IMPLICATIONS OF A CANADIAN SCHOOL-BASED PMH INITIATIVE FOR TEACHER EDUCATION IN SAUDI ARABIA

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Abstract

This thesis document presents the results of a study that investigated the preliminary implementation of positive mental health (PMH) promotional activities within schools in New Brunswick, Canada. The research involved a formative evaluation design, exploring the experiences and perspectives of educators and school health stakeholders who were involved in PMH initiatives. In addition, perspectives of educators from Saudi Arabia (SA) were explored, taking into account their awareness and practices related to PMH. Information was gathered through the completion of a literature review and from interviews with participants from New Brunswick and Saudi Arabia. The study resulted in a series of recommendations for promoting positive mental health practices in schools, and in the development of an online eBook, the Positive Mental Health Resource for Schools in Saudi Arabia, designed to promote PMH concepts and practices among Saudi educators.

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I. Introduction

Positive Mental Health (PMH) refers to promoting wellbeing, strengths and resiliency in people, in addition to addressing the needs, risks or problems related to areas of mental health concern. It is a universal concept that applies to individuals across settings for those with and without identified mental health concerns. This emphasis stresses the importance of not only increasing individuals' mental health literacy but also the value of enhancing their PMH literacy. Recent research in education and health has identified potential benefits of promoting PMH perspectives and practices in schools and workplaces. Among these benefits are enhanced engagement, wellbeing and the thriving of students and staff. In other words, people are more likely to be at their best when PMH concepts and practices are part of their learning or work environment.

The purpose of my research was to investigate the preliminary implementation of PMH promotional activities being implemented within schools in New Brunswick, Canada. My research involved a formative evaluation design, beginning with exploring the experiences and perspectives of educators and school health stakeholders who are involved in PMH initiatives within their respective schools in New Brunswick. Following this, the perspectives of educators from Saudi Arabia (SA) were explored, taking into account their awareness and practices related to

PMH.

Descriptive methods were used to examine the purpose, types, approaches and perceived benefits and outcomes of PMH promotional activities in New Brunswick schools. Using an appreciative inquiry approach, participants were asked questions that explored the strengths of people and their environments, and how these strengths were used as part of efforts to implement or promote of PMH activities. After examining the data emerging from New Brunswick schools, I explored the implications for educational practices in schools in Saudi Arabia (SA). The completed research was used as a basis for the development of an online eBook on PMH for educators in SA. It is hoped that the developed eBook, *Positive Mental Health Resource for Schools in Saudi Arabia,* will be applied in my country to promote the benefits of PMH both within school staff relationships and in classrooms among students and teachers. This eBook includes content from Ryan and Deci's (2000) model of psychological needs, and outlines needs and relationship practices that promote positive emotions and strengths among people. It applies to all individuals within the school setting and contributes to the development of a positive school environment where people can grow, develop, and thrive. The development of the eBook also takes into account Prochaska's theory of change. According to this model, when people move from pre-contemplation to contemplation, this sets the stage for action. In this way, the use of the PMH eBook in SA will provide the basis for not only being aware of PMH, but also for planning actions and initiatives for

the promotion of PMH perspectives and practices in classrooms and in teacher training programs.

The following sections provide specific details of my applied research study. I begin with the presentation of a concise overview of the literature in order to define PMH and its relevance to educational settings. The subsequent sections include a presentation of the researcher's background, perspectives and areas of inquiry, as well as a presentation of the research design and a description of methods. The final chapters include study results and discussion sections. The appendices contain the study's research information and consent forms, as well as resources related to the development of the *Positive Mental Health Resource for Schools in Saudi Arabia*.

II. Review of Literature

Mental Health Concerns

The Public Health Agency of Canada (2006) has defined a *mental health problem* as a "departure from a state of mental or psychological well-being" (p. 2); while the terms *mental illness* or *mental disorder* indicate a "clinically recognized condition, and imply either significant distress, dysfunction, or a substantial risk of harmful or adverse outcomes" (p. 2). Mental health concerns may include both internalizing and externalizing features or characteristics in children and youth.

Farmer, Burns, Philips, Angold and Costello (2003) indicate that those entering systems of mental health care generally begin this process between the ages of nine and thirteen, with schools playing a key role in identifying the need for services and supports. Further, the World Health Organization (WHO, 2004) estimates that one in five children and youth under the age of 18 may experience some form of mental health concern, and one in eight experiences a mental disorder or illness. These statistics provide a strong rationale for schools as a setting for promoting mental health literacy, and for cohesive and collaborative efforts to address mental wellbeing in school environments (DEECD, 2015).

Common mental health concerns affecting students include depression and anxiety. Depression may be defined as a clinical concern that is more serious than just feeling unhappy. Depression often involves the experience of despair that may

occur over a lengthy period of time. It affects all areas of people's life contexts at home, work or school. Depressive feelings may also be accompanied by a sense of hopelessness that people's current experience or circumstances will not change (Canadian Mental Health Association, 2015).

Mental health concerns of children and youth in Saudi Arabia have also been investigated. A study conducted by researchers in Riyadh, SA reports that mental health problems often become evident in children and youth between the ages of 10 and 19 years. This group of researchers identified that the most prevalent mental health concerns included anxiety, depression, somatic disorders, and behavioral disorders with rates ranging from 4 to 13%. The impact of these kinds of problems affects the performance of students in school, with evidence of poor school performance and many dropping out of school.

The outcomes of the Global Burden Disease study listed depression among the top five health conditions affecting life adjustments and levels of satisfaction (Ferrari et al., 2013). With regard to depression, Seligman and colleagues (2009) report that approximately one in five young people experiences episodes of depression during their childhood and adolescent years. Some theorists indicate that rates of depression have increased ten-fold, with the mean age of onset for this condition now being 14 (Hidaka, 2012). Depression may also be accompanied by feelings of anxiety. According to the Anxiety Association of British Columbia (2015), this condition may include intense worry, fear or doubt. Similar to depression, heightened

anxiety may also interfere with adaptation in an individual's home, school or work environments. Anxiety is identified as a common mental health concern among children and adolescents. The number of Canadians aged 15 and over who have shown symptoms of anxiety disorder is approximately 2.6%. Nearly 10% of children will demonstrate some form of anxiety, with 2% - 5% being affected by more severe levels of anxiety that impact their lives (Merikangas, Nakamura, & Kessler, 2009).

In contrast to internalizing features such as depression and anxiety, externalizing features include external or outward behaviours such as over-activity, opposition, outbursts or aggression. Externalizing may include behavioural features characterized by impulse control problems and conduct issues. Externalizing features are often comorbid with internalizing concerns, contributing to more complex mental health concerns and challenges with respect to adaptation in relationships and routines (Webber & Plotts, 2007).

Positive Psychology Perspectives in Mental Health

Traditionally, programs within school and community settings dealing with mental health issues focus on 'fixing the problem' by identifying risks and needs, providing intervention and support in a timely manner, and trying to address the stigma attached to mental health problems. This process tends to focus on helping students who have been identified or diagnosed as having mental health issues (Morrison & Peterson, 2015).

Although this approach has been effective in relieving symptoms for many areas of mental health concerns, Seligman and Csikszentmihalyi (2000) assert that such efforts have focused exclusively on pathology and perceived deficits in the health and functioning of people. This perspective places emphasis on relieving symptoms, and views individuals as being passive and only affected by external forces or influences.

In contrast, positive psychology views people as having strengths, being self-determined, and having the potential to move towards positive change and well-ness. Moving from a deficit focus to a positive psychology view involves shifting the focus from the factors that place people at risk for experiencing mental health concerns to the influences that increase the likelihood for people to experience enhanced psychological wellness and personal resiliency. According to Duckworth, Steen and Seligman (2005):

> Positive psychology is the scientific study of positive experiences and positive individual traits, and the institutions that facilitate their development. It is not selfish; it provides empirical evidence to support a new way of looking at current ideas to enable humans to thrive (p. 630).

Hefferon and Boniwell (2012) state that positive psychology is the scientific study of "wellbeing, happiness, flow, personal strengths, wisdom, creativity, imagi-

nation and characteristics of positive groups and institutions" (p. 2). Positive psychology is not just positive emotion and positive thinking - it focuses on specific factors and conditions that enable people and societies to flourish. Recent theory and research emerging from studies in positive psychology emphasize the importance of moving beyond a problem-only approach. This involves adopting a more strength-focused approach that engages people in using areas of strength to build solutions. The emphasis is not just on eliminating problems or reducing risk, but setting directions and implementing actions that contribute to psychological wellness. This change in emphasis promotes greater awareness that the wellbeing of children and youth is impacted by positive factors within themselves and their environments.

Positive psychology is not just the absence of negative factors; rather, there is the assumption that positive experiences and characteristics are not dependent upon negative states. Evidence has been reviewed that "positive emotion represents an entirely separate psychological process" apart from areas of risk, need or challenge (Duckworth et al., 2005, p. 634). Positive psychology assumptions include the beliefs that:

- All children and youth have an inherent ability and talent for positivity in their lives.
- Positive development requires engaging and empowering children and youth in contributing to quality of life of self and others.

- Children's and youth's social contexts and friendships can play a key role in promoting emotional wellbeing.
- Qualities of interpersonal interactions with others characterized by genuineness, unconditional caring and empathy release potential for growth and development (Duckworth, Steen and Seligman, 2005; Morrison and Peterson, 2013).
- Self-determination plays a large role in terms of an individual's competence, autonomy and relatedness. How they approach self-determination corresponds with their self-motivation and mental health. When they have a positive approach to self-determination, they have a healthy approach, while a lack of this can lead to lessened self-motivation and wellbeing (Ryan & Deci, 2000). This theory regarding self-determination can help to address issues and provide resources related to mental health in education, healthcare, psychology, and health and wellbeing, to mention a few.

Positive Psychology and Positive Mental Health

Closely associated with the term *positive psychology* is *positive mental health* (PMH). While mental health promotion or prevention has emphasized de-stigmatization and ensuring early access to services, PMH has reinforced the broader inclusion of positive psychology concepts to individual, organizational and universal wellness approaches. Mental health refers to anything related to one's emotional condition. It can include both behaviour problems and the strategies to treat them.

It is often associated with hospitals and other institutions that deal with issues relating to the psychological aspects of health. Previous thinking about wellbeing considers it in the context of mental illness (Peterson & Morrison, 2011).

