

Impact on staff of the Mentally Healthy Schools Framework

Impact on staff
of a mentally
healthy school

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Abstract

Purpose – The Mentally Healthy Schools Framework (MHSF), based on the population-wide Act-Belong-Commit mental health promotion campaign, is a whole-school approach primarily targeting student mental health, but it is also intended for staff. This paper presents the results of an impact survey on staff after the implementation of the Framework in a number of schools in Western Australia.

Design/methodology/approach – A baseline questionnaire was completed by $n = 87$ staff at schools that had just signed up to the programme, and a participant questionnaire was completed by $n = 146$ staff at schools that had been participating for at least 17 months.

Findings – The results show that the Framework has had a substantial impact on many staff in terms of increased mental health literacy and taking action to improve their mental health.

Originality/value – Mental health interventions in schools generally focus on students' well-being and how to deal with student mental health problems. There are few comprehensive interventions that also include staff well-being.

Keywords Health promoting schools, School mental health, Mental health promotion, Project evaluation

Paper type Research paper

Introduction

In an earlier article in this journal, we described the Mentally Healthy Schools Framework (MHS) that was based on the population wide Act-Belong-Commit mental health promotion programme adapted to a school setting via the WHO's Health Promoting Schools Framework (Anwar-McHenry *et al.*, 2016). That paper reported a process evaluation of the initial implementation of the Framework. This paper reports on an impact evaluation of the Framework on staff in schools implementing the Framework (the impact on students is currently in preparation).

Given that many mental health problems and disorders have a peak age onset in childhood or adolescence (McGorry *et al.*, 2007), it is widely acknowledged that schools are an important setting for mental health promotion to prevent mental health problems (Power *et al.*, 2008). Hence, the focus on mental health promotion in schools is primarily on programmes for improving the students' mental health, with little attention paid to including activities or constructs for staff mental health (e.g. see Slee *et al.*, 2012; Svane *et al.*, 2019). Where staff programmes do exist, they are often just separate workshops or guidelines about dealing with school matters that may cause stress to staff.

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However, the mental health and well-being of teachers is an occupational health concern. Work-related stress can affect productivity, job satisfaction and even workplace violence (Quick and Tetrick, 2011). Amongst teachers, work-related stress is a major risk factor for mental health issues such as anxiety and depression (Chan, 2002; Johnson *et al.*, 2005; Kyriacou, 2001). Further, teachers' mental ill-health may impact students' learning, inhibit the development of supportive teacher-student relationships and influence teachers' ability to recognise and support the mental health needs of their students (Kidger *et al.*, 2009; Sisask *et al.*, 2014). In particular, students from disadvantaged backgrounds, who are at a greater risk of developing mental illness (Reiss, 2013), may rely more heavily on their teachers for emotional support. Consequently, an additional burden is placed on teachers to manage these vulnerable students, creating a further source of workplace stress and distress (Rothi *et al.*, 2008).

Given recent findings on the mental health of school teaching staff reporting higher levels of psychological distress than in the general population (Stapleton *et al.*, 2020), there is a clear need for school programmes to consider targeting the mental health of staff. The MHSF introduced in Western Australia uses the WHO guidelines for Health Promoting Schools (Quirke, 2015) to embed the "Act-Belong-Commit" community-wide mental health promotion campaign into the school setting. This whole-school approach aims to improve the mental health not only of students but also of teachers and other staff. The whole-school approach shifts the focus from mental ill-health to the promotion of a culture of mental health and well-being that is prioritised across the whole school community (Sisask *et al.*, 2014).

The Act-Belong-Commit programme and the MHSF have been described in detail (Anwar-McHenry *et al.* (2016)). However, we present brief descriptions of these below.

