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Practice-Based In Service Teacher Training In Health Promotion And Mental Health Promotion On The Basis Of Antonovsky's Theory

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ABSTRACT
Health promotion education should empower people with healthier lifestyle choices through not only functional knowledge acquisition, but self-detection, understanding of values, eviction of acting ability and a search for identity also. This comprehensive task asks for highly educated teachers, like those trained in Health Promotion and mental health promotion in-service training offered by the Institute of Applied Health Sciences and Health Promotion at the University of Szeged, Hungary. The educational programme is strong in methodology: team work, project method, problem based teaching and learning, workshop, skills development, focus-group method, adaptation of multimedia methods. Trainees work with these methods themselves that makes adaptation authentic.

INTRODUCTION
The Institute of Applied Health Sciences and Health Promotion at the University of Szeged, Juhász Gyula Faculty of Education has an educational and research history of 20 years. Education and research focuses on health promotion, health education, and mental health promotion embedded in the system of international cooperation.

The primary topics the institute's activities focus at are health, health promotion and healthy lifestyle. These core concepts are not only abstract categories, but they are functionally connected to the two most important activities: to education and to research. The other key element of this implementation process and activity is multidisciplinarity, following from the content of health. This key element plays a substantial effect on the methods applied in the different forms of instruction.

Our understanding of health is based from the beginning on the scientific theories developed as a result of paradigm change in the 2nd half of the 20th century. „Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO, 1948). The dimensions of health are: biological health: the proper functioning of our body; psychological health: our personal world view, behaviour principles, and the sign of peace of mind and peace with ourselves; mental health: the ability to think clearly and consistently; emotional health: the ability to recognise and properly express emotions; social health: the health of creating relationships with others (holistic approach).

The current interpretations of health outline mainly integrative models. The natural and social environment, the amount of available resources, the coping with problems, the feeling of success, and satisfaction are all determinants of health. Instead of looking at it as a passive state, health is understood mostly as a process. The development of the ability to act is a lifelong process; the individual strives at acquiring new competencies. Badura for example understands health as the ability to solve problems and direct emotions, enabling to preserve physical-mental satisfaction and their rearticulation (Badura, 1993).

We understand health as a process, in a positive approach, expanded to individuals, groups and the whole society, integrated to their natural and social environment, embedded into all individual-, group- and social level activities.

According to our approach, every individual, community possess resources in the process of enhancing their health opportunities. The resources are „biological, material and psychosocial factors that make it easier for people to perceive their lives as consistent, structured and understandable." (Antonovsky, 1987; Lindström and Eriksson, 2006) These resources – called as General Resistance Resources (GRR) – are "money, knowledge, experience, self-esteem, healthy behaviour, commitment, social support, cultural capital, intelligence, traditions and view of life." (Antonovsky, 1987; Lindström and Eriksson, 2006) GRRs enable individuals and groups to see their life as coherent and shape it accordingly.

What does sense of coherence (SOC) mean? The SOC is the capability to perceive that one can manage in any situation independent of whatever is happening in life. Components of SOC are: comprehensibility, as the cognitive component; manageability, which is the instrumental or behavioural component; and meaningfulness,

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that is the motivational component (Antonovsky, 1987; Lindström and Eriksson, 2006). In the centre of the Antonovsky model - similar to the other previously mentioned models - stays health experienced subjectively by the individual. Stressors are of central importance in his model.

The foundation of health promotion is the complex health-approach developed during the paradigm change, which definition is the functional connection of scientific definitions created with different accent and systematization. That is, health has a subjective orientation, is holistic in perspective, salutogenic, meaning health is the starting point where health resources are central. Health promotion strives at making health a socially accepted criteria of decision making. It became a social and social-political concept: it focuses equally on the individual's socio-culturally influenced lifestyle and the environment influencing his/her life. It is a setting-oriented concept, placing people's life circumstances into the centre, on the different domains of life. Its most important value and aim is to promote health equality. Health promotion – similar to health – is also a process requiring active participation and individual action. It strives at democratic emancipation (equal rights) and at the individual's autonomy (self-sufficiency) over his/her health. The main methods of health promotion are health teaching, health education, health training, organisation development with the main tools of project management and lifestyle counselling (organising leisure programmes, conflict management, time management, nutrition counselling, social relations) (Benkő, 2009).

