growing up in a family with mental health or substance use problems. The toxic stress caused by ACEs can alter brain development and affect the way the body responds to stress. ACEs are linked to chronic health problems, mental illness and substance abuse in adulthood. However, ACEs can be prevented.



ACEs can cause trauma in children and can have an impact on learning and behaviour at school. Traumas can be acute, such as an accident, a natural disaster or the death of a loved one. These acute traumas cause feelings of grief and loss that can be experienced as traumatic.

The experience of trauma or adversity can lead to different levels of impairment and distress. The reaction can result in different outcomes: resilience, growth and impairment.

Resilience is the process of adaptation to trauma and adversity: the ability to recover or return to the level of functioning prior to the occurrence of the trauma or adversity. When individuals are able to derive meaning from the event or circumstances and experience positive change, they undergo what is known as post-traumatic growth (Tedeschi & Calhoun, 2004). Post-traumatic growth occurs when individuals are able to derive meaning from the event or circumstances and experience positive change as a result.

Preventing ACEs and building resilience can help children and adults thrive and potentially:

- Reduce the risk of diseases such as depression, asthma, cancer and diabetes in adulthood.
- Reducing risky behaviours such as smoking and alcohol consumption.
- Improving educational and employment potential
- Preventing ACEs from being passed from one generation to the next.

Each school must first ensure that its environment and culture does not create negative events or stimulate retraumatisation.

Negative school culture	
Level of the school system <i>(Policies, procedures, racism and structural and institutional oppression)</i>	Relationship level <i>(Power, control, subversiveness, racism and interpersonal oppression)</i>
Constantly having to tell one's story	Not to be seen/heard
Being treated like a number	Not transparency and veiled truths
Being seen as a label (e.g. drug addict, schizophrenic)	Do things rather for Than with
No choice in service or treatment	Use of punitive treatment, coercive practices and oppressive language.
Lack of recognition of work-related stress	Racial profiling
No access to services	Non-cooperation
Practices without accessibility	Blaming the victims
Considerations	Failure to recognise historical narratives
Isolation or exclusion practices	Microaggressions
Practices of marginalisation	Non-inclusive language and messages
Practices without cultural considerations	Lack of recognition of power dynamics
"isms" and phobias	

Benefits of building mental health at school

The **Happy School** model refers to the application of a school mental health system and practices that build and nurture developed partnerships between schools, young people, families, community and faith-based organisations, businesses and mental health providers, which can lead to improved academic outcomes and associated benefits for students, families, educators, schools and communities, such as:

- Strengthening social and emotional skills
- Strengthening of relationship building and relationships that support learning
- Strengthened school engagement: children are better prepared and able to focus on learning.
- More families participating in their children's education
- Preparation of school staff to address students' mental health needs
- Reducing educators' stress and enhancing their well-being
- Early identification of mental health problems through appropriate screening, assessment, services and follow-up support.
- Increased knowledge, understanding and access to community support resources;
- Strengthening of personalised learning supports ;
- Dropout prevention and recovery to help students stay in school until graduation
- Crisis prevention, mitigation, response and recovery
- Reducing the stigma associated with mental illness by offering examples of like-minded students who share their personal stories of success and recovery
- Improving emotional wellbeing, health and general well-being
- Prevention of substance use and abuse
- Suicide prevention
- Reduction of symptoms of mental health conditions, including anxiety and depression.
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Mental health in schools seeks to reduce or mitigate the risk factors that many students face in their lives, among peer groups and in the learning environment. Schools reduce and mitigate risk factors by increasing promotional and protective factors surrounding students. When mental health practices are put in place, schools can help build resilience and mental health and promote healthy child and adolescent development and well-being to enhance student success in school and in life. **Schools offer a great opportunity not only to identify and support children with emotional difficulties, but more importantly to promote overall emotional well-being and social and moral development. Schools are crucial for the promotion and prevention of mental health.**



