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HELEN ASKELL-WILLIAMS AND CARMEL CEFAL

**MORE ABOUT MALTESE STUDENTS'
PERSPECTIVES ABOUT THEIR LIFE AT SCHOOL:
INVOLVEMENT IN BULLYING AND MENTAL
HEALTH¹**

INTRODUCTION

Students' wellbeing and positive mental health are receiving the attention of researchers internationally. For example, the European Union FP7 Marie Curie International Research Staff Exchange Scheme and the Australian Academy of Science Researcher Mobility Scheme supported a 2011-2013 collaborative project between universities in Malta, England and Australia to investigate international similarities, differences and synergies in the promotion of positive mental health in school settings (EC, 2011). This chapter is generated from one work package of that collaborative researcher exchange: namely, a project that investigated young people's perspectives of life at school in Malta.

The World Health Organisation (WHO, 2016) advised that,

mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.

It is of great concern to note statistics indicating that, in Australia for example, almost half of the population experience a mental disorder at some point in their lifetime (Slade et al., 2009) and 14% of children and adolescents have been identified as having mental health problems (Sawyer, Miller-Lewis, & Clark, 2007). This leads to an estimated annual cost of mental illness in Australia of \$20 billion, which includes the cost of lost productivity and labour force participation, with mental disorders identified as the leading cause of healthy years of life lost due to disability (ABS, 2013).

Meanwhile, a national study from Malta found that about 10 per cent of the Maltese student population experienced social, emotional and/or behavioural problems (Cefai, Cooper, & Camilleri, 2008). In a WHO (Currie et al., 2008) international comparative study, Maltese students rated their health and wellbeing relatively poorly. They reported that they felt amongst the most pressured students in the study, with the pressure increasing across the secondary school years (43% of 11 year old females and 30% of 11 year old males reported feeling stressed by school work). Although school-based bullying in Malta was reported to be lower than the European Union (EU) average, violence was reported to be well above the EU average, particularly amongst 13-15 year old students (Currie et al., 2008). A study amongst OECD countries suggested that almost half of lower secondary students in Malta intimidated or verbally abused other students, which was significantly higher than the study average (OECD, 2009). In a study with Maltese

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primary school children, bullying at school was one of the strongest predictors of social, emotional and behavioural problems and mental health difficulties (Cefai & Camilleri, 2011). Recently, a survey by Slee and Skrzypiec (2016) identified that one fifth of Maltese students aged 11 were involved in bullying once per week or more. Such bullying takes the form of name-calling, being ignored and excluded from social circles, physical bullying (hitting, punching and kicking) and cyber-bullying.

Of particular concern are suicide statistics. The Australian Bureau of Statistics (ABS, 2016) reported that in 2015, 3,027 people died from intentional self-harm in Australia. This equates to a standardised death rate of 12.6 deaths per 100,000 people. Suicide is the 13th leading cause of death in all age groups in Australia. But concerning, it was the leading cause of death for people aged 15-44. Added to these figures are attempted suicides and suicidal ideation, which multiply the individual and societal burdens of mental health difficulties exponentially. In Malta, the reported age-adjusted rate of suicide is 7.4 per 100,000 people (OECD, 2012), and although lower than in Australia, is equally concerning.

Why do we mention suicide in this chapter about students' school life and mental health? Because cross-national research, such as the meta-analysis by Holt (2014), shows that youth involved in bullying in any capacity are more likely to think about and attempt suicide than youth who were not involved in bullying. Furthermore, reports show that, notwithstanding the growing corpus of research and recommendations about early intervention for promoting population mental health and preventing mental illness, not enough is being done at policy and practice levels to ensure intervention and support to stem this preventable human tragedy (WHO, 2015). In raising the topic of suicide, we join a chorus of researchers, practitioners and affected families who are attempting to bring this problem out of hiding and to the surface – to talk about it and to raise awareness – so that more is done. Our own work, as reported in this chapter, is just one part of a whole of community approach that is needed to actively promote population mental health and prevent some people from spiralling into the worst of situations.

Concerns about population mental health are reflected in government policies. For example, in 2014 the United Kingdom government called upon the Personal Social and Economic Health Association (PSHE) to assist schools with teaching students about mental health and to banish the stigma associated with mental health issues (DfE, 2014). In the United States, the Collaborative for Academic, Social and Emotional Learning (CASEL, 2016a) welcomed and applauded new federal education legislation, the Every Student Succeeds Act (ESSA), which President Obama signed into law in December 2015. Particularly important, according to CASEL, are new provisions in the law that support SEL mandated social and emotional education in schools. In Malta, the 2014 Addressing Bullying Behaviour in Schools Policy (MEE, 2014) adopts a whole school approach in the form of a unified collective and collaborative action in and by educators, administrators, parents and students that has been strategically constituted to improve student learning behaviour and wellbeing. Meanwhile, relevant government policies in Australia include the National Mental Health Policy: 2008, the Fourth National Mental Health Plan: 2009-2014 and current consultations about the Fifth National Mental Health Plan, and the Roadmap for National Mental Health Reform: 2012–2022 (DoH, 2014), which identify promotion, prevention and early intervention for positive mental health as essential actions.

A strategic response to such government policies is a settings-based approach to early intervention and prevention (WHO, 2016, 2017), with a key setting being schools, due to their almost universal access to young people, experience with providing sequenced curricula, and staff who have in-depth knowledge of student characteristics and developmental progressions (Greenberg, 2010; Greenberg, Domitrovich, & Bumbarger, 2001; Greenberg, Domitrovich, Graczyk, & Zins,

2005; Peth-Pierce, 2000; Pullmann, Bruns, Daly, & Sander, 2013; Weare & Gray, 2003).

Students' lives at school consist of many components, including engagement with their school community, success at learning endeavours, positive relationships with teachers and peers, developing social and emotional competencies, and coping with negative influences such as bullying/harassment. This is the case across nations, as evidenced by the perspectives we bring to this chapter from Australia and Malta, as well as the range of countries represented in the literature review in the next section. Following the literature review, we report our investigation of Maltese students' perspectives about various facets of their lives at school. Our data analysis and interpretation include the creation of student profiles that reflect different patterns of experiences according to students' involvement in bullying as a bully, victim or bully/victim. We discuss the observable patterns of relationships between involvement in bullying and friendships, learning, motivation and mental health. Finally, we point to the implications these identifiable student profiles have for the design of interventions to support students' social and emotional health.

FEATURES OF SCHOOL ENVIRONMENTS

Interventions for mental health promotion

Contemporary school-based models for intervention advocate that mental health is a function, at the micro-level, of the psychological world of each child; at the meso-level, of close settings such as families; and at broader macro-settings, of environments such as schools, community facilities and government policies (Graetz et al., 2008). This indicates that risk and protective factors within school settings may operate to either exacerbate or minimise students' mental health difficulties.

Recognising the macro-level influence of schools, contemporary frameworks for mental health promotion initiatives in schools are typically founded in a "whole school approach", with focused attention on developing school policies, improving social relationships, and building individual competencies (Adi, Killoran, Janmohamend, & Stewart-Brown, 2007; Greenberg, 2010; Weare & Nind, 2011). These efforts are relevant to teachers as well as students. School policies and individual teachers' perceptions about the role of teachers in, say, intervening in bullying, determines whether a school might operate as a social determinant of mental health, or of mental ill-health. Similarly, the social, emotional and academic curricula of a school have the potential to build students' capabilities to, inter alia, establish friendships with their peers, learn productive strategies for coping with bullying, and develop strategies for self-regulated learning.

There is now a vast array of social and emotional programs being rolled out in schools. For example, in the USA, the Collaborative for Academic, Social and Emotional Learning (CASEL, 2016d) has driven substantial reforms that demand attention to the social and emotional lives of students, including self-awareness, social awareness, self-management, relationship skills, and responsible decision making. Similarly, in the UK, initiatives such as the Social and Emotional Aspects of Learning (SEAL) program show awareness of the need to address a range of students' developmental needs (DCSF, 2010). In Australia, the National Review of Mental Health Programs and Services (NMHC, 2014) supports the roll-out of programs such as KidsMatter (DoH, n.d.-a) and MindMatters (DoH, n.d.-c) through primary and secondary schools as part of a broader mental fitness and wellbeing agenda within schools. In Malta, Personal and Social Education, Nurture Groups, Circle Time and Learning Support Zones, and related initiatives have been introduced in various primary and secondary schools to promote mental

health and emotional literacy amongst children and young people (Cefai & Cavioni, 2014; Cefai, Grech, Mallia, & Borg, 2011; Fabri & Bezzina, 2010).

Curriculum Frameworks

The National Australian Curriculum (ACARA, 2015b) provides details of provisions for the various learning areas, including English and Mathematics, Science, Humanities and Social Sciences. It also designates General Capabilities that “encompass the knowledge, skills, behaviours and dispositions that, together with curriculum content in each learning area and the cross-curriculum priorities, will assist students to live and work successfully in the twenty-first century” (ACARA, 2015a). One of the General Capabilities is ‘personal and social capability’, which is supported by the following preamble:

In the Australian Curriculum, students develop personal and social capability as they learn to understand themselves and others, and manage their relationships, lives, work and learning more effectively. Personal and social capability involves students in a range of practices including recognising and regulating emotions, developing empathy for others and understanding relationships, establishing and building positive relationships, making responsible decisions, working effectively in teams, handling challenging situations constructively and developing leadership skills.

Personal and social capability supports students in becoming creative and confident individuals who, as stated in the Melbourne Declaration on Educational Goals for Young Australians (MCEETYA 2008), ‘have a sense of self-worth, self-awareness and personal identity that enables them to manage their emotional, mental, spiritual and physical wellbeing’, with a sense of hope and ‘optimism about their lives and the future’. On a social level, it helps students to ‘form and maintain healthy relationships’ and prepares them ‘for their potential life roles as family, community and workforce members’ (MCEETYA, p. 9).