During its activities health promotion tries to involve the social sub-systems (Luhmann, 1996). It is very important for the different social subsystems – like economy, politics, administration, science, education, health care services, non-governmental organisations, family – to find their own health promoting tasks. Traditionally – as it is well-known – the health care system serves patient care. Health does not have an institutionalized structure, network, individual social subsystem that is why it intends to enter into all subsystems. So health is not the task and responsibility of one institute, one social subsystem, one definite profession, but it is a task embracing the complete institution system of the society (Grossmann, R. and Scala, C. 1993, Benkő and Tarkó, 2005., Lippai, 2009.).

From among the methods of health promotion health education and lifestyle counselling, from among the social subsystems public education is very important in terms of health education and health promotion. The aim is to promote the health opportunities of pupils. Apart from pupils, parents, the complete teaching and non-teaching staff of the school are also affected by this aim. It is also very important to highlight at the broader environment of schools, at all those institutes that work in close connection to them (health care, social, cultural etc. institutes) and have an effect on how schools can meet their complex social tasks.

The health promoting key role of schools motivated us in founding and launching the Health Promotion – Mental Health Promotion in-service teacher training at one of the biggest universities of Hungary. Regarding the huge interest in the training, we have built a network of 11 Hungarian higher education institutes and launched the training with the involvement of local human resources (Benkő and Erdei, 2005). Our primary aim was to enable educators to apply the acquired knowledge and skills in their own life, in their teaching and education work and in their tighter and wider environment (Benkő and Vetró, 1994, Benkő and Lippai, 2001, 2002.,Benkő and Erdei, 2003., Benkő, 2011).

THE STUDY

To prove the above information we would like to present two Health Promotion – Mental Health Promotion in-service trainings, one for all helping professionals and one for teachers, educators alone. The paper focuses on the aims, contents and methodology of the trainings, as well as to the multidisciplinary perspective defining content and methodology. The presentation uses the two basic categories of Antonovsky's health model: general resistance resources and sense of coherence.

Both trainings teach educators, though one of them can welcome kindergarten educators, lower primary teachers, teachers, as well as medical doctors, nurses, social workers, lawyers, priests, policemen, soldiers, firemen etc., while the other one is for homogenous educator groups, as a diploma in education is a prerequisite of application. The two trainings are interoperable. The first two semesters are held together, then the two branches separate. The Health Promoter-Mental Health Promoter in-service training supports us with the most experiences, as this is our oldest one. The other training solely for educators is based on those experiences. One of the main values developed during the joint workshops of professionals with different diplomas coming from different social subsystems, is leading to the development of a common language on the platform of health promotion.

In the beginning of our introduction we state, that during the training participants' set of resources (GRRs) is enriched by: knowledge, experience, self-esteem, health conscious behaviour, commitment, social support, cultural capital, traditions and life philosophy. We will place these on the different professional and methodological domains of the training and on the domain of field practices.

The listed GRRs enforce participants' sense of coherence according to the following components: comprehensibility, as the cognitive component; manageability, which is the instrumental or behavioural component; and meaningfulness, that is the motivational component.

Introduction to the Health Promotion – Mental Health Promotion in-service training and in-service teacher training

Educational aims and programme in the joint phase (2 semesters)

By integrating professionals trained in different areas to the same training we aimed at creating a common language concerning health promotion, mental health promotion and health education, mental health education among the participants: educators, medical doctors, nurses, social workers, managers, public educators, priests, lawyers, policemen, soldiers etc. The primary aim of the training is not to create a new profession, but to transmit knowledge, skills and perspectives people working on various domains/social subsystems can integrate into their own profession and work and apply with great social benefits.

Theoretical sections of the training

Training in the theories and knowledge transfer represent knowledge expansion and systematisation from among the GRRs. Comprehensibility, with the experience of understanding the complexity of health is the cognitive component of the sense of coherence.