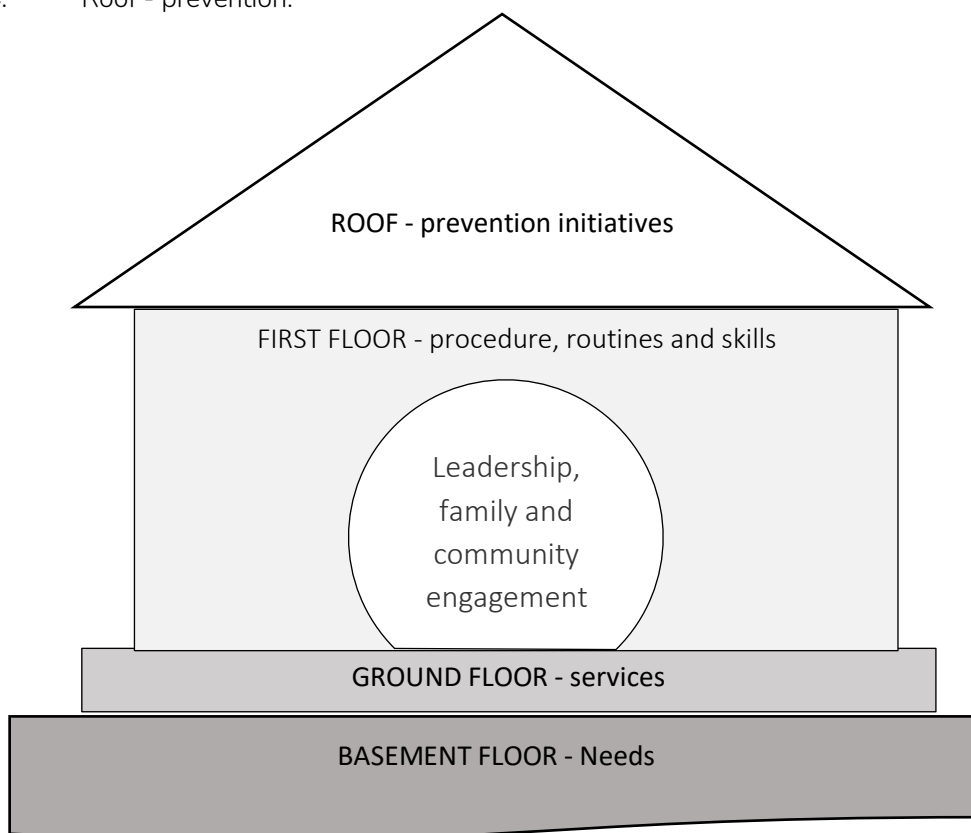
How to implement mental health culture at school?

The systemic approach recommended by the Happy school model emphasises the need to build resilience in students and teachers. Building resilience for educators supports the development of a strong set of skills to manage expectations, establish professional and personal boundaries, build effective collegial relationships, and practice continuous, real-time self-care while supporting students affected by trauma and mental health. The focus on building relational trust between teachers, students, families, colleagues and administrators will encourage risk-taking and the exploration of new ideas that promote good teaching and learning. The focus on integrating mental health practices and building resilience, headmasters, administrators, student services staff, parents and all those who make up the school community contribute to building a positive, safe and supportive school in which all members thrive.

Map of mental health in the Happy School

The Happy School model offers a holistic approach to implementation, which is presented in the image. The model provides for three levels of action

1. Basement - focus on needs.
2. Ground floor - focus on sustainable and accessible services.
3. First floor - school rules, processes, routines, skills
4. Roof - prevention.



Basement

Needs assessment: Needs assessment to identify mental health needs in the school and community; measurement of school and classroom climate.

System-wide needs and resource planning: Includes collaboration with multidisciplinary school staff and community mental health service providers. The voices of students' families and young people are included in school programme planning to ensure stakeholder involvement in planning services and supports.

Screening and identification: Screening of all students in a school and additional screening for students with special needs. This includes selection of screening tools, development of an implementation process, and provision of a referral form for educators to identify mental health needs, which supports the educator, student, and family. Family and student involvement is critical in this process, including a parent/guardian notification and consent process.

Ground floor

Resource planning: identifying and mapping resources, aligning resources within the school, developing agreements with community service providers and defining referral pathways. Family and student involvement is crucial in this process.

