Policy 'Meandering': The Influence of Mental Health and Well-being in Educational Policies

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Abstract

This article contextualizes, and contests, the use of the terms mental health (MH) and well-being in ideologically driven educational policies and practices, market oriented, individualistic and measurable. Alongside an unprecedented worldwide trend to establish an educational 'turn', so called 'therapeutic education', it is argued that educational policies in the UK have arbitrarily merged, or 'yoked', the terms MH and well-being with ethical implication for policy implementation. Through ethnographic and participative methodologies, involving the main social actors to mobilize expert knowledge in two educational settings, the 'yoking' of MH with well-being becomes apparent and catalyst for further yoking. Hence, more policies and new concepts emerge as manipulations of school/colleges' initiatives, such as achieving good results or promoting 'character' to engineers next generation citizenry. Juxtaposing the terms MH and well-being to education calls for clearer re-definitions of the aims of education, or, at the least, every efforts should be made by policy makers to keep the two terms independent from each other and well-articulated with performance indicators such as resilience, that do not necessarily undermine the values of vulnerability. New definitions of MH and well-being should guide policy making and implementation in schools/colleges, to avoid lumping up together heterogeneous and multilayered terms that deserve distinct attention and application.

Introduction

This article is inspired by Gillies' argument (2018) that, in the last ten years, successive governments in the UK have laudably advanced mental health (MH) in official education policies, whilst instrumentalizing it for questionable social engineering, by closely linking it to the notion of well-being. As a postgraduate student-researcher in education, and part-time secondary school teacher interested in the relationship between adolescent MH and education, Gillies' argument becomes pivotal; it looks at how policy making interferes with the relationship, undermining two main national aims of education (i.e. students' acquisition of knowledge and skills, and the formation of responsible and active citizen - Crick report, 1998) intended to provide 'the good life' for its citizens.

As a 'positioned' ethnographer, I will draw from my career as a teacher, a study conducted in a primary school in 2018 with 10-11year olds, as part of my MSc, and my current PhD research in a Sixth form college, with 16-18 year olds; the former looked at the influence of the exam-focused school on students' well-being, while the latter at the influence of achievement/attainment on adolescents' MH. Both research involved auto-ethnography and participatory methodologies.

Auto-ethnography negotiates the relationship between the stories we want to tell and the histories we have lived through; between the necessary fictions of publication/ presentation and the real-world experiences we draw upon (Freeman 2015). Therefore, my auto-ethnographic stance rests on two interrelated aspects: first, my personal experience as a secondary school teacher for almost 20 years, and second, the literature review 'I' conducted for both studies. My teaching career brought to my attention the detrimental impact of focusing on academic achievement/attainment on adolescents' MH. My research allowed me to establish a number of

key themes, or 'issues', pertaining to MH in education, from the impact of the school-environment[1] (Bonnell, 2013), to the centrality of peers, parents and teachers´ responsibility, systematically appraised through constant measurable performance (Moore, 2018; Reay, 2018; Ball, 2017), in turn shaping their relationships.

However, following Gillies, I will concentrate on a more nuanced issue which enables my positionality to be more productive. I will address how the constant juxtaposition of students' MH **with** well-being, instrumentalized through education policies, favours 'education governance' (Wilkins and Olmedo, 2018a, p.1), a political-economic project or mode of intervention, an expression of 'governmentality' or 'governability' (Foucault, 1991, p. 88/169). It unveils the school-environment as a dispositif (Foucault, 1980), an administrative mechanism to enhance and maintain power in society, where modes of being in the world are constituted, yet performed and resisted.

Finally, by considering knowledge production and methodology as 'issues' in childhood studies[2], has helped address adolescent MH not simply in its quantifiable/identifiable socio-statistical forms (i.e. who suffers the most, when, how) but through the lived experience of those involved, systematically narrated and reflected upon. Embracing such perspectives convinced me to employ PAR (participant action research) for its epistemological potential to mobilize expert knowledge and produce new knowledge. This new knowledge has eventually been filtered through myself, the researcher/author, showing that only ´degrees´ of PAR could be established. I have had to determine, eventually, what is noise and what is signal in the data ´we´ have gathered, and it has been important to decide how to represent/report this knowledge.

Below, I begin with a summary of 'our' research, followed by a zoom-in the idiosyncrasies of MH and well-being. I then interrogate the application of MH, well-being and other associates terms in specific educational policies of the past 10 years. In the conclusion I discuss the implication of making and ´doing´ policies, what Gillies (ibid.) refers to as ´policy meandering´, for adolescent MH. Gillies' argument is theoretically central to this article because through the 'yoking' metaphor I can reinterpret my experience in schools/colleges, creating more solid basis to appraise MH and well-being, 'in action', through key policies and in consultation with my participants. The main contention of the paper is that ill-defined MH, often confused with or overburdened by add-ons such as well-being, resilience or character, lead to questionable policies that do not achieve what they claim to.

