

MENTAL HEALTH EDUCATION

YEARS 1-13

A GUIDE FOR TEACHERS,
LEADERS, AND SCHOOL BOARDS

Published 2022 by the Ministry of Education
PO Box 1666, Wellington 6140, New Zealand
www.education.govt.nz

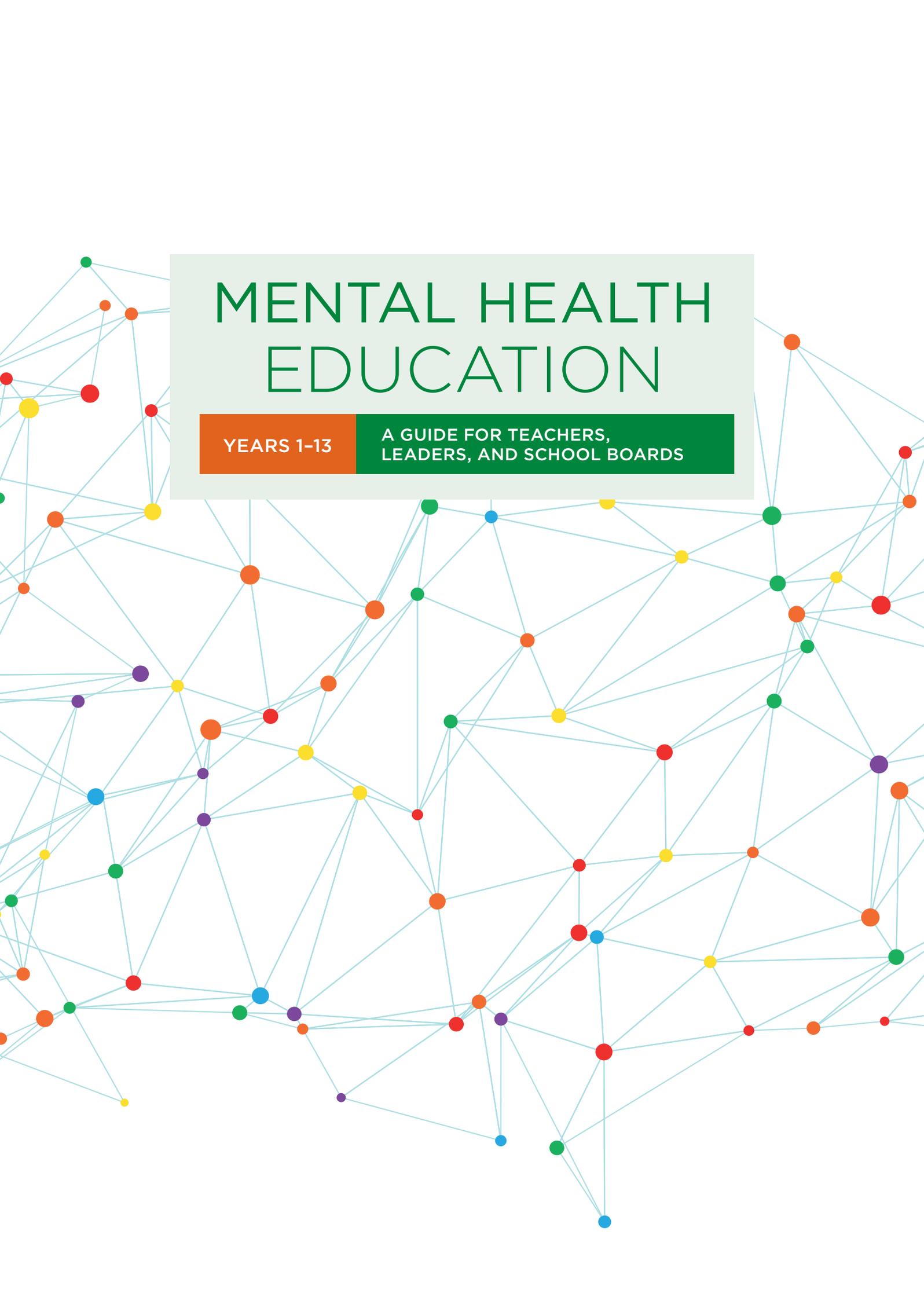
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Enquiries should be made to the publisher.

Publishing services: Lift Education E Tū
Editor: Margaret Smith
Designer: Jodi Wicksteed

978-1-77690-141-8 (Print)
978-1-77690-142-5 (Online)

Replacement copies may be ordered from
Ministry of Education Customer Services,
online at www.thechair.co.nz
by email: orders@thechair.minedu.govt.nz
or freephone 0800 660 662

Please quote item number 90141.



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A GUIDE FOR TEACHERS,
LEADERS, AND SCHOOL BOARDS

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Preface

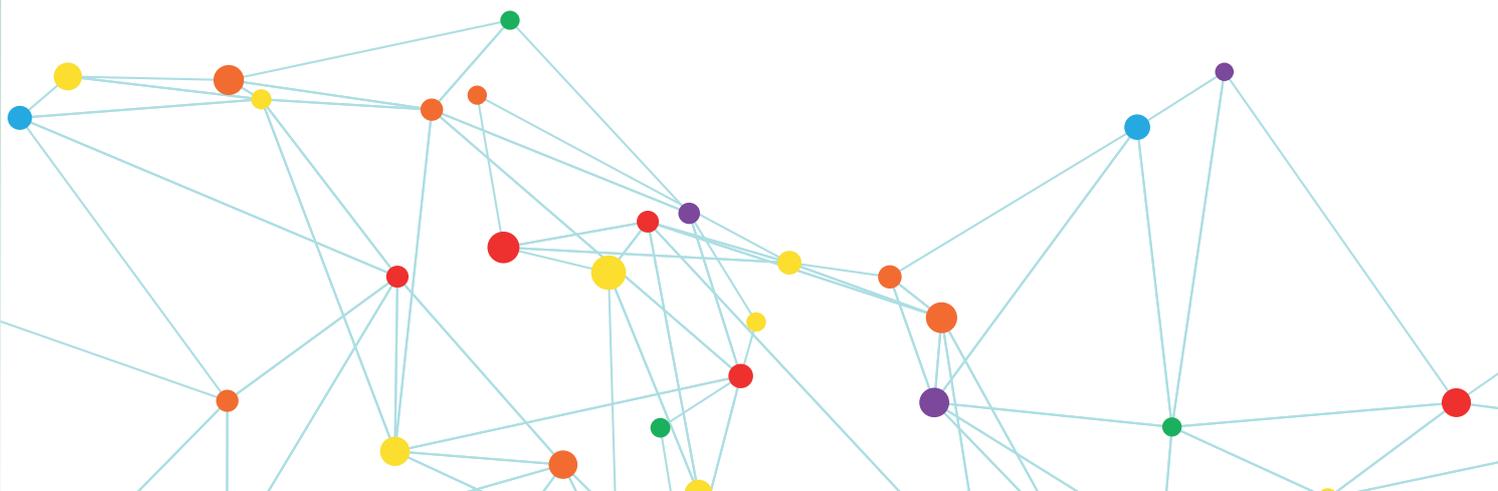
Mental Health Education Years 1-13: A guide for teachers, leaders, and school boards is a new guide designed to help schools adopt a whole-school approach to strengthening their programmes in mental health education. It is part of the same “family” of resources as *Relationships and Sexuality Education Years 1-8: A guide for teachers, leaders, and boards of trustees* and *Relationships and Sexuality Education Years 9-13: A guide for teachers, leaders, and boards of trustees*, published by the Ministry of Education in 2020. A reo Māori only guide that complements this one has also been developed – *Te Oranga Mauri – Te Hā o Hinepūtehue: He puna oranga mauri mā ngā mokopuna*. Bilingual speakers of both Māori and English can access both knowledge systems. The two guides will be published simultaneously by the Ministry of Education in 2022.

In the New Zealand Curriculum, mental health is one of the key learning areas in health education (within health and physical education). This key area includes learning about personal identity, discrimination, relationships with others, meeting challenges, and drug use and misuse, as well as developing knowledge and skills to support their own wellbeing and that of others. Other key learning areas in health education include relationships and sexuality education, food and nutrition, and body care and physical safety. Learning about health is essential for the ongoing wellbeing of all communities in Aotearoa New Zealand. Health education programmes should be informed by an understanding of Te Tiriti o Waitangi and of hauora, oranga mauri, and other relevant Māori concepts.

The development of these guidelines takes place at a time of significant global and national change. There are growing concerns about climate change and the effects of COVID-19. The number of young people reporting mental health challenges has increased. As a nation, we have become more aware of the ongoing effects of colonisation and intergenerational trauma on mental health, of structural and everyday discrimination such as racism, and of the consistently high rates of bullying in Aotearoa New Zealand. Young people’s increasing engagement with social media and with digital communications and devices creates new risks as well as opportunities. Many schools are already responding to these challenges in productive and supportive ways.

The guidelines take into account these cultural and social changes. They also reflect Aotearoa New Zealand’s ongoing commitments to national and international legislation, including Te Tiriti o Waitangi and the Human Rights Act (1993).

The Ministry of Education acknowledges all those who have contributed to the development of these guidelines, especially the lead writers, Dr Katie Fitzpatrick and Dr Melinda Webber, and the writing team, which includes Nic Mason, Dr Te Kawehau Hoskins, Dr John Fenaughty, Dr Darren Powell, and Dr Analosa Veukiso-Ulugia.



Introduction

Our vision for mental health education

We all encounter a range of circumstances in our lives, some of which challenge our mental wellbeing. We each experience these differently, and things may be more or less challenging at different points in our lives. Ākonga (students) deserve quality mental health education in order to learn knowledge and skills and to help them navigate adverse situations. They also deserve school environments that are relational, inclusive, empowering, and mana-enhancing.

With hauora and oranga mauri as the foundation, quality mental health education emphasises self-understanding, belonging, and connectedness that is grounded in culture, place, and histories. It enables ākonga to become strong in their identities and to become increasingly aware of what they need to support their mental wellbeing. It equips them with skills and strategies to meet challenges, adapt to change, and respond decisively to cultures of social exclusion. They learn how to take action to look after their own wellbeing and the wellbeing of others around them.

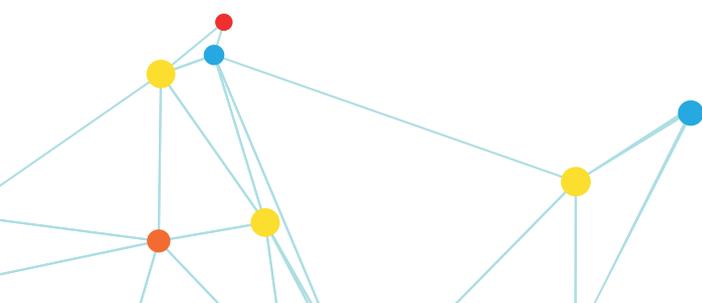
This guide enables teachers to deliver mental health education in ways that are effective, safe, and inclusive. It also provides support for schools to become mental-health-enhancing places for all.

Mental Health Education: A guide for teachers, leaders, and school boards is intended for all state and state-integrated English-medium schools in Aotearoa New Zealand with ākonga in years 1-13. It aligns with Te Tiriti o Waitangi and the New Zealand Curriculum. The overall aim of this guide is to enable schools to deliver effective, high-quality mental health education programmes to ākonga. It describes a school-wide approach to mental health education focused on hauora and on affirming the mana of ākonga and their personal and collective identities. It also makes explicit the key learning in mental health education at each curriculum level. This key learning prioritises building hauora and oranga mauri, the elements of which – emotional, mental, social, cultural, spiritual, and environmental – are all interrelated.

Schools play a vital role in supporting the wellbeing of children and young people. In planning effective mental health education programmes and developing policies and procedures that support mental health, schools need to:

- » consult with their community, as required by the Education and Training Act 2020, on how to implement the relevant parts of the health education curriculum and build strong, ongoing home-school partnerships that will facilitate engagement and consultation
- » recognise Te Tiriti o Waitangi and explicitly uphold it by developing genuine partnerships with Māori communities, including iwi, hapū, and whānau
- » uphold the human rights of all people, with careful attention to ākonga from diverse communities in terms of ethnicity, various abilities, gender identity and sexuality, and migrant status.

In addition, schools need to ensure that significant curriculum time is dedicated to mental health education, plan relevant professional learning opportunities for teachers and other school staff, and establish a school environment that is safe and supportive for ākonga, staff, and the wider school community.



Consulting with the school community

Every school's mental health education programme should be appropriate for their local community. It is critical that schools consult effectively with their community.

To do this, schools need to build and maintain ongoing close and positive relationships with their communities. Where a school and its community work closely together, each knows what to expect and how to address any issues that arise. For information about what schools are legally required to do, see pages 78–83. For ideas about ongoing engagement and consultation with the school community, see pages 84–89.

The school community

In this guide, “the school community” means the wider community that the school serves, as it does in Section 91 of the Education and Training Act, and “the whole school community” includes staff and ākonga at the school.

Recognising and addressing Te Tiriti o Waitangi

In line with Te Tiriti o Waitangi, the Crown is required to protect and promote the mental health of Māori. The Crown is also required to provide the conditions and resources through which Māori themselves determine their own mental health priorities and responses. These guidelines aim to help schools plan mental health education programmes that:

- » meet the needs and support the aspirations of ākonga Māori
- » promote positive and respectful engagement with Māori concepts such as hauora, oranga mauri, mana, and mātauranga Māori
- » affirm the strengths and contributions of ākonga Māori, whānau, iwi, hapū, and other Māori communities, acknowledging the diversity within Māori.

See page 16 (Te Tiriti o Waitangi) for more detailed information about how the Treaty principles relate to mental health education. See also page 71 (Approaches to mental health education for ākonga Māori), page 84 (Treaty-based partnerships with Māori), and page 88 (Including community groups in the consultation).

Upholding human rights

These guidelines align with and uphold the human rights of all people. In the context of mental health education, this means that schools need to:

- » ensure accepting, inclusive, and empowering learning environments for all ākonga (for example, those with mental health challenges or impairments should not experience stigma or discrimination)
- » respect the individual and collective autonomy and agency of ākonga and the school community (for example, by allowing ākonga, whānau, and kaiako the freedom to make sense of mental health in ways that affirm their cultures, languages, and identities)
- » ensure that programmes include information about the determinants of health, including gender, culture, ethnicity, and disability, and about how a person's various identities (for example, their gender identity and their ethnic identity) can intersect in ways that may privilege or disadvantage the person.

Upholding human rights is fundamental to mental health and wellbeing.

These guidelines also acknowledge Aotearoa New Zealand's international legal commitments to:

- » the United Nations Sustainable Development Goals (2015)
- » the United Nations Convention on the Rights of the Child (1989)
- » the United Nations Convention on the Rights of Persons with Disabilities (2006)
- » the United Nations Declaration on the Rights of Indigenous Peoples (2007)
- » the International Covenant on Economic, Social and Cultural Rights (1966).

A changing society

The development of these guidelines takes place at a time of significant global and national change. These guidelines are informed by awareness of:

- » the positive influence of Māori culture and Te Tiriti o Waitangi relationships
- » the increasing diversity of Aotearoa New Zealand's population and the associated need for young people to learn to navigate multiple worlds
- » the ongoing effects of colonisation and intergenerational trauma on people's mental health
- » the cyclical relationship between family and whānau violence and mental health
- » the increase in the numbers of young people in Aotearoa New Zealand who report mental health challenges
- » Aotearoa New Zealand's high suicide rates
- » young people's increasing engagement with social media via digital communications and devices and the associated need for them to learn to use these safely and effectively
- » the high and enduring rates of bullying in Aotearoa New Zealand and the impact of this bullying on people's mental health and wellbeing.

The guidelines are also informed by knowledge about the determinants of health, by evidence of how various kinds of discrimination affect people's mental health, and by ongoing engagement with Te Tiriti o Waitangi and with research about positive and equitable approaches to mental health and wellbeing.

Mental health education in a changing society

All children and young people need opportunities to learn about mental health and wellbeing. Through effective mental health education programmes, ākonga can learn to recognise and respond appropriately to mental distress, to challenge discrimination with respect to race, ethnicity, ability, sex, sexuality, and gender, and to make informed choices about drugs and alcohol and about engaging with social media.

Placing the learner at the centre of the curriculum contributes significantly to their academic success. Effective mental health education provides opportunities for ākonga to investigate the mental health issues related to the personal, local, and global dimensions of events that impact their lives (such as colonisation, climate change, or global pandemics like COVID-19). When ākonga are further invited to take action to address these issues, this learning contributes positively to their individual development, to the wellbeing of their communities, and to the overall wellbeing of society.

Mental health is not only an individual concern, but also a social and political concern. Issues such as bullying, for example, affect individuals but are also linked to wider cultures of exclusion such as sexism, racism, ... and homophobia. Helping an individual student develop skills (such as assertive communication) might help, but if the wider school environment is promoting discrimination, then wider cultures also need to be addressed.

Fitzpatrick et al., 2018, page 7

Ideally, schools will provide opportunities to learn about mental health in health education, across the wider curriculum, and in many other school contexts. (See page 12, Mental health education in the New Zealand Curriculum.)

What is in these guidelines?

Section 1, Overview of mental health education

(pages 12–26) defines mental health education and explains its relevance in terms of:

- » children and young people growing up in a changing society
- » research evidence
- » related government policies and strategies.

It provides information and suggestions to raise schools' awareness of:

- » Treaty principles and how these can be applied in schools
- » mātauranga Māori and the concepts of hauora, oranga mauri, and mana
- » the importance of mental health education for Pacific and Asian communities.

Most relevant to:

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Section 2, A whole-school approach to mental health education

(pages 28–31) discusses how to plan a whole-school approach that addresses wellbeing. It explains the concept of a local curriculum, the three dimensions of the whole-school approach, and how to evaluate the whole-school approach.

Most relevant to:

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Section 3, The school ethos and environment

(pages 32–51) discusses how to address issues related to mental health education within a school's ethos and environment by developing:

- » policies and practices that promote mental health education
- » positive and inclusive school and classroom cultures
- » effective leadership practices
- » a safe and accessible physical environment
- » sound school management systems
- » safe and accessible support systems that address such issues as distress and disclosures.

Most relevant to:

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Section 4, Mental health education in the New Zealand Curriculum

(pages 52–76) describes the place of mental health education in the curriculum in terms of links to the key competencies and the underlying concepts of the health and physical education learning area. It suggests ways of including mental health education in other areas of the curriculum and ways of designing mental health education programmes in both health education and physical education that:

- » include key learning for curriculum levels 1–8
- » may engage with high-quality outside providers
- » use effective and empowering approaches to mental health education for all ākonga, including:
 - › ākonga Māori
 - › ākonga from Pacific backgrounds
 - › ākonga from the range of sexualities and gender diversity
 - › disabled ākonga
- » use effective pedagogies and assessment for learning.

Most relevant to:

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Section 5, What are schools required to do?

(pages 78–83) highlights parts of the National Performance Measures that relate to health education, reviews Sections 91 and 127 of the Education and Training Act 2020, and outlines the roles and responsibilities of school boards, principals, teachers (including the teacher in charge of health education), caregivers, and community agencies. It discusses teachers' rights when answering the questions that children ask about sensitive issues.

Most relevant to:

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Section 6, Engaging and consulting with the school community (pages 84–89) describes ways of engaging with the wider school community and building partnerships, including:

- » partnerships with whānau, hapū, iwi, and other Māori communities
- » partnerships with Pacific communities.

It also suggests ways of consulting with the school community specifically about the health education curriculum to meet the legal requirement, including ideas for consulting with certain key community groups.

Most relevant to:

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The **Glossaries of terms in te reo Māori** (pages 90–92) and **in English** (pages 94–95) define words and terms relevant to mental health education, including many used in these guidelines.

Most relevant to:

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References, useful links, and support (pages 96–108) lists the references cited in these guidelines and provides links to other relevant resources and organisations.

Most relevant to:

TEACHERS

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1. Overview of mental health education

What is mental health?

For many of us, when we talk about mental health we're really talking about mental illness or mental distress. But, like physical health, mental health is something we all have and we need to look after it. There is no health without mental health.

Good mental health boosts our physical health, creates resilience, helps us to feel happy, confident and secure.

We believe everyone can enjoy good mental health and wellbeing – whether or not you have an experience of or a diagnosis of mental illness.

<https://mentalhealth.org.nz/what-is-wellbeing>

Mental health is not just the absence of mental illness. “Mental health includes emotional, psychological, and social wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.” (<https://www.mentalhealth.gov/basics/what-is-mental-health>).

It is unhelpful to define mental health according to illness. Terms such as “mental distress” and “mental health challenges” may be more constructive, because they help to normalise mental health problems and encourage people in mental distress to seek assistance.

Mental health education is not the same as mental health promotion. Mental health promotion has a focus on key messages, while mental health education involves deeper and more meaningful learning. Mental health education engages young people in developing knowledge, skills, and attitudes for and about wellbeing. It requires dedicated curriculum time, supported by a whole-school approach.

Learning about mental health includes acknowledging that everyone’s wellbeing ebbs and flows and that life can be challenging in different ways and at different times. *He Ara Oranga* (Government Inquiry into Mental Health and Addiction, 2018) puts it like this:

... modern society places too much emphasis on the unrealistic idea that we can constantly be happy. We need to remind ourselves that life consists of peaks and valleys. Many people who experience deep lows or serious mental illness report that the slow process of healing their heart and spirit brought them great strength and enriched their life.

He Ara Oranga, 2018, page 67

Mental health education in the New Zealand Curriculum

In the New Zealand Curriculum, mental health education has a broad scope. It includes opportunities for ākonga (students) to develop the knowledge, understandings, and skills to:

- » strengthen their personal identity and develop resilience and self-advocacy skills
- » examine discrimination and stereotyping
- » enhance their relationships to others and to places
- » develop their connections to language, cultural practices, and taonga that contribute to oranga mauri
- » support themselves and others in times of stress, disappointment, or grief
- » make positive decisions in relation to drugs and alcohol
- » recognise and respond to abuse and harassment
- » examine the ongoing effects of colonisation and of decolonising actions on people’s mental health
- » identify ways that digital and natural environments impact mental health.

Ākonga should also have opportunities to learn about mental health in relation to physical activity, relaxation, and recreation and to enhance their connection to community and environment in culturally diverse ways. Ākonga should develop attitudes, values, and behaviours that enhance *oranga mauri* for themselves, for others, for the environment, and for society.

Mental health education in the New Zealand Curriculum is informed by Māori, Pākehā, and other cultural knowledge systems and world views. The curriculum supports a holistic approach that is based on *hauora*, with a focus on building on existing strengths and developing the *mana* and resilience of all ākonga. Mental health education (like all health education) is underpinned by four interdependent concepts – *hauora*, attitudes and values, the socio-ecological perspective, and health promotion.

- » In learning about **hauora**, ākonga will consider how the four dimensions of *Te Whare Tapa Whā* relate to and affect people's mental health and wellbeing. They will also come to understand the role of *mana* in developing a positive self-concept and identity and to understand the dimensions of *oranga mauri*.
- » In learning about **attitudes and values**, ākonga will be encouraged to take responsibility for their own wellbeing, to show respect, care, and concern for other people and their rights, and to develop a sense of social and environmental justice.
- » Through the **socio-ecological perspective**, ākonga will critically examine the determinants of health – the factors that influence people's health and their access to health services – as they affect mental health. Ākonga will learn that they can only understand a person's mental health by considering it relationally and within contexts.
- » In **health promotion**, ākonga will take personal and collective action to develop and maintain physical and emotional environments that support mental health at school and in the community.

For more detail on these underlying concepts, see page 54.

Why this learning is important for ākonga

Mental health education is primarily about learning rather than about solving mental health or public health problems. However, mental and emotional wellbeing is known to be an asset for people's personal, *whānau*, community, and work-related success. When ākonga learn the skills to support their own mental health and that of others, they have the building blocks to boost their own resilience and experience enhanced wellbeing.

Increasingly, mental health education is an urgent priority. Social, political, and environmental changes are causing major challenges for ākonga, *whānau*, schools, and governments. Aotearoa New Zealand has increasing rates of depression and anxiety and a high youth suicide rate. Poverty and material hardship are very strong predictors of poor mental health and wellbeing (Gibson et al., 2017; Fleming et al., 2020) and “intergenerational trauma can affect families and *whānau*” (*He Ara Oranga*, 2018, page 44) in complicated ways.

The Government Inquiry into Mental Health and Addiction noted that young people asked for guidance on mental health and how to look after themselves and their friends. Teachers and school counsellors told the inquiry that they were “overwhelmed by the number of students in distress, the complexity of their issues and the incidence of acting out via problem behaviours in class” (*He Ara Oranga*, 2018, page 49).

Aotearoa New Zealand has increasing rates of depression and anxiety. Youth emotional and mental health has worsened since 2012, and significant numbers of children and young people are experiencing feelings of isolation, loneliness, and mental distress (Kvalsvig, 2018; Fleming et al., 2020). The Growing Up in New Zealand study noted that “up to 20% of all children and adolescents globally may experience significant mental distress, with onset developing for many before the onset of puberty” (Morton et al., 2020, page 108).

Fleming et al. (2020) note that a large number of students in secondary schools (up to 23 percent) report high levels of distress, with symptoms of depression particularly high among female students. Those who have mental health issues are also likely to experience discrimination (Mental Health Foundation, 2014).

Almost one in four New Zealanders experiences some physical or mental disability (Statistics New Zealand, 2014), and many social, environmental, and attitudinal conditions mean that disabled people are likely to fare much worse than other people in their domestic, economic, and social lives (Statistics New Zealand, 2018).

Aotearoa New Zealand has the second highest rate of bullying in the OECD (*He Ara Oranga*, 2018, page 77). Environmental factors such as bullying are risk factors for depression (Morton et al., 2020, page 108).

Aotearoa New Zealand has the highest rate of youth suicide of all countries in the OECD (Organisation for Economic Co-operation and Development). There were nearly nineteen suicides per 100,000 young people among fifteen- to nineteen-year-olds in the year 2019–2020. Recent studies suggest that up to six percent of secondary school students had attempted suicide in the previous twelve months. Many young people (19 percent) reported difficulty with getting help (Fleming et al., 2020). See also Gibson, 2021.

Access to violent, disturbing and sexually explicit content online is impacting the mental health of children and young people in Aotearoa New Zealand (Office of Film and Literature Classification, 2018; Calvert et al., 2017; UMR Research, 2016).

There is persistent and growing mental health inequity between Māori and most other ethnic groups. According to Hamley and Le Grice (2021, page 63), “Maori continue to face barriers to accessing mental health services and experience poorer outcomes compared to other communities in Aotearoa/New Zealand.” All ākonga need opportunities to learn about mental health, to build resilience, and to gain the skills and knowledge to seek help for themselves and others when needed.

Quality mental health education policies and programmes enable children and young people to:

- » challenge racism, sexism, body shaming, ableism, homophobia, transphobia, bullying, and stigma related to mental distress
- » learn how to support themselves and others in times of mental and emotional distress
- » study the impacts of climate change and other pressing global issues on people’s mental health
- » engage with mātauranga Māori
- » gain better understanding about the diversity of cultures in Aotearoa New Zealand, including diversity in religions and beliefs
- » engage respectfully and safely online
- » understand and articulate the importance of a positive sense of wellbeing.

The role of schools in relation to mental health

Schools play a key role, both in enabling learning and in providing supportive environments for ākonga and their whānau. A positive school climate promotes engagement and student achievement (Morton et al., 2020; National School Climate Council, 2007). There are strong links between a positive sense of one’s own identity, feelings of connectedness, and mental wellbeing (Kvalsvig, 2018). Schools should be safe spaces for children and young people and provide opportunities to strengthen their sense of identity and mana.

Effective mental health education programmes can give ākonga opportunities and experiences that enable them to develop skills and strategies, function well, and feel good. Their mental and emotional wellbeing will contribute strongly to their success in personal, whānau, school, community, and workplace contexts.

Many young people experience strengths and challenges unique to their intersectional identities (Cormack et al., 2018; Roy et al., 2021). They may be disadvantaged by the way others respond to their gender, ethnicity, body shape, sexuality, disability, or other identities.

The disadvantages are increased by issues arising from intersectionality. When schools dedicate significant time to mental health education, and when ākongā feel that the school environment is supportive of their identity and culture, ākongā are more likely to feel connected and proud of who they are (Webber and Macfarlane, 2018, 2020). There are strong links between a positive sense of one's own identity, feelings of connectedness to people and place, and mental wellbeing (Jose, 2014; Jose and Pryor, 2010). See page 20 for an outline of the concepts *mana whānau* and *mana ūkaipō*, which are very relevant to this view of mental wellbeing.

Links with relationships and sexuality education

This guide is intended to be used alongside:

- » *Relationships and Sexuality Education Years 1–8: A guide for teachers, leaders, and boards of trustees*
- » *Relationships and Sexuality Education Years 9–13: A guide for teachers, leaders, and boards of trustees*

Ministry of Education, 2020

<https://hpe.tki.org.nz/guidelines-and-policies/relationships-and-sexuality-education/>

Relationships, identity, and mental health are closely linked. The content of programmes on relationships and sexuality education is likely to overlap with the content of mental health education programmes, and the two key areas of learning integrate naturally with each other.

A whole-school approach to wellbeing (described on pages 28–31) will include policies and processes related to both mental health and relationships and sexuality. Some of the advice and ideas in this guide are similar to those in the relationships and sexuality education guides, while some are specific to mental health.

Links with professional codes and with government policies and strategies

These guidelines support:

- » the Teaching Council of Aotearoa New Zealand's Code of Professional Responsibility and Standards for the Teaching Profession
<https://teachingcouncil.nz/assets/Files/Code-and-Standards/Our-Code-Our-Standards-Nga-Tikanga-Matatika-Nga-Paerewa.pdf>
- » the New Zealand Association of Counsellors (NZAC) Code of Ethics
<https://www.nzac.org.nz/ethics/code-of-ethics/>
- » the National Education and Learning Priorities (NELP)
<https://www.education.govt.nz/our-work/overall-strategies-and-policies/the-statement-of-national-education-and-learning-priorities-nelp-and-the-tertiary-education-strategy-tes/#priorities>

The guidelines should be used in conjunction with key resources such as Ka Hikitia – Ka Hāpaitia, Tau Mai Te Reo, the Action Plan for Pacific Education 2020–2030, Tapasā – Cultural Competencies Framework for Teachers of Pacific Learners, Inclusive Education guides, the Child and Youth Wellbeing Strategy, the New Zealand Disability Strategy, and the Learning Support Action Plan. Full references and links to these government policies and strategies are on page 106.

