‘Part of Who we are as a School Should Include Responsibility for Well-Being’: Links between the School Environment, Mental Health and Behaviour

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Drawing from a Scottish study, this article examines ways in which the school environment can impact upon the well-being of pupils and their associated behaviour. It identifies tensions between existing school structures and cultures and the promotion of positive mental health, particularly in relation to the curriculum, pastoral care, discipline and teacher/pupil relationships. In many cases, schools attempt to address mental well-being by bolting fragmented initiatives onto existing systems, and we argue that a more fundamental review of values, policies and practices throughout the school is needed. This paper also looks at the roles of interagency workers in schools, and reports that, in most cases, these workers are seen as offering a parallel service to the mainstream school, targeted at the most troubled or troublesome pupils. We suggest that schools should draw on the skills and understandings of these workers to help build new cultures throughout the school for the benefit of all children and young people.

Keywords: emotional well-being; schools; mental health; interagency working.

Introduction: Mental Well-Being in the School Setting

That fostering mental well-being is now seen as an integral part of schools’ responsibilities is evident in both Scottish policy documents such as Happy, Safe and Achieving their Potential (SEED, 2005) and in those emanating from London such as Every Child Matters (DfES, 2004). This article focuses on the needs of children and young people experiencing, or at risk of developing mental health difficulties, and examines the ways in which the school environment can impact upon their well-being and associated behaviour. It goes on to consider the ways in which inter-agency workers can be deployed to support schools to develop appropriate responses, and examines the potential of other professional viewpoints to influence the wider school environment.

Our understanding of mental health and well-being has undergone a paradigm shift over recent years, with the emphasis moving away from the medical model whereby mental health was seen simply as the absence of mental illness (World Health Organization, 2001). Positive mental health, or mental well-being, has been reconceptualized as a condition to be valued in its own right. This can be seen as a shift from a ‘deficit to a strength perspective’ (Weare, 2004, p. 66). While mental health is thought to be too complex to define simply (Weare, 2000), the Mental Health Foundation (1999) has compiled a list of attributes that can be associated with mentally healthy children. These include the capacity to:

- develop psychologically, emotionally, creatively, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathize with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them.

Most teachers will be aware that the reasons why children fail to develop in the ways described above may not necessarily be located in the children themselves. The environments in which children grow up have been shown to be highly influential in promoting or damaging mental well-being. Potentially vulnerable groups of young people include looked after children, refugees and asylum seekers, gay and lesbian...
young people, those whose parents have mental health problems or problems of drug and alcohol abuse, those who have experienced trauma or abuse and other disadvantaged groups (Alexander, 2001).

It follows that the school environment too has the potential to either enhance or damage the mental well-being of both staff and pupils, and that school managers thus carry a significant responsibility to create an environment that promotes good mental health, acts to prevent development of problems in vulnerable groups and supports those experiencing difficulties. The international context for school-based mental health promotion is provided by the World Health Organization (2001), which supports the development of ‘child-friendly schools’, defined as follows:

A child-friendly school encourages tolerance and equality between boys and girls and different ethnic, religious and social groups. It promotes active involvement and co-operation, avoids the use of physical punishment and does not tolerate bullying. It is also a supportive and nurturing environment; providing education which responds to the reality of the children's lives. Finally it helps to establish connections between school and family life, encourages creativity as well as academic abilities, and promotes the self-esteem and self-confidence of children.

(World Health Organization, 2001, p. 1)

For schools to take on this role of promotion of mental health requires a change in the way schools understand and respond to issues surrounding mental health. Indeed, Weare (2004) argues that concepts of mental health are not well understood in school, having belonged until recently within a medical discourse. Moreover, she suggests that schools often find it hard to see the relevance of mental health to their central concern with learning. This may in part be related to teachers’ unfamiliarity with the language (Cole, Sellman, Daniels and Visser, 2002) and the tendency for the term mental health to be identified with mental illness (Tuffin, Tuffin and Watson, 2001) as schools are familiar with the language of social and personal development and the importance of self-esteem in learning – both important components of mental health and well-being.

