

# REPORT



Children & Young People's  
Mental Health Coalition

Centre for  
Mental Health



## Making the grade

How education shapes young people's mental health

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The  
Health  
Foundation

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## Executive summary

The Health Foundation's inquiry into young people's future health identified emotional support as one of four key assets that play a crucial role in young people's transition to adulthood.<sup>1</sup>

Young people from across the UK identified the unique role of schools, colleges and universities in shaping their wellbeing and being a source of support. However, the inquiry also noted a range of education-related pressures, such as an overemphasis on academic attainment, as having a detrimental impact on their wellbeing and mental health.

Centre for Mental Health and the Children and Young People's Mental Health Coalition were commissioned by the Health Foundation to explore schools' approach to mental health and wellbeing in supporting young people to build the assets for a healthy life.

### Background

There are indications that the levels of child wellbeing in the UK are reducing or have stagnated.<sup>2</sup> Evidence also suggests that the wellbeing of school-aged children in the UK is lagging behind other wealthy countries with a UNICEF report revealing that the UK performs 'average' or 'below average' compared to other rich countries.<sup>3</sup>

There are groups of children and young people who are at greater risk of developing mental health problems: these include LGBT+ young people, children from low income households, those with a parent with a mental health problem and those with special educational needs or disabilities (SEND).

Across the UK, education departments have introduced new requirements to ensure that children and young people are taught about their mental health and wellbeing. In England, for example, Relationships and Health (and Sex) Education will become compulsory from September 2020 onwards, and school curricula in Scotland, Wales and Northern Ireland also now include mental health.

Education inspectorates have also begun to pay closer attention to wellbeing as well as traditional educational outcomes. And in further and higher education, newly established charters for colleges and universities set out standards for what students should expect to support their wellbeing.

### Key findings

Education settings can have both positive and negative effects on young people's wellbeing and mental health. Key factors that determine what kind of impact they have include:

**Relationships:** between staff and students, and among students. Feeling safe, connected and a sense of belonging at school is important for good mental health.

**Adversity:** some groups of young people have particularly negative experiences of school – for example young carers and looked-after children (who are more likely to be 'off-rolled' from school than other children).

**Environment:** physical space is important to young people, for example having spaces to play and discreet places to access mental health support in confidence.

**Transitions:** moving between educational stages can be exciting but also stressful, particularly the move from primary to secondary school.

**Stereotypes:** some groups of young people experience very negative stereotypes in schools, including those from Gypsy, Roma and Traveller communities, black Caribbean boys and white working-class boys.

**Academic pressures:** there is evidence that pressure to perform in exams – so called 'teach to test' culture - affects older pupils in schools and has played a part in some deaths by suicide among young people.

**Culture, arts and life skills:** opportunities to take part in creative arts can boost wellbeing but have become a smaller part of the curriculum. Young people also want more

education about life skills such as money management and how to support each other.

We found a number of barriers to implementing effective mental health support in schools, including:

- Funding constraints
- A lack of staff training and support in mental health
- Low levels of wellbeing among school staff
- Limited involvement of schools in local health and care partnerships
- Inconsistent or limited national guidance.

We also identified factors that can facilitate effective approaches, including:

- A whole organisation approach to mental health
- Leadership and management that values wellbeing
- Students having an active role in their learning and a voice in the community
- Attention to staff development, health and wellbeing
- Effective identification of need for mental health support
- Working with parents and carers, with high levels of engagement
- Targeted support for young people with particular needs.

## Recommendations

The report makes the following recommendations for national governments, education providers and local authorities:

1. UK Education Departments must ensure schools and colleges are properly funded and resourced to ensure they foster a positive and nurturing learning environment.
2. Education Departments should commission a review of the impact of the exam system and the 'teach to test' culture on the mental health of young people.
3. Health education should be introduced on a statutory footing across all UK schools to ensure young people learn about their health and wellbeing, and to promote self-care.
4. Education inspectorates in all four nations should look beyond attainment and overall performance and instead assess schools on their efforts to promote pupils' overall wellbeing and development.
5. Education Departments should boost the availability and take-up of creative and cultural education.
6. Leaders in education should strive to create a whole school, college and university culture that promotes positive mental health for both pupils and staff. Parents, carers and the wider community should be engaged as part of this.

