How can the school system better protect young people's mental health?

Context

On 10 December 2015, SSAT invited a small group of politicians, policymakers, policy-shapers, academics, and school leaders to discuss young people's mental health in relation to the role of schools and the school system. Natasha Devon, the government's recently appointed mental health champion, and a journalist, broadcaster and founder of **www.selfesteemteam.org**, introduced the roundtable by explaining her new role and what she wants to accomplish in the context of the emerging landscape and the government's growing focus on mental health issues.

Natasha Devon said that she feels the role is hers to define, and that from her experience so far she has the opportunity to provide a bridge between practitioners, children, teachers, third-sector providers and politicians. The discussion was attended by:

Kike Agunbiade, *Senior Education Lead, SSAT*
Dr Mary Bousted, *General Secretary, ATL*
Natasha Devon MBE, *Mental Health Champion, Department for Education*
Jed Donnelly, *Headteacher, Wishmore Cross Academy*
Lynda Haddock, *Director, Zaphod*
Dr John Ivens, *Headteacher, The Bethlem and Maudsley Hospital School*
Chris Jeffery, *Headmaster, The Grange School*
Dr Pooky Knightsmith, *Emotional Health Advisor, PSHE Association*
Anne Longfield OBE, *The Children's Commissioner for England*
Jo Loughran, *Head of Innovations, Time to Change*
Steve Mallen, *Founder, MindEd Trust*
Professor Colleen Mclaughlin, *Professor of Education, University of Sussex*
Dame Vicki Patterson DBE, *Executive Headteacher, Brindishe Schools*
Larissa Pople, *Senior Researcher, The Children's Society*
Tom Rose, *Head of Secondary School Development, Place2Be*
Enver Solomon, *Director of Evidence and Impact, National Children's Bureau*
Clare Stafford, *Chief Executive, Charlie Waller Memorial Trust*
Craig Thorley, *Research Fellow, IPPR*
Bill Watkin, *Director of Policy and Public Affairs, SSAT*
Patrick Watson, *Managing Director, Montrose Public Affairs*
Lysanne Wilson, *Director of Operations, Young Minds*

Natasha Devon expressed delight that such an expert group, representing leading academics, policymakers and practitioners in the field, had been assembled and was able to take away significant messages from what was a forthright and wide-ranging discussion.

This paper is intended to reflect the discussions, and suggest some implications for future policy, practice, and research.

The nature of the problem

It is clear that there is limited consensus in our perception and understanding of what is currently happening with children and young people's mental health.

More precisely, there was some difference of opinion about whether there has been a recent increase in mental health issues in young people and whether the nature of their mental poor health is changing; and there was some disagreement about whether the problems and challenges are worse now than was previously the case. One leading headteacher suggested that the situation is much worse now, and that what is most worrying is that problems are presenting earlier in children's lives. Nevertheless, there was agreement that there is much greater awareness of the issues today and that problems are recognised and reported more readily both in schools and in wider society.

We heard evidence from Young Minds of the current prevalence of diagnosable mental health issues, being approximately three in every class. There is also anecdotal evidence of a change in our understanding of the socio-economic profile of young people presenting with mental health issues, often relating to academic performance pressures. The discussion addressed the extent to which there may be a correlation between poverty (however that may be defined) and mental ill health. Many expressed the view that socio-economic factors are important but mental health problems cross social and economic boundaries. Steve Mallen said 'mental health issues can affect anyone'. There was debate about the extent to which the increased testing regime and focus on exam results may be adding to the pressures on young people, with Pooky Knightsmith seeing an increase in middle class neglect issues where 'there are kids who have all the material assets but no one listens'.

The discussion also explored questions about the impact of other changes, both in education policy and at a societal level, and how these may link to an increased prevalence of mental ill-health. Mary Bousted of ATL made the point that '[socio economic] inequality is bad for self-esteem. Poverty and inequality and [poor] mental health are inextricable'.