Existing school structures and cultures can be seen to create stress in a number of ways. For example, Connor (2003) describes children as ‘unwitting victims’ of the intense pressures created by target setting in schools, and this view is supported by the Professional Association of Teachers (2000), who reported that exam pressures caused symptoms of stress in some pupils including panic attacks, sleeping and eating disorders. Similarly, West and Sweeting (2003) observed rising levels of stress among young women relating to school work and exams. The existence of an inflexible and dominant school culture can create difficulties for certain groups. The failure of schools to respond to the needs of Traveller children, for example, has been highlighted by Jordan (2001), who describes the clash of cultures leading to such children frequently dropping out of schooling. Similarly, Davies and Webb (2000) identified cultural differences in child-rearing practices among asylum seeker/refugee families, which gave rise to ‘transcultural trauma’ resulting in aggressive school behaviour.

This paper explores some tensions that schools face in developing a mental health-promoting approach within existing school cultures. It draws from a Scottish study, which examined the links between mental well-being and behaviour in schools (Shucksmith, Philip, Spratt and Watson, 2005), by exploring the responses of schools, authorities and their partners in the health and voluntary sectors to challenging behaviour that was thought to be triggered by poor mental health. The study focused on low-level mental health difficulties that were likely to be the result of stressful experiences such as bereavement, bullying, poverty or disadvantage, rather than diagnosed conditions that require specialized medical interventions. The term ‘challenging behaviour’ was used to describe any behavioural manifestation of mental health difficulties that would act as a barrier to engagement in school life, and included disruptive behaviour, withdrawn behaviour and self-exclusion. The study examined both reactive responses by schools to behaviours as they manifested and proactive responses to health promotion and prevention.

Interpretive qualitative methods were used to provide a rich and textured view of the issues as they were experienced by different stakeholders. The first phase of the study consisted of semi-structured telephone interviews with 30 representatives of local authorities, 18 representatives of health boards and 18 employees of voluntary sector organizations. These scoping interviews provided a broad picture of mental health-related activities and interventions across Scotland, and from these we selected six examples of innovative practice for intensive case study. The case studies were selected to highlight a range of different approaches to supporting mental well-being, involving a variety of service providers, and also to be representative of the diversity of Scottish settings. Case studies were based on face-to-face interviews with pupils, parents, teachers and other school workers, school managers and interagency staff from a range of health and voluntary sector organizations. In each case study, approximately 20 one-to-one interviews were conducted with practitioners; the precise number and the balance of different groups depended upon the structure of the intervention being studied. In addition, four group interviews were conducted with pupils, and two with parents in each setting. Interviews were recorded and fully transcribed. Analysis of the data was manual, involving all members of the research team. A grounded
approach was adopted to identify key themes emerging from the data.

**Links Between the School Environment and Mental Well-Being**

The importance of the school ethos and environment in promoting positive behaviour has been highlighted by many authors, for example Rogers (2000), but the implications of these approaches for the mental well-being of pupils are less well documented. Within our data, calls for schools to fundamentally re-examine how their structures and culture affected the well-being of pupils, especially those experiencing mental health difficulties, were made by a number of local authority representatives, most notably, although not exclusively, educational psychologists. The rationale for such an approach is outlined in the interview excerpt below:

> Youngsters do have emotional difficulties but I think by attaching that label to them you see *them* as the ones that have to change rather than seeing the actual environmental factors as being equally important and having to be modified as well.  
>  
> (Educational psychologist)

However, at a strategic level, issues associated with mental well-being were spread diffusely through a complex policy landscape. Local authorities had developed few specific policies for promoting good mental health, per se, but could point to policies on a range of related initiatives (e.g. anti-bullying, health promotion, inclusion and behaviour support), the management of which was dispersed through various departments and between a variety of personnel. Consequently, schools’ responses to mental health issues rarely involved a significant overhaul of school policies and procedures, but were more likely to be fragmented initiatives such as anti-bullying weeks, or peer support schemes, which were bolted onto the existing systems. Funding for any posts relating to mental well-being, such as counsellors or health workers, tended to be short term, leading to fragile and patchy provision. Consequently, such work was unlikely to be embedded within the school and conflicts between the promotion of mental well-being and existing school culture were evident. Tensions were particularly apparent in the arenas of curriculum, pastoral care, discipline and teacher/pupil relationships, and each of these is considered below.

