

Schools are in the ideal position to catch and curb pupil anxieties before they develop into life-long mental health problems. But what makes for effective mental health practice in schools? **Louise Kinnaird** investigates.

Promoting positive mental health in schools

In every classroom across the country, there are at least three children who suffer from mental health problems. Neglect, abuse, bullying, school pressures, social disadvantage, family adversity, cognitive or attention problems and the increasing stresses of modern childhood, such as pressures from social media, can all impact a child's mental health and potentially affect his or her chances of living a normal life.

Dr Mina Fazel, a child psychiatrist at the University of Oxford, said: 'Mental illness often starts in adolescence but doesn't end in adolescence: it is a life-long disorder. It is therefore essential to find innovative ways to approach treatment and to reach young people to maximise their academic, emotional, and social development, and schools are where children spend much of their time.'



Dr Fazel is the lead author of a study which estimates that in high income countries, only 25 per cent of children with a mental health problem get identified or treated.¹ This might suggest that more needs to be done, not only to identify those children who are at risk, but to put policy in place to ensure that problems leading up to poor mental health are dealt with sooner rather than later.

The impact of poor mental health

School plays a large part, not only in a child's academic attainment and cognitive progress, but also his emotional control, behavioural development and his physical and moral development, all of which affect, and are affected by, mental health. As such, schools offer the most accessible and familiar setting for good mental health practice and early intervention in mental health problems for young people. Indeed, many parents turn to schools for guidance, and the more disadvantaged children may find support in schools more comfortable than outside services.

Many schools and research literature recognise the importance of mental health for academic achievement. 'Children with higher levels of emotional, behavioural, social and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years,' says the DfE.² Similarly, high levels of behavioural problems are associated with poor academic performance.

The World Health Organisation says that half of all mental illnesses begin by age 14, disrupting not only children's education but also their ability to achieve their full potential.³ This means that up until age 14, there is potentially scope to diminish the effects of the cause of mental health problems. The **Public Health Outcomes Framework** (PHOF) sets out a number of indicators that refer to mental health and relate to the mental health strategy, *No Health Without Mental Health*⁴. It says that in the past some services have offered, or been commissioned to deliver, late or delayed intervention, with a focus on the symptoms, rather than the cause of poor mental health. The latest figure, reported by the National Institute of Health and Clinical Excellence (NICE) in 2005, is that 80,000 children in the UK are estimated to suffer from severe depression, including 8,000 below the age of ten.⁵

“

Many schools and research literature recognise the importance of mental health for academic achievement.

So what would happen if schools, as policy, addressed their pupils' wellbeing as an integrated element of its pedagogy at the very start of their formal education? Evidence suggests that to do so might eliminate a vast amount of pupil anxieties that may well evolve into mental health problems. If schools can provide appropriate support and actively engage pupils in the care of their own wellbeing by giving them the tools they need to deal with anxieties as they arise, rather than deal with the bigger problems later on, then the less stigmatising and the more engaging good mental health practice will be, and the more likely teachers and other school staff will be able to identify children's mental health problems early on.

Putting in place good mental health practice as a preventative measure could improve the outcomes for all pupils.

What does poor mental health look like?

The DfE document, *Mental Health and Behaviour in Schools*, defines good mental health in pupils as those who have the ability to:

- develop psychologically, emotionally, intellectually and spiritually
- initiate, develop and sustain mutually satisfying personal relationships
- use and enjoy solitude
- become aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- face problems and setbacks and learn from them.⁶

The same report also defined mental health problems or disorders as:

- emotional disorders – e.g. phobias, anxiety states and depression

- conduct disorders – e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour
- hyperkinetic disorders – e.g. disturbance of activity and attention
- developmental disorders – e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders
- attachment disorders – e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major caregivers
- other mental health problems including eating disorders, habit disorders, post-traumatic stress syndromes, somatic disorders and psychotic disorders – e.g. schizophrenia and manic depressive disorder.