Students with well-developed social and emotional skills find it easier to manage themselves, relate to others, develop resilience and a sense of self-worth, resolve conflict, engage in teamwork and feel positive about themselves and the world around them. The development of personal and social capability is a foundation for learning and for citizenship.

Personal and social capability encompasses students’ personal/emotional and social/relational dispositions, intelligences, sensibilities and learning. It develops effective life skills for students, including understanding and handling themselves, their relationships, learning and work. Although it is named ‘Personal and Social capability’, the words ‘personal/emotional’ and ‘social/relational’ are used interchangeably throughout the literature and within educational organisations. The term ‘social and emotional learning’ is also often used, as is the SEL acronym.

When students develop their skills in any one of these elements, it leads to greater overall personal and social capability, and also enhances their skills in the other elements. In particular, the more students learn about their own emotions, values, strengths and capacities, the more they are able to manage their own emotions and behaviours, and to understand others and establish and maintain positive relationships. (ACARA, 2015a #1)

Similarly, on the other side of the globe, the *Maltese National Curriculum Framework for All* (MEEF, 2012) values the role of social and emotional

dimensions in education from the early years, drawn from insights provided by the international literature on emotional intelligence, emotional literacy and social and emotional learning. The Maltese curriculum states:

The learning experiences that take place during health education activities aim at equipping learners with the necessary knowledge, competencies, skill, attitudes, and values which they need to maintain, promote and enhance physical, emotional, psychological and social well-being throughout their school life and as lifelong learners. Educators are encouraged to collaborate with parents and the wider community to ensure meaningful and long-lasting experiences in order to inculcate a deep understanding of ‘self’, ‘other’ and the impact of choices and actions upon individuals, communities and the environment. (MEEF, 2012 p. 35)

Such broad policy statements are typically translated into conceptual frameworks to guide teachers’ thinking and practice to promote students’ strengths in areas such as academic achievement, emotional control and social interactions.

Conceptual frameworks for promoting wellbeing and mental health in schools

Initiatives for promoting student wellbeing in schools often design or adopt a conceptual framework to guide practitioners’ thinking and practice. Such conceptual frameworks are typically grounded in reviews of relevant literature, discussions with practitioners, and emerging evidence that particular initiatives show improvements in students’ wellbeing and mental health. For example, the South Australian Department of Education and Child Development *Wellbeing for learning and life* framework (DECD, n.d.), proposes five principles, namely, child-centered, strengths-based, learning success, relationships, and inclusion. These five principles are incorporated into actions that seek to inspire, engage and empower all students.

Similarly, the KidsMatter (DoH, n.d.-a) Mental Health Initiative in Australian Primary schools, which was developed following extensive negotiations by partners including the Australian Psychological society and *beyondblue: the national depression initiative*, promotes four components for explicit intervention, with seven guiding principles that inform a whole school approach, as displayed in Figure 1. A similar four-component model has been adopted for KidsMatter Early Childhood (DoH, n.d.-b) and MindMatters (secondary) (DoH, n.d.-c).

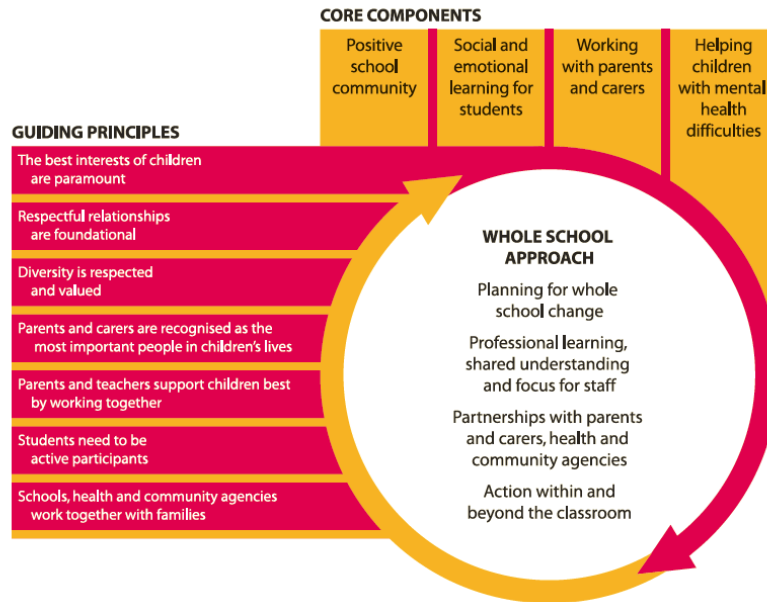


Figure 1: The four KidsMatter components for school-based interventions. (KidsMatter, n.d., #1) Reproduced with permission

In the US, the Collaborative for Academic Social and Emotional Learning (CASEL, 2016b) supports the inclusion of social and emotional education in curriculum frameworks, based on evidence that social and emotional education significantly improves students' social-emotional skills, attitudes about self and others, social interactions, attitudes towards school and academic achievement, whilst also decreasing students' levels of emotional distress and conduct problems.

A framework for social and emotional education in Malta was proposed by Cefai and Cavioni (2014), as displayed in Figure 2. The authors advised that the framework is,

based on the integration of six strands in the field of health and well-being in children, namely, social and emotional learning (Collaborative for Academic, Social, and Emotional Learning 2005; Mayer and Salovey 1997), positive psychology and education (Seligman 2011; Seligman et al. 2009), mindfulness education (Kabat-Zinn 2004; Siegel 2007), resilience in education (Benard 2004; Masten 2001), inclusive education (Booth and Ainscow 1998; Oliver 1996) and caring community perspectives (Sergiovanni 1994; Battistich et al. 2004; Cefai 2008)... These six perspectives are underpinned by the theory and practice of teaching and learning, with a focus on the twin processes of curriculum pedagogy ... and the use of social and emotional skills in the learning process such as persistence, goal setting, monitoring and academic regulation (Bernard 2012; Seligman et al. 2009; Noble and McGrath 2008). (p. 12)

The various frameworks generated from different school systems and organizations illustrate the different contexts and needs of different communities, whilst at the same time showing substantial conceptual overlap. Many research reports indicate the success of well-designed and well-implemented interventions such as social and emotional learning programs (Cefai & Cavioni, 2014; Dix, Slee, Lawson, & Keeves, 2012; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Sklad, Diekstra, de Ritter, Ben, & Gravestijn, 2012; Weare & Nind, 2011). Stewart-Brown's (2006) early

synthesis of evidence for the effectiveness of mental health promotion in schools concluded that,

school-based programmes that promote mental health are effective, particularly if developed and implemented using approaches common to the health promoting schools approach: involvement of the whole school, changes to the school psychosocial environment, personal skill development, involvement of parents and the wider community, and implementation over a long period of time. (p. 16)

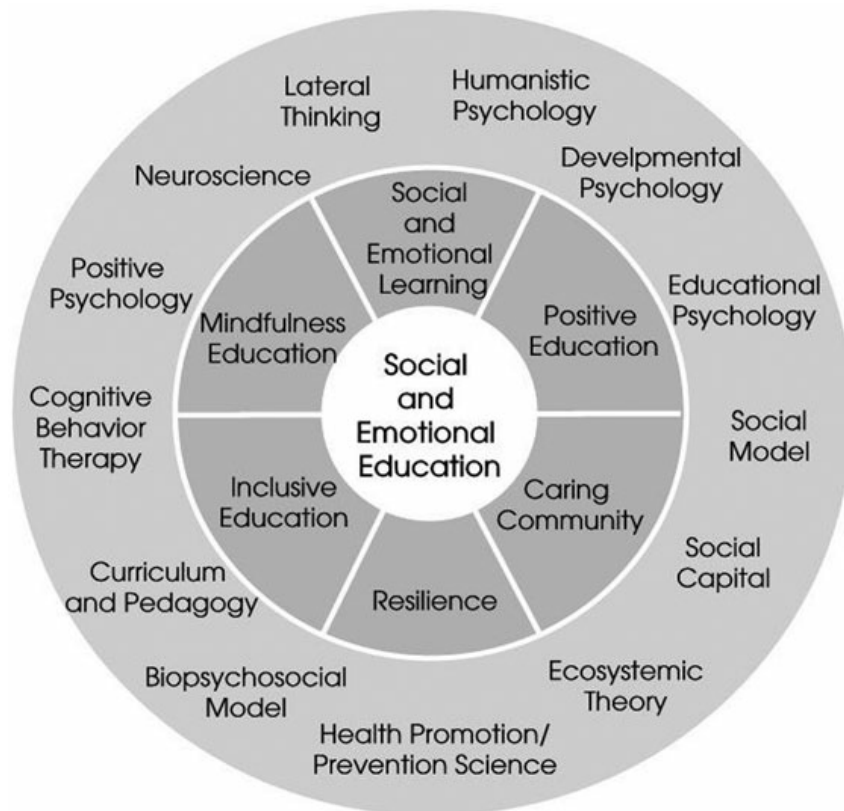


Figure 2: A social and emotional education framework by Cefai and Cavioni (2014).
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The inclusion of mental health promotion initiatives in schools and early childhood centres leads to associated professional learning needs for school staff. Our other chapters in this volume report the perspectives of in-service teachers' and university lecturers' about current strengths and weaknesses in professional development programs for mental health promotion. These professional learning needs are becoming recognised by tertiary institutions. For example, in 2015, Flinders University in South Australia introduced a Master of Education degree in Promoting Wellbeing and Positive Mental Health. At the time of writing, Flinders University is also in the process of designing curricula for postgraduate study by a broader range of human services professionals (e.g., nurses, psychologists, counsellors) addressing the wellbeing, resilience and positive mental health of clients across the life span.

