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Life at school: And students' mental health

by Helen Askill-Williams

The 2016 NAPLAN results have been rolled out. Parents/careers and children might be ecstatic, happy, unhappy, anxious, angry, dismayed, sad, depressed. NAPLAN is an example of just one of many things that happen in schools that are not only related to learning, but also to emotions and mental health.

We know from World Health Organisation¹ and Australian² reports that around 20% of the world's children and adolescents are estimated to have mental difficulties, with about half beginning before the age of 14.

Over the past decade or so, Australian governments, organisations such as beyondblue and the Australian Psychological Society, school leaders, teachers and parents/carers have increasingly recognised the need for mental health promotion. Some excellent programs have been trialled, evaluated and (to some degree) sustained, such as MindMatters³ for secondary students, and KidsMatter for Primary and Early Childhood Education and Care settings⁴.

Typically, experts from the fields of psychology and education have designed such school-based mental health promotion and early intervention initiatives. These have included programs to build positive school communities; develop students' social and emotional capabilities; build resilience and grit; promote values; prevent bullying; liaise more strongly with students' parents/carers; and improve referral pathways from schools to specialised professional resources.

As the various initiatives have been designed, developed and delivered to schools, it seems that although the professional perspectives of psychologists and educators are relatively well represented, the voices of students themselves

about their life at school and their mental health are relatively under reported. Students are key informants about their life at school, such as their experiences of bullying, developing friendships, expressing emotions, and approaches to learning. Parents/carers, teachers, psychologists, counsellors, school leaders and policy makers will be better informed about how to support students' learning and positive mental health if they listen to students' perspectives about what happens, and how they feel, at school.

Therefore, we asked 1715 South Australian students in Years 7, 8 and 9 about,

- 1) their life at school, and
- 2) their mental health.

For example, we asked students to tell us about their learning, such as how much they agreed with statements such as,

"I can get better at this subject if I put in the effort."
and

"I think about my thinking, to check if I understand the ideas in this subject."

For peer relationships, we asked the students questions such as,

"How often have you been bullied at school this year?" and

“How many good friends do you have at school?”

Meanwhile, for mental health difficulties, we asked students whether these types of statements were true about themselves:

“I am often unhappy, downhearted or tearful.” and “I get very angry and often lose my temper.”

To begin, and as expected in a general school population, we found that 80% of students were in the normal mental health range, 12% were of borderline concern for mental health difficulties, and 8% were of serious concern. These relative percentages are consistent with other studies about young people's mental health^{1,2}.

Next we put the students' responses about their life at school and mental health together, using a statistical technique called correspondence analysis. We uncovered an interesting picture of relationships, which is shown in Figure 1.

