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Chapter 42

Promoting mental health and well-being

What can schools do?

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Abstract

Schools are increasingly concerned with the well-being and mental health of their students. Effective schools use a ‘whole-school approach’ based on universal work from which targeted approaches gain coherence and support. The ethos is supportive, connected, and safe, with active steps to tackle stigma. ‘Difficult’ behaviour is seen as meaningful, and as an opportunity for learning and growth. . Both risk factors and the building of resilience are addressed. Students and families, from backgrounds, are involved, ‘heard’, engaged. Programmes to cultivate social and emotional skills are

taught effectively with clear aims, programme fidelity, starting early, and carrying on for the long term. There are robust and clear processes to identify early, refer and treat those with greater levels of mental health difficulty, integrated into the whole school approach, involving the young person and their family, liaising closely with specialist services, and with easy and transparent pathways to timely and effective interventions.

Keywords: well-being; mental health; schools; children; young people; social and emotional learning; school climate

Introduction

Schools are generally expanding their role from the traditional focus on academic learning to include a greater concern with their students' well-being. They are increasingly keen to see their students as whole people, with hearts and bodies, as well as minds and intellects. Many schools routinely use language and concepts such as 'connectedness', 'relationships', 'resilience', 'social and emotional (skills/learning/competences/intelligence)', 'values' 'character', 'values', and even 'happiness' [1]. This is part of an overall trend toward emphasizing the positive in approaches to human development: we are seeing an increase in work under headings such as 'thriving', 'flourishing', 'positive psychology', and 'positive mental health [2]. The argument is that we have focused for too long on what is 'wrong' with people, including the young, focusing only on pathologies, problems, and difficulties, and need to explore more deeply on what is 'right'—the positive qualities and strengths that can help meet these challenges [3]. Schools generally welcome this shift, and find it reasonably

easy to incorporate, particularly as the links between well-being and learning/attainment become clearer [4].

However, those who are trained to work in educational contexts can become nervous about their capacity to respond to mental health problems, seeing these as extreme states, outside their comfort zone and competence to deal with, and needing the intervention of specialized professionals: they can fear doing harm [5]. Schools need reassurance, support, and advice to develop the confidence to tackle this whole area. We are currently seeing a growth of such advice to schools on mental health, much of it sound and common sense, and based on various types of evidence, some practice based and some from research with various levels of robustness [6].

Schools are increasingly being encouraged to believe in their power to help all students and staff flourish, and to help those in difficulties. This is not just through specialist interventions, but also through the usual everyday work of listening to students and making connections and relationships with them. There is no 'quick fix' or magic bullet: promoting well-being and tackling mental health problems requires a long-term, systemic approach that goes to the heart of the values and processes in the school. School staff are being guided to realize the need to engage in joined-up thinking, to understand that mental health and well-being are a continuum (they are not separate domains), to understand the links between mental health and learning (to see it as a whole-school issue), and be clear what they can reasonably hope to do themselves, and when and how they need to seek support from parents, families, the community, and the more specialist services to pull together to make mental health and well-being 'everyone's business'. We explore all this in more detail, and the evidence to support it, in this chapter.

The growth of mental health problems in young people

We cannot afford for schools to ignore their vital role in tackling mental health issues, not least because there are not enough specialist resources to tackle such issues adequately. Globally, mental health problems are on the increase in young and old: they constitute a considerable proportion of the world's disease burden, such that they have been called a 'hidden epidemic' [7]. Mental health problems in the adult population typically start before the age of 24 years, and half of lifetime mental illness starts by the age of 14 years [8]. Conduct disorders, which often emerge as 'bad behaviour' and thus not always seen as a mental health issue, will be familiar to schools, but young people also suffer from increasing levels of depression, suicidality, self-harm, anxiety, bipolar affective disorders, substance abuse, schizophrenia, and post-traumatic stress disorder. All of us, including the 'successful', tend to suffer from a ubiquitous sense of stress, fragmentation, and overwhelm, made increasingly acute in our digital age. It is generally estimated that, in developed countries at least (i.e. where we have data), at least 1 out of every 5 young people in the general population will suffer from at least one mental problem in any given year that interferes with their development and learning, with 1 in 10 children and young people having a clinically diagnosed mental health disorder and/or emotional and behaviour problems (often the same children) [7]. Many problems are multiple and many remain undetected, and thus will go untreated unless agencies such as schools take an active role in attempting to identify and respond to students' difficulties. The situation is likely to be similar in more traditional societies, although data are lacking.

Mental health problems and are often deeply stigmatized and neglected, and most nations lack the resources to tackle mental health problems adequately, even in richer

developed countries. These problems, and the resultant compromised levels of well-being, underlie many of the personal, educational, and social problems young people experience, such as educational underachievement, crime and violence, and substance abuse [8]. Although multiple agencies are involved, schools, as a primary agent of socialization, have an essential role to play in helping young people to flourish, fulfil their potential and contribute to their communities, working in partnership with families and parents. They need support to recognize and feel able to meet their responsibility and agency as a key part of the overall response.

The growing evidence base for ‘what works’

Fortunately, in supporting schools, we now know a good deal about ‘what works’ and have some solid and practical evidence to build on. Over the last 30 or so years we have seen a major growth in research on the role of the school in promoting mental health and well-being, and tackling mental health problems. This growing evidence base includes evaluations of specific interventions and programmes and we are seeing the emergence of some fairly strong research, including from randomized control trials of specific interventions, with over 50 comprehensive reviews and meta-analyses [9]. Perhaps more helpfully, we are also becoming clearer about the wider educational and social processes that can support well-being and mental health, and the principles that underlie effective work in this area.