7. Leaders in education must prioritise the wellbeing and development of staff by having clear strategies in place.
8. Education providers must ensure they equip young people with the essential skills they need to prepare them for the transition into adulthood, including how to keep safe online
9. Education providers should provide all young people consistent and multiple opportunities to influence decisions about their education experience.
10. Education providers should foster an open culture around mental ill-health that considers the role of factors such as gender, sexuality, ethnicity and cultural background.
11. Professionals across the education system must work together, with families, to plan and improve young people's transitions across different key stages and education settings.
12. Local statutory health and care bodies should work with education providers to deliver preventative and early intervention emotional wellbeing services.
13. Young people's mental health services should work in close partnership with education providers to ensure young people's needs are identified and addressed early on.

## Introduction

Good mental health and wellbeing is vital in allowing young people to learn, build resilience and develop the skills they need to grow into well-rounded, healthy adults.<sup>4</sup> Indeed, findings from the Health Foundation's inquiry into young people's future health identified emotional support as one of four key assets that play a crucial role in young people's transition to adulthood.<sup>5</sup>

Young people from across the UK who shared their views as part of the inquiry identified the importance of their education in influencing their mental health and wellbeing.<sup>6</sup> They highlighted the unique role of schools, colleges and universities in shaping their wellbeing and being a source of support. However, the inquiry also noted a range of education-related pressures, such as an overemphasis on academic attainment, as having a detrimental impact on their wellbeing and mental health.

Schools, colleges, universities and other educational establishments are often the first port of call for young people and families in need of help and advice. With children and young people's mental health services increasingly overstrained, young people may also now have little choice but to turn to other professionals to talk about their mental health problems.<sup>7</sup> There is also a growing and much welcome focus on the provision of school-based support for children and young people. Yet within this increased focus on schools and mental health there is often less attention given to the various factors within the learning environment that likely contribute to poor wellbeing and mental health in the first place.

This paper will outline what we know about the learning environment and its impact on young people's mental health wellbeing, and what we can do to promote a more positive and nurturing educational climate that enables young people to thrive.

## Methods

Centre for Mental Health and the Children and Young People's Mental Health Coalition (CYPMHC) were commissioned by the Health Foundation to explore approaches to mental health and wellbeing in educational settings. This work builds on Health Foundation's inquiry into young people's future health and the assets needed to facilitate a successful transition into adulthood.<sup>8</sup> This paper brings together the latest evidence and insight about schools' approaches to young people's mental health and wellbeing. This includes findings from academic studies and grey literature as well as key data about children and young people's mental health and their experiences in UK educational settings.

The paper also reviews the policy landscape across the UK to situate a series of recommendations for the Health Foundation to help improve the future health outcomes of young people.

In addition, Centre for Mental Health and CYPMHC held two engagement sessions with representatives from fifteen key organisations in the field, and eighteen young people with Leaders Unlocked, to gather their views about the gaps in information and what needs to change.

## The wellbeing and mental health of young people in the UK

### The wellbeing of young people

It is important that there is better understanding of young people's wellbeing and perceived life satisfaction, as low wellbeing in childhood may be an indicator of future difficulties.

There are indications that the levels of child wellbeing in the UK are reducing or have stagnated.<sup>9</sup> Evidence also suggests that the wellbeing of school-aged children in the UK is lagging behind other wealthy countries with a UNICEF report revealing that the UK performs 'average' or 'below average' compared to other rich countries.<sup>10</sup>

Children's overall wellbeing in the UK rose steadily in the 15 years from 1995 to 2010.<sup>a</sup> However, The Children's Society's *Good Childhood Report 2018* reveals that progress has stalled in recent years and that children's wellbeing is now as low as it was two decades ago.<sup>11</sup> The below graph demonstrates children's happiness with life as a whole by gender, between 2009-10 and 2016-17.<sup>12</sup>

