

22 February 2021

**New Zealand Principals' Federation (NZPF) Submission on**

**Mental Health Education for Years 1 - 13**

**To: The Ministry of Education**

**Personal Details:**

Agency: New Zealand Principals' Federation (NZPF)  
Designation: National Executive  
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The New Zealand Principals' Federation (NZPF) is the largest professional organisation for lead educators representing the interests of over 2,000 Principals of Primary, Intermediate, Area and Secondary Schools. Principals are from public, integrated and independent schools and are spread throughout New Zealand. NZPF aims to be the most influential advocate for school principals to enable high quality, well supported leadership for school learners in New Zealand.

**General Comments**

NZPF welcomes the opportunity to submit comments on the Mental Health Education Guidelines years 1 -8. We have sought the views of our own executive committee in constructing this commentary. The views contained in this submission are therefore reflective of NZPF national representatives.

Commentary is provided on the framework and on key learning levels, years 1 – 8 only. It does not cover the early child-hood years nor the secondary years 9 – 13.

We note that the guidelines include an overwhelming amount of information on every aspect of mental health and include many hyperlinks to further information. Members felt that a stronger focus on programme development information might have been more helpful.

They found the document was not especially user-friendly and would prefer a digitised version where the index could be linked to the different sections. That

said, many found information embedded in the guidelines could be a useful resource for senior management staff and Boards. In general, however, members felt that many aspects of the existing health curriculum already covered much of the material canvassed in the guidelines. They did acknowledge however that this document provided more substance and guidance. Feedback from members also referred to the Refresh of the Curriculum, now underway, and questioned whether the Mental Health Education Guidelines were still current or relevant.

## **Framework**

Members support the idea of the framework beginning with Te Tiriti o Waitangi, the principles of hauora, Māori and Pasifika world views, taking a holistic approach, beginning with student, whānau and community, addressing the school ethos and environment and providing explicit learning in mental health. They emphasised that, in general, most schools in Aotearoa New Zealand include these principles for all curricula subjects. The mental health education guidelines were therefore consistent with current practice.

Members noted the close links between the mental health guidelines and wellbeing, human rights, inclusiveness, racism, bullying, human dignity, sexuality education and gender issues and supported the notion of engaging with Māori Mental Health experts and acknowledging the interconnected nature of Pacific relationships. They also support that Pasifika students are given special attention in the mental health area, given the high rates of suicide and suicide attempts amongst Pasifika students.

As in all other curriculum areas building a strong school culture around the framing of subject areas ensures effective programming.

## **Key Learning Levels**

Given the emphasis on consultation and integration with other wellbeing areas and evolving mental health education, members reported that they found the key learning descriptors for the different levels somewhat prescriptive. It was this section that most obviously departed from the concept of guidelines.

Members were concerned that the matrices of descriptive outcomes suggested that mental health education was being presented as a separate curriculum subject.

The issue of PLD for senior management staff and teachers was raised and discussed. Members were very clear that without appropriate, timely and high

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quality PLD for senior management staff and teachers, there would be no progress made on delivering effective mental health education, no matter how well-crafted the framework and guidelines were.

In summary, the overwhelming response to the mental health education guidelines was they were unlikely to be greeted with high enthusiasm by the sector, due to their complexity and due to the fact that most of the content in the guidelines is already incorporated in other parts of the health curriculum.

We thank the Ministry for inviting our feedback on these guidelines and have presented a constructive commentary which we hope will help to guide the future development of mental health education in Aotearoa New Zealand.

Yours sincerely,

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