Australian e-Journal for the Advancement of Mental Health (AeJAMH), Vol. 2, Issue 2, 2003
ISSN: 1446-7984

Guest Editorial

School mental health promotion research: Pushing the boundaries of research paradigms

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Keywords
schools, mental health promotion, research, evaluation

Globally school health promotion is shifting the confines of traditional school health research and practice paradigms. In Germany, the thrust is towards 'Anschub.de - Good and healthy schools' with the conceptualisation of the starting point being educational research findings. In England, National Healthy School Standards have been developed, a joint initiative between the Department of Health and the Department for Education and Skill, to shape the monitoring of implementation of healthy school initiatives. Shifts in research and practice become even more evident in the new field of school mental health promotion.

Boundaries of research designs are being expanded as education and mental health professionals exchange perspectives about research and practice. At the heart of these exchanges are the often contrary ontological and epistemological positions that influence beliefs about how quality practice is achieved and evidence measured. Added to these differing positions are two other dimensions driving change. The first arises from current approaches to health promotion involving a settings approach as delineated in the health promoting schools framework. The second dimension driving change is linked to this in that the education sector, which health professionals (and other groups) wish to influence, is supported by a body of research literature that arises from its own field of inquiry and research traditions. This research literature is increasingly influencing the practice of health professionals.

Proposals from the different sectors supporting similar and different research design and implementation conventions, are currently the subject of debates and discussions between the different interest groups. The outcomes of these interactions vary, from maintenance of traditional positions often influenced by the fear of rejection by peer reviewers, to the creation of innovative practice that blends the needs and interests of the various interest groups. Despite this activity, the formidable task ahead of those involved in school mental health promotion, is how to collect data about quality implementation in a rigorous and systematic way and how to connect it to health outcomes (Rowling, 2002a).

In accomplishing a shift, what we are trying to achieve is a change for the health sector from focussing on monocausal single risk factor interventions, often underpinned by disempowering practice principles with their accompanying limiting research designs, to health promoting schools with their complex multiple interacting factors that have their origins in the social determinants of health, rather than single risk factors, and have a focus on whole school change (Rowling, 2002b). Within a settings approach, as well as concern for developing personal competencies, there is 'a desire to act in various ways on policies, re-shape environments, build partnerships, bring about sustainable change through participation, and develop empowerment and ownership of change through the setting' (Whitelaw, Baxendale, Bryce et al., 2001: 340-341). A focus on the social determinants of health underpins health workers' action through other sectors such as education and involves building the organisational capacity of the school.

Citation: Rowling, L. (2003). School mental health promotion research: Pushing the boundaries of research paradigms. *Australian e-Journal for the Advancement of Mental Health* 2(2) www.auseinet.com/journal/vol2iss2/rowling.pdf
Published by: Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) - www.auseinet.com/journal

Innovative practices have been implemented which acknowledge the need for a capacity building dimension in current school mental health promotion research. One of the components of capacity building is partnerships (NSW Department of Health, 2001). Action research and participatory research are two research designs that facilitate partnership development between researchers and participants. In educational research these study designs, familiar study approaches to school personnel, have been extensively used. Some school health researchers' epistemological positions may preclude consideration of participatory research designs due to concerns about generalisability and contamination of data.

In the evaluation of the dissemination of MindMatters (a national mental health promotion program for secondary schools in Australia), the evaluators have agreed with the schools to feed back to them their baseline data (Hazell, Vincent, Waring & Lewin, 2002). This is in keeping with action research practice. It has been accommodated in the research design acknowledging the partnership perspective, seeing the research as part of the capacity building process to assist these school communities to 'own' their actions and increase their confidence and competence in school mental health promotion. Nevertheless some health sector researchers would see this practice as a threat to the validity of the research. Yet as Hazell and colleagues conclude 'opportunities to develop evidence of student-level outcomes were balanced against the evaluators' need to work flexibly and cooperatively with schools and to satisfy requirements of the other audiences such as administrators and policymakers' (2002: 27).

The interaction of capacity building components such as organisational change, resources, leadership, professional development and partnerships in a particular context is an essential quality of health promotion practice (NSW Department of Health, 2001). However in terms of research and evaluation, epistemological positions may limit viewing building capacity, an intermediate outcome, as a focus for measurement and therefore hinder consideration of this in implementation of research. Yet knowledge about this is crucial at this stage of development of the field of school mental health promotion.

Warning bells about the limitations of current approaches to some adolescent health promotion with accompanying constrained research designs have already been sounded. For example, the Victorian Department of Human Services commissioned a systematic review of adolescent health promotion (Department of Human Services, 2000). The review used controlled studies as one of the criteria for the selection of research for the report. But the advice provided in the introduction to the report put qualifiers on this process. These qualifiers were that: such reviews complement rather than replace the practical experience and critical judgement of planners and practitioners; and recommendations need to be carefully considered against the context for implementation. An additional qualifier should be that the controlled designs do not contribute to capacity building and therefore limit quality health promotion implementation.

Educational research about school change has identified school readiness as a critical factor in achieving change. In practice this means that in trialing an innovation, schools 'prepared and willing to participate' is a key implementation condition facilitating change. However some researchers may see this as 'selection bias'. That is, concerns about sampling can over-ride the educational research findings about optimal implementation conditions (if these have been given any consideration in the research design). Similarly school effectiveness research informs us that schools are differentially effective and that strategies for school organisational change need to 'fit' the 'growth' state of a particular school (Reynolds & Teddie, 2001; Hopkins, Harris & Jackson, 1997). These factors are ignored in research designs that take a random sample of schools, carry out an intervention, aggregate the data and then ascribe changes to the intervention, ignoring the school 'growth' state. 'Both controlled and randomised controlled study designs tend to be based on the assumption that delivering a standardised intervention, which can be faithfully reproduced in different schools, is possible and desirable' (Stewart-Brown, 2001). Ignoring educational research literature and the dynamic nature of schools results in inappropriately applied research designs which fail to acknowledge the constraints imposed by internal conditions and structures that make the randomisation of children into intervention and control groups, and the establishment of 'controlled school environments' impractical (Denman, 1999: 217).

In conducting a systematic review of young people and mental health, Harden and colleagues (2001) highlight the omission of details of the implementation of interventions. In schools, fidelity of implementation of an innovation is an essential factor to monitor and document. That is, health researchers can fail to recognise and value evidence that will illuminate outcomes. The methodology adopted in school mental health promotion research has to be one that answers the most important questions. At this stage in the development of knowledge about school mental health promotion effective implementation, 'doing no harm', and approaches that allow for the serendipitous findings to emerge are all key considerations.

Health and education researchers are conceptualising and modifying their research in evaluating school mental health promotion. Boundaries for the health sector being stretched involve a reorientation of the foci for research from risk factors and individuals, to capacity building in school communities with its holistic, multifaceted orientation and concern for reciprocity involved in research partnership. For the education sector, the shifts involve reconceptualisation of partnerships with the health sector from implementing new programs developed by people outside schools to building capacity through school community involvement and ownership.

Additional disciplinary boundaries will be stretched as evidence accumulates in different sectors of the concurrence of factors that are not only linked to mental health, but to crime, drug abuse and academic achievement. School mental health promotion will benefit from this multidisciplinary approach. But to achieve positive outcomes requires communication between sectors around conceptualisations of mental health, schooling and health promotion and the research designs appropriate to measure the complexity of interacting factors.

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