**Promotion of Mental Health in settings of elementary education**

**Keywords of intention**

**Title of the project:** Promotion of Mental Health in settings of elementary education

**Intention:** Applying the “I-am-Me-Program” to support the development of mental health of kindergarten-children, including life-skill trainings for teachers and parents. Elaboration and standardization of the measuring instrument “Well-being scale for children”. Transfer of program into other European countries and evaluation of program in international comparisons.

**Measures for reaching the intention:**
- Elaboration and validation of the “Well-being Scale” for 5-8 years old children to validate the program;
- Teachers’ training and training of school councillors, carrying out and evaluating the health promotion program “I am Me” to preserve and support the well-being of children by strengthening...
their self-worth and their sense of belonging, developing the program with regard to transcultural adaptability to offer it to pre-schools in Germany, Poland, Portugal and Estonia;
- Testing und evaluating the course for parents called “It Does Not Work Without Parents”;
- Acquiring and testing an additional teacher's training to qualify and support teachers referring to the subject “supporting health”;
- Process and effectiveness evaluation of the whole project integrating as well as the inclusion in the guidelines of the legal health insurances in the participating countries.

**Duration of project:** 1. August 2011 until 31. July 2012

**Conception, project implementation and management:**

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1. Introduction

Increasing health costs and salary reductions in society, less prospects for jobs and material security for graduates with increasing numbers adolescents failing in their studies and alarming healthcare conditions of children are the consequences of a consumer- and goods-oriented lifestyle – the list of threads is long. Improvement of the situation is not expected, rather further new stressors will occur due to increasing life complexities.

About 20 years ago, programs for health promotion started in the USA, in Europe, and in Australia. This clearly led to the assumption that the health issue is viewed as a worldwide problem and that basic
(health) needs cannot be satisfied. Focusing on the programs, the following principles have been established:

1. The idea of a health promoting schools (including pre-schools) means systematic and continuous health promotion in these settings, because they are the living space in which people create “health” on a daily basis, regardless their awareness.

2. Health promotion aims at reaching all children, particularly marginalized and disadvantaged groups.

3. Health promotion needs to be defined as a daily life principle to be of sustainable effect in educating and bringing up children.

4. A healthy school is a good living space for all participants. Therefore, teachers need to gain the appropriate education and qualifications.

5. Parents are unforgiving partners with regard to health promotion. The work of parents requires new coping skills.

6. To assure effectiveness and acceptance of these measures a continuous quality development and (internal) evaluation is needed.

2. Research issue and preparation work

Research issue
The UNICEF-report „Zur Lage von Kindern in Deutschland“ (2008) refers to the fact that Germany is one of the most important export nations in the world. However, with regard to the well-being of children in Germany, international comparisons show that Germany appears only in the centre-field. This is shown in the following:

- Chronical diseases, obesity and behavioural disorders have increased during the past years. Approximately 13% of the children suffer from bronchitis and neurodermatitis, 15% are overweight and 20% suffer from eating disorders. About 20% of the children and the adolescence have already experienced violence in their life.
- Germany has the highest rate of smoking adolescence (20% of 11 to 17-year-olds); one third of boys and one forth of girls drink alcohol a minimum of once a week. Hashish and Marihuana are consumed by 9.2 % of the boys and 6.2 % of the girls in Germany.
- The educational chances in Germany strongly depend on the child’s origin and the location or area of living – more than in other European countries. The level of education of the parents, the unemployment rate in the living area, the average number of books in the household as well as the cultural background (migration background) are decisive indicators for success in schools.
- Children from low-income families and families with migration background participate less in the elementary school system than others. However, particularly these children would profit from the educational system in early childhood. In primary school, these children are
widely excluded. At the same time, they are overrepresented in special schools for children with special needs. Nearly 17% (30% in Baden-Württemberg, 25% in Hamburg) leave school without any school-leaving qualification.