Thus, a common theme that emerges from the curriculum frameworks and research interventions is that promoting wellbeing and positive mental health needs a multi-faceted approach. This is consistent with the WHO definition of mental health, which highlights that mental health is not just the absence of dysfunction, but also the positive expression of each person's full potential

Mental health is "a state of well-being in which the individual realises 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". (WHO, 2016 #1)

However, there are many questions still to be answered. What particular evidence supports the inclusion of which particular components in curriculum frameworks? Is it sufficient to focus upon, say, social and emotional education? Or should other components, such as, academic wellbeing, be included? What are the relationships between each component and mental health, and between the components themselves? For example, Askell-Williams and Lawson (2015) reported a study that used the correspondence analysis technique to identify a pattern of progression from mental health difficulties to mental health strengths in association with students' perceptions of a number of facets of their experiences at school, such as effective learning strategies, motivation for schoolwork and friendships. However, there is scope to investigate more fully the components that are included in curriculum frameworks for student wellbeing and mental health promotion, and in particular, to investigate these components from different perspectives. This leads to the research focus of this paper, which is to enquire about students' perspectives about their lives at school.

STUDENTS' LIVES AT SCHOOL

Students are a valuable source of information about the impact of features of school settings on their lives at school. For example, Fabri (2011) provided evidence that Maltese students are aware of, and can usefully reflect upon, a number of interacting components that impact upon their school lives. By listening to students' voices, we can learn what is working well and not so well, from their points of view (Cefai & Cooper, 2011; Cooper & McIntyre, 1996; Lanskey & Rudduck, 2010; Rudduck, Day, & Wallace, 1997; Rudduck & Flutter, 2000). For example, in Holfve-Sabel's (2014) study, the participating Year 6 students demonstrated that they were capable of having and expressing their attitudes about their life at school, and that these attitudes towards school, teachers and peers encompassed their well-being. Holfve-Sabel proposed that students' attitudes are developed from experiences with both overt and covert components of schools, such as school ethos, connectedness, peer and teacher relationships, inclusivity, safety, teachers' profiles and classroom environments. As Roeser and Eccles (2000) stressed, if we know more about how issues particular to school contexts interact with children's social and emotional health, then we can provide better policy and practice advice to educational policy makers and practitioners. In the following sections we review literature on three areas of students' school life, namely, academic achievement, bullying and friendships, which subsequently informed the study reported in this chapter.

Academic Achievement

Brand, Reimer and Opwis (2007) showed that people don't as learn well in a negative mood. As Roeser, Eccles and Strobel (1998) have argued, it is important to study educational and mental health issues simultaneously as there is, at least for some children, a co-occurrence of academic problems and emotional distress. A strong correlation of 0.78 between students' self-reports of their learning and

their wellbeing was recently reported by Holfve-Sabel (2014). Similarly, Roeser et al. argued that emotional distress negatively predicts academic achievement, (controlling for motivation, prior achievement, and socio-demographic characteristics). For example, in a meta-analysis of over 200 studies, Durlak, Weissberg, Dymnicki, Taylor and Schellinger (2011) found that students who participated in universal social and emotional learning programs showed a significant increase in their academic performance, scoring significantly higher on standardised achievement tests when compared to peers not participating in the programs. Their study clearly indicates that education to enhance students' social and emotional capacities does not hinder academic progress, and that any perceived 'extra work' on the part of the teacher due to the introduction of social and emotional education can be expected to be rewarded with enhanced learning and achievement on the part of their students.

Meanwhile, students who lack declarative, procedural and conditional knowledge about productive learning strategies, and motivational knowledge such as attributing success to effort, may find their academic progress at school hampered (Anderson, 2010; Borkowski, Carr, Rellinger, & Pressley, 1990; Dweck, 1999; Graham & Weiner, 1993). This is likely to lead to a loss of self-efficacy for academic work, which can lead to an inter-related downward spiral of self-efficacy and grades (Pajares & Urda, 2006; Zimmerman, 2000). For example, Roeser, van der Wolf and Strobel (2001) reported that early adolescents' self-efficacious expectancy of success and valuing of subject-matter was found to be related to their academic achievement, with greater efficacy and expectancy related to higher grades. In a national study in Maltese schools, Cefai, Cooper and Camilleri (2008) reported that students' [low] academic engagement and achievement were the strongest predictors of social, emotional and behavioural difficulties at school, underlining the inextricable link between academic and social-emotional learning.

Bullying

In recent years it has become increasingly apparent that a distressing feature of students' social and emotional lives at school is involvement in bullying. A broad definition of bullying is the repeated and systematic abuse of power (Olweus, 2007; Smith, Cowie, Olafsson, & Liefhoghe). In Skrzypiec, Slee, Askell-Williams and Lawson's (2012) study in South Australian secondary schools, links were found between students' mental health problems and involvement in bullying. Approximately one-quarter of students in the bully-victim group, and one in five students in the victim group, scored in the abnormal range of the Strengths and Difficulties Questionnaire, (SDQ:Youth-in-Mind, 2016). The authors compared these figures to statistics from the general population, where, as reported above, approximately one in seven adolescents (in Australia) are reported to experience mental health or behavioural difficulties. Similarly, in a study of 123,227 students aged 11, 13 and 15 years across 28 countries (in eastern and western Europe, Scandinavia, North America, Israel and Russia), Due et al. (2005) found significant associations between victimisation and psychological symptoms, such as feeling nervous, feeling low, loneliness and helplessness. Victims have also been found to be at a higher risk for psychosomatic complaints and depression than bullies (Fekkes, Pijpers, & Verloove-Vanhorick, 2004; Juvonen, Graham, & Schuster, 2003; Menesini, Modena, & Tani, 2009; Veenstra et al., 2005). Meanwhile, a study of over 26,000 Finnish adolescents found that involvement in bullying was associated with a range of mental health problems such as anxiety, depression and psychosomatic symptoms (Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, 2000).

Similarly, in a longitudinal study with Maltese children, Cefai and Camilleri (2011) found that increases in social, emotional and mental health difficulties were more likely to occur for pupils attending schools where bullying was prevalent. In

that study, school bullying was the strongest whole school predictor of social, emotional and behavioural difficulties in school amongst young children. A study by Baly, Cornell and Lovegrove (2014) found, from self- and peer-reports of bullying others across six waves of surveys across three years, that the majority of the reported bullying was transient. However, recently, Skrzypiec, Askill-Williams, Slee, and Lawson, (in preparation) have conducted a longitudinal study that tracked students' involvement in bullying over five years of secondary school. Initial findings indicate that the probability of becoming a victim of persistent bullying was one in three, and of persistently bullying others was one in six. Furthermore, the risk increased to two in three, and one in two, if the student had been a victim of persistent bullying or of persistently bullying others (respectively) in primary school. Importantly, Skrzypiec et al. found that *new* bullies and victims can emerge during any year of high school. Skrzypiec et al's study about the onset of involvement in bullying for previously uninvolved students shows that such involvement is an ongoing risk in school environments.

Friendships

The extant literature indicates that friendships operate in interaction with bullying. Victims of bullying report having fewer friends than their classmates (Veenstra et al., 2005). Similarly, Hodges, Malone, and Perry (1997) reported that the number of friends held by a young person was negatively correlated with being victimised. Recently, Skrzypiec et al. (2012) found a three-way relationship, whereby the likelihood of obtaining an abnormal mental health difficulties score on the SDQ decreased with an increasing number of good friends for students in victim, bully and bully-victim groups.

RESEARCH QUESTIONS

Following from the above literature review, and our proposition that an important, but relatively overlooked, source of information about student wellbeing and mental health at school can come from students themselves, we investigated the following research questions:

- 1: What are students' perceptions of their lives at school, with reference to areas such as the school environment, their academic motivations and learning strategies, mental health, bullying and friendships?
- 2: In what ways do these perceptions differ according to students' involvement in bullying?

METHOD

Ethics

Ethics approvals were obtained from our Universities' Research Ethics Committees, the Maltese Education Directorate, the College Principal and Heads of Schools. Participation was informed, voluntary and anonymous.

Questionnaire items

Students were administered a purpose designed questionnaire, which drew where possible from existing, validated, questionnaires. The items about positive school community were taken from the KidsMatter Primary mental health promotion initiative evaluation (Slee et al., 2009). Items about social and emotional learning were constructed from the components outlined by the Collaborative for Academic, Social and Emotional Learning (CASEL, 2016d). Items about peer relationships and bullying were taken from the Peer Relations Questionnaire (Rigby & Slee, 1993). The design of the motivation and learning items drew from Mayer's (1998) framework of motivation, cognition, and metacognition, and from existing questionnaires and checklists (such as PALS, Midgley et al., 2000; MSLQ, Pintrich & DeGroot, 1990; SEM, Schraw & Dennison, 1994). The items about positive mental health were adapted from information provided by CASEL, while the items about mental health difficulties were adapted from information provided by SANE (n.d.) and beyondblue: the national depression and anxiety initiative (Beyondblue, 2016). Data preparation

Of the 360 questionnaires delivered, 281 were returned, giving a response rate of 78 per cent. Missing data was less than 1 per cent per question, and was not replaced. Girls comprised 49.5 per cent of the sample. Students' ages ranged from 10 to 15 years, with a median age of 11.3 years.

To enable comparisons between items measured on different scales, all single items were standardised for use in subsequent analyses. Principal Components Analysis and Reliability Analysis routines were run on thematic groups of items, and confirmed the original conceptual design and selection of items for each theme.

Table 1 provides an overview of the themes and factors in the questionnaire, and sample items.

We translated the questionnaire items from English into Maltese. The translation was undertaken by the second author and then independently verified against the English version by two Maltese/English speaking teachers. Minor changes were made following verification, until all three translators agreed upon the final translation.

Responses to each question were on Likert scales, with scale anchors typically of Very Strongly Disagree to Very Strongly Agree, or Never to Always. Appendix A provides summary details about the questionnaire items and scales.

