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Presented at the DLSU Research Congress 2019  
De La Salle University, Manila, Philippines  
June 19 to 21, 2019

## A Genre Analysis of School Mental Health Policy Documents

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**Abstract:** The National Mental Health Act in the Philippines (RA11036), signed in 2018, requires schools to integrate strategies to promote mental health. In addition, Section 23 also states that “age appropriate content pertaining to mental health shall be integrated into the curriculum at all educational levels. Schools should also develop policies and programs for students educators, and other employees designed to raise awareness on mental health issues, identify and provide support and services for individuals at risk, and facilitate access, including referral mechanisms of individuals with mental health conditions to treatment and psychosocial report.” This recent reform means schools need to craft their policy document on whole-school mental health (WSMH). However, most online school policy documents on mental health are found in UK websites. In order to help school leaders in the Philippines in meeting the mandate to draft a WSMH this research was conducted. Genre analysis was employed in order to analyze the macro pattern and the micropattern of 10 policy documents from school websites in the UK. Convenient sampling was conducted before the analysis of the moves in each policy. Each move was then analyzed to uncover its function. Finally, a comparison chart was created to uncover obligatory moves in these policies. Those moves that appeared in more than 50% of the samples were included in the final report as obligatory. The paper concludes with suggestions for crafting the WSMH and for further research on this urgent topic.

**Key Words:** whole-school mental health; genre analysis; policy analysis; mental health policy

Recently, there has been an increasing interest in mental health of students and teachers. First, because the number of cases of depression and suicide among Filipino youth is increasing (Tomacruz, 2018). Second, the author also describes the youth as vulnerable age because of the pressure in school and at home. This is an urgent matter because of the Philippines’ young populace. In fact, 30% of Filipinos are under 15. They are called the Generation Z, and they need help

emotionally and mentally. In addition, Bueno (2018) believes that Filipino students lack the foundation for mental health. More seriously is the mental health problems of teachers and their lack of mental health literacy (Whitley, Smith, and Vaillancourt, 2013; Ramos, 2018). These are some of the reasons why the signing of RA 11036 or the Mental Health Act in 2018 was timely.



RA11036 defines mental health as “a state of psychosocial well-being in which the individual realizes his or her own abilities, copes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully, and is able to make a positive contribution to the community” (p.2). This definition is indicative of the important role of mental health of teachers, students, and staff so everyone reaches his/her full potential and as a contributor to the country. The Mental Health Act mandates schools to create policies and programs for whole-school mental health awareness, intervention, and facilitation of access to services. However, it is safe to say that schools are not familiar with WSMH policies.

A review of studies on school mental health policy showed a scant literature. For example, O'Reilly, Svirydzenka, Adams, & Dogra (2018) were able to review only 10 studies on whole school mental health promotion and intervention. Some studies analyzed national policies on school mental health (Roy, Shinde, Sarkar, Malik, Parikh, and Patel, 2019; Slee, Dix, & Askeel-Williams, 2011). This research attempts to fill this gap by analyzing actual school mental health policy documents.

### *1.1 Purpose and rationale*

This paper aims to analyze school mental health policies available online to bring to the fore obligatory moves that may be useful for school leaders who need to a starting point for crafting a whole school mental health policy.

### *1.2 Context*

This section provides a background for the samples used in this study. The House of Commons (2018) reports that initially schools in the UK were given freedom with regard to programs on mental health; however, there was an initiative to ensure that every child will taught mental health and wellbeing. a Green Paper was published in 2017 that stated the following provisions:

- To incentivise every school and college to identify and train a Designated Senior Lead for Mental Health, with relevant training rolled out to all areas by 2025
- To create new Mental Health Support Teams to work with groups of schools and colleges, and work with Designated Senior Leads in addressing the problems of children with mild

to moderate mental health problems, and provide a link to services for children with severe problems

- Updating existing mental health and behaviour guidance (subsequently updated in November 2018)
- Building on existing mental health awareness training so that a member of staff in every primary and secondary school in England receives mental health awareness training (page 2).