These facts show the topicality of children’s health and well-being: Social discrimination impacts drastically on the health of children in Germany.

The first nation-wide research project on child health (KIGGS) reported on the health status of children and adolescence in Germany (Hölling, Erhart, Ravens-Sieberer, Schlack 2007)). According to this report acute somatic diseases decreased while chronic diseases increased as well as psychological disorders. The research showed that poverty and social discrimination impacts – particularly in children with migration background – strongly on the health of children and adolescents.

The researcher of the Robert-Koch-Institute emphasise the meaningfulness of self worth, self activity, responsibility, ability to manage conflict and to enjoy pleasure whilst growing up. Health promotion aims at developing and strengthening these abilities.

Educational institutions are asked to carry out the commission to focus on the unequally distributed educational and development chances within the German educational system. Results from the PISA-study show:

- In international comparison, Germany does not emphasise the integration of children with migration background. Children from a lower social strata do not receive recommendations to attend secondary school as easy as children without migration background
- Children with second generation migration background are cognitively two years behind their schoolfellows.
- An institutionalised pre-school-system does not exist. This fact impacts negatively on children from low income families and low social strata as well as children with migration background

Health promotion aims at focusing on the development and promotion of general health resources and thereby exceeds the transfer of information and single-minded knowledge transfer. Health promotion is strengthened through many projects with various focal points (see e.g. BZGA 2002, Paulus 2004). However, health promotion can not be limited to diet and sportive activities. Moreover, it is important to promote social, psychological and physical health factors. In these terms, health promotion becomes a part of daily life routines in educational institutions and needs to be considered as “life support”. The health promoting management of stressors, conflicts and challenges which children encounter during life needs to be learned and consolidated.

Programmes to promote psychological health, coping strategies and behavioural competencies assist to increase health.

Health promotion is a manageable and meaningful concern when aiming at developing General Resistance Resources. In elementary education all children still have a real chance to integrate health and health promotion to become immanent part of themselves.

However, educators in elementary systems need assistance to be prepared and qualified to being able to implement health programmes and they need acknowledgement for their achievements as well as programmes which are adaptable and flexible with regard to the needs of each educational institution.
Health promotion needs to aim at developing these factors which guarantee the healthy growing-up and to respond to the question of what keeps people healthy and what helps people to cope with challenges in a health promoting way. This question was primarily asked by Aaron Antonovsky (Antonovsky 1979) who developed the concept of salutogenesis which impacted strongly on the scientific health promotion debate.

Antonovsky views health as a dynamic process of developing and remaining healthy. Each individual finds him-/herself on a continuum between “max. health” and “max. disease/death”, Antonovsky rejects the classification of either healthy or sick. He states: “We are all mortal. At the same time, as long as we are still alive we are to a certain degree healthy.” (1997, S. 23). He was the first to change he focus from risk factors to health promoting protective factors which he called General Resistance Resources. As soon as these factors are known, new ways to promote health can be found.

General Resistance Resources are physical resources, personal resources, material resources, and social, as well as socio-cultural resources. In elementary educational systems the focus is on personal and social resources..

**Exploratory work of the applicants**

3.1 Presentation of the previous work in health sciences

From 1995 to 1999 Prof. Dr. Christina Krause (Pädagogisches Seminar der Georg-August-Universität Göttingen) developed in cooperation with her colleagues Prof. Dr. Hans-Joachim Hannich und Dr. Ulrich Wiesmann (Institut für Medizinische Psychologie der Ernst-Moritz-Arndt-Universität Greifswald) the health promotion project „I am me – Promoting health through strengthening self worth”. This programme was evaluated in four primary schools each in Göttingen and in Greifswald (Krause 1997, Krause & Müller-Benedict 1997, Krause et al. 2000, Krause et al. 2001, Wiesmann, Krause & Düerkop 2008 ). The second stage of project work started in the year 2000: the programme was implemented and evaluated in Niedersachsen and Nordrhein-Westfalen. Its effectiveness was evaluated by using control groups (2001-2005). The programme was published in 2000 (1. and 2. grade) and 2001 (3. and 4. grade). Teachers could use the publications as guidelines to implement the programme. At the same time, one of the main tasks was to train and qualify teachers through the programme. Further on, a training programme for the training of parents was developed, tested and published in 2008: „ It does not work without parents! A handbook to implement parental courses in the frame of health promotion”