The Research

Recent years have seen a steady increase in MH problems in young people, especially those placed in their final years of compulsory education, undergoing a higher level of anxiety and depression possibly leading to self-harm. In the UK, Ball (2011; 2017) argues that since the 1988 Reform Act to 'raise standards', neoliberal policies have employed privatizing management logics, impacting negatively on the teaching profession, and learning as a whole. National curriculums across the globe have become increasingly target-driven in the past 20 years, with a rise in frequency of assessment to review students' progress. This creates significant pressures on young people, who are suffering from a steady increase in mental ill-health such as anxiety and depression (Bonell et al, 2013ab; DfE, 2018; WHO, 2004).

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[1] An entity that goes beyond the mere structure or confinement of the school building but also the ensemble of ethos, rules, curriculum, hierarchies, admin apparatus etc., that surrounds students' educational journey.

[2] For example, Alderson (2013) refers to the 'absent' child in social research as contributing to the adult researcher 'confirmation bias'.

In the UK, recent Green Paper consultations and responses (2017; 2018), and a Department of Health framework for MH research (2017), confirm that one in eight 5-19 year olds are thought to have a diagnosable MH condition and that the number of 5-15 year olds with a mental disorder has increased from 9.7% in 1999 and 10.1% in 2004 to 11.2% in 2017.

Since 2004, when I became a secondary school teacher in London, I have witnessed a steady deterioration of students' MH. In 2013/14, through my role as a Humanities teacher and Lead Teacher for School Council, I set off to informally investigate, and involve, young people, parents, teachers, and school leaders to gather insights on the effects of academic attainment/achievement on MH. It emerged that disparate as much as converging concerns were voiced, even though colleagues and school leaders often perceived them as individuals´ issues rather than wider societal problems. Fast forward a few year, well-being and MH have ostensibly been high on successive governments´ agenda, which have not hesitate to use schools/colleges to solve the crisis. As we will see, policy documents have clearly treated the terms almost interchangeably.

Hence, my research design and question have evolved from an initial focus on high-stake SATs exams and their influence on well-being in a primary school (2017/18), to exploring the extent educational policies´ focus on achievement/attainment influences adolescent MH in a sixth form college (2018 onward). Such an evolution was inspired by my own experience in schools/colleges, started taking shape in the research field and consolidated through academic research literature, especially through school ethnographies (Stahl, 2018; Kulz, 2017) and an array of educational policies.

I initially had in mind to focus on both MH and well-being and distinguish their differences according to Gillies´ argument, however, following PHD supervisory discussions, it was agreed that well-being was too wide a concept and encompassed complex socio-economics which, though important, could unnecessarily widen the scope of my research. However, the headteacher of my first fieldwork strongly suggested we removed MH from the recruitment process and replaced it with well-being, as she put it 'less compromising these days sir!', surely referring to the stigma attached to MH. This was a productive turning point, because it brought to my attention the scholarly importance of grasping tangible differences between the terms, as Gillies had hinted at but without unpicking the semantic peculiarities of their definitions. Furthermore, it brought back memories of my experience as a teacher, when I witnessed school leaders implementing the policies, either keeping the two terms firmly together, or, arbitrarily using one rather than the other depending on the audience. I discovered that there was a nuance to unravel, as it were, a theoretical opportunity to sustain my project, long term, intended for several service users such as parents and policy makers, to name a few.

Thus, in the current fieldwork with 16-18 year olds, myself and student-participants started by looking at the WHO's[3] MH definition (2014, my emphasis), '…a state of well-being in which **the individual** realizes his or her own abilities, **can cope** with the normal stresses of life, **can work** productively and fruitfully and **is able to make a contribution to his or her community**'. We realized that, though widely accepted, it obscured a set of variables (e.g. cultural and intrapersonal) underlying the concept, rhetorically and discursively perpetuating visions of 'the good life' in neoliberal terms. Unsatisfied with the definitions of MH, we added a slight interpretative variation, a variation which student-participants could more easily identify with

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[3] World Health Organization.

compared to the authoritative, yet reductionist, version represented by the WHO's; such a move represented the first 'participatory' action enhancing our awareness as co-researchers, equally showing how participation is operationalized in knowledge production.

Instead we borrowed a more flexible stance taken from the Salutogenic[4] model, one in which MH was conceived as part of a continuum (from extreme pathological conditions to more mundane situations), and therefore not strictly dichotomized.[5] This approach refined students´ gaze in fieldwork activities including survey making, focus groups discussions, documentary and podcast choices, etc.