Mental health education and partnership with Māori

This section discusses the place of Te Tiriti o Waitangi in schools' mental health education programmes and describes four Māori concepts that are highly relevant to mental health education – mātauranga Māori, hauora, oranga mauri, and mana. It includes an outline of Webber and Macfarlane's (2018, 2020) Mana Model, which was developed for use in schools and informed the development of these guidelines.

Schools need to ensure that mātanga (experts and specialists) provide teachers with appropriate training about concepts or models that are new to them and support them in using these with integrity.

Te Tiriti o Waitangi

The New Zealand Curriculum (Ministry of Education, 2007) specifically acknowledges the principles of Te Tiriti o Waitangi and the bicultural foundations of Aotearoa New Zealand. Te Tiriti o Waitangi is a “living document” central to Aotearoa New Zealand’s present and future as well as its past. Te Tiriti o Waitangi establishes a partnership between the Crown and Māori iwi and hapū, with a set of rights and responsibilities for each Treaty partner (Human Rights Commission, 2010).

These rights and responsibilities are expressed in terms of kāwanatanga or governance (in article 1), rangatiratanga or self-determination (in article 2), and mana ōrite or equity and partnership (in article 3). Each partner needs to meet their responsibilities and affirm their rights to ensure positive and equitable hauora and mental health outcomes for all.

Te Tiriti o Waitangi is a relatively short written document, comprising a preamble and three articles. Its text is set out in Māori and English in the Treaty of Waitangi Act 1975. There are differences between the Māori and English texts, which has resulted in much debate over the years. Where textual differences do arise, the Waitangi Tribunal has observed that Te Tiriti o Waitangi was “not a contract of tight legal draftsmanship but a declaration of honourable intent ... [which] laid down the principles from which defined rights might flow” (Waitangi Tribunal, 1996). The principles are the underlying mutual obligations and responsibilities which Te Tiriti o Waitangi places on the parties, including in the context of the Education and Training Act 2020.

Schools should give effect to Te Tiriti o Waitangi by working as partners with Māori to promote mātauranga Māori concepts and practices, including hauora, in mental health practices across the school and in mental health education. Partnership in this context requires a commitment to significant power sharing between the school and its Māori community so that the resulting mental health education policies and programmes belong as much to the community as to the school. (See pages 84–85 Treaty-based partnerships with Māori.)

Schools can:

- » partner with Māori communities (whānau, hapū, iwi) to develop, implement, and evaluate the content and teaching of mental health education programmes that acknowledge the diversity of Māori
- » explicitly recognise and include te reo Māori, mātauranga Māori, and te ao Māori in mental health education programmes
- » include Māori models of health, philosophies of education, and concepts of wellbeing in mental health education programmes
- » explore identity and the place and history of the school community and its members in Aotearoa New Zealand
- » ensure equity in access and outcomes in mental health education for ākonga Māori.

Research indicates that ākonga Māori do well when “being Māori” is affirmed; te reo Māori, mātauranga Māori, and tikanga Māori are valued; and teachers are guided to understand and support culturally sustaining attitudes, skills, and practices (Bishop et al., 2003; Tuuta et al., 2004; Webber, 2015; Webber and Macfarlane, 2018, 2020; Riwai-Couch, 2022; Ratima et al., 2020; Karaka-Clarke et al., 2021). Success is also more likely when whānau, iwi, hapū and the wider community are invested in education and involved in decision making (Webber and Macfarlane, 2020).

These expectations align with *Our Code, Our Standards: Code of Professional Responsibility and Standards for the Teaching Profession* (Teaching Council of Aotearoa New Zealand, 2017).

For further advice, schools can refer to:

- » <https://www.education.govt.nz/our-work/overall-strategies-and-policies/ka-hikitia-ka-hapaitia/ka-hikitia-ka-hapaitia-the-maori-education-strategy/>
- » <https://teachingcouncil.nz/assets/Files/Code-and-Standards/Tataiako-cultural-competencies-for-teachers-of-Maori-learners.pdf>

Mātauranga Māori

Mātauranga Māori encompasses knowledge, world views, and practices. In terms of mental health education, mātauranga Māori includes both traditional and contemporary Māori understandings and beliefs about concepts like hauora, mana, whakapapa, and tuakiri. We should recognise “mātauranga as a body of knowledge, mātauranga as a system of knowledge, and mātauranga as a community of knowledge” (Hudson et al, 2020).

Mātauranga Māori includes knowledge and understandings developed by whānau, hapū, and iwi over multiple generations. Iwi, hapū, and whānau have their own ways of expressing, enacting, and responding to their beliefs about mental health and wellbeing. Mātauranga Māori should therefore be recognised as mātauranga-ā-iwi (tribal knowledge and expertise), mātauranga-ā-hapū (sub-tribe knowledge and expertise), mātauranga-ā-whānau (family knowledge and expertise) (Wahaanga et al., 2017) and mātauranga-ā-whenua (knowledge about and derived from land/place) (Kaa, 2020).

This mātauranga should be included in school mental health education programmes. Ideally, it should be foundational to such programmes.

Schools need to ensure that they are using Māori terms and concepts accurately and pronouncing kupu Māori correctly, to retain the mana of the mātauranga.

A useful document for schools is Tau Mai Te Reo:

<https://www.education.govt.nz/our-work/overall-strategies-and-policies/tau-mai-te-reo/tau-mai-te-reo-the-maori-language-in-education-strategy-english/>

Where possible, schools should engage:

- » mātanga (experts and specialists) from their community
- » whānau members with expertise in Māori understandings of mental health education
- » professional development expertise to upskill staff in Māori concepts that relate to mental health education.

Schools should also engage with mana whenua where possible.

Hauora

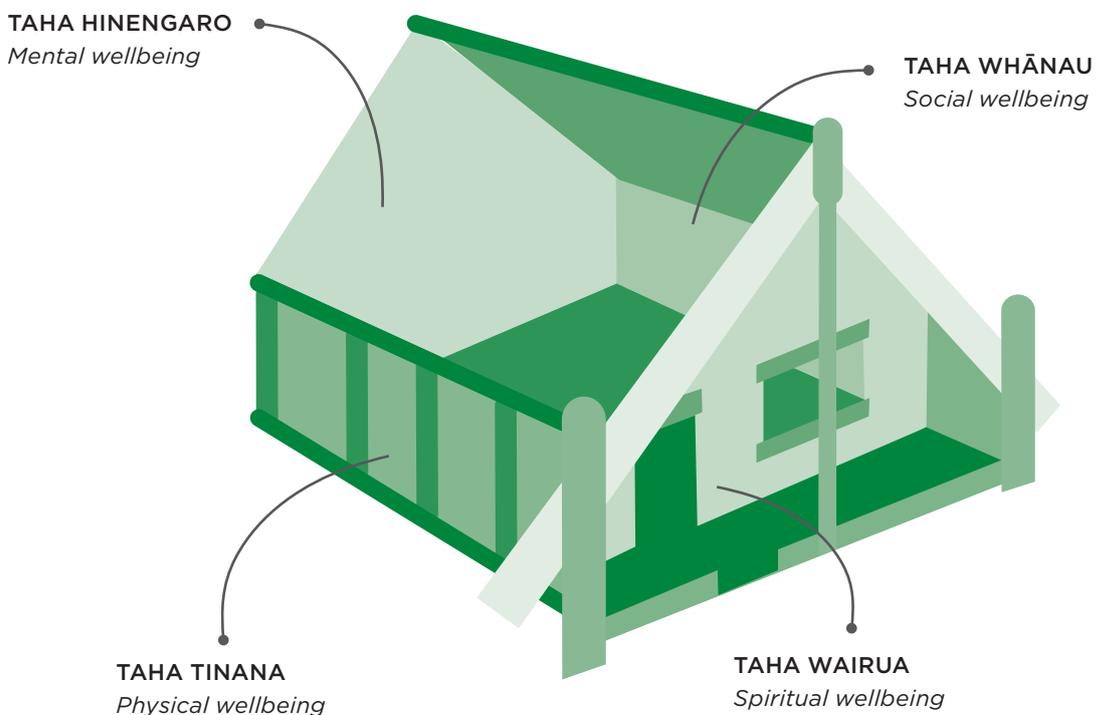
Hauora is a Māori philosophy that underlies a set of health and wellbeing practices unique to Aotearoa New Zealand. Māori understandings of health and wellbeing are holistic – they go beyond the health of the physical body to include the interrelated mental, emotional, social, spiritual, and environmental elements of wellbeing. They also include the idea of collective wellbeing – an individual’s wellbeing does not exist in isolation but is always in the context of the collective that they are part of and the environment that they occupy.

Te Whare Tapa Whā (developed by Tā Mason Durie) is a foundational mātauranga Māori representation of hauora that emphasises four key components of wellbeing, or walls of the whare tapa whā – taha tinana, taha hinengaro, taha whānau, and taha wairua.

Positive mental health is a core component of a person’s entire **holistic experience of health or wellbeing**. This is the heart of indigenous models of wellbeing, such as **Te Whare Tapa Whā** ... the whole person is always the consideration, and the whole person is always considered within their environment, culture and context.

Mental Health Foundation, 2020, page 10

TE WHARE TAPA WHĀ



(Durie, 1994)

Oranga mauri

Oranga mauri is a holistic conceptualisation of wellbeing, comprising three dimensions of individual and collective wellbeing that contribute to overall wellbeing and vitality – mauri taonga, mauri taiao, and mauri tangata (Māori cultural ways of thinking, being, and doing). These kinds of wellbeing are also essential to mauri tau, which refers to a state of being that is settled, composed, and relaxed because the elements of wellbeing – emotional, mental, social, cultural, spiritual, and environmental – are all aligned.

Oranga mauri is closely related to hauora and is the central concept of wellbeing in the Māori-medium guide that complements this one:

Te Oranga Mauri - Te Hā o Hinepūtehue:

He puna oranga mauri mā ngā mokopuna.



Mana

In te ao Māori, the concept of mana is related to a person's sense of self-worth and belonging. Mana enables us to feel good about who we are and to contribute to the mana of others.

Awareness of mana affects people's sense of belonging and connectedness, their motivation to achieve, and their personal and collective identities. Ākonga learn best when schools and teachers focus on affirming and developing mana as well as knowledge and skills.

The Mana model

Webber and Macfarlane's (2018, 2020) Mana model is a strengths-based model developed for use in schools. It presents five key forms of mana that help ākonga to thrive at school – mana whānau, mana ūkaipō, mana motuhake, mana tū, and mana tangatarua. Teachers who use this model will discover many links to the vision, principles, values, and key competencies of the New Zealand Curriculum.

- » **Mana whānau** is critical; it is the foundation for the development of the other four kinds of mana. Mana whānau develops when ākonga know that they are accepted and valued within their whānau – including their school whānau. Ākonga learn best when they feel connected to others and when they are aware that someone in the school knows what their strengths and interests are. Ākonga who are developing mana whānau may say: *"I know that I make my teachers, school, and whānau proud."* *"I know what I am good at and can tell you about my strengths and interests."*
- » **Mana ūkaipō** develops when ākonga feel connected to the place where they live and learn. This mana is linked to a sense of tūrangawaewae, of belonging in the learning environment and having strong supportive relationships with the other people in that environment. Mana ūkaipō is supported when ākonga have access to learning that celebrates the history of their school or community and their local hapū and iwi, for example, by sharing whānau stories and whakapapa. Ākonga who are developing mana ūkaipō may say: *"I am proud to go to my kura."* *"I know about my family history and whakapapa."*
- » **Mana motuhake** develops when ākonga believe that they can achieve at school and be successful – by setting goals, working hard, being persistent, and taking responsibility for themselves. Mana motuhake is supported when the school and whānau have high expectations for ākonga, show them how to succeed, and provide positive role models who ākonga can aspire to be like. Ākonga who are developing mana motuhake may say: *"I show up to learn."* *"I can see myself represented in positive role models."*
- » **Mana tū** develops as ākonga gain the qualities and the skills that they need to understand and respond to difference, complexity, and adversity. These qualities include courage, humility, determination, and self-discipline. Ākonga also need to develop critical-thinking skills to deepen their understanding of curriculum content. Ākonga who are developing mana tū may say: *"I have a manawa tītī (determined and tenacious) attitude towards learning."* *"I am good at problem solving and decision making."*
- » **Mana tangatarua** develops when ākonga have the skills, knowledge, and confidence to navigate two or more worlds. As they develop this mana, ākonga become increasingly open to learning different ways of doing things and can make decisions with integrity while being appreciative of other people's values and needs. Ākonga who are developing mana tangatarua may say: *"I know how to be a tuakana and a teina."* *"I am interested in other cultures and how others experience the world."*



(Webber and Macfarlane, 2018, 2020)

Other models that may be helpful when engaging with hauora in terms of mental health education include: Te Pae Mahutonga (Durie, 1999), Te Wheke (Pere, 1997), the Pōwhiri model (Waretini-Karena, 2014), Kia Uruuru Mai a Hauora (Ratima, 2001), Te Tuakiri o te Tangata (Mataira, 2011), and the Educultural Wheel (Macfarlane, 2004). Schools will need to ensure that mātanga provide teachers with appropriate training about concepts or models that are new to them.

Mental health education and Pacific communities

This section:

- » briefly describes Pacific peoples in Aotearoa New Zealand
- » looks at Pacific world views that relate to mental health
- » outlines what the research tells us about mental health issues for Pacific people in Aotearoa New Zealand
- » suggests ways that schools can approach mental health education for Pacific ākongā.

Pacific peoples in Aotearoa New Zealand

Pacific communities in Aotearoa New Zealand whakapapa from across Polynesia, Melanesia, and Micronesia, and they include people with a range of ethnic and cultural identities, including multiple identities. These communities share similarities, evident in their histories and experiences, cultural attributes, and belief systems. However, there are also distinct differences, which include differences in language, customs, and social structures. An understanding of this vibrant and fast-growing Pacific population will enable school communities to better meet the needs of Pacific ākongā (Ministry of Social Development, 2016; Statistics New Zealand, 2014).

The term “Pacific peoples” is used throughout this document. Other terms that are used in a similar way include Pacific Islanders, Pasifika peoples, Tangata Pasifika, and Pacificans.

In Aotearoa New Zealand, the use of the metaphor “tuakana-teina” by Māori and Pacific communities acknowledges their long-standing relationships, shared whakapapa, and the esteem and respect they hold for each other. As iwi Māori travelled throughout the Pacific between Hawaiiki and Aotearoa, their waka visited numerous Pacific Islands with the express purpose of strengthening connections. As such, the metaphor of “siblings” or “relations” is an important acknowledgment of this enduring relationship.

In order to enhance wellbeing and mental health education for Pacific ākongā, school leaders and teachers need to understand the various ways in which Pacific communities value and express human relationships and the connections between people and groups. In many Pacific communities, identity is strongly embedded in and connected to whānau, extended whānau, and community. See Si'ilata (2017) and Mila-Schaaf and Robinson (2010).

Terms used for the extended family in Pacific communities include ‘āiga (in Sāmoa), kāinga (in Tonga), vuvale (in Fiji), kōpū tangata (in the Cook Islands), and magafaoa (in Niue).

Pacific world views that relate to mental health

Pacific views of mental health are varied and include both traditional and contemporary views. For many Pacific communities, mental health is seen as an intrinsic part of overall health; it is inseparable from mind, body, soul, and spirit (Ministry of Health, 2008). Mental health is conceived as a collective concept. Individual mental health affects and is affected by the health and experiences of the wider whānau and community.

Former Prime Minister and Head of State of Sāmoa, Tui Atua Tupua Tamasese Ta'isi Efi, expressed this in the following words.

*I am not an individual;
I am an integral part of the cosmos.
I share divinity with my ancestors, the land,
the seas and the skies.
I am not an individual, because I share a tofi
(inheritance) with my family, my village
and my nation.
I belong to my family and my family belongs to me.
I belong to my village and my village belongs to me.
I belong to my nation and my nation belongs to me.
This is the essence of my sense of belonging*

Tui Atua Tupua Tamasese Ta'isi Efi, 2009

This well-known statement speaks to Pacific people’s understandings of the “relational self”, which profoundly impacts mental health (see Alefaio, 2009; Samu and Suaalii-Sauni, 2009;

Tamasese et al., 2005). Central to understanding this relational self is the notion of *vā*, which Albert Wendt describes as “the space between, the betweenness, not empty space, not space that separates, but space that relates, that holds separate entities and things together in the Unity-that-is-All, the space that is context, giving meaning to things” (Wendt, 1999, page 402).

The interconnected nature of Pacific peoples’ relationships is also recognised in *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*.

For Pacific peoples, mental health and wellbeing encompasses a holistic approach of reciprocity, respect, belonging, genealogy, and relationships with all entities – Atua, the land and environment, ancestors, cultures, languages, family and others, collectivism – elements that protect and strengthen family and individual wellbeing.

He Ara Oranga, 2018, page 22

Many Pacific ākonga are raised with the belief that their individual actions reflect the values and beliefs of their wider whānau. This means that the schooling of any Pacific student is connected to the wellbeing of the whole family. This relational dynamic, and the roles and responsibilities that arise out of it, strongly affect the ways in which Pacific ākonga develop their identity.

For Pacific ākonga, traditional and contemporary understandings of Pacific mental health and wellbeing are influenced by a range of lived experiences. These include (but are not limited to):

- » family experiences
- » experiences of connection or disconnection from traditional culture
- » language proficiency or loss of language
- » alignment or disconnection from church and faith beliefs
- » single or multiple ethnic identities
- » Pacific and Western value systems that contradict each other.

In order to support Pacific ākonga, school leaders and teachers must appreciate these evolving experiences and provide relevant and engaging learning experiences. To do so, they need to understand the impact of determinants of health (such as income, housing, and access to health services) on the health and wellbeing of Pacific ākonga (Bush et al., 2009; Le Va, 2017; Mila, 2013; Puna 2013). Other resources that discuss traditional and contemporary Pacific views of mental health include Le Va and Te Pou o Te Whakaaro Nui (2009); Marsters and Tiatia-Seath (2019); Tamasese et al. (2005); and Vaka (2014).

What the research tells us

While Pacific people are more likely to experience mental distress than most other groups, they are less likely to engage with health services and receive support from them (*He Ara Oranga, 2018*). Stigma surrounding mental health issues and distress is high among Pacific peoples. It is more challenging for young Pacific New Zealanders to develop and maintain positive mental wellbeing than it is for most other young New Zealanders (Fa’alili-Fidow et al., 2016).

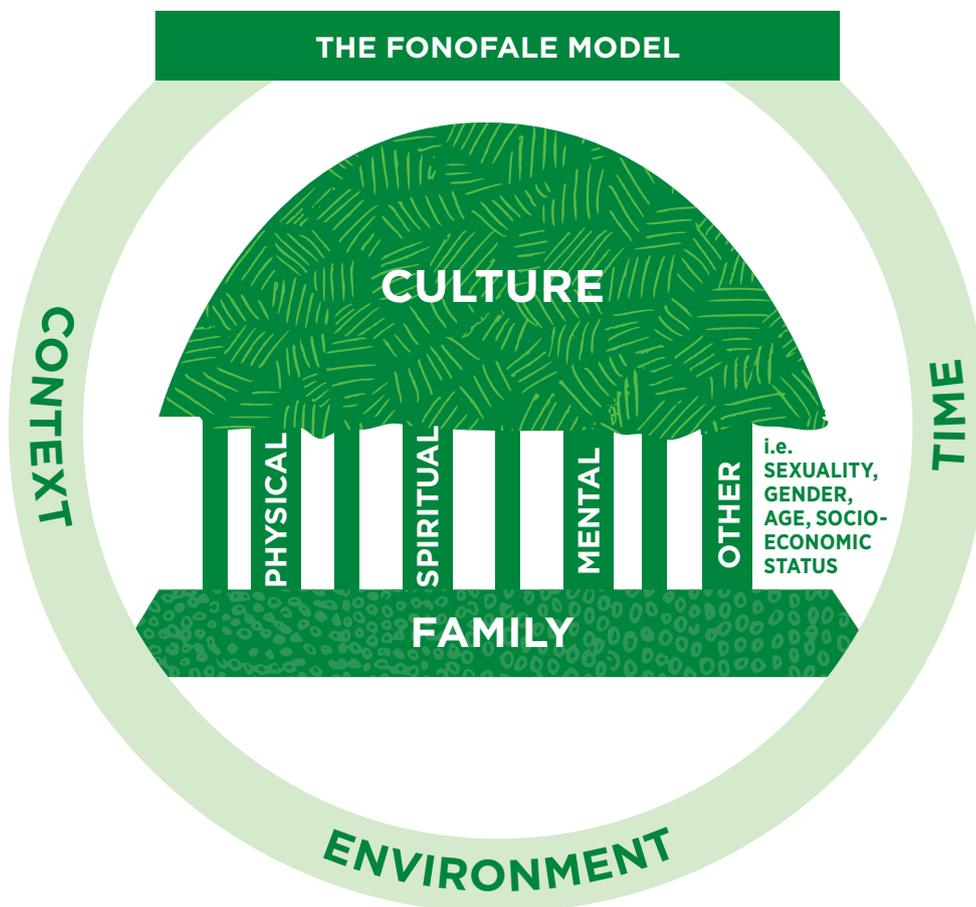
Studies have shown that Pacific students report poorer wellbeing when compared with the overall student population (Fa’alili-Fidow et al., 2016), and Pacific young people aged sixteen to twenty-four have higher rates of depressive symptoms, deliberate self-harm, and suicide attempts than the general population, with suicide rates higher among young males (Kokaua et al., 2009; Oakley Browne et al., 2006; Tiatia-Seath, 2014).

Kato Fetu is a summary of research that is helpful in ensuring mental health services meet the needs of Pacific people and their families: <https://www.leva.co.nz/resources/kato-fetu-review-of-the-pacific-mental-health-and-addiction-research-agenda/>

Pacific approaches to mental health education

There are a range of models, frameworks, and approaches that describe Pacific world views and understandings in relation to mental health and wellbeing. These include the Fonofale model by Fuimaono Karl Pulotu-Endemann (2001), the Pōpao model (Fotu and Tafa, 2009), the Seitapu framework (Pulotu-Endemann et al., 2007), the Ūloa framework (Vaka, 2016), the concept of negotiated spaces or vā (Mila-Schaaf and Hudson, 2009a, 2009b; Samu and Suaalii-Sauni, 2009), and the Talanoa method of communicating (Vaiolēti, 2006). For additional reading, refer to Agnew et al. (2004).

The Fonofale model and the Talanoa method are two approaches that school communities may wish to explore with ākonga as a way of understanding the essential elements of Pacific mental health. While no single Pacific approach addresses all the nuances within each Pacific group, these two provide starting points for further discussion and inquiry.



(Pulotu-Endemann, 2001)

The concept of a fale (a traditional Samoan meeting house), with the foundation, walls, and roof, reflects essential components of Pacific peoples' health. The fale is encapsulated in a cocoon that consists of environment, time, and context. Each of these components is interconnected with each of the others.

Talanoa

“Talanoa” describes a Pacific way of communicating that is especially useful when discussing complex topics with Pacific communities. Developed as a research method by Vaioleti (2006) and Halapua (2007), talanoa has been described as a method that is similar to narrative interviews, where conversations are open and informal and where members of Pacific communities share stories, thoughts, and feelings. Talanoa is viewed as a method that privileges and enhances Pacific cultures and knowledge systems (Tu’itupou, O’Donnell, and Robertson, 2020). When discussing the mental health understandings of Pacific peoples, Pacific leaders have drawn on talanoa; this is evident in research undertaken with Tongan communities (Vaka, 2016 ; Fa’avae et al., 2022), Samoan communities (Marsters and Tiatia-Seath, 2019), Cook Islands communities (Puna and Tiatia-Seath, 2017), and pan-Pacific groups (Suaalii-Sauni et al., 2009).

For more on mental health and Pacific people, refer to:

- » [https://www.moh.govt.nz/notebook/nbbooks.nsf/0/CA1AD1F6E5015A82CC2574490074B4C9/\\$file/pacific-peoples-mental-health-feb08.pdf](https://www.moh.govt.nz/notebook/nbbooks.nsf/0/CA1AD1F6E5015A82CC2574490074B4C9/$file/pacific-peoples-mental-health-feb08.pdf)
- » https://www.researchgate.net/publication/26655135_Exploring_the_‘cultural’_in_cultural_competencies_in_Pacific_mental_health
- » <https://pasifika.tki.org.nz/Tapasa>
- » <https://www.health.govt.nz/publication/ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025>

Mental health education and Asian communities

This section:

- » briefly describes Asian peoples in Aotearoa New Zealand
- » looks at Asian world views that relate to mental health
- » outlines some issues for Asian people in Aotearoa New Zealand that schools need to consider when planning mental health education for Asian ākonga.

Asian peoples in Aotearoa New Zealand

The 2018 New Zealand Census identified more than 707,600 people who identified as Asian living in Aotearoa New Zealand – more than 15.1 percent of the total population (Statistics New Zealand, 2019). While the term “Asian” is useful for statistics, it does not describe a homogeneous group of people.

The label Asian includes a wide range of ethnic groups such as Chinese, Indian, Korean, Filipino, Japanese and Thai, and these groups differ in terms of place of origin, language spoken, religion, culture, settlement history and so on.

Ho, 2015, page 96

Asian communities are diverse and include many different ethnicities, cultures, histories, religions, languages, and migration experiences. (For example, some groups have been subject to forced relocation and others have migrated voluntarily, while some families have been in Aotearoa New Zealand for many generations.) Some specific ethnic groupings have relatively small numbers. Many Asian ākonga will identify with more than one ethnicity.

Asian world views that relate to mental health

Many Asian cultures are collectivist, and family is valued highly. Health, including mental health, is generally viewed in a holistic way.

Most Asian cultures ... view physical and mental health and illness holistically ... Explanatory models may include mystical, personal, or naturalistic causes ... The basic logic of health and illness consists of prevention (avoiding inappropriate behaviour that leads to imbalance) and curing (restoring balance). It is a system oriented to moderation.

Rather than talking about mental illness, such as depression, Asians often talk about balance and harmony in health, e.g. yin, yang and qi in China, yoga in India, timbang in the Philippines, and kwan in Thailand ... If balance is maintained, then a disease-free state of mind and body can also be maintained. Hence, Asians integrate the entire body, mind, and relations with family and society in the treatment of mental health disorders ...

(Sobran-Maharaj and Wong, 2010, pages 4-5)

Health services in schools and mental health education programmes need to be culturally responsive to the diverse needs and knowledge of Asian ākongā and their families.

What schools need to consider

Mental illness carries stigma in some Asian communities, so some ākongā may be reluctant to disclose mental health issues. Stress associated with identity changes, migration, expectations around acculturation, racism, unfamiliar health systems, and intergenerational family differences may also affect Asian ākongā at school (Te Pou o Te Whakaaro Nui, 2010).

In accessing mental health support, privacy and maintaining “face” are important considerations for many Asian people. Maintaining face means that honour and social standing need to be respected in all interactions. Stigma, as well as disrespectful actions and words, can cause somebody to “lose face” (Hu, 1944; Qi, 2011).

Asian people may prefer to access mental health support in community settings rather than via Western health providers or schools. Some ākongā may find it inappropriate to go about seeking help or accessing health services without support from peers or family members (Sobran-Maharaj and Wong, 2010).

Mental health education for Asian ākongā in schools needs to:

- » address racism and stigma
- » enhance access to health services
- » provide opportunities to learn about health from various Asian cultural perspectives.

Schools should consult Asian ākongā and their families about the design and delivery of mental health education and related school policies. It may also be possible to engage Asian community and health leaders to help plan mental health education programmes.

Three websites that could be useful for teachers of Asian ākongā facing mental health challenges are:

- » www.tepou.co.nz/resources/talking-therapies-for-Asian-people/149
- » <https://www.asianhealthservices.co.nz/Asian-Mental-Health-Service>
- » <https://www.asianfamilyservices.nz/>



2. A whole-school approach to mental health education

A whole-school approach to mental health education is best practice and should be part of the school's approach to health and wellbeing. Appropriate, up-to-date school policies, active leadership, quality teaching, and strong reciprocal relationships between the school and its community (including local whānau, mana whenua, and other relevant communities) are all essential for success.

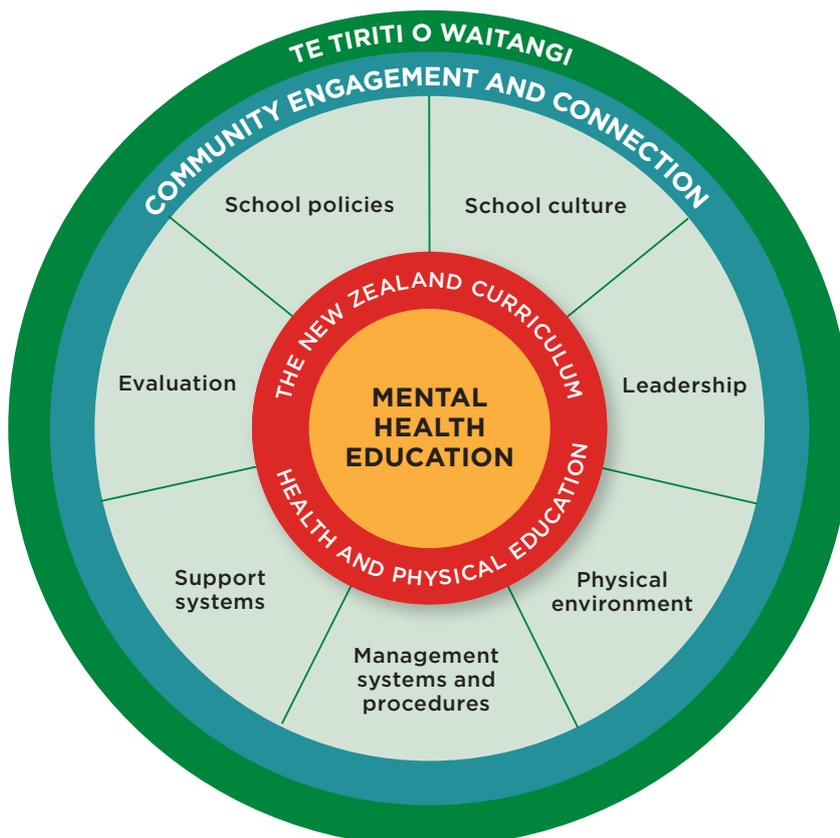
A whole-school approach ensures alignment between:

- » the school's vision, values, policies, and practices
- » what ākonga (students) experience in the school environment that helps them to develop and maintain positive mental health
- » what ākonga learn in mental health education

- » the ways in which ākonga are supported at school when mental health issues arise and the ways in which professional services provide additional support
- » the ways in which the wider school community, including whānau, hapū, and iwi, help ākonga to lead healthy lives and achieve success.

