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## Jonathan Glazzard

# The Role of Schools in Supporting Children and Young People's Mental Health

This paper focuses on children and young people's mental health and the role of schools in enabling individuals within them to be mentally healthy. It focuses specifically on the UK context, although it is acknowledged that mental health is also a global priority. It is also important to highlight that perspectives on mental health vary within and between societies, groups and individuals. For example, mental health is still stigmatised in some countries while cultural and faith values also influence perspectives on mental health.

Improving people's mental health has been identified as one of the most critical public health priorities (Kieling *et al.*, 2011; Knifton & Quinn, 2013). Data from the UK Child and Adolescent Mental Health Survey published in 2004 estimated that 10% of children and young people aged 5-16 had a clinically diagnosable mental health problem. In 2017-18, 18,870 children under the age of 11 were referred for specialist mental health support. This represents a rise of 5,183 (or by a third) since 2014-15 (BBC, 2018). Research suggests that half of all psychological disorders begin before the age of 14 years (Kessler *et al.*, 2007), thus highlighting the need for early intervention.

Mental health problems can reduce the likelihood of successfully completing education, securing employment, and engaging productively as a member of society, thus detrimentally impacting on life quality (Kieling *et al.*, 2011). Worryingly, young men and boys represent the group at greatest risk of developing mental illness in one third of developed countries (World Health Organisation, 2014). According to the NSPCC, approximately 1 in 6 adults in England experiences mental ill health and over 2 million children are estimated to be living with a

parent who has a common mental health disorder (<https://www.nspcc.org.uk>).

The Department for Education (DfE) and the Department of Health (DoH) recently published a joint Green Paper entitled, *Transforming Children and Young People's Mental Health Provision* (December 2017). Within the Green Paper both departments express a commitment to working together to improve mental health services for children and young people, especially within the school environment. The role that schools and colleges can play is also highlighted:

There is clear evidence that schools and colleges can, and do, play a vital role in identifying mental health needs at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems

(DfE/DoH, 2017:4).

However, it is important to emphasise that teachers are not trained health professionals and cannot be expected to deliver therapeutic interventions. They can however be supported to more effectively identify the signs of mental ill health and schools can reasonably be expected to develop whole-school approaches which foster a mentally healthy culture. According to the Green Paper, the two departments '...want to put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating' (DfE/DoH, 2017:3). To help them do this they have committed £1.4 billion over the next five years to young people's mental health. The Green Paper proposes that every school and college should have a Designated Senior Lead who is responsible for leading and managing mental health provision, although the scope and remit of

this role is still being decided. Within the Green Paper, there are proposals to introduce Mental Health Support Teams into schools to provide support with identifying needs and providing targeted intervention. Specific risk groups are identified. These include those who are looked after, those who identify as Lesbian, Gay, Bisexual and Transgender (LGBT), those in gangs and those not in education, employment or training (DfE / DoH, 2017). According to the Green Paper 'Children with a persistent mental health problem face unequal chances in life. This is one of the burning injustices of our time' (DfE / DoH, 2017, p.6). It is estimated that 850,000 children and young people experience a mental health need (DfE/DoH, 2017). Currently, access to support is variable across England and, for many, the support comes too late. This can lead to devastating consequences for young people. Additionally, many children and young people do not meet the threshold criteria for a successful referral to Child and Adolescent Mental Health Services and within this context the role of schools in identifying needs early and providing early intervention is critical.

### What is mental health?

The World Health Organisation (2014) defines mental health as:

...a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

It is important to acknowledge that mental health exists along a continuum which ranges from being mentally healthy to being mentally ill. Thus, mental health is more than the absence of mental illness (Keyes, 2002). The World Health Organization (2013, p. 6) has stressed that 'there is no health without mental health'. Thus, one's mental health is an essential element of being healthy, alongside their physical and social health.

The inter-relationship between physical, social and psychological wellbeing has long been established in the literature, although the relationship between mental health and

wellbeing is sometimes unclear. For example, in some studies wellbeing is viewed as a component of mental health (Hanlon & Carlisle, 2013; Huppert, 2005; Keyes, 2005) but in other literature mental health is viewed as a component of overall wellbeing (Lehtinen, Ozamiz, Underwood & Weiss, 2005; World Health Organization, 1946). It is generally accepted that the different components of wellbeing are not mutually exclusive in that they support each other. Common attributes of wellbeing in children and adolescents include self-esteem, subjective wellbeing, quality of life, and psychological resilience (Lubans *et al.*, 2016). Additional attributes may also include confidence and motivation.

### Risk and protective factors

The problem is not unique to England, or even the UK and the causes of mental ill health are multi-faceted:

A growing body of evidence, mainly from high-income countries, has shown that there is a strong socioeconomic gradient in mental health, with people of lower socioeconomic status having a higher likelihood of developing and experiencing mental health problems. In other words, social inequalities in society are strongly linked to mental health inequalities.