The data for changes in children's mental health are difficult to negotiate and are too often out of date; the last national survey was carried out by the Office for National Statistics in 2004. In addition, individual perceptions of the changes in mental health issues experienced by young people vary. In an internal survey carried out within his school, headteacher Chris Jeffrey reported that parents underestimate the pressures on children, compared to how children themselves describe the pressures they face, but teachers overestimate the amount of pressure their pupils are under. Larissa Pople shared international studies of subjective well-being where she reported, 'we don't see very strong trends over time in terms of increase of mental illness but that there does seem to be, for example, an increase in girls self-harming'.

Pople also pointed out that when we do international comparisons, we see that things we think of as inevitable and established – for example that girls will have more body image problems than boys, or that certain issues are more common at particular ages – do not always stand up; in Columbia girls are happier than boys with their bodies. In ongoing policy and practice discussions, it is therefore useful to question some of our assumptions.

The debate considered the need for a common language in this field. Within the education sector, there is much talk about building resilience and grit, the notion of preparing young people to survive and bounce back from difficult situations, but not all practitioners use the same language, nor do they understand the same thing from widely used terms. There was consensus in the room that we need to be more precise in talking about mental health versus mental illness as well as differentiating between prevention and treatment. The threshold for what counts as a mental health issue has gone up and the threshold for treatment has gone up as well. As Natasha Devon points out, cutting out an entire food group from your diet 20 years ago would have been considered an eating disorder, whereas now it might be thought of as a normal diet.

There was agreement and concern around cuts to tier one and tier two CAMHS services and the expectation that schools will provide these coupled with difficulties in making referrals to specialist CAMHS services. These mean that it is often hard to know whether young people are suffering from more severe mental illness or whether it is a case of problems being diagnosed later and therefore presenting as more severe.

The point was also made that the medicalisation of childhood means that an awareness of the problems might lead to overreaction. The process of growing up, particularly though not exclusively in adolescence, naturally brings its own pressures and we have to be able to separate these pressures from genuine mental health issues that require appropriate intervention. The point was made clearly and on more than one occasion that it is vital that we are all alert to the mental health problems experienced by young children long before they reach secondary school.

The role of schools

The discussion also considered the role of schools and the school sector specifically in causing, preventing and treating mental health issues.

At a sector level there was almost unanimous agreement that increased pressures on schools to meet accountability measures, and to focus on examination performance in the context of what the Secretary of State describes as a 'rigour revolution', risks contributing to a worsening of mental health among young people. There was a view that schools must learn to say no; they must prioritise and make best use of their professional expertise and avoid being entirely driven by what they perceive Ofsted wants. Anticipating Ofsted's requirements can lead directly to increased stress among both pupils and teachers.

There was less agreement about the interplay between the increased autonomy of schools and their ability to respond to changing circumstances. Some people felt that increased fragmentation in the sector means that there is little coherence in the commissioning of counselling services. As Tom Rose pointed out, school budgets are tightening and he is being told by schools that they have to make choices between hiring teaching staff or counsellors. Natasha Devon cited the discrepancies in provision available – too often there were not enough in the primary phase, too many different services of variable quality in the secondary phase, with the consequent difficulty for schools in knowing which interventions to use. At the same time both Steven Mallen and Chris Jeffreys agreed that there is a need for schools to develop their own whole school approach in an organic way ~~and that there are no silver bullets~~. A top down approach is not the way forward, ~~but~~ schools need to develop their own culture, their own support and interventions, their own responses to the changing demands. This position linked to a wider agreement that schools need to be clear about the purpose of education and their vision for what they want for their pupils. It is timely that the government's Education Select Committee has initiated a debate about the purpose of education. It is unlikely, and even undesirable, that there should be one single answer to the question. But different schools, addressing their different priorities and pre-occupations, serving their different communities, will want to be sure what they see as the purpose of education and how to achieve it, with children's health as a key element.