This research shows that certain principles and approaches, and some programmes and interventions—when well founded, designed, and implemented—show evidence of clear and positive impacts on a range of outcomes. These outcomes include student well-being [9], social and emotional skills and attitudes [10], the prevention of

mental health problems [11], reductions in risky behaviour [12], academic learning and attainment [13], and teacher/staff well-being [14].

This chapter will explore what we can reasonably assume, with our current state of knowledge, are the actions and principles that promote mental health and well-being in schools. As far as space allows, it will include some examples of good practice.

In keeping with the core message that we need a whole-school approach, we will begin by exploring what the school as a whole needs to get right for promoting positive well-being for all its students and staff, which is also the essential basis for tackling mental health problems. We will then look at more specific actions that need to be taken to address mental health problems, within this supportive context.

Take a whole-school approach and implement it carefully

Well-being and mental health involve everyone who works and learns in the school, and in the surrounding community, working together in a joined up, coherent way. There is increasing interest across education in what is variously often called a ‘school-wide approach’, a ‘comprehensive approach’, or ‘whole-school’ approach [15], terms that attempt to encapsulate an approach that recognizes the importance of symbiosis, of working systematically right across the organization, of creating a supportive central culture and ethos, ensuring all parts work together in a coordinated, cohesive, and coherent way. It is a concept that has been applied with some success to many issues that have been found to work best when integrated at a whole-school level, such as health, well-being, safety, equity, and violence prevention. Such approaches have been shown to be more effective than those that focus on only one or two parts of school life, inclusive of promoting well-being [12]. For example, the evaluation of the nationwide Targeted

Mental Health in Schools (TaMHS) project in England and Wales, which developed a very wide range of strategies for tackling mental health issues across many different school-based locations, found making mental health ‘everyone’s business’ was a key strategy and multi-professional teamwork, which aimed at producing engagement and consistency of everyone involved across the school and community, was the core focus of several well-evaluated TaMHS projects [16].

However, the whole-school approach to the promotion of well-being is by no means automatically effective—unless carefully implemented it can become chaotic, diluted, and fragmented [17]. This has demonstrably happened with some whole-school approaches, such as SEAL (social and emotional aspects of learning) in the UK, which, when implemented as intended, was associated with positive outcomes [18], but when carried out in a diffuse way, not so [19]. As a result of evaluations of whole-school programmes, such as SEAL, and also Mind Matters [20], Health Promoting Schools [21], and Communities that Care [22], and of reviews that draw all this together [10, 23], we now know a great deal more than we did about making whole-school approaches effective in the real world.

A whole-school approach needs to be tightly managed, start with a clear vision of the goals, conduct an audit of existing practice and a needs assessment of the students and staff to obtain clarity about current areas of strength and weaknesses, and work with a realistic recognition of the resources of time and money available. Plans for change need to be modest, developed incrementally, and proceed strategically over a sensible time frame with realistic expectations. The whole effort needs strong and committed leadership, energetic and focused staff training, with time and effort spent building up a

sense of engagement and ownership in all parts of the school community, and careful and honest evaluation and monitoring.

Case study

A whole-school approach to promoting well-being and preventing and tackling mental health issues in a primary school in the UK

King's Hedges Educational Federation

This school was the winner of the Mental Health Coalition's 'Resilience and Results' competition 2013, UK. The following account draws on the judges' comments.

Kings Hedges works hard with its resources to demonstrate exceptional provision for students across all aspects of supporting well-being, with a careful and innovative use of external services and resources, considered measurement and evaluation of achievements, and strong evidence of placing pupils' voices at the heart of decision-making strategies.

The school believes that early intervention is the key. Questionnaires on entry to early years are undertaken as part of a 2-year FAB Project (family happiness and well-being) and this screening process identifies early signs of mental health problems.

Home visits are valuable in gaining the parents' perspective on the needs of the child and gives the staff an insight to the child's home and family life.

As a result of a successful Lottery bid, the school has set up 'So to Speak', a group of 20-plus preschool pupils who are demonstrating delayed or limited-speech development. The project aims to minimize the impact of disadvantage by improving factors around expressive language, separation anxiety, and language deficit. The school closely monitors the development of these children and is already seeing that many are exceeding the progress of their peers.

As pupils progress through the school, a rigorous PSHE (personal, social and health education) map gives particular attention to well-being units, including 'keeping safe', 'anti-bullying', and 'sex and relationships education'. Each unit is linked to weekly philosophy sessions which equip pupils with the vocabulary and skills to express their needs and feelings. Pupils are encouraged to talk about their well-being. Issues are discussed by groups of pupils at the school council and pupils actively support healthy friendships and vulnerable pupils during playtime through the provision of 'buddy stops' and Lunchtime Club.

All staff are given annual safeguarding training and are expected to look out for signs of distress and follow the school's rigorous systems to bring effective and timely support. The school has set up systems such as Talk Time, a school-funded drop-in where children can talk to a trained adult and get advice and help about their worries.

If a child has deeper rooted problems or emotional issues then the school can refer them to 'Blue Smile', a counselling/mentoring support service partly funded by the school and charity donations. The Blue Smile team uses play and art therapy techniques to help the child explore difficult emotions, with information about their needs and progress being fed back to the parent or carer. Although initially some parents were nervous about accepting this support, many parents now approach the school when they have concerns about their child as they have heard about the great benefits of the service.

Where staff or parents and carers identify that they need support with family relationships, parenting or behaviour management, the school can refer to ‘Red Hen’, a charity-funded project that has benefited recently from a successful Lottery bid. It was a project initially set up at King’s Hedges and has been extended to provide support to pupils in five local schools.

