Healthy Schools: Some Foundational Theory

Health and education are interdependent. Studies worldwide have demonstrated that the health of students and teachers, as well as the environment in which they operate, impact academic performance, teacher morale and absenteeism. This led to the concept of the health-promoting school as "one that constantly strengthens its capacity as a healthy setting for living, learning and working" (WHO).

In our society, we tend to think of health as relating to individuals and meaning the absence of disease or psychological illness. But health is much more. The World Health Organization has defined health as a state of comprehensive physical, mental and social well-being and as a resource for living, not just a goal. And the well-being of individuals is vitally connected to the environment or ecosystem in which they live, work and play.

While most of the research on health initiatives in schools has focused on single components such as curriculum, a growing body of evidence suggests that combined strategies produce better results (Stewart-Brown, 2006; Vince Whitman, 2005). A large US study found that the most important factors in reducing risk behaviours were students feeling connected to their school community and to caring adults within it (McNeeley et al., 2002). In particular, ecological, or whole-school, approaches emerged as being among the most promising school-based programs to reduce the harms related to substance use (Peters et al., 2009).

For individuals, mental health involves a state in which one "realizes his or her 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" (WHO). A more expanded statement describes mental health as "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" (N. Joubert & H. Raeburn). Corey Keyes has highlighted the construct of *flourishing* in contrast to *languishing* as a distinct axis or continuum of mental health that transcends the issue of whether or not a mental illness factors in. Flourishing involves characteristic maintenance of positive emotions along with typical ability to function in a positive manner both psychologically (self-acceptance, personal growth, purpose, environmental mastery, autonomy, positive relations) and socially (social acceptance, actualization, contribution, coherence, integration).

Mental health for individuals is not separate or isolated from the other dimensions of their overall personal well-being nor insulated and shielded from political, economic, material and social conditions around them. Multiple factors across those dimensions (as well as features present in the more intrapersonal biological and psychological domains) will have a bearing on mental health. A healthy community is one in which such influences are predominantly positive for all subgroups within the population, so that increasing numbers of people can enjoy a healthy life.

Health promotion has been described as "the process of enabling/empowering individuals and communities to gain control over the determinants of health and thereby improve their health" (I. Rootman et al.). Central to the pursuit are concepts of participation, empowerment and equity. This can be summed up in terms of building connectedness and literacy. A strong degree of connectedness will see shared assumption of responsibility and engagement of members in mutual efforts to enhance public well-being. Health literacy will involve increased ability to acquire information and use it in such a way as to ameliorate conditions that impinge on personal and collective health.

The social-ecological model of health promotion reflects the multidirectional complexity and dynamic interplay among factors operating within and across respective levels from macro (societal) through micro (individual). These factors play out so that environments affect people personally and corporately while singular and collective action can conversely have impact on an immediate or more extended milieu. The model likewise respects the reality that intervention can be made at a variety of points to strengthen resilience and remove or reduce negative features, and that complementary activity on several fronts can produce greater combined benefit than initiatives concentrated only on one level or area. As such, it calls for interdisciplinary collaborative efforts to adequately address the diversity of issues that bear on the health of a community of people. It thus provides a matrix (see chart) for determining and directing strategies that can together comprise a consistent, coherent response with cumulative force to effect positive change in the settings of concern (G. Bauer et al.; D. Stokols).
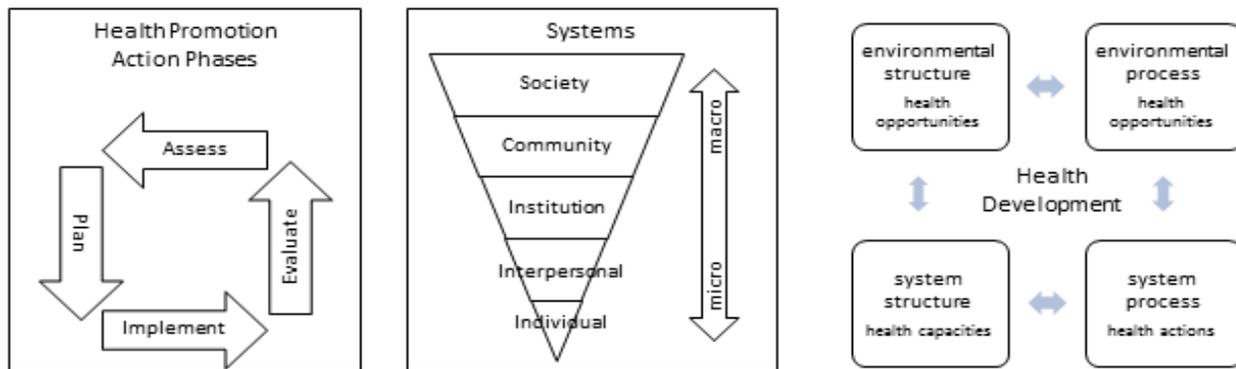
Effective mental health promotion involves applying the cycle of health promotion action phases to a particular mental health issue (problems and determinants) within two or more of the nested ecological systems in order to impact health development (by acting on influences and so changing outcomes).

Therefore, health initiatives in school should include a focus on the factors that influence the individual—family, school policy, culture, community norms, politics, economy, media. Education should focus on helping students understand how these factors influence them and how they in turn can influence such factors. School should equip them to be active citizens rather than focus only on changing immediate behaviour.

References

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