In 2005 to 2009 the health programme „I am me – Promoting healthy through strengthening self-worth” was modified which led to the publication of the „I-am-Me-Programme. Strengthening self worth in the kindergarten“ in 2009. This programme was evaluated and will be outlined below. This project application refers to the evaluation of results and the validation of the evaluation instrument “Well-being-Scale for children”, which was developed in research studies on health promotion in the elementary system of Professor Krause.

3.2 Darstellung der bisherigen Arbeiten auf dem Gebiet der Frühpädagogik und Fortbildung für Lehrkräfte

Frau Prof. Dr. Koch…. 
3.3. Darstellung der bisherigen Arbeiten auf dem Gebiet der Entwicklung von Selbstkonzept und Selbstwertgefühl im Kindesalter
Prof. Dr. Hanna Wanda Brycz….

3. Project Description

Initially, pre-schools in four European countries (10 schools in each country: 5 project and 5 control groups) will undergo trials and evaluations over a period of 12 months to determine how developmental and educational processes in the last pre-school year can be initiated by the project “I-am-Me” to result in lasting effects.

The main aim of the project is the preservation and support of self-worth and the sense of belonging in young children’s life. This aim applies to the international context since this project is outlined as a cooperative endeavor with transnational partners. Initial contacts to these partners have already been established.

Elementary learning grades are well suited for practically oriented intervention strategies. This project is focused especially on the last year in pre-school (age group 5-7) to support children’s development for coping strategies regarding stress at school. In order to reach a sustained effectiveness, it is necessary to include a multi-level support for all personnel, i.e., teachers, children and their parents, as well as the school environment.

Preparation Phase

- a decision made by the conference to participate in the project;
- signing a written agreement on aims between the pre-schools, the applicants, and the respective project manager of each country inclusive their university or institution;
- establishing setting based teams (if possible, consisting of a member of the school, teachers, parents as well as persons involved in elementary education, i.e., pediatricians, school psychologist, therapists, health department staff, etc.); and
- developing and validating the “Well-being-scale for children” as an evaluating instrument.

Implementation Phase

- implementing research measures; and
- evaluating process and effectiveness of the entire process as well as of the individual measures.

Follow-up Phase

Evaluating, reporting, and comparing the results related to the international approach; and transferring the results to teacher trainings as well as to school psychologists’ services and health insurance companies.
3. Presentation of the Measures

(1) The “I-am-Me-Program. Strengthening Self-worth in Kindergarten” will be implemented and evaluated according to the aim, and will be prepared for an international project application.

The program is based on the concept of salutogenesis by Aaron Antonovsky. Its aim is to promote the self-worth of children and their sense of belonging within a group. A polar bear and an elephant are accompanying the children during the „health-days“. They learn together how to recognize and to use their own strengths, they exercise caring for themselves and accepting others as well as resolving conflicts non-violently.

Aims
- Promotion of sense of self-worth and well-being.
- Promotion of sense of belonging and well-being within their peer-group.
- Gaining competencies to resolve conflicts and strategies to cope with stress for preparing children to manage upcoming stressors and challenges.

Content
The program consists of eight modules which include two to six „health days“. Each day can be planned individually, situationally and contextually which usually takes about two hours.

Module 1: Body experiences and relaxation
Aims: Introduction to the program, getting to know the rituals, testing of the relaxation exercises, Awareness of the human body, recognising of the singularity of each individual child.