Develop a ‘connected’ school and classroom climate and ethos

It has become clear that perhaps the most important aspect of the whole school is also the hardest to pin down and measure—its climate and ethos [1, 24]. In recent years the notions of school well-being [1] and, in particular, school ‘connectedness’ [25] have come to the fore to summarize the kind of ethos that appears to be the most effective. ‘Connectedness’ refers to a feeling among members of the school community of being part of and bonded to the school’s culture and environment. Connected schools and classrooms are environments in which everyone feels included, involved, listened to, and understood. They are based on a sense of warmth, supportiveness, and responsiveness to students’ individual needs; they encourage appropriate expressions of emotion, respectful communication, and problem-solving; and have low levels of conflict and disruptive behaviour as a result [11, 26].

Children come to school from a specific culture and background, and schools need to build a sense of connectedness with all their families and communities. Experiencing connection can help all young people experience a vital sense of cohesion and coherence across their lives and feel a well-rooted sense of belonging, a pride in who they are and where they come, which is highly protective for mental health. Schools can also strengthen family life through helping parents and carers develop their own parenting skills and attitudes, provided this is offered to the whole community of parents, with sensitivity and no judgement [27].

Creating connected school environments is, naturally, a whole-school matter. For example, three school communities in Southeast Queensland, Australia, built school connectedness by fostering interaction among members of the entire school community at both class- and whole-school level, using activities such as strategies to prevent bullying, peer support programmes, extra-curricular activities, support structures for school staff, a fair behaviour management system, collaborative curriculum planning, and partnerships between staff, students, and parents and the community [28].

Supportive school climates are not laissez faire: they are psychologically and physically safe, with clear and high expectations and a sense of strong and positive discipline and boundaries, expressed particularly in the school's policies and practice, to make sure everyone is secure and comfortable [1]. Everyone understands what is acceptable and unacceptable behaviour and are aware of its consequences, experiencing a consistent and proportionate response [29]. Mental health and well-being are particularly affected by the school's policies and practice around diversity—with prejudice and bullying around ability, disability, gender, race, sexual orientation, and perceived social status being actively challenged [30]. Anti-bullying and homophobia policies and practice generally need to be strengthened in many places; for example, a recent inspection report in England and Wales found that the casual use of homophobic and disablist language was alarmingly commonplace. Ignorance about mental health is generally widespread right across society, and schools are being encouraged to be at the forefront of tackling ignorant and pejorative attitudes, prejudice, and stigma [31].

Tackling risk and building resilience

Mental health is not just an individual matter: many children and young people are routinely exposed to a wide range of risk social factors which undermine their well-being and mental health.

Severe risks emanate from poverty, social marginalization, family fragmentation, and physical or mental illness in the family [32]. Some students will have experienced trauma through abuse, violence, accidents, and injuries. To give an idea of scale, an oft-quoted scenario is that, in an average classroom, 10 young people will have witnessed their parents separate, eight will have experienced severe physical violence, sexual abuse, or neglect, one will have experienced the death of a parent, and seven will have been bullied [33].

Globally, we increasingly need to consider the problems of migration, asylum-seeking, war, conflict, and natural disasters that are impacting on all countries in our interconnected world. Girls and women may be particularly vulnerable, especially in more traditional societies, and, across the globe, young people who identify as different to the mainstream, being lesbian, gay, bisexual, or trans, are very likely to have their mental health compromised through rejection, stigma, and discrimination [34]. These problems are generally worse in low-income countries, where threats are higher, resources to respond are far lower, and prejudiced and stigmatizing attitudes often more entrenched, making the ability to respond even weaker than in more affluent nations, where the problem is bad enough [35].

Low school achievement is a major risk factor, and continues the cycle of deprivation, leading to future poverty, drug use, teenage pregnancy, behaviour problems, and crime [36]. It is clearly the responsibility of the school, and of wider society, to

tackle the admittedly very tough challenge of underachievement from children from disadvantaged backgrounds. So recognizing risk of all kinds is not an opportunity for fatalism, or for taking responsibility away from students, it is an opportunity for positive action. As the agency at the front line of the response, there is much schools can do to recognize and tackle disadvantage, and the prejudice and stigma tend to accompany it, and take steps to improve the climate for the acceptance of difference and diversity. Effective schools work with all their students, not only those they find easy to reach. They recognize that their school staff probably come from very different backgrounds themselves and may therefore find the difficulties under which their students labour hard to perceive, identify, and understand. They attempt to reduce their judgements, work with and listen to members of the community, students, and their families, to provide a positive, tailored, and non-discriminatory response.

Schools can help positively to build a protective sense of ‘resilience’, which means the ability to face, overcome, and be strengthened by difficulties and challenges. Resilience is fostered by the school experience and the intervention of an effective school or teacher can be a turning point for children, especially those with few other supports [37]. Being satisfied with school, having a sense of what is sometimes called school well-being [1], especially having that vital the ‘sense of connectedness’, which as we have already explored, are major protective factors. They can help students develop their social and emotional skills and has a direct impact on their ability to face difficulties [12].

The Welsh Inspectorate identified the factors that are helping some of their schools tackle risk and promote resilience and succeed in disadvantaged areas, despite facing challenging circumstances. They found that schools that successfully tackled

disadvantage had effective leadership and consistently good teaching; attached great importance to extra-curricular and out-of-school-hours provision; had a vibrant curriculum, including vocational courses and the teaching of social and emotional skills; provided extra educational support such as homework clubs, at lunch times, or after school; had high expectations of standards and behaviour, a zero tolerance of excuses for poor provision or underachievement, and a focus in social inclusion without compromising standards; and worked closely with parents and the wider community to reinforce expectations.

Encouraging student participation

We have talked already of the importance of a sense of connectedness as basic for well-being and to protect mental health. Helping students to feel they have a stake in school life through genuine and authentic student participation is core to building this protective sense.