The Children and Young People's Mental Health Coalition (CYPMHC) works with third sector organisations to campaign on behalf of and with children and young people to effect change in policy and practice that will improve their mental health and wellbeing. They are currently working with schools, and a paper was written to help schools understand the importance of supporting their pupil's emotional and mental wellbeing.⁷ It suggests that doing so is important because:

- One in ten, or at least three young people in every class, has a behavioural or emotional difficulty.
- Almost half of young people with fewer than five A* to C grades at GCSE said they 'always' or 'often' feel down or depressed, compared with 30 per cent of young people who are more qualified.
- In an average classroom, ten young people will have witnessed their parents separate, one will have experienced the death of a parent and seven will have been bullied.



- One in four young people of secondary school age will have been severely neglected, physically attacked or even sexually abused at some point in their lives.

Furthermore, children with persistent conduct or emotional disorders are:

- more likely to be excluded from school
- less likely to engage with out-of-school programmes to help them manage their behaviour and improve literacy
- more likely to be assessed with special educational needs
- more likely to leave school without educational qualifications.

The CYPMHC paper says that promoting the emotional and mental wellbeing of all young people, and providing effective support for those with behaviour and emotional difficulties will:

- help give pupils the skills to cope with the ups and downs of life, help them develop good relationships, and reach their full potential
- help make the school a healthier and safe environment
- help improve the academic attainment of all pupils.



Mental health is gaining status

It is increasingly recognised that schools need to promote positive mental health in their pupils, and identify and address those with less severe problems at an early stage and build their resilience. Indeed, the government has recently announced that treatment for mental health conditions will be brought into line with other NHS services, offering £120 million to improve mental health services.

Anna Feuchtwang, Chief Executive of NCB, said in response to this: 'This announcement sends a clear message that mental health should be treated as seriously as physical health by the NHS... The peak onset of most mental health conditions is between eight and 15 years, and young people tell us that having mental health needs better addressed is one of the key improvements they most need.'

A recent report from the NCB⁸ highlighted that suicide is a leading cause of death in young people and suggested that many children who died from suicide had not had any contact with mental health services – again highlighting the importance for schools to play the lead role in identifying potential health issues.

What can schools do?

The Mental Health Strategy cited earlier⁹ sets out an approach for improving mental health and wellbeing. For children and young people, the overall aims of the Mental Health Strategy are to:

- improve the mental health and wellbeing of all children and young people and keep them well
- improve outcomes for children and young people with mental health problems through high quality services that are equally accessible to all.

A report by the Children and Young People's Health Outcomes Forum says that schools and colleges play an important role in relation to health and wellbeing, and reports that schools and colleges can:

1. **Have a 'whole school' approach to supporting all pupils' wellbeing and resilience.** This includes both universal approaches (such as developing skills for wellbeing or parental support) and targeted services for children and young people with, or at risk of developing, behavioural difficulties or emotional problems, including behavioural support, school-based counselling and parenting interventions.
2. **Address bullying.** Bullying puts children and young people at significant risk of developing mental health problems.
3. **Ensure staff are aware of how mental health relates to their work.** Mental health awareness can help staff identify signs of mental ill-health, understand the link between mental health, behaviour, attendance and attainment, and recognise when a child needs extra help.
4. **Make known the specialist mental health support available.** Ensure teachers are aware of the services offered by local Child and Adolescent Mental Health Services (CAMHS) and by the independent and voluntary sector, and of how children, young people and their families can access them.
5. **Know when to intervene early to tackle mental health problems.** Proactively seek to identify children and young people with the risk factors for, or the early signs of, emotional and behavioural problems and intervene early by securing access to evidence-based support.
6. **Challenge mental health stigma** by ensuring students and staff know about mental health, how and when to seek help, and how to improve their own mental health and wellbeing.¹⁰

There are certain risk factors that put some pupils more at risk of developing mental health problems than others. They could be risks related to the child, their family or life events. Children exposed to multiple risks are much more likely to develop mental health problems.