Sampling Design

Heads of Schools of the four primary schools and three secondary schools comprising one of Malta's 10 State district colleges agreed to participate. We determined that the level of reading difficulty of the items in the questionnaire would be suitable for students in Grade 5 and above. We were advised by the schools that students in Grades 11 and 12 were unavailable due to their need to prepare for examinations. Therefore, the sample consisted of students from Grades 5 to 10. Each school provided a de-identified (numerical IDs) enrolment list of their students in the relevant grade levels. This identified that there were 1465 students in the sampling frame. As we needed to work within budgetary, time and statistical constraints, we assessed that we would like to achieve a sample of 300 students (for a confidence level of 95% and a confidence interval of 5%). Using SPSS, a random sample of 40 students plus 6 per cent of the remaining students in each school was selected from each school enrolment list. In the co-educational primary schools, equal numbers of boys and girls were selected. The secondary schools comprised either all girls or all boys. An identified contact person in each

school was asked to match the selected de-identified IDs to their confidential list of student names. Questionnaires were delivered to students via the school contact person and returned in anonymous, sealed envelopes to the school and then to the researchers.

Data preparation

Of the 360 questionnaires delivered, 281 were returned, giving a response rate of 78 per cent². Missing data was less than 1 per cent per question, and was not replaced. Girls comprised 49.5 per cent of the sample. Students' ages ranged from 10 to 15 years, with a median age of 11.3 years.

To enable comparisons between items measured on different scales, all single items were standardised for use in subsequent analyses. Principal Components Analysis and Reliability Analysis routines were run on thematic groups of items, and confirmed the original conceptual design and selection of items for each theme.

Table 1: Questionnaire themes and sample items

Broad theme	Item or factor	No. items	Sample Question
School climate	Emotions	1	Which [emoticon] is most like you at school?
	Positive school Community	7	My school makes me feel welcome
School work	Motivation	5	I am sure that I can do well at school
	Learning strategies	6	When I don't understand something I go back over it again.
	Coping with school work	1	Overall, how well do you cope with school work?
Social-emotional wellbeing	Social and emotional learning	9	The teachers help me to manage my own emotions
	Prosocial strategies	4	I share things with others.
Friendships	Friendships	1	How many good friends do you have at your school?
	Coping with friendships	1	Overall, how well do you cope with friendships?
Bullying/harassment	How often bullied/harassed	1	How often this year have you been bullied or harassed by student(s) at your school?
	How long bullied/harassed	1	If you were bullied or harassed this year, how long did it last?
	Emotions	1	Which [emoticon] is most like you when you are being bullied/harassed?
	Safety	1	How safe do you feel from being bullied/harassed?

² The results section discusses our selection of conservative non-parametric tests that accommodate this lower than hoped for response rate.

	Teachers' interventions?		1	What do teachers usually do when they see bullying?
Coping with bullying/harassment	Coping with bullying		1	Overall, how well do you cope with bullying/harassment?
	Emotional responses		4	Cry
	Assertive responses		6	Tell a teacher
	Aggressive responses		3	Fight back
	Passive responses		4	Give in
Mental health	Positive Health	Mental	10	[over the past month] I have shown that I can manage my own emotional, social or behavioural situations
	Mental Problems	Health	5	[over the past month] I have often felt nervous and anxious

The details of the PCA and reliability analyses are included in Table 2, which shows that the statistics are acceptable for all but the last two scales, which have relatively low indices. For the items that were thematically grouped, factor scores generated by the PCA were used for subsequent analyses.

We used students' scores on the Peer Relations Questionnaire to classify students into four groups, as follows: not involved in bullying (139 students); bullies (29); victims (56); and, both bullies and victims (35).

RESULTS

Figure 3 displays the frequencies of Involvement in Bullying by Gender and Grade. It can be seen that most students' were classified as not involved in bullying. Around one quarter to one half of students were involved in bullying in most Grades, but fewer in Grades 8 and 10. The distribution of boys and girls across the Involvement in Bullying groups was similar ($\chi^2(3) = 4.95$ ns).

To investigate whether there were identifiable patterns of responses to the variables in the questionnaires we created profiles of the four *involvement in bullying* groups' mean scores on each variable. The profiles, displayed in Figure 4, show consistent patterns of reported difficulties for students involved in bullying across the broad range of influences in school settings, as well as for indicators of positive mental health and mental health difficulties.

Starting from the left of Figure 4, bully/victims have lower scores on the items related to engagement with school, motivation and learning, with bullies also showing lower scores than victims and non-involved students on the motivation and learning strategies scales. Whereas bully/victims and victims have less desirable scores over the range of variables in these profiles, it is notable that for the Learning Strategies factor this trend is reversed, with bullies and bully/victims having relatively low scores, but victims scoring similarly to non-involved students. This finding could point to a pervasive influence of poor self-regulatory skills, both for learning and for emotional control, by bullies.

In the second section from the left of Figure 4, the three groups involved in bullying show relatively lower scores on measures of social skills and friendships, with the exception of victims who rated themselves higher on pro-social strategies, and bullies, who claim to have the most friends. Bullies' claim about having more friends was also found by Skrzypiec et al. (2012) in a study with Australian students. Bullies also showed similarity with non-involved students in their rating of their ability to cope with friendships at school. Our findings about bullies' perceptions of their friendship status raises interesting questions about the quality

of friendships, and whether peers are genuinely friendly with bullies, or use such friendships as a protective factor against bullying.

In the third section of Figure 4, the frequency and duration of bullying is in expected directions given the classification of students into the four groups. Noteworthy are students' responses to the question about 'Feeling Safe' from bullying, where victims and bully/victims feel less safe, but bullies score at the same level as students not involved in bullying. The response from bullies to the item, "Like you when being bullied", appears peculiar, as it indicates that bullies, on average, were not unhappy when being bullied. This points to the complex social and emotional goals that bullies might satisfy through bullying. It is similar to Borg's (1998) study of 6282 students in Maltese schools, which found that whereas victims experienced mostly feelings of vengefulness, anger and self-pity, bullies were mainly sorry or indifferent.

The final item in this section of Figure 4 indicates that, compared to students not involved in bullying, students in all three involved groups consider that 'Teachers Respond' to bullying less often. This latter finding could indicate, at least in part, teachers' attitudes towards bullying and the effectiveness of school bullying policies.

The fourth section of Figure 4 shows students' accounts of their different strategies for coping with bullying. Bullies seemed to consider themselves more able to cope than the other groups, resorting to emotional and passive responses less often, and assertive and aggressive responses more often. Victims and bully/victims score more highly on emotional responses, and it is interesting that bully/victims also score relatively highly on aggressive responses. These preferred responses to bullying can be compared to work by Murray-Harvey, Skrzypiec and Slee (2012), whose study of the views of expert researchers' and practitioners' in bullying prevention programs clearly indicated that assertive responses to bullying are the most productive. Another perspective is provided by Hanish and Guerra (2004) who reported associations between peer rejection, chronic bullying and being identified as a passive or aggressive victim.

Finally, to the far right of Figure 4, bully/victims show the lowest positive mental health and the highest mental health difficulties. This trend is in the same direction, but less steep, for bullies and victims, and reversed for non-involved students. These relationships between bullying and mental health are consistent with findings in the literature (e.g., Cefai & Camilleri, 2011; Slee & Murray-Harvey, 2011), although the relatively more extreme scores for bully/victims highlights that this group of students may be particularly vulnerable.

The profiles displayed in Figure 4 clearly show that students involved in bullying experience a range of potential difficulties in conjunction with their bullying status. The next question that arises is whether these differences are of any substantive significance.

As expected in a study of this kind, most of the participants were classified in the non-involved in bullying group, and scored in positive directions on the indicators. This caused most of the items and scales to violate assumptions of normal distribution, and thus be unsuitable for parametric tests. Furthermore, it would also be unwieldy to test the significance of such a large number of items and scales in the same study, as this could potentially lead to falsely rejecting the null hypothesis (of no difference between groups) due to an increased chance of obtaining significant results due to many tests.

We therefore decided to use conservative non-parametric methods to selectively investigate the differences between the four student groups (Field, 2006). We identified six variables, two variables from each of the first three sections of Figure 4, that are within the power of schools' to directly influence; namely, Positive School Community, Cope with School Work, Social and Emotional Education, Cope with Friendships, How Safe Do You Feel at School, and What Do Teachers Do When They See Bullying. As we were conducting six concurrent

tests of significance, we applied a Bonferroni correction to the usual $p < .05$ level of acceptance of a significant effect, giving $p < .008$ as the benchmark for this study (Field, 2006).

We used the non-parametric Jonckheere-Terpstra test in SPSS to investigate differences among the medians of the four groups and whether the order of the medians was meaningful. Based on the profiles displayed in Figure 4, we hypothesised that the medians would follow the order of non-involved, victim, bully, bully/victim. Table 3 shows that the Jonckheere-Terpstra tests revealed significant trends in the data for all six variables. As predicted, as involvement in bullying escalated, from non-involved through to being both a bully and a victim, students reported significantly less desirable responses to the six measured aspects of their life at school. Effect sizes were small, except for Positive School Community, which was medium. Note however that small effects, repeated across communities and cumulative across time, can amount to practically important impacts.