Student connection and engagement can be built into basic pedagogy and curriculum, as students take responsibility for and improve their own learning and development through reflection and inquiry. Through their social and emotional learning they can enhance their sense of self-efficacy, their relationships with others, and develop their social skills. Young people who are struggling or at the margins are both the most important to involve and the least likely to be consulted: schools need to take positive affirmative action in this regard. Peer education is a helpful method to draw on the positive strength of the peer group, helping young people become active players, rather than passive recipients, in the educational process. Students can be effective peer

educators in teaching social and emotional skills, particularly social skills, buddying, and conflict resolution [38].

Promoting the mental health and well-being of school personnel

The adage of ‘apply your own oxygen mask before trying to help anyone else’ applies forcibly to the promotion of well-being in schools. The workforce in the school—teachers and allied professions and support staff—are not going to be motivated to promote the well-being of their students if they feel uncared for and burnt out themselves. A focus on staff well-being has to be central to part of any effort to improve school mental health, and is urgently needed in many places. Schools are notoriously pressurized environments, and research has regularly exposed high levels of stress, anxiety, and depression among the workforce in many countries [39]. As a result, it can be hard to attract people to the teaching and allied professions: many who train never practice; levels of illness, attrition, and early retirement are high; and staff retention is often low. All of this has a knock-on impact on students, including their educational achievements [40].

Well-documented causes of stress among school personnel include a sense of lack of control of the workspace and of workload, a constant sense of pressure, a sense of having no downtime, trying to do too little without sufficient resource, and being overwhelmed by the difficulties of working with hard-to-reach students [39]. Staff suffer from unrealistic expectations from either the outside, or often from their own noble wish to help and fix things. The rise of email and smartphones has attacked an already precarious work–life balance by ensuring that staff can never properly switch off: some

school managers think it acceptable for staff to be contacted well after school hours or during vacations.

Schools urgently need to recognize their responsibilities to address the causes of staff stress. They need to create a cultural climate in which mental health problems are not stigmatized and seen as a weakness, but where staff, as well as students, are able to admit when they are not coping, and feel comfortable seeking support and help for their mental health, both within the school—with buddying, mentoring, and line management—and from outside supports. Staff development can help staff build their stress-reduction skills, such as self-efficacy and resilience. Mindfulness, the skill of learning to be in the present, exploring experience with kindness and curiosity rather than negative judgement, is starting to prove to be particularly effective for both staff and student stress [41].

The attitudes, practices, and examples provided by senior managers are pivotal [42]. They can carry out regular reviews of stress levels; they can lead by example and ensure that they are not modelling overwork and a sense of driven-ness themselves; they can encourage staff to have reasonable expectations of themselves, reduce perfectionism, and achieve a sound work–life balance where all can switch off and have a personal life. They can set sensible and sustainable workloads, especially of new and younger staff, or those undergoing difficulties in their personal lives. They can ensure that their schools take time to celebrate and reward achievement and effort, not just press on to the next target.

Positive approaches to difficult behaviour

How a school tackles 'difficult' behaviour is a critical indicator for the well-being and mental health of students and staff. The national evaluation of the large scale TaMHS project in the UK, mentioned earlier, found that the most strongly endorsed category for tackling mental health difficulties in both primary and secondary schools was work on behaviour management in relation to behavioural difficulties [43].

Out-of-date and non-evidence-based responses do more harm than good. Such responses see student behaviour as entirely negative, emerging in isolation from malevolent intent, a personal challenge to the teacher's authority, and entirely under the student's control. They invariably make the problem worse by failing to find reasons behind the behaviour or to build the vital sense of connection between students and school, which, we are suggesting, is so protective of students' motivation to engage and ultimately to their well-being [44].

Positive behaviour management approaches are more likely to be effective in creating wider well-being and helping students with mental health difficulties: we will summarize here what they involve and how they may be applied [45]. It is not about being soft and laissez faire: appropriate responses provide logical and proportionate consequences for poor behaviour to keep everyone in the context safe, psychologically and physically. But they also see the whole child behind the behaviour, recognize their positive characteristics, and look more deeply to understand and address the underlying meanings and feelings the behaviour represents. They address the potential causes of difficult behaviour, such as an unmet mental health need: it has been estimated that 1 in 10 young people have diagnosable emotional or behaviour difficulty [46]. The behaviour may also be caused by family problems, temporary or long-term, peer difficulties such as

harassment and bullying, and learning or medical difficulties. Difficult incidents are seen as opportunities to teach better alternatives [47]: this crucially involves adults modelling more appropriate attitudes and skills in times of difficulty: adults do not take challenges personally, they focus on the student, and stay professional, calm, open-minded and reflective, manage their own emotions and impulses, and seek help with their own associated emotional stress from other adults and not take it out on their students [48]. Mindfulness for school staff is again proving particularly effective in this helping staff attune to students and keep their own cool [41].

Teaching social and emotional skills explicitly

Providing a positive, connected, warm, caring, and boundaried school atmosphere ethos and environment is, we are suggesting, vital. An essential part of this overall context is the development of the skills of those who cultivate such environments through their work and learning.

There are many taxonomies of the skills that promote well-being (sometimes called social and emotional learning (SEL)). They typically comprise self-awareness, emotional regulation, motivation, social skills, and empathy [49]. More recently we can add mindfulness and compassion: mindfulness in schools has a promising evidence base for students and staff, and in the UK has been recommended by an all-party parliamentary group for the training of all teachers [50].

Such skills can act as protective factors, helping prevent the development of mental health problems and risky behaviour in young people, and in school staff, develop their resilience to risk and disadvantage, and assist young people in negotiating the transitions challenges of growing up [12]. SEL skills provide confidence, competence,

and the ability to engage. They connected fundamentally with learning, school attainment, and completion, as well as long-term lifetime outcomes of improved adult engagement, health and well-being, career success and earning potential, and lower risk of encounter with the criminal justice system [13, 14].