Prior to this stage, my exploration of academic literature on adolescent MH had depicted the school-environment as a cultural space bearing varying pressures. For example, amongst many others, the introduction of 'therapeutic education' in the curriculum (Irisdotter-Aldenmyr & Olson, 2016; Ecclestone and Hayes, 2019), a 'turn' in curriculum development of the past 20 years amongst OECD countries, has equivocally tightened the MH-Education relationship, through the insertion of new subjects (Citizenship and PSHE[6]) and an array of other initiatives or projects run by local charities, representing a warning against overt medicalizations, or psychiatrizations, of child-development.

Fuzzy definitions
The WHO's definition, given above, is implicitly re-employed in the UK's '2011- No Health without Mental Health' policy document: 'a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment' (HM Government, 2011). This policy set up the coalition government's vision to deliver better MH outcomes for people of all ages.

As policy documents systematically pair up MH with well-being, their definitions must then be compared to explain such a necessity.

Well-being is defined in several dictionary definitions as 'a good or satisfactory condition of existence; a state characterized by **health**, happiness, and prosperity', or, 'the state of being comfortable, **healthy** or happy'. Such definitions are important because they blur objective factors of well-being (health? prosperity?) with subjective ones (satisfactory? comfortable? happy?), creating a double bind. On one hand, MH can be likened to well-being, on the other it cannot be confused with it. Well-being is a broader concept that can be attached to personal, cultural, biological, economic, epochal factors; for example, Davies W. (2015) recently associated well-being with the 'happiness industry', a phenomena concerned with humans' social and physical optimization as proxy for good MH. MH therefore is supposed to be 'out there', disguised with well-being, available to all. Yet, such argumentation does not do justice to MH in gendered, raced, classed and aged analysis. I expand.

At first sight, both MH and well-being definitions seem skewed towards outcomes of 'human doing', whereby the individual, and indeed the community, can 'do' something about them. Yet,

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[4] Antonovsky's Salutogenic model developed in the 1970s as a reaction to the dominant Pathogenic model of health, which focused on illness rather than health.
[5] As Antonovsky (1979, cited in Vinje et al, 2017, p.37) maintained throughout his career, a dichotomized approach to MH opens up to 'medical imperialism' and therefore manipulations.
[6] Personal Social Health Education. Also, interestingly, under strict policy guidance from the DfE, from September 2020 schools/ colleges will have to address MH as part of a series of measures to tackle post Covid-19 mental ill-health.

the two can also be 'done to' the individual through contingent and paternalistic circumstances, such as welfare, family, community, etc., implicating a vision of 'the good life' for all. Therefore, richer definitions of well-being are needed for more effective and fairer educational policymaking (the latter increasingly involved in 'governance' and panacea for adolescence and society, as most policy documents claim it to be).

For example, the UK's Office of National Statistics defines well-being with regards to: 'how we are doing' as individuals, communities and as a nation and how sustainable this is for the future'. The same source defines personal well-being by 'how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day to day emotional experiences… and our wider mental well-being' (ONS, 2013).

This latter definition offers a more comprehensive contextualization (i.e. subjective life satisfaction as well as objective measures), which shows the complexity of well-being, its temporality, its subjective and cultural conditions, extending beyond the notion of **health** per se, as a generalizable given, dichotomized in 'have and have not'. This means that one can satisfy well-being dimensions (e.g. through the natural environment, relationships, governance, what we do, etc.) but still have poor mental and physical health.

Thus, from the MH and well-being definitions, we may intuitively derive a correlation, that an increase in positive well-being promotes MH or can prevent mental ill-health, but not a causation - i.e. that well-being causes positive MH. It is exactly in such a correlational hypothesis, extensively played out in education policies (discussed later), that the causes of adolescent mental ill-health get either ignored or manipulated, by predicating their solution on improving students' achievement/attainment. The conclusion policies arrive at is that poor MH in school/colleges can be improved if better academic performance are achieved (in turn functional to raise school/colleges' profile).

The WHO's widely used definition in policymaking hints at the psychosocial side of MH, the have and have not, while the well-being definitions are predicated on subjective responses to specific socio-economics one finds him/herself into; but, as Levecque and Mortier note (2018, para.1), MH and well-being are often used interchangeably and are not clearly defined in administrative documents. For example, by looking at how employers and Occupational Theories conceptualize the terms, the authors argue that the terms can be adopted for administrative purposes, with lack of clarity and irrelevant impact in practice. Gillies (2017) helps illustrate Lavecque and Mortier's point about the lack of clarity and irrelevant impact in practice - as they put it, 'the concepts are real in their consequence'!