Increasingly, there is a movement toward promoting PMH. Recent research in health and education has identified the importance of moving beyond a problem-focused approach to embrace a more positive view of people and their potential. This shift involves the recognizing that people's wellbeing is not only influenced by the absence of problems, but also is impacted by the existence of strengths and positive factors within themselves and their social settings (Morrison and Peterson, 2013). Such positive factors may include:

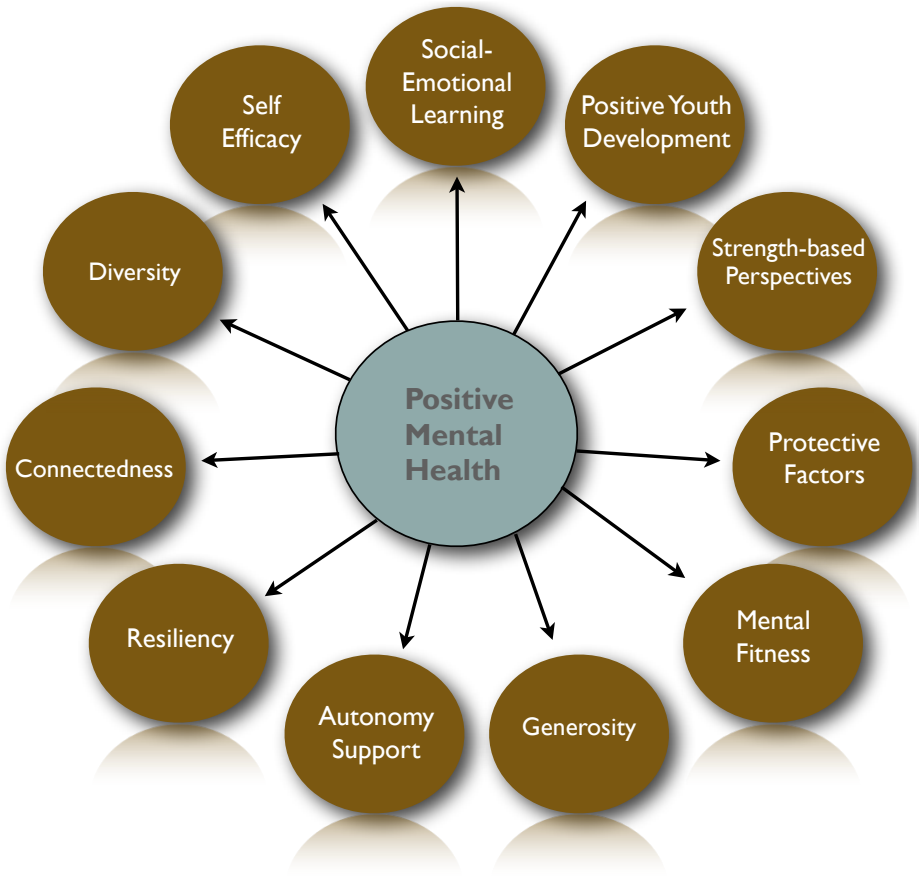
- People's positive characteristics and emotions (e.g., empathy, sincerity, contentment, optimism)
- Positive personal experiences (e.g., successes and accomplishments)
- Positive relationships (e.g., friendships, respect, support)
- Programs or initiatives that enhance quality of life (e.g., programs that use people's strengths and initiatives that engage their participation in problem-solving) (Seligman & Csikszentmihalyi, 2000).

PMH involves long-term plans that focus on how to encourage children, youth and adults to deal with their problems in positive ways. It helps teach them skills that shape them into well-rounded individuals and contributes to their adaptation in their social relationships and routines. PMH is related to the promotion of

wellbeing, and the prevention of mental disorders. It includes the ways that our positive emotions contribute to a positive life. It is how we feel and act in life, and affects significantly all aspects of life such as our relationships and our ability to work and study. The promotion of PMH means supporting individuals to become more resilient and to deal with their life situations (Peterson & Morrison, 2011). According to the Public Health Agency of Canada (2014), PMH is our ability to "think, feel and act in ways that enhance our ability to enjoy life and deal with the challenges. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice, interconnections and personal dignity" (p. 1).

PMH Concepts in the Literature

In the literature, one may find numerous concepts and themes that are related to PMH. The following diagram provides many of the key words associated with a positive approach to wellbeing.



(Peterson and Morrison, 2011)

Many theoretical and research concepts related to PMH directly reflect the assumptions of positive psychology and their role in supporting the wellbeing of children and youth. Some of the key PMH concepts in the literature include (but are not limited to) such terms as *wellbeing, social emotional learning, connectedness, resiliency, strength-based action, thriving and flourishing and mental fitness.* The following provides a brief description selected concepts as outlined in the literature.

Wellbeing

Wellbeing is understood as people experiencing a sense of harmony (Rybak, 2013). It has been defined in two different ways – from clinical and psychological perspectives (Dodge, Daly, Huyton, & Sanders, 2012). The clinical perspective focuses on the lack of negative risk factors, while the psychological aspect looks at the presence of positive characteristics. The Institute has identified a list of traits that are consistent with the state of wellbeing, including actively seeking wellbeing, seeking balance in life activities, finding satisfaction in life, building positive relationships with others, and making the most of oneself (Rybak, 2013).

Nurturing wellbeing includes being mindful of our emotions, psychological needs, and social relationships. There are many ways to create a nurturing environment, including promoting healthy habits, life skills, interests and assets needed to live healthy, happy and productive lives in creating relationships with others (Biglan, Flay, Embry & Sandler, 2012). Duckworth, Steen and Seligman (2005) have identified attributes of wellbeing as the "presence of positive emotion, the absence of negative emotion and a cognitive judgment of satisfaction and fulfilment" (p. 636).

Social-Emotional Learning

Social-emotional learning (SEL) refers to a process that helps children and young people to identify and manage emotions, and to set and pursue goals that are positive. SEL also involves developing a sense of care and concern for other people,

making respectful decisions, and effectively dealing with situational and interpersonal stressors (Morrison & Peterson, 2013). Some theorists define SEL as "the process of acquiring the competencies to recognize and manage emotions, develop caring and concern for others, establish positive relationships, make responsible decisions and handle challenging situations effectively" (Brown, Corrigan & Higgins-D'Alessandro, 2012, p. 214.). In order to function well, children and young people need to learn how to deal with issues that arise from social circumstances. Programs are being used both within and outside schools in order to help to achieve this by promoting positive changes in students' personal attitudes and enhancing connections with others (Morrison & Peterson, 2013).

Connectedness

Connectedness refers to links that young people make with others in their lives, including parents, other students, school personnel and other members of the community. Each context has its own way for children and young people to relate, and needs to be taken into consideration as they learn how to deal with others. Connectedness is a sense of being a part of something larger than oneself, and having feelings of belonging and togetherness (Morrison & Peterson, 2013).

Resiliency

"Resiliency can be considered the ability to respond to the difficult challenges of life without being caught by the undertow of life difficulties" (Rybak, 2013, p. 116). It is the ability of people to adapt to obstacles and challenges in their

lives. Resiliency involves feeling thankful, being able to set expectations that are reasonable, problem-solving in a positive way and using coping strategies, and asking for help when needed. Referred to as a mental health concept by positive psychologists, resiliency is seen as having access to resources that assist people in adapting or bouncing back from difficult or challenging emotional experiences (Kristjánsson, 2012).

Strength-based Approaches

Positive psychology focuses on recognizing and playing to one's strengths in order to build PMH. There is a belief that people have the ability to use their inherent strengths to overcome obstacles and meet life's challenges, which is referred to as resiliency (Morrison & Peterson, 2010). Duckworth, Steen and Seligman (2005) note that there are ten criteria for what has been identified as twenty-four human traits related to strength of character. They organize strengths into six virtues: "wisdom and knowledge, courage, love, justice, temperance and transcendence" (p. 638).

Thriving and Flourishing

Flourishing refers to the ability to thrive and grow in a positive way. It means responding positively throughout the day to events and activities. "Flourishing is another way of describing a positive sense of wellbeing in human beings in which they experience an optimal level of mental health (Rybak, 2013, p. 117). Positive results of people who flourish are shown in "academic achievement,

mastery of goal setting, higher levels of self-control and continued perseverance" (Hefferon & Boniwell, 2012, p. 2).

Mental Fitness

Mental fitness refers to our personal sense of psychological wellness (thoughts and feelings). People are more likely to be mentally fit when their needs for recognition (competency), choices (autonomy), and belonging (relatedness) are met. It means having a positive sense of how they feel, think and act which improves their ability to enjoy life. It also implies the ability to efficiently respond to life's challenges, and to effectively restore and sustain a state of balance. Building a positive work or learning environment involves addressing the PMH needs of people. According to self-determination theory, these include needs associated with *relatedness*, *competency*, and *autonomy support* (NB Social Development, 2016).

Relatedness

Relatedness refers to our need for connection or closeness with others. Fulfillment of this need is met through interactions with others, our membership in groups, and the support and encouragement we receive from others. Statements that exemplify a sense of relatedness may include:

I belong or am part of my work group and the organizational community.

I feel included, encouraged and supported by my co-workers and the organization.

Competency

Competency refers to our need for recognizing and using our strengths in achieving personal goals. Fulfillment of this need provides individuals with a sense of personal achievement and confidence, and might include a sense that:

I have strengths and gifts that are recognized by myself and others.

When I use my strengths to meet goals, I feel a sense of worth and accomplishment.

Autonomy Support

Autonomy support refers to our need for our voice to be heard and to have choices in how we work and learn. Supporting autonomy involves supporting each other's role as part of a team. Such support may be expressed as:

I am able to make decisions about things that are important to me and others.

I feel hopeful because others support me in being an active participant in making choices (Morrison & Peterson, 2011).

When mental fitness needs are met within workplace and learning environments, people are more likely to be engaged, to be motivated to embrace challenges, and to perform at their best in learning and workplace settings (GNB, 2014).

PMH perspectives and practices have been positively correlated with a range of personal learning and work-related benefits. Applications of PMH practices have been associated with:

- Adoption of healthy-life style and physical activity routines
- Identification and effective management of emotions
- Enhancement of positive coping and problem-solving skills
- Exploration and use of people's strengths and capacities
- Increased confidence to complete learning and workplace activities
- Increased attendance and engagement in school and workplace tasks
- Enhanced respect and appreciation for diversity and individual differences
- Development of positive and caring relationships
- Creation of positive learning and workplace environments
- Demonstration of pro-social behaviours (Morrison & Peterson, 2013)

Schools as a Setting for Positive Mental Health

Schools play a crucial role in each child's life, so they need to provide opportunities for the child to feel happy, comfortable and safe. Schools are a primary setting where students' psychological wellbeing and resilience can be influenced. As children spend so much time in this environment, schools play an essential role in shaping their personality and behaviour, and providing opportunities to foster PMH. For some young people, support from teachers and networking with friends within the school environment may have an even greater influence than the home (JCSH, 2011).

The Canadian Institute for Health Information (2009) states that it is critical

for schools to foster the development of PMH by supporting student resilience, and creating supportive environments and that address student wellbeing. With the recognition that schools are an important source of connectedness for students, the Pan-Canadian Joint Consortium for School Health has encouraged the PMH perspectives and practices by using a Health Promoting or Comprehensive School Health approach.

The World Health Organization (WHO) defines health-promoting schools as those in which everyone in the school environment works cohesively to "provide pupils with integrated and positive experiences and structures which promote and protect their health" (Morrison & Peterson, 2010, p. 18). A health promoting school or *comprehensive school health approach* involves not just focusing on singular classroom activities, but incorporates an inclusive approach throughout both school and community. Guidelines for schools in addressing the promotion of wellbeing include a place of safety and support, the empowerment of students, connection to policies and programs that promote health and wellness, evidence-based goal setting and ongoing refinement of practices through evaluation (JCHS, 2011).

Comprehensive School Promotion of Positive Mental Health

As outlined by the Pan Canadian Joint Consortium for School Health (2011), comprehensive school health involves a model for positive health promotion that includes a framework based on four specific pillars: social and physical

environment, teaching and learning, healthy school policy and partnerships and services.

Social and Physical Environment – Pillar One

The social environment relates to the quality of the relationships of the students within the school, their families and the community as a whole. This interrelates with the physical environment of the school building including the grounds and places where children play. The JCHS indicates that there are three aspects to this pillar: "safety on both physical and emotional levels, the climate of the school and classroom, and the use of physical spaces" (Morrison & Peterson, 2013, p. 25). Physical safety involves providing the student with a safe environment. Environment is the place where individuals live as well as the people, things and atmosphere around them. Environment is anything that can have an effect on people, whether positive or negative. The environment has a major impact on wellbeing and learning.

School and classroom climate is more than the physical comfort of a room; it refers to the experiences and perspectives of the students within this environment that contribute to positive learning. It refers to how students engage in classroom activities and value their social interactions. Use of physical space within the area of social and physical environment involves using *universal design* to ensure that a range of abilities is considered, rather than designing for *one size fits all* (JCSH, 2011). It includes designing to accommodate everyone to provide a welcoming

feeling and easy access to various facilities, activities, equipment and software.

Social and Physical Environments for PMH: Does your school...