But there are protective factors that build resilience and work to diminish the effects of mental health risk factors, among which are good communication skills, problem solving skills, a positive attitude, experiences of success and achievement, and a capacity to reflect – factors which can be nurtured in an effective school environment. Then there are defined responsibilities for schools, including clear policies on behaviour and bullying, an 'open-door' policy for children to share problems, a whole-school approach to promoting good mental health, positive classroom management, a sense of belonging and positive peer influences.

The DfE document, *Mental Health and Behaviour in Schools*, says: 'Schools with these characteristics mitigate the risk of mental health problems in their pupils by supporting them to become more resilient and preventing problems before they arise.' And this can have benefits for teachers too, with appropriate support leaving them more able to focus on teaching.¹¹



Heads and senior staff need to be effective leaders and champion emotional and mental wellbeing within the school.

Further strategies for promoting good mental health

The Children and Young People's Mental Health Coalition believe that schools need a whole-school approach to emotional and mental wellbeing for all pupils, providing targeted support for those with behavioural and emotional difficulties.¹² To do this, it says, heads and senior staff need to be effective leaders and champion emotional and mental wellbeing within the school. The DfE document cited above highlighted a number of specific strategies through which this can be done, and shared a range of case studies of schools successfully putting these into practice.

Exploring mental health issues in PSHE

It seems that pupils themselves recognise the need for good mental health because, according to one Ofsted survey, around one third of 11- to 18-year-olds want to learn how to deal with mental health issues such as coping with stress, bereavement and eating disorders. When asked which PSHE education topics they would like to learn about in school, pupils chose mental health issues as their top three. Thirty-seven per cent wanted to learn how to deal with bereavement, 33 per cent chose coping with stress, and 31 per cent wanted more on eating disorders such as anorexia.¹³

The same Ofsted report stated that improvements were needed in the teaching of PSHE. It specified a required improvement in 42 per cent of primary and 38 per cent of secondary schools. But too many teachers lack expertise in teaching PSHE, it says – especially sensitive and controversial issues, 'which resulted in some topics such as sexuality, mental health and domestic violence being omitted from the curriculum. This was because subject-specific training and support were too often inadequate. In 20 per cent of schools, staff had received little or no training to teach PSHE education. Teaching was not good in any of these schools.'

The CYPMHC suggests that a PSHE programme should be regular, relevant, up to date, interactive and interesting. Relevant lessons can help young people learn how to look after their own wellbeing and how to access help should they need it. They also suggest a whole-school anti-bullying policy which covers cyberbullying, racial bullying, sexually orientated bullying and the bullying of particular groups such as young people with disabilities.

Hardenhuish School: A safe space to speak

Hardenhuish School in Chippenham, Wiltshire, uses the PSHE curriculum to address many of the issues related to mental health, giving particular focus to teenage boys who, experience suggests, are sometimes unwilling to speak up. The PSHE lessons are also used to explore sensitive topics without making the discussion personal to particular pupils. The topics include rape, self-harm, bereavement, anxiety and the expectations placed upon pupils. From these discussions, school staff are often able to identify 'at risk' pupils who are then fed back to the pastoral team for follow-up. The PSHE curriculum is highly regarded by pupils throughout the school, as shown through externally verified questionnaires. Ofsted also noted that pupils 'feel safe and can explain in detail issues around their own safety'.

St Marylebone CE School: Wellbeing days

At the St Marylebone CE School in Westminster, the PSHE curriculum includes the promotion of self-esteem, independence and personal responsibility. The school also runs 'wellbeing days' with specific sessions to raise awareness of mental health. Teachers are supported to deliver practical sessions about mental health issues, the importance of sleep, and practical relaxation techniques such as Yoga and Boxercise.