A whole-school approach to mental health education is likely to encompass things that the school already does. However, when schools view their existing approach to mental health education in terms of the dimensions of school life, they are able to examine how the strategies they use to promote positive mental health and to provide mental health education in partnership with their community can be better integrated.

A WHOLE-SCHOOL APPROACH



A whole-school approach and a local curriculum

This guide aligns with *The New Zealand Curriculum*. That document takes as its starting point a vision of our young people as lifelong learners who are confident, creative, connected, and actively involved, and it includes a clear set of principles on which to base decisions about curriculum.

A local curriculum weaves together New Zealand Curriculum content and local content drawn from the school community's stories and cultures and from the aspirations schools have for their ākonga. A local curriculum is the way that a school brings the New Zealand Curriculum to life through considering the local context. A school's local curriculum should:

- » be responsive to the needs, identities, languages, cultures, interests, strengths, and aspirations of the school's learners and their families

- » have a clear focus on supporting the progress of all learners
- » integrate mātauranga Māori into classroom learning
- » help learners engage with relevant knowledge, values, and competencies so that they can go forward as confident and connected lifelong learners.

A whole-school approach to mental health education depends on collaboration with local communities (ākonga, parents, whānau, iwi, and hapū) to embed a safe and inclusive learning culture, which recognises and celebrates both cultural identity and diversity.

For more information on local curriculum design, visit: <https://nzcurriculum.tki.org.nz/Strengthening-local-curriculum/Leading-local-curriculum-guide-series>

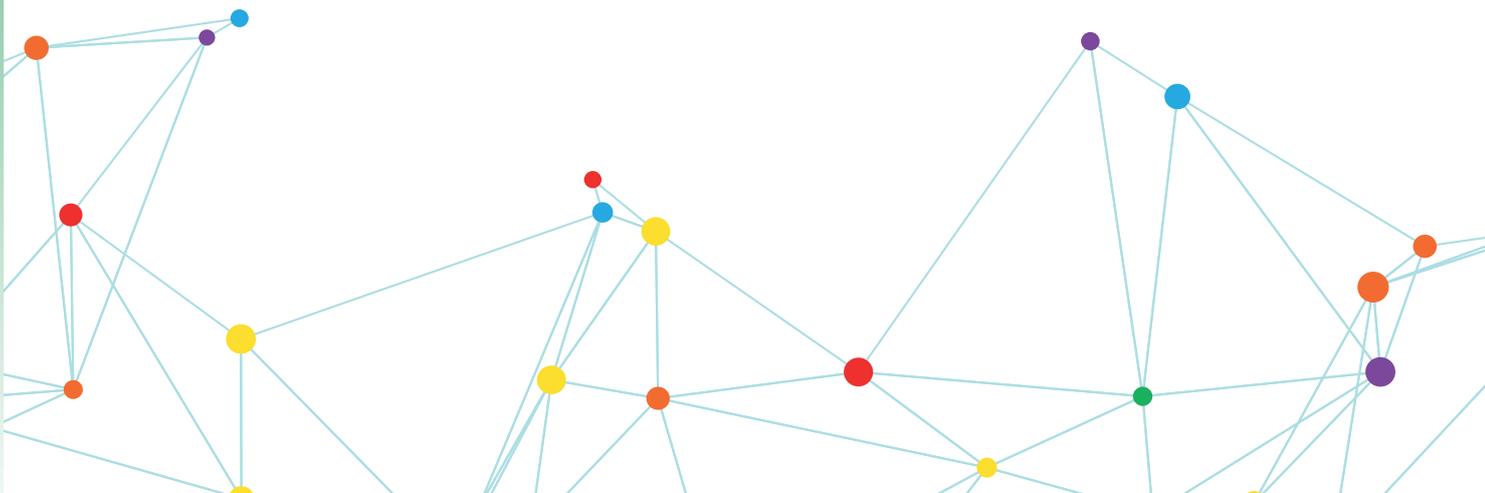


Three dimensions of school life

The table below outlines three different dimensions of school life (quoted from NZCER, 2012, page 3) and suggests how each dimension can be related to mental health education.

THE DIFFERENT DIMENSIONS OF SCHOOL LIFE	ADDRESSING MENTAL HEALTH EDUCATION ISSUES IN EACH DIMENSION
<p>Ethos and environment: This includes school policies and culture, leadership practices, the physical environment, and student management and support systems.</p>	<ul style="list-style-type: none"> » Policies that promote wellbeing for staff and ākonga » A culture of inclusion that: <ul style="list-style-type: none"> › promotes mātauranga Māori and Te Tiriti o Waitangi › addresses bullying » Leadership practices that prioritise mental health and foster ākonga leadership and participation in planning » A welcoming physical environment that is safe and accessible for all » Management systems, such as procedures to address bullying and discrimination » Support systems, such as procedures for pastoral care
<p>Curriculum, teaching, and learning: This includes curriculum delivery, pedagogy, student skill and competency development, teacher modelling, and teacher professional learning and development.</p>	<ul style="list-style-type: none"> » Dedicated curriculum time for mental health education » Integration of mental health education across the curriculum » Teacher professional development is prioritised and supported » Attention to Māori understandings of place-based learning
<p>Community connections: This includes connections and partnerships with parents and caregivers, education and health agencies, and community groups.</p>	<ul style="list-style-type: none"> » Mutually beneficial and enduring relationships with families, whānau, hapū, iwi, and community organisations

The next section of these guidelines (section 3, pages 32–51) focuses on the dimension of “Ethos and environment”. “Curriculum, teaching, and learning” is covered in section 4 (pages 52–76) and “Community connections” in section 6 (pages 84–89).



Evaluating the whole-school approach

Evaluating a whole-school approach to mental health and wellbeing is complex. What is evaluated will depend on the school's vision and values and on the goals set out in the school's wellbeing plan. Evaluation may be an ongoing process, and different goals may be set each year.

Note: Evaluation that focuses solely on measuring the wellbeing of individual students (or measuring health outcomes) tends to reflect the determinants of health rather than school-based learning.

School leaders should not work alone to evaluate the approach and its effectiveness. Teachers, parents, ākonga, and others in the school and its community also have a role here. In particular, schools should ensure that ākonga contribute their views and ideas to the school's approach. Ākonga should be involved in planning, identifying, accessing, and evaluating the school's policies, practices, and learning programmes.

For more about a whole-school approach, refer to:

- » Tūturu: <https://www.tuturu.org.nz/>
- » Wellbeing for success: a resource for schools: www.ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/
- » Quinlan, D. and Hone, L. (2020). *The Educators' Guide to Whole-school Wellbeing: A practical approach to getting started, best practice process and effective implementation*. New York: Routledge.

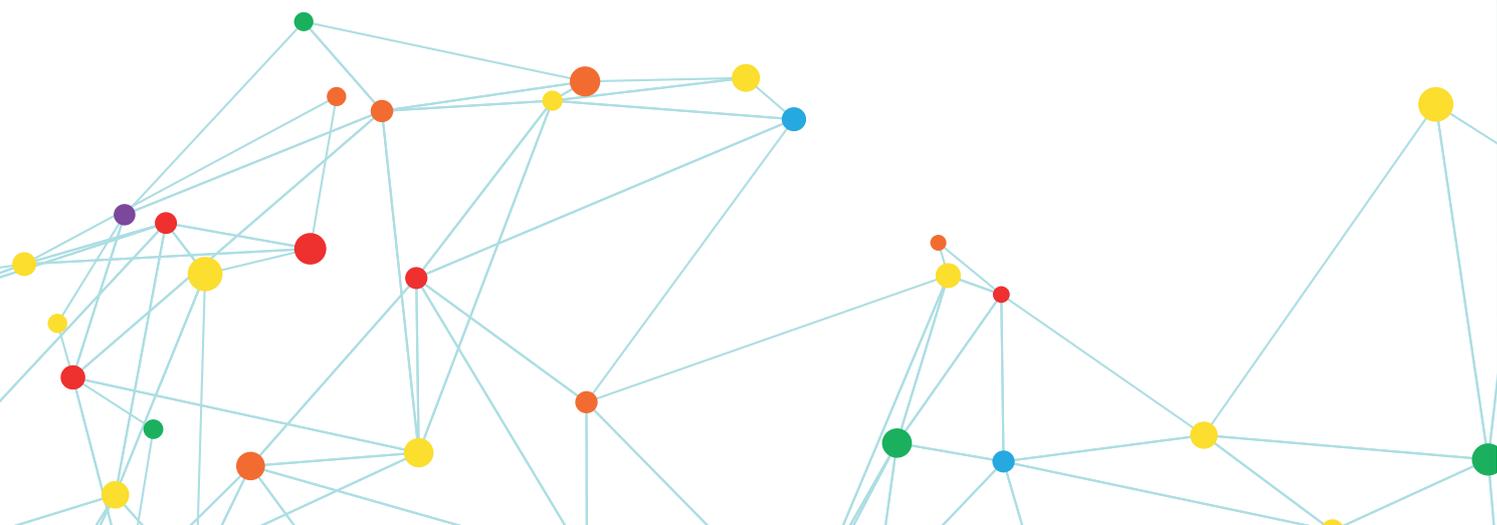
For information about a whole-school approach using the Wellbeing@School tools, refer to:

<https://wellbeingatschool.org.nz/sites/default/files/documents/W%40S-A-whole-school-approach-research-brief.pdf>

Whole-school review

Schools should include mental health education as a specific element in their regular whole-school review. This will enable them to find out how effective their whole-school approach to mental health education is so that they can record the results, reflect on them, and consult as appropriate to make any necessary changes and improvements.

The NZCER Wellbeing@School self-review cycle may be useful for developing a continuous self-review process. Refer to: <https://www.wellbeingatschool.org.nz/about-ws-tools>



3. The school ethos and environment

The school's cultural environment and the overall school ethos set the tone for the whole school and influence leadership, policy, and internal culture. Consider how your school supports the development of positive relationships, demonstrates inclusive practices, and encourages learning in mental health and wellbeing. Mental health and wellbeing should be explicitly recognised as a priority in the school's charter and strategic plan, and the school's policy framework can show how specific policies or processes support mental health and wellbeing for ākonga (students) and staff.

School boards and principals have an important leadership role in creating a positive environment where leaders and teachers model attitudes and behaviours that support the school community's aspirations and values. This helps to shape the values, attitudes, and behaviours of ākonga and enhances their wellbeing. Student wellbeing is central to successfully implementing the New Zealand Curriculum (Education Review Office, 2015; Education Review Office, 2016).

Policies and procedures to support mental health and wellbeing

Effective school policies and procedures that promote mental health and support mental health education:

- » are informed by Te Tiriti o Waitangi and reflect the human rights of individuals (including the rights of children and disabled persons) and the school's charter and strategic plan
- » align with the school's local curriculum and ensure that ākonga, whānau, hapū, iwi, and the community are consulted about the local health education curriculum
- » ensure that school planning includes professional learning and development that will enable teachers and other school staff to support the wellbeing of ākonga
- » ensure that the mental health and wellbeing needs of teachers and other school staff are identified and addressed
- » use positive language to describe mental health and reduce any stigma attached to mental health challenges experienced by ākonga, staff, and whānau
- » identify the support systems in place for ākonga, teachers, other staff, and the wider school community
- » clearly and comprehensively describe the school's reporting processes for disclosures and for critical and traumatic incidents
- » are consistent with other relevant policies, such as inclusion and diversity, learning support needs, positive behaviour, child safety, and community engagement.

Some examples of policies and practices

By putting in place appropriate policies, practices, and protocols, and making sure that all staff are aware of these and comply with them, schools promote mental health and support mental health education in many ways. Here are some examples.

- » Provide opportunities for the whole school community to contribute to a shared definition of positive mental health in the school and to help develop the school's related policies and practices.
- » Protect the privacy and personal dignity of ākonga and staff. Demonstrate respect for everyone's personal and cultural identities, pronounce their names correctly, and always use appropriate (preferred) names and pronouns, as identified by the person themselves. Use these also on school rolls, records, and forms.

- » Review school uniform policies so that the school's uniform items at all levels are inclusive and suitable for a range of body types and sensory needs and for the expressions of diverse gender identities. Ideally, provide choices.
- » Support the whole school community in learning how to ensure that people's experiences at school are free from discrimination on the basis of race, sex, sexuality, gender identity, gender expression, and ability.
- » Make it clear that bullying will not be accepted.
- » Ensure that procedures for reporting, monitoring, and responding to discrimination and bullying are robust, transparent, safe, and well known to all ākonga and staff.
- » Establish disciplinary processes that treat ākonga and whānau with sensitivity and respect so that the mana, mental health, and wellbeing of all involved is preserved.
- » Move away from punitive approaches to the use of alcohol and drugs. Prioritise prevention of harm, and offer support for ākonga who need it. Check that pastoral care processes identify ākonga who need support and direct them to the appropriate services. For further information, advice, and resources, refer to: <https://www.tuturu.org.nz/>
- » Ensure that procedures for disclosures are clear, safe, and well known to all staff and also to ākonga where appropriate.
- » Tell ākonga what confidentiality means, and explain that they have access to confidential health and support services, including nurses and counsellors.
- » Keep the school plan for traumatic incidents (crisis management) up to date. This plan should include information for staff about procedures in cases of self-harm and suicide attempts. Refer to the Guidelines for the Management of Self-harm at: <https://mentalhealth.org.nz/conditions/condition/self-harm>
- » Establish a school suicide response plan and review it yearly with staff. Refer to the Ministry of Education's resource kit for schools at: <https://www.education.govt.nz/assets/Uploads/MOE-Suicide-Prevention-Publication-Updated-2019.pdf>
- » After a suicide, attempted suicide, or serious harm incident involving a student or any member of the whole school community, follow the school's suicide response plan.

- » Identify people, supports, and processes to help reintegrate ākonga and staff following mental health challenges.
- » Include whānau in formal in-school restorative practices, such as hui whakatika, where appropriate and possible. Restorative practices will be contextualised as part of an integrated and consistently applied set of tiered supports for positive behaviour and ākonga wellbeing. For information and support materials, refer to: <https://pb4l.tki.org.nz/PB4L-Restorative-Practice>

These policies and procedures should be communicated to all staff, and all staff should be aware of who to go to for help and advice.

For specific ideas on school processes, policies, and practices, refer to:

- » the Wellbeing@School toolkit: <https://www.wellbeingatschool.org.nz/about-ws-tools>
- » Tūturu: <https://www.tuturu.org.nz/>
- » Fitzpatrick et al. (2018). *Mental Health Education and Hauora: Teaching interpersonal skills, resilience, and wellbeing*. Wellington: NZCER Press. <https://healtheducation.org.nz/wp-content/uploads/2020/09/Mental-Health-and-Hauora.pdf>

For further information, school leaders can refer to:

- » <https://www.education.govt.nz/assets/Documents/School/Supporting-students/Pastoral-Care-Guidelines-Te-Pakiaka-TangataNov2017.pdf>
- » <https://www.inclusive.tki.org.nz/guides/supporting-lgbtqiqa-students/>
- » <https://www.education.govt.nz/assets/Uploads/MOE-Suicide-Prevention-Publication-Updated-2019.pdf>
- » Ratima et al. (2020). *The Hikairo Schema for Primary: Culturally Responsive Teaching and Learning*. Wellington: NZCER Press.
- » Karaka-Clarke et al. (2021). *The Hikairo Schema for Secondary: Culturally Responsive Teaching and Learning*. Wellington: NZCER Press.

The school culture

Schools are important hubs of community life, and the school culture is very powerful. Whether or not they plan to do so, all schools give ākongā and their families messages about what is acceptable and what is not in terms of mental health. Values are inherent in the practices, policies, and language used by school staff members. An inclusive school culture that values diversity is crucial to hauora within the school.

All teachers are essentially role models for mental wellbeing. They need to recognise the importance of this and do all they can to ensure their influence is positive. When all teachers respond sensitively to students' needs and recognise and value the unique contribution of their cultural background and experience, a consistent and supportive message is conveyed throughout the school. This can only happen when teachers feel valued themselves, and feel they are part of a co-operative team of people who support one another and share responsibility for the effective functioning of the school

Fitzpatrick et al., 2018, page 32

Ākongā and whānau should have opportunities to actively shape the school culture. Effective communication goes both ways, from school to whānau and from whānau to school, from ākongā to teacher and from teacher to ākongā. School leaders and teachers can establish a school culture that supports positive mental health by:

- » embedding hauora across all aspects of the school
- » recognising and celebrating the inherent mana and strengths of its communities and members
- » encouraging, valuing, and modelling diverse ways of thinking, doing, and being
- » inviting ākongā, whānau, hāpu, and iwi to participate in school decision making as well as social events
- » setting goals and initiatives to improve equity in the school, working towards them actively, and modelling respectful, equitable relationships
- » setting expectations for ākongā learning and behaviour that are high but achievable

- » using effective, positive approaches to manage ākongā behaviour and fostering a range of strategies to prevent and respond to bullying
- » encouraging ākongā to challenge discrimination and bullying in ways that are safe
- » encouraging positive and supportive teacher-student relationships and peer-peer relationships
- » encouraging and enabling ākongā to build a sense of their own agency
- » enabling ākongā to decide for themselves what positive mental health and wellbeing looks like in the school culture and context.

In a healthy school culture, ākongā can talk openly about mental health without fear of judgment. However, teachers and other staff need to be aware that there are safety issues in discussing suicide and related topics. Refer to page 50 (The role of teachers in suicide prevention) for information about this.

A healthy school culture also offers ākongā a wide range of experiences that sustain and extend their wellbeing. For example, consider how your school:

- » provides enjoyable physical challenges, develops creativity, and encourages a sense of wonder and wairua
- » enables ākongā to connect with culture, with nature, and with friends and whānau
- » allows ākongā to take time to be in the moment and enjoy the small things that give them joy.

Such experiences not only support and build mental health, they also cultivate an openness to new ideas and learning.

Classroom culture

Part of a teacher's role is to create a positive classroom environment where ākongā feel that they belong. This could include co-constructing class guidelines together in the first school term to set expectations and then revisiting these regularly. For example, the class might join in a discussion to identify shared values and agree on protocols about:

- » how ākongā and teachers communicate with one another

- » how ākongas and teachers communicate about others
- » how class decisions are made
- » how to respond when others are upset and how to offer them support
- » what to do when feeling uncomfortable or upset. For example, the class could agree on a signal or word that ākongas can use when they are feeling distressed, and identify a safe space and agreed process for leaving and returning to the learning environment. A follow-up, either by the teacher or by another trusted adult or student, should be arranged soon after the distressed student has left the learning environment.

The class could also discuss and agree on ways of encouraging positive relationships between class members, resolving situations involving conflict, and creating a positive, safe, and inclusive class climate that values diversity. They could define concepts like respect, empathy, manaakitanga, self-care, and care for others and talk about how some “jokes” can be offensive or reinforce discrimination. They can talk about how people learn in different ways and at different paces.

For further ideas on creating a positive, safe, and inclusive classroom environment, see:

- » *The New Zealand Curriculum* (2007, page 34). Effective pedagogy: Teacher actions supporting student learning
- » <https://www.inclusive.tki.org.nz/guides/developing-an-inclusive-classroom-culture/>
- » <https://www.inclusive.tki.org.nz/guides/behaviour-and-learning/>
- » <https://www.inclusive.tki.org.nz/guides/supporting-positive-peer-relationships/>
- » <https://www.inclusive.tki.org.nz/guides/planning-innovative-learning-environments-iles/>

Teachers of children up to eight years old can refer to the Incredible Years Teacher programme, at:

- » <https://pb4l.tki.org.nz/Incredible-Years-Teacher>

Leadership practices

School leaders

School boards, principals, and senior and middle leaders all have a role to play in creating the conditions in which positive mental health is supported and mental health education programmes are successful. Effective school leaders:

- » help to establish and review a shared vision and expectations for mental health in the school
- » promote and model effective collaboration and build a shared sense of responsibility across the school
- » value the diverse identities of staff, ākongas, and community members and welcome their multiple perspectives on mental health
- » create opportunities for ākongas voice to be gathered and incorporated in planning, teaching, and other school decision making
- » build partnerships and engage in open conversations with communities such as whānau, hapū, and iwi, faith-based groups, sports clubs, marae, creative arts organisations, youth-based groups and networks, and parent groups (see page 84, Engaging with communities and building partnerships).
- » respond to all the mental health concerns and needs of both ākongas and staff
 - › notice and intervene when ākongas experience problems related to learning or wellbeing, and promote access to wrap-around mental health support for ākongas
 - › get to know their staff and promote practices and routines that support staff wellbeing
- » support teachers in developing their knowledge and expertise for teaching about mental health and wellbeing
- » practise ongoing self-review and reflection, and encourage staff and ākongas to do so too
- » invite feedback and make use of it.



For information on partnering with whānau, parents and communities, refer to:

- » <https://www.inclusive.tki.org.nz/guides/partnering-with-parents-whanau-and-communities/>
- » Riwai-Couch (2022). *Niho Taniwha: Improving teaching and learning for ākonga Māori*. Wellington: Huia.

For strategies to support all ākonga in ways that honour and value diversity, refer to:

- » <https://www.inclusive.tki.org.nz/guides/leading-schools-that-include-all-learners/>

Student leaders, activists, and support groups

There are many kinds of ākonga leadership, activism, and advocacy. Schools can establish practices that enable and encourage student agency – that is, a sense that they have rangatiratanga: they can make their own choices and act on them.

A broad range of opportunities to take leadership roles in the school will benefit many ākonga. Some of these will be individual roles and some will be collective. Young people thrive on experiences of leadership that foster their sense of mana, self-worth, and identity, as well as developing their capability. Offer all ākonga (not just a chosen few) opportunities to take up leadership roles.

Including ākonga in school decision making

In a school culture that is open and inclusive, adults listen to the ideas, questions, and initiatives of ākonga and take them seriously. Young people who know that they can influence school processes and decision making are more likely to feel part of the school. School leaders and all staff can show their support for student decision making by:

- » inviting ākonga to engage in school-level decision making and policy
- » valuing ākonga-led advocacy, activist, and support groups
- » supporting the ākonga representative on the school board
- » creating a school council made up of ākonga who can advocate for change in the school.

Ākonga should be free to offer ideas for how the school can enhance wellbeing and to challenge and question school practices they perceive as discriminatory (such as gender biases in sports teams, rules about school uniforms, limits in access to playgrounds, or who gets chosen for special opportunities). Ensure that the process for discussing school practices and advocating for change is clear and transparent.

Some ākonga (for example, those who have been bullied or abused) may not feel safe to speak up. Schools can offer a variety of opportunities for ākonga to voice their opinions safely. For example:

- » gather ākonga ideas in ways that preserve anonymity, such as surveys, online questionnaires, and question boxes
- » hold small-group discussions during class time, encouraging ākonga to discuss school processes and practices and offer ideas for change (including input into curriculum content)
- » appoint a contact person who ākonga can approach when they want to discuss problems and offer ideas for change
- » ensure that all school staff treat ākonga concerns with openness and compassion.

Peer-based support and peer mediation

Many schools have ākonga-led initiatives to provide peer support, prevent loneliness, and encourage friendships at school. Such initiatives include buddy systems, friendship groups, tuakana-teina mentoring, diversity groups, Māori student councils, Tangata o le Moana student councils, rainbow groups, and student conflict mediators. Schools need to ensure that ākonga are trained and supported to use positive peer mediation strategies.

Peers will often discuss personal issues amongst themselves rather than with family and whānau or other adults, and peer-based support can provide an effective way to engage with ākonga who are at risk. When like-minded peers offer a supportive, non-judgmental environment, they can often help vulnerable ākonga to cope with stressful life events and develop more resilience. There is clear evidence that suicide risk is reduced by a school climate that encourages young people to seek help from others and meets differing youth needs in youth-friendly spaces.

Peers and friends are often the first to notice when someone is in distress or having difficulty coping. All ākonga need to understand that, if they are concerned that a peer may harm themselves or someone else, they must pass on their concerns to a teacher, counsellor, or other adult who can arrange for appropriate support. Teachers can help prepare ākonga for this by conveying messages about friendship like the following.

- » Getting help for a friend is not a breach of loyalty.
- » Some problems can be too big to solve alone, and it's OK to seek help from an adult.
- » When helping others makes you feel distressed, it's OK for you to seek support from other friends and adults.
- » As a good friend, you care for others and support them. But always seek help from an adult if you think there is any chance that self-harm, depression, or suicide could happen.

All ākonga should know where to find information about the support available within the school, how they can access it, and what community supports are available (for example, local health centres, helplines such as Youthline, and local mental health crisis centres). The information should be easy to access at all times.

For more ideas on student voice and learner agency, refer to:

- » <https://www.bullyingfree.nz/schools/student-voice/student-voice-a-guide-for-schools/>
- » <https://core-prod-assets.s3.amazonaws.com/public/Uploads/ten-trends/files/Learner-Agency-CORE-Research.pdf>
- » Fitzpatrick et al. (2018). *Mental Health Education and Hauora: Teaching interpersonal skills, resilience, and wellbeing*. Wellington: NZCER Press. <https://healtheducation.org.nz/wp-content/uploads/2020/09/Mental-Health-and-Hauora.pdf>

The physical environment

The school's physical environment affects people's feelings and their mental wellbeing. Ākonga thrive where there are welcoming and open outdoor areas, green spaces, quiet spaces, warm dry places and cultural spaces that they can access outside of class time, and designated "safe spaces" to use if they need a place to retreat during the school day. If possible, involve ākonga in deciding the location of the safe spaces.

Pay attention to sensory aspects of the environment, such as noise, light levels, visual displays, and "busyness". Where possible, make kitchens and places to share food accessible to all ākonga. Consider how the physical environment can also be welcoming to whānau and community members (for example, provide a designated whānau room).

Work with mana whenua to make the physical environment of your school a site of place-based learning, which reflects local histories and knowledges (for example, by including design features and whakapapa narratives that highlight information about local hapū and iwi).

A school's physical environment should include:

- » welcoming classrooms and learning spaces
- » access to recreational spaces and equipment
- » spaces where ākonga can go to be undisturbed
- » spaces where ākonga can access support
- » safe and accessible toilets and changing rooms.

Many schools provide specialist spaces (for example, prayer rooms, spaces for groups to meet, or cultural spaces) to meet other needs of ākonga.

Welcoming classrooms and other learning spaces

Ākonga learn best when they feel a sense of belonging or mana ūkaipō (see page 20) in their learning spaces (including school classrooms, outside areas such as playgrounds and sports fields, and marae) and on field trips. Where possible, involve ākonga in choosing, organising, and setting up the spaces they will learn in.

Research tells us that a positive and supportive school culture is a protective factor for mental health and wellbeing. For information about how teachers can create a positive classroom culture, see page 34.

While some school environments feel friendly, inviting and supportive, others feel exclusionary, unwelcoming and often unsafe. ... it has been found that school climate can have a positive influence on the health of the learning environment by yielding favourable educational and psychological outcomes for students and school personnel; conversely, it may also become a significant barrier to learning by preventing optimal learning and development.

Kutsyuruba et al., 2015, page 104

Access to recreational spaces and equipment

Children and young people need spaces and equipment for recreation and play. Apart from dedicated curriculum time for learning in physical education, ākongā should be able to access playgrounds and other recreational spaces, as well as school equipment, during breaks and before and after school. These include spaces and equipment for activities like board games and card games.

Safe spaces for ākongā to be undisturbed, including quiet or calm spaces

Many ākongā (including those with Attention Deficit Hyperactivity Disorder [ADHD], anxiety disorders, and autism) need safe and welcoming physical spaces to retreat to when they are feeling sad, reflective, or overwhelmed. Appropriate spaces should be provided both inside and outside, and there should be clear protocols about how they are to be used, respecting the purpose of the space. Ākongā should know where these spaces are, and the spaces should be easy to enter and exit.

Other designated spaces

Schools can consider designating other purposeful spaces to meet the needs of some ākongā. For example, schools might offer dedicated spaces for LGBTQI+ ākongā to meet or prayer rooms for ākongā whose religion requires them to pray during the school day. Schools with on-site marae might ensure these are available for all ākongā and their whānau. Schools may consider specialised spaces for ākongā with sensory needs.

Spaces can also be made available for student groups (for example, feminist groups, Pacific groups, school clubs, or teams) to meet, practise, and/or rehearse.

Relevant resources include:

- » <https://www.hrc.co.nz/files/9414/2387/8011/HRC-Religion-in-NZ-Schools-for-web.pdf>
- » <https://www.insideout.org.nz/wp-content/uploads/2021/05/Starting-and-Strengthening-Rainbow-Diversity-Groups-Digital.pdf>
- » Mirfin-Veitch et al. (2020). *Responding to Neurodiversity in the Education Context: An integrative literature review*. Dunedin: Beasley Institute.

Safe physical spaces to access support and health services

Schools should provide safe spaces where ākongā can access immediate support in a confidential way, should they need it. This can be a designated area where staff members are on hand to respond. Some schools use the library, a classroom, or the health centre. Ākongā could be involved in co-designing this area.

Some schools have a designated staff member or a group of staff that ākongā can go to for help. School counsellors often take on this role.

Ākongā should be able to access support services and health professionals such as nurses, doctors, and counsellors. Many schools offer these services on the school premises.

On-site services reduce issues of access and embarrassment for ākongā and allow them to seek immediate support and advice in a safe, supportive, and confidential environment. The Health Select Committee report (Hutchison, 2013) found that schools with dedicated health services greatly reduce risk factors and issues of healthcare access for young people. This finding is supported by international evidence (Bearinger et al., 2007). The Youth'12 survey (Denny et al., 2014) confirmed that well-trained health professionals were extremely valuable to schools, especially when they were integrated with the school and its community.