Table 2: Principal Components Analyses and Reliability Analyses of Questionnaire Items

Factor	Scale anchors	No. of items	Item Correlations	Mean Factor Score	SD	Kaiser-Meyer-Olkin	Bartlett's Test (p)	Cronbach's alpha	Eigen-value	% of Variance Explained
Positive School Community	1 (SD) to 7 (SA)	7	.24 - .61	41.09	6.09	0.81	0.000	0.82	3.43	49.00
Social/Emotional Learning	1 (SD) to 7 (SA)	9	.32 - .62	49.60	10.16	0.91	0.000	0.88	4.68	52.00
Victims of Bullying	1 (N) to 4 (VO)	6	.38 - .56	10.09	3.69	0.87	0.000	0.84	3.35	55.89
Pro-social	1 (N) to 4 (VO)	4	.19 - .38	12.88	2.35	0.68	0.000	0.60	1.87	46.75
Bullies	1 (N) to 4 (VO)	5	.18 - .43	6.08	1.93	0.71	0.000	0.68	2.21	44.18
Motivation	1 (SD) to 7 (SA)	5	.22 - .63	21.80	3.39	0.79	0.000	0.77	2.62	52.46
Learning	1 (SD) to 7 (SA)	6	.22 - .63	23.72	5.14	0.87	0.000	0.84	3.37	56.19
Mental Health Strengths	1 (SD) to 7 (SA)	9	.24 - .67	52.37	9.32	0.91	0.000	0.88	4.62	51.28
Mental Health Problems	1 (SD) to 7 (SA)	5	.40 - .72	17.88	8.60	0.85	0.000	0.86	3.28	65.65
Emotional responses to bullying	1 (N) to 4 (VO)	5	.19 - .57	8.81	3.21	0.76	0.000	0.76	2.55	50.95
Assertive responses to bullying	1 (N) to 4 (VO)	6	.14 - .57	18.21	3.88	0.76	0.000	0.70	2.47	41.14
Aggressive responses to bullying	1 (N) to 4 (VO)	3	.22 - .33	5.74	2.14	0.60	0.000	0.53	1.54	51.35
Passive responses to bullying	1 (N) to 4 (VO)	4	.09 - .22	7.55	2.37	0.60	0.000	0.42	1.45	36.34

- (SD) Strongly Disagree to (SA) Strongly Agree;
- (N) Never to (VO) Very Often

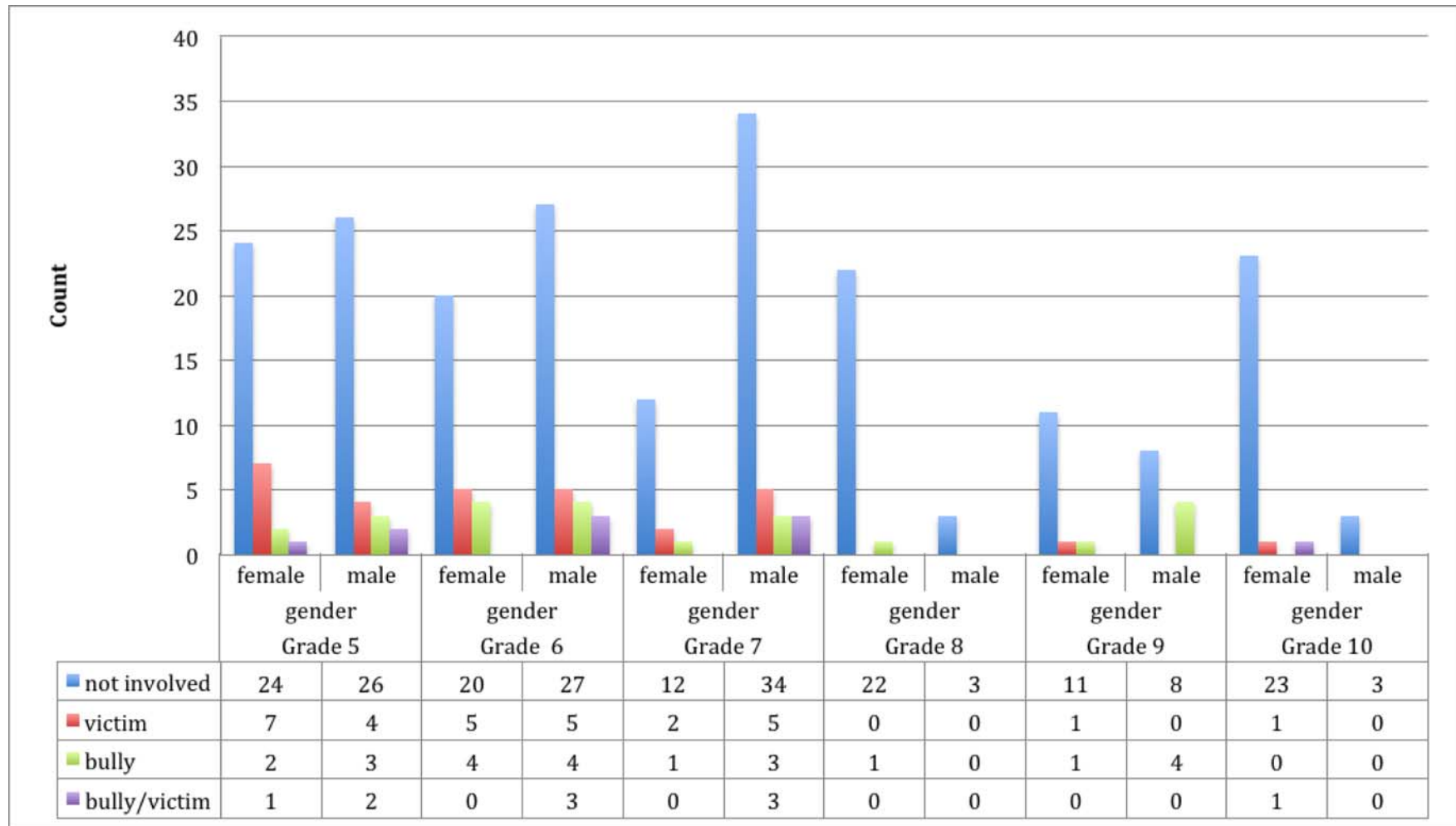


Figure 3: Descriptive statistics of Gender, Grade and Involvement in Bullying

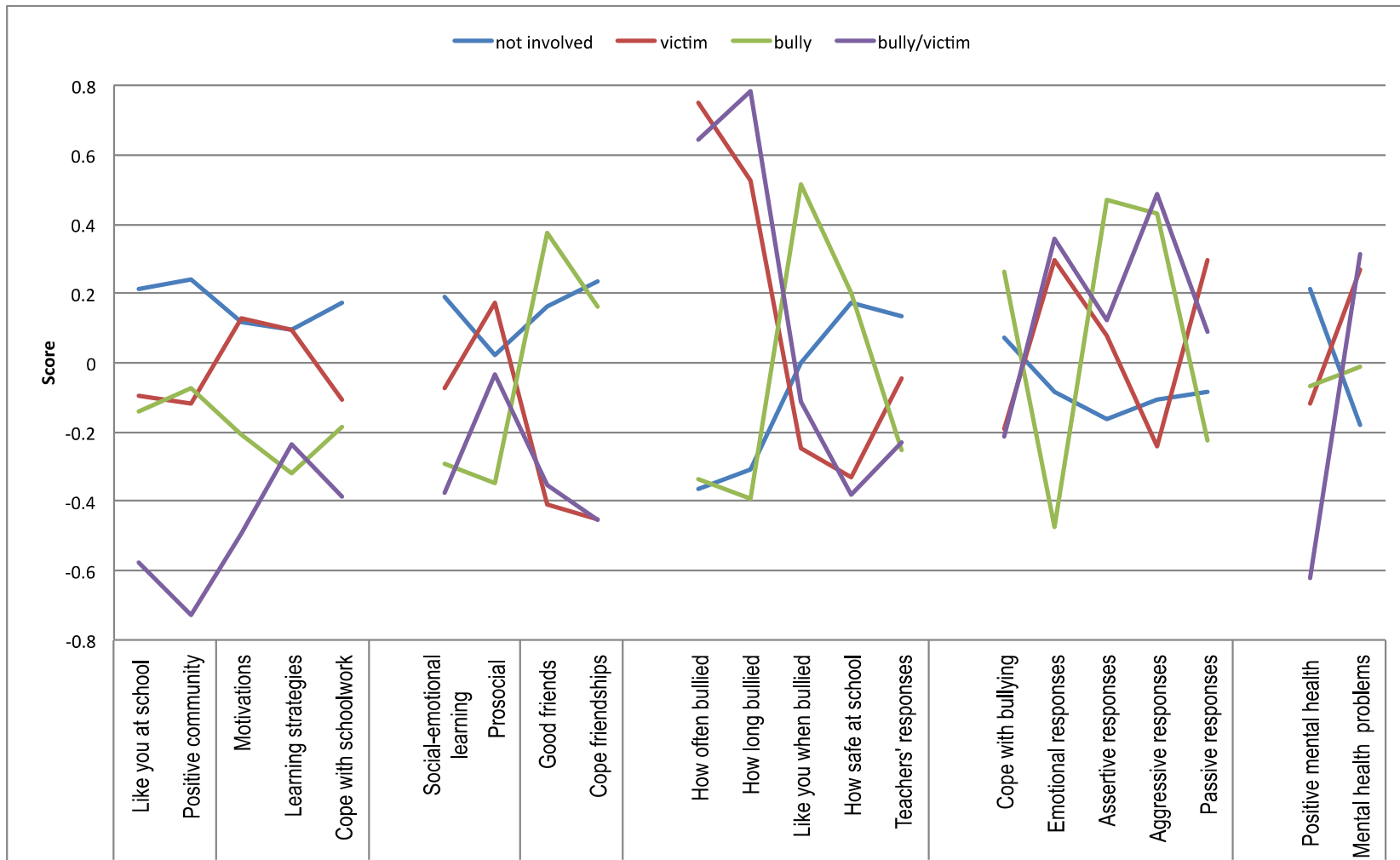


Figure 4: Profiles of "Involvement in Bullying" groups and features of school settings

Table 3: Significance of associations between 'involvement in bullying' group and six variables related to students' lives at school

	N	Observed J-T	Mean J-T statistic	SD J-T statistic	Z-score	Sig. 1-tailed	r	effect size
Positive school community	281	9018.5	12597	718.357	-4.982	0.000	-0.30	medium
Cope with school work	268	9629.5	11309.5	624.633	-2.690	0.004	-0.16	small
Social & emotional learning	281	10031	12597	718.544	-3.571	0.000	-0.21	small
Cope with friendships	255	8222	10193.5	557.473	-3.536	0.000	-0.22	small
How safe from bullying	274	10090	11997.5	657.626	-2.901	0.002	-0.18	small
What do teachers do	269	10121	11437	547.134	-2.405	0.008	-0.15	small

Effect sizes: small = $r > 0.1$; medium $r > 0.24$; large $r > 0.37$, (Kirk, 1996)

DISCUSSION

In this chapter we began with an overview of literature and current initiatives for promoting wellbeing and positive mental health in educational settings. Next, a particular focus was placed upon students' perspectives of their life at school. We reported a study that used students' questionnaire responses about their lives at school to create profiles of students' involvement in bullying, mental health, and 19 features of school settings. The prevalence of bullying reported by students in our study is similar to earlier reports about Maltese and Australian school students. For example, Borg (1998) found that one in three Maltese students were involved in bullying as a victim or perpetrator. And in an Australian study, Cross et al. (2009) reported that approximately one in four Year 4 to Year 9 students reported being bullied every few weeks or more often overtly and/or covertly.