We know a good deal about how these skills are best transmitted. They are not caught by osmosis: they involve the school taking a conscious, planned, and explicit approach to teaching them energetically, through the overt curriculum, as well as through out-of-class opportunities right across the school and the community. Effective teachers are well trained and keen, not reluctant conscripts, well educated and practiced in social and emotional skills themselves, grasping the relevance of these skills for themselves and their students, and able and willing to embody and model them.

Effective teachers are also well educated in how to transmit these skills in the classroom, and in everyday opportunities across the school. They do not practice ‘death by worksheet’ or video: they are keen on the subject and positive about its relevance, able to teach these skills with high levels of pedagogic skills, using active and engaging methods, ensuring learning reaches hearts, as well as minds, and impacts on attitudes, values, and feelings [51]. They use low-key and positive approaches, aware that fear, behaviour change, and information are not effective motivators to achieve changes at any kind of deep or long-term level [52].

Manualized programmes and published materials that aim to teach such skills abound. The best of them, with a sound evidence base, in the right context, well taught, and implemented, can make a significant difference to levels of well-being in a school and to mental health problems [9]. Both the ‘Friends’ programme and the Paths

programme (promoting alternative-thinking strategies) have evaluated well across a range of contexts and age groups in both targeted and universal conditions: in the UK they have done best when supported by a whole-school framework, such as SEAL [53, 54].

There is an apparent wealth of programmes to choose from, although the whole field suffers from a degree of over claim, sometimes as a result of commercial interest, that schools need to watch carefully. In light of this concern there have been efforts to review programmes, for example in terms of their type, quality, and the robustness of their evidence base [55]. Many agencies have produced databases and lists of sources of help and support, and programmes available to support schools at national or local level [6].

Schools can feel overwhelmed by the choice and unsure of what to do and feel under sales pressure from specific programmes. They need to take their time to select any programme they wish to use. They need to ensure that the programme has a solid evidence base, rather than trusting the word of the developers, and claims on websites. They need to put the needs of the school and of the students, not the programme, at the heart of the process, and to be realistic about the limits that any one, short programme can achieve. The programme needs to fit their context, and be able to be sustained and taught with existing resources.

In any case, and to reiterate a key message, we need to beware of quick-fix, magic-bullet thinking that relying totally on any particular programme can represent. SEL skills are best not seen as a one-off intervention, or as a 'Cinderella subject' in a silo, but are best integrated into the mainstream and supported by the rest of the school experience. Social and emotional skills only start to have a real impact on learning and on

wider behaviour when they are reinforced in all interactions across the school [56] and in the longer term. Schools need to ensure the skills they teach are seen as relevant by the students, their families and their communities and their cultures, to the real-life challenges they face. For example, an evaluation of the secondary SEAL programme showed that in more effective schools, social and emotional learning outcomes were extended into activities across the entire educational context with staff, as well as pupils, woven into key learning outcomes through all school activities, and integrated into the fabric of the school in terms of basic school policies and links with other initiatives. Most schools, especially secondary schools, have some way to go in realizing such a vision.

Teaching social and emotional skills to those with mental health issues

Young people with mental health difficulties will need to be taught the same core emotional and social skills as their mainstream fellows but in more explicit, intensive, and extensive ways. Such targeted and skills-based work has been shown to impact clearly on a range of problems, including depression and anxiety, conduct disorders, violence prevention, and conflict resolution, especially when taught in small groups. There are many evidence-based programmes to choose from: PATHS [54] and Friends for Life [53] were tried by the English and Welsh TaMHS programmes and were found to be helpful, in both cases combined with the whole-school framework of SEAL as that was a TaMHS programme basic requirement. Nurture groups have proven to be particularly effective in developing emotional and social well-being in more vulnerable pupils through fostering a sense of safety and belonging, and were promoted in several TaMHS projects [16].

Groups that focus on a particular skill, such as conflict resolution and anger management, can impact on the familiar mental health problems of young people, provided they are good quality, fit the context, and implemented with conviction [11]. Effective approaches often have the same basic mixture of cognitive–behavioural therapy (helping students to re-shape their thinking, learn skills, and alter behaviours), better classroom management, and support for parents: it appears not to matter a great deal which one is chosen, provided it is of good quality, fits the context, and is implemented with conviction.

A long-term approach

We have commented on the natural wish of hard-pressed teachers for a quick fix, for mental health issues in particular. Sadly, there is no such solution and it is clear that one-offs and single, brief interventions, although they may make a short-term splash, do not have any lasting impact. Effective approaches are systemic and long term. Interventions of 6–10 weeks in length have been shown to be effective for promoting specific skills, such as emotional control and milder versions of problems such as conflict and anxiety. More intense interventions, with more sessions per week, generally work better than more diluted ones [57]. However, in the case of more severe problems such as the prevention of mental health difficulties, violence, bullying, anger, and—in the case of broader and deeper areas such as well-being—interventions need time to show benefits, on average at least 9 months to a year [9].

The optimum long-term approach would appear to be a clear intensive intervention followed up by regular revisiting of core learning and top-up sessions in a way that is appropriate for the stage and situation of the learner [51], and integration of

the core skills, values, and attitudes across the curriculum and the whole-school experience. Schools often do not provide interventions that are intense or lengthy enough to make a long-term difference, and we need more long-term evaluations of impact—many are only funded for short-term assessment.

A universal approach tackles stigma

We have made it clear that universal approaches are a vital backdrop for work on mental health difficulties, and part of an effective response. The empirical evidence supports starting from a positive focus that emphasizes strengths and capacities—this has been shown to be more effective in the school context than approaches that focus only on problems and difficulties. Targeted approaches work best when they have a solid base of support in universal approaches (for all) provided they are integrated in a coherent way.

A backdrop of universal entitlement can avoid the stigma that can attach to more targeted work on mental health problems and particularly to the involvement of specialist services. When schools have a solid, school-wide approach in place, a culture develops in which it is seen as normal and appropriate to talk about mental health difficulties and seek help, and where skills, attitudes, routines, and practices help everyone flourish, including those with more acute levels of need [14].