... there was significantly less depression and suicide risk where the school health services had health professionals on site; where the hours of health professional time per week per 100 students was higher; where the health professionals were trained in youth health and well supported through professional peer review; and where the health professionals were well integrated with the school and with the local community.

Denny et al., 2014, page 4

The minimum recommended ratio of nurse to student numbers is one full-time registered nurse per 700 students. The minimum recommended ratio of guidance counsellor to student numbers is one full-time counsellor per 400 students (New Zealand Association of Counsellors and New Zealand Post Primary Teachers' Association, 2015). Membership of the New Zealand Association of Counsellors (NZAC) will ensure that school counsellors work within the ethical guidelines of that body.

Where on-site services are not possible, schools should support ākonga to access professionals outside the school, when appropriate. See Access to health and support services, on page 45, for more information about providing the services that ākonga may need.

Toilets and changing rooms

Toilets and changing rooms should be safe and accessible, and schools should consider the needs of all ākonga. Many ākonga (for example, those who are disabled, experiencing puberty, menstruating, survivors of sexual violence, transgender, non-binary, or intersex) may feel unsafe having to change clothes in front of others.

Schools need to ensure that ākonga can access toilets and changing rooms that align with their gender identity. Ideally, schools will have at least one unisex toilet available for ākonga, but transgender, non-binary, and intersex ākonga should not be required to use this rather than male or female toilets. They should be able to choose a toilet and changing room that matches their gender identity. For example, trans girls should be able to use the female toilets if they prefer to.

Talk to ākonga and get their feedback about the school's facilities. You can then identify any issues and create safe and private spaces for changing, including during out-of-school activities. Clear processes that ākonga have helped to develop can ensure that everyone feels safe.

Food and drinks in the school environment

Food and drinks are essential for everyone's physical wellbeing, and the ways that people use food and drinks can also affect their mental health. Eating problems and body image problems can occur in ākonga from as young as six years old.

Research suggests that a strong focus on "healthy food", including practices such as lunchbox checks and food diaries (which involve judging food as "good" or "bad"), creates confusion and pressure for families. Some families struggle financially to provide a school lunch, and some have children with food-related sensory needs (for example, a child may be sensitive to foods with certain colours, flavours, or textures).

Labelling food "good" or "bad" is unhelpful and inconsistent with nutrition research. Surveillance of food by schools can lead to families and ākonga experiencing shame, which has a negative impact on their mental health and wellbeing. It can also discourage families from providing any food at all for their children to take to school (Burrows, 2017; Wright, Burrows, and Rich, 2012; Maher et al., 2020; Powell, 2019).

Schools should also bear in mind that ākonga have individual dietary needs (including allergies) as well as religious and cultural needs related to food.

Healthy food and eating habits can be encouraged in the school environment without monitoring the food ākonga bring to school. For example, schools can develop policies that explain:

- » whether free food is to be provided at the school (and if so, what kinds of food)
- » whether foods can be used as prizes (and if so, what kinds of foods)
- » what foods can be available in vending machines or from the school canteen
- » what foods can be provided at school events.

Schools should also develop a clear policy about alcohol at school events. This policy should align with the school's values and approaches to health education.

School management systems

Every school should have management systems that create and promote consistency, transparency, predictability, respectful relationships, and clear response pathways. These systems will be documented in the school's policies and processes. School management policies are living documents that should, collectively, contain all the information needed. When a school is effectively managed:

- » the school board, principal, and staff show commitment to
 - › consulting with the whole community, including ākonga
 - › cultural competence
 - › reflective practice, regular monitoring, and evaluation
- » all members of the whole school community are kept informed of relevant systems and policies
- » procedures are reviewed annually to ensure that they are sufficiently up to date and comprehensive to ensure the mental health and wellbeing of ākonga and staff
- » ākonga, staff, and the wider school community are likely to feel confident about participating and proud of their school.

School management systems that can support the mental health of staff and ākonga include:

- » procedures to address all forms of bullying and discrimination
- » procedures to address issues arising from digital and online contexts
- » procedures to address issues relating to body size and body image.

Preventing and responding to bullying

Bullying is a serious issue and can have long-term negative impacts on people's mental health. Aotearoa New Zealand students experience some of the highest rates of bullying in the OECD. People with a particular ethnicity, disability, religion, sexuality, gender identity, body size, whānau status, or other personal attributes may experience heightened levels of bullying. Sometimes bullying is directly related to people's mental health, for example, when a person or group makes taunting or derogatory remarks about the mental or emotional status of another person (or their friends or whānau).

Schools need robust policies and practices for discouraging bullying and dealing with incidents involving bullying. The following four factors can be used to help identify bullying:

-
- » ***Bullying is deliberate*** – harming another person intentionally
 - » ***Bullying involves a misuse of power in a relationship***
 - » ***Bullying is usually not a one-off*** – it is repeated, or has the potential to be repeated over time
 - » ***Bullying involves behaviour that can cause harm*** – it is not a normal part of growing up.

Bullying can happen anywhere, in person or online (cyberbullying), at any time ... It can be obvious or hidden.

Kids who bully use their power – such as physical strength, knowing something embarrassing, or popularity – to control or harm others. Bullying is when one student (or a group of students) keeps picking on another student again and again to make them feel bad. They say or do things to upset them, make fun of them, stop them from joining in, or keep hitting or punching them.

Bullyingfree.nz: <https://www.bullyingfree.nz/about-bullying/what-is-bullying/>

Bullying is a complex social phenomenon with many drivers, so addressing it effectively requires a whole-school approach involving ākonga, staff, whānau, and communities working together to create sustained change over time.

Successful whole-school approaches to preventing bullying and responding to it focus on a broad range of social and environmental factors and aim to foster safe, caring, and inclusive cultures that deter bullying and respond to it effectively whenever it occurs. With sustained effort and time to embed new practices, this kind of approach can deliver benefits beyond preventing bullying prevention. For example, such an approach supports the safety and engagement of ākongā and their sense of belonging, which all contribute to ākongā wellbeing.

The Bullying-Free NZ School Framework sets out nine evidence-informed elements that are key to developing an effective whole-school approach to preventing and responding to bullying. These are the nine elements:

- » Strong leadership support (for example, by creating and empowering a leadership team that focuses on all aspects of school safety, including bullying, and school climate)
- » A positive school and classroom climate and culture (for example, by ensuring norms, values, and expectations are in place that make all students feel safe, respected, and valued)
- » Gathering and analysing data (for example, using data-driven evaluations of school climate and bullying, such as the wellbeing@school self-review process, which involves recording and following up all bullying incidents)
- » Student leadership, agency, and voice (for example, encouraging ākongā to be actively and safely involved in designing and reviewing initiatives for preventing and responding to bullying)
- » Effective and supportive policies and procedures (for example, a clear definition of bullying and an outline of how the school community addresses it, which may be standalone or part of a broader wellbeing or behaviour policy)

- » Involvement of parents, caregivers, and whānau (for example, through information sharing, consultation, and partnership)
- » School-wide professional learning and development (for example, staff are trained to recognise bullying and effectively handle incidents)
- » Universal approaches to promote social and emotional learning (for example, a broad-based focus on wellbeing that emphasises strengths and supports digital citizenship and online safety)
- » Targeted approaches, integrated with universal approaches (for example, establishing support systems and procedures which recognise that the traumatic impacts for those affected by bullying may be ongoing).

An extensive suite of useful resources on preventing and responding to bullying, which includes school policies, resolution processes, and communicating with parents, is available at: <https://www.bullyingfree.nz>

The wellbeing@school website provides a self-review process and survey tools to help schools create safe, caring, and inclusive environments that address bullying:

<https://wellbeingatschool.org.nz/front>

For support related to online bullying and safety, visit:

- » <https://www.netsafe.org.nz/advice/harmfuldigitalcommunications/>
- » Fitzpatrick et al. (2018). *Mental Health Education and Hauora: Teaching interpersonal skills, resilience, and wellbeing*. Wellington: NZCER Press. <https://healtheducation.org.nz/wp-content/uploads/2020/09/Mental-Health-and-Hauora.pdf>



Addressing issues arising from digital and online contexts

The Harmful Digital Communications Act (2015) covers aspects of privacy and safety online. Schools need to develop policies and practices to address the online issues that may arise for ākongā.

Provide ākongā with opportunities to discuss the mental health opportunities and challenges that they experience when communicating online. These will occur in mental health education classes and in other contexts. Schools should engage ākongā, whānau, and the wider community in discussions about online safety and ensure that policies and practices include agreements about online content and sharing at school.

Effective policies in this area:

- » provide clear processes and practices for the use of phones and devices at school (taking into consideration how easy it is for ākongā to share inappropriate content with others at school)
- » link to clear processes for staff to follow if problematic images or other content are shared or accessed
- » ensure that ākongā know what to do (and who to talk to) if they see images online that make them feel uncomfortable or if they experience abuse or bullying online
- » refer to the school's digital safety management plan. The Netsafe website provides sound advice on setting this up.

Netsafe provides incident support for all online safety challenges. Their service is free and confidential, and schools remain in control of decision making at all times. You can call Netsafe on 0508 NETSAFE (0508 638 723) or visit their website for advice: <https://www.netsafe.org.nz/the-kit/dsmp-digital-safety-management-plan>

For specific advice on online bullying and harassment, see: <https://www.netsafe.org.nz/advice/harmfuldigitalcommunications/>

Netsafe also offers a free text support service for young people. If they want to contact Netsafe directly, they can text "Netsafe" to 4282.

For more detailed advice and resources about digital and online issues, access the Netsafe schools' kit at: <https://www.netsafe.org.nz/the-kit/>

Addressing issues relating to body size and body image

An inclusive school culture accepts and values diverse body shapes and sizes. Schools can support mental health by encouraging inclusion, body diversity, "health at every size", and physical activity for learning and enjoyment. Negative body image is a major contributor to mental health problems, including eating disorders, and research suggests that even very young ākongā can be significantly influenced by social pressures to be thin and/or muscular.

Dissatisfaction with the shape of their bodies is relatively common among ākongā in Aotearoa New Zealand (Morton et al., 2020). This dissatisfaction is a major contributor to mental health problems in children and young people across all age groups, cultures, gender identities, and socio-economic groups. Research suggests that many are significantly affected by a fear of being (or becoming) fat and by social pressures to be thin and/or muscular. Research also shows that schools play an important role in either increasing or reducing these concerns (Burrows, 2008; Powell and Fitzpatrick, 2015; Pugmire and Lyons, 2018).

School staff can address issues relating to body image in the following ways.

- » **Focus on the mental health benefits of physical activity.** When discussing the physical benefits of an activity, do not link these to weight loss.
- » **Include a diverse range of body sizes and shapes representing ākongā in materials that the school publishes.** This includes the school website and promotional materials such as those advertising school uniforms.
- » **Review the design of school uniform items.** Ensure that these are comfortable for a range of body sizes and shapes. If possible, offer a choice of uniforms to all ākongā.
- » **Be good role models who promote body diversity.** Teachers and other staff should not give ākongā advice about how to lose or gain weight, and neither should they discuss their own weight loss, muscle gain, or diets with ākongā.

- » **Do not allow derogatory comments or teasing about people's weight and body size.** This includes labelling others as overweight or obese. Make it clear that such comments and labels are a form of bullying and are unacceptable.
- » **Never publish the weight of ākongā publicly.** There may be specific times when a person's weight is required (for example, during vaccinations), but this is personal information and should only be used for a specific purpose. There is no valid reason for a teacher to weigh ākongā or to use the Body Mass Index (BMI) with them, and doing so may contravene the principles of the Privacy Act. (The BMI is inappropriate for children and gives little information about body composition.)
- » **Do not exclude ākongā from any facility or activity because of their body size or weight.** Ensure that ākongā of all body sizes and weights have equitable access to school facilities, equipment (including suitable chairs), uniforms, and activities.

School support systems

School support systems related to mental health include procedures, processes, and protocols that:

- » enable ākongā to access health and support services
- » support ākongā during transitions from early childhood education (ECE) to school, from school to school, or from school to work or tertiary education
- » enable school staff to respond appropriately to mental health concerns and incidents
- » enable school staff to respond appropriately to ākongā distress and disclosures, including recognising and responding to signs of suicidality
- » provide clear information about what to do if there is a threat of imminent suicide
- » enable teachers to help prevent suicide through careful selection of teaching materials and monitoring student research topics and class discussions
- » address the mental health needs of the whole school community during and after a traumatic event or crisis.

Access to health and support services

Every school should have mental health support systems and integrate these as a normal part of school life. All ākongā at the school should:

- » be able to access confidential support services and health professionals such as nurses, doctors, and counsellors
- » be told about the services available before they need them
- » find the health services easy to access
- » be encouraged to access health services for themselves or their friends privately (that is, without teachers or other ākongā knowing about it).

These arrangements should align with the school's existing policies and processes and are usually under the supervision of the school's pastoral care or counselling team.

Schools can optimise their health and support services by, for example:

- » making counsellors and nurses (or, if this is not possible, a designated staff member) available to all ākongā in a way that is private and non-stigmatised
- » ensuring that the school has appropriate facilities for providing health services for ākongā, such as a rest facility or a student health centre
- » ensuring that conversations about the physical or mental health of ākongā cannot be overheard, even unintentionally
- » ensuring private and confidential access to free period products at school
- » ensuring that staff involved in health services are:
 - › responsive to sexuality- and gender-diverse ākongā and to ākongā with variations in sex characteristics
 - › familiar with inclusive language, inclusive school cultures, and the use of preferred names and pronouns
- » ensuring that the school's health and pastoral care staff are responsive to neurodivergent experiences and are knowledgeable about the interplay of unmet needs with stress, anxiety, and trauma for disabled ākongā

- » considering discreet ways of giving permission for ākongā to leave or return to classes (rather than, for example, using coloured slips). This supports a high-trust approach where ākongā can access health services with confidence.

The school's health services should be well informed, culturally safe, and responsive to the needs of ākongā. Information about kaupapa Māori health services should be available. For example, school health staff can refer to websites such as:

- » <https://www.heartsandminds.org.nz/directory-of-support-services/itemlist/category/71-maori>
- » <https://www.healthnavigator.org.nz/clinicians/m/māori-health-overview/>

Research with Pacific adults has shown that some Pacific peoples don't know where to go for help, and many have limited awareness of national mental health websites (*He Ara Oranga*, 2018). Schools that provide a scaffolded approach, normalise help-seeking behaviour, and encourage Pacific ākongā to access health support services are putting in place pathways to achieving good mental health and wellbeing.

Like most people, ākongā often access support from peers, family, and other trusted people. School leaders need to bear this in mind when developing support services and curriculum plans for their school (Eruera and Dobbs, 2010).

Some external services

Links to communities outside the school are part of a whole-school approach. Mental health and wellbeing services for children and young people are provided through primary health organisations, School Based Health Services, and Youth One Stop Shops.

The health services provided by Youth One Stop Shops include general health (primary care), sexual and reproductive health, vaccinations, health promotion and education, counselling, psychology, mental health, and alcohol and other drug services. Many of the Youth One Stop Shops also provide support services at varying levels for the School Based Health Services (SBHS) programme.

When a student cannot attend their usual school due to mental illness, they may be referred to a regional health school. For information on regional health schools, refer to: <https://www.education.govt.nz/school/student-support/special-education/specialist-schools-for-students-with-high-needs/#Regional>

Secondary schools and wharekura can find more information about the pastoral care of ākongā at:

- » <https://www.education.govt.nz/assets/Documents/School/Supporting-students/Pastoral-Care-Guidelines-Te-Pakiaka-TangataNov2017.pdf>
- » <https://www.education.govt.nz/school/health-safety-and-wellbeing/pastoral-care-and-wellbeing/guidelines-for-the-provision-of-pastoral-care-guidance-and-counselling-in-secondary-schools/>

Supporting ākongā during transitions

Transitions from early childhood services to schools, from one school to another, and from school to work or tertiary education can be challenging for both ākongā and whānau as they navigate new spaces, learn about new rules and ways of learning, and work alongside new people.

Major changes and transitions can trigger strong emotions for children. It is essential that they are given plenty of time to prepare for them, that they have opportunities to talk about what may be worrying them, and that their questions are answered honestly and supportively. During times of change, children need additional attention, affection, and reassurance. It is important that adults help them to positively frame the potential outcomes of the change while acknowledging their feelings.

Ministry of Education, 2019b, page 76

Proactive and responsive partnerships between ECE centres and schools (including primary, intermediate, middle, and secondary schools) can support ākongā and whānau transitions.

Schools can plan to:

- » take the time to get to know ākonga and their whānau and build relationships with them
- » learn about the positive guidance strategies used by teachers in feeder schools and ECE centres, to ensure continuity and consistency of expectations
- » gather information on the specific learning support needs of ākonga arriving at school
- » facilitate several “settling in” visits for year 0 or 1 ākonga prior to starting school
- » ensure that ākonga have opportunities to learn about school expectations and build relationships with peers and school staff
- » inform families about school expectations and routines, describing what is going to happen on the first day or week of school, and identifying where they can get support
- » provide support for ākonga Māori and their whānau in ways that work for them (which may mean involving hapū and iwi), to ensure that their voices are heard and responded to appropriately
- » have teachers of years 0, 1, and 2 refer to *Te Whāriki* (Ministry of Education, 2017b), to enable them to recognise the effective and holistic learning and development that children have already gained.

For ideas about supporting effective transitions, refer to:

- » <https://www.inclusive.tki.org.nz/guides/transitions-managing-times-of-change/>
- » <https://tewhariki.tki.org.nz/en/weaving-te-whariki/pathways-and-transitions/>
- » <https://tewhariki.s3.ap-southeast-2.amazonaws.com/public/Teaching-strategies-and-resources/Files/He-Mapuna-te-Tamaiti-book.pdf>
- » <https://www.education.govt.nz/assets/Documents/Ministry/Strategies-and-policies/Ka-Hikitia/KHEarlyLearning.pdf>
- » <https://ero.govt.nz/sites/default/files/2021-05/ERO-Continuity-of-Learning-FINAL.pdf>
- » <https://thehub.swa.govt.nz/assets/documents/Evaluation-at-a-Glance-Transitions-National-Report-Summary.pdf>
- » <https://www.inclusive.tki.org.nz/guides/preparing-students-to-leave-school/>

Procedures for responding to distress and disclosures

This section addresses prevention and response to suicide. The Ministry of Education provides a comprehensive resource to support schools in this area, *Preventing and Responding to Suicide: Resource kit for schools* (2019c). Refer to: <https://www.education.govt.nz/assets/Uploads/MOE-Suicide-Prevention-Publication-Updated-2019.pdf>

All staff have a duty of care to ākonga. School staff must recognise ākonga distress and respond compassionately to ākonga requests through listening, questioning, and referral.

Ākonga sometimes ask adults to “promise not to tell”. Teachers and other adults have to be honest and explain that they cannot make that commitment when they have concerns about someone’s safety. School staff members have a professional and ethical responsibility to tell a senior member of the school or the school counsellor (immediately) if they suspect that the student, or another person, is in danger. This overrides any considerations of confidentiality.

It is important to recognise that teachers are not counsellors or psychologists. Counsellors and psychologists are specialists and have particular training around screening for suicidal risk. Teachers are not responsible for discerning the degree of risk, nor are they responsible for deciding the level of intervention required.

All schools are required under the Children’s Act (2014) to have a child protection policy. This policy should include:

- » specific instructions on how to respond to suspected abuse or neglect
- » guidelines on how to respond to disclosures made by children.

More information on child protection policies can be found here: <https://www.education.govt.nz/school/health-safety-and-wellbeing/pastoral-care-and-wellbeing/childrens-act-2014-requirements-for-schools-and-kura/>

Responding to signs of distress

School staff can be pivotal in recognising and responding to ākongā who are in distress. Teachers, teacher aides, and other adults in regular contact with ākongā (such as deans, sports coaches, and pastoral team members) may notice when ākongā are going through a difficult time. They should inquire about their feelings and ask if they are OK from time to time.

In particular, teachers should be aware of behaviours that suggest a student may be thinking about suicide. Not all ākongā will show that they are in distress, but there are certain signs of suicidality that should not be ignored.

Signs of suicidality

Signs that a student may be thinking about suicide include:

- » drawing or writing about death and/or suicide in class
- » talking about suicide
- » withdrawal from relationships
- » changes in mood
- » changes in academic performance
- » high-risk behaviours.

If you suspect that a student is distressed, or if another person expresses concern about them, you can use the following process:

- » Ask the student to stay after class or approach them somewhere that is private (where others cannot overhear the conversation).
- » Tell the student what you have noticed and ask if they are OK.
- » Ask them if something or someone is bothering them.
- » Explicitly state the concerns you have about them and explain that you can help them find the appropriate resources or support.

You also need to keep yourself safe. Consider lines of communication and if you have a phone, make sure you have it with you. You might mention to a colleague that you are meeting with a distressed student (keep their identity confidential) or find an excuse to seek support, for example, going to get a cup of tea or a glass of water for the student. (However, if you think that the student may be suicidal, on no account should you leave them alone – see page 49.)

It is important to refer the issue on to the school counsellor or senior leader, even if you are uncertain about the level of risk. You can have a confidential conversation with the counsellor or leader without revealing any name. You can then decide together what steps need to be taken next and whether these would identify the student.

Responding to disclosures

Ākongā are most likely to disclose to someone they trust. This could be any staff member in the school, so all staff require training (and ākongā also need to know what to do if a friend discloses to them). School counsellors and senior leaders will be central to this work and should arrange for annual review and for regular training to be available.

When a student chooses to confide in a teacher or other staff member, their disclosure may relate to bullying, violence, neglect, loneliness, grief, mental distress, anxiety, sexuality issues, or other concerns. Or it could be a disclosure about a suicide attempt, or thoughts of dying or self-harm.

If the disclosure relates in any way to a possible suicide, the staff member must immediately communicate with a counsellor or senior staff member and refer the student on to a trained counsellor.

Schools should have clear policies, procedures, and protocols for responding to disclosures, and all staff should be familiar with these.

School staff need to:

- » know about signs that suggest abuse, neglect, or suicidality (for signs of suicidality, see the first box on this page)
- » keep confidential and protected records of any concerns they have and any issues that are brought to their attention
- » seek help from a senior colleague or the school’s designated person for child protection and discuss the issues with them.

If there is a threat of imminent suicide

If you think it possible or likely that a student may be suicidal, follow the guidance of this emergency checklist provided by the Ministry of Education.

Emergency checklist: if there is a threat of imminent suicide

- » *Staff members who are present with the student support the student until they are able to hand over to a counsellor, or a family or whānau member, or a health professional.*
- » *Ensure the student's immediate safety: do not leave the student alone and remove all possible means of harm.*
- » *If necessary, call 111 emergency services for help.*
- » *Consult with the principal who will then inform appropriate staff.*
- » *The principal informs the student's family and whānau of the risk and the proposed safety plan.*
- » *The school counsellor makes immediate contact with the local Crisis Assessment Team, and hands over responsibility to an appropriate health professional. You can contact the Mental Health Crisis Assessment Team in your area at any time. Further information can be found on the Ministry of Health's website (www.health.govt.nz) by searching 'crisis assessment teams'.*
- » *When the immediate threat is over, the counsellor informs the principal of actions taken.*
- » *The school follows up with family, whānau and health services.*

Ministry of Education, 2019c, page 10

The school should also put in place support for the wellbeing of staff members who have been staying with the student.

For the full resource that includes the checklist above, *Preventing and Responding to Suicide: Resource kit for schools*, refer to:

<https://www.education.govt.nz/assets/Uploads/MOE-Suicide-Prevention-Publication-Updated-2019.pdf>

For more detail and ideas for policies and practices for child protection, refer to:

www.childmatters.org.nz

For the Children's Act 2014 requirements for school and kura, refer to:

<https://www.education.govt.nz/school/health-safety-and-wellbeing/pastoral-care-and-wellbeing/childrens-act-2014-requirements-for-schools-and-kura/>

For advice on managing mental distress, refer to: <https://thelowdown.co.nz/>

For information on how whānau and friends can support young people, refer to:

<https://mentalhealth.org.nz/common-ground>

For further help and resources, refer to:

- » <https://mentalhealth.org.nz/suicide-prevention/connecting-through-korero>
- » <https://www.education.govt.nz/assets/Documents/School/Traumatic-incidents-and-emergencies/Traumatic-incidents-schools-Guidelines-for-wellbeing.pdf>
- » Ministry of Health information: <https://www.health.govt.nz/your-health/conditions-and-treatments/mental-health/talking-about-suicide>
- » Fitzpatrick et al. (2018). *Mental Health Education and Hauora: Teaching interpersonal skills, resilience, and wellbeing*. Wellington: NZCER Press, page 30. <https://healtheducation.org.nz/wp-content/uploads/2020/09/Mental-Health-and-Hauora.pdf>
- » <https://www.health.govt.nz/your-health/conditions-and-treatments/mental-health/preventing-suicide/suicidal-feelings-what-look-out>

The role of teachers in suicide prevention

This section addresses teachers' role in suicide prevention within the context of mental health education. It is important to note that suicide has many causes and is the result of the complex interaction of factors that relate to systems, society, and the individual.

Read this section in conjunction with *Preventing and Responding to Suicide: Resource kit for schools*. Refer to: <https://www.education.govt.nz/assets/Uploads/MOE-Suicide-Prevention-Publication-Updated-2019.pdf>

Teachers and other school staff are all adults who come into contact with ākonga, so they need to be aware of ways to recognise ākonga distress, including signs of suicidality (see page 48) and know how to obtain support.

Teachers need information about how to respond to suicide-related content on social media, which is a common source of mental distress for young people and is frequently a topic of conversation among them. Teachers also need to be aware of any potential suicide-related risks that could arise from their choice of teaching materials, from their students' chosen research topics, or from class discussions around suicide, self-harm, or risk-taking.

Suicide and the selection of teaching materials

Although young people do talk about this issue in their peer groups, suicide should never be included as a focus of learning programmes or studied as a topic (including in NCEA programmes). Studying suicide leads to increased risk.

Many ākonga watch television or movies and read books about suicide or with suicide themes. The internet is a key way for ākonga to communicate, gather information, and seek entertainment. Teachers need to take care when selecting novels, movies, or plays that have suicide themes and monitor how this subject is discussed in the classroom.

When selecting material, teachers (and librarians) should ask these questions:

- » Is suicide portrayed as romantically tragic or heroic?
- » Does the suicide result in positive attention from others?
- » Will ākonga identify with the person who died by suicide?
- » Is information provided that directly or indirectly refers to the method or place of suicide? (Content that depicts the methods of suicide or self-harm should not be used.)

If the material meets one or more of these criteria, consider whether the educational benefits of studying that text can be achieved by studying a different text.

Suicide and topics of student discussions or research

The topic of suicide (or a game or behaviour involving self-harm or serious risk-taking) may come up as a topic of discussion or as part of ākonga research. By taking the opportunity to engage with ākonga when they raise such issues, teachers can help to build their understanding, confidence, and resilience. For guidance about how to have these conversations, refer to: <https://www.education.govt.nz/assets/Documents/School/Traumatic-incidents-and-emergencies/Talking-with-students-if-students-raise-the-issue-of-suicide.pdf>

Teachers could choose to:

- » talk in a factual manner about the risks involved in any game that harms or could result in death
- » provide information that they know to be true about any game or situation involving the death of young people
- » focus on promoting positive attitudes, coping strategies, and healthy options, for example, promoting non-risky ways in which ākonga can have fun together
- » talk to ākonga about the types of support services available and how to access them
- » remind ākonga that challenging situations in our lives are often temporary and will pass
- » teach ākonga about risk-taking behaviour, depression, and mental illness as part of the health education curriculum and discuss ways of supporting wellbeing

- » talk about the things that make people feel happy, such as giving to others, listening to music, playing sport, or hanging out with friends.

You can also invite one of the school counselling team to join your next lesson to open a structured conversation with the class about this issue. Keep in mind that there is a difference between mental health **education**, for which teachers are largely responsible, and mental health **treatment**, which must be the domain of health professionals. However, teachers may be the first to recognise when ākongā need help.

If teachers have any concerns about class discussions relating to suicide or dangerous games that could lead to death, they should talk to the school counselling staff or a senior staff member.

The following resources may be useful.

- » <http://education.govt.nz/assets/Documents/School/Traumatic-incidents-and-emergencies/13-Reasons-Why-season-three.pdf> (for support with discussing the television series *13 Reasons Why* with students)

- » <https://www.occ.org.nz/documents/40/Emotional-Wellbeing2.pdf> (to better understand ākongā perspectives about emotional wellbeing)
- » <https://mentalhealth.org.nz/resources/resource/briefing-to-incoming-parliament>

Procedures for responding to disasters and other traumatic events

Schools are an important community hub and a source of support and stability for ākongā and their whānau. During and after major events such as earthquakes, pandemics, acts of violence and suicides, ākongā will require extra support. It's important for schools to prioritise wellbeing at such times and to put in place responsive learning experiences to help ākongā process and express their feelings and seek support.

Te Rito Toi is a resource that helps teachers to work with children when they first return to school following major traumatic or life-changing events. For more information on this, and for suggestions for curriculum support (including lesson plans), refer to: <https://www.teritotoi.org/>

See also Mutch (2020). "How might research on schools' responses to earlier crises help us in the COVID-19 recovery process?" *Set: Research Information for Teachers*, no. 2, pp. 3-10. <https://doi.org/10.18296/set.0169>



4. Mental health education in the New Zealand Curriculum

Mental health education, and the many topics that derive from this key area of learning, provide valuable, authentic and engaging learning contexts for students that help them to understand themselves, other people, their communities, the country, and the world they live in.

New Zealand Health Education Association, 2019, page 6

In *The New Zealand Curriculum*, mental health education is a key area of learning within health and physical education. It must be included in teaching programmes for years 1-10, using the strands and achievement objectives outlined in the curriculum.

Mental health education is included in NCEA health education programmes, and secondary schools might also consider providing mental health education for all year 11-13 ākonga (students) in recognition of its relevance to this age group.

Plan to dedicate time for mental health education across the school year. This will look different in different schools, and the focus of learning will align with the school's local curriculum, vision, and values. Health and physical education should have an equitable amount of curriculum time, in line with time given to other learning areas. Time dedicated to health education should be distinct from, and equal to, time dedicated to physical education.