The data analysis produced student profiles, which illustrated that sub-groups of students experience recognisable patterns of responses to features of school environments. Students who reported being involved in bullying also reported experiencing a range of school events in more detrimental ways than students not involved in bullying. Of particular note are the more extreme responses from bully/victims to some of the measured variables, such as emotions, safety, coping and mental health. As Skrzypiec et al. (2012) noted, bully/victims have some responses in common with bullies, and some in common with victims. The present study indicates that these commonalities consistently err on the side of more disadvantageous perceptions of school life for bully/victims, and are associated with relatively more poor scores for both mental health difficulties and mental health strengths.

The six variables selected for the Jonckheere-Terpstra test have the potential to be within the control of teachers, schools and school systems. It would not be difficult to find intervention programs that deal with one, two or a few, of these areas. For example, as noted above, the KidsMatter Mental Health Promotion Initiative in Australia identifies four areas for intervention, namely, building a positive school community, social and emotional education for all students, parenting education and support, and early intervention for students at risk or experiencing difficulties (KidsMatter, n.d. p. 6). Within that broad framework, KidsMatter schools can choose intervention programs that suit their own contexts. Thus, some schools might select an intervention program that has more emphasis on the psychological world of the child, while others might select a program that has more emphasis on system-level determinants. As indicated by Askill-Williams and Lawson (2015), it may be difficult to find integrated programs, that are well scoped and sequenced, and which attend to social, emotional, motivational and academic components, at individual, school and family/community levels. It is this need for integrated attention to various influences that is highlighted by our study.

This need for integration is consistent with the concerns raised by Cooper (2011), who proposed that popular programs, such as Circle Time, may be undermined if the need to embed the initiative within a broader range of school influences is ignored. Cooper argued that simply implementing the visible features of a program, for example, in the case of Circle Time, enabling students to share their thoughts and feelings in a non-judgmental atmosphere, is insufficient. Rather, programs such as Circle Time must be understood and embedded within a supportive humanistic approach in the whole-school social, emotional and academic environment. For example, in a study in Maltese primary school classrooms, Cefai, Cooper and Camilleri (2008) found that schools that promoted caring classrooms and communities were more likely to have students who demonstrated pro-social, inclusive and collaborative behaviours. Also from a study in Malta, Cefai and Camilleri (2011) suggested that interventions to prevent social,

emotional and behaviour difficulties in school, including bullying behaviours, need to be multifaceted, including individual, classroom, whole school and family factors. Cefai and Camilleri found that the most salient predictors of pro-social behaviour included caring and supportive relationships with teachers, supportive peer groups, engagement in the learning process, and schools with low levels of bullying and pupil fighting.

Recommendations for Practice

The profiles uncovered in our study raise further questions. The first is the clear relationship between students' reports of being involved in bullying and their mental health. Recognising the seriousness of possible links between involvement in bullying and mental health, Lieberman and Cowan (2011) and Skrzypiec et al. (2012) recommended that children and teens who are frequently involved in bullying behaviour, either as victims or as perpetrators, should be actively screened for mental health problems. The profiles generated from participants' reports in our study lend support to that suggestion.

A second issue is whether bullies, victims and bully/victims' responses to questions about issues such as coping with schoolwork and coping with friendships indicate that these different student groups might require differently targeted, and also, differently conceptualized, intervention programs. "Whole school" approaches are typically recommended in order to raise levels of awareness and strategies for dealing with bullying (Australian Education Authorities, 2013), and for developing social and academic skills (CASEL, 2016c). Our study provides evidence that more nuanced, differentiated programs may be needed *alongside* whole school approaches. This recommendation is consistent with advice from Greenberg (2010) and Weare and Nind (2011). For example, bullies may construe "good friends" in different ways to victims, and may need to build their social skills from potentially different underlying assumptions about friendships. In the academic domain, victims may be suffering at school, but nevertheless may have relatively good learning strategies, motivational dispositions and self-regulatory skills. However, bullies, with arguably poor skills of self-regulation, may see the effects of that poor self-regulation played out not only in their social relationships but also in their academic endeavours and their emotional control, as explained by Lawson and Askill-Williams (2011). Hence, explicit teaching of productive learning strategies, effort-based attributions and self-regulatory strategies may be of particular benefit for students exhibiting bullying behaviour, both for their social-emotional development and also for their academic development. However, caution would need to be exercised with the introduction of targeted intervention programs in order to avoid dangers associated with labelling students as bullies or victims.

It is notable that students in our study classified into the Bully group reported that they were not necessarily unhappy when being bullied themselves. And yet, the lower reported levels by the Bully group of other variables in this study, such as mental health and coping with school work, indicate a much more complicated picture of bullies' lives at school that might belie claims about not being unhappy about being bullied.

The relatively low responses from all three groups of students involved in bullying about "Teachers' Responses [when they see bullying]" and "Feeling Safe [at school]" send clear messages about the importance of regularly reviewing school policies and procedures about acceptable behaviours in class and in school grounds. A related issue is whether the school policies and procedures for early intervention and support for counteracting bullying are visible and accessible to the students.

Conclusions

This study has illustrated that not all students experience social, emotional or mental health difficulties. However, for those who do experience difficulties, patterns of influences can be observed according to group membership, and these patterns are predictably different. Students belonging to identifiable groups of involvement in bullying show similar patterns of responses to questions about a range of features of their lives at school. Promotion and prevention programs that provide integrated and individualised attention to students' emotional, social and academic needs, at whole school and sub-group levels, appear warranted.

To account for such individual needs, Fuchs (2006) has proposed that there is a case to be made for more precise profiling of relevant characteristics of students in order to best maximise the allocation of resources to school-based interventions for, say, mental health promotion, or social and emotional literacy, or learning strategies instruction to particular student subgroups. This chapter has reported one such profiling analysis, based upon students' involvement in bullying. We have shown that different profiles do exist, and therefore different profile-based interventions may be warranted. Further, more nuanced, research into students' lives at school is recommended.

Limitations

This study included Maltese primary and secondary school students randomly selected from one school district. While there are no apparent reasons to consider that the participants were not typical of Maltese children and youth, the fact that they were not a random sample across the whole Maltese student population is a limitation of the study.

This study used self-report questionnaires. All methods of data collection have limitations (Muijs, 2006). Questionnaires take a broad perspective and may lack contextual sensitivity. Furthermore, self-reports may be coloured by socially desirable responses or self-reflective blind spots. This may particularly apply to reports of involvement in bullying. However, an alternative perspective is that the most informed person to report upon a student's involvement in bullying is the student him or herself. Nevertheless, future research in this field could triangulate assessments from other informants such as teachers and parents.

AFFILIATIONS

Helen Askill-Williams
Flinders Educational Futures Research Institute
School of Education
Flinders University
South Australia

Carmel Cefai
Department of Psychology
University of Malta
Malta

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REFERENCES

- ABS. (2013). Year Book Australia, 2009–10: Mental Health. Retrieved Jan 9th, 2017, from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1301.0Chapter11082009-10>
- ABS. (2016). Suicide in Australia. Retrieved Jan 10th, 2017, from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2015~Main%20Features~Intentional%20self-harm:%20key%20characteristics~8>
- ACARA. (2015a). General capabilities in the Australian curriculum. Retrieved Jan 9th, 2017, from <http://www.australiancurriculum.edu.au/generalcapabilities/overview/introduction>
- ACARA. (2015b). National Curriculum. Retrieved Jan 9th, 2017, from <http://www.australiancurriculum.edu.au>
- Adi, Y., Killoran, A., Janmohamed, K., & Stewart-Brown, S. (2007). A systematic review of interventions to promote mental wellbeing in children in primary education: Report 1: Universal approaches non-violence related outcomes. Retrieved Jan 9th, 2017, from <http://www.nice.org.uk/guidance/index.jsp?action=download&o=43911>.
- Anderson, J. R. (2010). *Cognitive psychology and its implications* (7th ed.). New York: Worth.
- Askell-Williams, H., & Lawson, M. (2015). Relationships between students' mental health and their perspectives of life at school. *Health Education, (Special Edition) 115*(3/4).
- Australian Education Authorities. (2013). Bullying No Way. Retrieved Jan 9th, 2017, from <https://bullyingnoway.gov.au/>
- Baly, M. W., Cornell, D. G., & Lovegrove, P. (2014). A longitudinal investigation of self- and peer reports of bullying victimization across middle school. *Psychology in the Schools, 51*(3), 217-240. doi: 10.1002/pits.21747
- Beyondblue. (2016). 3 million Australians are living with anxiety or depression. Retrieved Jan 9, 2017, from <http://www.beyondblue.org.au/index.aspx?>
- Borg, M. G. (1998). The emotional reactions of school bullies and their victims. *Educational Psychology, 18*, 433-444. doi: 10.1080/0144341980180405
- Borkowski, J. G., Carr, M., Rellinger, E., & Pressley, M. (1990). Self-regulated cognition: Interdependence of metacognition, attributions, and self-esteem. In B. F. Jones & L. Idol (Eds.), *Dimensions of thinking and cognitive instruction* (pp. 53-92). Hillsdale, NJ: Erlbaum.
- Brand, S., Reimer, T., & Opwis, K. (2007). How do we learn in a negative mood? Effects of a negative mood on transfer and learning. *Learning and Instruction, 17*, 1-16. doi: 10.1016/j.learninstruc.2006.11.002
- CASEL. (2016a). Federal Policy. Retrieved Jan 9, 2017, from <http://casel.org/policy-advocacy/federal-policy/>
- CASEL. (2016b). SEL Impact. Retrieved Jan 9th, 2017, from <http://www.casel.org/impact/>