Identify and start early with mental health interventions

Once a solid backdrop of universal work is in place we need additional interventions and approaches for higher-risk students. In fact, such interventions are likely to have their most dramatic impacts on children with difficulties.

Sadly, schools often delay taking action when students exhibit signs of mental health problems, sometimes from an understandable wish not to ‘label’, believing that

children ‘grow out’ of it. Unfortunately, the opposite is usually the case [58]. Early intervention using simple, low-key measures can help prevent minor problems from escalating and becoming of clinical significance, and, followed by effective and prompt help, can ensure that problems can be resolved with the least fuss and disruption: the most effective interventions are those that target preschool and early primary years [24].

Anxiety about mental health is creating a concern to identify those with problems, and schools often look to screening tests for support. They can, indeed, be useful if the school is worried about a particular child or young person, as part of the overall picture. There are many to choose from and the Strengths and Difficulties Questionnaire (SDQ) [59], which has versions for pupils, staff, and parents, to obtain a range of views, is a free-to-use, simple, and well trialled starting point. Some schools, in their anxiety to tackle mental health problems, can hurry to screen the whole school population. Used wisely, screening might be informative as one part of the whole-school picture. However, it has its dangers: mass screening can create complacency, an over-reliance on technology rather than the vital connection and relationships, and problems with the reliability of the test in creating either false-positives or negatives that confuse the picture. Screening and inventories need to be tempered with common sense, listening, and observation by those who work and learn in a school, and their families, to be sensitive to when problems are interfering with children’s well-being, learning, behaviour, and social relationships—if they are, the child needs help whatever his or her ‘score’ suggests.

Teachers can be effective in spotting the early signs of mental health problems, identifying the changes in behaviour, patterns of attainment, or attendance that may

suggest a problem. There are concerns that teachers may generally need more help to do this, and find special training and the follow-up use of so-called ‘mental health first aid’ toolkits useful in this respect, again as a low-key part of a wider whole-school response [5]. Other students often have an acute and first-hand understanding about the difficulties of peers [60], including being alert to problems with the use of social media, which appears to be an increasing source of serious stress and difficulty for young people [61]. Approaches aimed directly at young people that destigmatize mental health problems, spread knowledge about the signs and symptoms of mental health problems, encourage young people to communicate their difficulties, and ‘look out’ for one another are growing and are welcome [62].

Parents can be a valuable source of information in the early identification of students with difficulties: it is often parental concerns that are the first sign of a problem that needs addressing. Parents should experience the school as welcoming of their concerns and worries, and that they actively participate in decisions taken about their children, with full information and support. We need to recognize that the involvement of school can be a sensitive matter: parents and carers can easily feel patronized, stigmatized, and blamed for their children’s difficulties: the school needs to look for strengths in families and try to build on them. This can encourage parents who have had a poor experience of school life, to feel accepted and welcome, and active partners in their children’s progress, treatment, and recovery.

Getting specialist help

Once students are identified as having difficulties there needs to be a clear and graduated pathway, with transparent processes for making decisions, to provide support both within the school, and, if necessary, from outside services.

If in-school support is found not to be adequate, students, and their parents and families, need to be encouraged to seek and receive appropriate specialist help. Schools should work closely with other professionals to have a range of support services in place in and linked to schools, and ensure easy and transparent pathways to such services and supportive agencies. These may include school counselling, school-based clinics, psychology, and child and adolescent psychiatry. It is important to make sure that any commissioned counselling or mental health services are fully integrated into the policies, procedures, and referral processes of the school. The young person and their family need to feel at the centre of the process, experiencing care that is responsive to their needs and culture, not passed around, experience long delays without support, or be discharged without the problem being properly addressed.

Conclusions

There is a great deal that schools can do to promote mental health and well-being.

Schools can feel confident that a focus on well-being and mental health helps cultivate a healthy and happy school environment for students and staff, which promotes flourishing on all levels, including the promotion of effective learning, as well as preventing and helping manage mental health problems. Mental health and well-being are at the heart of the effective school.

Useful websites

There are many national and international agencies that offer help, advice, and resources to schools on promoting well-being and addressing mental health issues. Here is a small selection.

- MindEd: <https://www.minded.org.uk/> (UK).
- Young Minds: <http://www.youngminds.org.uk/> (UK).
- PSHE (Personal, Social and Health Education) Association:
<https://www.pshe-association.org.uk/> (UK).
- CASEL (Collaborative for Academic, Social and Emotional Learning):
<http://www.casel.org/> (USA).
- ENSEC (European Network for Social and Emotional Competence):
<http://enseceurope.org/>
- Mental Health Australia: <https://mhaustralia.org/tags/young-people>
- Mental Health Europe: <http://www.mhe-sme.org/>
- Mental Health Foundation: <https://www.mentalhealth.org.uk/>
- SAMSHA (Substance Abuse and Mental Health Services Administration):
<http://www.samhsa.gov/> (US)
- Schools for Health in Europe: <http://www.schools-for-health.eu/she-network>
- World Health Organization/Mental Health:
http://www.who.int/mental_health/en/
- World Health Organization/Global Schools Health Initiative
http://www.who.int/school_youth_health/gshi/en/