The tables of key learning in mental health education at all eight curriculum levels (on pages 59-69) will be used in both health education and physical education. In schools that have specialist teachers for these subjects, health teachers and physical education teachers will need to meet and decide how to collaborate in delivering the key learning to their ākonga.

Mental health education gives particular expression to the curriculum principles of cultural diversity, inclusion, and learning to learn, so it can be a context for learning across the curriculum. Pages 56-58 (Mental health education across the curriculum) offers suggestions for learning intentions that support mental health education and also align with the content of other learning areas.

Mental health education and the key competencies

Thinking – Ākonga will make sense of information about mental health and wellbeing, hauora and mana, identity, self-expression, feelings, relationships, communication, interpersonal skills, and conflict resolution. This will include learning about grief, loss, and change; violence; trauma; the effects of colonisation; the effects of alcohol and drugs; the effects of media representations; ways of seeking help and support; social action; attitudes, values, and beliefs that support mental health; and how digital and natural environments affect people's mental health.

Ākonga will reflect critically on the information, draw on their personal knowledge, and challenge assumptions and perceptions. They will examine their own and others' attitudes, values, beliefs, rights, and responsibilities in relation to mental health and consider how to solve problems in social situations.

Using language, symbols, and texts – Ākonga will examine how language (including body language), symbols, and texts:

- » affect people's understandings of mental health
- » represent and communicate information and ideas about mental health and people's experiences of mental health.

Ākonga will examine the social and cultural influences that shape the way people learn about and experience mental health and hauora.

Managing self – Ākonga will develop strategies for managing themselves and becoming capable learners. They will develop a sense of mana motuhake (by setting goals, working hard, being persistent, and taking responsibility for themselves), which will enhance their sense of personal identity and their wellbeing. They will understand themselves and know what they need to support their mental wellbeing.

They will use their learning to make decisions, to identify and access support for themselves and others, and to develop resilience and resourcefulness.

Relating to others – Ākonga will learn about the complexity of relationships and about skills and strategies for developing and maintaining healthy relationships. They will

learn to recognise how their words and actions affect others' mental health and wellbeing.

They will explore emotional skills and practise interpersonal communication skills in order to interact effectively with a diverse range of people in a variety of contexts. Ākonga will learn how to seek support for themselves and how to support and respect others. They will work effectively with others to develop new approaches, ideas, and ways of thinking about mental health.

Participating and contributing – Ākonga will be actively involved in their communities, including class, whānau, and school communities, as well as in local, national, or global contexts. They will develop the capacity to contribute to diverse communities, make connections with others, and foster a sense of belonging. Ākonga will learn about the importance of respecting and appreciating diversity and will contribute to inclusive classroom and school communities.



Mental health education and the underlying concepts of health and physical education

The underlying concepts of health and physical education are hauora, attitudes and values, the socio-ecological perspective, and health promotion.

HAUORA

The holistic approach to mental health education is based on the concept of hauora, which is represented by Te Whare Tapa Whā (see page 18). This approach recognises that all relationships have taha whānau (the social dimension), taha hinengaro (the mental and emotional dimension), and taha wairua (the spiritual dimension), as well as taha tinana (the physical dimension). These dimensions are interrelated. The four pou of the whare are grounded on the whenua; in the same way, the health of a whole person can only be considered in the context of their culture and environment.

SOCIO-ECOLOGICAL PERSPECTIVE

Through the socio-ecological perspective, ākonga examine the social and cultural contexts that affect how people learn about, understand, and express their mental health and wellbeing, and they develop knowledge about the determinants of health. This perspective enables ākonga to understand the complex relationships between individuals, groups, and society and to become aware of how people's experiences are impacted by social, political, and historical contexts.

ATTITUDES AND VALUES

Mental health education programmes are underpinned by the values of social justice and equity. Ākonga can learn about respect and about care and concern for themselves and other people, and they can explore diverse values. They can examine how values relate to people's mental health and how they are expressed in relationships and in different groups and contexts. Ākonga can develop understandings around ethics, rights, and responsibilities.

HEALTH PROMOTION

Ākonga can take health promotion action within schools and communities to advocate for access to mental health services, to raise awareness of mental health issues, to work against discrimination, and to show support for diversity. Ākonga can be involved in communicating between schools and communities in relation to mental health issues and programmes.

In health education, students develop their understanding of the factors that influence the health of individuals, groups, and society: lifestyle, economic, social, cultural, political, and environmental factors. Students develop competencies for mental wellness, reproductive health and positive sexuality, and safety management, and they develop understandings of nutritional needs. Students build resilience through strengthening their personal identity and sense of self-worth, through managing change and loss, and through engaging in processes for responsible decision making. They learn to demonstrate empathy, and they develop skills that enhance relationships. Students use these skills and understandings to take critical action to promote personal, interpersonal, and societal well-being.

Ministry of Education, 2007, page 23

Mental health education in health education

Teachers of health will provide explicit learning about mental health and wellbeing in classes purposefully focused on health education, where mental health is a key area of learning. When considering the amount of time to allocate to mental health education, schools need to balance content across health and physical education to ensure that all key areas of learning are addressed. In some cases, programmes can address more than one key area at once; for example, mental health education has clear overlaps with relationships and sexuality education.

The tables of key learning in mental health education on pages 59–69 will be used in both health education and physical education. In schools that have specialist teachers for these subjects, health teachers and physical education teachers will need to meet and decide how to collaborate in delivering the key learning to their ākonga.

Teachers also need to be aware of any potential suicide-related risks that could arise from their choice of teaching materials, from their students' chosen research topics, or from class discussions around suicide, self-harm, or risk-taking. For more detailed information about this, go to page 50.

Keep in mind that there is a difference between mental health **education**, for which teachers are largely responsible, and mental health **treatment**, which must be the domain of health professionals.

Learning programmes in health education will include critical approaches to body image. Eating disorders are likely to come up in classroom discussions and should be dealt with sensitively. Eating disorders should not be a focus of learning programmes. Rather, learning experiences should focus on thinking critically about societal pressures, taking action, and promoting self-acceptance.

Classroom programmes dealing with mental health should be sensitively developed so that they respect and reflect the diverse values and beliefs of ākonga and of the whole school community. When planning mental health programmes, and also when reviewing them, teachers should:

- » find ways to identify and include the views of ākonga and communities
- » include content that is multidisciplinary and reflects a diversity of perspectives and knowledge
- » consider the ideas of ākonga for both content and the approach to learning.

For guidance on eating disorders and health education, refer to: <https://healtheducation.org.nz/wp-content/uploads/2019/11/NZHEA-position-statement-on-MENTAL-HEALTH-Nov-2019.pdf>

Mental health education in physical education

While most mental health content will be taught in health education classes, aspects of mental health education will also be taught in physical education. Physical education can provide meaningful opportunities to explore:

- » the relationship between physical activity and mental health
- » the relationship between the physical environment and mental health
- » the ways in which positive and inclusive team cultures can enhance a sense of belonging and purpose.

Physical education programmes with a strong focus on values, critical thinking, power sharing, and student voice can support learning about mental health and wellbeing. Achievement objectives in physical education provide rich opportunities for exploring mental health and wellbeing.

Engaging in enjoyable play, physical activity, and fitness activities has many benefits for people's mental health, especially when there are elements of choice and autonomy. Dedicated learning about the links between mental health, play, and physical activity should be part of physical education.

Avoid fitness activities that focus on weight loss or contribute to body shaming. Be cautious about asking ākonga to use self-monitoring devices that record step-counts, physical activity levels, and other data, as research suggests that young people can become overly focused on their body size and shape when using such technology (Lupton, 2021). Fitness testing is generally not appropriate at school except when ākonga are studying fitness in NCEA physical education.

Physical education teachers should deliberately work to promote inclusion and celebrate diversity. For example:

- » avoid grouping ākonga according to gender, because this can exclude those who do not conform to gender norms (Sykes, 2011)
- » design activities with accessible entry points so that ākonga of diverse abilities (including those who are neurodivergent or physically disabled) can engage effectively.

Teachers need to be sensitive to the needs and feelings of ākonga when designing physical education learning experiences. For example, ākonga who feel self-conscious about their bodies may not want to perform in front of others. Activities that promote aggressive body contact may make some ākonga feel uncomfortable, and they should not be required to engage in such activities if this is so. Games and activities based around exclusion, like elimination games, can discourage ākonga from participating and undermine their confidence.

Teachers should be mindful of social dynamics and hierarchies when grouping ākonga, so that every student can participate safely and experience success in physical education. Effective physical education programmes are underpinned by practices that are inclusive, supportive, and informed by social justice. Any uniforms required for physical education should be inclusive of gender diversity.

Mental health education across the curriculum

While concepts and content relating to mental health will be specifically taught in health education and physical education, there are many opportunities for mental health education to be a context for learning across the New Zealand Curriculum. Conversely, learning areas across the New Zealand Curriculum can provide many contextual opportunities for mental health education.

Caution

Teachers should be mindful of the possible impacts on ākonga of some visual texts. Films, TV shows, internet sites, and social media often include content (such as violence, suicide, or explicit sexual images) that can cause ākonga mental distress. Teachers need to choose curriculum materials carefully, considering the impacts that some visual texts may have on their ākonga. Teaching programmes can include learning about the impacts of viewing distressing content and about how to get help and support.

Suggested learning intentions

In **English**, ākonga can:

- » create oral, visual, or written texts about change and loss
- » examine how issues of mental health and illness are represented in texts, including personal and cultural narratives, pūrākau, karakia, and mōteatea
- » create short stories or poetry linked to their own world view of hauora, either individually or in partnership with whānau
- » co-construct ground rules for engaging in critical discussions about text content
- » engage in dialogue and debate about provocative online posts that could affect people's wellbeing
- » identify stereotypes in visual images (for example, in advertisements or movies) and describe possible effects of those stereotypes on young people
- » critically explore and contrast different characters in a range of texts, considering their social, cultural, and historical identities and focusing on mental-health-related bias, fact, and opinion

- » study sets of texts that showcase different perspectives on mental health and wellbeing
- » examine texts from non-Western authors, ensuring that diverse cultures and perspectives are represented (including the cultures of ākongā at the school).

In **science**, ākongā can:

- » examine practices and knowledges relating to mental health, wellbeing, and hauora in Western and non-Western sciences (eg, investigate how different indigenous peoples, including Māori scientists, describe the interface between their knowledges and Western models of mental health, which may include discussing mātauranga Māori, pūtaiao, and Western views)
- » investigate the relationship between mental health and aspects of physical health, such as nutrition
- » investigate aspects of neuroscience and the relationships between stressors and the biological responses of the brain
- » consider the chemical make-up of a range of drugs, including those used in rongoā Māori, and describe their effects on the human body
- » explore the role of genetics in constructing debates about mental health
- » demonstrate understanding that science offers a way of explaining mental health and that science knowledge changes over time
- » explain how humans adapt to their particular environment and how they respond mentally, emotionally, and spiritually to environmental changes, both natural and human-induced (eg, by discussing kaitiaki practices, maramataka, mahi mārā, kōhi kai, and rongoā).

In **technology**, ākongā can:

- » explore the impact of a variety of cultural contexts on digital citizenship
- » explore positive digital citizenship and demonstrate an understanding of how to be a positive digital citizen
- » demonstrate an understanding of digital footprints and explore the impact of these on themselves and others
- » examine the positive and negative impacts of some technologies on people's mental health (eg, the practice of raranga, mahi whakairo, mahi tukutuku, and mahi toi)
- » develop a plan that identifies the key stages and resources required for designing a mental health initiative for their school

- » reflect on and evaluate contexts, such as online and social media spaces, in terms of how they do or do not support people's mental health, and go on to advocate for changes to enhance people's mental wellbeing
- » describe how perceptions about mental health, in society and in different environments, have influenced and been influenced by technology in historical and contemporary contexts.

In **social sciences**, ākongā can:

- » explore ways in which people's economic circumstances can affect their mental wellbeing
- » explore how belonging to groups, and having roles and responsibilities within groups, can contribute to people's mental wellbeing (eg, knowing how to karakia, mihi, waiata, and kōrero in formal and informal contexts)
- » discuss how people make choices to meet their needs and wants, and identify the impacts these choices might have on their mental wellbeing
- » find out about how exploration and innovation create opportunities and challenges for people, and consider how the introduction of new technologies can affect people's mental wellbeing
- » explore diverse approaches to describing mental health in different cultural contexts
- » explore whakapapa and a range of other concepts relating to family and family histories
- » explore the history of drug and alcohol controls and legislation in Aotearoa New Zealand
- » discuss in depth the impact that colonisation has had on this country and on Māori, and explain how this has led to intergenerational trauma
- » explore some of the ways in which the mobility of people, and/or changes to the ways people interact with their environments and access resources, can affect people's mental wellbeing
- » describe the effects of racism, sexism, ableism, and other forms of discrimination on representation, investigate common stereotypes arising from these forms of discrimination, and analyse their impact on how people perceive themselves and other people.

In **the arts**, ākonga can:

- » express ideas or questions about themselves and others without using words, through mime, dance, visual arts, or sound arts (eg, in the contexts of whare tāpere, kapa haka, and taonga puoro)
- » investigate ways in which the arts reflect specific cultures and describe how they shape and reflect personal, community, and national identities
- » identify ways to shape and present a range of human emotions through artistic devices and conventions
- » use fictional stories and dramatic forms to engage safely with deeply sensitive issues
- » play with aesthetic form and content through different media and use those media to express ideas and emotions or to question other kinds of knowledge
- » develop creative ideas into expressive works that communicate layered meanings through visual art, dance, drama, or sound arts.

In **languages**, ākonga can:

- » discuss how mental health stigma can relate to particular use of language and labelling
- » identify words and ideas relating to mental health that are or are not present in different languages and consider what that might mean
- » investigate the different words (and their meanings) used by indigenous peoples in their languages to describe aspects of mental health and wellbeing and go on to consider how these accord with the world views of those people
- » explore ways of providing space for te reo Māori in the school culture, in order to promote understanding of te ao Māori and to affirm the identities of ākonga Māori.

In **mathematics and statistics**, ākonga can:

- » collate and record youth mental health information, use appropriate charts and graphs, analyse the data, and draw conclusions
- » use local school or community data to promote changes that would foster positive mental health outcomes
- » identify mental health statistics, patterns, and trends in context, within and between data sets, and communicate their findings using data displays

- » explore bias and stigmatisation in how mental health data is reported and describe the impacts of such bias and stigmatisation on people's mental health.

Designing a mental health education programme for ākonga in years 1-13

The tables on pages 59-69 present key learning in mental health education at all levels (1-8) of the New Zealand Curriculum. This key learning is aligned with the achievement objectives for health and physical education. It also aligns with the key learning statements in the relationships and sexuality education guidelines, which are intended to be used alongside these mental health education guidelines.

- » *Relationships and Sexuality Education Years 1-8: A guide for teachers, leaders, and boards of trustees*
- » *Relationships and Sexuality Education Years 9-13: A guide for teachers, leaders, and boards of trustees*

Ministry of Education, 2020

<https://hpe.tki.org.nz/guidelines-and-policies/relationships-and-sexuality-education/>

Mental health education as a key area of learning is distinct from relationships and sexuality education, but there are many links and overlaps between them. Using the two guides together when designing programmes will strengthen learning and ensure consistency.

Teachers should refer to the health and physical education achievement objectives charts in the New Zealand Curriculum to identify achievement objectives at each level. Go to <https://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum/Health-and-physical-education/Achievement-objectives>

Note that the suggestions on pages 56-58 (Mental health education across the curriculum) include ideas for contexts that may be used within health education programmes.

Key learning at levels 1-8

Key learning at level 1

<p>KO AU – PERSONAL HEALTH AND PHYSICAL DEVELOPMENT</p> <p>Knowledge, understandings, skills, and attitudes related to personal health and physical development that enhance mental health through expressing and managing feelings and developing mana, resilience, a sense of identity, and overall hauora</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to express a range of feelings that they have experienced in different situations, and know that not everyone experiences and expresses the same feelings in similar contexts. » Are able to demonstrate body awareness and strategies for identifying feelings and behaviours in different situations (eg, by shifting feeling states, connecting thoughts and feelings, taking sensory breaks, focusing on breathing, or engaging with the natural environment). » Are able to connect different movements to feelings in and about the body (eg, feeling strong, feeling energetic, feeling anxious, feeling still). » Know about aspects of their identity that are important to them, including important relationships; can express their interests, needs, wants, values, and aspirations; can identify their strengths and weaknesses; and can recognise ways in which they are the same as others and ways in which they are different. » Are able to identify health and safety risks in different contexts (eg, at home, at school, and in community settings), and can describe strategies to manage these risks (eg, responding appropriately to unwanted touch, identifying safe relationships, and knowing how to be safe with medicines and household chemicals).
<p>KO TŌKU TINANA KORI I TE AO – MOVEMENT CONCEPTS AND MOTOR SKILLS</p> <p>Skills, attitudes, and knowledge related to movement and physical activity and an understanding of how physical activities enhance mental health</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Recognise how participating in a range of physical activities (eg, playing alone or with friends, participating in cooperative and competitive games, and learning new movements) affects their feelings and contributes to their own wellbeing and that of others, and understand that relaxing (eg, by taking a quiet walk and enjoying nature) contributes to making physical activity safe and enjoyable. » Are able to make links between physical activity environments, relaxation, and wairua (eg, focus on how it feels to be outside and how different places and spaces make us feel).

continued overleaf

<p>KO AKU HOA - RELATIONSHIPS WITH OTHER PEOPLE</p> <p>Understandings, skills, and attitudes that enhance interactions and relationships with others and increase awareness of responsibilities towards others</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Recognise the qualities that make someone a good friend or family member, know how to maintain and enhance relationships (eg, by being inclusive and treating others fairly), and know how to seek support and problem-solve when an issue arises in an interaction with others. » Know about roles and responsibilities at school and within their whānau and wider community (eg, relationships with kaumatua).
<p>KO TŌKU AO - HEALTHY COMMUNITIES AND ENVIRONMENTS</p> <p>Critical inquiry, reflection, and social-action skills that relate to societal attitudes, practices, and services that affect people's mental wellbeing and the health of their communities and environments</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Know who they can ask for support (in the classroom, school, and community) and can describe strategies they can use to get help for themselves and others (eg, when feeling distressed, when hurt or injured, or when going through a time of change or loss). » Are able to contribute to inclusive environments that everyone can enjoy (eg, by taking turns, by using tuakana-teina practices, by helping to develop a safe class culture that addresses teasing and bullying, and by learning about diverse cultures, needs, and abilities).



Key learning at level 2

<p>KO AU – PERSONAL HEALTH AND PHYSICAL DEVELOPMENT</p> <p>Knowledge, understandings, skills, and attitudes related to personal health and physical development that enhance mental health through expressing and managing feelings and developing mana, resilience, a sense of identity, and overall hauora</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to identify strengths connected to their identity (including strengths that relate to their whakapapa, whenua, cultural background, language, ethnicity, gender, abilities, location, or religion), and can express their feelings and thoughts (including feelings and thoughts about their connections to others). » Recognise and can name feelings of change and loss in a range of situations (eg, changes in friendships or in their whānau, changes when moving to a new home or a new school, or changes when somebody dies). » Use strategies for managing and expressing a range of feelings and emotions in different contexts. » Are able to identify risks associated with substances such as drugs, alcohol, medicines, and household chemicals, and can plan strategies for staying safe in a range of contexts (eg, at home, at other people’s houses, or at school).
<p>KO TŌKU TINANA KORI I TE AO – MOVEMENT CONCEPTS AND MOTOR SKILLS</p> <p>Skills, attitudes, and knowledge related to movement and physical activity and an understanding of how physical activities enhance mental health</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to engage in a range of physical activities and describe how these affect their feelings, making connections to the context and environment (eg, by describing their feelings about the local whenua or moana and how these connect to wairua or spiritual wellbeing).
<p>KO AKU HOA – RELATIONSHIPS WITH OTHER PEOPLE</p> <p>Understandings, skills, and attitudes that enhance interactions and relationships with others and increase awareness of responsibilities towards others</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Have developed skills and attitudes for making and maintaining friendships, including listening sensitively and affirming others; asking appropriate questions; trusting; and showing respect, manaakitanga, kindness, and aroha. » Know about how healthy relationships support mental wellbeing, understand how bullying and multiple forms of discrimination can affect mental wellbeing, and can discuss possible actions to prevent harm and enhance wellbeing for themselves and others.
<p>KO TŌKU AO – HEALTHY COMMUNITIES AND ENVIRONMENTS</p> <p>Critical inquiry, reflection, and social-action skills that relate to societal attitudes, practices, and services that affect people’s mental wellbeing and the health of their communities and environments</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Understand how individual and group actions and values can affect people’s mental health in a range of contexts (eg, in digital environments, in sport and play contexts, at home, at school, at church, at the marae, and at community events). » Are able to identify people and places that provide support for mental health and wellbeing and can contribute to school, whānau, and community rules, practices, and events that enhance wellbeing.

Key learning at level 3

<p>KO AU – PERSONAL HEALTH AND PHYSICAL DEVELOPMENT</p> <p>Knowledge, understandings, skills, and attitudes related to personal health and physical development that enhance mental health through expressing and managing feelings and developing mana, resilience, a sense of identity, and overall hauora</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to identify changes that affect their physical, social, and emotional growth (eg, growth and pubertal changes and changes in friendships and families), can explain the impact of these changes on mental wellbeing, and know a range of skills and strategies for managing the changes (eg, self-affirmation, thinking positively, seeking help, stress-management strategies, and communication skills). » Are able to identify potentially risky situations that could affect their feelings, sense of self-worth, or mental health generally (eg, situations involving physical danger, substance use, food choices, or other people’s social or online behaviours), and can describe how to safely manage the situations.
<p>KO TŌKU TINANA KORI I TE AO – MOVEMENT CONCEPTS AND MOTOR SKILLS</p> <p>Skills, attitudes, and knowledge related to movement and physical activity and an understanding of how physical activities enhance mental health</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Know how participation in a range of physical activities (eg, challenging activities that require skill, cooperation, or competition; activities for recreation or relaxation; interactive social or play activities; and ngā mahi a te rēhia) can impact their own wellbeing and that of others.
<p>KO AKU HOA – RELATIONSHIPS WITH OTHER PEOPLE</p> <p>Understandings, skills, and attitudes that enhance interactions and relationships with others and increase awareness of responsibilities towards others</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Know about ways of establishing relationships (eg, when making friends, playing games, or supporting others during illness), recognise the pressures that can influence their interactions with others (eg, pressures arising from transitions between schools or family hardship), and can manage changing relationships (eg, by acting assertively, joining or leaving groups, or taking on new roles in the whānau). » Recognise instances of discrimination and know how to support their own feelings and rights and those of other people (eg, in response to bullying, stereotyping, and discrimination based on race, ethnicity, cultural differences, gender, disability, or physical appearance).
<p>KO TŌKU AO – HEALTHY COMMUNITIES AND ENVIRONMENTS</p> <p>Critical inquiry, reflection, and social-action skills that relate to societal attitudes, practices, and services that affect people’s mental wellbeing and the health of their communities and environments</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Understand how people’s mental health and wellbeing are influenced by community and environmental factors, and take an active part in collective activities or events that enhance the wellbeing of the class or school community. » Are able to research and describe current practices or guidelines that support the mental health and wellbeing of students at school, and can plan and implement an action to promote wellbeing in relation to one of those practices (eg, by enhancing an aspect of their classroom or school environment).

Key learning at level 4

<p>KO AU – PERSONAL HEALTH AND PHYSICAL DEVELOPMENT</p> <p>Knowledge, understandings, skills, and attitudes related to personal health and physical development that enhance mental health through expressing and managing feelings and developing mana, resilience, a sense of identity, and overall hauora</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to describe the characteristics of pubertal change, explain how these link to mental health and wellbeing, and recommend ways to manage the changes so that they enhance wellbeing (eg, through self-care practices). » Know how to access and use information that enables them to make safe choices in a range of contexts that affect their mental health and wellbeing (eg, in relation to substance use, observing rules and regulations, food choices, other people’s behaviour, and situations where there is a risk of injury). » Understand how social messages and stereotypes (including those in the media and online) can affect people’s feelings of self-worth, and know how to support personal wellbeing.
<p>KO TŌKU TINANA KORI I TE AO – MOVEMENT CONCEPTS AND MOTOR SKILLS</p> <p>Skills, attitudes, and knowledge related to movement and physical activity and an understanding of how physical activities enhance mental health</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Understand how identity, wairua, and culture are expressed through physical movement practices and rituals, and can describe how these expressions and practices affect people’s mental health and wellbeing.
<p>KO AKU HOA – RELATIONSHIPS WITH OTHER PEOPLE</p> <p>Understandings, skills, and attitudes that enhance interactions and relationships with others and increase awareness of responsibilities towards others</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Understand the effects of changing situations, roles, and responsibilities (eg, in times of crisis, distress, or illness) on people’s relationships and mental health, and can demonstrate a range of assertive communication and other interpersonal skills that enable interactions and strategies to support their own wellbeing or that of others (eg, seeking help or advocating for someone). » Recognise instances of discrimination and can act responsibly to support their own rights and feelings and those of other people (eg, in relation to racism, homophobia, gender, ableism, bullying, and harassment).
<p>KO TŌKU AO – HEALTHY COMMUNITIES AND ENVIRONMENTS</p> <p>Critical inquiry, reflection, and social-action skills that relate to societal attitudes, practices, and services that affect people’s mental wellbeing and the health of their communities and environments</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to investigate and describe lifestyle factors and media influences that affect the mental health and wellbeing of people in Aotearoa New Zealand (eg, social media and other online messages, advertisements, the use of alcohol and other drugs, food choices, gender roles and stereotyping, disability, and recreational choices). » Are able to investigate a range of community resources intended to support mental health and wellbeing, evaluate their effectiveness, and go on to identify a collective action for the care and safety of people in their school (eg, addressing bullying or discrimination, or creating an inclusive school community that affirms many forms of diversity).

Key learning at level 5

<p>KO AU - PERSONAL HEALTH AND PHYSICAL DEVELOPMENT</p> <p>Knowledge, understandings, skills, and attitudes related to personal health and physical development that enhance mental health through expressing and managing feelings and developing mana, resilience, a sense of identity, and overall hauora</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to describe physical, emotional, social, cultural, and intellectual changes that may occur during adolescence (eg, body changes, sexual maturity, increased independence, and a greater understanding of the world), can explain how these changes relate to mental wellbeing (eg, in terms of the need for a balanced lifestyle), and can decide on strategies to enhance their own wellbeing and manage the risks associated with greater autonomy. » Know about how people define their own identity variously in terms of their mana (eg, mana whānau, mana motuhake, mana ūkaipō, mana tū, and mana tangatarua – see page 20), culture, gender, sexual attractiveness, sexual orientation, disability, mental health, and other factors, and can describe how this influences the ways that people perceive others (eg, through stereotypes based on body image).
<p>KO TŌKU TINANA KORI I TE AO - MOVEMENT CONCEPTS AND MOTOR SKILLS</p> <p>Skills, attitudes, and knowledge related to movement and physical activity and an understanding of how physical activities enhance mental health</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Understand how people’s participation in movement activities in a range of contexts (including competitions and cultural practices) is influenced by social and cultural factors (eg, in relation to special needs and abilities, access to clothing and equipment, and discrimination based on body size or gender identity), and can discuss how these factors affect people’s wellbeing at school and in the wider community.
<p>KO AKU HOA - RELATIONSHIPS WITH OTHER PEOPLE</p> <p>Understandings, skills, and attitudes that enhance interactions and relationships with others and increase awareness of responsibilities towards others</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Understand how the quality of their relationships affects people’s mental health and wellbeing (eg, when making or losing friends, when using social media, when separated from family members, or when sexually attracted to someone), and can identify the perceptions or actions (including their own and those of other people) that enable people to form and maintain healthy relationships (addressing issues of consent, conflict, power, trust, alcohol and other drugs, social media, consumption of food, and rights and responsibilities). » Understand how attitudes and values relating to difference influence their own and others’ mental health and wellbeing (eg, in relation to bullying, harassment, racism, sexism, homophobia, body size or shape, and violence in the school and in society). » Are able to use a range of interpersonal skills in a variety of settings and situations to promote mental health and wellbeing (eg, when negotiating, being assertive, resolving conflict, solving problems, making decisions about alcohol and other drugs, dealing with violence, challenging discrimination, or seeking help for themselves or others).

KO TŌKU AO - HEALTHY COMMUNITIES AND ENVIRONMENTS

Critical inquiry, reflection, and social-action skills that relate to societal attitudes, practices, and services that affect people's mental wellbeing and the health of their communities and environments

Ākonga can show that they:

- » Are able to investigate societal influences on the mental health of student communities (eg, in terms of cultural preferences, popular music, social media, and mainstream media and in relation to economic forces, consumer culture, social norms, or discrimination and exclusion).
- » Are able to investigate community services that support and promote people's mental health and wellbeing, can take action to increase personal and group involvement in those services (eg, by raising awareness about mental health services available in the school, community and online), and can identify other helping agencies that provide services for students with disabilities or other specific needs and are responsive to diverse cultural beliefs and practices.
- » Are able to investigate and evaluate aspects of the school environment that affect people's mental health and wellbeing, and can take action to address any issues relating to these aspects (eg, by helping build an inclusive school culture or by contributing to nationwide anti-bullying campaigns or mental health awareness initiatives).