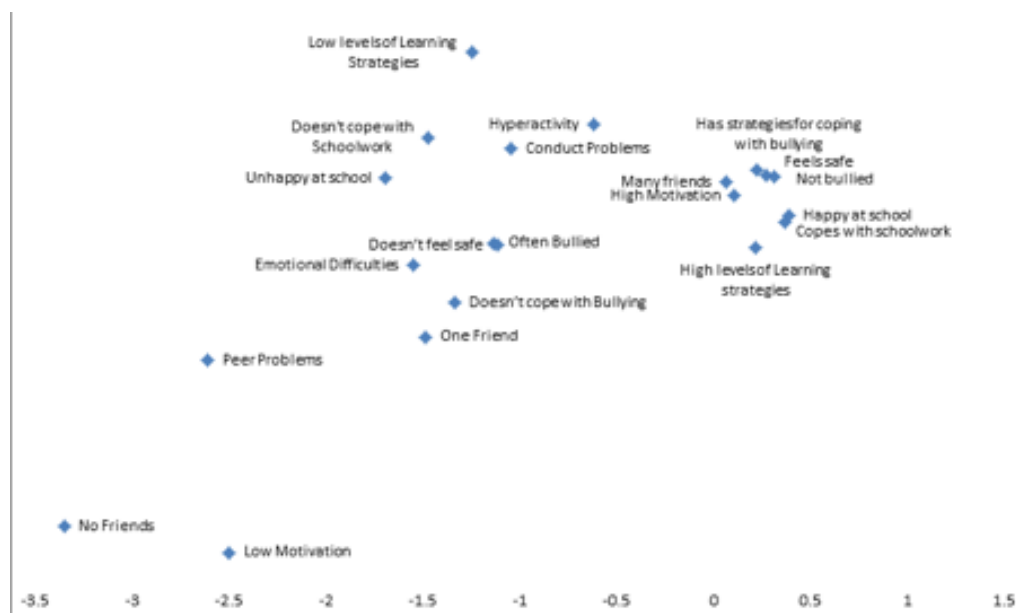


Figure 1.

For example, it can be seen from Figure 1, as expected, that students who reported being bullied, also reported, on average, having less positive mental health. Similarly, students who reported few or no school friends also reported less positive mental health (as well as being bullied more often).

We found other interesting relationships. For example, from Figure 1 we can see that students who reported that they had fewer good quality strategies for learning also reported more mental health difficulties.

Why might this be the case? One possibility is that good quality learning, and positive mental health, require students to be able to think about their thinking – to be METAcognitive.

Thinking about one's thinking is a first step in learning. For example, a student sitting a NAPLAN test might ask herself, "What is this question about? What do I know, and what don't I know, about this question? What strategies do I have for answering this question? Which is the best strategy for me to use? Should I draw a concept map, make a list, try out an equation, draw a picture?"... and so on.

Thinking about one's thinking is also at the core of educational programs designed to develop students' social and emotional capabilities. For example, a student who is feeling sad or angry might ask himself, "How am I feeling? Why am I feeling that way? Is there another way of thinking about what happened, and how I feel about it? What strategies do I have for overcoming this problem? Which is the best strategy for me to use? Should I speak to a parent/teacher/friend?"... and so on.

Perhaps it is not so surprising for our research to find that students who report using fewer strategies for learning also report less positive mental health.

The link is metacognitive self-regulation.

What are the implications of our research? To promote learning and positive mental health we need to build students' metacognitive self-regulatory capabilities. Note that this goes beyond what is often thought to be self-regulation, such as time management, keeping a homework diary, etc. Such activities are only part of good quality self-regulation.

Rather, teaching for metacognitive self-regulation requires providing students with lots of opportunities, and time, to think about their own



thinking; teaching them about the kinds of thinking that will mature their emotional regulation; teaching strategies for thinking about how other people might think and feel, in order to enhance students' social skills; and teaching a range of high-quality, generative thinking strategies for learning such as drawing diagrams and concept maps, and asking and answering questions.

School-based initiatives that attend to single issues (such as personal resilience, or making friends), whilst useful, could be more effective if embedded in broader programs that enhance students' metacognitive self-regulatory capabilities across the full range of school life, including social, emotional and academic endeavours.

Furthermore, from another study (where we talked to teachers), it is becoming clear that a broad approach of developing students' metacognitive self-regulatory capacities needs to be explicit and embedded into the school's mission statement, curricula, and professional education plans.

If a multi-faceted, whole of school approach is adopted, then developing students' metacognitive self-regulation is more likely to be sustainable over the long-term than single issue, short-term, commercially pressed, guru-driven, interventions.

More about our research that asks students about their thinking can be found at this link⁵ and also here⁶.

Biography

Associate Professor Helen Askill-Williams holds a PhD in Cognitive Psychology and Educational Practice. She is the Associate Dean of Research

and Director of the Flinders Educational Futures Research Institute in the School of Education at Flinders University in South Australia. Helen's dual research interests are around promoting high quality learning, and positive mental health. She coordinates and teaches topics in the Master of Education about teaching and learning to promote Motivation, Cognition, Metacognition, and Wellbeing and Positive Mental Health.

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