By arguing that UK's policies concerning adolescent MH 'yoke' MH with well-being, Gillies argues that a highly instrumentalized view of well-being is propelling policy's preoccupation with adolescents' MH; yet, such preoccupation shows more about the lack of political and economic context framing children's lives, than how policy has shifted away from broader structural goals, to focus on instilling the capacity for children to be happy, regardless of their socio-economic circumstances. This means, Gillies continues (2017), that having MH concerns attracts policy 'meandering', and what gets brushed under the carpet with the politics are the 'value judgments' that make happiness and well-being meaningful in the first place.

Policies' selection and interrogation[7]

Recent educational policies in the UK have engaged with MH by releasing statutory and non-statutory guidance through, mainly, the joint work of the Department for Education (DfE), the Department of Health & Social Care (DoH) and the National Health Service (NHS), working with a range of other bodies in response to 'Transforming Children and Young People's Mental Health Provision: a Green Paper' (2017). In my research, I employed specific questions to discern how adolescent's MH was being addressed by governmental agencies and variably supported at school level, and how MH's significance was linked to the notion of well-being, and what this meant at school level. My questions were the following:

1. Were MH and well-being clearly defined in the documentation? If so, what were their 'variations'?
2. Did their variation add value to the debate?
3. How in/consistently were they being used one alongside the other?
4. What were the implications for such usage?

This section is divided in three sub-parts. The first two give evidence and interpretations of how official policy guidance (through language, turn of phrase, definitions or lack thereof) employs the notion of MH alongside well-being. I critically assess how such guidance is integrated in the school-environment to reinforce those policies closely related to or implicating MH (e.g. safeguarding, assessment, curriculum, behaviour, teaching and learning, etc.). The third section looks at a school project to demonstrate, on the ground, how policies influence school practice through the MH and well-being 'yoking'.

MH and well-being within education policies

In 2011, the cross-government MH outcomes strategy for people of all ages (HM Government) aimed 'to improve the MH and well-being of the UK population and keep people well, and improve outcomes for people MH problems through high-quality services that are accessible to all'. It reverberated with the late 1990s' fairer reforms in the name of meritocracy, to enable social mobility, an implicit theme running through most policies. More importantly, it offered some basic working definitions of mental well-being (presented as related to the absence of mental ill-health), resilience, poor or ill MH - but no definition of well-being, nor a definition of MH, were given, despite their extensive pairing but no application on concrete cases. The outcome is that MH and well-being get conflated and possibly misused, rehearsed rhetorically by school leaders, facilitating policy meandering through implementation, aimed at alternative educational ends that celebrates academic resilience, or what Smiths (2020) recently referred to as academic ´buoyancy´, an end in itself, when actually it is a means to secure results, at the expense of vulnerability, a sentiment to be weary of in the school-environment, associated with the continuation to these days of the 'snowflake generation'.[8]

Other documents come across as broad research reports on the nature of MH issues in schools/colleges, followed by recommendations on prevention and intervention; most documents were composed with unexplained methodological criteria, no sampling, employing rhetorical and ambitious aims to contribute to social equality, without explicitly acknowledging

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[7] Though a chronological approach would have helped identify a thread of the policy literature, I could not see any explicit rationale which objectively looked at mental ill-health. Instead, I read fairly inconsistent documents which have only improved recently, but without building on each other, cogently; hence, the need to identify a rationale to help address the research question.

[8] Of various origins, the term refers to those prone to taking offence, or thin-skinned, compared to previous generations, aimed at under-30s in the 2010s.

MH's political and socioeconomic complexity (as Gillies noted). Only a few documents included sporadic references to structural pressures as affecting students' MH, for example the consequence of austerity measures of the past 10 years, but with no meaningful appraisal, one that weighed up the pros and cons of neoliberalism at large and its impact on adolescent MH.

What stands out in a document (DfE, March 2016, Mental Health and Behavior in Schools), and what I object to, are the number of terms which get little illustration in connection to MH and well-being and the lack of analysis (of the causes); for example, 'conduct disorder' appears for the first time in the context of schooling; however, the term should have been contextualized as, by definition, 'it identifies a pattern of defiance or aggression which hampers the child and his/her peers' (RC Psych, 2019): what lies beneath such defiance and aggression in the school-environment? No context is offered, it primarily calls for intervention and prevention as priorities, through in-school actions, parental involvement, and other support agencies, with no explicit guidance. Unsurprisingly, the term 'conduct disorder' is presented as separate from any MH proviso. The document's emphasis is for school to do what families and the communities should do, while it recognizes that many MH problems are transitory challenges for both the child and the family (ibid.).