This knowledge to be acquired is multidisciplinary in nature, similar to health consisting of several elements. Health includes the biological, psychological-mental, emotional, social, economic, ecological and spiritual components. Health is realised in the natural, built and social environment. Among the trainers there are medical doctors, psychologists, sociologists, philosophers, economists, political scientists, environmental specialists, public health professionals, educators, priests, marketing professionals etc. There is a need for many workshops for these professionals to enable them to find their place in the training. This workshop helps the different professions not only in creating the elements, depth and functions of content, but it also aids the choice of methods fitting knowledge transmission the best. In this workshop choosing the methods used at staff meetings can help a lot, hence it can orient the teachers in choosing their own methods. In the Health Promotion – Mental Health Promotion in-service training the essence of multidisciplinarity is in providing a priority to none of the scientific disciplines, courses or modules. Each element is of equal importance for the health promotion activity. That is why the head of the staff functions as a coordinator. Each profession preserves its autonomy, and representatives of the same profession share the tasks among themselves, for example teaching different specialisations of sociology, or the theoretical and clinical medical subjects, or the theoretical and practical subjects in education sciences, distribution of tasks, defining emphasis, and time frames within the specified frames.

When developing the content of the training – taking into account foreign educational experiences, health promotion charters as well as our own national researches too – we strived primary at transmitting the health related somatic, psychological, social, environmental protection, educational sciences and ethical knowledge.

A) Social and Public Health knowledge

Health promotion relevant knowledge on the society are transmitted by the following subjects: family-, lifestyle-, health-, and deviance sociology, social policy, management/health management, ethics, bioethics, political sciences, economy, health economy, legal studies, public health (being multidisciplinary in itself as it transmits medical, environmental and social knowledge also), introduction to health promotion, health education, introduction to social work, statistics.

B) Knowledge and adaptation of psychological development

This set of courses covers developmental psychology, personality psychology, psychotherapy, mental health promotion, theory and practice of counselling, communication, introduction to remedial education. It also contains what we find the heart of the training: communication skills development, stress management, conflict management and practice of counselling.

The theoretical courses and the group work are also held by psychologists, who are active in sciences and also posses specialised degrees in psychology. Preferably the specialities focus on clinical psychology, psychology of counselling, and psychology of health promotion.

C) Medical knowledge

The main emphasis within medical knowledge is to introduce the operation of the healthy human body, organism, and life. There is also a need for knowing about the morbid processes to enable the candidate to enter into the processes of health promotion and its organic parts like primary prevention and rehabilitation. Participants meet the healthy and morbid physical development of the body within introduction to medical sciences, and they also discuss about the basis of chronic physical and mental illnesses, their somatic and mental health promotion aspects during courses like internal medicine, paediatrics, psychiatry, child and adolescent psychiatry.

Lifestyle gets a prominent role in the whole knowledge system, hence it is very important in health promotion, prevention, rehabilitation, in all domains and settings, so it is of key importance in the work of educators also.

Methodological/practical section of the training

Methodological elements

The training pays special attention to the methodology of knowledge transmission and to the personality- and social skills development of participants. This section contains the possibility to develop the following GRRs: experience, self-knowledge/self-esteem, health conscious behaviour, commitment, social support, cultural capital, traditions and life philosophy.

From among the components of sense of coherence it addresses manageability, which is a behavioural component. Students have this opportunity during group work and seminars, where they acquire those methods in practice which they can apply in health promotion, mental health promotion or which help them know their own personality better. From among these sessions we would like to highlight at communication skills development, stress management and conflict management that help to raise the most important elements of the sense of coherence to a higher level. Self-knowledge and personality development groups contribute to the experience of meaningfulness that is they are the motivational components of the sense of coherence.

Seminars apply the method of thematic small group work, enabling to apply the acquired knowledge and make it alive. Similar aid is provided for knowledge application by different related homework – built on individual observation, collection of information - and their processing together. The third important method, applied mainly in an integrating manner, is Problem-Based Learning (PBL). Lectures and seminars are held by university teachers who are experts on the given domains. Differences in methodology result from the different qualifications and methodological preparedness.

Let us look at how knowledge practiced and adapted during the theoretical modules, practices and field practices is arranged around a content and domain related junction, which is one of the direct ways of fulfilling multidisciplinarity:

The so called professional integrations

Based on the perspective presented in the introduction we have created course blocks from some disciplines we named as professional integration. This means that students process certain topics in small groups with the help of 2-3 teachers of different disciplinary backgrounds. The developed integrated topics are the following:

The educational, psychological, sociological system approach of *families* from the aspect of health and mental health promotion. This integration enables the sophisticated processing of the most important social small group.

The analysis of *deviances* from the aspect of sociology, public health, and psychology enable the multidisciplinary processing of alcoholism, suicide, drug abuse, and crime. Partial disabilities are processed together by the special needs educator and the child psychiatrist.