Motto: "My body is my home in which I feel well"
Day 1: The “I am Me” day (Introduction)
Day 2: I relax
Day 3: My hands and my feet
Day 4: That is me.

Module 2: Movement
Aims: Movement and wellbeing, Recognition of effects of touching the body, testing of various movements and rhythms, feeling body reaction in dancing.

Motto: “I am fit and strong”
Day 1: The journey to Africa
Day 2: The journey to the North Pole
Day 3: At Emil’s place
Day 4: The journey with the balloon

Module 3: Communication
Aims: Learning to listen actively, developing communication abilities

Motto: „We like to talk and to play together.“
Day 1: I listen to you
Day 2: I trust you.
Module 4: Creative playing
Aims: Rediscovering happiness and joy regarding children’s games as alternative to watching TV- Fantasy and implementation of own ideas of playing.
Motto: *Lots of games to have fun*
Day 1: My pond
Day 2: We are creating a new game.

Module 5: self-reflection
Aims: Being aware of individual strength and knowing how to use them, perception of the individuality of each child, reflections about the family and discussion on various forms of families and family cultures.
Motto: *I am Me. As I am, I am right*“
Day 1: That’s me
Day 2: That’s me, that’s you
Day 3: Me and my family – part 1
Day 4: Me and my family – part 2

Module 6: Feelings
Aims: Perception of feelings, recognition and respecting of feeling of other children, experiencing various feelings and reflecting their meaning, accepting all feelings and emotions
Motto: *I view and I respect all of my feelings.*“
Day 1: I am happy
Day 2: I am sad
Day 3: I am happy again
Day 4: The universe of feelings
Day 5: Sometimes I am scared
Day 6: All of my feelings are important, but not all of them feel nice.

Module 7: Conflict and its resolution
Aims: Testing various conflict resolution; expressing feelings in conflicts, recognising consequences of violence and practicing non-violent resolutions.
Motto: *Everybody is different. I accept you as you are.*“
Day 1: Let me play
Day 2: I can do it better
Day 3: Don’t be mean
Day 4: Don’t hurt me

Module 8: Diet
Aims: Developing awareness about nutrition and eating behaviour, exchange of eating habits, developing an interlinkage of eating habits and well-being, experiencing of happiness to eat together with others.
Motto: *We like to eat together and we like to eat fruits and vegetables.*“
Day 1: What I like to eat
Day 2: We eat and celebrate together

Organisation and implementation
The program addresses children of the age between 5 and 7 years who will attend school in the upcoming two years. The program includes time tables and materials. These materials can be used and modified according to individual needs. Exercises, graphs and photostats are prepared for use without any further qualifications needed.
Rituals are an important part of „I am Me“ - days which include:

- The regular application of the program (minimum of once a week)
- The two project-mascots the elephant and the polar bear
- The project song
- The relaxation exercise
- The farewell ritual “The little good bye”
- The health file

During the I am Me - days, the communication of children will be supported. One important aim is the support towards self-activity and self-experiences, as introduced through role plays to imply changes of perspectives in children. The program should evoke positive feelings, to strengthen trust and success in learning.

Parents become partners to reach the target of the program. The parent course on “It does not work without parents” is offered in accordance to the childrens’ program.

The promotional program was tested by the Pedagogical Department of the University in Göttingen between 2006 and 2009. Over this time it was tested in approx. 20 kindergarten groups.

The following can be stated:

1. The I am Me Program supports the daily work of educators. It provides a secure frame to proof new aspects. Usually, the implementation and realisation of topics which are included in the I am Me program, is difficult to include into the daily work routine, although they are implicitly anchored in the educational aims and explicitly required in educational curricula. The program can purposefully support the systematic implementation of these aims in daily life routines.

2. The intensive relationship with the children, the success in learning and the transfer of the contents of the program into the daily work routine in pre-schools are perceived as enrichment. By implementing the program the educators learn a lot about their desires and sorrows, about their families and their values. This leads to the fact that they can do justice to the individuality of each child. The health days provide space and time for testing and mutual confirmation. The individual child is in the focus of health lessons.