References

1. Huebner ES, Kimberly J, Hills KJ, et al. Schooling and children's subjective well-being. In: Ben-Arieh A, Casas F, Frønes I, Korbin JE (eds). *Handbook of Child Well-Being. Theories, Methods and Policies in Global Perspective*. Berlin: Springer, 2014, pp. 797–819.
2. Bok DC. *The Politics of Happiness: What Government Can Learn From the New Research on Well-being*. Princeton, NJ: Princeton University Press, 2010.
3. Suldo SM, Shaffer EJ. Looking beyond psychopathology: the dual-factor model of mental health in youth. *School Psychol Rev* 2008; 37: 52–68.
4. Public Health England. *The Link Between Health and Wellbeing and Attainment. A Briefing for Head Teachers, Schools Governors and Teachers*. London: Public Health England, 2014.
5. Mental Health for England. Mental Health Starts with You. Available at: <https://mhfaengland.org/> (accessed 14 March 2017).
6. Children and Young People Mental Health Coalition. Resilience and results: how to improve the mental and emotional wellbeing of children and young people in your school. Available at: http://www.cypmhc.org.uk/media/common/uploads/Final_pdf.pdf (accessed 14 March 2017).
7. Horton R. Launching a new movement for mental health. *Lancet* 2007; 369: 806.
8. Hagell A, Coleman J, Brooks F. *Key Data on Adolescence*. London: Public Health England, 2013.

9. Weare K, Nind M. Mental health promotion and problem prevention in schools: what does the evidence say? *Health Promot Int* 2011; 26 (Suppl 1): 26–69.
10. Durlak JA, Weissberg RP, Dymnicki AB, Taylor RD, Schellinger K. The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. *Child Dev* 2011; 82: 474–501.
11. Shucksmith J, Summerbell C, Jones S, Whittaker V. *Mental Wellbeing of Children in Primary Education (targeted/indicated activities)*. London: National Institute of Health and Care Excellence, 2007.
12. Catalano, R., Berglund, M.L., Ryan, G.A.M., Lonczak, H.S. and Hawkins, J.D. (2002). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *Prevention and Treatment*, 5, Article 15.
13. Zins JE, Weissberg RP, Wang M, Walberg HJ. *Building Academic Success on Social and Emotional Learning: What Does the Research Say?* New York: Teachers College Press, 2004.
14. Greenberg M, Jennings T. The prosocial classroom: teacher social and emotional competence in relation to student and classroom outcomes. *Rev Educ Res* 2009; 79: 491–525.
15. Weare K. *Promoting Mental, Emotional and Social Health: A Whole School Approach*. London: Routledge, 2000.
16. National Child and Maternal Health Intelligence Network. [Findings](https://www.gov.uk/government/publications/findings-from-the-national-evaluation-of-targeted-mental-health-in-schools-2008-to-2011) from the national evaluation of targeted mental health in schools 2008 to 2011. Available at: [https://www.gov.uk/government/publications/findings-from-the-national-](https://www.gov.uk/government/publications/findings-from-the-national-evaluation-of-targeted-mental-health-in-schools-2008-to-2011)

[evaluation-of-targeted-mental-health-in-schools-2008-to-2011](#) (accessed 15 March 2018).

17. Lendrum A, Humphrey N, Wigelsworth M. Social and emotional aspects of learning (SEAL) for secondary schools: implementation difficulties and their implications for school-based mental health promotion. *Child Adolesc Ment Health* 2013; 18: 158–164.
18. Banerjee R, Weare K, Farr W. Working with ‘Social and Emotional Aspects of Learning’ (SEAL): associations with school ethos, pupil social experiences, attendance, and attainment. *Br Educ Res J* 2014; 40: 718–742.
19. Department for Education. Social and emotional aspects of learning (SEAL) programme in secondary schools: national evaluation. Available at: <https://www.gov.uk/government/publications/social-and-emotional-aspects-of-learning-seal-programme-in-secondary-schools-national-evaluation> (accessed 14 March 2017).
20. Rowling L, Mason J. A case study of multimethod evaluation of complex school mental health promotion and prevention: the MindMatters Evaluation Suite. *Aust J Guidance Counsel* 2005; 15: 125–136.
21. Denman S, Moon A, Parsons C, Stears D. *The Health Promoting School: Policy, Research and Practice*. London: Routledge Falmer Press, 2001.
22. Crow I, France A, Hacking S, Hart M. The evaluation of three ‘Communities that Care’ demonstration projects. Joseph Rowntree Foundation. Available at: <https://www.jrf.org.uk/report/evaluation-three-communities-care-demonstration-projects> (accessed 14 March 2017).

23. Samdal O, and Rowling L. *The Implementation of Health Promoting Schools: Exploring the Theories of What, Why and How*. London: Routledge, 2014.
24. Greenberg MT, Domitrovich C, Bumbarger B. *Preventing Mental Disorders In School Aged Children. A Review of the Effectiveness of Prevention Programmes*. University Park, PA: Prevention Research Center for the Promotion of Human Development, College of Health and Human Development Pennsylvania State University, 2001.
25. Millings A, Buck R, Montgomery A, Spears M, Stallard P. School connectedness, peer attachment, and self-esteem as predictors of adolescent depression. *J Adolesc* 2012; 35: 1061–1067.
26. McLaughlin C. The Connected School: A Design for Well-being. Available at: http://cdn.basw.co.uk/upload/basw_111244-8.pdf (accessed 14 March 2017).
27. Adi Y, Killoran A, Janmohamed K, Stewart-Brown S. *Systematic Review of the Effectiveness of Interventions to Promotion Mental Wellbeing in Primary Schools*. London: National Institute for Health and Care Excellence, 2007.
28. Rowe F, Stewart D. Promoting connectedness through whole-school approaches: a qualitative study. *Health Education* 2009; 109: 396–413.
29. Department for Education. Behaviour and discipline in schools: advice for headteachers. Available at: <https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools> (accessed 14 March 2018).
30. National Healthy Schools Programme. Guidance for schools on developing emotional health and wellbeing. Available at:

<http://www.healthyschoolslondon.org.uk/sites/default/files/EHWB.pdf> (accessed 14 March 2017).

