

This essay will identify and explore issues that impact mental health and well-being in children and young people and how they affect both home and school life. Also, the importance of early identification and how interventions are paramount to avoid further mental health occurring later in adulthood (Layard & Hagell, 2015; Education Endowment Foundation, 2025; Welsh Government, 2021a; School A, 2018; 2022; 2022a; 2024).

According to Mental Health Foundation (2008), mental health is defined by how people perceive and feel about themselves and their lives. It also contributes to their ability to deal with and manage adversity and pressures of everyday life (*as cited in*, Bhugra, *et al.*, 2013).

Both physical and mental health affect how we think, and act internally and externally (American Psychological Association, 2016). A recent Report from the Surgeon General's Conference on Children's Mental Health (2000) posits that “mental health is a critical component of children's learning and general health” (*as cited in*, American Psychological Association, n.d). The ubiquitous stigma regarding mental health is a persistent, global issue, biased information disseminated by mass media can significantly increase stereotyping and discrimination (Rössler, 2016). Mental health has been around for centuries however, societal views on the matter are changing, people are becoming more understanding of mental health concerns and more compassionate to those who may be struggling (NHS, 2018). Well-being is defined by Huppert, (2009) and Keys (2002) as a ‘combination of feeling good and functioning well’ (*as cited in* Huppert, and Johnson). There are many factors contributing to children's well-being such as family dynamics, positive/negative relationships and life experiences that can either boost or hinder children's and young people's overall wellbeing (Statham and Chase, 2010). Furthermore, positive school environments are paramount to children's wellbeing (Clarke and Platt, 2023).

The Coronavirus had a detrimental effect on young people already living with mental health issues with 83% of these young people stating their mental health had worsened since the pandemic (Young Minds, 2021). The global pandemic affected the majority of children (UNICEF, 2020; United Nations, 2020, *as cited in*, Zhao, and Watterston, 2021) mental health and well-being being a prominent factor (Pallan, *et al.*, 2021; The Children's Society, 2020a, 2020b *as cited in*, Welsh Government, 2021) with the enforced closures of schools around the world to prevent the spread of Covid-19 (Institute for Government, 2022) left children feeling isolated and deprived of social interactions with their peers, families, teachers and wider community members (Almeida, *et al.*, 2021). Physical activity was suppressed, this added to mental health problems within children as children need at least 60 minutes of exercise per day to develop and grow (NHS, 2024; Welsh Government, 2022). As a result, some children's behavioural, social and executive function skills deteriorated (Tokatly *et al.*, 2021). It is important to note that how parents dealt with the Pandemic was possibly influenced in how their children dealt with the 'lockdown'. This is echoed by the Double ABCX Model of family adaptations which emphasises the importance of family support in complex situations (McCubbin & Patterson, 1983 *as cited in*, Tokatly *et al.*, 2021; Welsh Government, 2020).

The 21st century has seen education prioritise children and young people's health and well-being with the reform of the new Welsh Curriculum (2022) underpinned by 'four purposes' which gives teachers more scope to deliver a more equitable curriculum to cater for the diverse needs of each child in their care (Welsh Government, 2022) and strives to create;

Ambitious, capable learners, ready to learn throughout their lives;
enterprising, creative contributors, ready to play a full part in life and
work; ethical, informed citizens of Wales and the world; healthy,

confident individuals, ready to lead fulfilled lives as valued members of Society (Donaldson, 2014: 29 *as cited in* Donaldson, 2016 p. 11).

In addition to this, the Future Generation for Wales Commissioner created ‘The Wellbeing of Future Generations (Wales) Act (2020) which emphasises the requirement for wellbeing to be addressed by introducing recommendations for public services in Wales with an overall vision of a more ‘Healthier, Resilient, Prosperous Wales’. The Act is renewed every 5years striving to improve lives now and for the future of Wales (Future Generations Commissioner for Wales, 2020). Parallel to this the Welsh Government (2018) introduced the new Additional Learning Needs (ALN) and Educational Tribunal Wales Act (2018) replacing the previous Special Educational Needs (SEN) code of practice (2002). The ALN Act (2018) suggests all children should be taught in a mainstream classroom (where possible) to demonstrate a more inclusive approach and support for all children and young people up to the age of 25 (*as cited in* Conn, and Hutt, 2020).