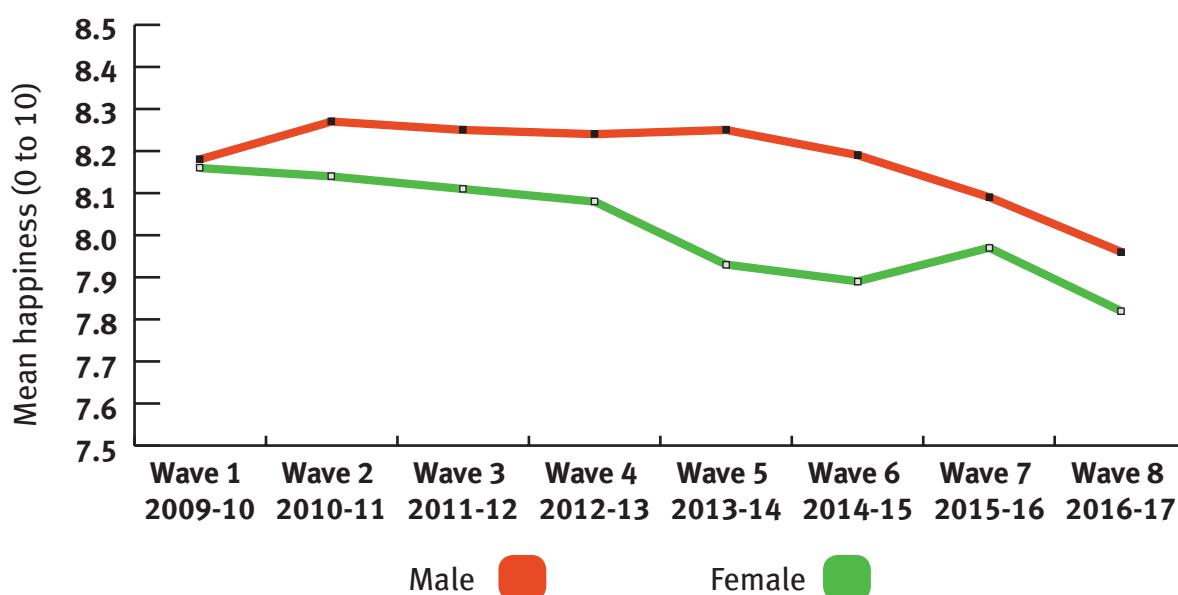
The Children's Society have also been measuring children's subjective wellbeing since 2005 to better understand children's lives in the UK and the factors that affect their happiness.

According to The Children's Society, one in eight children (11.8%) are also unhappy with school, another key wellbeing measure, which is at its lowest since 2009 based on analysis of the Understanding Society survey.<sup>13</sup> Evidence from year 10 students (mostly aged 14 and 15) suggested that bullying and not feeling safe at school are among a range of factors linked to low wellbeing.<sup>14</sup> The research also found links between income poverty and financial strain and unhappiness with school. While there are several factors that can impact on the wellbeing of young people, studies suggest that the skills young people need in order to deal with the pressures of life were more likely to come from education.<sup>15</sup>

When exploring the factors associated with children's wellbeing, the study finds that overall children appear to be least happy with school compared to other aspects in their life such as family, friends and their appearance. However, girls reported being happier with their schoolwork than boys.<sup>16</sup>

*"I think it's harder for boys to talk to someone, see us girls we just natter to anyone but [I] don't know if there's any male role models out there"*  
– Young person from North Ayrshire, Scotland

**Figure 1: Trends in children's happiness with different aspects of life by gender, UK, 2009-10 to 2016-17**



<sup>a</sup>This is based on analysis of the Understanding Society and the British Household Panel between 1995 to 2016 conducted by The Children's Society. See Good Childhood Report 2019 in references.

## The wellbeing of young people aged 16 to 24

The Department for Education in England has released new statistics on young people's (16-24 years) wellbeing in England<sup>b</sup> as part of the first ever State of the Nation 2019: Children and Young People's Wellbeing report.<sup>17</sup> The study finds that the majority of young people (82.9%) are happy with their lives, with those aged 16 to 24 reporting high or very high life satisfaction and 3% reporting low life satisfaction.<sup>18</sup>

However, there is a downward trend in young people's wellbeing as they reach adulthood with those aged 20 to 24 reporting lower life satisfaction and happiness when compared with 16 to 19 year olds. There are also notable gender differences in relation to young people's wellbeing, with the largest gender difference in experiences of anxiety. Young women (16 to 24 years) reported a high level of anxiety compared to their male counterparts.<sup>19</sup>