The reification of the notion of responsibility through 'responsibilization'[9] might be accountable and generate confusion to understand the aims of the policy; whether responsibility should be in the hands of the individual child, its family, the community, or the state is not always clear. Meanwhile, to 'sustain' the document's confusion, adolescent MH is portrayed as swinging unsteadily, between its clinical diagnosis and a socially constructed phenomena, often made synonymous with well-being throughout the document.

Similarly, in another key document (DfE, August 2017), 'character education' is invoked in connection to MH. The DfE had commissioned a research project to evaluate MH provision amongst schools and colleges, to inform the focus of policy activity on MH and 'character education'. Key findings showed that 1/10 children suffered from mental ill-health, corresponding to three students in every classroom. However, the document offers no robust evidence of what 'character education' entails and how it should inform MH provision.

As noted by Didau and Rose (2016, p.260), drawing from a recent 'Character Nation' report (DEMOS, 2015), anything beyond exam results could be included as an example of 'character education', from perseverance through honesty to critical thinking. Likewise, Jerome & Kisby (2019) object to the misuse of 'character education' and contend that "…supporters of 'character education' can be perceived as trying to seize control of how schools promote values…"; 'character education' appears biased and more concerned with individualism linked to neoliberalism. The focus on the individual, their main argument, is problematic because of its preoccupation with 'fixing the kids', rather than advocating structural changes that favour both MH and well-being (as Gillies noted).

Interestingly, the report 'Character Nation' is not clear about how it fits within prominent educational discourses and practices, notably, within the pressures that come with measurable school attainments (e.g. see 'Performativity', Ball, 2017) and through the recent linear exams at

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[9] Responsibilization is '…a term developed in the governmentality literature to refer to the process whereby subjects are rendered individually responsible for a task which previously would have been the duty of another – usually a state agency (the SAGE Dictionary of Policing, 2018)

KS4 and 5 (Coalition government reforms in 2013/14[10]). Instead, I argue, 'character education' unambiguously builds upon the notion of 'therapeutic education' (Irisdotter-Aldenmyr, S. & Olson, M., 2016; Ecclestone and Hayes, 2019; Reay, 2018), with a priori focus on the individual, unclearly located in the collective. In sum, key documents picture 'Character education' as part of a wider political project to tackle mental ill-health and poor well-being through exam results - unfavorably sold as students' gains.

To sum up, DfE policy documents, and associates documents from charities and think-tanks, suggest that, on one hand, promoting well-being facilitates positive MH outcomes in schools/colleges, often equating MH with good marks, but on the other it is not fully clear how members of schools/colleges staff deal with MH. As possible solutions, external providers are promoted in extreme cases as well as teachers and wider school staff specialized training (see the DfE's, February 2019, launch of one of the largest trial in the world to boost the evidence about what works to support MH and well-being).

Behaviour FOR learning & Resilience (the add-ons)
'Mental Health and Behaviour in Schools' (DfE – November 2018) looks at risk and protective factors in the classification of MH 'disorders'. It argues that while risk factors such as poverty or genetic influence are seen as cumulative (generated by individuality, family, biology), and that a child may easily develop behaviour problems (e.g. boys' conduct factors), they are also indiscriminately pathologized under the 'disorder' categories, echoing Levecque and Mortier's (2018) 'the concepts are real in their consequences'.

This is an intriguing finding as the association of MH with students' behaviour is made explicitly, especially with 'behaviour FOR learning': i) conceptualized through behavior in school; ii) seen as a behavioural issue; iii) controlled through an expected behavior that is geared towards, or FOR, learning as a measurable entity, performed and resulting in students' achievement (e.g. students' grades/results).

Similar documents issued between 2016-18 (Mental Health and Behaviour in Schools, 2016 & 2018; Supporting Mental Health in Schools and Colleges, 2017; Mental Health and Well-being provision in schools, 2018) suggest that MH and well-being should now be appraised as part of behavior FOR learning. Their assumption is that students' MH and well-being are correlated and show close causality with 'behavior' – i.e. addressing and correcting behaviour through learning processes, then mental ill-health and limited well-being opportunities are bound to be addressed.

However, this could be considered as a form of reductionism, that looks at one side of the argument and therefore misleading for students. Behaviour is instrumentalized for schools' short-term ends and not always useful for students in the long-term. While such a limitation of official documents is correctly noted in one of them (DfE – October 2018): '… what about those whose MH and well-being issues are not made explicit through overt disruptive behavior?', the same document calls for a shift in guidance and training, from behavior and behavior management to a focus on MH, well-being and building emotional resilience. The use of 'resilience' to mitigate mental ill-health is proposed without clear explanations, further suggesting that policy meandering is systematic and pragmatic, part of the 'yoking' excercise

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[10] It narrowed down the curriculum, excluding subjects that supposedly required non-cognitive skills (e.g. art, drama) and introduced 'Assessment Without Levels' (DfE, September 2015), a controversial way to evaluate progression at KS2/3 through labels such as 'emerging' or 'developing'.

theorized by Gillies, which exploits universal concepts not many would argue against. Thus, I raise the following questions:

1. Is poor MH a consequence of lack of resilience?
2. Is MH a behavioural issue, which is managed as expected behavior geared towards learning?
3. Is MH a school/college concern because it affects students through grades/results?
4. Should adolescent MH be associated with behaviour as a whole and behaviour FOR learning?