This context may provide an inspiration for the Philippines as to how schools can be supported as they craft WSMH policies for staff, teachers, students, and parents.

## 2. METHODOLOGY

Genre analysis was chosen as a method to analyze 10 school mental health policies because it helps researchers to see patterns as well as deviations. Convenient sampling was employed in selecting the data. All of the samples came from UK schools. The analysis followed three stages. The first stage was an initial reading and coding of the parts of each policy. The second stage was creating a table for checking those moves that were present in the sample policies. The difficulty of finding common patterns prompted the researcher to look for a template for mental health policy statements. The template from the Westvale (2018) was chosen because of its comprehensive nature. It had 16 sections while other templates were composed of 12 sections. The 16 sections and headings were: policy statement, scope, policy aim, key staff members, individual care plans, teaching about mental health, signposting, sources of support at school and in the community, warning signs, targeted support, managing disclosures, confidentiality, whole school approach, working with parents/carers, supporting parents and carers, support peers, training, and policy review.

## 3. RESULTS AND DISCUSSION

This section is divided into two parts: a presentation of the results showing the obligatory moves or those that were present in more than 50% of the samples.

### *3.1 Obligatory*



The policy documents that were analyzed ranged from 6 pages to 21 pages. The obligatory moves were the following:

1. Policy Statement (90%). This includes the vision of the school with regard to mental health and wellbeing.
2. Policy aims (90%). It states the goals related to promotion of mental health as well as prevention and identification of mental health illness.
3. Key Staff Members (90%). This includes names of the persons and their responsibilities with regard to mental health of pupils.
4. Signposting (70%). This refers to ways and means to communicate with parents and students about the policy.
5. Warning signs (80%). This provides a detailed description that will help teachers and staff as well as parents to recognize mental health problems.
6. Managing Disclosures (70%). This refers to how to respond to a disclosure and how to handle confidentiality.
7. Confidentiality (50%). This provides details about making decisions what confidential information can be shared, to whom, why, and how. This also addresses concerns about respecting pupils' decision not to inform their parents about their mental health issues.
8. Working with parents (80%). Some documents put this under the whole-school approach, while most policies specifically state how to respond to parents who report mental health problems of their children.
9. Support Peers (80%). This move states how to support friends of pupils suffering from mental health problems. It also stipulates how much information can be shared with other students.
10. Training (70%). Most of the policy documents specify who will be trained, when they will be trained, and how they will be trained.
11. Policy review (70%). Some provide dates of the policy review while others specify the process for the policy review.
12. Appendices (60%). Longer policy documents provide description of each mental health problem, its signs, and where to seek additional information.

### 3.2 Discussion

The results suggest the importance of a clear school mental health policy to help students, parents, staff, and teachers get clear information about mental health problems and ways to deal with them. It seems it is a proactive way to protect and to support everyone, rather than a reactive approach that may lead to confusion. These policy documents also reflect the urgency of making schools champions of positive mental health and as havens for students who face challenges. It is also worth noting that WSMH policy documents have provisions for working with parents and providing support for peers. Teacher and staff training moves also state the actual period and the process for conducting professional development on mental health. Finally, most policy documents indicate the date when the policy will be reviewed. This suggests the need to specify a schedule for training and evaluation, so that everyone is on the same page. These provisions also address the gaps that some studies show in school mental health. For example, Roy, Shide, Sarkar, Malik, Parikh, and Patel (2019) point out that the lack of a multisectoral coordination is a challenge to WSMH. In addition, O'Reilly, Svirydenka, Adams and Dogra (2018) also highlight the lack of training of teachers as a hindrance to implementing mental health in school policies in schools.

### 4. CONCLUSIONS

This pilot analysis of school mental health policies was conducted to help school leaders who are planning to draft their WSMH document. The obligatory moves can be starting points for discussion within the school mental health leadership team. The results suggest that the whole school and not just the Guidance and Counseling Office would be the advocate for mental health. Further research into WSMH policies in other countries would contribute to the scant literature on this topic. Moreover, research on how young people champion and promote mental health in schools would be a topic that may enrich the literature that mostly focuses on how adults are planning policies on WSMH.

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