## Efforts to improve wellbeing

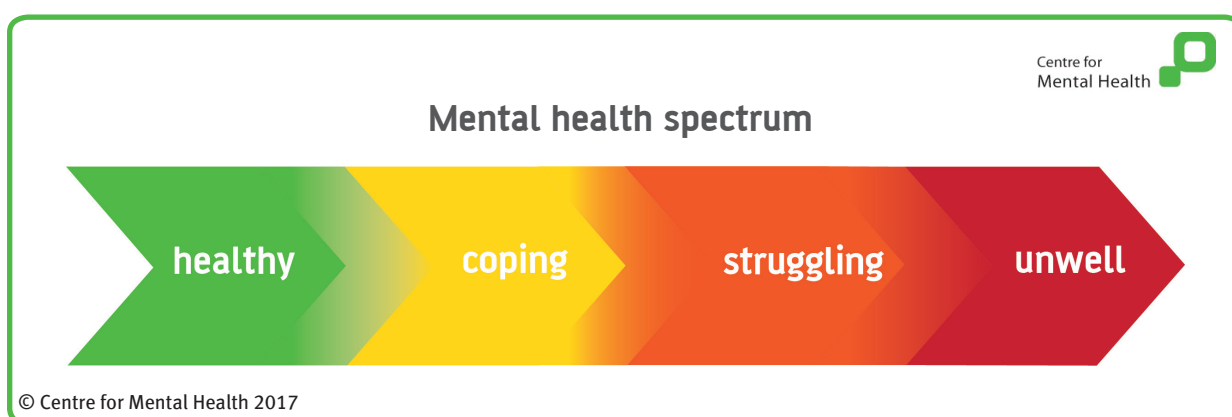
Governments across the UK and beyond currently understand and prioritise wellbeing in different ways. For example, the New Zealand government has recently launched a Wellbeing Budget that centres its economic plans on wellbeing priorities backed by a series of tangible policies.<sup>20</sup> Improving child wellbeing is one of six priorities aimed at promoting the nation's living standards. In the UK, there was a previous commitment from Prime Minister David Cameron to measure our nation's wellbeing, with a view to using this insight to inform policy and practice.<sup>21</sup> This has yet to be adopted by successive UK governments.

## The links between wellbeing and mental health

There is a two-way relationship between wellbeing and health, including mental health. Mental health, however, is strongly linked to subjective wellbeing - how people think and feel about their lives.<sup>22</sup> It is therefore possible for someone to experience mental health difficulties yet still have high levels of wellbeing and vice versa.<sup>23</sup>

The Centre for Longitudinal Studies has been analysing the Millennium Cohort Study (MCS) to explore the links between young people's mental health and wellbeing. Emerging findings suggest that a large proportion of young people experience low wellbeing despite not having a mental health problem; and a very small proportion, mainly boys, experience good wellbeing in the presence of mental ill-health.<sup>24</sup> However, the study found that negative wellbeing is more closely linked with mental ill-health in girls – as fewer girls reported positive wellbeing while suffering from high depressive symptoms.<sup>25</sup>

Centre for Mental Health developed the mental health spectrum below in order to support decision-makers in exploring ways of improving mental health. At any one time, everyone will be somewhere on this spectrum. Education providers should strive to maintain young people's positive mental health (the healthy end) and support those struggling to manage their needs (the coping end).



<sup>b</sup> This data is based on analysis by the Department for Education of the Annual Population Survey, produced as a new release by ONS. It covers October 2017 to September 2018 for young people aged 16-24 years.



## Young people's mental health

Pupils come to school, college or university from all walks of life and bring with them a range of different experiences. The graphic below demonstrates some of the difficulties young people in education settings face. It should be noted that some young people may face one or more of these problems.

**Figure 2: In an average classroom of 30 fifteen-year-old pupils:<sup>c</sup>**

Three could have a **diagnosable mental health problem**<sup>26</sup>



One could have experienced the **death of a parent or sibling**<sup>27</sup>



Six could be **self-harming**<sup>28</sup>



Around seven could have **experienced bullying**<sup>29</sup>



Nine could be **living in poverty**<sup>30</sup>



Six could have **experienced severe maltreatment**<sup>31</sup>



<sup>c</sup> This is based on a rationale put forward by the Children and Young People's Mental Health Coalition and Public Health England in *Promoting children and young people's emotional health and wellbeing: A whole school and college approach* (2015).

There currently is no comprehensive dataset on the prevalence of diagnosable mental health problems amongst young people in the UK. In this section, we have drawn together findings from the latest NHS Digital prevalence study on children and young people's mental health. Whilst previous epidemiological surveys have included information about Wales and Scotland, the latest focuses only on England. It also for the first time incorporates a data from a wider age group (2-19 year olds). Key findings from the report show that:

- There has been a slight increase over time in the prevalence of mental ill-health amongst children and young people aged 5-15, rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017.<sup>32</sup>
- One in eight 5-19 year olds experience at least one mental health condition.
- Emotional difficulties, such as anxiety and depression, have become the most prevalent type of mental health condition experienced by 5-19 year olds in 2017 (8.1%).
- Rates of mental health conditions increased with age and there are marked gender differences. For example, older girls are much more likely to be experiencing emotional disorders. Similar trends have been observed in relation to the 16-24 age group, with around one in five young women experiencing a common mental health disorder.<sup>33</sup>

