

**School Bullying and Mental Health:  
Documented Links, Critical Issues and Pre/Intervention Strategies**

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Four-minute Verbal Presentation to the  
Joint Committee on Education, Further & Higher Education, Research, Innovation and Science  
Dublin, Ireland, 8 June 2021

**The impact of school bullying**

Bullying has been around for as long as anyone can remember, often seen as a rite of passage that makes kids tougher. Yet research, conducted in countries around the world, has consistently documented the negative impact of bullying, especially on victims, where it can “get under the skin” and affect neuro-biological functioning.

Victims are at risk for depression, anxiety, and poor self-worth, challenges that often continue into adulthood. They are more likely to consider suicide, and too many find suicide to be their only option. They are also at risk for later aggression, conduct problems, and self-harm. Understandably, victims are more disengaged from school, and more likely to be absent. Academic performance suffers, and they are more likely to drop out of school early.

But children who bully others are also at risk, for many of the same problems, but especially for aggressive and antisocial behaviour and delinquency, as well as substance use, depression and anxiety. Bullying can also become a generalized pattern of behaviour, with demonstrated links to later dating violence and criminality.

Even children who witness bullying are also at risk, with evidence of greater feelings of helplessness, mental health difficulties, and suicidal ideation.

**Addressing Bullying**

Given such evidence, concerted efforts to address school bullying are critical, and I applaud your efforts to do so. But how?

Bullying is developmental; it increases over the primary years, reaches a peak around grades 8-10 and declines somewhat thereafter. It never goes away. As such, schools are an ideal place to address the problem, where we can reach the majority of children early on and repeatedly.

Bullying is also context-dependent; the overall climate and social atmosphere of the school can either encourage or discourage bullying. Indeed, certain subgroups are far more likely to be bullied including racial and sexual minorities, immigrant youth, and those with disabilities. Bullying emerges within very complex social networks, with social status being a key motivating factor. Educators need training to understand the group dynamics that underlie bullying and how they can best support vulnerable students. Until recently, teacher education programs have not provided such training, focusing primarily on academics.

Several school-based programs have now been created that show some success in reducing bullying. Although they share some common elements, the diversity of approaches is important, each addressing particular contributing factors. To date, there is still no single program that has been shown to stop bullying and, overall, research shows that school based programs reduce bullying only by about 20%, with little evidence of effectiveness at the secondary level. We can do better.

Universal programs aimed at all children are critical, in order to develop pro-social behaviours and positive school cultures, but they are not enough. Given the documented consequences of bullying, we also need targeted 1-1 support for students who are most seriously impacted. Indeed, the most effective programs include whole school efforts with multiple foci, including both universal and targeted interventions.

My recommendation is that anti-bullying efforts be viewed as part of a much larger mandate for schools – that schools promote social - emotional competencies as well as academic skills. In North America, a growing body of evidence supports the positive, long-term impact of school-based, social-emotional learning programs that teach basic pro-social skills, foster empathy, and promote acceptance and respect for others, thereby creating more tolerant and inclusive classrooms. These programs, not only reduce peer aggression and victimization, but also help to create positive school climates that won't exacerbate the difficulties victimized students face.

Importantly, there are multiple ways through which educators can promote social-emotional competencies, allowing for flexibility and “repetition with variation” across the school years.

To address bullying effectively, then, we need to provide educators with the training needed to promote student pro-social development, and create classrooms that support all students. Expanded training for counsellors is also needed for them to undertake targeted interventions, with better links to community-based mental health agencies. Finally, ongoing assessment and evaluation are imperative to be sure that one's efforts are actually effective.

## **Stability of bullying behaviour**

Stability of peer victimization varies with age

For most young children reported victimization is rather transitory, but the likelihood of being victimized by peers from one year to the next increases with age, with moderate stability reported by middle elementary school.

Example: Scholte, Engels, Overbeek, deKemp and Haselager (2007) found that over 40% of 10-13-year-old students continued to be viewed as victims by their peers three years later.

However, for some students, victimization is endured across the school years.

Sourander, Helstela, Heleniou, & Piha (2000), found that 6% of girls and 12% of boys were consistently victimized by peers from age 8 to age 16.

## BC Core Competencies

Over the past 5 years....BC Ministry of Education has moved to a focus on three core competency areas that are to be promoted across the academic curriculum:

- Communication Competence (reading, writing, spelling)
- Thinking Competencies
  - Creative thinking
  - Critical thinking
- Personal & Social Competencies
  - Positive personal and cultural identity
  - Personal awareness and responsibility
  - Social responsibility

## Evidence-Based Practices

Schools are encouraged and sometimes mandated to select interventions that have been proven effective – which is a good place to start.