The Act-Belong-Commit community-wide campaign

Act-Belong-Commit is a comprehensive community-based mental health promotion campaign designed to build mental health and prevent mental illness in people (Donovan and Anwar-McHenry, 2014; Donovan *et al.*, 2006). The campaign encourages individuals to engage in mentally healthy activities, while at the same time using a social franchising approach to support and encourage organisations that offer mentally healthy activities to promote and increase participation in these activities (Donovan, 2021). The campaign is directed by Mentally Healthy WA (MHWA) at Curtin University, and implemented through partnerships with health services, local/state governments, schools, workplaces, community organisations and local clubs.

As the brand name suggests, people can build positive mental health and resilience by keeping physically, mentally, spiritually and socially active (Act); keeping up contacts with friends and family and participating in community events (Belong); and taking on challenges or causes that provide meaning and purpose in their lives (Commit). There is substantial evidence that these three domains contribute to increasing levels of positive mental health (and, in fact, to physical health) (Donovan and Anwar-McHenry, 2014; Santini *et al.*, 2017, 2018).

The Act-Belong-Commit campaign's fundamental messages are also consistent with recent broader conceptions around mental health literacy (Kutcher *et al.*, 2016), in that they are designed to increase positive mental health by enhancing people's understanding of factors that impact on mental health and empowering them to take action to improve and maintain their mental health.

The Act-Belong-Commit Mentally Healthy Schools Framework

The MHSF encourages a whole-school approach to mental health promotion through the three domains of the WHO's Health Promoting Schools Framework. The MHSF seeks to

increase knowledge and skills of school staff to create mentally healthy school environments, to change both staff and student behaviour and attitudes with respect to mental health and mental illness, strengthen community links with the school, enhance meaning and purpose of activities and events in which the students already participate and increase student connectedness to, and teacher morale within, the school (Anwar-McHenry *et al.*, 2016).

Schools receive promotional strategies and resources targeting the whole school community. The flexible programme is self-sustaining and complements areas of the Australian curriculum, allowing schools freedom to tailor the MHSF to school priorities and needs, thus minimising the burden on staff. Partner schools engage in formal training conducted by Act-Belong-Commit and receive a copy of the Mentally Healthy Schools Handbook, resources, signage and merchandise to the value of \$150 to assist with the delivery of the MHSF.

In 2016 and 2017, surveys of staff and students at participating secondary schools were undertaken using structured self-completion questionnaires. This paper reports on the staff survey findings.

Methods

Sample

Commencing in 2016, secondary schools that had either recently signed up or who had been a partner for at least 17 months were invited to participate in the impact evaluation. Of the 20 schools meeting these criteria, nine agreed to distribute questionnaires to staff and/or students in the time frame allowed for schools to respond to the request. Eight of these nine schools distributed questionnaires to staff.

The schools forwarded the questionnaire plus consent form to their staff via email for printing and self-completion. The Act-Belong-Commit Schools Project Officer attended several staff meetings and distributed and collected a number of self-completed questionnaires. All survey respondents had the opportunity to go into a draw to win a prize as an incentive for completion of the questionnaire. Data collection occurred from late 2016 to mid-2017.

Questionnaires

A “baseline” questionnaire was completed by staff at schools that had just signed up for the programme, and a “participant” questionnaire was completed by staff at schools that had been participating for at least 17 months. This report focuses on the participant survey results, with comparisons to the baseline survey results where appropriate.

Both questionnaires covered the same topics, beginning with several general questions about mental and physical health, and then focusing on awareness and understanding of the Act-Belong-Commit campaign in general; awareness of the school’s involvement in the Act-Belong-Commit MHSF; whether those aware of the campaign had tried to do something for their mental health as a result of the campaign; whether, and, if so, how it had changed the way they think about mental health; whether they had talked about mental health and/or the campaign with their students, other staff, friends and family; and whether they believed that the campaign at the school had increased openness about mental health amongst staff and students and decreased stigma around mental illness. There were 24 topic questions along with three background questions (position at the school, age, gender) (see Anwar-McHenry *et al.*, 2018 for baseline and participant questionnaires for students and staff).