Pupils and parents repeatedly alluded to the importance of the curriculum for well-being. Difficulties with school work were reported to elicit feelings of inadequacy, to be generally detrimental to the pupils’ feelings about themselves and to their perceptions about how others saw them. Yet, there was little evidence of schools considering their pedagogical methods in terms of pupil welfare. Commentators whose professional background lay outside education, such as voluntary sector and health workers, expressed concerns that the over-riding priority of many schools still lay with subject-orientated curriculum, linked to positive academic outcomes for pupils. In spite of recent policy shifts away from overemphasis on attainment in its narrowest sense (Scottish Executive, 2004), school managers, it was reported, continued to feel under pressure to concentrate on the measurable attainments of pupils. Pupils who were experiencing emotional difficulties and whose behaviour, whether withdrawn or disruptive, inhibited their engagement with the curriculum, or impinged on other pupils’ opportunities to learn, did not easily fit into such a system, as illustrated by the following comment:

> I think for a lot of the teachers the focus is academic achievement and if the young person is not interested then you know … the young person becomes rubbed rather than looking at it from a different place and again I know that it’s not the teachers’ problem, that’s the culture we live in.  
>  
> (Voluntary sector worker)

Teachers and local authority representatives made frequent reference, during interviews, to the tensions they faced, in reconciling an individualized approach to the difficulties of particular pupils, with the structures and expectations of a typical school, particularly in the secondary sector. This was linked to the notion that the main business of the school (delivering academic goods to the majority) was somehow in opposition to prioritizing welfare. However, some respondents, such as this local authority representative, also challenged the notion that there was conflict:

> There are some schools – secondaries – who go along the attainment line, focus very much on attainment and don’t recognize that there is more than one way of achieving that. If young people feel good about themselves, particularly at times when they are feeling vulnerable, they are more likely to come through unscathed and take advantage of what the curriculum has to offer.  
>  
> (Education authority, development officer)

Case study data demonstrated a range of approaches to offering targeted pastoral interventions to vulnerable pupils either through the existing guidance system, or with the support of other specialists such as counsellors, social workers or pupil support workers. However, the driver of such systems was often improved educational outcomes for the pupil, and for the wider school, so the focus of the support was on teaching the child to conform, in order to ‘fit’ better into the system rather than examining the system to see how it could better meet the needs of the child. Such approaches to pastoral care served to locate the difficulty, in the eyes of teachers, firmly in the child, and thereby to relieve teachers from any responsibility to examine their own responses to those children. Tensions inevitably existed in situations where pastoral support was seen as a
separate function of the school, rather than an integral part of all teachers’ roles.

At the heart of this issue was how schools responded to those pupils whose difficulties manifested in disruptive behaviour, which breached the disciplinary codes of the school. Whether or not disruption was treated as a disciplinary matter or a pastoral care issue in the first instance rested largely with the classroom teacher in whose charge the behaviour manifested. Interviewees holding strategic positions in local authorities frequently referred to the consequences of misinterpretation of these behaviours resulting in harsh disciplinary measures that inflamed the situation, and led to escalation with the ultimate consequence of exclusion, as described below:

It’s still very difficult for the [teachers] to actually say … once a kid manifests on a difficult morning … difficult behaviour, for the teacher to stand back and say, ‘Ah that’s that difficult behaviour.’ They often end up in a situation where you know it’s … discipline. (Behaviour support manager)

They called for schools to examine their responses and to support teachers to develop strategies for dealing with difficult behaviour, in ways that were less confrontational. Staff were urged to develop reflective responses that explored the causes of behaviour before taking recourse in purely punitive reactions.

Yet, school staff expressed ambivalence about altering a universal system of rules to accommodate the needs of an individual pupil, as exemplified here in a teacher’s concerns about school uniform:

There is one child who is here, and it’s like you have got him here but he doesn’t wear school uniform. He doesn’t just not wear the uniform, he makes a public issue of not wearing the uniform … a very public non school uniform wearer … and you wonder, do other youngsters see that and think ‘Well he gets away with it, why shouldn’t I get away with it?’ But then, I don’t know, do you just have to say, ‘Well uniform is not that important. The boy is here; he’s not walking the streets. He’s not heading somewhere. I don’t know. (Secondary teacher)

However, responding to pupils’ needs was not necessarily seen as ‘letting them off the hook’. Alternative approaches could be taken, which both discourage the behaviour and value, rather than undermine, the pupil. Such responses included solution-focused approaches adopted by the classroom teacher that supported pupils to avoid recurrence of the same behaviour. Restorative justice approaches (Wachtel, 1999) also offered a possible way forward, by involving pupils actively in redressing the wrongs that their behaviour has caused (as opposed to passive punishments such as detention).