What follows is a critical response to point n.1, drawing from recent policies, yet, it indirectly addresses aspects of the other points.

Most recent policy documents (DoH, 2017; DoH and DfE 2017/8; DfE, 2018) emphasize the value of early intervention, especially through 'resilience' projects. However, resilience remains unaccounted for, that is, resilience for school challenges? Or the vagaries of life? The concept of resilience originated in physics as the ability of a material to absorb a shock without breaking, but it is in ecology that it was developed to theorize the aptitude of ecosystems for adapting and transforming after a traumatic event. In education, it defines the ability to create experience, knowledge and culture, turning negative episodes into new learning (Garista, 2018: p.20).

However, Garista notes (ibid.), Foucault's biopolitics and his notion of 'subject of power' (1982), highlight the risks and abuses of an education to resilience that would make citizens' subjectivities more obedient and permeable to the powers that are democracy's enemies. Garista (2018; 2019) argues that it is therefore a question of understanding strategies, practices, as well as considering educational instances such as spaces, times, bodies, and narratives to do justice to a constructive use of resilience projects. Similarly, Rose (2014; 2017) stresses that there are some positives to consider when resilience grows out of social relations and solidarity, and not just seen as an individual psychological capacity, or part of managing individual conduct.

So, while policy documents advise schools/colleges to promote ´protective factors´ such as policies on behavior and bullying, or policies that enable students to be resilient, resilience is not elaborated, neither as a conceptual tool open to personalization, discussions, narratives, etc., nor, as Garista would claim (2018, p.15), as a pedagogical construct. However, extra responsibility is placed on schools to promote resilience for underachieving students, sidelining resilience's pedagogical potential to make a different 'kind' of subject, beyond neoliberal prerogatives; for example, as Smiths notes (2020, p.1), resilience projects are expected to accomplish too much, from increasing academic outcomes to supporting positive MH and well-being.

This is where participatory and ethnographic methods acquires relevance to discern the type of resilience/s already owned by student-participants, existing in their personal narratives (Garista, 2018: p.26) often silenced or unheard of, promoted or hampered by schools/colleges-environment. It is here that issues of power, representation and agency come to life, where responsibility and resilience are demanded, enacted and embodied by students. As Cornwall & Jewkes note: 'locating the debate about participatory research within the controversies of the qualitative-quantitative divide obscures issues of agency, representation and power which lie at the core of the methodological critiques from which the development of participatory approaches stem' (1995: p.1667).

Therefore, the following implications, 'emerging' from my literature reviews and my fieldworks, will inform my final research analysis.

Firstly, the role parents, college leaders, and teachers should play in the production of the resilient student, who is enabled to manage his/her MH; and secondly, what role should parents, college leaders, and teachers play in ensuring that teaching and learning practices are construed alongside the MH of the child, facilitating the conditions that mitigate risk and at the same time enable resilience; for example, educational policies should focus on tests/exams alongside meaningful learning provable over a period of time[11] and not through high-stake examination. Thirdly, the role students themselves should play to decrease the impact of the school-environment on their MH.

A final implication, drawn from Humphrey (2018), is about the unjustified public-health costs to promote and better manage adolescent MH. In fact, in my experience, it does not seem cost-effective to have a market-oriented education system, thriving on self-efficacy, when evidence suggests that adolescents' motivation is at its lowest and MH services over-stretched, requiring educational institutions to employ psychologists and counselors, or wasting valuable energies from tutors and teachers as parental figures. In other words, students' experience of education is far too easily psychologized and medicalized, reflecting the fears of socially constructed threats such as unemployment and a career-less future if certain grades are not achieved. Instead, considering pre-adulthood as a developmental stage when a sense of self is growing (see Erickson in Exploring YourMind, 2020) and calls for risk-taking (Blackmore, 2018) should shift the focus of a short-term and selective educational agenda to a long-term formative one, reducing mental ill-health implications.