Integrations are fulfilled usually in 5 hours long so called "mini workshops". Our experiences so far inspired us to create further integrations based on a similar thorough professional and methodological preparation

Teachers are required not only to be highly prepared in theory and teaching practice, but also to compare and harmonize theoretical knowledge with participants' practical experiences, building the applied disciplines as an

applied science into the training. The sessions require knowledge transmission and the application of the previously listed methods also, which include the problem revealing, -analysing and –solving techniques too.

Field practices

Participants get an opportunity during these practices to meet the different settings of health promotion and mental health promotion, and to later work and carry out in or together with these settings health promoting and mental health promoting projects. In this context they have the possibility to participate in a complex health promoting project (Benkő and Tarkó, 2005).

Field practice institutes are listed here according to the social subsystems:

- educational institutes
- health care institutes
- money- and profit oriented institutes
- state administration institutes
- institutes of high risks (military, police),
- Non-governmental institutes (churches, foundations, associations).

When selecting field practice institutes for the participants we consider that they should possibly visit a different kind of institute than they work at. While there is an individual observation and analysis on the first field practice, we intend to create teams of 2-3 people during the second one, supporting students in practicing group work among different professionals.

Each practice period is followed by professional consultation, where there is a possibility to complete the field practice diary prepared according to pre-provided aspects.

At the 'field practice seminar' students describe their field practice activities, introducing their work to the group utilizing the results of individual consultations also. Through this multi-structured method of practice and reporting there is a possibility for individual and team work, for presentation, for discussions and for exchange of experiences also. One of the biggest benefits of field practice seminars is to enable students through discussing and processing their individual and group work together to 'get to' each workplace.

To sum up, the following content and methodology parts are there in the field practice work. There are 3 field practices during the complete training. The first 30 hours long practice are fulfilled individually, the second 30 hours are fulfilled in groups of 2-3 in institutes invited by us.

The third field practice is the main part of the second year. The two in-service trainings separate here. Teacher in-service trainees fulfil their practice is kindergartens and schools – mainly in their own workplaces. This is carried out on three venues: in classrooms, at school and in the health care and social institutes around school. In the classroom they integrate the health promotion content into their own subjects and apply the already acquired methods. Form masters hold thematic sessions at their classes. Trainees prepare for these tasks at the educational methodology course, model the classes for one another and perform the tasks with their own pupils. Health promotion at school is fulfilled through the project method and is built on team work including other interested teachers and the health care workers of the school (nurse, school doctor). In this school health promoting project parents and the non teaching staff are also important target groups. The third pillar of this practice-oriented year is the institutional and natural environment of the school. These three areas provide the practical part of the thesis, which also contains related theoretical and empirical research arrangements.

Final exam

The final exam of our training – corresponding to the international practice – consists of two main parts. Each participant writes a thesis. The thesis should contain a literature review as well as an empirical study applying any scientific methodology they acquired during their training. Students' choice is aided by a wide collection of topics. The oral part of the final exam starts with the defending of their thesis. In the second part the candidate is given three theoretical questions related to the topic of his/her thesis, which should be worked on and presented. The diploma qualification is computed on the basis of comprehensive exams, the thesis and the grade received on the theoretical questions.

Enrolment to the training

The enrolment requirement is to have a university or college level diploma and fill out an application form and hand in a CV. There is an admission interview in small groups and individually also. First we tell the applicants about the essence and applicability of the training on the different work areas, then we inform them about the

requirements they should meet if they gain admittance. The small group discussions are based on pre-structured questions. The candidates tell us about their expectations and about the areas they want to/can apply what they learn. After the small group discussions candidates should answer to some questions in writing, followed by the individual discussions. There are different professionals (psychologist, medical doctor, and sociologist) in the Selection Committee and they are responsible for selecting the maximum number of 24-26 participants. Oversubscription makes it possible to select candidates working along the widest professional scale, taking intersectorality into account also. Further important aspects are the distribution according to settlements and position at work.

CONCLUSIONS

The multidisciplinary content of the above introduced training, the practice-oriented application of health promotion at school enables teachers to connect all participants of school into a network (pupils, parents, teachers, non-teaching staff). The several years in-service experience and skills of trainees are reinforced, new skills are acquired and adapted into their own teaching area and into other school-related activities through educational methods learnt and rehearsed during the training.

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