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Bullying and mental health – Are schools doing enough for the boys?

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Life for adolescent males is like a roller coaster, their experience of bullying, both as bully and victim, will have increased considerably since they reached Year 6 at school to a peak in about Year 9 and the slow decline in these behaviours as they mature through the final years of school. Fuller (1998) indicate that young people are staying at school for longer with fewer prospects of a satisfying career, in place of this they hold out for the chance of being offered a 'Mc Job'. It becomes apparent that at best many will put their minds to sleep and become insensate to the possibility of new ideas or discoveries. At worst they may feel that they are a part of a system that pushes people around and in the process label themselves as resentful victims or depressed failures. For this reason it is not surprising that many adolescents use risk taking, delinquency, aggression, and academic failure as a means through which to express their autonomy and maturity. This paper firstly investigates the issues of mental health in adolescent males as a result of bullying in secondary schools and considers the issue of mental health literacy amongst young rural Australian males. The second part of the paper addresses the question of whether or not schools are doing enough to promote positive mental health in adolescent males through increasing the student's mental health literacy.

The impact of bullying – It's not just physical!

A number of studies have investigated the consequences of bullying, both in relation to being a bully and being a victim of bullying (Olweus 1978, 1993; Williams, Chambers, Logan & Robinson 1996; Rigby 1998, 1999a, 1999b, 2000, 2003). Across the literature that was examined as a component of a study proposal related to this topic, it became apparent that there were four categories of negative health conditions that were identified as being of concern.

The four categories are described and discussed below.

1. Low psychological well being. This includes states of mind which are generally considered to be unpleasant, but are not acutely distressing. This incorporates feelings such as general unhappiness, low self esteem, and feelings of anger and sadness.
2. Poor social adjustment. This normally includes the feelings of aversion towards one's social environment and this is evidenced through an expressed dislike for school, absenteeism and manifest isolation and loneliness.
3. Psychological distress. This is considered more serious by many than the previous two categories and includes high levels of anxiety, depression, and suicidal thoughts (ideation).
4. Physical unwellness. There are clear signs of physical disorder evidenced in a medically diagnosed illness or condition. Psychosomatic symptoms, which are defined in the Oxford Concise Medical Dictionary (1996: 531) as a disease that is

“mental, not physical in origin; of both the mind and body”, is incorporated into this category.

This highlights that it is important to realise that the effects of bullying and bully-victim behaviours are both physical and mental. Whilst the individual may recover quite quickly from the physical bruises and scrapes, it is the mental effects of bullying that are long term and potentially far more serious for both the individual and society at large.

Mental health, literacy and suicide

The suicide rate among young Australian males aged 15 to 24 years has more than trebled in the last 20 years. It is reported by Schweitzer, Klayich and McLean (1995) that an astonishing 61 percent of Australian tertiary students have reported suicidal ideation. Attempted suicides in secondary students range up to 11 percent and vary according to the area. In metropolitan areas, three (3) times as many males as females successfully complete a suicide attempt. In rural areas the figures are far more shocking with seven (7) times more males completing a suicide attempt than their female counterparts. The suicide statistics for this age group surpass the number of deaths in road accidents for this age group.

Caldwell, Jorm and Dear (2004) indicate that young men living in rural areas of Australia are unlikely to seek help for mental health concerns; subsequently they are at a higher risk of suicide than their metropolitan counterparts. Research evidence indicates that the incidence rate of poor mental health does not differ greatly between metropolitan, rural and remote communities; however the likelihood of males seeking professional help in the rural and remote areas decreases as the distance from a major centre increases (Caldwell *et.al.* 2004). The reluctance of this group to access mental health services highlights the importance of investigating the appropriateness, accessibility and approachability of current mental health services in the rural and remote areas of Australia.

While the mental health of young Australians has been identified as a priority area in several national documents, the study conducted by Caldwell *et.al.* (2004) goes one step further and highlights that mental health literacy could be an issue for young rural males. It is argued that young males living in the rural and remote areas may not recognise or report the symptoms of distress that are apparent in mental health issues. There are also the issues associated with the population simply not being aware of the support and treatment options that are available to them.

Mental health promotion in schools

In the current climate of health promoting schools, the emphasis appears to largely encompass the physical health of students. To be a truly health promoting school, it is necessary to take an holistic approach and include mental health throughout the school curriculum and the school culture in general. This can be achieved in a number of ways. Many schools have implemented the MindMatters program that resulted from the 1996

audit of Mental Health Education in Australian Secondary Schools. A key recommendation of this audit was the use of schools as an appropriate setting for the promotion of mental health in adolescents. Subsequent Commonwealth funding established a National Mental Health in Schools Project managed by a consortium from Melbourne, Sydney and Deakin universities and the Australian Council of Health, Physical Education and Recreation.

MindMatters uses a whole school approach to mental health promotion and suicide prevention. The aim of the program is to enhance the development of school environments to the point where young people feel valued, safe, encouraged and purposeful. Social and emotional wellbeing has been linked to a young people's development, and their capacity to contribute to the workforce and the community, and to a reduction in the suicide rate of youths. MindMatters helps schools and their communities including teachers, parents and students to take positive action to create a climate of mental as well as physical health within secondary schools. It is promoted as a program that every school needs, however is this program enough?

MindMatters is an excellent starting point to implement a mental health program into the school environment. The program contains resources, as well as having a national professional development and training strategy for teaching staff. There is also a dedicated website that provides useful links to such issues as implementing mental health teaching into the school curriculum. To effectively promote mental health in schools it is important to include not only the students and staff, but the parents and the wider school community.

Fuller (1998) argues that young people learn that they have failed from the media portrayals of adolescents as criminally inclined, violent young people who end up dead or in prison. More often than not the portrayed adolescent is male. This portrayal is linked to the risk taking behaviours that are demonstrated by many male adolescents as part of becoming a young man. Contemporary observers cite the absence of rituals in modern society as an explanatory factor in this risk taking behaviour (Fuller 1998). It is for these reasons that that schools need to build student resilience from a mental health perspective and to do this effectively requires the support of the parents, teachers and the wider school community.

School cultures are an important determinant of the behaviour and well being of both staff and students. The overall message from the mental health prevention research that has been conducted is that schools can prevent and or impact upon the onset, severity and duration of substance abuse, delinquency, bullying and violence by undertaking a process that develops a culture of resilience. This can be achieved by specifically targeting students when they are integrated into a school, for example at the transition from primary to secondary school. The promotion of a resilient culture will increase the mental and physical health of students.

Conclusion

Schools owe a duty of care to ensure that students are both safe and healthy in what is essentially their workplace. For a number of students, schools are not safe places; in fact in some instances they are more dangerous than the streets for some of our students. This is due to the bullying that some students are subjected to on a daily basis for extended periods of time. Bullying has long lasting mental health impacts that may be irreversible and lead to suicide. Australia has one of the highest reported rates of youth suicide in the developed world with the number of males completing a suicide attempt far outstripping the success rate of their female counterparts. Whilst the mental health of young males in the rural and remote areas is an issue of grave concern, it is an area that has national priority on a number of fronts. However, it is apparent that mental health literacy is still an area of concern that needs to be addressed in this population. Schools have a role to play in addressing not just the language literacy levels of our young males, but also the issue of mental health literacy. Despite considerable steps forward in recent years in the mental health of our young males, there is still a long way to go if our schools are to become truly health promoting, both in a mental and physical sense.

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