There are likely to be similarities in prevalence trends across the UK, although rates of mental ill-health are estimated to be 25% higher in Northern Ireland than in other parts of the UK.<sup>34</sup> The Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS) estimates that around 45,000 (1 in 6) children and young people in Northern Ireland have a mental health problem at any one time.<sup>35</sup>

## Future trends

Analysis of the Health Survey for England by the Royal College of Paediatrics and Child Health suggests there was an increase in self-

or parental-reported mental health problems between 1995 and 2014.<sup>36</sup> Projections based on current trends suggest that mental health problems will increase in England by 63% by 2030 unless action is taken.<sup>37</sup>

## The mental health needs of vulnerable and disadvantaged young people

There are groups of children and young people who are at greater risk of developing mental health problems due to a mixture of environmental, social and genetic factors.<sup>38</sup> The NHS Digital study finds the prevalence of mental ill health is higher amongst vulnerable groups of children and young people. For example:

- LGBT+ young people were more likely to have a diagnosable mental health problem (34.9% compared to 13.2%)
- Mental health problems were more common in children living in lower income households (9% compared to 4.1%)
- Children living with a parent with poor mental health are the most at-risk group
- Over a third of 5-19 year olds with a mental health problem (35.6%) were also recognised as having special educational needs
- School exclusions were more common in children with a mental health difficulty (6.8%) than those without (0.5%).

The evidence base also points to a range of other risk factors, including poor housing, being in or leaving care, having caring responsibilities or experiencing bereavement.<sup>39 40</sup> It is important that services, including education, recognise and respond effectively to young people who present with multiple or complex needs.

## Access to services

It is estimated that around three quarters of diagnosable mental health conditions emerge by the age of 24.<sup>41</sup> Yet despite this, young people with mental health difficulties on average go ten years between first becoming unwell and getting any help.<sup>42</sup>

## Young people's wellbeing and mental health in education: the policy landscape across the UK

Across the UK, children and young people's mental health services have been struggling to keep up with demand as services remain fragmented, overstretched and underfunded.<sup>43</sup> Subsequently, there have been a range of new policy initiatives aimed at transforming children and young people's mental health provision with an increasing focus on prevention and promotion.<sup>44</sup> Schools, colleges and universities are an obvious setting to focus on reaching children and young people and, if successfully implemented, could form part of existing Healthy Schools initiatives as well as the wider emotional wellbeing and mental health offer in the community.

### Improving provision in schools

Several government-led programmes have been developed across the four nations to begin to make this a reality. For example, *Transforming children and young people's mental health provision: a green paper* has committed to rolling out new Mental Health Support Teams (MHSTs) and establishing a Designated Senior Lead for mental health to between a fifth to a quarter of secondary school-aged pupils in England by the end of 2022/23.<sup>45</sup>

In Wales, work is underway to establish a Whole Schools Approach programme as recommended by the Children, Young People and Education Committee in the National Assembly for Wales, in their report *Mind Over Matter*.<sup>46</sup> This is backed by £7.1 million and seeks to put mental health and wellbeing at the centre of the school's ethos and embed it within school life.

School-based counselling has been a long-standing offer in Wales, Northern Ireland and Scotland. The evidence suggests that counselling in schools can benefit young people in a number of ways, including reducing psychological distress, managing their emotions and improving their relationships.<sup>47</sup> There is a statutory requirement in Wales for all schools to provide counselling to all post-

primary school pupils and the Government of Northern Ireland provides ring-fenced funding to ensure all post-primary school children, and those in special schools, can access school counselling services.<sup>48</sup> The Scottish Government has recently pledged £60m to ensure that every secondary school has counselling services.<sup>49</sup>

Evidence suggests there is a greater availability of school counselling services in secondary schools than there are in primary schools. According to research commissioned by the Department for Education in England, 84% of secondary schools offer counselling services compared to just over half of primary schools (56%).<sup>50</sup> Counselling services in primary school can also contribute to a range of positive outcomes for young people, such as reduced truancy, exclusion and crime.<sup>51</sup> There is also a strong economic case for providing counselling services in primary schools, with analysis by Place2Be and Pro Bono Economics showing that for every £1 invested, Place2Be's counselling service has the potential to deliver a societal return of £6.20.<sup>52</sup>

### Educating children, young people and professionals about mental health

Providing young people and professionals with the skills and knowledge they need to manage their emotions and recognise when their problems are getting more serious is crucial. Across the UK, education departments have introduced new requirements to ensure children and young people are taught about their mental health and wellbeing.