These approaches viewed pastoral care as an integral feature of discipline. However, commonly in Scottish secondary schools the two systems were managed as separate functions of the school, giving rise to the likelihood that children and young people whose neediness was wrongly attributed to willful disobedience would be denied the support they needed, and indeed punished for their poor mental health. In such situations the school creates or exacerbates the very problems that the pastoral care system seeks to address, as described by Watson (2005). Where such dual systems operate, it is vital that they are closely inter-linked both strategically and operationally, to offer a fair and supportive system of discipline that does not seek to undermine the mental well-being of vulnerable miscreants.

Relationships between pupils and staff are widely recognized to be critical in creating healthy school environments, and the impact of this on pupils’ mental well-being was noted by Hornby and Atkinson (2003). The literature points to the teacher–pupil relationship as being particularly significant for excluded pupils (Pomeroy, 1999, 2000) and ‘hard to teach’ pupils (Ennis and McCaulay, 2002).

Children and young people interviewed in this study repeatedly referred to the importance of the quality of their relationships with different teachers, although many secondary pupils interviewed expressed reluctance to discuss personal issues with any member of staff. A common sentiment was that even guidance staff were perceived to be only interested in curriculum-related matters, confirming Howieson and Semple’s (2000) observation that ‘overall, guidance teachers’ view of themselves as being in a supportive role was not generally shared by pupils’ (p. 382). Significant barriers to easy-going supportive relationships are created by the multi-faceted roles that teachers must play in the classroom setting, including maintenance of order, delivery of curriculum and judge of performance. These overwhelming constraints caused Cooper (2004) to comment, pessimistically, of secondary teachers:

Teachers are obliged to show lack of care towards individuals, the reverse of what they believe to be necessary and what their pupils want and need. (p. 12)

It was evident from our data that pupils valued relationships with school staff that extended beyond the classroom, where both parties could play a slightly more informal role. For example, pupils reported a very high level of trust in staff who ran extracurricular clubs, and suggested that these would be the adults they would be most likely to approach with sensitive information. Pupils and teachers alike recognized such activities as instrumental in developing firmer ties, as described by this secondary teacher:

I guess I came into teaching because I like people. I like youngsters, you know … I like to meet kids socially. I like to play badminton with them, and to
Non-teaching staff such as playground assistants, pupil support workers, school nurses and health workers also reported being approached by children in difficulties, as their roles allowed more time for one-to-one discussions, they were able to observe behaviour outside the classroom and they were viewed as less authoritarian than teachers. These workers often detected difficulties that had escaped the notice of classroom teachers, although less frequently were they granted the autonomy to respond to the child’s difficulty.

Developing more rounded relationships with children enabled teachers and other staff to respond more sensitively to indisciplined behaviour in cases where they had a clearer understanding of possible causes. It also, they felt, helped them to identify pupils whose disturbing behaviour may be less apparent in a busy classroom. Interviewees repeatedly referred to the difficulties in detecting mental health issues among pupils whose response was to withdraw, particularly in secondary schools. These pupils were easily overlooked, as described by this teacher:

> Yes, these are the ones that are much, much harder to deal with because in some ways these children are behaving as you would ask them to behave. If you know … [laughs] … they are being quiet and they are being good and they are appearing to get on with it … These are the ones who the danger is that they may very well slip through the net.

(Secondary teacher)

However, teachers’ own well-being impacts upon their ability to respond sensitively to pupils with difficulties (Kyriacou, 2001), and, as pointed out by Hornby and Atkinson (2003), ‘Working with emotionally disturbed children can be particularly stressful and challenging as it can involve high levels of emotion’ (p. 7). This was clearly in evidence among teachers interviewed in this study, who in some cases reported feeling completely isolated when faced with challenging behaviour, and reluctant to seek support due to their fears of loss of credibility with other staff as is demonstrated in this extract:

> But it [indiscipline] is not something teachers talk about among themselves – it is almost a taboo subject – you know, ‘how do you cope with that?’ Obviously the classes I have, other teachers have but …

Interviewer: Why do you think that is the case?

> It seems as if the discipline, or the behaviour management aspect is how you are judged as a good teacher. And you almost sense that people have a fear of others talking about you as, you know, ‘His classes, they all run wild with him’. As soon as you admit that, for example, 4B were a nightmare today, it is ‘Oh look at him, he is not a good teacher’.