- Allow and encourage students to participate in decision-making?
- Foster an atmosphere of trust, tolerance, co-operation and empathy?
- Have a welcoming, student-centered environment (e.g. sofas, decorative plants, student artwork, quotes and photos on display)?
- Showcase student achievement and unity?
- Design its physical spaces so that students can access facilities, maneuver within them, and participate fully in planned learning activities? *(JCHS, 2011)*

Teaching and Learning – Pillar Two

Teaching and learning is an area that provides students with the skills and thinking to be able to develop socially and emotionally to ensure general psychological health and wellbeing. JCSH identifies six elements in this process: "differences and diversity in the classroom, culturally relevant practices, cooperative methods, autonomy-supportive practices, strength-focused applications, and social skill development" (Morrison & Peterson, 2013, p. 25).

Teaching and Learning for PMH: Does your school...

- ✓ Provide students with an enhanced understanding and appreciation of diversity?
- ✓ Incorporate culturally-relevant themes into instructional practices and activities?
- ✓ Offer students the chance to learn and practice social skills?
- ✓ Accommodate individual learning needs and preferences?
- ✓ Support autonomy by minimizing control, listening to and validating student perspectives? *(JCHS, 2011)*

Healthy School Policies – Pillar Three

The guidelines outlined in the JCSH (2011) suggest that having appropriate school policies for leadership will enhance PMH for the whole child. These decision-making processes will affect all the areas that impact the student. Such policies may include promoting a safe and caring environment, providing professional development and training, and ensuring timely support for students through effective student services.

Healthy School Policies for PMH: Does your school...

- Provide alternatives to zero-tolerance policies that allow for continued school connectedness and restoration?
- Ensure that all students and staff members are held accountable for upholding and modeling rules pertaining to respectful behavior?
- Have policies that contribute to the physical and emotional safety of all students?
- Accommodate the learning and social needs of all students, including those with exceptionalities?
- Offer ongoing professional development related to PMH? *(JCHS, 2011)*

Partnerships and Services – Pillar Four

Relationships are vital to personal and social development. These include relationships with students in school, friends, families, neighbours, and more formal relationships with principals and government officials, for example. There are four aspects of this pillar: "sustained family contact and communication, adult-student mentorship programs, partnerships with family and youth service agencies, and school and community-wide mobilization activities" (Morrison & Peterson, 2013, p. 36-37).

Sustained family contact addresses the relationship between the family and those who look after their children in the school. Often, parents may not be aware

of what is happening with their child unless there is a problem. Regular communication between school and home helps parents understand all aspects of their child's life outside the home. Examples of communication could include sending periodic emails or regular newsletters. Creating learning portfolios, providing samples of student work, and inviting parents' comments are suggested strategies (JSCH, 2011). Adult-student mentorships enable students to learn from positive role models, helping students to say no to negative influences and develop the ability to understand what is helpful or not helpful.

Partnerships with families and agencies are advocated by positioning services to help students within the school environment. Students who may have problems or questions can have appropriate help and support quickly, in a coordinated manner. This means offering a service when the student needs it. School and community-wide mobilization activities refer to the ability of the community to react and provide services and support to the student in a timely way. By assessing the readiness of the community to respond, the school can identify strategies for action.

Partnerships and Services for PMH: Does your school...

- Interact with the home regarding student learning issues?
- Collaborate with families in the design of school improvement and learning initiatives?
- Adopt policy to ensure collaboration with community and government organizations?
- Offer opportunities for participation in school-community action groups or committees? *(JCSH, 2011)*

Positive Mental Health Resources in the Canadian Context

Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives (Morrison & Peterson, 2013) represents a synthesis of school-based positive psychology research, including a literature review, interviews with key stakeholders, and analyses of practice themes from the literature and stakeholder discussions. A resulting planning resource of practices was designed as a Positive Mental Health Toolkit for teachers, administrators in schools, and other partners. It involves a set of key indicators for use within a comprehensive school framework.

Benchmarks for the indicators of PMH in schools, based on analysis of literature and practice-based evidence found in national policies and interviews with practitioners, use an adapted version of Prochaska's *stages of change*. The

stages of change are *pre-awareness*, *awareness and contemplation*, *capacity-building*, *initial and expanded plans and actions*, and *sustained and embedded practice*. The toolkit was piloted in both urban and rural centers in New Brunswick and British Columbia. Resulting feedback was used to refine the framework. Follow-up interviews were conducted to identify information about the dissemination and potential applications of the PMH toolkit (Peterson & Morrison, 2011). Other resources promoted by the Pan-Canadian Joint Consortium School include:

- *Investigating Positive Psychology Themes in School Health: A scan and analysis of Provincial and Territorial education department websites* (JCSH, 2008)
- *Emotional Health Among Canadian Youth*: A summary of wellbeing statistics *from the Health Behaviour in School-aged Children Survey* (HBSC, 2006)
- *Making the Grade PMH Practices in Schools*: A fact sheet outlining PMH practices using a comprehensive school health approach (JCSH, 2011)
- *Youth Engagement Toolkit*: An electronic eBook including autonomy support practices for engaging students in leadership activities that support wellbeing (JCHH, 2014)
- *Healthy School Planner*: An online questionnaire including short and longer version assessments for tailoring PMH plans to meet varied school social environments (Propel Centre for Population Health Impact, n.d.)

Using Stages of Change as a Model for Promoting Positive Mental Health

The preceding tools and resources may be used to promote the use of PMH concepts and practices within the school environment. Given sufficient time and continued efforts, use of PMH approaches may become embedded as the way that school staff, students and parents relate and collaborate with one another. Building positive relationships, focusing on strengths, and promoting positive emotions may contribute to the creation of a *positive mental health environment* where PMH is embedded as part of the school culture. Prochaska's stages of change model provides a useful tool for helping people to identify where they are in the cycle of change related to the use of PMH practices and how to move towards building a positive mental health environment. This model has been adapted to consider the stages that a workplace or school environment might go through in moving towards creating a positive mental health environment. The following provides an overview of the stages of change as adapted by the Mental Fitness and Resiliency Inventory (WMA Wellness, 2016):

Pre-Awareness Zone

- Minimal or no awareness of PMH concepts and practices;
- Commitment to and use of given attitudes and behaviours associated with this area are limited;
- Area for targeted professional development or training.

Contemplation Zone

- Some awareness of PMH concepts and practices;
- Commitment to and use of given attitudes and behaviours are at a low level;
- Area for targeted professional development or training.

Initial Plans and Actions Zone

- Awareness of the benefits of PMH concepts and practices;
- Commitment to and use of given attitudes and behaviours in the work-place/educational settings are at a beginning to low moderate level;
- Area for targeted professional development or training.

Expanded Plans and Actions Zone

- Awareness of the benefits of PMH concepts and practices;
- Commitment to and use of given attitudes and behaviours in the work-place/educational settings are at a moderate level and expanding;
- Continued development of this area will maximize its benefits on relation-ships and team functioning.

Comprehensive Practices Zone

- Recognition of the benefits of PMH concepts and practices;
- Commitment to and use of given attitudes and behaviours in the work-place/educational settings are at a high level across the organization;
- Continued development of this area will maximize its benefits on relation-ships and team functioning.

Embedded Practices Zone

- There is recognition of the benefits of PMH concepts and practices;
- Commitment to and use of given attitudes and behaviours in the work-place/educational setting are at a target performing level;
- Efforts to sustain and embed practices may be undertaken through ongoing leadership and professional development opportunities.

Evaluation in School-based PMH Initiatives

Programs incorporating PMH concepts and the promotion of student wellbeing often are referred to in terms of *mental health promotion*. In a recent review of school-based mental health promotion programs within Canada, less than half reported that they had carried out or been part of an external evaluation process. There were also differences in the conceptualization of what constituted a formal evaluation among participants in these programs (Manion, Short & Ferguson, 2012). This research suggests the need for targeted and widespread education regarding the meaning of evaluation and its relevance to school-based mental health programs and practices, as well as concrete and practical methods to apply evaluation practices in school settings. Manion and colleagues (2012) suggest the following key considerations for action:

- The development of evaluation templates addressing specific program domains or components with identification of common tools and measures that can be applied consistently across regions

- Access to technical support across provincial and territorial regions that can guide and support program evaluation efforts
- The creation of established linkages between program evaluations and larger scaled evaluations on a provincial or national level to address process, outcome and cost-effectiveness considerations

III. Research Rationale, Design and Methods

Researcher Background and Approach

When I first heard about PMH, my assumptions were that it was just a positive way of thinking and teaching, but it is deeper than I thought. PMH research is teaching me lessons that I can use in my life. I believe that everyone has a gift that makes him or her special; everyone has strengths that they can use, regardless of whatever problems they may have. We need to think about the talents or strengths that people have, and not define them solely by their areas of risk or need. Every day something bad or good may happen, but often when something bad happens we stop focusing on any good that may arise from that experience. However, we can always receive something good from our challenges.

I want to share my experience of how I was using PMH approaches, even before fully understanding what they were. First of all, I want to share my school experience as a student in SA. Sadly, I would say that in general I did not have positive experiences with my schools or even teachers in my schools. When I was in school, the characteristics of a "good" school included giving students a lot of homework and encouraging teachers to be strong and tough with students. I went to a private school during my elementary and middle school years with an average of 18 students in a class. When I reached high school, I switched to public school with an average of 40 students per class. This was much more difficult and I saw

many different types of behaviour exhibited by students and teachers. The atmosphere was unruly and the girls adopted "tough" behaviours. Public schools bring together families of different backgrounds, including rich, poor, multicultural, and both educated and uneducated parents. In my experience, the public school environment was not intentionally designed to provide positive attention to students, regardless of their abilities or personal circumstances. Perceived ways of fixing or dealing with school problems often reflected use of controlling approaches, applying strict rules, or carrying out consequences. However, at university in SA my experience was different and was much better than my school experience. Many of the professors created positive learning environments.

My second experience with educational environments was when I came to Canada to take English language classes in Ontario. After seven months I took the test that all universities ask international students to take (IELTS). I had to complete this test several times until I got the score that gave me a chance to apply to university. For me, it was important to be successful with the test, so it did not matter how many times I had to take it; I would continue until I succeeded. I didn't let my failures get me down – my positive approach helped me to make sure I would be successful.

I then applied to UNB three times, and each time I got rejected. I came to Fredericton to see why, as I really wanted to know why my application had been rejected and how I could qualify for admission to the MEd program. When I met

with the faculty and provided personal reference letters from my tutor in Ontario and my supervisor from my work, my application was approved, and I began my Masters degree at UNB.

My main influence has been Dr. Bill Morrison, who not only specializes in PMH (PMH), but also embodies it. I have learned so much from him about how PMH works and is applied. I love being optimistic because it always keeps me up-beat, and makes me accept whatever happens. When I started my literature review on PMH, I found that I learned a great deal on the topic. My research has encouraged me to always:

- Think in a positive way because we are going to succeed in the end
- Believe that good things can come from bad things
- Understand that there is another door open for us
- Remember that if we change our behaviour toward people, they will change too

I also learned from reading about PMH that when you look at a child who has a problem, you should not focus on the problem alone, but focus instead on the strengths that the child has. I really like this philosophy and I truly believe that looking for the positive in people allows us to deal with the behaviour by finding out what is causing it.

After I started research on positive mental health (PMH), I became interested in what is happening around the world with regards to this concept,

especially in Canada and Saudi Arabia. I started looking for people who may be using the concept or some aspect of it in their daily lives. I found someone on social media who is doing a lot of videos to help parents and teachers to apply a more positive approach with their children and students. After speaking with her about what she is doing, I then talked with friends and people working in the school system in Saudi Arabia and asked them questions related to this topic.