But .... proven effectiveness elsewhere is no guarantee of success

And... don't discourage efforts to develop new approaches

Therefore, schools need to have accountability:

Evaluating whether or not the programs and interventions undertaken are actually working

## Under the skin

The impact of bullying can last a lifetime, as it can affect neuro-biological functioning.

Examples:

- 1) Neuroscience research shows that, as far as the brain is concerned, social pain is experienced much like physical pain, relying on the same neurobiological and neural substrates
- 2) Blunted Cortisol Response:
  - a. Peer victimization is obviously stressful and typically our bodies respond to stress by increasing cortisol levels through the HPA axis (hypothalamic-pituitary[adrenal axis), preparing us for that fight or flight response.
  - b. However, several studies now have shown that peer victimization is linked to dysregulation of the HPA axis. That is, children who are repeatedly victimized are more likely to show a blunted cortisol response to stress, producing less rather than more cortisol, something previously documented in maltreated children, holocaust victims and repeated rape victims.
  - c. Ouellet-Morin et al (2011) pairs of identical twins, one experiencing peer victimization, the other not...found that victimization had a causal effect on how the body responded to stress, again showing a blunted cortisol response (not attributable to genetics, family etc.)
- 3) Polymorphism in the promoter region of the serotonin transporter gene (5-HTTLPR polymorphism), some chromosomes have a short allele others have a long allele....so individuals can have a short-short, a long-long or a short-long combination
  - a. Benjet, et al 2010 found that among girls who endured relational victimization by peers, those with a short-short genotype for the 5-HTTLPR were far more likely to be depressed than those with a long-long allele
  - b. Sugden et al (2010) found that those with a short short were much more at risk for developing emotional problems, even after controlling for pre-victim emotional problems.

## Moral Disengagement

Based on the work of Bandura with adults, including soldiers and terrorist, to understand how good people can engage in egregious acts and still sleep at night....(with little or no self-censure or guilt)

Multiple ways in which adults can “morally disengage”- we found the same types of strategies are used by children and youth to justify and rationalize bullying behaviour.

- Children who bully others express more positive attitudes regarding the use of violence and aggression in response to social difficulties
  - Bullies expect more positive outcomes from bullying, tend to view aggression and victimization as the “only alternative”, and see aggression as a legitimate response, as compared with victims and students who were neither bullies nor victims (Bentley & Li, 1995)
  - Bullies are more positive about the use of violence in addressing social difficulties (Bosworth, Espelage, & Simon, 1999; Olweus, 1997)
- Menesini et al (2003)
  - Children who bully (as compared to victims or outsiders) are more likely to describe bullies as feeling pride or indifference (emotions associated with moral disengagement) as opposed to guilt or shame, and tend to emphasize the personal consequences or advantages for the bully in explaining these feelings
- Children and youth who bully others are more likely to morally
- Children who are victims of bullying and those who are willing to intervene on behalf of victims show less moral disengagement
- **Short-term longitudinal studies consistently show moral disengagement to predict subsequent aggression**
- **Across a school year, stable bullies and “new” bullies show higher moral disengagement compared to nonbullies and desisted bullies (Oberman, 2013)**

See slides for details....

## [CASEL Guide to Effective Social and Emotional Learning Programs](#)

Released June 5<sup>th</sup>, the 2021 edition includes 77 SEL programs, designated as SElect, Promising, or SEL-Supportive:

- *SElect*, 48 programs that met or exceeded all of our criteria;
- *Promising*, 23 programs that met or exceeded most criteria; and
- *SEL-Supportive*, 6 programs that met the SElect or Promising evidence criteria but do not fully meet design criteria.



When programs applied to be reviewed, we reviewed evaluations that: utilized a comparison group not exposed to the SEL program, were delivered during the regular school day to all students, and demonstrated a statistically significant impact on student outcomes within our categories.

UBC's **SEL Resource Finder**. ([www.selresources.com](http://www.selresources.com)) includes programs, videos, books, lesson plans and both evaluated and not yet evaluated programs, etc.)