Key learning at level 6

<p>KO AU – PERSONAL HEALTH AND PHYSICAL DEVELOPMENT</p> <p>Knowledge, understandings, skills, and attitudes related to personal health and physical development that enhance mental health through expressing and managing feelings and developing mana, resilience, a sense of identity, and overall hauora</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to investigate and explain people’s personal reasons for the choices they make that affect their mental health and wellbeing, and can explore and evaluate the consequences of different choices (eg, choices about food, medications, or alcohol and other drugs; choices of physical, recreational, and creative activities; and choices about how to manage stressful, challenging, or risky situations). » Understand how positive experiences and responses that relate to individuality and diversity (eg, in terms of sexuality and gender identities, cultural and ethnic identities, physical and cognitive abilities, and body appearance) can contribute to people’s mental health and wellbeing.
<p>KO TŌKU TINANA KORI I TE AO – MOVEMENT CONCEPTS AND MOTOR SKILLS</p> <p>Skills, attitudes, and knowledge related to movement and physical activity and an understanding of how physical activities enhance mental health</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Understand how physical activities and contexts (including cultural contexts and environments) can affect people’s mental health and wellbeing, including aspects of their wellbeing that relate to their physiological responses (eg, by recognising the benefits of being part of an inclusive team culture, of connecting with the natural environment, or of getting relief from stress through exercise). » Are able to understand and affirm other people’s diverse social and cultural needs and practices in the context of participation in physical activities.
<p>KO AKU HOA – RELATIONSHIPS WITH OTHER PEOPLE</p> <p>Understandings, skills, and attitudes that enhance interactions and relationships with others and increase awareness of responsibilities towards others</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Understand the way people can affect other people’s behaviour, beliefs, decisions, and sense of self-worth and go on to plan and evaluate strategies that recognise people’s rights and responsibilities and promote their safety in social situations (eg, by affirming the need for consent, by being inclusive of diverse identities and abilities, or by addressing bullying). » Are able to plan strategies and demonstrate interpersonal skills (eg, listening skills, assertiveness skills, problem-solving skills, and negotiation skills) in response to challenging interpersonal situations.

KO TŌKU AO - HEALTHY COMMUNITIES AND ENVIRONMENTS

Critical inquiry, reflection, and social-action skills that relate to societal attitudes, practices, and services that affect people's mental wellbeing and the health of their communities and environments

Ākonga can show that they:

- » Are able to advocate for the development of improved services (eg, support groups or diversity groups) and facilities (eg, quiet relaxation or sensory spaces) to promote the mental health and wellbeing of students at school; this could include a range of counselling options to support the wellbeing of diverse students, with multiple opportunities for co-curricular involvement.
- » Are able to explain how the school's or the nation's policies, rules, and laws (eg, policies to promote inclusiveness and equity or rules to address bullying, harassment, discrimination, alcohol use, drug use, or violence) contribute to students' mental wellbeing at school, and how individuals' values and behaviours either support or undermine people's safety in relation to these rules.
- » Are able to investigate the roles of local, national, or international organisations that promote mental health and wellbeing for adolescents or other groups (such as Netsafe, the Mental Health Foundation, the NZ Drug Foundation, and BullyingfreeNZ) and evaluate their effectiveness.



Key learning at level 7

<p>KO AU – PERSONAL HEALTH AND PHYSICAL DEVELOPMENT</p> <p>Knowledge, understandings, skills, and attitudes related to personal health and physical development that enhance mental health through expressing and managing feelings and developing mana, resilience, a sense of identity, and overall hauora</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Know how to assess their own mental health and wellbeing needs and can identify personal strategies to support their wellbeing now and in the future (eg, strategies for building resilience, understanding emotions, meeting challenges, and self-determination as well as strategies for managing stressful situations and for negotiating significant life changes). » Are able to critically evaluate societal attitudes, values, and expectations (including those expressed on social media) that affect their personal identity and sense of self-worth and impact their mental health and wellbeing (eg, social norms relating to body size and appearance, disability, sexuality or gender identity, cultural identity, or social media expectations).
<p>KO TŌKU TINANA KORI I TE AO – MOVEMENT CONCEPTS AND MOTOR SKILLS</p> <p>Skills, attitudes, and knowledge related to movement and physical activity and an understanding of how physical activities enhance mental health</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to plan, implement, and evaluate a physical activity programme or event that promotes mental health and wellbeing in culturally appropriate ways.
<p>KO AKU HOA – RELATIONSHIPS WITH OTHER PEOPLE</p> <p>Understandings, skills, and attitudes that enhance interactions and relationships with others and increase awareness of responsibilities towards others</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to analyse the nature of meaningful interpersonal relationships and their benefits for mental health and wellbeing; can explain how beliefs, attitudes, and practices that reinforce stereotypes and role expectations impact the life choices that people make (eg, in relation to friendships, romantic or sexual relationships, power imbalances, and changes in relationships); and can build resilience and develop the skills to manage stressful situations. » Know how to evaluate information about the ways conflict or changes in friendships or relationships affect people’s mental wellbeing, can make informed decisions about ways to respond, and can use a combination of interpersonal skills to restore wellbeing (eg, through joint problem solving involving effective listening and communication, assertiveness, giving feedback, negotiation, and compromise).
<p>KO TŌKU AO – HEALTHY COMMUNITIES AND ENVIRONMENTS</p> <p>Critical inquiry, reflection, and social-action skills that relate to societal attitudes, practices, and services that affect people’s mental wellbeing and the health of their communities and environments</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to analyse ways in which social organisations and events can promote mentally healthy communities (eg, through mental health promotion campaigns or bullying-free initiatives) and evaluate the effect that these promotions have on people’s mental health and wellbeing (eg, in relation to environmental issues or digital and online activities). » Are able to evaluate school policies, practices, and regulations that aim to promote students’ mental health and wellbeing, identify areas where fairness or inclusiveness could be improved, and develop an action plan to improve this aspect of school policy or practice.

Key learning at level 8

<p>KO AU – PERSONAL HEALTH AND PHYSICAL DEVELOPMENT</p> <p>Knowledge, understandings, skills, and attitudes related to personal health and physical development that enhance mental health through expressing and managing feelings and developing mana, resilience, a sense of identity, and overall hauora</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to critically evaluate a range of qualitative and quantitative data related to mental health and wellbeing in Aotearoa New Zealand (eg, from the NZ Health Survey, Youth 2000 research, <i>Counting Ourselves</i>, Statistics NZ, <i>He Ara Oranga</i>, or <i>Te Oranga Hinengaro</i>) in order to recommend strategies to address issues relating to their own current and future mental health needs and those of a particular group, as identified by the data (issues could include the need for a greater sense of belonging at school or the ways in which adolescents use social media and the internet, online pornography, or alcohol and other drugs). » Are able to critically analyse current ethical issues that affect mental wellbeing (eg, censorship, regulation of online spaces, legalisation of cannabis, trans issues in sport, the uses of genetic technologies, and changes in the law about euthanasia). » Are able to critically analyse ways in which conceptions of personal, cultural, and national identity affect people’s mental health and wellbeing (eg, in relation to their sexuality, gender identity, ethnicity, language identity, or disability).
<p>KO TŌKU TINANA KORI I TE AO – MOVEMENT CONCEPTS AND MOTOR SKILLS</p> <p>Skills, attitudes, and knowledge related to movement and physical activity and an understanding of how physical activities enhance mental health</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to devise, apply, and evaluate strategies for enhancing mental health and wellbeing through physical activity.
<p>KO AKU HOA – RELATIONSHIPS WITH OTHER PEOPLE</p> <p>Understandings, skills, and attitudes that enhance interactions and relationships with others and increase awareness of responsibilities towards others</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to critically analyse the dynamics of effective relationships and to describe how attitudes, values, and behaviours can contribute to conflict and disharmony in relationships (eg, in situations where there is family violence or in other relationships with power imbalances). » Are able to analyse and evaluate the attitudes and interpersonal skills that enable people to participate fully and effectively as community members, and can explain how these skills support mental health and wellbeing (eg, in relation to building social capital and social cohesion or in terms of developing and maintaining a sense of connection and belonging to communities).
<p>KO TŌKU AO – HEALTHY COMMUNITIES AND ENVIRONMENTS</p> <p>Critical inquiry, reflection, and social-action skills that relate to societal attitudes, practices, and services that affect people’s mental wellbeing and the health of their communities and environments</p>	<p>Ākonga can show that they:</p> <ul style="list-style-type: none"> » Are able to identify the societal legislation, attitudes, and practices that relate to current mental health issues and analyse them critically (including consideration of the social determinants of health) in order to justify a set of priorities for equitable distribution of available mental health resources to promote mentally healthy communities (communities that are inclusive, safe, and culturally responsive, with locally accessible mental health services). » Are able to use health promotion strategies (based on effective models of health promotion, such as the Collective Action model, the Ottawa Charter, Te Pae Mahutonga, or the Fonofale model) by creating and implementing an action plan to enhance the mental wellbeing of the school community.

Engaging outside providers for mental health education programmes

Classroom teachers (years 1-8) and health teachers or physical education teachers (years 9-13) are the experts in terms of pedagogies and the needs of their ākonga, and they are responsible for curriculum delivery. They are best placed to identify the learning needs of ākonga, to deliver a learning programme that meets those needs, and to evaluate learning outcomes.

Accepted good practice in year 1-8 schools is for classroom teachers to engage in professional learning opportunities and access support, if needed, so that they can deliver mental health education programmes themselves, rather than handing over the responsibility to outside providers, who may come to the school once only. There are several reasons for this.

1. Classroom teachers are more likely to have trusting relationships with their ākonga and connections with their whānau and communities.
2. Classroom teachers can embed mental health education across the curriculum and throughout the year.
3. One-off speakers cannot tailor teaching to the experiences and learning needs of ākonga.
4. One-off speakers may find it hard to make an impact without sensationalising the topics. This reduces the chances that young people will see the information as relevant for them.
5. When teachers lead classroom discussions about mental health and wellbeing, they make it OK for ākonga to talk about their wellbeing and health needs later.

However, schools may choose to engage outside providers to support their existing mental health programmes.

Schools and teachers need to exercise care when selecting outside providers and to monitor their contribution carefully. Outside providers vary in quality and motivation. Some are government funded, some are private, and some are charities. Some have specialist knowledge and expertise and can help teachers to develop

effective and meaningful learning that links to the curriculum. Some have access to specific content that can enhance programmes. Others have a particular agenda, and many are trying to market goods and services to schools. Some potential providers have appropriately trained or qualified staff, but others do not.

Where outside providers are engaged, their services should be incorporated within existing programmes and linked with achievement objectives from the health and physical education learning area of the New Zealand Curriculum. Teachers should be involved in the planning, implementation, and evaluation, and they should always be present during sessions.

When engaging outside providers, ask questions like these:

- » How far will the learning provided address the objectives of our mental health education programme?
- » How does this provider extend learning opportunities for our ākonga?
- » Is their focus on mental health **education** outcomes or mental health outcomes? (It should be the former.)
- » How does the outside provider plan to assess to what extent the learning outcomes have been met by ākonga?
- » What evidence does this provider have about the effectiveness of their programmes?
- » Are this provider's practices culturally appropriate for our ākonga?
- » Does this provider have cultural knowledge and expertise that will enhance programmes, for example, for Pacific, Māori, or Asian ākonga? For LGBTQI+ ākonga? For disabled ākonga?
- » Can this programme be tailored to the needs of our diverse ākonga, or is it a one-size-fits-all approach?
- » What expertise do the provider's staff members bring with them, and what pedagogical approaches will they use?
- » What data will the provider gather, and how will it be used?
- » Given the sensitivity of issues that might be raised through mental health education experiences, does this outside provider work in organisations that have a Children's Act policy?

- » How do this programme and its facilitators align with the school's support pathways (eg, in terms of lines of communication, oversight, and disclosures)?
- » What are the values of this organisation? Do they align with the values of the New Zealand Curriculum and the values of our school?
- » How is this provider funded and what is its purpose for existing? What is its agenda?

Schools should evaluate the programmes and services provided by outside agencies alongside their in-school learning programmes.

Access to the mental health education curriculum for all ākonga

Schools should consider the learning needs of all ākonga to support their access to these programmes. This involves establishing the specific needs of some learners, including:

- » ākonga Māori
- » Pacific ākonga
- » LGBTQI+ ākonga
- » disabled ākonga.

Teachers should be supported to seek and access professional learning supports to ensure that the learning needs of Māori, Pacific, LGBTQIA+, and disabled ākonga are met.

This section should be read in conjunction with the sections about Māori and Pacific models of health (see pages 17–21 and pages 22–25) and the Ministry of Education's inclusive education guides (<https://www.inclusive.tki.org.nz/guides/>).

Approaches to mental health education for ākonga Māori

Mental health education that is culturally sustaining and evidence-based can be an effective way to support the overall learning success and the hauora of ākonga Māori. Such programmes draw on Māori models of health – such as Te Whare Tapa Whā – and also on other Māori knowledges, concepts, and models, such as the Mana Model (see page 21). They emphasise the emotional, spiritual, and psychological aspects of mental health.

“Te ira tangata” conveys the idea of children's physical and spiritual endowment and the need to nurture both in their education, as described in *Te Aho Matua* (Te Rūnanga Nui o Ngā Kura Kaupapa Māori, 2008).

Teachers can partner with ākonga, with whānau, hapū, and iwi, and with community experts to design and facilitate mental health education programmes for ākonga Māori. Partnership with Māori requires a commitment to significant power sharing, so that the resulting programmes (including those relating to mental health) belong as much to the community as to the school. Teachers can work towards this by:

- » partnering with Māori communities (whānau, hapū, iwi) to develop, implement, and evaluate the content and teaching of mental health education programmes, including those delivered in community and other settings
- » explicitly recognising and including te reo Māori, mātauranga Māori, and te ao Māori in mental health education programmes
- » including Māori models of health, philosophies of education, approaches, and concepts of wellbeing in mental health education programmes
- » exploring identity and the place and history of the school community and its members in Aotearoa New Zealand
- » ensuring equity in access and outcomes in mental health education for ākonga Māori.

Consider the following strategies. These are likely to be effective and supportive not only for ākonga Māori, but for all ākonga.

- » Include kupu, kīwaha, whakataukī, and kupu whakarite when teaching ākonga about ways to express themselves and talk about mental health, oranga mauri, and hauora.
- » Where appropriate, encourage ākonga to explore and share relevant pūrākau, including the pūrākau of specific iwi. Māori narratives can be used to highlight the idea of collectivity as compared with individualism; the roles of men, women, and other genders; and the relationships between people, hauora, and the environment.

- » Encourage the use of waiata, karakia, and whakataukī to teach ākonga about their place in the world, their place in society, and important values and expectations. Affirm and reinforce the value of being Māori in Aotearoa New Zealand and across the world.
- » Identify and explore te kawa me te tikanga o te marae. Schools that have on-site marae can use the marae as a venue to support teaching mental health education.

Encourage ākonga Māori to:

- » explore notions of whakapapa, using the key questions “Ko wai koe?” and “Nō hea koe?” as starting points
- » develop and share their pepeha
- » identify and explore appropriate pūrākau and pakiwaitara that follow the lives and deeds of atua and tūpuna (for example, the narrative of Hinepūtehue) in terms of how they deal with concepts and issues related to mental health
- » discuss contemporary issues using a kaupapa Māori perspective. For example, they could examine whānau, hapū, and iwi perspectives on cultural and social practices known to contribute to oranga mauri.

Teachers can refer to:

- » <https://theeducationhub.org.nz/how-to-support-maori-children-with-culturally-responsive-teaching/>
- » Riwai-Couch (2022). *Niho Taniwha: Improving teaching and learning for ākonga Māori*. Wellington: Huia.

Approaches to mental health education for Pacific ākonga

Learning programmes should support and enhance the cultural identities of Pacific ākonga. Mental health education that is both evidence-based and culturally sustaining supports their overall learning success and their hauora.

Teachers can review the ways in which their current mental health education programmes build on the connections between Pacific ākonga and their families and culture. Research undertaken with Pacific adults has revealed that structural and systemic issues may be present in education. “The design of the system, the spirit of services and the dominance of mainstream models of practice have not enabled Pacific health and wellbeing” (*He Ara Oranga*, 2018, page 42). By reviewing and testing their current

mental health education practices and resources with Pacific communities, teachers can ensure that key messages are delivered in ways that are relevant, culturally appropriate, and effective for Pacific ākonga.

The Tapasā framework (Ministry of Education, 2018) supports school communities and teachers to become more culturally aware, confident, and competent when engaging with Pacific learners and their families and communities. Schools and teachers can also draw on *Vai Niu*, a vision of Pacific mental health and wellbeing in Aotearoa New Zealand (refer to <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/chapter-3-what-we-think/3-5-vai-niu-pacific-health-and-wellbeing>).

Take a strengths-based approach to mental health education. Teaching programmes can draw on Pacific strengths-based approaches, such as whānau and faith beliefs, to support Pacific ākonga. Using terms such as “mental health challenges” (rather than “mental illnesses”) aligns with Pacific views of health and wellbeing. Emphasising positive mental health states and identifying protective factors also align with health promotion principles (*He Ara Oranga*, 2018).

Stigma surrounding mental health issues and distress is high among Pacific peoples, and teaching programmes can help to normalise mental health challenges. Teachers may want to work with their ākonga to develop culturally appropriate messages that help to make it OK to experience these challenges.

Include the stories of Pacific people in the mental health education programme. Recall the aspirations of the thousands of Pacific parents and grandparents who migrated with their families to Aotearoa New Zealand in the hope that their children would prosper and experience good health and wellbeing. Encourage Pacific ākonga to explore how their cultural identity can relate to their mental health and wellbeing (Tu’itupou, O’Donnell, and Robertson, 2020). Suggest that ākonga explore how their own cultural stories could be used to support mental health promotion for Pacific peoples.

When planning for mental health education, bear in mind that while there are some similarities across Pacific communities, there are also differences, and not all Pacific ākonga will be connected to their culture in the same way. There may be some Pacific ākonga who would benefit from extra support in strengthening their cultural identities.

Teachers can refer to:

- » Effective teaching for Pacific students: <http://pasifika.tki.org.nz/Effective-teaching>
- » “Vai Niu – Pacific health and wellbeing” in *He Ara Oranga* (Government Inquiry into Mental Health and Addiction, 2018): <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/chapter-3-what-we-think/3-5-vai-niu-pacific-health-and-wellbeing/>
- » *Making Connections with Pacific Ideas in Health Education* (Tu’itupou, O’Donnell, and Robertson, 2020): https://healtheducation.org.nz/wp-content/uploads/2020/06/Making-connections-with-Pacific-ideas-in-HEd_NZHEA_June_2020.pdf
- » “Development of a child, adolescent and family mental health service for Pacific young people in Aotearoa/New Zealand” (Bush et al., 2009) – an article that gives examples of young Pacific people with mental distress and strategies to support them, drawing on Pacific notions of mental wellbeing: <http://pacifichealthdialog.org.fj/Volume2015/v15no1/Discussion20Papers/Development20of20a20child20adolescent20and20family.pdf>

Approaches to mental health education for LGBTQI+ ākonga

Many ākonga at primary, intermediate, and secondary schools are thinking about their gender identities, and some are aware of their sexual orientation. Others may not yet be interested or may find gender issues confusing or confronting, especially if their home environment is not supportive of gender difference. On the other hand, many ākonga (who may or may not be LGBTQI+ themselves) have whānau who are sexuality and gender diverse.

LGBTQI+ is an acronym for lesbian, gay, bisexual, trans, queer, intersex, and the “+” on the end denotes other gender and sexual identities. The combination and number of letters can vary. LGBTQI+ tends to align with a Eurocentric cultural frame of reference. Some other cultures have different ways of identifying gender-diverse people, using terms such as rainbow or takatāpui. MVPFAFF is an acronym for a range of diverse Pacific gender identities (see glossary on page 95 for details).

Going through puberty is challenging for most young people. It can be an even more challenging time for transgender and non-binary ākonga, particularly if they do not have ready access to trans-affirming health care. Discrimination experienced by these ākonga can cause them additional stress. It is critical that young people who identify as LGBTQI+, takatāpui, or MVPFAFF receive quality mental health education that is responsive to their needs (Lucassen et al., 2014; Veale et al., 2019).

Keep in mind that many LGBTQI+ ākonga and whānau may not be open about aspects of their identity, either with school staff or with other ākonga.

Ākonga with diverse sexual orientations and gender identities have a right to inclusive mental health education.

- » Address all ākonga and their whānau by their preferred name and pronouns.
- » Ensure that mental health education programmes acknowledge diversities of sex characteristics, genders, and sexualities and that resources and teaching address the full range of these identities.
- » Change exclusionary practices such as lining up in girls’ and boys’ lines or organising people and equipment according to gender binaries.
- » Support and resource student support groups (such as rainbow groups, queer groups, and queer-straight alliance groups). There is evidence that secondary schools with active support groups for LGBTQI+, takatāpui and MVPFAFF ākonga enhance the wellbeing of these young people (McGlashan and Fitzpatrick, 2017; Quinlivan, 2018).

Teachers may need to seek professional learning and development opportunities so that they can be responsive to sexuality- and gender-diverse ākonga and ākonga with variations in sex characteristics. This includes familiarity with language describing these diverse identities as well as developing inclusive classroom cultures.

The relationships and sexuality education guides identify key learning that relates to mental health education as well as a range of opportunities to facilitate inclusion for LGBTQI+ and MVPFAFF ākonga and to promote their mental health and wellbeing. Refer to: <https://hpe.tki.org.nz/guidelines-and-policies/relationships-and-sexuality-education/>

Approaches to mental health education for disabled ākonga

Disabled ākonga come from all cultures, ethnicities, and language groups; they will also identify with diverse gender identities and sexualities. Everyone should have access to learning in a way that works for them. Effective schools create flexible, barrier-free learning environments to enable all ākonga to become successful, lifelong learners. Providing high-quality education for disabled ākonga is a matter of social justice.

Almost one in four New Zealanders experiences some physical or mental disability (Statistics New Zealand, 2014). Like other New Zealanders, they will have a range of experiences of mental health and wellbeing in their lives.

Disabled people are:

- » four times more likely to experience mental distress than other people (Beresford et al., 2010)
- » less likely to feel satisfied with their level of social contacts
- » more likely to report feeling lonely, to have difficulty gaining help from other people, and to experience discrimination.

Mental health education for all ākonga should enable them to develop the empathetic and interpersonal skills to respond to and meet the needs of others, including their disabled and neurodivergent peers.

Effective mental health education programmes are inclusive of neurodiversity and neurodivergent experiences. All ākonga need to be able to identify their needs when something in their physical or social environment affects their mental health, and they should be empowered to seek support or take action to meet those needs. They should be encouraged to speak up or advocate for change when their needs are not being met, and they should be involved in solving problems. Note that the situations that affect disabled people may be quite different from the situations that generally cause stress or trauma to a neurotypical person.

When designing mental health education programmes that will meet the needs of disabled ākonga, teachers should consider unidentified needs (including social and emotional needs) and the interplay of these with stress, anxiety, and trauma. Consider talking to the whānau of disabled ākonga and to the school's pastoral care team about this. Regardless of whether or not a child or young person has a particular diagnosis, they need to be supported to understand what they need to learn about mental health.

Although disabled people may experience mental distress that relates in some way to their disability, impairments are not the same as mental health issues. For example, people who are autistic may experience mental health challenges, but these should not be conflated with their autism. People who are neurodivergent have a wide range of strengths and areas for growth, which they bring to the classroom. If disabled people require support for mental distress, this needs to be focused on the nature of the distress, and support needs to be tailored in a way that is useful to the person.

For more advice on teaching disabled ākonga, refer to:

- » <https://www.education.govt.nz/school/student-support/inclusive-education/>
- » <https://www.inclusive.tki.org.nz/>
- » <https://nzcurriculum.tki.org.nz/Inclusive-practices>

Effective mental health education programmes and pedagogies

The Effective Pedagogy section of *The New Zealand Curriculum* (Ministry of Education, 2007) describes how the following approaches have a positive impact on learning.

- » Creating a supportive learning environment
- » Encouraging reflective thought and action
- » Enhancing the relevance of new learning
- » Facilitating shared learning
- » Making connections to prior learning and experience
- » Providing sufficient opportunities to learn
- » Teaching as inquiry

Research and evaluation show that effective and successful mental health education occurs when enough time is dedicated to programmes and when teachers are confident and knowledgeable enough to deliver programmes that are meaningful, student-centred, and up to date (Atkins et al., 2010; Dixon, 2020).

Content in mental health education may be confronting for some ākonga, so teachers need to ensure they are familiar with:

- » how to deal sensitively and supportively with distressed ākonga
- » school policies and procedures for responding to distress and disclosures
- » mātauranga Māori and Pacific approaches to mental health.

In teaching mental health education, teachers should be sensitive to the fact that many ākonga may have already witnessed or experienced mental health challenges (personally or in their whānau), or they may currently be doing so.

Effective mental health education programmes are not designed by teachers alone. When designing programmes, keep these priorities in mind.

- » Be responsive to the needs of your ākonga in terms of mental health education. Ākonga should be involved in curriculum design. Refer to: <https://www.peacefoundation.org.nz/wp-content/uploads/2021/04/Cool-Schools-Peer-Mediation-Primary-Manual.pdf>

- » Plan your local curriculum with significant input from your local community, including whānau, hapū, and iwi. While the curriculum provides general direction, consulting with your own communities and ākonga (including diversity groups) will provide more relevant and specific content.
- » Attitudes to mental health education will differ within and across communities and across generations within families. Young people may be negotiating the space between the views and values of their families and those presented in popular culture and media. Discuss these conflicts and help ākonga to think through the differences as part of their formal learning.
- » Help ākonga plan strategies to keep themselves safe online and to understand the possible implications of communicating with others and of sharing images of themselves or others.

You can consult health professionals (including those involved in local school-based health services) about content for curriculum programmes. Health professionals can be a useful resource for teachers, both in planning programmes and as guest presenters alongside the class teacher.

Support and professional learning for teachers

Teachers of mental health education need to be well supported in ongoing ways. Because of the diversity of needs and communities, these teachers should have access to regular professional learning and development opportunities. In particular, they need to be well informed about the content in the key learning set out in the charts on pages 59–69.

Teachers also need to keep up to date with good practice. They should have:

- » access to the latest research and developments in the fields of mental health education and drug and alcohol education
- » up-to-date resources
- » personal and professional support.

Effective professional learning is embedded within the work of teachers and integrated into the school year. Teacher-led learning communities can enable teachers to support one another and provide opportunities for them to reflect on programmes and resources. Professional autonomy, clear role expectations, pastoral support, guidance, and access to professional development all contribute to teachers' wellbeing (Boyle, 2019).

Collaboration among colleagues, effective change management, and clear communication channels are critical for teachers' mental health and wellbeing.

A number of agencies offer support and resources for teaching mental health education. Many groups run courses for teachers and offer other support. Sources of support for teachers, on page 107, has more details of these.

For further support, refer to:

- » Fitzpatrick et al. (2018). *Mental Health Education and Hauora: Teaching interpersonal skills, resilience, and wellbeing*. Wellington: NZCER Press. <https://healtheducation.org.nz/wp-content/uploads/2020/09/Mental-Health-and-Hauora.pdf>

This resource was distributed to all schools with students in years 7 and up in 2020.

Assessment for learning

Assessment for learning is about developing teachers' and learners' ability to design and use assessment for its core purpose – to support learning. This involves gathering, analysing, interpreting, and using information in focused and timely ways that provide evidence of learner progress.

In health education, the focus of assessment is on curriculum-related learning outcomes, not on health outcomes or measures of students' personal wellbeing. Assessment should not measure learning in terms of ākonga behaviours (such as behaviours related to drugs and alcohol) or personal health practices (such as keeping food diaries). It is not appropriate to

measure and report on an individual's wellbeing indicators (such as the BMI). See page 44, Addressing issues relating to body size and body image, for more about food diaries and individual wellbeing indicators.

The practice of assessment for learning works best when ākonga and their whānau take an active part in conversations with the teacher about the strengths and progress of each learner, talking about:

- » what is being learned
- » how the learning connects to the learner's life
- » the next steps in their learning
- » how ākonga, whānau, and teachers can together construct meaningful learning pathways and support their use.

The assessment information is used to celebrate the progress of ākonga and their strengths, to plan their next learning opportunities, to adjust strategies according to their needs, and to identify any needs for further support sooner rather than later.

Teachers support learners to notice how they are going with their learning – where they are at, where to next, and whether they know how to get there. Learners use this personalised feedback to help them set goals and explore any misunderstandings. Teachers also notice any patterns in the class, such as common next steps or misconceptions, and adjust their teaching accordingly.

Ministry of Education, 2019a, page 4

Enhancing the way assessment is used in the classroom promotes learning and wellbeing, raising ākonga levels of progress and achievement. It also informs local curriculum design.

For more information, refer to:

<https://assessment.tki.org.nz/Assessment-for-learning/Strengthening-student-progress-across-the-curriculum>



5. What are schools required to do?

School boards have an important strategic role in supporting principals to develop and maintain a school environment in which mental health education programmes that have been developed with input from the whole school community can be effective. (For specific details on the school board's roles and responsibilities, see page 81, The school board.)

The National Education and Learning Priorities

The Statement of National Education and Learning Priorities (NELP) sets out the government's priorities for education that will ensure the success and wellbeing of all learners in early learning contexts and school contexts. The NELP is a statutory document (issued under the Education and Training Act 2020) that helps to create education environments that are learner-centred – environments where more of our learners, and especially more of our Māori and Pacific learners, are successful.

The NELP comprises a set of seven priorities designed to guide those who govern schools and kura (including state, state-integrated, and private schools and kura). These priorities can be used alongside the school's own local priorities so that, as well as delivering a rich local curriculum, every school helps every one of their learners to progress and achieve their aspirations.

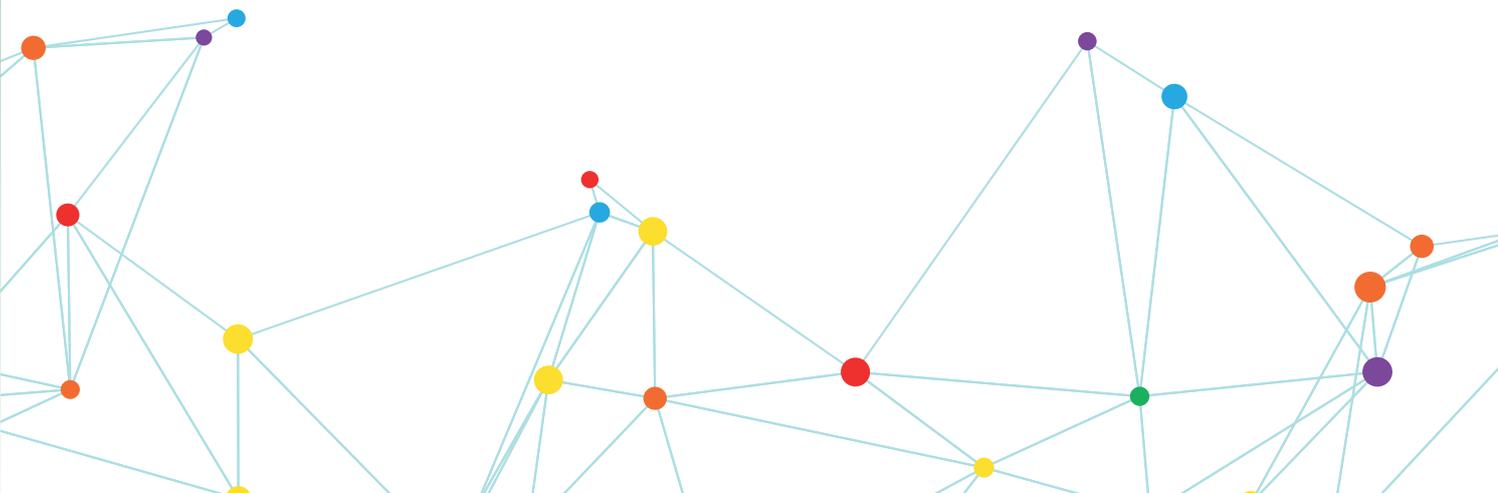
The seven priorities are presented in the context of the government's current objectives for the education work programme in schools. These objectives are:

- » Learners at the centre
- » Barrier-free access
- » Quality teaching and leadership
- » Future of learning and work
- » World-class inclusive public education.