Most of the educators who have worked with the program for about a year continue to use it so that most of the children in the institution get to know this program.

3. The strengthening of self-worth in the I am Me - group is successful. In small, stable groups each child can be perceived and accepted the way he/she is. The exercises of the program can easily be implemented. Whilst preparing health days, educators often get new ideas. This is very much welcome since each specific situation within a group needs special attention and the developmental level change. Exercises therefore need to be adjusted. The self-trust of the children changes during the year in which I am Me days take place. Also children who usually do not talk much change and become more active and learn to focus on their strength and introduce it within the group. They become more risk taking and more secure.
(2) The course “It Does Not Work Without Parents” will be implemented and evaluated according to the aim, and will be prepared for an international project context.

The units of the course “It Does not Work Without Parents” which have been developed and have been partially tested, have shown that the interests and needs of the parents differ. Some parents desired purely theoretical introductions to parenting themes, others desired parent consultation or training in a practical (translation) application.

There was agreement of the contextual main points, which were requested by the parents: Communication, conflict, conflict resolution (depending on age and sex), stress management, self-worth strengthening, education und movement. The effectiveness of the program increased effectively through accompanying meetings with the parents.

During this project at hand the course shall be tested in one school of each country. It will be examined how the participation of the parents affects the development of self-worth and well being of the children and to what extent the development processes of the institution will be influenced.

The course consists out of eight modules:

1. What do I know about the self-worth of my child?
The first module deals with the development and support of self-worth. Terms such as self-image, self-worth and self-trust are explained and their impact on health and well-being on children and adults are discussed.

2. How can I strengthen the self-worth of my child?
Aims of this module are the questioning of the behaviour in education and upbringing and the discovering of how to strengthen self-worth in children.

3. Moving together – experiencing the body
Children reduce their movement which has consequences for their health. The reduction of movements often is combined with an unhealthy diet. Parents exchange their ideas on possibilities what they can do to stop this development. Strategies are developed how parents can deal with new media and how the daily routine can be improved to increase movements.
This module could also be implemented in a parent-child-situation and parents could be invited.

4. How do I communicate with my child?
In the fourth module, the communication to improving development is in focus. Parents learn different styles of communication and strategies to treat each other in a health promoting way.

5. Which conflicts occur and how do we solve them?
In this seminar, parents learn key issues about conflict and conflict resolution within families. Conflict resolution exercises serve as examples. New ways of resolving conflicts can be tested.

6. Naugthy girls…and good boys – if children fight
Differences and conformities of boys and girls are in focus of this module as well as the development of gender roles and gender identity. Knowledge about forms of conflicts between boys and girls can support resolving these conflicts: how to you manage bullying between children?

7. Stress in the family and its management
Parents reflect about stress in the family and work out the inner-linkage of psychological stress and somatic disorders. One focus of this module is the exchange of ideas on stress management strategies to reduce stress in children and parents.

8. What we like to do together
The discussion of module 7 is extended and the „leisure“ time of the family is particularly under consideration. How do families spend their leisure time? What are typical leisure time activities? Parents discuss their experiences and search for alternatives to create health promoting leisure times.

(3) Elaboration and Validation of the “Well-being Scale” for 5-8 years old children to measure the results of the program

The effect of Health Promotion should be measured. Therefore the “Wellbeing-Scale” (Short form BEP-KI) will be developed. The “Wellbeing-Scale” is a questionnaire to find out something about the well-being of children in pre-school and also to show results of the “I-am-me-Program” for settings of elementary education. Children should give their own opinion and feeling about their individual well-being. The test will be produced with pictures to help children to understand the questions, which they have to answer in an individual interview. The development of the items and the pre-tests is realized, so that the validation with about 300-500 children could follow. It is aimed to develop and to standardize a test for measuring the well-being of four to seven years old children.