This research was granted ethics approval from Curtin University’s Human Research Ethics Committee (Approval RDHS-216–15) and the Department of Education (Approval D16/0023499).

Results

Sample characteristics

A total of 146 staff from six schools that had been implementing the MHSF for at least 17 months completed staff “participant” questionnaires, and 87 staff from two schools that had only recently signed up as Act-Belong-Commit partners completed “baseline” staff questionnaires. Approximately half of all respondents were in the age bracket of 30–49 years, two-thirds were female and just over 70% were teaching staff.

Campaign awareness and understanding

Both “baseline” and “participant” respondents were asked: “*Have you heard of the Act-Belong-Commit campaign?*” Consistent with annual state-wide population surveys (Lin *et al.*, 2020), 77% of baseline respondents reported being aware of the campaign, whereas awareness amongst the participant respondents was 92%. That is, their school’s involvement in the Act-Belong-Commit campaign appears to have increased staff awareness of the campaign.

Those aware of the campaign were asked, “*What does Act-Belong-Commit mean? What is the campaign trying to do?*” Both baseline and participant responses were consistent with the campaign messages: “keep active, ‘do something’; ‘join a club or group’, ‘get involved in community’, ‘bring people together’, ‘have purpose’, commit to goals”.

Campaign impact on behaviour

Did something for their mental health as a result of the campaign. When those aware of the campaign were asked whether they had done or tried to do something for their mental health as a result of becoming aware of the Act-Belong-Commit message, approximately twice as many participant respondents as baseline respondents responded “yes”: 43 vs 21%. Even allowing for a sampling bias, these data indicate that the campaign has had a significant impact on staff in the schools where the MHSF has been implemented for some time.

Talked with others about mental health or the campaign. When participant respondents aware of the campaign were asked whether, as a result of the campaign, they had talked *more* about mental health with various others, almost half reported talking *more* about mental health with friends and/or family (48%) and other school staff (45%). Also, 41% reported talking about Act-Belong-Commit with family and friends and 39% reported talking about Act-Belong-Commit with students. These results indicate that the MHSF has stimulated increased openness about talking about mental health in these schools.

Impact on beliefs about mental health. Impact on how they think about mental health: When participant respondents aware of the campaign were asked whether they “had changed the way they think about mental health as a result of the Act-Belong-Commit message”, just over two in five (43%) staff responded “yes”. When asked “in what way their thoughts had changed”, their responses generally related to one or more themes such as an increased awareness and clearer understanding of mental health, being more proactive about keeping mentally healthy, being encouraged to engage in self-help activities and being more willing to talk about mental health issues and support others experiencing problems.

Perceived impact on openness around mental health: Participant respondents were asked whether they thought the Act-Belong-Commit campaign *at the school* had made staff and students more open about mental health issues, less open or made no difference. These results are shown in Table 1, which shows that almost two-thirds of participant staff (62%) believed the campaign had made *students* more open about mental health issues, and just under half believed the campaign at the school had made *staff* more open about mental health issues. For each case, none said, “less open”, with approximately one in four stating “do not know”.

Perceived impact on stigma around mental illness: Baseline and participant respondents aware of the campaign were asked whether they thought the campaign in general or at the

school, respectively, had reduced, increased or made no difference to the stigma associated with mental illness. Their responses are shown in [Table 2](#), which indicates that the campaign at the school has likely had a substantial impact on perceived (and hence actual) stigma reduction, with 65% of participant respondents nominating a stigma reduction impact at the school versus 46% of baseline staff nominating a stigma reduction impact in general. Further, there was a correspondingly substantial decline in “do not know” from 36% “in general” to 18% “at the school”. None reported a perception of increased stigma.

Staff attitude to the campaign at their school

Participant respondents were asked how they felt about their school’s involvement in the Act-Belong-Commit campaign and were provided with the response categories: *Very much approve*; *Approve*; *No feelings either way*; *Disapprove*; *Very much disapprove*. Almost 90% approved of the school’s involvement (61% “very much”), 10% were “neutral” and none “disapproved”.

