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| **Title of symposium: Critical health education and health promotion in schools: tensions, alignments and new possibilities** |
| **General Objective**  In contemporary times, schools are required to urgently respond to a wide range of health-related issues, including obesity, sexual violence, depression, physical inactivity, poor nutrition, suicide, bullying, drug use and teen pregnancy, to name but a few. Although there is a taken-for-granted assumption that schools are an effective and appropriate site to address public health imperatives, there are also a number of important critiques. Although there are valuable alignments between health promotion and health education in schools, there are also significant tensions to be resolved. One tension occurs when health education is positioned as an ‘arm’ of health promotion, and students are expected to learn *for* health than learning *about* health. This tension is amplified when schools employ health education and health promotion strategies based on individualistic, biomedical, and ‘Western’ understandings of health; policies and practices that often contradict the point and purpose of *critical health education*. In this symposium, the presenters share their research into the impact of current health promotion on students’ health and education, pointing to health-promoting strategies that should ‘do no harm’, but at times are unpredictable and ‘dangerous’. By drawing on case studies of health promotion and health education in schools that relate to mental health, food and nutrition, and sexuality education, we illuminate the opportunities that critical health education holds for the education and wellbeing of young people.  **Format**  **Introduction - 5 min:** (Chair)  **Three presentations – each 15 minutes + 5 minutes discussion**   * **Presentation 1** * **Presentation 2** * **Presentation 3**   **Moderated discussion – 25 min: (**Discussant**)**  **Conference subthemes**  **Health equity** - Ensure health equity throughout the life course, within and among countries, making each member of the global society an empowered lifelong learner.  **Inclusive habitats**- Make all urban and other habitats inclusive, safe, resilient and sustainable and conducive to health and wellbeing. |

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| **Title of presentation 1: From health education to health promotion and back again: a critical call to re-imagine school health education** |
| The purpose of this paper is to examine the often taken for granted assumptions that underpin approaches to school based health education (SBHE). Drawing on case studies from Australia and New Zealand we consider the impact that health promotion has had on SBHE. Whilst we will argue that the impact of health promotion has been significant in shifting policy discourse towards more equitable and empowering practices, our data reveals that often SBHE is characterised by hyper individualised risk based approaches that actually serve to victim blame individuals for poor health. This is of course problematic, but not surprising given that neoliberalism has provided the dominant logics in health and education for some time. In seeking to remedy this, there are of course a number of tactics we could put forward. For example, we could continue to argue for better quality teacher education. We could also continue to suggest that outside agencies need to be vetted to ensure that their programs and resources are connected to curriculum intentions. Rather than repeat these usual critiques, we instead want to (re)imagine what SBHE might be, if it were truly focussed on education. A number of health education scholars have called such an approach learning *about* health, rather than learning *for* health. This draws attention to what it means to be truly educated about health. This change necessarily requires a shift to to what has been referred to as health education’s usual pedagogical force. SBHE then would focus on the study of health, drawing on multiple disciplines to help young people understand health. This presents us with a very different pedagogical relation as health promotion becomes an object of health education - as an area for critical analysis and a site of learning.  **Conference subtheme**  **Health equity** - Ensure health equity throughout the life course, within and among countries, making each member of the global society an empowered lifelong learner. |

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| **Title of presentation 2: Schooling students to be mentally ‘well’: for social good or social (in)justice?** |
| The state of student mental health and wellbeing is an area of increasing concern in  education settings. Australian and New Zealand education systems have responded to this concern by embedding mental health promotion frameworks into educational policy, where schools are responsible for adopting whole school approaches that simultaneously support distressed students and enhance the wellbeing of all students. However, the rationale presented for placing the responsibility of student mental health promotion onto schools - and onto students - is at best simplistic, and at worst, dangerous. While there is a body of research that establishes positive associations between factors of wellbeing and student engagement, the broader structural determinants of mental health and wellbeing and their relationship with learning are seldom explored, nor explicitly outlined as key factors for consideration in educational policy. We draw on a critical documentary analysis of school-based mental health programmes to demonstrate how mental health promotion and health education are often based on notions of individualism and healthism. We also illuminate how these programmes, where students are taught ‘skills for mental wellbeing’ (e.g. growth mindset, resilience), often ignore the societal, cultural, political and environmental determinants of mental health and wellbeing. Although we recognise that education alone cannot ‘solve’ a complex health issue like child/youth mental health and wellbeing, we argue for a more critical form of school-based health education. This is a form of mental health education that is focused on educative outcomes, such as developing students’ deeper understanding of mental health and wellbeing, their ability to be able to critically analyse its determinants, and their ability to take critical action.  **Format**  15 minute presentation + 5 minute discussion  **Conference subtheme**  **Health equity** - Ensure health equity throughout the life course, within and among countries, making each member of the global society an empowered lifelong learner. |

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| **Title of presentation 3: Queer youth, activism, and school wide health promotion: challenging sexuality and gender norms** |
| Despite a wealth of research in education on the exclusion of young people at the intersection of gender, sexuality and other identity positions, there is very little research that reports on queer youth as leaders and participants in their schools. This presentation draws on material from a critical ethnographic study which examined the activities of a queer straight alliance (QSA) in a diverse, co-educational, high school in Auckland, New Zealand. The study found that the students in the QSA actively challenged the cis/heteronorms of their school. They met regularly to discuss issues, support each other and to plan health promoting initiatives within their school. The school wide initiatives worked towards creating safe and empowering spaces for queer youth. These actions, in turn, impacted the environment of the school and made queer students more visible. This visibility, however, also created tensions as students grappled with their identities and the public space of school. This presentation will explore these tensions and ultimately examine the place of health promotion and health education initiatives within a school QSA.  **Format**  15 minute presentation + 5 minute discussion  **Conference subtheme**  **Inclusive habitats -**Make all urban and other habitats inclusive, safe, resilient and sustainable and conducive to health and wellbeing. |