4. The process and effectiveness evaluation of the respective individual measures and of the total measure

The object of the entire project is the content and the reinforcement of a health promoting school climate. By way of the carried out measures, the pre-school development plans shall be introduced and accompanied within the scope of health promotion. Furthermore, to capture the process, to ascertain sustainability, and to show transfer perspectives.

The following measures shall support reaching the aim:

- Teachers should be able to carry out the program independently, the project group will carry out a contextual and methodological introduction (qualification).

- The implementation of the modules will start in September with 5 to 7 years old children and will be continued in the following 12 months during one school year. In this manner, the children will continuously participate in the project over the period of one year before starting school.
• The teachers will find all necessary materials (lesson plans, worksheets and copies) in the published book, but will be asked to deal with the program in a flexible way, i.e., determining the time and location of “health lessons.”

• The parent course will be offered to the parents of one pre-school in each country.

Project participants help in the individual school and report for each of them how the climate is developing and changing in one year. For this purpose, corresponding instruments have to be developed in order to measure

- the subjective well-being of the participants during the course of the project as well as the increase in competence;
- the evaluation of carried out measures; and
- the sustainability of the development processes.

The qualitative and quantitative data of the individual measures will be compiled, case related individual portraits will be initiated, and case overlapping and structural features will be duplicated. For this purpose, the individual measures will be evaluated (promotional program “I am Me” and the parent course, continuing education/correspondence course for the teachers).

The evaluation of the health promotion program “I am Me” and the course “It does not work without parents” is compiled of the following partial steps:

- Review of the program “I am Me” and implementation of the module in the project groups. Through regular inquiry of the participants the workability of the curriculum (process evaluation) will be evaluated. The effectiveness (evaluation of the results) will be measured by the development and change of the self-worth and well-being of the children and the teachers and will be compared with the development and change of the well-being of children and teachers of the control group.

- Development and validation of the measurement instrument “Well-Being Scale” for children.

- Implementation of the course “It does not work without Parents” and measuring its efficacy by regularly interviewing (interview) the parents. Measuring the commitment (from the beginning and at the end of the project).

For the effectiveness and process evaluation, this inquiry will be conducted at least three times. The questionnaire will be completed by the participants of the total conference at the beginning, after the first six months and at the end of the year. The following aspects need to be tested among others:

- to what extent the prepared steps (decision by the total conference for the participation of the project, signing of a aim agreement), will assure the commitment of participation and the continuity of working together; and
• to what extent the carried out measures (inventory, action plan preparation, building working groups, continuing education through a correspondence course for parents and an institution based continuing teacher education, external advise and accompaniment) support the pre-school to enter into a meaningful, systematic development process.

In these terms, the processes and developments in the individual school can be researched, further support needs can be determined immediately, and interventions can be conducted to suit each case.

5) Evaluating, reporting, and comparing the results related to the international approach. Transferring the results to teacher trainings as well as to school psychologists’ services and health insurance companies.

In the four countries it is the objective – beyond the borders of all countries – to establish a self responsible pre-school as a health promoting living space. This means that a change of paradigm within the school board and teacher continuing education is needed: they have to redefine their role towards a stronger consulting function. In this dynamic development, we will make - with our project results in the individual schools - a contribution to the development of the elementary school in the respective countries. Therefore, the transfer of the project results is an integrated part of the project application.

Furthermore, the health insurance companies do not question the great influence of the schools on the target groups oriented measures for primary prevention and health promotion. Referring to the sustainability it is of utmost importance to succeed to engage the environment outside the school into these activities. It appears to be a promising way to win various members for the participation in the project, especially school psychologists, health services, local politics.

To anchor the systematic basic approach of the school represented in the project as a health promoting teaching, learning and living sphere, sustainably, the results will be reported to the institutes of teacher continuing education as well as to the school boards and healthcare companies.

Literature


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