I found on Facebook a lady who is creating videos about building positive relationships among children, their parents and the school staff. I made contact with her to discuss the topic and get answers to questions to support my thesis. The woman is the owner of a school in Jeddah, SA. She is doing a lot of workshops for parents and teachers about positivity in the classroom and in relationships. After several years of working with the government, she has spent many years in the school system, and knows a lot about the situation. We have discussed the situation over several phone calls through FaceTime. In the first phone call I asked her general questions about what she is doing in her workshops, and how. She answered that she is little disappointed about PMH in SA. She said that we are missing the whole concept of positivity in our community. She believes that only 1-5% are applying a PMH approach, and even after learning new approaches through her initial workshop, she believes not many will actually change their teaching behaviour to apply this approach. One solution might be to offer recurring or update workshops.

An adapted model of the PMH Toolkit used in New Brunswick could also be applied to the Saudi environment to promote awareness and understanding of PMH. The PMH toolkit would need to be developed and translated for piloting in schools in SA. It is hoped that the results of my research in Canada and my consultations with school personnel from SA will provide the needed information and insights to create a useful resource for promoting PMH in my own country.

Research Scope

The initial activity of my research was to examine the rollout of PMH (PMH) promotional activities being carried out in three New Brunswick Schools. A formative evaluation design was used to examine the experiences of New Brunswick educators and school health personnel involved in the design and rollout of PMH activities in the school setting. Once data was analyzed from the New Brunswick schools, a second phase included the completion of interviews with educators from SA who had studied abroad to explore their views on PMH and opportunities for promoting PMH within their schools and teacher training programs. The final phase involved the development of an online resource that could be used to promote PMH ideas and practices in SA.

Research Design

A formative evaluation design was used to guide the initial phases of this research. Such designs are often used either before or during the early

implementation of a program or project to gather information that will assist in approving a program's approach and its potential to have a positive outcome (CSEET, 2010). Some purposes of formative evaluations include:

- Understanding or clarifying the need for a project
- Making the theory of change of the project clear
- Improving the structure or framework of a project
- Enhancing implementation of project activities
- Learning lessons that may be helpful to other project applications (CSEET, 2010)

Formative evaluation design may explore research questions related to three levels of program or initiative:

- *Context evaluation*: Characteristics of a setting or community; how people work together or interact on a daily basis; influences or factors might help or hinder the specific project successes.
- *Implementation evaluation*: What has taken place? How do implemented activities link with project goals? What resources have been used? What challenges were encountered? What solutions were developed?
- *Outcome evaluation*: What has changed?; What impact has the project or initiative had on participants or the community?; Have goals been met, are there unexpected outcomes? (Kellogg, 2004).

Formative evaluation designs use participatory approaches that involve

multiple perspectives from individuals involved with the program or initiative. This means having a high level of engagement with program personnel, participants involved in program activities, and stakeholders who are important sources of support for the program. Participatory methods encourage the involvement of participants and partners in a variety of research activities, from setting the initial project plan, to reporting on implementation activities, to interpreting and applying program findings. The importance of participatory approaches is "not to do research on others but to be a part of research by instilling a collaborative culture that would build a bridge between scientific knowledge and practical knowledge" (Ducharme, Leblanc, Bourassa & Chevalier, 2011, p. 869-870). For my research, interactions and exchanges with educators and school health professionals from New Brunswick and SA will be considered. Their feedback and contribution will be essential for identifying key implications for promoting PMH awareness and understanding both within Canada and abroad.

Given the importance of participatory approaches, formative evaluations often apply qualitative methods that are open and that lead to the exploration of research questions from the point of view of program participants. Multiple methods may be included in a formative evaluation design, such as completion of literature reviews and needs assessments; production of program logic models; completion of semi-structured interviews or focus groups; analysis of program plans and journals; administration of questionnaires; review of program resources;

and onsite observations (Kellogg, 2004). For this research, qualitative approaches will include review of PMH documents, examination of implemented resources, and interviews from New Brunswick and SA.

Areas of Inquiry

Research questions are organized under four headings: *Context*, *Resources*, *Preliminary Implementation* and *Implications*.

Context

- What are the important characteristics of the school context related to PMH? (Areas of concern, need for change, specific challenges and sources of strength or accomplishment)
- What is the focus of the PMH initiative for the school? What are the goals or intent of the initiative?
- What current understanding do members of the school community (students, teachers, parents or caregivers, staff and administrators) have of PMH concepts or practices?

Resources

- What resources are used to apply PMH practices?
- What is the purpose of their use? How are they used??

Preliminary Implementation

- What PMH components or activities were implemented? How and when were they implemented?

- Who was involved in PMH components or activities?
- What was the result or change related to the preliminary implementation of the PMH initiative? (School routines, relationships or interactions)
- What are the next steps or plans for the PMH initiative?

Implications for Saudi Arabia in the Educational System

- What is happening with PMH in SA?
- What lessons learned from this initiative might be beneficial for PMH in SA?
- What has changed for me personally?

Appreciative Inquiry Lens

The inclusion of an appreciative inquiry lens will also be considered as questions are asked and responded to in this research endeavor. This will involve rethinking and restating problem-focused statements or areas of inquiry as opportunities for the development of positive actions. In another words, as data collection activities are undertaken to explore PMH perspectives and practices, particular attention will be paid to what is functional and positive in the present and what holds promise for affecting positive change in school environments (WMA, 2013). Key components of an appreciative inquiry process that may apply to this research endeavour:

- *Discovering*: Strengths and success from the past and what is currently working well are explored. Discovery questions are intended to elicit stories about what participants find most valuable or appreciated.

- *Dreaming*: Participants dream of "what might be". If such dreams were realized, what would the reality look like? What would be happening? What would we be doing? Common themes that emerge from dream discussions and brainstorming are often visually mapped.
- *Designing*: This component is about giving form and structure to the values and ideas of the dream or vision. In this phase, the framework or theory of change for moving forward is designed (adapted from Bright, Cooperrider, & Galloway, 2006).

Participants

A *purposeful sampling* strategy has been applied for this research. This approach involved selecting participants directly involved in the planning, coordination and implementation of the PMH promotional activities in New Brunswick schools. Currently, the Health and Education Research Group is working with various districts involved in the implementation of PMH promotional activities in schools. In collaboration with Dr. Morrison and Dr. Peterson, the opportunity to be involved in this research endeavour has been communicated to potential district and school-level participants.

These participants included a range of diverse school professionals and support personnel including teachers, administrators, student support professionals, and school health stakeholders in New Brunswick, Canada. In Canada, most of the schools are public, with very few private schools.

This research also includes other participants involved in the school system in Saudi Arabia. These participants have been drawn from the network of educational colleagues with whom I have worked over the past several years. They include grade level teachers, administrators, student services personnel and educational consultants.

Methods and Research Phases

Descriptive methods provide information about what is happening in a setting, detailing the characteristics of specific groups and their practices and attitudes, and describing relationships among various processes, activities and participants (AECT 2014). For this research, descriptive methods were used to explore the contexts, interactions, activities and participants involved with the development and implementation of PMH (PMH) promotional activities in New Brunswick schools. Descriptive methods were also used to explore PMH awareness, experiences and perspectives among educators in Saudi Arabia (SA). Finally, the analysis of data provided essential information for the development of an online resource for promotion of PMH with school personnel from educational settings in SA. The methods for these research activities involve four phases.

Phase I: Examination of Planning and Implementation Resources

This phase involved documenting and examining resources used for planning and implementing PMH promotional activities. The purpose of specific resources was defined, and how they were used was documented. Example

resources included the PMH Toolkit, online training resources related to Mental Fitness, the PMH logic model, and district webinars on PMH.

Phase II: Interviews with School PMH Participants

Interviews were carried out with 11 PMH initiative team members involved in the coordination, planning and implementation of PMH promotional activities in three schools in New Brunswick. These data collection activities assisted in documenting key themes related to the development and implementation of PMH in their schools. Areas of inquiry investigated enabling influences related to the rollout of the PMH promotional activities, as well as areas of change linked to specific resources or planned actions.

Phase III: Interviews with School PMH Participants

Five interviews were conducted with educators from SA to obtain their perspectives on PMH, to explore the current use of PMH concepts and practices in SA, and to identify areas for potential development. These interviews supported the analysis of lessons learned in the New Brunswick PMH initiative, in order to improve and promote the experience of PMH. It also assisted in the development of the plan for the creation of an online resource to introduce and expand awareness of PMH in Saudi schools and teacher training facilities.

Phase IV: Creation of an Online PMH Resource for Schools in Saudi Arabia

This phase involved the creation of an online eBook resource that will be used to promote awareness and understanding of PMH concepts and practices in

SA. This resource includes information on key concepts and practices, video clips providing case examples, small group activities that can be used to promote increased understanding of PMH, and links to additional online resources.

Ethics Process

Prior to the initiation of any interview data collection activities, the university's ethics review process was completed. For this study, active consent processes were obtained from potential participants. A research description letter was used to outline the purpose of the project and proposed data collection activities. Individuals indicating a willingness to participate in the project were contacted by the researcher to answer any questions they may have had regarding the study.

Data Management, Synthesis and Analysis

Planning and implementation of PMH resources were reviewed and summarized. Participant interviews were recorded and written summaries were developed. Interviews were subsequently been merged according to key areas of inquiry, and content analysis was applied to identify major themes arising from the data. The findings from the first three phases were used to assist in structuring the outline, content and activities of the online PMH resource for SA schools. This work involved translation of the PMH resource into the Arabic language, eBook formatting, creation of online documents and videos, and the production of the final

resource.

Participant interviews were recorded and written summaries were developed. Interviews have subsequently been merged according to key areas of inquiry and content analysis applied to identify major themes arising from the data. The findings from the first three phases will be used to assist in structuring the outline, content and activities of the online PMH resource for SA schools. This work has involved translation to the Arabic language, eBook formatting, creation of online documents and videos, and the production of the final resource.

IV. Results

The results segment of the thesis begins with a summary of the profiles of participants who completed the interview process. The subsequent sections present a synthesis of the interview outcomes based on an examination of participant perspectives about PMH in the school setting. Specific areas of inquiry investigated included the importance or need for PMH, awareness of PMH by school staff and leaders, key PMH resources used or referred to in the promotion of PMH, and present outcomes or successes associated with PMH activities. The final area of inquiry focused on future steps or goals for PMH in schools.

Participant Profiles

Interviews were completed with participants in New Brunswick, Canada and Saudi Arabia. In New Brunswick, stakeholders included a range of school health and educational professionals currently involved in the planning, promotion, implementation or coordination of school-based PMH activities or initiatives. These participants included school administrators (3), Healthy Learner Nurses (2), district level consultants (2), departmental stakeholders from Education and Early Childhood Development and the Wellness Branch of Social Development (2), and national stakeholders from the Pan-Canadian Joint Consortium for School Health (3). Participants from Saudi Arabia were exclusively educators who had been employed at elementary and secondary school levels. All participants had also

studied abroad and had some knowledge of positive psychology concepts during their graduate study programs (6). One participant had held a leadership position in a school and two had taught courses at the college or university level.

Results: Participants from New Brunswick

The Importance of and Need for Positive Mental Health (PMH)

"The prevalence of anxiety and stress underscore the need to do something as a full school community."

"Expectations on teachers are great, especially in terms of inclusion. Teachers feel the weight of having so many students with diverse needs…"

At the outset of their interviews, many participants spoke about the mental health of students and school staff. There was a sense among participants that mental health concerns, emotional/behavioural problems, anxiety and depression are increasing and that such issues impact learning, the classroom environment and even attendance. A few participants noted that current provincial and national survey results show increases in emotional problems among students (HBSC, 2014; NB Student Wellness Survey). In the context of New Brunswick's inclusive education system, expectations on teachers involved addressing the diverse profiles of students, including both their learning and social-emotional needs. Participants noted that people in general are now more open to talking about mental health concerns, mentioning the promotion of the Bell *Let's Talk* campaigns in communities and schools. It was felt that both students and educators have

become more aware of mental health concerns. Overall, participants reported that openness to discussing mental health at the school level has contributed to decreased stigmatization and greater understanding of emotional concerns.