All children and young people have the right to a happy and healthy life and deserve access to effective care to prevent or treat any mental health problems that may develop. However, there is a tremendous number of unmet needs, and health disparities are particularly pronounced for children and young people living in low-income communities, ethnic minority or those with special needs (American Psychological Association, 2016 p. ; Welsh Government, 2003; 2016; 2020; 2021c 2022; UNICEF, 2024; UNESCO, 1994; School A 2018; 2022; 2022a; 2023).

Many internal and external factors can contribute to children's mental health and well-being however, Adverse Child Experiences' (ACEs) and poverty will be discussed in this essay. Schools are "the largest de facto provider of mental health services" (Foy & Perrin, 2010, p. S79, *as cited in*, Rossen and Cowan, 2014) and play an integral role in supporting children with their mental health and overall well-being. Mental health issues are on the rise (Fink *et al.*, 2015; Patalay and Gage, 2019, *as cited in*, Patalay *et al.*, 2020) particularly emotional stability and is becoming more prevalent in youngsters as young as Primary School age children than in previous years (Kovacs and Gatsonis, 1994, *as cited in*, Patalay, *et al.*, 2020; Fombonne, 2009; Getahun *et al.*, 2013; Ma *et al.*, 2005; Smith *et al.*, 2008 *as cited in* Collishaw, 2014). Infant mental health concerns can stem from various factors (Kessler, *et al.*, 2005, *as cited in*, Patalay, *et al.*, 2020) and if left dormant can result in implications within social and health care later in their lives (Clayborne *et al.*, 2019, *as cited in*, Patalay, *et al.*, 2020) such as cancer and cardiovascular diseases which can result in further pressures on public and health services (Public Health Wales, n,d) and criminal activity (Taylor, 2024). An alarming rise from one in nine children and young people in 2017 to one in six between the ages of five and sixteen was seen in July 2021 of children displaying mental health issues. This indicates there are five children in each classroom with Mental Health concerns (Young Minds, 2021).

A parent is a child's first teacher naturally full of love and consistent guidance to help them mature and develop however, sadly, not all children and young people have a supportive, safe home environment which undoubtedly causes a significant risk factor to abuse and neglect (Maslow, 1943; UNICEF, 2024; UNESCO, 1994; Department of Education, 2021). Porges and Porges (2023) propose "How safe we feel is crucial to our physical and mental health happiness" (Porges and Porges, 2023 p. 8).

Highly stressful, traumatic events in children's lives lead to Adverse Childhood Experiences (ACEs) (Young Minds, 2018, *as cited in* NHS, 2021). Such as neglect (emotional and physical), parental separation, witnessing domestic and/or physical abuse (Felitti *et al.*, 1998). Exposure to ACEs can have a detrimental effect on children and young people's mental and well-being health, attention difficulties, behaviours, difficulties in regulating emotions, self-esteem and development abilities which can impact their overall social and academic success (Webster, 2021) and manifest into chronic health conditions later in life (Morgan and Parker, 2022). A study in the United Kingdom (UK) in 2014 highlighted nearly half of the participants had experienced at least one ACE (Bellis *et al.*, 2014 *as cited in* NHS, 2021). Additionally, bullying and Attention Deficit/Hyperactivity Disorder (ADHD) are more apparent in children and young people with the prevalence of two or more ACEs (Bethell *et al.*, 2014, *as cited in* Webster, 2021). It is important to note, research indicates that generational transmission of ACEs is not unusual (Finkelhor *et al.*, 2007; Braveman and Barclay, 2009 *as cited in* Asmussen *et al.*, 2019). “Adversity is everywhere but only becomes trauma when the child experiences their mind as being alone” (Fonagy, 2020). Moreover, trauma can have a profound impact on a child and young person's cognitive functions and lead to inappropriate behaviours displayed in schools which can result in lower attendance and becoming extrinsically motivated (Crouch *et al.*, 2019 *as cited in* McDoniel and Bierman, 2023) suspensions and even exclusions (Howard, 2016). Early intervention in reducing ACES can ensure children have the best possible outcomes both personally and academically. Consistent collaboration with parents and other health care professionals involved with the child enables teachers to gain a deeper understanding of the child's home environment and background to reduce the effects of ACEs (Goodall, 2017; Welsh Government, 2003; 2021a; School A, 2018; 2022; 2023; 2024). When the child, parents and educators work in harmony the child will become more confident and display stronger social skills and classroom behaviours (Hornby & Witte, 2010; Milkie & Warner, 2011 *as cited in*