(Teacher)

Our study identified instances where strategies that addressed teachers’ capacity to work effectively with disturbed pupils, for example, confidential teacher-to-teacher support systems similar to those outlined by Daniels and Williams (2000), improved their confidence and their own sense of well-being, as well as improving their relationships with pupils. It appears that by addressing teachers’ competence to respond to challenging behaviour, a positive feedback is created, whereby improved pupil well-being leads to improved teacher well-being and vice versa, and the implications for this in terms of improved relationships could be far-reaching.

**Interdisciplinary Working and the School Environment**

With the advent of integrated service delivery, a wider range of professionals are now located on or close to school premises, increasing their own contact with vulnerable children and young people, but also providing possibilities for co-operative working with schools and teachers. Here, we consider the role of the non-teaching professionals within a school, in relation to mental well-being. Should they operate as trouble-shooters, to sort out problems for which no one else has the time or the skills to cope? Should they serve to contain the ‘difficult’ pupils, allowing everyone else to progress unimpeded? Or should their role be to support teachers to understand how to work more effectively with vulnerable pupils? Which of these ways of working would have the greatest impact on the school environment?

From the various systems we observed in operation across a range of settings, a loose typology emerged. Interventions fell into three main categories: *export* (remove the pupils from the school), *import* (introduce other types of worker to the school to take responsibility for mental health) or *ownership* (take steps to address mental health as a whole school issue), although on closer inspection, as outlined below, these distinctions are not always clear cut.

An export model would involve removing pupils from the school site and delivering specialized interventions or curricula elsewhere. In practice, we found a marked reluctance on the part of our case study schools to engage with this model, and a similar disinclination on the part of strategic planners to encourage such practices. However, education authority representatives commented on a degree of tension at the interface between some schools and external agencies, and reported having to create organizational barriers to prevent pupils from being ‘fired into external agencies’,
with one referring to the tendency of some schools and headteachers to seek ‘amputation’ of problems. This chimes with Pettitt’s (2003) observation that closer working between the Child and Adolescent Mental Health Service and education authorities initially gave rise to a large number of inappropriate referrals. Clearly, such an approach to meeting the needs of vulnerable pupils would do little to improve the whole school environment.

The emphasis among education authority representatives and other organizations involved in our study was to keep pupils in school wherever possible, an emphasis driven by the inclusion agenda and by national shortages of education psychology staff and CAMHS workers, but also by a genuine belief that this represented the best course of action for the pupils. While there are some circumstances under which a child or young person requires specialist interventions that are beyond the expertise available in school, and in these cases such supports would be made available, the emphasis was on rapid re-integration for the child wherever possible.

The alternative model saw specialists such as counsellors, therapists, social workers or health workers being located within the school, theoretically making themselves more accessible to staff, pupils and parents. This is the embodiment of Scotland’s Integrated Community Schools initiative whereby children’s services work together, with the individual child at the centre of service delivery.

However, in practice, our findings showed that in most cases these workers from other professional backgrounds were not well integrated in the school, having little communication with the wider staff, being bound by protocols of confidentiality from sharing problems, and not being fully included as members of staff, confirming observations made by Tett, Munn, Kay, Martin, Martin and Ranson (2001). Physical and temporal barriers between these workers and the teaching staff could be compounded by misunderstanding and professional mistrust giving rise to the rivalries discussed by McCulloch, Tett and Crowther (2004). Consequently, their role in the school was often seen as separate from the main business of the school, and in the eyes of some staff they were assigned the role of ‘mending’ those children who did not fit with the expectations of the school, as described by a counsellor:

That was almost the test, you know, fix these kids, because there is in some ways, at some time an expectation that we will fix them. And that is an interesting thing that we are looking at, in terms of evaluation, is people’s perception of significant change. What the person may deem as being significant to them may not in fact affect their classroom behaviour, so therefore the teacher sees a different change, or no change at all. So therefore, has the counselling in fact failed?

This type of arrangement thus also had little opportunity to impact on the school environment, and often gave rise to a situation where the work of the team was to support pupils to develop strategies to cope in the wider school, rather than encouraging the staff to develop a better understanding of the pupils. Ironically, of course, the success of interagency workers in maintaining pupils in schools meant that larger numbers of pupils with mental health difficulties were being kept in schools, and there was a greater need for teachers to develop new skills and understandings.