"At the school level we are still steeped in deficit approaches."

"Can't keep up with mental health needs… the school is a place where we can promote mental fitness."

Although increased openness to talking about mental health concerns was noted as a positive development in schools, approximately half of participants mentioned that the discussion of people's mental health needs often focuses only on problems or risk areas. Such discussions often omit the positive aspects of mental health including people's strengths, the impact of positive relationships, and skills and behaviours that contribute to positive emotions and quality of life.

When describing positive aspects of mental health or when defining the concept of Positive Mental Health, participants mentioned a range of actions:

- Using approaches that explore students' strengths
- Building positive relationships in the classroom among students, peers and educators
- Increasing school connectedness for students
- Giving students a sense of voice and choice
- Valuing diversity and different perspectives in others
- Providing skills that help students and school staff cope positively and be

resilient

- Adopting healthy attitudes and lifestyle behaviours

"We have the possibility of creating positive mental health environments in schools,

especially for those who may not have such support outside of schools."

PMH was described as a universal need that was applicable to all members of the school community – students, teachers, administrators, support staff and parents – including those with and without specific emotional concerns. The use of PMH perspectives and practices was identified as a way of promoting positive qualities in people and their environments, and bringing out their potential. Applying PMH approaches across the full school environment was described as a proactive way to increase the psychological wellness of students and adults. In addition, PMH approaches were viewed as increasing the resilience of individuals as a result of having supportive and encouraging relationships. In describing positive mental health approaches, three participants spoke specifically about the *CAR Model*. The acronym CAR stands for the psychological wellness needs of *competency*, *autonomy* and *relatedness* as conceptualized by Deci and Ryan. The CAR model has become a familiar expression in several school districts, and participants cited school communities that have used this framework to guide their development of PMH initiatives and activities.

Level of Awareness of Positive Mental Health

"PMH is about creating thriving school communities."

"Our school has a high level of awareness because I am there…

in other schools there is a lot to be done."

Participants indicated that school health stakeholders are generally aware of PMH health concepts and their relevance to the school environment. A few participants specified that school personnel are recognizing the link between students' positive mental health and their readiness for learning. Others indicated that school health stakeholders recognize that PMH makes a greater difference in student and school staff relationships when it is promoted across the full school environment.

"There needs to be a common language about PMH."

Participants also reported that school health professionals use various terms and expressions in conjunction with discussions of PMH concepts such as promoting social-emotional learning, increasing school connectedness, creating positive learning environments, and fostering mental fitness and resiliency. Some participants pointed out the benefits of being aware of PMH perspectives and their newly developed capacity to be able to identify and label PMH practices. Others spoke of the potential confusion of not having a common language to describe PMH, and the importance of establishing a common understanding of what is meant by

PMH. The idea of developing a glossary or dictionary of common PMH terms or concepts was suggested by two participants.

"If there are champions, the school becomes more aware of PMH."

Although increased awareness about PMH was noted, participants indicated that there are great differences in understanding PMH among schools within the same district. Higher awareness of PMH was usually associated with having school personnel or on-site professionals who were regarded as champions for PMH. The role of school administrators was identified as essential in the promotion of PMH concepts and practices within schools. As one participant stated: "If the administrator is bought in, then PMH is promoted and understood by school personnel." In addition, Public Health or Healthy Learner Nurses were often identified as champions for PMH, especially in terms of promoting a full school or comprehensive school health approach. One participant noted that Healthy Learner Nurses provide a valuable link for schools to the Regional Health Authority and play an important consultation role to schools and districts on planning and implementing PMH activities and initiatives.

"Teachers need to model the PMH practices."

Participants also noted that specific districts and schools are moving beyond awareness to taking some level of action with regard to PMH. For example, in the fall of 2015 the Department of Education and Early Childhood Development (Francophone sector), in collaboration with the three NB Francophone school

districts, began a three-year initiative to promote PMH practices among school staff teams. The theme of this initiative is that healthy staff relationships have a positive impact on relationships with students and parents. Other examples of moving from awareness to action included the development of curriculum indicators for social-emotional learning at the elementary school level, the introduction of mindfulness activities in classrooms, and the provision of professional development events on PMH concepts for teachers and school personnel. Participants also spoke of the need to promote PMH among parents and family members. Although many students are becoming increasingly aware of PMH, the need to reach out and promote PMH for families was emphasized.

PMH Resources

"When people have tools – things seem to go well and there is an impact in the classroom."

Participants highlighted a range of resources related to the promotion and application of PMH concepts and practices. The following nine PMH resources were reported and documented.

1. **On the Right Track Guide**. This online resource provides a basic overview of the CAR model as conceptualized by Deci and Ryan. It provides a profile of student functioning when relatedness, competency and autonomy support needs are addressed in the school setting. This resource was developed by the Wellness Branch of the New Brunswick Department of Social

Development.

2. **The NB Student Wellness Survey (NBSWS).** This survey is administered every three years and has elementary and secondary school formats. PMH is specifically measured in school environments from the perspective of students. PMH variables include school connectedness, relatedness, competency, autonomy support and global resiliency. The New Brunswick Health Council coordinates this survey and provides schools with individualized reports from which to develop PMH plans and activities.
3. **The Pan Canadian Joint Consortium for School (JCHS) Health Website.** This site provides a range of PMH resources for promoting awareness of PMH concepts and for applying PMH practices within a comprehensive school health framework (http://www.jcsh-cces.ca/).
4. **The PMH Toolkit**. This resource was developed in 2010 by the JCHS. This online resource provides schools with an overview of PMH concepts and the use of comprehensive school methods to promote and embed PMH practices.
5. **New Brunswick Wellness Grants.** Each year the New Brunswick Wellness Branch provides small grants for school teams who develop plans for the promotion of mental fitness practices (the CAR model). Plans must focus on student engagement and involve a full school approach.
6. **Canadian Olympic Committee Educational Materials**. Positive mental

health strategies and approaches have also been documented in Canadian Olympic Committee educational materials and kits, used in New Brunswick and Canadian classrooms.

7. **The New Brunswick Grade 3-5 Personal Wellness Curriculum**. This resource for teachers is being piloted at the elementary level. The document provides developmental objectives and activities to promote positive mental health in students and within the classroom environment.
8. **Positive Mental Health Multi-Year School Initiatives.** Multi-year initiatives related to PMH are ongoing within all New Brunswick Francophone districts and one Anglophone district. These initiatives focus on promoting and embedding positive mental health practices in school staff teams and the wider school environment (see initiative logic model in Appendix B). These initiatives range in length from one to three years, focusing on building awareness of PMH, building capacity for PMH through targeted training, and embedding PMH within school staff routines and interactions. Many of these initiatives are also connected to the NB Integrated Service Delivery (ISD) initiative. Within the ISD program, PMH practices are part of the first tier of the pyramid of interventions.
9. **Mental Fitness and Resiliency Inventory (MFRI).** This validated online survey provides feedback to school staff teams on the degree to which mental fitness and resiliency practices are integrated into workplace

routines and relationships. This resource is being used in many New Brunswick schools to determine areas of potential professional development and training, and to monitor changes in workplace culture.

PMH Accomplishments

"The initiative has given people a language to talk about and understand PMH."

"PMH empowers people to move in a cohesive direction with a common vision and goals."

Participants identified a range of positive outcomes associated with the application of PMH resources or activities in schools. PMH initiatives and activities were generally viewed as positive and beneficial for facilitating conversations about relationships and ways to build healthy and inclusive environments in schools. Participants also spoke of the engagement of students in promotional and awareness activities. As one participant described from her experience of engaging students in the use of PMH resources, "*Students are having a voice. They are aware of their rights. They want to have these conversations, they want to help their peers, and social wellbeing is a priority for them."*

Various participants mentioned the use of specific resources and their influence on school relationships. For example, the Mental Fitness and Resiliency Inventory (MFRI) was identified as helping school staff members "step back and focus on what specific PMH practices we need to emphasize" in the building of positive school team relationships. The *On the Right Track* document and the *PMH*

Toolkit were identified as guides for introducing and promoting an understanding of positive mental health concepts, mental fitness needs and practices for enhancing student and teacher relationships. The use of data from such instruments as the NB Student Wellness Survey and the MFRI were identified as valuable resources for developing school-wide plans to promote PMH practices, and to examine potential changes in the school environment or culture. The use of data for planning was also connected with the process of filling out application forms and reports for obtaining annual Wellness Grants from the province.

Participants indicated that the majority of school districts were involved in piloting or rolling out PMH activities in individual schools or across all schools. Many participants noted that they were beginning their initiatives by promoting an understanding of mental fitness needs and the relationship practices that address those psychological wellbeing needs. It was noted that in the Francophone sector, the Department of Education and Early Childhood Development were working with their three school districts to implement a three-year PMH initiative to promote healthy and effective school teams. The Francophone district in the northwestern part of New Brunswick has documented some positive outcomes from PMH initiatives over the past five years, demonstrating an upward trend in student attendance, staff morale, and reduction in behaviour problems. Within the Anglophone sector, participants noted a mix of PMH and mental health promotion activities, with some focusing on mental fitness and others focusing only on mental

health literacy.

Participant Interviews from Saudi Arabia

Schools in Saudi Arabia are all under the jurisdiction of the Ministry of Education. There are two different types of schools throughout the country: private schools and public schools. Saudi schools are not currently inclusive, so students with various types of disabilities are educated in separate places. For example, students with autism are taught in an autism centre, and those with Down Syndrome are in a special centre as well. Recently, the Ministry has been encouraging schools to accept students with some levels of disability into schools, such as those with very high functioning autism, dyslexia or a low IQ. Teachers, however, are not trained to deal with any kind of disability in the classroom.

Public schools often have the same system and same teaching style throughout the country. Arabic is the main language at these schools. Public schools are following the Education Ministry rules. On the other hand, the private schools have two different systems, regular schools and international schools, which apply fewer Ministry rules as they follow international guidelines. International schools use American, Canadian or British guidelines, and English is the main language in those schools. The regular private schools use the Arabic language, and some of these schools try to support the learning of the English language by teaching

several English classes a week. These schools apply some rules from the Ministry of the Education.

As opposed to public schools, private schools, especially the international schools, tend to care more about the quality of their buildings, safety, activities and teaching styles. International schools are sometimes more open minded and may be more apt to apply new initiatives in their schools, such as the positive mental health approach. While the public schools generally have Arabic teachers, private schools have teachers with different backgrounds and nationalities, which provides more diversity and exposure to other cultures.

As a PMH researcher, I became interested in what is happening around the world with regard to this concept, especially in Canada and Saudi Arabia. I started looking for people who may be using the concept or some aspect of it in their daily lives. I first found an educator on social media who is doing a lot of videos to help parents and teachers to apply a more positive approach with their children and students. After speaking with her about what she is doing, I then talked with colleagues and others working in the school system in Saudi Arabia and asked them questions related to this topic.

The following is an overview of the data collection resulting from interviews via email, telephone and Skype from participants in Saudi Arabia.

Awareness and Understanding of Positive Mental Health

Before undertaking the interviews for this research, I searched social media to get a basic understanding of the concept of positive mental health in Saudi Arabia. I found that many are using some aspects of positive mental health, but without consideration or awareness of the concept. It appears that some people in Saudi Arabia are starting to understand the importance of positive mental health and how it can impact student success.

Among interview participants, there was an indication that educators recognize the importance of mental health and its impact on learning and school relationships; however, people are just beginning to become aware of key ideas associated with positive mental health. Participants suggested that when people hear the words *mental health*, they often focus solely on mental illness. Mental illness reflects areas of concern related to depression, anxiety or behaviour. The aspects of positive mental health that appear to have less emphasis are the concepts of strengths, potential, thinking positive thoughts, experiencing positive emotions or enjoying life.