## **BC Core Competencies**

### **Vulnerable student groups:**

Sexual and ethnic minorities, immigrant youth and students with disabilities

- ✓ **Empathy among college students decreased significantly between 1979 and 2009, especially since 2000 (Konrath et al., 2011)**
- ✓ **Narcissism appears to be on the rise (e.g., 81% of 18-25-year-olds think getting really rich is an important goal, but only 30% thought helping those in need is important (Kohut et al., 2007))**

## Family Antecedents

Some but limited research addressing links of bullying to family experiences (see Nickerson, Mele & Osborne-Oliver, 2010 for a review).

Bullies often had a history of troubled relationships with their parents (insecure attachments, less perceived parental support, less family cohesion, infrequent parent supervision, greater use of physical punishment, parent maltreatment, lack of empathy and/or negative affect, marital discord).

Victims have also been found to experience insecure attachments with their parents, less parental responsiveness, and greater likelihood of abuse.

The most consistent finding, however, is that victimized youth tend to have highly enmeshed relationships with their parents, characterized by positive but emotionally intense interactions and a high degree of overprotection (Nickerson et al., 2010). What is not yet clear is whether parent overprotection is a contributor to the likelihood of victimization or an appropriate parent response to the peer harassment of their child.

Far less is known about sibling contributions to bullying (see Wolke, Tippet, & Danchev, 2015 for a review),

15 to 50% of children are victimized by their siblings, and 10 to 40% bully their siblings, with sibling abuse being more frequent than abuse by parents, strangers or peers.

In their review, Wolke and colleagues also noted that the few studies that do exist indicate that experiences with sibling bullying carry over to peer relationships in a **homotypic manner; individuals bullied by siblings are most likely to be bullied by peers and those who bully siblings tend to bully peers.**

## SEL Long-Term Impact

Taylor et al. 2017

Meta-analysis of 82 studies of school-based, universal SEL interventions conducted in countries around the world involving nearly 100,000 students in Kindergarten through high school. Follow up evaluations, conducted 6 months to 18 years after the intervention indicated long term positive effects on social-emotional skills, attitudes, and various indices of well being...and this was true regardless of race, SEL or school.

Hawkins et al. 2008

At age 21, 15 years after participating in a good SEL program, young people showed:

- Higher educational attainment
- More employment and better jobs
- Better emotional & mental health
- More community involvement

### CHILD DEVELOPMENT



Child Development, July/August 2017, Volume 88, Number 4, Pages 1156–1171

The title for this Special Section is **Positive Youth Development in Diverse and Global Contexts**, edited by Emilie Phillips Smith, Anne C. Petersen, and Patrick Leman

## Promoting Positive Youth Development Through School-Based Social and Emotional Learning Interventions: A Meta-Analysis of Follow-Up Effects

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This meta-analysis reviewed 82 school-based, universal social and emotional learning (SEL) interventions involving 97,406 kindergarten to high school students ( $M_{\text{age}} = 11.09$  years; mean percent low socioeconomic status = 41.1; mean percent students of color = 45.9). Thirty-eight interventions took place outside the United States. Follow-up outcomes (collected 6 months to 18 years postintervention) demonstrate SEL's enhancement of positive youth development. Participants fared significantly better than controls in social-emotional skills, attitudes, and indicators of well-being. Benefits were similar regardless of students' race, socioeconomic background, or school location. Postintervention social-emotional skill development was the strongest predictor of well-being at follow-up. Infrequently assessed but notable outcomes (e.g., graduation and safe sexual behaviors) illustrate SEL's improvement of critical aspects of students' developmental trajectories.



## Mental Health – early onset

Half of all lifetime cases start by age 14, 75% by age 24

Median age of onset for anxiety and impulse control disorders is 11 years

### MH Literacy....

Conceptions of mental health are changing...it used to be that mental health was simply considered to be the absence of mental disorders, but today that continuum has expanded farther to consider mental well being.

WHO (2014) defines MH as “state of well being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community

Societal costs...Mental disorders overrepresented among homeless, incarcerated and the unemployed

Four approaches:

- 1) Early identification of children at risk (Teachers on front line, school psych/counsellors trained, universal screening, prevention/early intervention)
- 2) Reducing the stigma of MH through MH Literacy
- 3) Promoting mental well being in all students
- 4) Creating environments in which all children are accepted/respected not bullied or excluded

Secondary Level: Dr. Stan Kutcher, Dalhousie University -- MH Literacy – 6 teacher friendly online modules designed for gr. 9- 10 to cover

- 1) How to foster and maintain good mental health
- 2) Understanding mental disorders and their treatments
- 3) Decreasing stigma associated with mental disorders
- 4) Helping students to seek help effectively