The objectives provide a focus for improving outcomes and wellbeing across the education system.

The table on page 79 presents the National Education and Learning Priorities, quoted from:

<https://www.education.govt.nz/our-work/overall-strategies-and-policies/the-statement-of-national-education-and-learning-priorities-nelp-and-the-tertiary-education-strategy-tes/>



OBJECTIVE 1: LEARNERS AT THE CENTRE	
Priority 1	Ensure places of learning are safe, inclusive and free from racism, discrimination and bullying
Priority 2	Have high aspirations for every learner/ākonga, and support these by partnering with their whānau and communities to design and deliver education that responds to their needs, and sustains their identities, languages and cultures
OBJECTIVE 2: BARRIER-FREE ACCESS	
Priority 3	Reduce barriers to education for all, including Māori and Pacific learners/ākonga, disabled learners/ākonga and those with learning support needs
Priority 4	Ensure every learner/ākonga gains sound foundation skills, including language, literacy and numeracy
OBJECTIVE 3: QUALITY TEACHING AND LEADERSHIP	
Priority 5	Meaningfully incorporate te reo Māori and tikanga Māori into the everyday life of the place of learning
Priority 6	Develop staff to strengthen teaching, leadership and learning support capability across the education workforce
OBJECTIVE 4: FUTURE OF LEARNING AND WORK	
Priority 7	Collaborate with industries and employers to ensure learners/ākonga have the skills, knowledge and pathways to succeed in work
OBJECTIVE 5: WORLD-CLASS INCLUSIVE PUBLIC EDUCATION	
Priority 8	<i>(This priority is omitted here because it relates to the Tertiary Education Strategy [TES] that accompanies the NELP rather than to the NELP for schools and kura.)</i>

School boards should reflect on and refer to the NELP priorities when developing their planning and reporting documents. The vision and goals of the school community, as set out in the school's charter, should incorporate or refer to all policies, programmes, student achievement goals, and procedures for health education. Ideally, the board will consider the question "How might this vision or strategic policy look in the context of mental health education?" along with other practical "tests". For example, "How might this take account of priority learners?"

Sections 91 and 127 of the Education and Training Act 2020

Health education is the only part of the school's curriculum for which the law specifically requires the school board to consult with the school's community. Health education in the New Zealand Curriculum includes mental health education, along with relationships and sexuality education, food and nutrition education, and education about body care and physical safety.

Section 91 of the Education and Training Act 2020 requires the board to consult with the school community at least once every two years on how the school will implement the health education component of the curriculum. The board is required to adopt a statement on the delivery of the health education curriculum following this consultation.

Section 127 of the Education and Training Act 2020 requires school boards to give effect to Te Tiriti o Waitangi by:

- » working to ensure school plans, policies, and local curriculum reflect local tikanga Māori, mātauranga Māori, and te ao Māori
- » taking all reasonable steps to make instruction available in tikanga Māori and te reo Māori
- » achieving equitable outcomes for ākonga Māori.

The same section also requires school boards to ensure that the school:

(b)(i) is a physically and emotionally safe place for all students and staff; and

(b)(ii) gives effect to relevant student rights set out in this Act, the New Zealand Bill of Rights Act 1990, and the Human Rights Act 1993; and

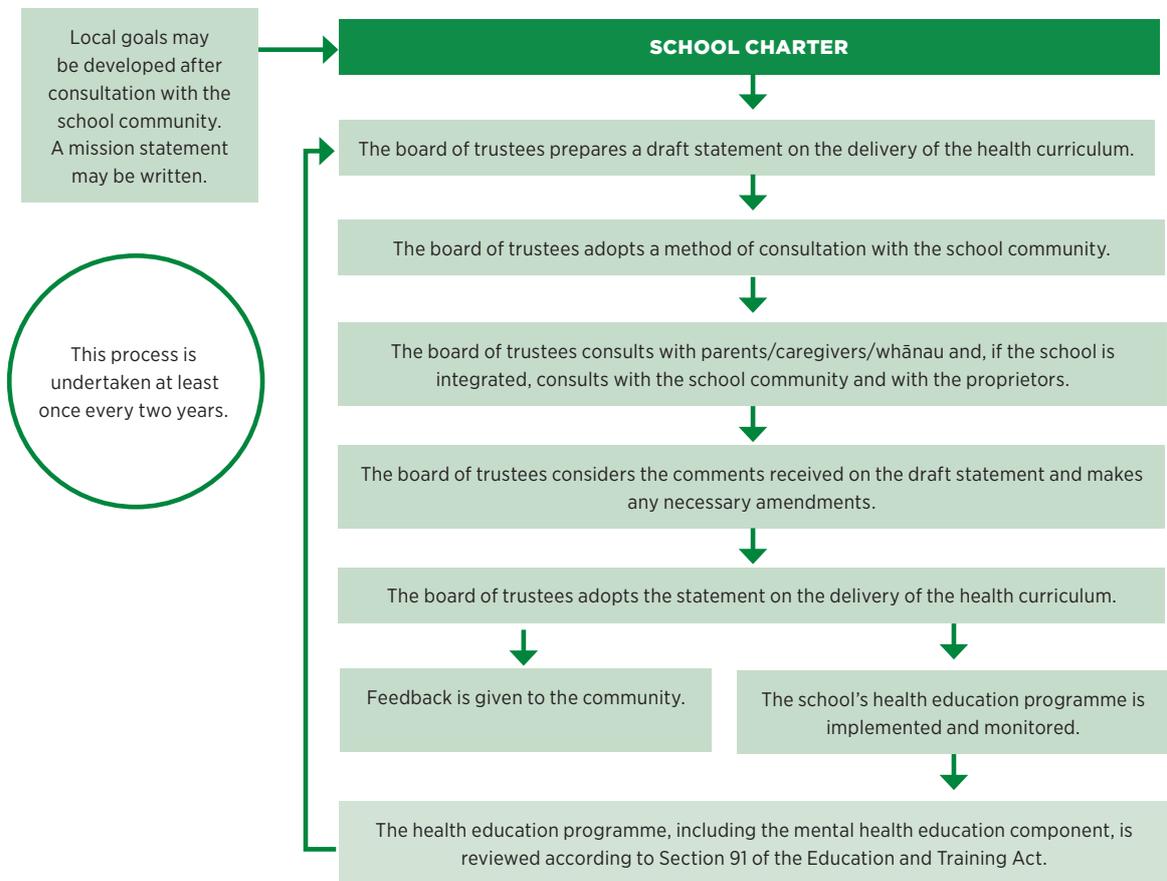
(b)(iii) takes all reasonable steps to eliminate racism, stigma, bullying, and any other forms of discrimination within the school; and

(c)... is inclusive of, and caters for, students with differing needs.

Section 127, Education and Training Act 2020

Reviewing programmes

This diagram outlines a process for reviewing health education programmes. These programmes will include mental health education.



Roles and responsibilities

The school board, the principal, other staff, and the wider community all play essential parts in making decisions about mental health education programmes. The board's role and the principal's are complementary. While it is the principal's responsibility to lead the staff in designing, implementing, and delivering effective mental health education programmes, it is the school board that is held legally accountable for ensuring they do so effectively.

The school board

The school board is the school's legal entity and is accountable to both the government of the day and the local community. The board is responsible for everything that happens in the school, including:

- » delivery of the curriculum
- » consultation with the local community
- » ensuring positive outcomes for every student at the school
- » school planning and reporting.

Through the strategic plan, the board provides the principal with the strategic goals, resources (via the school budget), and other support they need to develop and maintain effective mental health education across the school.

Section 127 (1)(d) of the Education and Training Act 2020 requires boards to ensure that the school gives effect to Te Tiriti o Waitangi, including by working to ensure that its plans, policies, and local curriculum reflect local tikanga, mātauranga, and te ao Māori. It also requires boards to ensure that the school is safe and inclusive for all students and staff.

With specific reference to health education (which includes mental health education), the board needs to ensure that the curriculum is delivered and that consultation takes place. The board has to do the following.

- » Prepare a draft statement on the delivery of health education that describes how the school will implement the health education components of the New Zealand Curriculum.

- » Adopt a method of consultation that it considers will:
 - › inform the school community about the content of health education
 - › find out the wishes of the school community in terms of how health education should be implemented, given the views, beliefs, and customs of the members of that community
 - › determine, in broad terms, the health education needs of the ākonga at the school.
- » Ensure that the whole school community is consulted. This includes the parents and caregivers of ākonga enrolled at the school and, in the case of a state-integrated school, the school's proprietors as well. It is considered best practice to involve ākonga in consultation. The board may also consult any other people who the board considers are part of the school community for the purpose of community consultation on health education, for example, whānau, hapū, and iwi.
- » Give members of the school community time to comment on the draft.
- » Consider any comments received on the draft.
- » Adopt a statement on the delivery of health education that reflects the curriculum requirements and the results of consultation.

For detailed information and resources to support the consultation process, see pages 86–89 (Consulting with communities).

Effective school boards:

- » understand the drivers of mental health and wellbeing for children and young people
- » lead by example – they practise self-care and behave respectfully and compassionately in their dealings with ākonga, staff, and the wider school community
- » show that they value the diverse identities of staff and ākonga
- » establish and review a shared vision and expectations that support whole-school approaches to wellbeing
- » maintain ongoing, meaningful partnerships with the school community including whānau, hapū, iwi, faith-based groups, sports clubs, creative arts organisations, youth-based groups and networks, and parent groups

- » ensure that the school's policy framework reflects those partnerships
- » support the teaching staff to develop their knowledge and expertise in teaching about mental health and wellbeing
- » ensure that the school provides sufficient opportunities for the principal and staff to exercise self-care and experience mental health and wellbeing in their working lives
- » ensure that sufficient resources are provided for the principal and staff to effectively implement policies and practices that support mental health and wellbeing in the school.

School boards will find many other relevant resources in the “Ethos and environment” section (pages 32–51).

The following resource is intended for boards:
<https://www.bullyingfree.nz/schools/a-guide-for-board-of-trustees/#readmoreabout>

The principal

The principal is the CEO to the board and the professional leader of staff. Their job is to act as professional advisor to the board, implement the board's decisions, and provide professional leadership to the board's other employees.

The principal:

- » may be delegated by the school board to prepare the draft statement on the delivery of health education and to coordinate the consultation process
- » provides the board with assurance that the school is meeting its performance goals through regular board reports
- » ensures that programmes are implemented and evaluated effectively and that adequate time is given to mental health education and to health education in general.

See also pages 86–89 (Consulting with communities).

The principal provides the board with assurance that the school is meeting its legal obligations through regular board reports and leads the staff in implementing the programmes and processes necessary to achieve the goals set out in the strategic plan.

A key part of the principal's role is ensuring that all school staff and ākonga have a mentally healthy work and learning environment.

By leading and monitoring a school-wide approach to health and wellbeing (including mental health), the principal can ensure that the school's policies, processes, and practices reflect and address:

- » the board's obligation to ensure the health and wellbeing of the principal and staff
- » teachers' responsibility to ensure that classroom practices promote the wellbeing of ākonga
- » the need to ensure respectful relationships between board, staff, and other adults associated with the school.

For information about supporting teachers' wellbeing, refer to: <http://theeducationhub.org.nz/the-importance-of-teacher-wellbeing/>

To help evaluate school systems and initiatives that seek to improve student wellbeing, refer to: <https://www.ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/>

For a resource supporting staff and building buy-in for wellbeing at school, refer to: <https://nziwr.co.nz/product/the-educators-guide-to-building-whole-school-wellbeing/>

For the Positive Behaviour for Learning programme, which includes school-wide initiatives, refer to: <https://pb4l.tki.org.nz/>

Principals will find many other relevant resources in the “Ethos and environment” section (pages 32–51).

The middle leader or teacher in charge of health education

Health education is a whole-staff, whole-school responsibility. A teacher or curriculum team may be delegated to lead this curriculum area, but it will still require the wholehearted and professional engagement of every member of staff to provide an effective mental health education programme in the school.

The middle leader responsible for health education may be delegated by the school board to have responsibility for preparing the draft statement on the delivery of health education and for coordinating the consultation process.

Teachers

Programme evaluation should include links to:

- » the standards for the teaching profession and the code of ethics for registered teachers (Teaching Council of Aotearoa, 2017)
- » *Tātaiako: Cultural competencies for teachers of Māori learners* (Education Council New Zealand and Ministry of Education, 2011)
- » *Tapasā: Cultural Competencies Framework for teachers of Pacific learners* (Ministry of Education, 2018)
- » general performance appraisal procedures within the school.

Teachers should be provided with effective professional learning in the area of mental health education.

Alongside their role in delivering the curriculum, teachers also play a critical role in establishing and maintaining positive and inclusive learning environments. Like all staff, they have a responsibility to facilitate positive mental health and wellbeing in the school.

Responding to questions on sensitive issues

Teachers should respond to questions that ākonga ask in formal mental health education programmes or at any other time. Some questions may be difficult to answer, and teachers may wish to delay their answers and seek advice and support from other health education teachers (or via professional development contacts).

Discussing respectful questions is part of developing a positive classroom culture (see page 34), and teachers should set limits that ensure their personal safety. For example, they should not feel obliged to answer personal questions, disclose sensitive information, or be “the expert”.

The following ideas may help teachers to manage conversations about problematic questions.

- » Invite questions to be answered during a future class, to allow time to prepare a considered response.
- » Invite the school counsellor, or another mental health professional, to answer questions.

- » Prepare for the session by holding a role-play or practice run with other staff.
- » Ask ākonga to research the answers to their own or other people’s questions and to prepare their own responses.

Parents, caregivers, and whānau

Parents, caregivers, and whānau should have the opportunity to become involved in the consultation process as active partners.

Through official community consultation, parents, caregivers, and whānau (as well as hapū, iwi, and other community groups) will have the opportunity, in partnership with schools and teachers, to design, develop, and implement the school’s mental health education programmes. Programmes that identify and build on whānau, hapū, iwi, and community expertise are better able to provide learning contexts that ākonga recognise as relating authentically to their lives outside the school gates. (See pages 84–86, Engaging with communities and building partnerships.)

Parents, families, and whānau want their tamariki to feel they belong at school and experience success. They want to be involved in their child’s learning – to understand what is expected and to know how they can contribute.

Education Review Office, 2015, page 5

Wider community agencies

Wider community agencies (including, but not limited to, advocacy groups, counselling agencies, and social services) may provide valuable advice and support the school’s staff and board in delivering an effective and appropriate mental health education programme. (See page 84, Engaging with communities and building partnerships.)

6. Engaging and consulting with the school community

Schools are legally required to consult with their community about the health education curriculum every two years, but this is only one discussion within the ongoing home-school and community-school partnerships that schools maintain to ensure that curriculum and education are relevant and effective. This section is presented in two parts.

- » “Engaging with communities and building partnerships” suggests ways that schools and their communities can make connections and develop ongoing relationships with one another, which is a crucial part of the whole-school approach. Refer to pages 28–31 (A whole-school approach to mental health education).
- » “Consulting with communities” explains how schools can go about the legally required process of consulting about health education and then advising the school community of the decisions that have been made. Refer to pages 78–83 (What are schools required to do?) for a description of the legal requirements.

Engaging with communities and building partnerships

In a whole-school approach, the dimension of “community connections” includes connections and partnerships between schools and groups in the school community. Schools should make it a priority to develop mutually beneficial relationships with local groups such as parent-teacher associations, whānau, hapū, and iwi, āiga support groups, church groups, home and school committees, marae, parent and caregiver groups, disability groups, and student-led groups. Such groups can be sources of support and of community knowledge, which schools can draw on to enhance the effectiveness of their policies and practices around mental health as well as their mental health education programmes.

This section discusses ways of building reciprocally beneficial relationships with the school community, including:

- » Treaty-based partnerships with Māori
- » relationships with Pacific communities.

When schools establish strong, reciprocal, and enduring home-school partnerships, with familiar lines of communication, it becomes easier to invite whānau and local groups to share ideas and participate in school decision making.

Treaty-based partnerships with Māori

Section 127 of the Education and Training Act 2020 requires school boards to give effect to Te Tiriti o Waitangi. Refer to page 80 for the terms of Section 127.

Schools give effect to Te Tiriti o Waitangi by working as partners with local Māori to promote mātauranga Māori concepts and practices, including hauora, in mental health practices across the school and in mental health education.

Partnership with Māori requires a commitment to significant power sharing between the school and its Māori community, so that the resulting policies and programmes (including those relating to mental health) belong as much to the community as to the school. See Hoskins and Jones (2020).

When arranging meetings or consultation with the school’s Māori community:

- » prioritise kanohi-ki-te-kanohi (face-to-face) meetings
- » allow time for whānau to be part of discussions and decision making about their needs
- » establish genuine, warm, and transparent communication procedures
- » ensure that the environment is emotionally and culturally safe for all whānau; where possible, go to meet whānau at a place that suits them

- » arrange meetings to align with whānau, sports, or cultural events to reduce demands on whānau time
- » set aside time for mihimihi, karakia or whakawhanaungatanga, and include refreshments as an expression of manaakitanga
- » ask whānau what hauora looks like for their tamariki, and invite them to take part in the design, delivery, and evaluation of the school's education programmes, for example, by joining with school staff to co-design learning activities in settings that they choose.

Page 71 suggests some relevant approaches that teachers can use in the classroom to support ākongā (students) who are Māori. Most of these strategies will also be helpful for all ākongā.

Useful resources about engaging with Māori communities include:

- » <https://www.ppta.org.nz/communities/tangata-whenua/document/551>
- » https://nzstaworkbooks2021.s3.ap-southeast-2.amazonaws.com/Hautu_2021_FINAL.pdf

Partnerships with Pacific communities

Pacific communities have many strengths. Studies undertaken with Pacific adults aged fifteen years and older show that Pacific peoples report high levels of family wellbeing; "they are well connected socially with families and friends; and have, for the most part, retained strong connections to their Pacific culture in the New Zealand environment" (Ataera-Minster and Trowland, 2018, page 6).

Schools can partner with Pacific families to review the ways in which their current school-wide practices strengthen the links between a student and their family or community. They can draw on Pacific strengths-based approaches, such as whānau and faith beliefs, to support Pacific ākongā and to enhance mental health and wellbeing within the school and community.

Schools can also draw on Vai Niu, a vision of Pacific mental health and wellbeing arising from the Government Inquiry into Mental Health and Addiction (*He Ara Oranga*, 2018). Vai Niu symbolises fresh Pacific beginnings, whereby efforts to support mental health for Pacific peoples are driven by Pacific solutions and aspirations. In many school communities, using Vai Niu may require staff to revisit their attitudes, knowledge, and behaviours in relation to mental health understandings and to acknowledge "the distinct values Pacific peoples place on their own definitions of wellbeing" (*He Ara Oranga*, 2018, page 87).

Schools can work with Pacific community members to review and test the school's mental health practices and resources and to ensure that key messages are delivered in ways that are relevant, culturally appropriate, and effective for Pacific ākongā.

Here are some suggestions for arranging meetings or consultation with the school's Pacific communities.

- » Consider the best ways to engage with Pacific families and communities. Does your community prefer face-to-face engagement? Are online messages and emails appropriate? What is the preferred method of communication for your school's Pacific families?
- » Be aware of cultural protocols, etiquettes, and language, remembering that there is no single method that will work for all Pacific communities.
- » Consider what languages are best for communicating with the school communities' families.
- » Consider using Pacific models of health, such as Fonofale (see page 24), or methods of communicating, such as Talanoa (see page 25), as a basis for discussion.
- » Encourage Pacific teachers and other professionals to be part of meetings and discussions with the school's Pacific community.
- » Consider identifying Pacific non-government organisations to help facilitate meetings with Pacific families.
- » Identify and coordinate services that can make school programmes more effective for Pacific ākongā and their families.

Schools can work with other education, social services, and health providers to ensure that their approaches are consistent and align with best-practice principles, as well as making links to local groups and experts. For example, schools may wish to explore “The Mental Wealth Project” developed by Le Va for young people and their families who are involved in rugby league (Le Va, 2019). Refer to: <https://www.leva.co.nz/>

For more about engaging with Pacific communities, refer to: <http://pasifika.tki.org.nz/Engaging-with-parents>

Consulting with communities

Health education is the only part of the school’s curriculum where the law specifically requires the school board to consult with the school’s community. Section 91 of the Education and Training Act 2020 requires the board to consult with the school community, at least once every two years, on how the school will implement the health education component of the curriculum.

Keep in mind that school communities are diverse, as are groupings within communities (for example, Māori are not a homogeneous group).

The Education and Training Act 2020 defines the school community as:

- » for a state-integrated school, the parents and caregivers of students enrolled at the school and the school’s proprietors
- » in the case of any other state school, the parents and caregivers of students enrolled at the school
- » in every case, any other people who the board considers are part of the school community for the purpose of health education consultation.

School boards must consult with their community to:

- » inform the school community about the content of the health education curriculum
- » find out the wishes of the school community in terms of how the health education curriculum should be implemented, given the views, beliefs, and customs of the members of that community
- » determine, in broad terms, the health education needs of the ākonga at the school.

For more ideas about consulting with communities and for resources to support you in consulting, refer to:

- » <https://www.tuturu.org.nz/healthconsultation/>
- » <https://healtheeducation.org.nz/wp-content/uploads/2018/11/7-consulting-with-the-community-august-2017.pdf>
- » <https://ero.govt.nz/sites/default/files/2021-05/Teaching-strategies-that-work-Parent-partnerships2.pdf>
- » <https://www.inclusive.tki.org.nz/guides/collaborative-planning-for-learning/>
- » <https://www.inclusive.tki.org.nz/guides/partnering-with-parents-whānau-and-communities/>

Effective consultation

The Education and Training Act 2020 allows the school board to adopt any method of consultation that it considers will best achieve the purposes outlined in Section 91 of the Act. Effective consultation about the health education curriculum:

- » has no universal requirements regarding form or duration
- » involves providing a draft statement so that those being consulted know what is being proposed
- » must provide a reasonable period of time for people to respond
- » requires that the process is seen to be undertaken in good faith, with a genuine willingness to take account of feedback received
- » requires more than just a notification of what is to happen
- » does not necessarily involve negotiation and does not require that there be agreement. The school has the final say on curriculum decision making.

It is critical that ākonga and school staff are consulted as part of this formal consultation process, so that mental health education can be related to the strengths, needs and preferences of the school’s ākonga.

Some effective consultation strategies and ideas

The wellbeing of individuals is bound up in the wellbeing of their communities, so actions that focus solely on individual, inward-looking benefits will not be as effective as those that stress the importance of fostering relationships with others.

Five Ways to Wellbeing: A best practice guide
(Mental Health Foundation of New Zealand):

<https://2019.outline.org.nz/wp-content/uploads/2016/10/Five-Ways-To-Wellbeing.pdf>

Consultation involves listening to all parties, considering their responses, and then deciding together what should be done. When planning to consult, think about how welcoming the school environment will be for parents or whānau who have not had good schooling experiences themselves. Consider holding consultation hui in relevant community contexts rather than in the school itself.

In many cases, an existing framework for consultation can be used, if it caters for the diversity of the school community and provides an effective vehicle for parents, caregivers, and whānau, as well as ākongā, to have genuine input.

The following strategies and key considerations can be used in schools to increase community involvement in consultation about health education.

STRATEGIES	KEY CONSIDERATIONS
Use appropriate protocols to involve parents and caregivers from all groups. There must be clear protocols for consulting with Māori, Pacific, Asian, LGBTQI+, refugee, disabled, and other cultural or religious groups in a school's community.	<ul style="list-style-type: none"> » School leaders should personally approach community members to be involved where possible. » Extend manaakitanga to all members of the school community who are involved in consultation. » Be mindful of the employment demands of whānau when scheduling meetings (for example, some may do shift work at odd hours). » Consider multiple modes of communication to meet varying accessibility needs.
Consider the languages that the school uses to communicate with parents, whānau, and caregivers. People feel included and valued if material they receive is in their language, is clear, and is free of jargon.	<ul style="list-style-type: none"> » Prioritise face-to-face invitations and communication. » Employ the services of relevant groups for translation purposes where needed.
Seek to develop shared approaches to community consultation and to mental health education across schools, school clusters, and centres in a local area.	<ul style="list-style-type: none"> » Establish proactive consultation timelines, so that critical information about the health and learning needs of ākongā can be received in a timely manner. » Leave enough time for discussion, for debate, and for reaching consensus. Don't be tempted to rush the conversation. » Ensure continuity of approach between and across organisations.

To engage their communities in consultation, schools should make it easy and convenient for people to participate. For example, the consultation process could involve:

- » making use of email responses, virtual meetings, and online feedback and discussions
- » consulting when parents and whānau are engaging in other school-based activities (such as parent-teacher meetings or cultural events)
- » holding meetings off the school site (for example, at marae, churches, sports clubs, or community halls)
- » engaging local community leaders (such as iwi leaders or church leaders) to hold meetings with their groups
- » sending out a newsletter for parents, caregivers, and whānau, inviting them to a meeting about the draft health education programme
- » sharing a draft of the school's health education programme – including mental health education – before consultation begins
- » holding a “test run” of the curriculum content for whānau, where teachers deliver the content as they might in a classroom. In this way, whānau can become familiar with some of the content that will be delivered and have the opportunity for discussion and feedback afterwards.

For more ideas about involving communities in consultation, refer to: www.education.govt.nz/new-zealands-network-of-schools/community-conversations/

Including community groups in the consultation

Including Māori communities in the consultation

Section 127 of the Education and Training Act 2020 requires school boards to give effect to Te Tiriti o Waitangi by:

- » working to ensure school plans, policies, and local curriculum reflect local tikanga Māori, mātauranga Māori, and te ao Māori
- » taking all reasonable steps to make instruction available in tikanga Māori and te reo Māori
- » achieving equitable outcomes for ākonga Māori.

Schools need to have a strong reciprocal relationship with Māori parents and the Māori community before consultation starts. See page 84 for information about building up an ongoing Treaty-based partnership with the school's whānau, hapū, iwi, and other Māori communities.

Including Pacific communities in the consultation

When consulting with Pacific communities, bear in mind that mental health will be understood quite differently within and across Pacific families and communities. It is important to engage with Pacific leaders, who have a deep understanding of both traditional and contemporary beliefs and can facilitate discussions with Pacific families and wider school communities. The following suggestions will enhance the consultation process.

- » Involve Pacific peoples from the outset. Their part in the decisions and solutions should be driven by them.
- » If possible, form partnerships and clarify roles for consultation meetings beforehand.
- » Encourage Pacific teachers and other professionals to be part of the consultation meetings.
- » Work with Pacific experts to evaluate these meetings. This will help to inform the process next time.

See page 85 for more suggestions about arranging meetings or consultation with the school's Pacific communities.

Including disabled people in the consultation

Like all parents and whānau, disabled parents have the right to be consulted on their child's health education. Disabled parents bring a dual perspective to consultation: they are members of the school community, and they also have a lived experience of disability.

In planning the consultation process, schools need to consider aspects such as invitation, operational planning, and communicating relevant information. Are all of these aspects accessible for and inclusive of disabled people?

For detailed guidance on engaging and consulting with disabled communities, refer to: <https://www.health.govt.nz/system/files/documents/publications/guide-community-engagement-people-disabilities-2nd-edn-apr17.pdf>

Including refugees and recent migrants in the consultation

Refugee and recent migrant parents and whānau also have the right to be consulted on their child's health education. Schools need to find ways to engage with these groups, and not just for purposes of consultation. Schools have a significant role in ensuring that refugee and recent migrant families are included in their local communities (Ziaian et al., 2018).

When school staff learn about and recognise the beliefs, values, and practices of refugee and recent migrant families, they have opportunities to incorporate new knowledge into the whole school culture. For the families, being able to contribute to the school may provide a sense of belonging and inclusion as well as enabling greater engagement with their children's health education. Refer to: <https://esolonline.tki.org.nz/ESOL-Online/Learning-about-my-students-needs/Knowledge-of-the-Learner/Diverse-learners/Supporting-refugee-learners>

Advising the school community of decisions

When consultation is complete, inform the school community that the statement on the delivery of the health education curriculum that has been adopted by the school board specifies how mental health education will be implemented across the school.

Within any community, there is likely to be a range of responses. Open and honest conversations between community members and schools will ensure that misunderstandings are addressed and do not escalate unnecessarily.

Where the school and the school community have an established relationship that is warm and reciprocal, there will be well-known lines of communication and mutual trust.

Glossary of terms in te reo Māori

Atua: Deity, supernatural being

Ākonga: Students, learners

Ākonga Māori: Māori students or learners

Aroha: Affection, empathy, and compassion for others

Hapū: A localised, political and social, collective unit or tribal group of Māori people (smaller than that of an iwi) who share whakapapa from a *rangatira* and *tapairu* (chief and chieftainess)

Hauora: A te ao Māori understanding of holistic health and wellbeing

He Ara Oranga: The 2018 Report of the Government Inquiry into Mental Health and Addiction; literally “Pathways to Wellness”

Hinepūtehue: The female goddess of the gourd, daughter of Tane Mahuta

Hui whakatika: A meeting to make amends and restore calm and balance

Iwi: A political and social collective unit or tribal group of Māori people who share whakapapa with one another

Kaiako: A teacher in education who identifies as Māori (*kai* + *ako* = one who teaches and learns). This term is also used widely as a Māori equivalent for teacher, whatever their ethnicity.