Regarding mental health and stigma, respondents felt that it is important to spread awareness that it is not wrong to seek help, or to visit a doctor or psychiatrist to discuss mental health concerns. It was noted that speaking more openly about mental health within Saudi schools might begin a process of acceptance and understanding that would benefit both students and educators. It

was also suggested that creating more positive environments in schools might reduce the escalation of mental health concerns among students.

Several of the people interviewed became aware of positive psychology concepts during their graduate university studies. One participant had greater knowledge of positive psychology concepts because of her educational studies in North America that included such programs as *Parent Effectiveness Training* and *Positive Discipline*. These programs are based on humanistic psychology, from which the study of positive psychology has emerged. Various participants also mentioned that social media is helping people become aware of positive ways of working with children. For example, one participant had been involved in the creation of instructional videos for parents on Youtube and Facebook. Some positive messages from these internet resources included:

- When fathers spend time with their children, closeness and positive connections are made. This can improve children's relationships with their fathers, and may also improve their academic life.
- Positive language can reduce stress and reinforce positive behaviour.
- When there is misbehaviour, parent or educator responses should be expressed in ways that communicate caring and opportunities to redirect behaviour.
- Children learn best when they are heard, and feel included and safe.
- Patience is important, especially in answering questions children may have.

- We should help children express their feelings even when they are frustrated.

(http://www.alnoghair.com)

PMH can provide contributing factors in children's ability to perceive and comprehend their surroundings, communicating and having successful social interactions, as well as being creative and productive members of society.

In a recent review of Twitter sites, I came across a webpage from Saudi Arabia talking about the benefits of emotional intelligence. This site encouraged people within education, business and community sectors to consider the importance of positive communication and empathy strategies.

Participants agreed that there should be an emphasis on increasing awareness of positive mental health among educators. Although many educators apply positive and inclusive approaches, they do not necessarily connect them with a specific model or positive mental health approach.

Value of PMH Approaches

"It is time to change. We have a lot of problems. We have to help the children to have a better life."

Participants asserted that there needs to be a comprehensive approach to positive mental health (PMH). Participants stated that such an approach could help to reduce problems resulting from mental health issues, including bullying and suicide rates among teenagers. Educational environments were characterized as

experiencing behavioural and mental health problems, as well as a lack of including young people with special needs within school communities. This exclusion was seen as creating a gap between students with special needs or emotional/behavioural issues and those in mainstream education. Teachers noted that they cannot manage the children with behavioural issues in the classroom, and felt that this may be due to a lack of the use of positive language and positive mental health approaches.

Current Applications of Positive Mental Health Approaches

In Saudi Arabia, participants reported that people studying to be educators are required to complete course work at the undergraduate level in child development, guidance counselling, health education, assessment, behaviour management and religious studies. Teachers have usually taken a course or two on psychology to gain basic background information, but limited course offerings deal specifically with mental health. Professional training activities regarding mental health are often dealt with in the context of bullying prevention programs. There is also course content on learning exceptionalities covering such topics as gifted students, learning disabilities, autism and behaviour disorders. Within these courses, there appear to be aspects of positive psychology / positive mental health, but the level of detail is limited.

Through the interviews participants reported that educators do not have a full understanding of the concept of positive mental health. Most school

administrators and coordinators have a knowledge of mental health concerns; however, fewer seem to be aware of positive mental health concepts such as enjoying life, thinking positive thoughts, or applying PMH concepts in classroom settings. Participants indicated that positive mental health practices such as acknowledging children's skills and accomplishments would play an important role in enhancing the development of their self-worth and skills, and in creating a quality learning environment.

Participants indicated that teachers are not generally encouraged to learn more about this subject because Saudi schools tend not to give attention to such matters. One participant said that it would be helpful if schools offered more opportunities for teachers to educate themselves on this topic. However, Saudi schools face issues regarding paying for teachers to be trained beyond what they learned in their education programs. Schools are reluctant to support this extra training as they may lose the teachers to better paying jobs. On the other hand, some participants noted that paying for people to specialize in PMH would help the community to accept it.

Opportunities to Promote and Implement Positive Mental Health in Schools

Some interview participants expressed enthusiasm over the opportunity to use strategies to create a positive environment. They spoke of spreading awareness in the community by using advertisements and talk shows to teach students how to take care of their mental health. They also noted that Ministry stakeholders should

first acknowledge the importance of PMH as a starting point for promoting it. It was suggested that the promotion of PMH could also occur through workshops designed to teach new educators how to apply the concepts. Others pointed out that promotion could occur through hosting public lectures on practical matters related to PMH. In addition, it was noted that social media might be one of the best ways to promote positive approaches with a wider audience, including parents.

V. Discussion

The discussion section includes a general overview of positive mental health approaches and why they are important. Awareness of the concept is explored in both Canada and Saudi Arabia. Information was gathered through completion of a literature review and from interviews with participants from New Brunswick and Saudi Arabia. In addition, online PMH resources were also reviewed that have been applied in the Canadian context. The close of the discussion sections outlines opportunities for action in both NB and SA. This includes recommendations for further promoting positive mental health practices in schools in NB. With respect to SA, the development of an online resource for promoting PMH concepts and practices among educators is presented. Finally, limitations of the research and potential next steps are discussed

Why is PMH Important?

As outlined in the Introduction section, positive mental health can help relieve anxiety and stress in students, and help teachers and others involved in education to recognize the inherent abilities and talents that all children and youth possess (Duckworth, Steen & Seligman, 2005; Morrison & Peterson, 2013). It can also enable teachers to engage children with special needs so that they can work with the gifts that these children have. Positive mental health approaches can impact negative emotional behaviours. The incidence of negative behaviours has

been increasing, particularly in the school environment. Depression is among the top five health conditions that affect people's lives (Ferrari et al., 2013). Seligman and colleagues (2009) identified that depression affects one in five young people during their school years. Anxiety disorder affects almost 10% of children (Merikangas, Nakamura, & Kessler, 2009).

In contrast to the previous focus on mental health problems alone, there is an increasing desire to move beyond this to focus more on people's strengths and potential in order to effect positive change in themselves and their environments (University of New Brunswick, 2016). Positive mental health helps us to have healthy relationships with others. It provides us with a source of hope and strength when we face difficult circumstances or emotions. In addition, positive mental health increases positive emotions, contributes to positive interactions with relationships and helps us to apply our strengths in making life choices (Rhode Island Psychological Association, 2016).

PMH can be enhanced through creation of positive and healthy comprehensive school environments. As identified by the *Ever Active Schools* program in Alberta:

> Positive social environments are a priority area of comprehensive school health, with a focus on creating an environment to support social-emotional learning where every child is physically safe, emotionally secure and psychologically enabled to learn. Healthy

> relationships are a pivotal component of a healthy school community and a positive social environment (Province of Alberta, 2014).

It is all about creating a healthy environment and making a better future for students and children. With a positive healthy environment, students will be enabled to deal with their problems and focus on their strengths. This will help provide skills and tools for students (and others) to go out into the community with a positive and optimistic approach.

Interviews with participants in New Brunswick, Canada, identified the need for positive mental health in schools, and noted the importance of positive approaches to dealing with behaviour problems. The "deficit approach" to dealing with emotional and behavioural issues should be shifted toward a strength-based approach in order to engage students in their own wellbeing. There is a need for the development of strong relationships between teachers and students and learning environments that help students thrive and flourish in spite of areas of challenge.

Based on interviews with participants associated with the school system in Saudi Arabia, student mental health and the capacity for school environments to address such issues are ongoing areas of concern . The education system is not particularly inclusive, and it is hoped that the outcomes of this research study will help promote more inclusive ways of thinking, providing a better future for students. Saudi Arabia is still at the point of raising awareness of mental health

needs. With more information and understanding of positive mental health approaches, Saudi schools will have increased opportunities for reinforcing the value of inclusive educational environments that help students to thrive and flourish in all aspects of life.

Awareness of PMH

Awareness in New Brunswick

All of the interviews conducted in New Brunswick were with participants involved in coordinating or overseeing positive mental health initiatives. The understanding of senior staff helps to influence a positive environment. Champions play an important role in NB schools, because where there are champions they can have a positive impact on the promotion and activities related to PMH, particularly if the champion is the school principal.

The interviewees in NB were aware of the need for a change in practices to create more positive environments for students. However, as one participant noted, "Some people think they are doing it, but they do not really understand about PMH." It was interesting to note that none of the interviewees knew about how parents felt or contributed to PMH. In general, those interviewed felt that parents did not fully understand about positive mental health.

Interestingly, there seems to be more awareness of PMH approaches and practices within the Francophone sector than in Anglophone schools. Francophone schools started using the PMH approach before the Anglophone schools, with most

currently using the PMH practices, whereas Anglophone schools are just starting to introduce it. Based on comments from the interviewees, there does not seem to be a common understanding of PMH, which may be attributed in part to the lack of consistency in terminology.

Because this study did not include opportunities to discuss awareness of PMH with parents, their level of awareness is not known. There needs to be promotion among parents as many issues first present in the home. Parents need to be engaged and taught how to apply PMH in the home context at the earliest possible time. The inclusion of positive mental health approaches in the Early Language Services *Talk With Me* program for parents who have just had a baby may be an appropriate starting point. The need to increase the level of awareness in New Brunswick reflects findings in the literature that indicate there is still insufficient understanding of the concepts and implementation of PMH.

Awareness in Saudi Arabia

Awareness of positive mental health in Saudi Arabia is in the very early stages. People are using many of the concepts of PMH, such as emotional intelligence and positive language. However, the whole concept has not yet been embraced. There are a lot of aspects of positivity showing up on social media, but not the concept of positive mental health overall. The fact that people are becoming more aware of mental health issues in general may facilitate a shift to using positive mental health approaches.

Mental health focus within the Saudi school system has been primarily on mental illness. Many schools are not engaging with students with diverse profiles because children with special needs are not included in mainstream education. However, people are beginning to talk about the need to include all students and to address not only areas of emotional or behavioral concern, but also their strengths and potential. Awareness of positive mental health concepts and practices provides opportunities for including all students. Deci and Ryan's model stresses the importance of ensuring that students feel connected, valued and included as active participants in the classroom and school settings. In other words, addressing the psychological or positive mental health needs of students, especially the needs for relatedness, competency and autonomy support, has the potential to positively impact student wellbeing and their potential to be successful in the school context.

The interviews with Saudi educators were limited in number, and may not reflect opinions and experiences in general, but they have provided an indication of the current situation from the perspectives of the participants. When reviewed in conjunction with information from previous studies (Naeem, 2013), findings of this study do provide a degree of evidence to support the premise that there is a need for awareness building related to PMH in Saudi Arabia. Participant interviews outcomes pointed to the need for further promotion and awareness building of positive mental health concepts and practices in SA. Participants expressed their desire for educational and professional development opportunities to learn more

about positive mental health, but currently, there is a lack of both opportunity and expertise for such training.

Opportunities for Action in New Brunswick

Participants identified a range of actions that could be undertaken to further promote PMH and the use of PMH practices in schools. These included:

Expand understanding of PMH concepts.

As one participant stated: "Awareness of PMH needs to be increased, and embedded in the school culture." This awareness also includes explaining how mental health and positive mental health fit together is required, as they overlap. Participants also acknowledged the importance of ensuring widespread understanding of PMH and its benefits, and that it is not just a program – it involves daily relationship practices. Participants also noted that it might be useful to develop a lexicon so people can have a common understanding of the terms related to PMH.

Promote awareness among parents.

Awareness of PMH needs to be increased for parents. Parents may view PMH from only a treatment point of view, and not see the benefits of environmental approaches. In addition, PMH approaches tend to be more effective for students when they are applied across both school and home environments.

Engage school administrators as champions.

Specific steps to raising awareness and encouraging the implementation of

PMH activities and initiatives involve helping principals to buy in and see the benefits for the school environment. Administrators play an important role as potential models and champions for PMH within the school setting.

Use of data from the SWS for school improvement planning.