Discussion

As a result of the campaign in the general community, there was substantial prior awareness of the Act-Belong-Commit campaign amongst baseline respondents: 77%. However, amongst participant respondents, awareness was almost universal: 92%. Further, those aware of the campaign had understandings of the campaign that were consistent with the campaign messages (e.g. “take part in activities”, “bring people together”, “commit to a cause”). These data indicate that the schools’ intervention increased not only awareness of the Act-Belong-Commit campaign among staff in participating schools but also mental health literacy in these staff.

General population impact evaluations tend to report that 12–18% of those aware of the campaign have tried to do something for their mental health as a result of exposure to the

	Perceived impact on student openness about mental health issues	Perceived impact on staff openness about mental health issues	
More open	62	44	Table 1. Perceived impact of Act-Belong-Commit campaign at the school on student and staff openness about mental health issues
No difference	13	21	
Less open	0	0	
Do not know/cannot say	24	27	
Not stated	1	8	
	100%	100%	

	Baseline – in general % Aware (n = 67)	Participant – at school % Aware (n = 135)	
Reduced stigma	46	65	Table 2. Perceived impact of the campaign on stigma around mental illness
No difference	18	16	
Increased stigma	0	0	
Do not know/cannot say	36	18	
Not stated	0	1	
	100%	100%	

campaign. The baseline percentage of staff was somewhat higher than the general population at 21%, but considerably higher amongst participant staff at 43%. While the absolute percentages may reflect some respondent selection bias and we do not have pre-intervention data for the participant respondents, this substantial increase amongst participant staff can be taken as consistent with an intervention effect. In addition to enhancing staff mental health, these participant staff results are very positive given that staff are role models for their students and that staff who internalise and act on a message are then far more likely to promote that message to their students than those staff who only endorse the message.

As in the general population evaluation, the schools' intervention is also facilitating staff talking about mental health and/or the Act-Belong-Commit campaign with friends, family, students and colleagues. Hence, it may well be that a module dealing with "talking to students about Act-Belong-Commit/mental health" could be developed and provided to staff to guide these interactions in a more effective manner.

Just under half of participant staff (43%) reported changing the way they think about mental health, and in desired ways such as an increased awareness about mental health, an increased importance placed on mental health and in taking up activities for their mental health. These data reinforce the conclusion that the MHSF intervention has the potential to contribute significantly to staff being proactive about strengthening and maintaining their own mental health.

Similarly, the results with respect to perceived reduction of mental illness stigma and increased openness with respect to mental health issues have longer-term implications for increased early help-seeking behaviours, and hence the prevention of more serious disorders.

None of the staff disapproved of their school's involvement with Act-Belong-Commit and almost 90% "approved", with just under two-thirds registering *strong* approval. These data indicate that wider dissemination of the school programme would be looked on very favourably by staff.

Conclusions

The findings of this initial evaluation indicate that the Act-Belong-Commit MHSF intervention has considerable potential for having a positive impact on staff mental health and hence resilience to stress. All staff aware of the campaign had a good understanding of the campaign messages, a substantial proportion had taken action to enhance their mental health as a result of exposure to the messages and substantial proportions reported a decreased stigma around mental illness and an increased self-efficacy with respect to their mental health. Subsequent studies should include pre-post comparisons, formal measures of mental health literacy and validated scales to directly assess changes in mental health and well-being.

Overall, these and other results indicate that the Act-Belong-Commit MHSF has the potential to provide a means to simultaneously enhance mental health of both staff and students.

Limitations of this report

This report is primarily an impact evaluation of the initial implementation of the MHSF, not an outcome evaluation. Within that context, results for the baseline and participant surveys should be looked at independently rather than considered equivalent to a study reporting on the same sample of individuals measured at baseline and follow-up.

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