Working with families

Research shows that if a young person has been identified as having mental health needs, it is essential that schools work alongside families for it to be effective. Some pupils with behavioural difficulties need a family-focused approach because it identifies difficulties in the home, which are leading to problems at school.

Ocklynge Junior School: Taking the lead

Ocklynge Junior School in East Sussex works to engage parents in supporting pupils outside school so they are mentally healthy and able to engage with their learning in school. The school has a parent support advisor who provides out-of-school support to pupils and their families with emotional wellbeing issues, and will visit the family in their home, set goals to work towards and plan a programme of intervention. The parent support advisor also runs parenting courses on behaviour management, which cover the causes of challenging behaviour and strategies for managing and reducing it.

Peer mentoring

Peer mentoring has been found to be an effective and inexpensive approach to supporting the mental health of pupils, especially those who feel vulnerable and are potentially at risk of problems.

Hardenhuish School: Pairing pupils to raise aspirations

Hardenhuish School has a peer mentoring system that involves Year 10 working with Year 12. Pupils are paired according to their subject interest and tend to be of the same sex. They meet at least every half term for a face-to-face discussion which may lead to further informal meetings. The aim of the peer mentors is to raise the aspirations of Year 10 pupils and to give them an insight into life in the 6th form. Pupils report social benefits of the mentoring.

Approaches beyond the classroom

Guidance from the Department for Education states that disruptive behaviour in pupils can indicate unmet needs.¹⁴ It suggests that schools consider a multi-agency approach that looks beyond a young person's educational needs to ensure that the single assessment process and an Education, Health and Care Plan, as proposed in the Special Educational Needs Green Paper, is carried out.

The government paper, *No Health Without Mental Health*, supports the involvement of partners in defining a more holistic approach to improving the mental health of individuals. It describes, for instance, how The Compton School in North London is very successful at engaging organisations beyond the school to support any students who might have emotional and mental health needs. The school has strong links with its local CAMHS and two support programmes (Health and Emotional Wellbeing Service and Barnet Secondary Schools CAMHS Project) are provided in school on alternate weeks for up to six students.

The school also buys in a counselling service called Catch 22, employing a counsellor to provide support for students who have emotional issues they need to talk through, but which may not be at the stage of requiring CAMHS involvement. The Targeted Youth Service is also used by the school, mainly offering support to Key Stage 4 students, some of whom are at risk of becoming NEET. The school works with other local schools to share good practice in the management of behaviour and emotional health issues.

Oakington Manor Primary: Effective referral systems

Oakington Manor Primary School in Wembley uses feedback boxes to allow pupils to share a problem anonymously in the 'bullying box' or something good that another pupil did in the 'praise box'. These are managed by the PSCE (Personal, Social, Citizenship and Health Education) co-ordinator, who may choose to file some comments and will pass safeguarding concerns on to the relevant staff member to follow-up. This anonymous sharing allows teachers to pick up on common worries and problems before they grow into more serious wellbeing or mental health risks. Reports from the boxes may also lead to referrals to Place2Be or CAMHS, as well as other school-based interventions such as lunchtime nurture clubs.

Widden Primary: The rainbow room

Widden Primary School in Gloucester has a 'rainbow room' – a small, quiet and calm room where staff can take individual children and small groups to get ready for the school day, talk about concerns and worries or to calm down if something has upset or angered them. All the children are supportive and keen to use it. The school has seen benefits in terms of attendance, wellbeing and achievement. The new behaviour policy, which teaches the values of Friendship, Respect, Excellence and Equality (FREE), has also introduced a FREE room where children can explore issues related to behaviour with the learning mentor or welfare officer.

Ocklynge Junior School: Sessions in the Oasis

Ocklynge Junior school runs an 'Oasis' facility for children who have additional emotional needs. The Oasis staff run a range of sessions for individuals or groups dealing with a wide range of issues including friendships, conflict resolution, social skills, anger management and family break-up. The team also designs specific sessions for individual needs as and when they arise. Children are referred by teachers or support staff to the Oasis, and the work is managed by the SENCo.