Although there are reports written on mental fitness and its positive results, some of these reports have not been used or applied to their fullest potential. Support at the school level provided by the Wellness Branch or from district personnel on how to use or apply data from the NBSWS or MFRI in school improvement planning processes may be beneficial.

Clarify practices that meet Mental Fitness needs.

Participants noted that some people are still struggling with how to implement PMH, and which practices to use. Therefore, information on how PMH practices can be implemented needs to be both identified and clarified. The JCHS and Wellness Branch resource materials provide concrete examples of relationship practices that address *relatedness*, *competency* and *autonomy support* needs.

Focus on the full school environment.

Approximately half of participants talked about the importance of undertaking a full school approach. The comprehensive school approach was noted as a model for supporting the use of universal PMH practices across the full school setting. The four environmental pillars of the comprehensive school model include the *social and physical environment*, *teaching and learning relationships*, *leadership*

and policy, and *partnerships and services*.

Use technology and social media.

Participants spoke of the value of having access to PMH resources online. The use of social media was also identified as an effective means for promoting PMH within and beyond the school setting.

Opportunities for Action in Saudi Arabia

Findings from this study were used as a basis for the development of an electronic toolkit: The *Positive Mental Health Resource for Schools in Saudi Arabia.*. It is anticipated that this resource will be used in Saudi Arabia to promote the benefits of PMH both within school staff relationships and within classroom interactions among students and teachers. The eBook includes content from Ryan and Deci's (2000) model of psychological needs. The development of the eBook takes into account Prochaska's theory of change. As this resource is used, it is hoped that educators in SA will become more aware and understand the benefits of PMH and its importance to learning and school relationships. The use of the toolkit in SA will provide the basis for not only being aware of PMH, but also for planning actions and initiatives for the promotion of PMH perspectives and practices in classrooms and in teacher training programs.

A PDF of the cover and table of contents of the English version of the *Positive Mental Health Resource for Schools in Saudi Arabia* is included as Appendix C. Both

versions of the toolkit include video introductions to concepts and activities related to positive mental health. Electronic versions can be viewed at:

- wmaproducts.com/AlhanoufEN (English version), or
- wmaproducts.com/AlhanoufArabic (Arabic version).

Excerpts from the content of the English document are provided below.

Positive Mental Health Defined. Mental health programs and services within schools, workplaces and community settings often focus on addressing concerns related to the psychological wellbeing of people through the identification of risk or need factors, and the delivery of timely intervention and supports. Traditionally, such approaches have emphasized the problems or challenges associated with mental health concerns (Terjesen, Jocofsky, Froh & Digiuseppe, 2004; Morrison, Kirby, Losier & Allain, 2009).

Recent research in health and education has identified the importance of moving beyond a problem-focused approach to embrace a more positive view of people and their potential. This shift involves the recognizing that people's wellbeing is not only influenced by the absence of problems, but also is impacted by the existence of strengths and positive factors within themselves and their social settings. (JCSH, 2013). Such positive factors may include:

- People's positive characteristics and emotions (e.g. empathy, sincerity, contentment, optimism)
- Positive personal experiences (e.g. successes and accomplishments)

- Positive relationships (e.g. friendships, respect, support)
- Programs or initiatives that enhance quality of life (e.g. programs that use people's strengths, initiatives that engage people and their participation in problem-solving) (Seligman & Csikszentmihalyi, 2000)

Benefits of Positive Mental Health. Positive mental health approaches have been positively correlated with a range of personal learning and work-related benefits. Applications of positive mental health practices have been associated with:

- Adoption of healthy-life style and physical activity routines
- Identification and effective management of emotions
- Enhancement of positive coping and problem-solving skills
- Exploration and use of people's strengths and capacities
- Increased confidence to complete learning and workplace activities
- Enhanced attendance and engagement in school and workplace tasks
- Enhanced respect and appreciation for diversity and individual differences
- Development of positive and caring relationships
- Creation of positive learning and workplace environments
- Demonstration of pro-social behaviours (JCSH, 2013)

Positive Mental Health Needs. Building a positive work or learning environment involves addressing the positive mental health needs of people.

According to self-determination theory, these include needs associated with Relatedness, Competency, and Autonomy Support.

Building a positive work or learning environment involves addressing the positive mental health needs of people. According to self-determination theory, these include needs associated with Relatedness, Competency, and Autonomy Support.

Relatedness

- Refers to our need for connection or closeness with others
- Fulfillment of this need is met through interactions with others, our membership in groups, and the support and encouragement we receive from others.

"I belong or am part of my work group and the organizational community."

"I feel included, encouraged and supported by my co-workers and the organization"

Competency

Refers to our need for recognizing and using our strengths in achieving personal goals.

Fulfillment of this need provides individuals with a sense of personal achievement and confidence.

"I have strengths and gifts that are recognized by myself and others."

"When I use my strengths to meet goals, I feel a sense of worth and accomplishment."

Autonomy Support

Refers to our need for our voice to be heard and to have choices in how we work and learn.

Supporting autonomy involves supporting each other's role as part of a team.

"I am able to make decisions about things that are important to me and others."

"I feel hopeful because others support me in being an active participant in making choices."

When mental fitness needs are met within workplace and learning environments, people are more likely to **be engaged**, **to be motivated to embrace challenges**, and **to perform at their best** in learning and workplace settings (GNB 2014). Activity #1 provides an opportunity to think about an experience when you were at your best and to reflect upon which positive mental health needs were being met.

Positive mental health practices in the workplace. Positive Mental Health practices are actions that we carry out each day in the workplace or educational setting that help people be at their best. These actions:

- Build positive relationships in learning or workplace settings (Relatedness)
- Encourage positive communication with others (Relatedness)
- Draw out and encourage use of people's strengths (Competency)
- Increase people's confidence (Competency)
- Invite people to be active participants in teamwork (Autonomy Support)

- Empower people to set goals and undertake new challenges (Autonomy Support)

Overall, the use of PMH practices contributes to individuals' wellbeing, their engagement in learning or workplace activities, and their motivation to put forward their best effort. Activity #2 provides the opportunity to reflect on example practices that you can use in your workplace or educational setting to build positive mental health in others.

Positive mental health practices in schools. The school has been identified as a unique setting in the community where the greatest number of children and youth can be accessed and supported. Although schools traditionally have been concerned with the delivery of educational services, researchers and educational personnel are recognizing the importance of students' positive mental health and its impact on their motivation and potential for learning (Kopela & Clarke, 2005). In the classroom students are more "intrinsically motivated and actively engaged in their learning" when their needs for relatedness, competency and autonomy support are met.

Limitations of the Research

Research conducted in New Brunswick was based on interviews and discussions with educators and others involved in selected schools, both Francophone and Anglophone. Eleven individuals participated in the interview process in New Brunswick, all school administrators or district leaders. The

research did not include interviews with teachers, as the PMH activities under discussion represented district initiatives. Future research should focus on perspectives and practices at the school level in order to understand the experiences of teachers attempting to implement PMH in their own classrooms. A review of how the initiatives are being implemented at the classroom level, and the responses of teachers to these practices could inform the development and refinement of future initiatives.

The study did not include interviews with parents to discuss the awareness or impact of positive mental health practices on their children. Future studies might benefit from the perspectives of parents and families, and from their suggestions for effective strategies for the home environment. Notably, none of the study participants indicated that parents have played a role in ongoing school-based PMH initiatives.

The six participants from Saudi Arabia confirmed that limited awareness of PMH exists. Ongoing research will be essential to understand the Saudi context, and to develop plans for enhancing awareness among educators, families and communities. In the absence of data to describe the current context, this study was limited to initial conversations with a small group of educators. In addition, the lack of inclusive learning environments within the Saudi system limited the capacity for comparing the educational context with that of the New Brunswick cohort, who work within a fully inclusive system. However, Saudi participants were united in

their belief in the importance of learning more about PMH in classrooms, and provided a starting point for considering next steps.

Next Steps

I will be sharing the results of my research with the participants in the study, as well as with colleagues in the education system both here in Canada and in Saudi Arabia.

This research has opened opportunities for me to consider how we can raise awareness in Saudi Arabia about positive mental health, and to address the current lack of awareness and understanding of the concepts and benefits of these approaches. I plan to introduce the electronic *Positive Mental Health Resource for Schools in Saudi Arabia* as a way to help raise awareness, and to provide a means to implement better practices through its focus on the three elements of relatedness, competency and autonomy support.

Using the toolkit will enable me to share information about positive mental health to raise awareness among educators, to consider why it would be helpful in the school environment, and to encourage educators to think about how to implement a positive mental health approach in Saudi Arabia. My first step will be to share this toolkit with the individuals from Saudi Arabia who participated in the research; then I will contact selected schools to organize presentations for their staff members. I will attempt to identify school-based champions who will help to disseminate the information and resources related to positive mental health.

In terms of future research, I plan to explore the implementation of positive mental health perspectives and practices in an early childhood context. Internationally, many jurisdictions have moved toward consolidated childcare and education services and supports, combining their structures for legislation, funding and service delivery. Many Canadian jurisdictions have taken steps to enhance access to early education often through the school system.

In Canada, the *Early Years Study 3* (2011) provides an overview of a variety of initiatives and research findings that can inform practice regarding early childhood education and supports. From this research, a vision of early childhood centres located in family-friendly schools has emerged. By embedding the education and care of preschool-aged children within the education system, the mandate of public education in many Canadian provinces has been expanded to include children from the prenatal period to 18 years of age, expectant mothers, newcomers and their families, stay-at home mothers or fathers, single parents, and dual income parents and their children. The educational infrastructure (training, financing and curriculum) implies high quality universal services, access and affordability. The vision includes early childhood centres, rooted in the community, that foster social cohesion, nurture social networks, and provide rich learning environments that extend out into the community. These centers are open to all and, as such, celebrate the rich diversity that exists within the community. A holistic approach to learning characterizes these early childhood centres. Families

are recognized as key partners in their children's development and are invited to become partners with the teaching teams. When parents are engaged in early education and care, they are more likely to feel connected to and active in their children's future public school education.

My hope is to continue my research to explore positive mental health and conditions for creating healthy environments for promoting growth and development, starting during the pre-school years. This research will then expand to consider the context of schools, families and communities in Saudi Arabia, and to disseminate information and resources to educators that will make a positive difference in the lives of Saudi children, youth and families.