Danby and Hamilton, 2016). Collaboratively setting targets with their child and implementing them both in school and at home will inevitably improve their child's mental health and well-being (Education Endowment Foundation, 2021). It is important to note, the local Children Adolescent Mental Health Service (CAMHS) received 1.2 million referrals with a concerning five teenagers committing suicide every day in 2024 (Papyrus 2024 as cited in, Trauma Informed Schools, 2025). Moreover, with drastic austerity measures and long NHS waiting lists educators in school settings are the next best option in providing the essential support and interventions these children and young people need to heal and reach their full potential (User, 2024; Welsh Government, 2015; 2021a; 2021b; 2022; 2024). All staff remain vigilant in identifying ACEs within children and young people within their care (School A, 2018, 2022; 2022a; UNICEF, 2024; UNESCO, 1994; Welsh Government, 2003; 2015; 2021a; 2021b; 2021c 2022).

School A, a 222 pupil, Trauma Informed, Primary School in rural Wales ethos is to proactively identify ACEs and apply interventions and support tailored to the child's needs (School A, 2022; 2023; Welsh Government, 2003; 2021; 2015; 2022; 2022a 2024; Education Endowment Foundation, 2021). All staff at School A are Trauma-Informed trained in line with the Welsh Government's 'All-Age Mental Health Well-being Strategy' (2024-2034) recent pledge that all school employees should be aware of trauma and how it can impact individuals' wellbeing and mental health. Including ten key principles promoting well-being and mental health underpinned by the Article 24 of the UNCRC Act (1989). Trauma-Informed training has given staff the confidence, tools and techniques to enable children and young people to overcome their unique barriers within a safe, secure environment (Maslow, 1943). Trauma in children is insidious; it affects their bodies, actions, and relationships, and it prevents them from learning in general. Children and young people need someone to listen to their stories to aid them in making sense of what has happened to them (Hughes and Golding,

2012). By universally building an empathetic rapport by implementing the Play, Acceptance, Curiosity, Empathy (PACE) model created by Dan Hughes (*as cited in* Hughes and Golding, 2012; Welsh Government, 2022a; 2021c; 2024) to listen to their unique story to potentially help heal children from their trauma and prevent re-traumatisation (Welsh Government, 2022; 2022a 2022c; 2024; UNICEF, 2024). It is necessary to point out, that no two children are the same therefore children will act differently to the same ACEs and will need interventions tailored to their specific individual needs (Steptoe *et al.* 2019, Welsh Government, 2003; 2015; 2021c; 2022; 2022a; UNICEF, 2024; UNESCO, 1994).

School A has six qualified Emotional Literacy Support Assistants (ELSA) trained by local psychologists and currently attend termly supervision sessions with a local Education Psychologist to retain ELSA status. Referrals for ELSA can be made by teachers and parents/caregivers (ELSA, 2022). Most sessions are on a one-to-one basis to help children and young people who are experiencing temporary or long term additional emotional literacy support. Sessions can be delivered to a small group of children and young people (no more than six) particularly when the primary focus is on friendship and social skills (ELSA, 2022; Welsh Government, 2015; 2003; 2022; UNICEF, 2024; School A, 2023; Education Endowment Foundation, 2021). ELSA acknowledges that attending to children's emotional needs also improves their academic performance and school happiness (ELSA, 2022). The one-to-one sessions enable children and young people an opportunity to gain support, advice, and guidance, in a nurturing environment to facilitate children and young people developing new skills and coping mechanisms. The new skills will enable them to control social and emotional demands more effectively and allow them to comprehend the emotions they are feeling and boost their sense of belonging and overall well-being (School A, 2018; 2024; ELSA, 2022; Welsh Government, 2003; 2015; 2022). The ELSA sessions are implemented using a child-led, Person Centred approach (Rogers, 2000) allowing them to express their

