Meeting Minutes

Meeting Type:	**Conference Workshop**	**Venue:**	**Berlin**
Setting:	**Schools**	**Date/Time:**	**9th October 2009: 09:15 – 10:30**
Workshop Leader:	**Merike Sisask/ Tilia Boussios**	**Rapporteur:**	**Lauraliisa Heidmets**

PARTICIPANTS		
Name	**Organisation:**	**Abbreviations:**
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Agenda Items

1. Round of Introductions
2. Introduction by workshop leader (MS): Lessons from the field trials
3. Questions regarding practice: Does this reflect your experiences and practice? a) What are the most important elements? b) What aspects need to be clarified? c) Is there anything missing?

4. Questions regarding policy:

a) In your experience which of these policy elements should have the highest priority and why?

b) Which policy areas create the greatest challenges?

c) Does the list represent a comprehensive policy agenda? – What should be added?

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1. Round of Introductions

There were 12 participants in total participating in the workshop – 4 were partners, and 8 coming from other organisations and different countries (Ireland, Germany, Estonia, Netherlands, Greece). Realm of science, practice and policy were represented.

2. Introduction by workshop leader (MS): Lessons from the field trials

MS introduced the summary of the lessons that ProMenPol learned from the field trials in the school setting:

Lessons for practice	Lessons for policy
• MHP tools increase awareness and knowledge about MH issues • The tools also increase knowledge on MH problems and provide contacts for getting help • The tools should be well-designed, well-structured, user-friendly and easy to implement • Adapt tool to the needs of specific target group • Find out what is already in use in your target audience (schools, staff, students) to ensure no overlap • Make sure the target audience are involved in consultation process • Give teachers enough time to introduce the tool and implement it as a part of their teaching • Overall organisational context should facilitate sustainability • Get staff to co-facilitate, make sure they have prior skills for that • Ensure that training, resources, enough time and ongoing support are available if required • Ensure counselling links are available to target group • Enable class to be creative in using the tool • It is important to strengthen primary school pupils' self-esteem • Just try! It's valuable	• Implement the policy that exists • Ensure resources – funding, grants • MHP development requires parental work, staff support, counselling support • Ensure MH education becomes a part of education in general and of the curriculum in primary and secondary schools • Younger audiences – primary school pupils under 12, preschool, infants – should also be involved in MHP programmes • Review current programmes to find out which ones will generate interest • More comprehensive training for teachers who are engaged in MHP • MHP is underestimated and other curriculum overemphasized – as MHP is not a core compulsory subject, it is up to the school/teacher whether they teach it or not • Teachers feel uncomfortable teaching MH issues, particularly around sensitive questions that may arise during the class

After the short presentation MS acknowledged that each clause of the summary is very relevant and apposite in the school setting; and introduced the next discussion point by encouraging participants to point out the most relevant details regarding mental health promotion at schools in their opinion.

3. Questions regarding practice (see above):

There was general agreement with respect to the lessons learnt from the field trials. In the discussion the following issues were pointed out:

Mental health promotion (MHP) at schools should start with **rising awareness among teachers and headmasters** of the schools. As they often lack in-depth knowledge and tend to have certain bias in respect to mental health (MH) and MHP. MH knowledge is likely to lessen their defensive posture as well as to magnify the **top-down support**, which is regarded to be a staunch prerequisite for effective MHP.

The understanding that MHP is (or at least should be) a **natural part of everyday life**, not as something extra or someone else´s business is essential. It needs to be integrated to the curriculum, to the subjects that are teached. There was also a concern that teachers lack the knowledge on MH influencing everything that is going on in the school; and that they (teachers) would benefit from it as well. Participants were worried about the common **attitude** that teachers often seem to have:"We are not social workers or psychologists – we are only teachers!" In participants' point of view teachers need to understand that they are facilitators of learning, not only knowledge providers. Common understanding that MH has an overall effect on students lives, behaviour and (school) performance should also answer the questions that teachers often ask: "Why we do it?"; "What is there for us?"

Beside that, **support for teachers** (e.g. environment, counselling, support group) is equally important. It was concluded that they would have difficulties in delivering good MHP if they lack positive mental health themselves. MS draw attention that this joint comprehension indicates to a relationship between the school and workplace setting.

Due to the lack of specific knowledge and skills teachers are often afraid to initiate MHP. Therefore, it is important to provide teachers with appropriate **training**. The crisis management, information on important contacts and accomplishment of safe environment was pointed out as one of the most essential components of training.

Communication with parents was regarded as essential, but challenging task as parents might be sceptical, hesitant or afraid. It was alleged that school should have a specific policy to reach parents/families. However, parent meetings was not regarded as effective mean to accomplish the goal as parents of "problematic children" are less likely to attend.

Due to the bias in respect to MH it was recommended to **normalize the concept of MHP**: to talk about well-being and lifestyle programmes, rather than referring to mental health promotion.

Finally, a **need assessment** for getting an overview about the specific needs of the school; policy for assuring **sustainability** and **systematic** approach; and **beginning with interventions early** was brought out as an important keywords as well.

4. Questions regarding policy (see above):

Also with respect to policy people generally agreed to the ProMenPol lessons learnt. Although the most of the time was spent by discussing the filed of practice, following points in respect to policy were highlighted:

There was general consensus that MHP should be put into practice from **top-down level** (from the ministry level) and it should include all relevant stakeholders (e.g. parents, teachers, peers, headmasters, other school staff and gatekeepers). Politicians should pay attention to

ensure all relevant **resources** (e.g. training, time and payment) for implementing MHP, which could mean the review of funding structures and/or re-planning of budget. Participants agreed that in the first place they should consider and implement what has already produced/decided.

Initiating MH programmes during **early school years** was considered extremely important (ideally from the kindergarten, but at the latest from the primary school). Thereat using **normalizing language** (due to the confusion in respect to concept of MH) was regarded equally important for politicians as well.

In terms of the **responsibility of ministries**, it was proposed that the responsibility should belong to one ministry only (at least in some countries the responsibility for well-being in schools is divided between different ministries). Sole responsibility would lessen or eliminate the gaps in sharing information and the decision-making process would be less complicated.

In addition, it was argued that establishing or keeping a list of the "best schools" might need a revision: instead of ranking schools in respect to the exam results or by the matriculation to the university, a top **list of the healthiest schools** could be created.

Finally, a **suggestion to researchers** was made. It was proposed that researched should use their power to show the consequences of taking no action (e.g. in terms of treatment costs; educational attainment; advancement in schools were MHP is implemented compared to schools were it is not)

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