- CASEL. (2016c). Social and emotional learning in action. Retrieved Jan 9th, 2017, from <http://www.casel.org/in-action/>
- CASEL. (2016d). What is SEL: Skills & Competencies. Retrieved Jan 9, 2017, from <http://casel.org/why-it-matters/what-is-sel/>
- Cefai, C., & Camilleri, L. (2011). *Building resilience in school children. Risk and promotive factors amongst Maltese primary school pupils*. University of Malta: European Centre for Emotional Resilience and Socio-Emotional Health.
- Cefai, C., & Cavioni, V. (2014). *Social and emotional education in primary school: Integrating theory and research into practice*. New York: Springer
- Cefai, C., & Cooper, P. (2011). Nurture Groups in Maltese schools: Promoting inclusive education. *British Journal of Special Education*, 38, 65-72. doi: 10.1111/j.1467-8578.2011.00500.x
- Cefai, C., Cooper, P., & Camilleri, L. (2008). Engagement time: A national study of students with social, emotional and behaviour difficulties in Maltese schools Malta: European Centre for Education Resilience and Socio-Emotional Health, University of Malta.
- Cefai, C., Grech, T., Mallia, C., & Borg, F. (2011). Education with heart. Social and emotional education as a core competence in Maltese primary schools. Malta: European Centre for Education Resilience and Socio-Emotional Health, University of Malta.
- Cooper, P. (2011). Educational and psychological interventions for promoting social-emotional competence in school students. In R. H. Shute, P. T. Slee, R. Murray-Harvey, & K. L. Dix (Eds.), *Mental health and wellbeing: Educational perspectives*. Adelaide: Shannon Research Press.
- Cooper, P., & McIntyre, D. (1996). *Effective teaching and learning: Teachers' and students' perspectives*. Buckingham, UK: Open University Press.
- Cross, D., Shaw, T., Hearn, L., Epstein, M., Monks, H., Lester, L., & Thomas, L. (2009). Australian covert bullying prevalence study (ACBPS). Perth: Child Health Promotion Research Centre, Edith Cowan University.
- Currie, C., Gabhainn, S. N., Godeau, E., Roberts, C., Smith, R., Currie, D., . . . Barnekow, V. (2008). Inequalities in young people's health. School-aged children international report from the 2005/2006 survey. Retrieved Jan 10th, 2017, from <http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/publications/2008/inequalities-in-young-peoples-health.-hbsc-international-report-from-the-20052006-survey>
- DCSF. (2010). Social and emotional aspects of learning (SEAL) programme in secondary schools: national evaluation. Nottingham, UK: Department for Children, Schools and Families.
- DECD. (n.d.). Wellbeing for learning and life: A framework for building resilience and wellbeing in children and young people. Retrieved Jan 9th, 2017, from <https://www.decd.sa.gov.au/sites/g/files/net691/f/wellbeing-for-learning-and-life-framework.pdf?v=1475123999>
- DfE. (2014). Fresh approach to school mental health support. Retrieved Jan 9, 2017, from <https://www.gov.uk/government/news/fresh-approach-to-school-mental-health-support>
- Dix, K. L., Slee, P. T., Lawson, M. J., & Keeves, J. P. (2012). Implementation quality of whole-school mental health promotion and students' academic performance. *Child and Adolescent Mental Health*, 17, 45-51. doi: 10.1111/j.1475-3588.2011.00608.x
- DoH. (2014). Mental health and suicide prevention policy. Retrieved Jan 9, 2017, from

- <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-policy>
- DoH. (n.d.-a). KidsMatter. Retrieved Jan 9th, 2017, from <http://www.kidsmatter.edu.au/>
- DoH. (n.d.-b). KidsMatter Early Childhood Retrieved Jan 9th, 2017, from <http://www.kidsmatter.edu.au/early-childhood>
- DoH. (n.d.-c). MindMatters. Retrieved Jan 9th, 2017, from <http://www.mindmatters.edu.au>
- Due, P., Holstein, B. E., Lynch, J., Diderichsen, F., Gabhain, S. N., Scheidt, P., . . . Health Behaviour in School-Aged Children Bullying Working Group. (2005). Bullying and symptoms among school-aged children: International comparative cross sectional study in 28 countries. *European Journal of Public Health, 15*, 128–132. doi: 10.1093/eurpub/cki105
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82*(1), 405–432. doi: 10.1111/j.1467-8624.2010.01564.x
- Dweck, C. (1999). *Self theories: Their role in motivation, personality and development*. Philadelphia, PA: Psychology Press.
- EC. (2011). European Commission Seventh Framework Program: Promoting Positive Mental Health in Schools. Retrieved Jan 9th, 2017, from http://cordis.europa.eu/fetch?CALLER=FP7_PROJ_EN&ACTION=D&DOC=7&CAT=PROJ&QUERY=012de0f13678:ee19:57b7aca7&RCN=95944
- Fabri, F. (Ed.). (2011). *Ittra iill-Principjal tal-kulleġġ u oħra iill-istudenti*. Malta: Kulleġġ Santa Tereża.
- Fabri, F., & Bezzina, C. (Eds.). (2010). *School improvement through school networks: The Malta experience*. Malta: Ministry of Education, Employment and the Family.
- Fekkes, M., Pijpers, F. I. M., & Verloove-Vanhorick, S. P. (2004). Bullying behavior and associations with psychosomatic complaints and depression in victims. *Journal of Pediatrics, 144* 17–22. doi: 10.1016/j.jpeds.2003.09.025
- Field, A. (2006). *Discovering statistics using SPSS* (3rd ed.). London: Sage.
- Fuchs, D. (2006). Cognitive profiling of children with genetic disorders and the search for a scientific basis of differentiated education. In P. A. Alexander & P. H. Winne (Eds.), *Handbook of educational psychology* (2nd ed., pp. 187–206). Mahwah, NJ: Erlbaum.
- Graetz, B., Littlefield, L., Trinder, M., Dobia, B., Souter, M., Champion, C., . . . Cummins, R. (2008). KidsMatter: A population health model to support student mental health and well-being in primary schools. *International Journal of Mental Health Promotion, 10*(4), 13–20. doi: 10.1080/14623730.2008.9721772
- Graham, S., & Weiner, B. (1993). Attributional applications in the classroom. In T.M. Tomlinson (Ed.), *Motivating students to learn* (pp. 179 - 196). Berkeley, CA.: McCutchan.
- Greenberg, M. T. (2010). School-based prevention: current status and future challenges. *Effective Education, 2*(1), 27–52. doi: 10.1080/19415531003616862
- Greenberg, M. T., Domitrovich, C., & Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: Current state of the field. *Prevention & Treatment, 4*, 1–48. doi: 10.1037/1522-3736.4.1.41a
- Greenberg, M. T., Domitrovich, C. E., Graczyk, P. A., & Zins, J. E. (2005). The study of implementation in school-based preventive interventions:

- Theory, research, and practice *Promotion of Mental Health and Prevention of Mental and Behavioral Disorders* (Vol. 3). Rockville, MD Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
- Hanish, L. D., & Guerra, N. G. (2004). Aggressive Victims, Passive Victims, and Bullies: Developmental Continuity or Developmental Change? . *Merrill-Palmer Quarterly*, *50*(1, Article 4).
- Hodges, E. V. E., Malone, M. J. J., & Perry, D. G. (1997). Individual risk and social risk as interacting determinants of victimization in the peer group. *Developmental Psychology*, *33*(6), 1032-1039. doi: 10.1037/0012-1649.33.6.1032
- Holfve-Sabel, M.-A. (2014). Learning, Interaction and Relationships as Components of Student Well-being: Differences Between Classes from Student and Teacher Perspective. *Social Indicators Research*, *119*(3), 1535-1555. doi: 10.1007/s11205-013-0557-7
- Holt, M. (2014). Understanding the link between bullying and suicide. *The Conversation*. Retrieved Jan 10th, 2017, from <http://theconversation.com/understanding-the-link-between-bullying-and-suicide-39037>
- Juvonen, J., Graham, S., & Schuster, M. A. (2003). Bullying among young adolescents: The strong, the weak, and the troubled. *Pediatrics*, *112*, 1231–1237 doi: 10.1542/peds.112.6.1231
- Kaltiala-Heino, R., Rimpela, M., Rantanen, P., & Rimpela, A. (2000). Bullying at school – An indicator of adolescents at risk for mental disorders. *Journal of Adolescence*, *23*, 661-674. doi: 10.1006/jado.2000.0351
- KidsMatter. (n.d.). The Framework. Retrieved Jan 9th, 2017, from <http://www.kidsmatter.edu.au/primary/about-kidsmatter-primary/framework>
- Kirk, R. E. (1996). Practical significance: A concept whose time has come. *Educational and Psychological Measurement*, *56*(5), 746-759. doi: 10.1177/0013164496056005002
- Lanskey, C., & Rudduck, J. (2010). Leadership and student voice. In P. Peterson, E. Baker, & B. McGaw (Eds.), *International encyclopedia of education* (pp. 803-808). Amsterdam, Netherlands: Elsevier.
- Lawson, M. J., & Askill-Williams, H. (2011). Constructing high quality learning in social-emotional education programs. In R. H. Shute, P. T. Slee, R. Murray-Harvey, & K. L. Dix (Eds.), *Mental health and wellbeing: Educational perspectives*. Adelaide: Shannon Research Press.
- Lieberman, R., & Cowan, K. C. (2011). Bullying and youth suicide: Breaking the connection. *Principal Leadership*, *October*, 12-17.
- Mayer, R. E. (1998). Cognitive, metacognitive, and motivational aspects of problem solving. *Instructional science*, *26*, 49-63. doi: 10.1023/A:1003088013286
- MEE. (2014). Addressing BULLYING BEHAVIOUR in Schools. Retrieved Jan 10th, 2017, from <http://education.gov.mt/en/Documents/Addressing%20Bullying%20Behaviour%20in%20Schools.pdf>
- MEEF. (2012). A national curriculum framework for all 2012. Ministry of Education, Employment and the Family. Retrieved Jan 9th, 2017, from <https://curriculum.gov.mt/en/Resources/The-NCF/Pages/default.aspx>
- Menesini, E., Modena, M., & Tani, F. (2009). Bullying and victimization in adolescence: Concurrent and stable roles and psychological health symptoms. *Journal of Genetic Psychology*, *170*, 115–133. doi: 10.3200/GNTP.170.2.115-134