emotions in a confidential, non-bias manner (Todahl and Walters, 2011 *as cited in* Asmussen *et al.*, 2019) For example, one session delivered by ELSA A to a Year 1 child (with anger issues) read a social story 'Rory Red' written by Luke Baker (a former ELSA) focusing on angry feelings implementing the Cognitive Behavioural Therapy (Beck, 2020) can over time rebuild resilience, self-regulation and cognitive development (Bettelheim, 1976 *as cited in* McLean, and Tuite, 2016; Bohus *et al.*, 2009; Steil *et al.*, 2011; Matulis *et al.*, 2013 *as cited in* McLean, 2016; Vygotsky, 1978). Overall data indicates that Cognitive Behavioural Therapy (CBT) is a successful contribution to children with anxiety and alexithymia needs which is closely linked to Autism Spectrum Disorder (ASD) (Harrington *et al.*, 1998; Southam-Gerow & Kendall, 2000 *as cited in*, Grave and Blissitt 2024; Baker, 2017; Piaget, 1946; School A, 2018; UNICEF, 2024; UNESCO, 1994; Welsh Government, 2015; 2020; 2022; Hill *et al.*, 2004; Shah *et al.*, 2016 *as cited in*, Porquerusse *et al.*, 2018). Executive functioning skills such as regulating emotions are developed over time whilst liaising with someone the child trusts (Oberle *et al.*, 2016 *as cited in* Amussen *et al.*, 2019) encouraging healthy coping strategies like acknowledging and validating feelings allows children to recognise and regulate their emotions, understand the importance of addressing them, reduce the overall stigma of mental health (Welsh Government, 2015; 2022; 2024; UNICEF, 2024;), enhance inhibitory control and improve overall health and wealth (Moffitt *et al.*, 2011, p. 2694, *as cited in* Diamond, 2013; Welsh Government, 2003; 2015; 2020; 2022; UNICEF, 2024).

School A provides a holistic approach to offer a supportive, safe, and consistent environment to meet children and young people's needs and barriers as Maslow's Hierarchy of Needs (1943; 1987) suggests children cannot learn unless these fundamental basic needs are met (McLean & Beytell, 2016; Tordon *et al.*, 2014 *as cited in* Mclean, 2016; Maslow, 1943; Welsh Government, 2003; 2022; 2024). According to statistics nearly 30% of the children and young people living in Wales are living in poverty and not having their basic needs met

at home which can negatively impact children's cognitive and behavioural development (Wickham *et al.*, 2016 *as cited in*, Bandyopadhyay *et al.*, 2023) and even infant mortality (Taylor-Robinson *et al.*, 2019 *as cited in* Bandyopadhyay *et al.*, 2023).

With the cost of living rising in Wales and children living in persistent poverty despite The Successful Future Generations Act (2015) stating “Poverty should be a thing of the past” (Welsh Government, 2015 p.12). Children and young people are offered a breakfast club at School A to ensure children have access to a nutritious breakfast before school initially starts (Maslow, 1943; UNICEF, 2024;). Free school meals have also been introduced since 2024 allowing children up to year 6 to enjoy a free, healthy meal daily (Welsh Government, 2003; 2014; 2022a; Maslow, 1943; UNICEF, 2024; School A, 2018; 2020; 2022). In alignment with Article 24 of the United Nations Convention on the Rights of the Child Act (UNCRC)(2011) children need a balanced, varied diet to enable them to develop and grow to their full potential (British Nutrition Foundation, n,d). Additionally, vulnerable children are encouraged to stay for extra curriculum activities throughout the week at School A. The inclusive activities range from football, netball to cooking and homework clubs and allow children to build positive, social relationships with their peers in a fun, relaxed environment (Education Endowment Foundation, 2021; Bradley and Howes, 2020).

School A has at least one consistent emotional available adult in every classroom and multiple outside at playtimes, children know adults are available to talk at any point of the day infusing congruence and empathy (UNICEF, 2024; User, 2024; Rogers, 2000; Welsh Government, 2003; 2024). Children understand they can talk to any adult not just adults in their classroom to ease transitioning to their next class (User, 2024). A trusted adult plays a pivotal role in the reversal of ACEs as Bronfenbrenner's (1994) Ecological Systems Theory (1977) posits 5 systems including each system has the power to hinder or promote the child's

development (as *cited in*, Park, *et al.*, 2022). Children and young people involved in neglect are often secluded and lack constant mutual interaction with important adults, wider community and essential support services. Deprived of consistent nurturing care by parents/caregivers in their childhood can negatively impact children's and young people's cognitive, attachment and social development which can lead to low self-esteem and trust issues (Shonkoff *et al.*, 2008 as *cited in* NSPCC, n,d). Humans are wired for connection as Dr Porges suggests a sense of connection is essential for safety, regulation, and growth and is fundamental to individuals' overall well-being (Porges, and Porges, 2023). Research suggests that children and young people need at least one adult who empathetically connects with them, believes in them and is emotionally safe to have a healthy foundation for a successful future. Conversely, building trust is especially difficult for those who have endured repeated ACEs and have learnt to distrust others. Consistency over time is the key to building confidence and trust with the child to overcome this barrier (Kazdin and Mcwhinney, 2018 as *cited in* Amussen *et al.*, 2019; Welsh Government, 2021c; UNICEF, 2024). Furthermore, children will react differently to the same types of ACEs therefore perseverance, adaptability and resilience are essential by all educators (Welsh Government, 2003; 2015; 2021a).