31. Young Minds. Stigma, A Review of the Evidence. Available at: <https://childhub.org/en/child-protection-online-library/stigma-review-evidence> (accessed 14 March 2017).
32. Murali V, Oyebode F. Poverty, social inequality and mental health *Adv Psychiatr Treat* 2004; 10: 216–224.
33. Children and Young People’s Mental Health Coalition. Resilience and Results. How to improve the emotional and mental wellbeing of children and young people in your school. Available at: http://www.cypmhc.org.uk/media/common/uploads/Final_pdf.pdf (accessed 14 March 2017).
34. Almeida J, Johnson RM, Corliss HL. Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *J Youth Adolesc* 2009; 38: 1001–1014.
35. Patel V, Flisher AJ, Hetrick S, McGorry P. Mental health of young people: a global public-health challenge. *Lancet* 2007; 369: 1302–1313.
36. Rutter M, Hagel A, Giller H. *Anti-Social Behaviour and Young People*. Cambridge: Cambridge University Press, 1998.
37. Gross J (ed). *Getting in Early*. London: Smith Institute and the Centre for Social Justice, 2008.
38. Rones M, Hoagwood K. School-based mental health services: a research review. *Clin Child Fam Psychol Rev* 2000; 3: 223–241.

39. National Union of Teachers. Tackling Stress. [Available at:](#)
<https://www.teachers.org.uk/tackling-stress> (accessed 15 March 2018).
40. Bajorek Z, Gulliford J, Taskila T. Healthy teachers, higher marks? Establishing a link between teacher health & wellbeing and student outcomes. Available at:
https://www.educationsupportpartnership.org.uk/sites/default/files/resources/healthy_teachers_higher_marks_report_0.pdf (accessed 14 March 2017).
41. Weare K. The evidence for mindfulness: impacts on the wellbeing and performance of school staff. [Available at:](#)
<http://mindfulnessinschools.org/research/research-mindfulness-adults-education/>
(accessed 14 March 2017).
42. Whitaker T, Whitaker B, Lumpa D. *Motivating and Inspiring Teachers: The Educational Leader's Guide for Building Staff Morale*, 2nd ed. Larchmont, NY: Eye On Education, 2009.
43. Department for Education. Me and My School: Findings from the National Evaluation of Targeted Mental Health in Schools 2008–2011. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184060/DFE-RR177.pdf (accessed 14 March 2017).
44. Green J, Howes F, Waters E, Maher E, Oberklaid F. Promoting the social and emotional health of primary school aged children: reviewing the evidence base for school based interventions. *Int J Ment Health Promot* 2005; 7: 30–36.
45. Rogers B. *Classroom Behavior: A Practical Guide to Effective Teaching, Behavior Management and Colleague Support*, 4th ed. Thousand Oaks, CA: Sage, 2015.

46. Green H, McGinnity A, Meltzer H, Ford T, Goodman R. The mental health of young people in Great Britain, 2004. Available at: <http://www.esds.ac.uk/doc/5269/mrdoc/pdf/5269technicalreport.pdf> (accessed 14 March 2017).
47. Luiselli L, Putnam R, Handler M, Feinberg A. Whole-school positive behaviour support: effects on student discipline problems and academic performance. *Educ Psychol* 2005; 25: 183–198.
48. Boyatzis R. *Resonant Leadership*. Boston, MA: Harvard Business School, 2005.
49. CASEL. CASEL Program Guides: Effective Social and Emotional Learning Programs. Available at: <http://www.casel.org/guide/> (accessed 14 March 2017).
50. All Party Parliamentary Group on Wellbeing Economics. Wellbeing in Four Policy Areas. Available at: http://b3cdn.net/nefoundation/ccdf9782b6d8700f7c_1cm6i2ed7.pdf (accessed 15 March 2018).
51. Browne G, Gafni A, Roberts J, Byrne C, Majumdar G. Effective/efficient mental health programs for school-age children: a synthesis of reviews. *Soc Sci Med* 2004; 58: 1367–1384.
52. Merry SN, McDowell HH, Hetrick SE, Bir JJ, Muller N. Psychological and/or educational interventions for the prevention of depression in children and adolescents. *Cochrane Database Syst Rev* 2004; 2: CD003380.
53. Stallard P, Simpson N, Anderson S, Carter T, Osborn C, Bush S. An evaluation of the FRIENDS programme: a cognitive behaviour therapy intervention to promote emotional resilience. *Arch Dis Child* 2005; 90: 1016–1019.

54. Blueprint. Promoting Alternative Thinking Strategies: model programme.
Available at: <http://www.blueprintsprograms.com/factsheet/promoting-alternative-thinking-strategies-paths> (accessed 15 March 2018).
55. CASEL. CASEL Program Guides. Available at: <http://www.casel.org/guide/> (accessed 14 March 2017).
56. Diekstra R. Effectiveness of school-based social and emotional education programmes worldwide. In: *Social and Emotional Education: An International Analysis*. Santander: Fundacion Marcelino Botin, 2008, pp. 255–284.
56. Garrard W, Lipsey M. Conflict resolution education and anti-social behavior in US schools. A meta-analysis. *Conflict Resolut Q* 2007; 25: 9–37.
58. Department for Education. Mental health and behaviour in schools. Available at: <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2> (accessed 14 March 2017).
59. Youth in Mind. What is the SDQ? Available at: <http://www.sdqinfo.org/a0.html> (accessed 15 March 2018).
60. Hennessy, E., and Heary, C.; (2005) 'Exploring children's views through focus groups' In: Greene, S. & Hogan, D (eds). *Researching children's experience*. London: Sage. , pp.236-252
61. Whiteman H. Social media: how does it affect our mental health and well-being?
Available at: <http://www.medicalnewstoday.com/articles/275361.php> (accessed 14 March 2017).
62. Student minds. The student mental health charity. Available at: <http://www.studentminds.org.uk/about.html> (accessed 14 March 2017).