- Midgley, C., Maehr, M. L., Hruda, L. Z., Anderman, E., Anderman, L., Freeman, K. E., . . . Urdan, T. (2000). Manual for the patterns of adaptive learning scales. Retrieved Jan 9th, 2017, from <http://www.umich.edu/~pals/manuals.html>
- Muijs, D. (2006). Measuring teacher effectiveness: Some methodological reflections. *Educational Research and Evaluation*, 12(1), 53-74. doi: 10.1080/13803610500392236
- Murray-Harvey, R., Skrzypiec, G. K., & Slee, P. T. (2012). Effective and ineffective coping with bullying strategies as assessed by informed professionals and their use by victimised students. *Australian Journal of Guidance and Counselling*, 22, 122-138. doi: 10.1017/jgc.2012.5
- NMHC. (2014). Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services. Retrieved Jan 9th, 2017, from <http://mentalhealthcommission.gov.au/our-reports/contributing-lives.-thriving-communities-review-of-mental-health-programmes-and-services.aspx>
- OECD. (2009). Creating effective teaching and learning environments: First results from TALIS. Retrieved Jan 9th, 2017, from <http://www.oecd.org/education/school/43023606.pdf>
- OECD. (2012). Health at a Glance: Europe 2012. Suicide mortality rates, 2010 (or nearest year). Retrieved Jan 9th, 2017, from http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2012/suicide-mortality-rates-2010-or-nearest-year_9789264183896-graph21-en
- Olweus, D. (2007). *Bullying in schools: Facts and intervention*. Norway: Research Centre for Health Promotion, University of Bergen.
- Pajares, F., & Urdan, T. C. (2006). *Self-efficacy beliefs of adolescents*. Greenwich, Conn. : Information Age Pub.
- Peth-Pierce, R. (2000). A good beginning: Sending America's children to school with the social and emotional competence they need to succeed. Retrieved Jan 9th, 2017 from <https://eric.ed.gov/?id=ED445810>
- Pintrich, P. R., & DeGroot, R. (1990). Motivational and self-regulated learning components of classroom academic performance. *Journal of Educational Psychology*, 82, 33-40. doi: 10.1037/0022-0663.82.1.33
- Pullmann, M. D., Bruns, E. J., Daly, B. P., & Sander, M. A. (2013). Improving the evaluation and impact of mental health and other supportive school-based programmes on students' academic outcomes. *Advances in School Mental Health Promotion*, 6(4), 226-230. doi: 10.1080/1754730X.2013.835543
- Rigby, K., & Slee, P. T. (1993). Dimensions of interpersonal relating among Australian school children and their implications for psychological well-being. *Journal of Social Psychology*, 133, 33-42. doi: 10.1080/00224545.1993.9712116
- Roeser, R. W., & Eccles, J. S. (2000). Schooling and mental health. In A. J. Sameroff, M. Lewis, & S. M. Miller (Eds.), *Handbook of developmental psychopathology* (2nd ed., pp. 135-156). New York: Kluwer Academic.
- Roeser, R. W., Eccles, J. S., & Strobel, K. R. (1998). Linking the study of schooling and mental health. *Educational Psychologist*, 33(4), 153-176. doi: 10.1207/s15326985ep3304_2
- Roeser, R. W., van der Wolf, K., & Strobel, K. R. (2001). On the relation between social-emotional and school functioning during early adolescence: Preliminary findings from Dutch and American samples. *Journal of School Psychology*, 39, 111-139. doi: 10.1016/S0022-4405(01)00060-7

- Rudduck, J., Day, J., & Wallace, G. (1997). Students' perspectives on school improvement. In A. Hargreaves (Ed.), *Rethinking educational change with heart and mind* (pp. 73-91). Alexandria, VA: ASCD.
- Rudduck, J., & Flutter, J. (2000). Pupil participation and pupil perspective: 'Carving a new order of experience'. *Cambridge Journal of Education*, 30(1), 75-85. doi: 10.1080/03057640050005780
- SANE. (n.d.). SANE Australia. Retrieved Jan 9th, 2017, from <http://www.sane.org/information/about-sane>
- Sawyer, M. G., Miller-Lewis, L. R., & Clark, J. J. (2007). The mental health of 13–17 year-olds in Australia: Findings from the national survey of mental health and well-being. *Journal of Youth and Adolescence*, 36(2), 185-194. doi: 10.1007/s10964-006-9122-x
- Schraw, G., & Dennison, R. S. (1994). Assessing metacognitive awareness. *Contemporary Educational Psychology*, 19, 460-475. doi: 10.1006/ceps.1994.1033
- Sklad, M., Diekstra, R., de Ritter, M., Ben, J., & Gravesteyn, C. (2012). Effectiveness of school-based universal social, emotional, and behavioral programs: Do they enhance students' development in the area of skill, behavior, and adjustment? *Psychology in the Schools*, 49(9), 892-909. doi: 10.1002/pits.21641
- Skrzypiec, G., Askill-Williams, H., Slee, P. T., & Lawson, M. J. (in preparation). Onset of persistent involvement in bullying during high school.
- Skrzypiec, G., Slee, P. T., Askill-Williams, H., & Lawson, M. J. (2012). Associations between types of involvement in bullying, friendships and mental health status. *Emotional and Behavioural Difficulties*, 17(3-4), 259-272. doi: 10.1080/13632752.2012.704312
- Slade, T., Johnston, A., Teesson, M., Whiteford, H., Burgess, P., Pirkis, J., & Saw, S. (2009). The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing. Retrieved Jan 9, 2015, from <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-m-mhaust2/>
- Slee, P. T., Lawson, M. J., Russell, A., Askill-Williams, H., Dix, K. L., Owens, L., . . . Spears, B. (2009). KidsMatter primary evaluation final report. Retrieved Jan 9th, 2017, from <https://www.kidsmatter.edu.au/early-childhood/about/evaluation>
- Slee, P. T., & Murray-Harvey, R. (2011). School Bullying: A matter of mental health and wellbeing. In R. H. Shute, P. T. Slee, R. Murray-Harvey, & K. L. Dix (Eds.), *Mental health and wellbeing: Educational perspectives* (pp. 79-90). Adelaide: Shannon Research Press.
- Slee, P. T., & Skrzypiec, G. K. (2016). *Wellbeing, Positive Peer Relations and Bullying in School Settings*. Dordrecht, The Netherlands: Springer.
- Smith, P. K., Cowie, H., Olafsson, R. F., & Liefoghe, A. P. D. (2002). Definitions of bullying: A comparison of terms used, and age and gender differences, in fourteen-country international comparison. *Child Development*, 73, 1119-1133.
- Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? . *Health Evidence Network report*. Retrieved Jan 10th, 2017, from http://www.euro.who.int/_data/assets/pdf_file/0007/74653/E88185.pdf
- Veenstra, R., Lindenberg, S., Oldehinkel, A. J., De Winter, A. F., Verhulst, F. C., & Ormal, J. (2005). Bullying and victimization in elementary schools: A comparison of bullies, victims, bully/victims, and uninvolved

- preadolescents. *Developmental Psychology*, 41, 672-682. doi: 10.1037/0012-1649.41.4.672
- Weare, K., & Gray, G. (2003). *What works in developing children's emotional and social competence and wellbeing?* (RR456). Nottingham: DfES Publications.
- Weare, K., & Nind, M. (2011). Promoting mental health of children and adolescents through schools and school based interventions: Evidence outcomes: School based interventions. *Health Promotion International*, 26 (SUPPL. 1), i29-i69. doi: 10.1093/heapro/dar075
- WHO. (2015). First WHO report on suicide prevention. Retrieved Jan 9th, 2017, from <http://www.who.int/mediacentre/news/releases/2014/suicide-prevention-report/en/>
- WHO. (2016). Mental health: strengthening our response: Fact sheet. Retrieved Jan 9th, 2017, from <http://www.who.int/mediacentre/factsheets/fs220/en/index.html>
- WHO. (2017). What is a health promoting school? Retrieved Jan 9, 2017, from http://www.who.int/school_youth_health/gshi/hps/en/index.html
- Youth-in-Mind. (2016). SDQ: Information for researchers and professionals about the Strengths & Difficulties Questionnaires. Retrieved 6 Nov 2016, from <http://www.sdqinfo.com/>
- Zimmerman, B. J. (2000). Self-efficacy: An essential motive to learn. *Contemporary Educational Psychology*, 25, 82-91. doi: 10.1006/ceps.1999.1016