Paradoxically, a system of this type could make teachers feel less responsible towards pupils experiencing difficulties as they could assume that these were being dealt with ‘elsewhere’. Consequently, despite their physical location, examples of this model could actually operate more as an ‘export’ than an import system, whereby pupils were removed from the mainstream school and supported away from other pupils, albeit on the school premises.

In the most proactive approach, which we refer to as ‘ownership’, the school puts the mental well-being of children and young people at the very heart of its value system as described in the quotation used in the title of this article:

Part of who we are as a school should include responsibility for well-being.

(Educational psychologist)

Schools that took ownership of mental health issues would undertake to review all aspects of their functioning to minimize the negative impact that school can have on some children and to improve the positive and supporting things that can be done. For example, one school in the study had revamped its support systems to bring learning support, behaviour support and guidance into one extended team, together with a team of pupil and family support workers who worked with vulnerable pupils and their families. This restructuring, it was felt, had improved pastoral care provision, providing much more effective detection of difficulties and rapid responses.

The term ‘ownership’ does not imply that school and teaching staff should work in isolation from other services, heroically dealing with all eventualities unaided, rather that schools are prepared to learn from other agencies and develop new insights into the range of difficulties pupils face. In the first instance, rather than referring pupils to the ‘experts’, schools look to other agencies for advice and support, using them in the spirit alluded to by this learning support manager:

The main aim of our service is to support the schools to support the children in whatever form that might take. We offer consultancy basis support to the schools. We would offer direct support to the schools,
direct support to individuals, support to families, acting as a bridge between school and family.

By collaborating meaningfully with other children’s services in the health and voluntary sector, schools can work to develop a much better understanding of issues associated with the mental well-being of pupils. Rather than seeing interagency support as an addition to their system, or a means to remove the responsibilities from teachers, schools should capitalize on the wealth of knowledge and skills they can bring to the school environment, and to develop ways of using these to develop the capacity of class teachers, and to address the fundamental environmental issues of the whole school.

**Conclusion**

Schools and local authorities are becoming much more aware of the issues of well-being, and in many cases are well versed in the rhetoric of pupil-centred practice, able to point to examples of efforts to improve the school environment through small-scale initiatives. Our findings suggest that these issues cannot be addressed simply by tinkering at the edges. Rather, they require a thorough review of established school structures and cultures to identify the points of tension between accepted policy and practice and pupil well-being. This raises fundamental questions about how schools see themselves, and what they view as their main purpose.

Gott (2003) expresses concerns about our expectations of teachers in relation to mental health, where their responsibilities begin and end, and whether we are expecting teachers to take on the roles of therapists for which they are not trained. The approach described here is not advocating that teachers deliver specialist interventions, but that the school and the staff develop teaching and learning strategies in their classrooms that can meaningfully engage vulnerable pupils (as suggested by Le Cornu and Collins, 2004) and that they reconsider disciplinary and pastoral care practices.

Ideally, teachers would foster the types of relationships with pupils that would enable them to be aware of young people whose behaviour indicated underlying difficulties, and to respond appropriately, referring children and young people to appropriate services only where necessary. By viewing other professional groups not simply as trouble-shooters, but as a source of advice, consultation and professional development, schools could learn to take ownership of the mental well-being of the school population, working in partnership with, rather than parallel to other agencies. Such an approach should be seen as complementary rather than oppositional to curriculum delivery, attainment and achievement, as highlighted by Weare (2000):

It is vital that those who seek to promote high academic standards and those who seek to promote mental, emotional and social health realise that they are on the same side, and that social and affective education can support academic learning, not simply take time away from it. (p. 5)

Unless schools address pupils’ experience of the whole school environment, there is little hope that the targeted endeavours of specialists will have much impact. Cole et al. (2002) remind us of the ‘other twenty three hours’, in other words, the majority of the time that children and young people spend outside of their supported environment. There is little point in providing specialist interventions for those experiencing difficulties if the progress made in the targeted sessions is not supported (or is even undermined) by the wider school environment. By addressing mental well-being as a whole school priority, all pupils benefit, not only those experiencing difficulties.

Taking the theme from the Child Protection report entitled ‘It’s everybody’s job to make sure I’m alright’ (Scottish Executive, 2002), an effective school should see pastoral care as a fundamental aspect of every worker’s role, and the promotion support and remediation aspects of mental well-being to be a joint responsibility that underpins all aspects of the school’s life.

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