According to Dr Fazel, there is a discrepancy between theory and practice in dealing with mental health in schools: 'We know what works, but where we fall down is implementing this on a large scale in schools. We also need national policies to help education and mental health services work more closely together.'

Many education and health professionals see the importance of promoting good mental health in schools. But it seems most pressing that this is seen, not just as a quick fix approach, but an ingrained whole-school ethos. It is only through seeing successful mental health practice in schools that government policy can ensure all schools evaluate pupils' emotional wellbeing with the same rigour as they do their academic progress.

Good schools have the means to reach the most vulnerable children and to develop the right culture and ethos to support the wellbeing of all children. They nurture the right skills, develop behaviour and support systems to remove barriers to good mental health, and give children the opportunity to grow up to be mentally healthy and emotionally resilient individuals, helping them on their journey to achieving their full potential.

Louise Kinnaird is a freelance writer, specialising in child development and psychology.

Knowledge trails

1. Addressing mental health concerns – A series of practical documents to support the audit and development of your school's mental health policy and practice.
library.teachingtimes.com/articles/managers-briefcase-mental-health

2. How do you feel? – Primary schools that involve pupils in decisions can improve morale, wellbeing and behaviour and boost exam results. Laura Parker reports.
library.teachingtimes.com/articles/how-do-you-feel

References

1. Fazel, M. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*, vol. 1(5), pp.377-87.
2. Department for Education (2012). The impact of pupil behaviour and wellbeing on educational outcomes. [online] Available at: <www.gov.uk/government/publications/the-impact-of-pupil-behaviour-and-wellbeing-on-educational-outcomes> [Accessed 17/02/2015].
3. World Health Organization (n.d). Child and adolescent mental health. [online] Available at: <www.who.int/mental_health/maternal-child/child_adolescent/en/> [Accessed 17/02/2015].
4. HM Government (2011). No health without mental health: a cross-government mental health outcomes strategy for people of all ages. [online] Available at: <www.gov.uk/government/publications/the-mental-health-strategy-for-england> [Accessed 17/02/2015].
5. Green, H., McGinnity, A., Meltzer, H., Ford, T. and Goodman, R. (2005). Mental health of children and young people in Great Britain, 2004. [online] Available at: <www.hscic.gov.uk/pubs/mentalhealth04> [Accessed 17/02/2015].
6. Department for Education (2014). Mental health and behaviour in schools. [online] Available at: <www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2> [Accessed 17/02/2015].
7. Children and Young People's Mental Health Coalition (2012). Resilience and results: How to improve the emotional and mental wellbeing of children and young people in your school. [online] Available at: http://www.cypmhc.org.uk/resources/resilience_results/ [Accessed 17/02/2015].
8. National Children's Bureau (2014). Why children die: death in infants, children and young people in the UK. [online] Available at: <ncb.org.uk/whychildrendie> [Accessed 17/02/2015].
9. HM Government (2011). Op cit.
10. Children and Young People's Health Outcomes Forum (2013). Recommendations to improve health of children and young people. [online] Available at: <www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results> [Accessed 17/02/2015].
11. Department for Education (2014). Op cit.
12. Children and Young People's Mental Health Coalition (2012). Op cit.
13. Ofsted (2013). Not yet good enough: personal, social, health and economic education in schools. [online] Available at: <www.surreyhealthyschools.co.uk/downloads/not_yet_good_enough_pshe_ofsted_2013.pdf> [Accessed 18/02/2015]
14. Department for Education (2012). Exclusion from maintained schools, Academies and pupil referral units in England: A guide for those with legal responsibilities in relation to exclusion. [online] Available at: <www.gov.uk/government/uploads/system/uploads/attachment_data/file/269681/Exclusion_from_maintained_schools_academies_and_pupil_referral_units.pdf> [Accessed 18/02/2015].

Copyright of School Leadership Today is the property of Imaginative Minds Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.