Kaitiaki: Guardian, custodian

Kaitiakitanga: The practice of guardianship, custodianship

Kapa haka: Māori cultural performing group

Karakia: A prayer, incantation, or blessing

Kaumātua: Elder, aged

Kaupapa Māori: A Māori approach, topic, agenda, or principle

Kāwanatanga: Governance

Kīwaha: Idiom, slang, and colloquial language

Kohi kai: Food gathering

Kōrero: Talk, converse

Ko wai koe?: Who are you?

Kupu: The spoken and written word or words

Kupu whakarite: Metaphor and simile

Kura: School

Mahi mārā: Gardening work

Mahi toi: Art

Mahi tukutuku: Lattice work

Mahi whakairo: Carving

Mana: In a broad sense, mana refers to individual or personal prestige, influence, charisma, and decorum. From a psychosocial perspective, the concept of mana is at the heart of a person’s sense of self-worth and belonging. Our awareness of our mana enables us to feel good about who we are and to contribute to the mana of others.

Mana motuhake: A sense of self and *mauri tau* that comes from feeling proud, independent, capable, and autonomous (see page 20)

Mana ōrite: Equity and partnership

Mana tangatarua: A sense of self and *mauri tau* that comes from acquiring the necessary skills, knowledge, and confidence to navigate multiple worlds (see page 20)

Mana tū: A sense of self and *mauri tau* that comes from developing important psychosocial skills, values, and qualities, including efficacy, courage, humility, tenacity, resilience, and critical thinking. Literally, “mana is elevated and present” – that is, when a person is practising these skills, values, and qualities (see page 20).

Mana ūkaipō: A sense of self and *mauri tau* that comes from feeling that one belongs and has a connection to the environment or context (see page 20)

Mana whānau: A sense of self and *mauri tau* experienced when a person believes that they occupy a central and valued position in their community or whānau, including their school whānau (see page 20)

Mana whenua: The hapū or iwi (Māori tribal groups) who have historic and territorial rights over an area or place

Manaakitanga: Actions and expressions of kindness, respect, and hospitality towards others. Manaakitanga is reciprocal in nature.

Māori: The indigenous people of Aotearoa New Zealand

Marae: The entire complex where a hapū tends to its affairs, including the *whareniui* (meeting house), the *wharekai* (dining room), and other associated buildings and areas. Marae are considered the bastion of te reo Māori me ngā tikanga Māori. The term marae is also used for the courtyard immediately in front of a whareniui; this area can be called *marae ātea*.

Maramataka: Mātauranga and science associated with the Māori lunar calendar

Mātanga: Experts or specialists

Mātauranga Māori: Knowledge founded in Māori belief systems, ideologies, pedagogies, and epistemologies. Mātauranga Māori includes academic proficiencies, competencies, behaviours, and conduct that are Māori in nature.

Mātauranga-ā-hapū: Māori-based knowledge that is hapū-specific, based in a *rohe* (region), and may include belief systems, ideologies, pedagogies, and epistemologies as well as academic proficiencies, competencies, behaviours, and conduct that are Māori in nature

Mātauranga-ā-iwi: Māori-based knowledge that is iwi-specific and may include belief systems, ideologies, pedagogies, and epistemologies as well as academic proficiencies, competencies, behaviours, and conduct that are Māori in nature

Mātauranga-ā-whānau: Māori-based knowledge that is derived from whānau and may include belief systems, ideologies, pedagogies, and epistemologies as well as academic proficiencies, competencies, behaviours, and conduct that are Māori in nature

Mātauranga-ā-whenua: Knowledge about and deriving from the land

Mauri taiao: Wellbeing derived from knowledge of and engagement with the natural and social environments (for example, maramataka, mahi mārā, kōhi kai, kaitiakitanga)

Mauri tangata: Wellbeing derived from positive identity, relationships, and care for self and others

Mauri taonga: Wellbeing derived from engagement in and with *taonga tuku iho* (for example, rongoā, mahi toi, waka, kapa haka, te reo)

Mauri tau: Contentment; settled, relaxed, composed, and serene

Mihi, mihihihi: Greeting, tribute, acknowledgment

Moana: Ocean, body of water

Mōteatea: Traditional chant, lament

Ngā mahi a (te) rēhia: The Māori performing arts, including kapa haka, martial arts, and other forms of Māori recreation, leisure, and sport

Nō whea/hea koe?: Where are you from?

Oranga mauri: Wellbeing and vitality

Pakiwaitara: Stories, narratives

Pepeha: A hapū or iwi saying, proverbial expression, or figure of speech; often used to describe a way of introducing oneself in te reo Māori and according to tikanga Māori

Pou: Supports, pillars or posts

Pūrākau: Stories, legends, myths, and fables

Pūtaiao: Science; scientific knowledge

Rangatiratanga: Self-determination and self-regulation under the care and influence of leaders and leadership

Raranga: Weave, plait

Rongoā Māori: Māori native and natural medicines, remedies, and therapies

Taha hinengaro: One of the four dimensions of wellbeing that underpin the health model Te Whare Tapa Whā; the “mental and emotional” dimension

Taha tinana: One of the four dimensions of wellbeing that underpin the health model Te Whare Tapa Whā; the “physical” dimension

Taha wairua: One of the four dimensions of wellbeing that underpin the health model Te Whare Tapa Whā; the “spiritual” dimension

Taha whānau: One of the four dimensions of wellbeing that underpin the health model Te Whare Tapa Whā; the “social” dimension

Takatāpui: Also written “takataapui”, this is a traditional Māori term meaning “intimate companion of the same sex”. It has been reclaimed to embrace all Māori who identify with diverse sexes, genders, and sexualities.

Tamariki: Child, children

Tangata whenua: Māori, the indigenous people of Aotearoa; “people of the land”

Taonga: Treasure, something precious

Taonga puoro: Musical instrument

Taonga tuku iho: Treasures passed down from ancestors (for example, te reo Māori, whenua, and heirlooms)

Te ao Māori: The Māori world

Te ira atua: Divine, god-like (as opposed to *te ira tangata* below)

Te ira tangata: The human element, the essence of being human, as opposed to being non-human (see *te ira atua* above)

Te kawa me te tikanga o te marae: The protocols, processes and preferred conduct on a marae, especially during the *pōwhiri* (welcome ceremony)

Te oranga hinengaro: A sense of feeling healthy in mind and soul

Te reo Māori: The Māori language, the indigenous language of Aotearoa

Te Tiriti o Waitangi: The version of the Treaty of Waitangi in te reo Māori

Te Whare Tapa Whā: A Māori model of health based on the structure of a *whareniui* (meeting house). Developed by Tā Mason Durie in 1984, it aims to improve overall health and wellbeing outcomes for Māori (see page 18).

Teina: Younger sibling or relation; someone who is mentored

Tikanga Māori: Māori-based processes, procedures, customs, practices, and belief systems normally conducted through te reo Māori; the Māori way of doing things that prioritises Māori language and traditions

Tuakana: An older sibling or relation; mentor

Tuakana-teina: Literally, “older-younger sibling of the same sex”. The term covers other senior-junior relationships where the older or more experienced partner guides the younger or less experienced partner. The term “tuakana-teina” is used by Māori and Pacific communities as a metaphor to acknowledge their longstanding relationships, shared whakapapa, and the esteem and respect they hold for each other.

Tuakiri: Identity

Tūpuna: Ancestors

Tūrangawaewae: A place to stand; the place or places where one has rights of residence and belonging through kinship and whakapapa

Waiata: A song, to sing

Wairua: Spirit, essence

Waka: Boat, vehicle

Whakapapa: Genealogy; layers of descent

Whakataukī; whakatauākī: Proverbial sayings
When the author is unknown, the term *whakataukī* tends to be used. When the author is known, *whakatauākī* is usually used.

Whānau: A political and social unit of Māori people smaller than that of a hapū. It covers the notions of both extended and nuclear family.

Whanaungatanga: Relationship building

Whare: A house or dwelling

Wharekura: Secondary school

Whare tāpere: Theatre, place of entertainment

Whenua: Land



Glossary of English terms

Ableism: Discrimination or prejudice against people with disabilities or disregard of their needs. Ableism classifies groups of people as “less than” and includes harmful stereotypes, misconceptions, and generalisations of people with disabilities. It also reflects institutional and structural discrimination faced by people who are disabled, including failures in terms of accessible environment design and meeting reasonable accommodations in a variety of contexts.

Anxiety disorder: Any of a group of disorders that have as their central organising theme the emotional state of fear, worry, or excessive apprehension

Colonisation: The act or process of settling among and establishing imperialist control over the indigenous peoples of an area. The impacts of colonisation have ongoing effects in terms of trauma, resource allocation, privilege, and racism.

Depression: A mental health disorder where a person's mood is persistently low, and they experience a loss of enjoyment in activities they normally enjoy, for a sustained period of time.

Determinants of health: Whether people are healthy or not is determined by their circumstances and environment. Factors such as where we live, the state of our environment, genetics, our income and education levels, and our relationships with friends and family all have considerable impacts on health. (WHO: <https://www.who.int/news-room/q-a-detail/determinants-of-health>)

Discrimination: To act on the basis of preconceived opinions; unfavourable or less favourable treatment based on preconceived opinion, bias, or partiality

Equity: The quality of being fair or impartial. In practice, this means ensuring that every person has comparable (not the same) opportunities in life, by correcting for the effects of unrelated privilege (advantage) or underprivilege (disadvantage) that they may experience. Equity ensures that everyone has the resources they need to succeed.

Eurocentric: Focusing on European cultures to the exclusion of other cultures; implying that Europeans or European cultures are pre-eminent.

Gender: An individual identity related to a continuum of masculinities and femininities. A person's gender is not fixed or immutable.

Gender binary (male/female binary): The (incorrect) assumption that there are only two genders (girl/boy or man/woman)

Gender diverse: An umbrella term used to encompass people who do not necessarily identify with being transgender but don't feel their gender fits into the binary of male or female

Intergenerational trauma: Refers to the ongoing impacts of historical trauma (genocide, ethnocide, colonisation, etc) on indigenous peoples. Such trauma can transfer to later generations causing mental and physical health issues (Pihama et al., 2014).

Intersectional identities: Intersections of young people's various identities, for example, of their ethnicity and gender, or their ethnicity and social class

Intersex: This term covers a range of people born with physical or biological sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns, and/or chromosomal patterns) that are more diverse than stereotypical definitions for male or female bodies.

LGBTQI+: An acronym for lesbian, gay, bisexual, trans, queer, and intersex; the “+” on the end denotes other gender and sexual identities. The combination and number of letters can vary. Other umbrella terms include non-binary, gender diverse, rainbow and MVPFAFF.

Mental distress: There are many ways to understand mental distress and this will differ for people depending on their cultural background, religion, beliefs, and personal experiences. It can be defined as experiencing feelings of nervousness, agitation, anxiety, psychological fatigue, depression, or hopelessness.

MVPFAFF: An acronym for a range of diverse Pacific gender identities:

M – Māhū (Hawai'i/Tahiti)
 V – Vaksalewalewa (Fiji)
 P – Palopa (Papua New Guinea)
 F – Fa'afafine (Sāmoa/American Sāmoa)
 A – 'Akava'ine (Cook Islands)
 F – Fakaleitī (Tonga)
 F – Fakafifine (Niue/Tokelau)

These terms are used to describe cultural and gender identities, encompassing aspects of familial, social, and genealogical selfhood. They can all be used to describe the traditional gender identities of males who identify themselves as having the spirit of a woman or as behaving like a female. However, the terms are nuanced, cultural understandings can vary, and the essence of terms such as these is not always translatable.

Non-binary: An umbrella term for gender identities outside the male/female binary

Non-Western: Perspectives and knowledge other than those from Western cultural traditions. May include, for example, Indigenous, Asian, or Eastern knowledge and cultural traditions

Rainbow: An umbrella term that covers all sexual and gender minorities and avoids the acronym LGBTQI+. This can be used to identify a community as well as an individual.

Resilience: The capacity to recover or remain tenacious in the face of difficulty and adversity

Sex characteristics: A person's physical features relating to sex, including genitalia and other sexual and reproductive anatomy, chromosomes, hormones, and secondary physical features emerging from puberty.

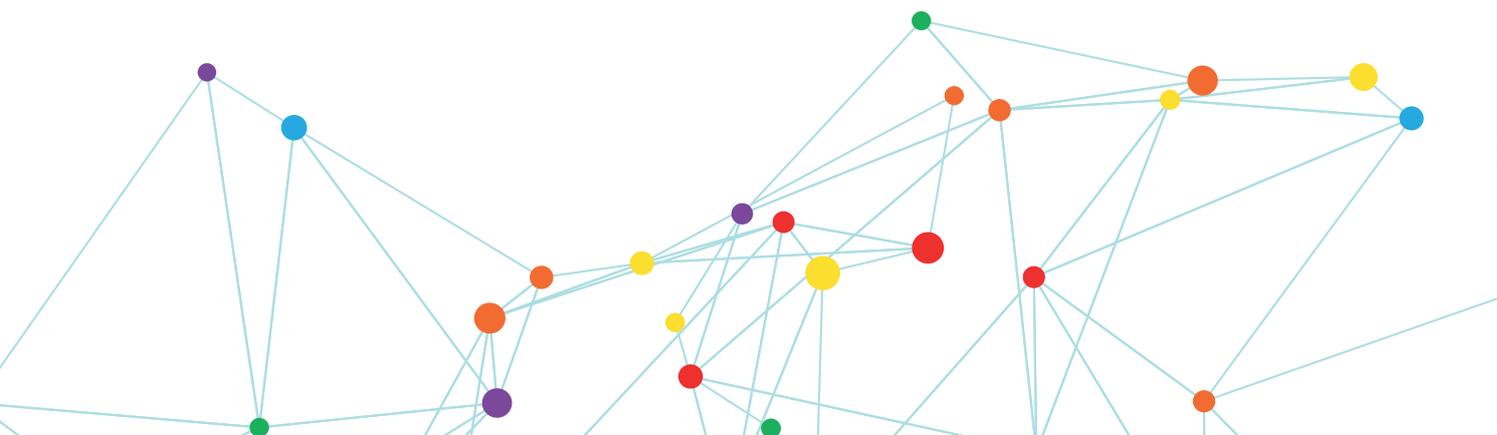
Stigma: The negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead to discrimination against and exclusion of the individual.

Transgender (trans): This term describes a wide variety of people whose gender is different from the sex they were assigned at birth. Transgender people may be binary or non-binary, and some opt for some form of medical intervention (such as hormone therapy or surgery).

World view: The perspective through which individuals and groups view the world, comprising their history, experiences, culture, language, family history, and other influences.

For further information, refer to:

» <https://www.health.govt.nz/your-health/conditions-and-treatments/mental-health>



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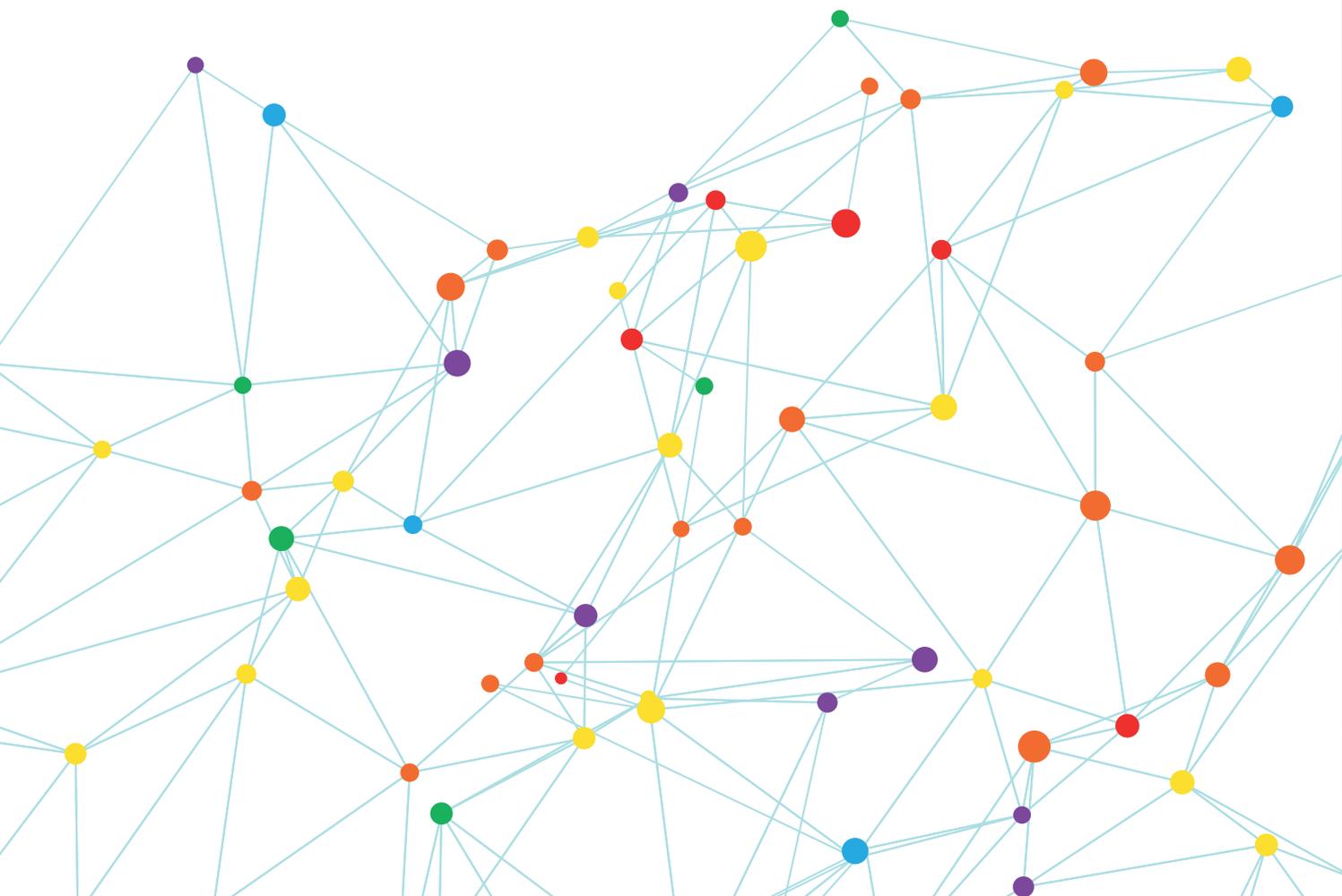
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Links to government policies and strategies

These guidelines should be used in conjunction with key government policies and strategies, including:

The National Education and Learning Priorities: <https://www.education.govt.nz/our-work/overall-strategies-and-policies/the-statement-of-national-education-and-learning-priorities-nelp-and-the-tertiary-education-strategy-tes/>

Ka Hikitia - Ka Hāpaitia | Te Rautaki Mātauranga Māori (te reo Māori): <https://www.education.govt.nz/our-work/overall-strategies-and-policies/ka-hikitia-ka-hapaitia/ka-hikitia-ka-hapaitia-te-rautaki-matauranga-maori/>

Ka Hikitia - Ka Hāpaitia | The Māori Education Strategy (English version): <https://www.education.govt.nz/our-work/overall-strategies-and-policies/ka-hikitia-ka-hapaitia/ka-hikitia-ka-hapaitia-the-maori-education-strategy/>

Tau Mai Te Reo | Te Rautaki mā te Reo Māori i roto i te Mātauranga (te reo Māori): <https://education.govt.nz/our-work/overall-strategies-and-policies/tau-mai-te-reo/tau-mai-te-reo-te-rautaki-ma-te-reo-maori-i-roto-i-te-matauranga-te-reo-maori/>

Tau Mai Te Reo | The Māori Language in Education Strategy (English version): <https://education.govt.nz/our-work/overall-strategies-and-policies/tau-mai-te-reo/tau-mai-te-reo-the-maori-language-in-education-strategy-english/>

Action Plan for Pacific Education 2020-2030: <https://www.education.govt.nz/our-work/overall-strategies-and-policies/action-plan-for-pacific-education-2020-2030/>

Tapasā - Cultural Competencies Framework for Teachers of Pacific Learners: <https://pasifika.tki.org.nz/Tapasā>

Inclusive Education guides: <https://inclusive.tki.org.nz/guides/>

The Child and Youth Wellbeing Strategy: <https://dpmc.govt.nz/our-programmes/child-and-youth-wellbeing-strategy>

The New Zealand Disability Strategy: <https://odi.govt.nz/nz-disability-strategy/>

The Learning Support Delivery Model: <https://www.inclusive.tki.org.nz/assets/inclusive-education/resources/files/Learning-Support-Delivery-Model-working-together-Nov-2019-1.pdf>

Sources of support and further resources for teachers

Te Kete Ipurangi (TKI)

<https://www.tki.org.nz/>

<https://health.tki.org.nz/Teaching-in-HPE>

TKI has a range of curriculum resources to support the teaching of mental health education in line with the New Zealand Curriculum.

The New Zealand Health Education Association (NZHEA)

www.healtheducation.org.nz

NZHEA is the national teaching association for health education. It produces a wide range of teaching resources, support, professional learning and development, and advocacy for health education, including mental health education (from year 1 through to NCEA programmes). Key resources include:

- » *Alcohol and Other Drugs: Health Education activities to support teaching and learning for levels 4–8 in the New Zealand Curriculum:* https://healtheducation.org.nz/wp-content/uploads/2021/01/NZHEA_Alcohol-and-Other-Drugs_NZC-Levels-4_8_2021.pdf
- » *Mental Health and Resilience: Teaching and learning activities for NZC Levels 6–8 (2nd edition):* https://healtheducation.org.nz/wp-content/uploads/2021/01/NZHEA-Mental-Health_Resilience_2nd_ed_2021.pdf
- » *Making Connections with Pacific Ideas in Health Education:* https://healtheducation.org.nz/wp-content/uploads/2020/06/Making-connections-with-Pacific-ideas-in-HEd_NZHEA_June_2020.pdf
- » *Understanding the Underlying Concepts in Health Education:* https://healtheducation.org.nz/wp-content/uploads/2021/02/Understanding-the-Underlying-concepts-in-HPE_2021.pdf
- » Position Statement on Mental Health: <https://healtheducation.org.nz/wp-content/uploads/2019/11/NZHEA-position-statement-on-MENTAL-HEALTH-Nov-2019.pdf>

Te Hiringa Hauora Health Promotion Agency (HPA)

<https://www.hpa.org.nz/>

HPA leads and supports health promotion initiatives to:

- » promote health and wellbeing and encourage healthy lifestyles
- » prevent disease, illness, and injury
- » enable environments that support health, wellbeing, and healthy lifestyles
- » reduce personal, social, and economic harm.

<https://www.hpa.org.nz/programme/mental-health>

<https://www.hpa.org.nz/education/help-for-the-tough-times>

<https://www.hpa.org.nz/education/play-your-best-card>

The Mental Health Foundation

<https://www.mentalhealth.org.nz/>

The Mental Health Foundation of New Zealand is a charity that works towards creating a society free from discrimination, where all people enjoy positive mental health and wellbeing. It works to influence individuals, whānau, organisations, and communities to improve and sustain their mental health and reach their full potential.

Five Ways to Wellbeing: A best practice guide (Mental Health Foundation): <https://2019.outline.org.nz/wp-content/uploads/2016/10/Five-Ways-To-Wellbeing.pdf>

Workplace bullying prevention resources: Pink Shirt Day: <https://www.mentalhealth.org.nz/home/our-work/items/20/>

The Sir John Kirwan Foundation (MITEY)

<https://jkfoundation.org.nz/>

The foundation supports schools to provide young people with the skills and knowledge to recognise and respond to mental health issues both in themselves and others. Designed for New Zealand children, Mitey is an evidence-based approach to mental health education for years 1–8. Mitey provides classroom resources alongside resources to support a whole-school approach.

www.mitey.org.nz

Le Va

<https://www.leva.co.nz/>

An organisation to support Pasifika families and communities to unleash their full potential and have the best possible health and wellbeing outcomes.

Resources include:

<https://www.leva.co.nz/our-work/suicide-prevention/finding-help/support-services/rainbow/>

<https://www.tengakaukahukura.nz/s/Rainbow-communities-and-mental-health-submission-to-the-Inquiry-into-Mental-Health-and-Addiction-080.pdf>

Physical Education New Zealand (PENZ)

<https://penz.org.nz/>

PENZ is the national teaching association for physical education. PENZ actively promotes and develops physical education within New Zealand for teachers and students. The organisation also supports educators and others within the sector by providing opportunities for people to develop knowledge and understanding about all aspects of physical education.

New Zealand Institute of Wellbeing and Resilience (NZIWR)

<https://nziwr.co.nz/>

NZIWR is dedicated to increasing wellbeing and resilience in individuals, communities, and organisations.

Making the Case for Wellbeing is a short, accessible three-part course exploring what wellbeing in education is and why there is such a pressing need for it today, and giving examples of how wellbeing is being promoted and protected in a range of different schools.

Bite Size Learning is designed for wellbeing lead teachers to run short professional learning sessions with staff.

The Educators' Guide to Whole-school Wellbeing is a practical guide to getting started, best practice process, and effective implementation, written by Dr Denise Quinlan and Dr Lucy Hone.

New Zealand Drug Foundation (NZDF)

<https://www.drugfoundation.org.nz/>

NZDF educate, advise, and stand up for healthy approaches to alcohol and other drugs. They have been at the forefront of major alcohol and other drug policy debates for almost 30 years, advocating for policies and practices based on the best evidence available. NZDF recognises that drugs, legal and illegal, are a part of everyday life experience, so NZDF is safety focused and takes a harm reduction approach in all its work.

Te Rito Toi

<https://www.teritotoi.org/>

Te Rito Toi helps teachers work with children when they first return to school following major traumatic or life-changing events. The website includes lesson plans.

New Zealand Association of Counsellors (NZAC)

<https://www.nzac.org.nz/>

NZAC is the professional membership body representing the majority of counsellors in Aotearoa New Zealand. NZAC has a registration process for counsellors who meet their rigorous training, qualification, and professional development standards.

Other useful resources and websites

Pause Breathe Smile:

<https://pausebreathesmile.nz/>

Sparklers: <https://sparklers.org.nz>

MH101: Training to recognise, relate and respond to people experiencing mental health challenges: <https://www.blueprint.co.nz/workshops/4-mh101/>

Like minds like mine:

<https://www.likeminds.org.nz/>

Acknowledgments

The Ministry of Education would like to thank the lead writers – Associate Professor Katie Fitzpatrick and Associate Professor Melinda Webber (University of Auckland) – and also the following people and groups who were instrumental in helping to shape the development of the guide:

The writing group: Dr John Fenaughty, Associate Professor Te Kawehau Hoskins, Dr Darren Powell, and Dr Analosa Veukiso-Ulugia (all University of Auckland), and Nic Mason (writing consultant and project manager)

The full document review group: Jean M. Allen (Auckland University of Technology), Christina Barruel (The Peace Foundation), Ben Birks Ang, Tumokai Morgan, and Phil Glaser (New Zealand Drug Foundation), Sally Boyd, Dr Mohamed Alansari, and Dr Kiri Edge (New Zealand Council for Educational Research), Tania Cotter and members of Physical Education New Zealand/ Te Ao Kori Aotearoa, Lincoln Dam (University of Auckland), Tracy Davies (New Zealand Educational Institute Te Riu Roa), The Executive Administration as a whole (NZAIMS), Nikki Flexman (Sir John Kirwan Foundation), Mary Hall (New Zealand School Trustees Association), Dr Angela Lim (Clearhead), Sarah Maindonald and Wiremu Gray (New Zealand Association of Counsellors), Kieran Moorhead, Kirsten Sharman, and Sarah Hetrick (Ministry of Health), Prof. Missy Morton (University of Auckland), Jude Murray (Cobham Intermediate), Dr Jenny Robertson, Dr Rachael Dixon, and Libby Paterson (New Zealand Health Education Association), Prof. Peter O'Connor (University of Auckland), Shaun Robinson and Olivia Stapleton (Mental Health Foundation), Perry Rush and NZPF Executive (New Zealand Principals Federation), David Shanks (Classification Office), Dr Jemaima Tiatia-Seath (University of Auckland), Catherine Trezona and Sanam Bagherian (Altogether Autism), Michael Webber (Royal Oak Intermediate School), Royal Oak Intermediate Māori Parent Group, Tracey Wright (Little River

School), and Little River Parents Support Group

The following people participated in consultation: Dr Mohamed Alansari, Kiri Edge and Sally Boyd (New Zealand Council for Educational Research), Jack Boyle and Adele Scott (Post Primary Teachers Association), Radilaite Cammock (Auckland University of Technology), Dr Terryann Clark (Adolescent Health Research Group), Dr Jacinta Fa'alili-Fidow (Moana Research), Dr David Fa'avae (University of Waikato), Dr Sarah Hetrick (New Zealand Suicide Prevention Office), Dr Lucy Hone (New Zealand Institute of Wellbeing and Resilience), Fetaui Iosefo, Sonia Fonua, and Tessa Tupa'i (University of Auckland), Dr Aram Kim (Korean Community Wellness Society Inc.), Sue Turner, Anna, Mowat, and Sara Epperson (Public Health Unit, Canterbury District Health Board), Dr Denise Kingi-'Ulu'ave (Le Va), Dayeon Lee (Women in Health Network and New Zealand Asian Leaders), Abby Madden-Smith (youth consultation specialist), Sarah Maindonald (New Zealand Association of Councillors), Lisa Maughan (Werry Workforce Whāraurau), Jamie Penno (University of Auckland), six youth workers with Refugees as Survivors NZ, Dr Jenny Robertson (New Zealand Health Education Association), Shaun Robinson, Donna-Jean Tairi, Michael Naera, and Olivia Stapleton (Mental Health Foundation of New Zealand), Taine Polkinghorne (New Zealand Human Rights Commission), Grace Ryu (Asian Mental Health Services, Waitematā District Health Board), Christine Stewart, Eilish Reill, and Kieran Moorhead (Ministry of Health), Sandra Yellowhorse (University of Auckland), thirteen youth hui participants, and ākonga from Royal Oak Intermediate and Little River Primary School