(Mental Health Foundation, 2016: 57)

Thus, socio-economic disadvantage acts as a psychosocial stressor and can have a detrimental impact young people's mental health and wellbeing. It reduces the ability of young people to participate in activities with their peers. It is also associated with worse parental mental, which is, in turn, a strong risk factor for poor child mental health and wellbeing (Education Policy Institute, 2018). Additionally, adverse childhood experiences, have a known and significant effect on children and young people's mental health. These include trauma, poor attachment, parental alcohol and drug abuse, domestic violence, neglect and abuse (House of Commons, 2018). School factors also play a role. Evidence suggests that young people who are excluded from school or in alternative provision are more likely to have a mental health need than children not in alternative provision (IPPR, 2017). Children in schools are likely to be excluded for persistent disruptive behaviour, physical

violence and verbal abuse (IPPR, 2017) but the experience of exclusion can result in the development of mental ill health. High-stakes exams can also have adverse effects on young people's mental health and well-being (House of Commons, 2018). Additionally, lack of curriculum choice, particularly in secondary school, can increase stress and reduce self-esteem (House of Commons, 2018). Protective factors such as nurturing, stable family relationships and other social relationships can mitigate against risk factors. Positive relationships with parents, peers and teachers can strengthen resilience to adversity but they might not be sufficient to compensate. Mental ill health is also evident across individuals from a range of social backgrounds.

Common mental health needs in adolescents include anxiety, stress, depression, self-harm, substance misuse, conduct disorders and eating disorders. This is an illustrative rather than exhaustive list. Young people lead very different lives to previous generations and this may account for the apparent increase in young people with mental health needs. For example, many young people now live much of their lives online. Research suggests that excessive internet use can have a detrimental impact on life satisfaction (OECD, 2016). The Office for National Statistics has also found an association between longer time spent on social media and mental health problems; young people who engage with social networking sites for three or more hours per day experience more symptoms of mental ill health compared those who spend no time on social networking sites (ONS, 2015). Research suggests that young people who are heavy users of social media are more likely to report poor mental health, including psychological distress (RSPH, 2017) than those who use it less frequently. The relationship between social media use and low body-esteem has been established in the literature (British Youth Council, 2017). Additionally, 70% of young people have experienced cyberbullying and 37% of young people experience it frequently (RSPH, 2017). Whilst social media can facilitate numerous benefits, including the benefits of peer interaction, access to information and advice, it can also facilitate direct exposure to a range of risks, including content which is dangerous and life-threatening. Examples include exposure to

content which promotes self-harm and suicide.

### **A whole-school approach to mental health**

Research demonstrates that the physical, social and emotional environment in the school impacts on young people's physical, emotional and mental health and wellbeing as well as impacting on academic attainment (Jamal *et al.*, 2013). In addition, research suggests that relationships between staff and students, and between students, are critical in promoting student wellbeing and in helping to engender a sense of belonging to the school (Calear, 2010). An essential element of a whole-school approach is the commitment of the school senior leadership team in promoting the development of a positive school culture which engenders a sense of belonging and connectedness. Student wellbeing must be central to the school's vision and values and there should be clear policy which states how each of the elements of the whole-school approach will be enacted in practice. The learning environment should promote positive messages about mental health through displays and the leadership team should commit to a financial investment for staff training and resources to support the mental health curriculum. Investment in pastoral provision, school counselling and other services will provide an infrastructure which underpins the mental health provision. The leadership team should promote staff wellbeing in addition to student wellbeing and the development of positive relationships between pupils, staff and staff and pupils is central to the whole-school approach.

The personal, social and emotional (PSE) curriculum in the school can impact positively on young people's health and wellbeing as well as providing them with the skills they need (Durlak *et al.*, 2014; Goodman *et al.*, 2015). An essential element of a whole-school approach to mental health is the development of a curriculum which provides children and young people with knowledge of mental health in order to improve their mental health literacy. The term mental health literacy was first introduced in 1997 by Jorm *et al.* and is defined as 'knowledge and beliefs about mental disorders which aid their recognition, management and prevention' (Jorm, *et al.*, 1997). It is known that young people in

particular have low levels of mental health literacy, i.e. they have difficulties in identifying mental disorders and their underlying causes, risk factors, and associated protective factors, and can develop incorrect beliefs about the effectiveness of therapeutic interventions (Jorm *et al.*, 2006; Kelly *et al.*, 2007). Additionally, the stigma associated with mental health problems becomes apparent to people at an early age (Campos *et al.*, 2018). However, research suggests that the attitudes of young people can be changed more easily than those of adults (Corrigan & Watson, 2007) and therefore schools can play a critical role in improving young people's mental health literacy through the introduction of curriculum programmes which are specifically designed to develop young people's knowledge about mental health and shape the development of positive attitudes towards it, thus reducing stigma. Research has demonstrated that young females have higher levels of mental health literacy than males (Martínez-Zambrano *et al.*, 2013). This highlights the need for males to access mental health literacy programmes.