In sum, the most recent government guidance between 2016-18 shows that, on one hand, there is an effort to objectively evaluate what constitutes MH, on the other, the 'yoking' of disparate concepts endures through the inclusion of 'behavior' and 'resilience' into the MH and well-being mix. Policy meandering, especially through unclear 'intervention', sabotages analysis of worsening adolescent mental ill-health; a final evaluation of recent documents points at correlations and close causal relationships between the four concepts, but with no explicit evidence apart from the suspicion, mine, to produce a 'kind' (Hacking, 2007) of neoliberal subject, as Gillies admonishes; a subject that is ready either for the challenges presented by the marketised society or excluded from it altogether and therefore in need of (more) intervention. Following Rose (2013), intervention could reduce the 'burden' of mental ill-health on the economy but, in turn, raises ethical questions of what, why and who is intervened on. Foucault's (1991, p.288) himself admonished of the risks of intervention as a technology of surveillance, disenfranchising and alienating.

The final section is an ad-hoc example offered by my first research in the primary school, illustrating the unfocused use and promotion of resilience in school/colleges through the MH/well-being yoking.

A case study: School Y
Following my fieldwork, school Y had signed up for the WAMHS (Well-being and Mental Health in Schools) programme, developed as an expansion of good practice by the local CAMHS (the NHS services that assesses and treat young people with emotional, behavioural or mental health difficulties in schools). WAMHS, informed by the DoH and PHE's advise, aims to

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[11] Like the recent GCSE and A-level results following the Covid19 pandemic, final grades were given as summative of the last two years of study for each course, surely a starting point to sideline high-stake examinations.

improve outcomes for children and young people by increasing early intervention to promote resilience and well-being and building on the positive relationships between children, school staff and community partners (WAMHS Handbook, 2018: p.1-2). Drawing from Loades & Mastroyannopoulou (in ibid., p.9), the scheme's rationale is that school staff are ideally placed to spot MH difficulties at an early age and by working collaboratively with psychological staff can facilitate specialist intervention. It stresses the premise, according to Bradley & Greene's (2013, as cited in ibid.), that health and education outcomes are closely related, reverberating with ´therapeutic´ turn.

The WAMHS Handbook stresses that training for teachers on students' emotional well-being is required to be a 'psychologically healthy school' (ibid.); this, I argue, undermines holistic scopes of teaching and learning especially at a primary stage, requiring further provision (i.e. disguised as intervention) to minimize those adversities present in/by the school-environment. It infers that the work of teachers is at first separate from contributing to students' MH, something that teaching and learning should entail a priori for the students, to function individually and collectively. School Y and WAMHS' good intentions may ironically reinforce the issue by employing the ´yoking´ mechanism; in fact, MH and well-being are not defined, neither in the WAMHS' handbook nor in the school's safeguarding policy, instead, both documents use them interchangeably or together. Are WAMHS and school Y going to the root of mental ill-health to prevent it? While WAMHS does not distinguish between different educational settings, claiming a similar approach across the compulsory school age span, school-environments' pressures vary across institutions and age ranges, and school Y is no exception. Regardless of the setting though, tensions may arise when looking at school/colleges' priorities – in this instance WAMHS focuses on MH and well-being, while schools/colleges focus on league tables (what a missed opportunity ´to do´ WHAMS!).

Additionally, the 'best' for students is not clarified in the document, a case of an institute sending mixed messages to all actors involved. For example, at the start of the year parents were invited to get students to sign up for the WAMHS pilot project; coincidentally, during that time I had been invited to attend a special assembly where school leaders gathered all Y5 and 6 parents (and their children) to talk about the importance of SATs exams as their first 'life challenge', 'determining' their future, the 'stressful' period awaiting students and parents and that everyone had to step up the game. Neither MH nor well-being implications were addressed.

Interestingly, school Y's safeguarding policy focuses on both academic and spiritual excellence and recognizes:

> …that MH and well-being promote school success and improvement/progression by contributing positively to priorities such as enhancing teaching and learning, raising standards, promoting social inclusion and improving behavior and attendance, helping to meet legal, ethical and curricular obligation (ratified by the school's Governing Body, October 2018).

The safeguarding policy presents MH and well-being as personal/private matters but also a means to raising standards and therefore boosting achievement/attainment. The problem, I argue, is the pragmatic and short-term approach of both WAMHS´ intervention and school´s Y safeguarding policy, both following governmental policy guidelines, seemingly useful for enhancing results. This is because schools' focus on attainment/achievement is still through exam-results, not necessarily through learning critically, amongst other ways.