Early and intensive intervention, specialist services: training, policies and procedures, integration, student support teams, behavioural risk assessment synthesis.

First Floor

Policies, procedures and practices:

- Mental health prevention and early intervention, procedures and training
- Substance abuse prevention and intervention procedures and training.
- Suicide prevention/intervention/prevention strategies and protocols
- Bereavement and trauma informed care policy and training

Leadership, family and community engagement

- Community meetings
- Continue screening and planning meetings
- Learning community groups

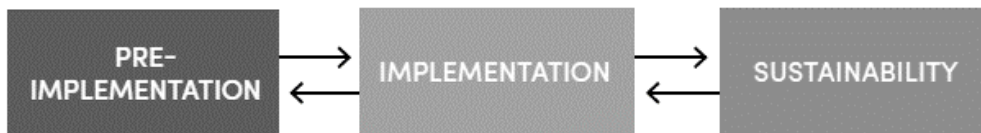
Roof

Mental health promotion and prevention: Includes the provision of mental health and wellbeing training, policies and procedures, teaching mental health basics to staff, integrating into classroom content areas, developing interpersonal skills and competencies in appropriate courses and supporting a positive school culture with mental health and wellbeing activities. Involve family and young people in planning.

Recommended training:

- Develop skills related to managing emotions, building and maintaining relationships and responsible decision-making.
- Positive youth development practices include promoting youth activities, youth voice and engagement, and research-based practices.
- Intervention strategies and support for positive behaviour
- Best practices for bereavement and trauma-informed care.
- Bullying prevention training and practices

Implementation Process



The organisational model for mental health in schools can be implemented through three interconnected phases: Pre-Implementation, Implementation and Sustainability. The tasks are different depending on the phase the organisation/system is going through. However, what we know about successful organisational change is that for it to work and be sustainable, it is necessary to accept that change is a flexible, continuous and regularly reassessed process; the three phases are dimensional and flexible.

Phase: Pre-Implementation

- Leading and communicating (management structure and decision-making process)
- Establishing a safe environment
- Identifying partners for cross-sectoral collaboration
- Review existing policies and procedures

Phase: Implementation

- Training for students, parents and educators
- Coping with the impact of work
- Screening and evaluation of students
- Designing permanent collaborative teams with partners
- Review of partners' policies and procedures

Stage 3: Sustainability

- Development of the continuing education policy and training plan
- Establishing a multi-person meeting structure
- Creation of cross-sectoral learning communities
- Evaluating and monitoring progress

Practical considerations and recommendations

School leaders should work with all school staff and community mental health professionals to create a streamlined referral system for students with mild to critical mental health needs. Schools must also ensure that appropriate systems and resources are in place and accessible so that referred students receive the support they need. Families, parents and carers should receive information on how to access referral systems and support services.

Community mental health professionals should work closely with the school care coordinator to share appropriate information with educators to ensure that students transfer their mental health skills to multiple settings and receive the interventions they need in all settings. This proactive coordination is completed with parental consent and positive parental or family engagement to ensure positive support for the student.

Improving physical health can also benefit mental health, just as improving mental health can benefit physical health. Schools can develop individual mental health plans with students who may have mild or intense mental health or substance abuse problems. Such plans can help students better manage their mental health problems through additional supports and interventions. Progress towards recovery can be achieved through healthy food choices, adequate rest, strong relationships, exercise and opportunities to practice healthy skills and choices. The combination of physical and mental health strategies promotes overall student well-being and resilience.

Educators must value parents and students as experts in knowledge and understanding of their life experiences. It is crucial to involve students and parents in the problem-solving process whenever concerns about a mental health issue arise. When a school works with a family, goals are articulated first by students and families, then by school staff. Plans should be family-led, to recognise the competence of parents in dealing with their children, and youth-led, to recognise the information students can offer about themselves, once they are asked and involved. Co-planning can be offered as part of individual parent-teacher meetings and extended across the continuum of supports to any student in need. This co-planning model ensures that plans are orchestrated under the auspices of all parties involved.