In addition to providing a mental health curriculum schools should aim to provide students with a broad and rich curriculum with opportunities for curriculum choice in secondary education. This will ensure that students are able to develop their skills and knowledge in subjects that they are interested in and can experience success. Additionally, opportunities for discussing mental health should be integrated throughout the curriculum, particularly in the secondary phase, so that students begin to recognise that mental health is not just restricted to personal and social education lessons.

According to Public Health England (2015) 'Involving students in decisions that impact on them can benefit their emotional health and wellbeing by helping them to feel part of the school and wider community and to have some control over their lives' (p.14). Working in partnership with students is fundamental to a whole-school approach to mental health. Students who experience mental ill health should be given opportunities to set their own targets and review their own progress. In some schools, innovation in this area is already taking place through the development of student mental health ambassadors or champions and student

wellbeing teams. Peer mentoring schemes can provide informal support networks to young people who prefer to speak to another young person rather than to an adult. However, research on the effectiveness of peer mentoring is inconclusive, largely because a wide range of models exist, which are operationalised differently, and programmes are established to measure a variety of outcomes (Coleman *et al.*, 2017). Programmes of peer support can range from one-to-one, group and online support. There is some evidence which points to its effectiveness (Smith & Petosa, 2016) although there is need to more research in this area.

We are also aware of several schools that have implemented student-led mental health conferences. In mentally healthy schools, students are consulted about the introduction of policies which may have an impact on their wellbeing.

All staff in school should be provided with training on how to identify and support pupils with mental health needs. A strategic and financial commitment to professional development in mental health is essential so that education staff are empowered to support students. Mental health is everyone's business within a school and staff need to be supported not only to identify the signs of mental ill health but also to recognise how their interactions with students and colleagues can impact on mental health in both positive and detrimental ways.

Identification of needs in schools is often unsystematic and relies on children and young people demonstrating symptoms. The students who are identified often demonstrate visible signs of mental ill health or they make a declaration of mental ill health. Students who demonstrate sudden changes in their behaviour, mood, attendance or academic profile may also become visible. However, many young people are skilled in hiding mental ill health for a variety of reasons, including shame. Delays in identifying and meeting emotional and mental health needs can have detrimental effects on all aspects of children and young people's lives, including their chances of reaching their potential and leading happy and healthy lives as adults (Children & Young People's Mental Health Coalition, 2012). Effective universal systems for identification of needs ensure that no student falls under the radar. We are starting to see

innovation in this area in schools, with some schools adopting software packages to systematically track student' wellbeing over time. This enables senior school leaders to identify patterns and can provide information about where to target resources. Once mental health needs are identified schools should provide targeted support and develop systematic approaches for measuring the effectiveness of interventions.

Parents, carers and the wider family play an important role in influencing children and young people's emotional health and wellbeing (Stewart-Brown, 2006). Parents of children and young people with mental health needs may also have mental health needs and these needs can result in mental ill health in their children. Additionally, some parents may exert pressure on their child to succeed academically which can subsequently result in the child experiencing stress and anxiety. Parents may need support and guidance to manage their own mental health and schools can play an important role in signposting them to appropriate external services. Additionally, parents of children with mental health needs may not know to identify the signs of mental ill health or how to support their child whilst they are experiencing mental ill health. A whole-school approach to mental health places emphasis on educating parents as well as educating students and workshops for parents on themes such as promoting their child's wellbeing can be extremely beneficial.

## The Carnegie Centre of Excellence for Mental Health in Schools

[The Carnegie Centre of Excellence for Mental Health in Schools](#) in the Carnegie School of Education at Leeds Beckett University, UK, exists to strengthen the mental health of the next generation by supporting schools to make a positive change at all levels of the UK's education system, thereby improving outcomes and life chances. Working in partnership with [Minds Ahead](#) we work with schools to support them in developing a whole-school approach to mental health. Our work strives to ensure that mental health difficulties do not limit success at school and beyond.

## Conclusions

This article has outlined the policy context in

the UK in relation to children and young people's mental health. It has addressed the risk and protective factors which can cause or mitigate against mental ill health and it has outlined the elements of a whole-school approach to mental health. Schools should be places where students can live mentally healthy lives. Schools cannot control what happens to students outside of the school environment, but they can create mentally healthy environments which enable students to thrive and be resilient to the challenges they face. The commitment or 'buy-in' from the senior school leadership team is critical to developing effective whole-school mental health provision. Effective school leaders recognise that students need to be mentally healthy to succeed academically. They recognise that there are no tensions between the drive to improve student wellbeing and the drive to raise academic standards and they understand that the focus on wellbeing or mental health is the first priority. If students are mentally healthy they are happy, confident, have a positive self-concept and are motivated. These attributes are positively correlated with student attainment. Schools which offer targeted support for individual students but also adopt universal approaches to mental health for all students are well-placed to address the mental health challenges which young people face.

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