A final remark, based on personal experience, is that these types of educational guidance are effective if teaching staff is specialized, otherwise it all amounts to additional work-pressure and the perpetuation of a cycle of mental ill-health amongst staff, who easily become emotionally involved with students' lives (Moore, 2018); not only does it impact on practice as a whole, but requires more interventions to guarantee minimal well-being for all actors involved, and therefore prioritization of (scarce) resources' distribution.[12]

Discussion/Conclusion
This article offers some evidence of how, and why, politicized concerns with MH and well-being have entered the education system, ignoring wider societal issues such as stagnant social mobility, knife crime, unemployment, etc.; additionally, it argues that the individual's personal and collective responsibilities have been merged, confusingly, through the private vs public dualism, by evoking fairer reforms in the name of meritocracy, to enable social mobility. Consequently, pedagogically relevant concepts such as 'resilience', 'character education' and 'behaviour for learning' seem to have been used to enhance MH and well-being policies that favoured exam results, sidelining their potential to contribute to a more progressive and holistic education.

To start with, Diener et al's (2002) argument, that emotional well-being is contextual and intra-individual, a complex thing to get hold of , resonates with Gillies´ proposal that considers the impact of structural pressures in which MH and well-being generate. The pragmatic 'yoking' of MH and well-being is therefore unwarranted. This means that such yoking is embroiled with the ideological production of certain 'kinds' (Hacking, 2007) of neoliberal citizenry or subjectivities (Ball, 2017) through, and because of, the school-environment, not genuinely to support adolescent MH and well-being.

Research findings suggest that devolving (varying) degrees of agency to adolescents can help promote positive MH within the school-environment. For example, the possibilities to be autonomous and independent, as it were, 'agentic selves' within the boundaries and incentives of the school-environment (e.g. more curriculum input, more student leadership, more effective dialogue with school leaders, etc.), were always a concern amongst the student-participants in the primary school research, and were often associated with promoting positive MH; it enabled them to test early forms of (inter-personal) identity formation. This strengthens the case for exploring adolescents' agency further, through the lenses of subjectivity formation, and the (intra-personal) narratives which sixth-form students construct around the self, while in transition to adulthood, and which they were keen to explore as part of their participatory commitment. In turn, the effects of ´responsibilization´, ´performativity´ and ´resilience´ on adolescent MH may become more explicit and inform more progressive and holistic policy making through ´new´ MH and well-being definitions and their associates.

For example, the neoliberal creed against total state control as hindering citizens' liberties and development, has devolved adolescents' MH issues to stretched out families, conflictive local communities and underfunded schools/colleges. However, the state still regulates education by expecting adolescents to be successful no-matter-what, more resilient and responsible citizens, in what seems an unfair exchange operating in an entrenched accountability system, inevitably corrupting institutional practice (e.g. teaching to the test, leaders fiddling with exam data to 'save' the school and their jobs, teachers told to serve their client students, etc.). The ambiguous definition of MH and well-being, and their usage alongside one another, impact on educational

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[12] Interestingly, the DfE (May 2019) announced a £10 million scheme to help teachers tackle bad behaviour.

policy making and implementations; importantly, policy directives do not tackle adolescent MH at its roots, but divert from it altogether.

This means that by integrating MH's risk factors (e.g. wider socio-economic deficiencies or adolescent's developmental changes) with possible MH's protective factors (e.g. emphasis on academic achievement/attainment), most policy documents unclearly proxied good MH and well-being, with learning. Additionally, the shift from pupil behaviour as primarily a 'type of conduct' to behaviour as expressed through MH and well-being issues epitomized policy meandering[13]. Thus, the two latest additions to Gillies' 'yoking' metaphor, behaviour and resilience, constitute new significant areas of research because such yoking problematizes mental ill-health issues for undisputable governmental manouvering, sidelining the potential for behaviour and resilience to serve 'healthier' ends for adolescents.

In conclusion, I attempted to contextualize, and contest, the use of the terms MH and well-being in neoliberal educational policies and practices, which sustain market oriented, individualistic and measurable educational outcomes. Ethnographic and participative methodologies have helped capture social actors' meaning-making of the practical implications, and emotional weight, of key terms such as MH and well-being as applied in the school/college-environment, and how they shaped one's conception of the self.

As a whole, this article suggests that the risk of falling short of 'adequate care' in schools and universities (Davies, B., 2006: p.437) through widely agreed and carefully implemented MH and well-being definitions, calls for more nuanced definitions that guide policymaking and attain goals in line with progressive, holistic ideas of what MH signifies in an educational context; one that questions the way state education meets its official aims (i.e. students' acquisition of knowledge and skills, and the formation of responsible and active citizen - Crick report, 1998) while re-engineering citizens of the future (Gillies, 2016, my emphasis) on suspicious utilitarian grounds, and through a questionable 'therapeutic education' agenda.

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[13] As a behaviour officer in my school put it to me: '*Sir, behaviour nowadays IS mental health, that's what we are told in training, and that's actually what we see every day, at the least in our school*'.

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