Of course, there are many schools which are already doing outstanding work in this field and have been doing so for some time, a point initially made by John Invers and repeated throughout the discussion. We can and must learn from those schools which have a track record of successfully supporting the mental health of their pupils and we must generate more opportunities to share good practice and celebrate successes.

However, under increased financial constraints, there is a growing tendency in some schools to select interventions which are perceived as cheap options, rather than those which are known to be most effective. There is an appetite for peer-to-peer support, for example; indeed there is evidence to show that this can be highly effective. But the issue of stigma attached to mental illness and the complex nature of some ill health mean that it may not be the right intervention and that professional expertise may be more suitable. Natasha Devon quoted a young person who in talking to government ministers said 'peer-to-peer support is important but needs careful management and supervision. It is not the be all and end all.'

The role of social media

It can be difficult for the current generation of teachers and leaders to tackle the issues around the role of social media in mental health, as their use and understanding of social media is different from that of young people who have grown up with it.

There was broad recognition too, of course, that there is a strong link between social media and mental health issues, particularly in the case of cyber-bullying, with Natasha Devon saying, 'bullying in childhood almost always results in mental health issues'.

While much of the discussion focused on the inherent risks and the difficulties of supervision associated with social media, it was also pointed out that social media can be an invaluable source of support for vulnerable young people who can find a network of peers and experts who can provide confidential and relevant empathy and support.

A number of contributors argued that as young people use online sources and social media so much, we need to make the most of the opportunities presented by those channels of communication and networks to support their mental health. Steve Mallen highlighted the benefits of using anonymous online counselling services and online cognitive behaviour therapy (CBT) courses.

Teachers' mental health

The final emerging theme arose from a consideration of teachers' mental health, and how this relates to changes in education policy.

Several of those present recalled instances of teachers regularly distressed, expressing feelings of no longer being able to cope with the demands of the job. Tom Rose called

for more training on mental health in ITT and ongoing CPD. It was also argued that poor teacher mental health and stressed teachers mean that the workforce is less well able to create the conditions for good pupil well-being.

We know that good teacher-pupil relationships are key for early intervention and targeted support. Often teachers are best-placed to spot problems and know how to respond. They see the young people every day and know something of their changing behaviours, their social and family context and their relationships with peers. It is essential that we ensure that teachers are able to be there for the pupils they support both socially and emotionally, and this may mean ensuring that they have the capacity and the support from external agencies to fulfil their critical role, without feeling overstretched and under unhealthy pressure themselves.

Conclusion

In his summary of the discussion the chair, Bill Watkin, identified one key notion that had emerged repeatedly during the debate: understanding.

We need to secure greater and broader understanding, beyond preconceptions and beyond stigma, making the best use of the best evidence, of what the issues are, what the causes are and what the effective solutions are.

With this understanding, school leaders – and the system as a whole – need to find ways to prevent mental health issues occurring, and when they do, to intervene swiftly. This may require new ways of working, and courageous and creative solutions during a period of increased austerity. However, the system should also look at what is already working well in many schools – and adopt or adapt these practices appropriately for local contexts.

Areas for further research

Six key priorities emerged as areas where further research and understanding are needed, in order to better inform national and local policies, and school practices:

We need to understand what the problem is.

- What is mental health, as opposed to mental illness?
- What are the reasons young people experience mental illness?

We need to understand who is affected and why.

- What is the significance of mental illness for others: classmates, teachers, family, friends?

We need to understand what a school is for and what its role must be~~?~~

- How can a school develop its own strategies to address the issues?
- Can organic and school specific approaches be implemented successfully (rather than a top-down one-size-fits-all policy)?

We need to understand the ways in which our changing society is shaping the current agenda.

- What ~~is the impact~~ of changes to the curriculum, social media, the capacity of external agencies and the peer networks?
- How can established and constant patterns and practices inform our approaches?
- What can we learn from the past and present to inform the future?

We need to understand the impact of policy changes and the reductions in resources.

- How will the rigour revolution and reduced capacity in schools and external agencies affect young people's mental health and our capacity to help them?

We need to understand what prevention looks like.