All staff at school A have received training on 'Mindfulness' to aid their personal well-being and mental health (Mindfulness at Work, 2021). These valuable sessions allow teachers to regularly teach children and young people powerful mindfulness techniques (such as breathing exercises) to enable them to manage their emotions and well-being and to foster resilience to navigate them through difficult times (Flook *et al.*, 2010 as *cited in*, Diamond, 2013; School A, 2018; Welsh Government, 2003; 2015; 2016; 2020 Education Endowment Foundation, 2021;). According to Mindfulschools.org

Studies have shown that mindfulness is a powerful tool for combating

multiple mental and physical problems and disorder, for example attention-deficit hyperactivity (ADHD), mood and anxiety disorders (as cited in, Hornich-Liscandro, 2013, p. 66).

Teachers who are emotionally and psychologically stable can be a catalyst for children as they are better able to respond to each child, building respectful, meaningful connections to enhance children and young people's participation, self-esteem, resilience and motivation (Buettner *et al.*, 2016; Cassidy, *et al.*, 2017; Castle, *et al.*, 2016; Jennings, 2015; Pakarinen *et al.*, 2010; Roberts *et al.*, 2016 as cited in, Eadie, 2021). Teachers at School A implement Mindfulness sessions as a daily, universal approach particularly at the start of the day and after playtimes to ease the transition from outside to inside and help regulate them ready for the next session of learning and to support their lifelong well-being (School A, 2018; Bandura, 1977; Vygotsky, 1980). As Professor Jon Kabat-Zinn highlights;

Mindfulness means intentionally paying attention to present-moment experience, inside ourselves, our minds and bodies, and in our environment, with an attitude of openness, curiosity, kindness and care (as cited in UK Parliament, 2024).

Embedding Mindfulness techniques will undoubtedly equip children and young people with the skills to deal with everyday challenges and future stress-related situations (Stein *et al.*, 2003 as cited in, Wiest-Stevenson, and Lee, 2016; Brown, *et al.*, 2007; Welsh Government, 2015 2021c).

School A proudly celebrates 'Hello Yellow Day' spreading awareness of World Mental Health this day is celebrated annually in October. All children are invited to dress up in

anything yellow to raise awareness around mental health issues. Children attend a whole school assembly in the morning with lots of singing and fun games on the topic (Welsh Government, 2003; 2015; 2020; 2021c; 2024; UNICEF, 2024). Children and young people can make and buy cakes and have faces painted for a small donation to the fund of Young Minds to enable them to pursue their vital services. Taking a whole school approach emphasises the famous statement “It is okay not to be okay” and lessens the stigma concerning mental health and well-being issues. Children and young people need to know the importance of talking about mental health and sharing stories of their struggles, staff included may share a time when they were emotionally struggling. Teachers who model excellent attitudes towards mental health and well-being will help students to adopt the same positive attitudes (Bandura, 1977). Children participate in engaging activities such as well-being bingo, colouring. Additionally, children write a positive note to a peer in their class and post it in class post box then at the end of the day the notes are read out to each individual to spread positivity and happiness. Finally, lots of physical activities are available for children and young people to take part in with their friends to enhance endorphin production and reduce anxiety and depression (Davies *et al.*, and UK Chief Medical Officers, 2019; Young Minds, 2021).

Conclusion

To conclude mental health and well-being in schools is a global issue that requires urgent attention with early identification of any concerns being paramount to children and young people's autonomy attributes and overall health and well-being. Various triggers including Covid-19, ACEs and poverty can impact children and young people's mental health. These barriers highlight the importance of an inclusive, supportive, safe environment schools provide daily that fosters well-being. The interventions and strategies mentioned are vital

steps towards the mitigating challenges children and young people face. However, it is clear there is still room for improvement in terms of accessibility to essential services such as CAHMS and NHS. Furthermore, it is necessary that teachers regularly collaborate with parents and the child involved to create a comprehensive approach which enables the child to receive the correct support. School A staff have all attended Trauma Informed School training to enhance their abilities in approaching mental health and well-being in a therapeutic way. Finally, by prioritising mental health and well-being in schools we can reduce the impact of mental health triggers and empower children to thrive both academically and emotionally and create healthy, confident citizens of the world and beyond.

Apa 2016, and no date

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