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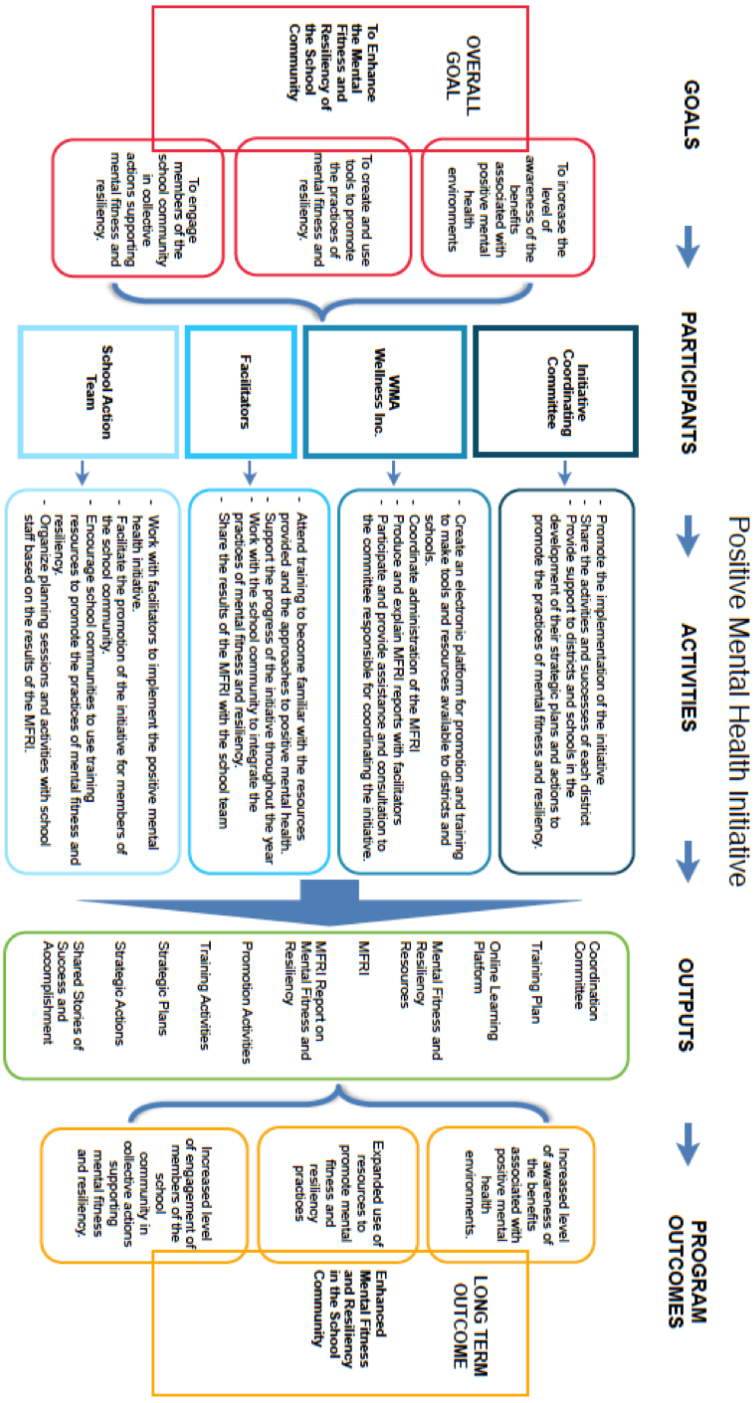
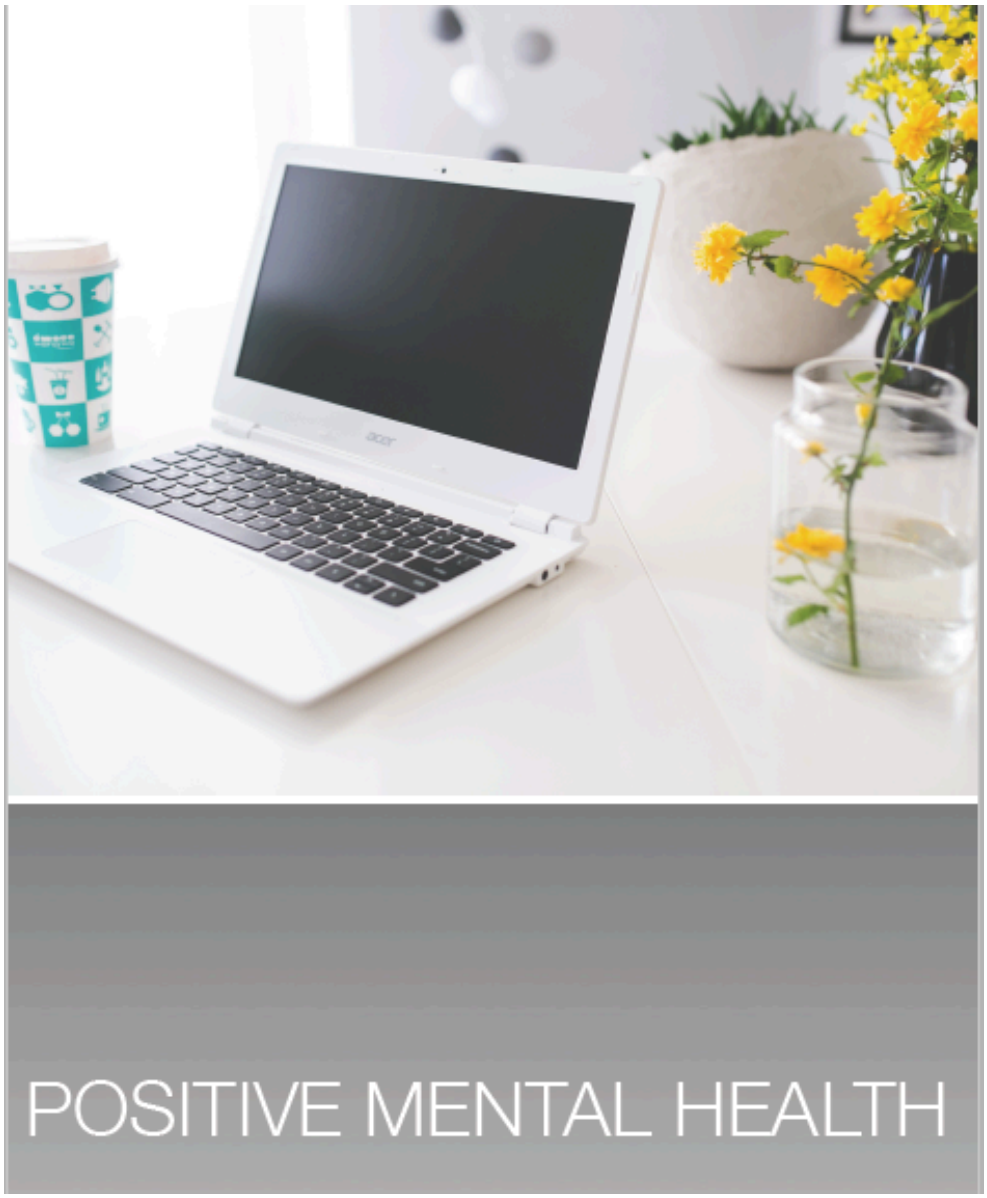
Appendix B – Positive Mental Health Initiative Logic Model



Appendix C: Positive Mental Health Resource for

Schools in Saudi Arabia **Outline (English Version)**



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Appendix D: Research Information Letter

Implications of a Canadian School-based Positive Mental Health Initiative for Teacher Education in Saudi Arabia

Dear Participant:

This letter describes a project I will be carrying out as an MEd student in the Faculty of Education at the University of New Brunswick. The purpose of this initiative is to explore the implementation of a school-based Positive Mental Health initiative in New Brunswick schools, tracking characteristics of the school context related to positive mental health (including areas of concern, need for change, specific challenges and sources of strength or accomplishment); the goals or intent of each school involved in the PMH initiative; and the current understanding of members of the school community (students, teachers, parents or caregivers, staff and administrators) regarding PMH concepts or practices. The findings of my study will form the basis of my MEd thesis at UNB, and will be used to develop an online training tool for educators in Saudi Arabia based on the New Brunswick PMH model.

Findings emerging from the analysis of the implementation of the PMH initiative in New Brunswick schools will then be explored for relevance and applicability to educational practices and perspectives, and well as teacher training programs, in Saudi Arabia. It is hoped that the processes and outcomes reviewed in New Brunswick schools will contribute to the identification of better practices and understanding of the importance of creating healthy and supportive environments in Saudi schools.

I would like to invite you to share your views and perspectives through an individual interview. Participation in this project is entirely voluntary.

Individual interviews will take approximately one hour and will be digitally recorded and then transcribed. Data gathered from all interviews will be analyzed in group form so that it will not be possible to identify responses from any one individual. Individual responses will be kept confidential.

The data will be stored in a secure office at the University of New Brunswick. Only the researcher involved with the study will have access to the gathered data.

Although there are no anticipated risks associated with involvement in this project, the final decision to participate in this data-gathering effort is voluntary and is made by each

individual. If you agree to participate now but later have a change of mind, you may withdraw at any time. Your cooperation in this project is greatly appreciated. However, there is no penalty of any kind if you choose not to participate.

At the close of this project, a summary of the findings associated with the research will be made available to participants upon request through the research supervisors, Dr. William Morrison of the Faculty of Education at the University of New Brunswick

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2016-028. If you have any questions about the research, please contact Dr. William Morrison at (506) 447-3301, or Dr. Patricia Peterson at (506)458-7187. Alternatively, you may contact Dr. David Wagner, the Associate Dean of Graduate Studies at the Faculty of Education, University of New Brunswick, at (506) 453-4600.

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Appendix E: Research Consent Form

Consent for Participation

I have read the above description of the project entitled *Implications of a Canadian School-based Positive Mental Health Initiative for Teacher Education in Saudi Arabia*. I have also had the opportunity to ask questions regarding this project. I understand that I am being requested to complete one interview session. I consent to participate in the study as described in the project description letter. I understand that I may withdraw my participation from the project at any point.

Name: _____

Position: _____

Signature of Participant: _____

Date: _____

I would like to receive a summary of study findings: Yes ☐ No ☐

E-mail _____

Or

Mailing address

_____

_____

_____

_____

Alhanof Waleed Abduljabbar

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Objective:

My goal is to become a researcher where I can grow professionally and further enhance my skills, knowledge and experience in the field of positive mental health and education.

Skills:

- Exceptionally well-organized, detail-oriented, resourceful and effective at finding solutions.
- Learn quickly and develop specialized knowledge needed to perform at peak efficiency.
- Excellent team and time management, including budgetary accountability.
- Well-developed leadership and decision-making abilities.
- Superior oral and written communication as well as strong presentation and interpersonal skills.
- Bilingual: Fluent in English and Arabic.

Education:

- Masters of Education (Exceptional Learners) program
  University of New Brunswick – **Fredericton, Canada** **(expected May 2016)**
  Thesis about promoting Positive Mental Health
- Diploma of University Teaching
  University of New Brunswick – **Fredericton, Canada** **2014**
- Bachelor Degree in Child Study, Department of Home Economics
  King Abdul-Aziz University - **Jeddah, Saudi Arabia** **2009**

Training and Workshops:

- Autism training program **(Jun 2016)**
  University of New Brunswick - **Fredericton, Canada**
- ABC Boum! (Multi-sensory Handwriting Method)
  Rothesay School - **Saint John, Canada** **2015**
- Behavioural Intervention
  University of New Brunswick – **Fredericton, Canada** **2014**
- Certificate of Completion (How to Deal with Bad Tempered Children)
  King Abdul-Aziz University - **Jeddah, Saudi Arabia** **2009**
- Certificate of Completion (How To Apply Braille Principles)
  King Abdul-Aziz University - **Jeddah, Saudi Arabia** **2008**
- Certificate of Completion (Morals)
  King Abdul-Aziz University - **Jeddah, Saudi Arabia** **2007**
- Certificate of Completion (Dealing with Bad Temper)
  King Abdul-Aziz University - **Jeddah, Saudi Arabia** **2007**
- Certificate of Completion (Communicate Despite our Differences)
  King Abdul-Aziz University - **Jeddah, Saudi Arabia** **2006**
- Certificate of Completion (Therapeutic Nutrition)
  King Abdul-Aziz University - **Jeddah, Saudi Arabia** **2005**

Seminars and Conferences:

- Secrets of Success **2011**
- Unleashing the Power **2009**
- Fatal Decisions **2008**
- What after Graduation **2008**
- I am a Failure with a Million Dollar Allowance **2007**
- Your Hand is an Access to your Future **2007**
- Despite Being Different, Let us Communicate **2006**

Work Experiences:

- Applied Behavior Therapist
  Institute for Speech and Hearing (JISH) – **Jeddah, Saudi Arabia** **May 2012 – Dec 2012**
  Dealing with autism and behavior disorder
- Kindergarten Teacher
  King Abdul-Aziz University - **Jeddah, Saudi Arabia** **July 2009 – Jan 2010**

Community Activities:

- Ronald McDonald House (Working with children who have disabilities)
  Toronto, Canada **2011**
- Organized Saudi National Day
  Toronto, Canada **2011**
- Volunteered for a Running Race
  Toronto, Canada **2010**

* References and recommendation letters are available upon request