- In England, Relationships and Health (and Sex) Education will become compulsory from September 2020 onwards. The statutory guidance sets out requirements on the need to educate children and young people about mental health in both primary and secondary schools.
- In Scotland, a recent review of Personal and Social Education (PSE) made recommendations about building young people's mental health literacy as part of Health and Wellbeing Education. This call has also recently been supported by

the Youth Commission on Mental Health Services in Scotland.<sup>54</sup>

- The curricula in Wales and Northern Ireland also set out responsibilities to educate pupils about emotional intelligence, personal development and how to manage their own mental health and wellbeing.<sup>55</sup>

There are also initiatives aimed at building staff knowledge, skills and awareness around mental health. For example, in England and Scotland, there is a government-funded offer to provide Mental Health First Aid training.<sup>56</sup> Calls to embed mental health and wellbeing training within the teaching curriculum have, however, yet to be acted upon.<sup>57</sup>

### Accountability and guidance in schools

Accountability measures, such as school inspection frameworks and guidance, can shape schools' priorities and focus. There have also been growing concerns about the perverse incentives within accountability frameworks that mean schools find ways to 'game' the system.<sup>58</sup> One such example of this is the phenomena of 'off-rolling', whereby pupils are informally removed from the school roll before examinations in order to not impact on a school's performance in league tables.

Education inspectorates have been paying closer attention to young people's outcomes in education, beyond the academic. For example, Estyn, the Welsh schools' inspectorate, has recently been using objective data as a measure of wellbeing (such as attendance rates in a school compared to those in similar schools) and increased the opportunities to listen to pupils prior to and during the inspection process.<sup>59</sup> In England, Ofsted has also made significant amendments to the Schools Inspection Framework to reduce focus on performance and data, and instead look at how schools prepare young people for their future, including their personal development.<sup>60</sup>

Education Scotland and The Education and Training Inspectorate in Northern Ireland do not currently assess schools' approaches to mental health and wellbeing despite there being evidence of support for this. A recent survey

by Mental Health Foundation Scotland, for example, has found that 73% of teachers think that mental health should feature in school inspection reports.<sup>61</sup>

School guidance and policies have also been strengthened in recent years to clarify the role and responsibilities in schools as it pertains to children and young people's mental health. The Department for Education in England has updated its departmental advice on mental health and behaviour in schools to include information about how to identify behaviours that may relate to mental health problems, and how education professionals can work with other agencies, such as health, to provide effective support to pupils.<sup>62</sup>

### Mental health in further and higher education

The mental health needs of pupils in further and higher education is also increasingly in the spotlight. As highlighted earlier in this paper, young people's mental health needs increase with age and therefore the transition out of statutory education can bring additional pressures and vulnerabilities for those with established or emerging needs.

Students in further and higher education can face significant barriers to support, including delayed access. For example, a recent investigation by Sir Norman Lamb examined the mental health provision of 110 universities across the UK and found that students faced an average wait of up to 52 days to access psychological help.<sup>63</sup>

To help tackle some of these issues, the Association of Colleges have developed a Mental Health and Wellbeing Charter for further education students, and there is also a UK-wide Universities Mental Health Charter being spearheaded by Student Minds to share principles of good practice and to recognise those establishments implementing effective practice.<sup>64</sup>

Young people in further and higher educational settings are also at greater risk of falling through the gaps between child and adult mental health services.<sup>65</sup> A number of initiatives



are currently underway to address some of these challenges. In Wales, the multi-agency Together for Children and Young People (T4CYP) programme has been developing an action plan to improve care transitions from early years through to adult services.<sup>66</sup> The NHS Long Term Plan in England is currently proposing a comprehensive mental health offer that spans across the 0-25 age range<sup>67</sup> and the Green Paper has also established a new national strategic partnership focusing on the mental health needs of 16-25 year olds in education.<sup>68</sup>

In the latest Student Academic Experience Survey 2019, Higher Education Policy Institute (HEPI) revealed that the majority of students (81%) would be happy for their parents to be contacted about their mental health if the institution were worried.<sup>69</sup> Some universities are currently piloting this as part of an opt-in scheme, for example, The University of Bristol, who have already seen a 94% take up of the scheme.<sup>70</sup>

## The role and impact of educational settings on young people's wellbeing and mental health

### The role of education providers in young people's wellbeing

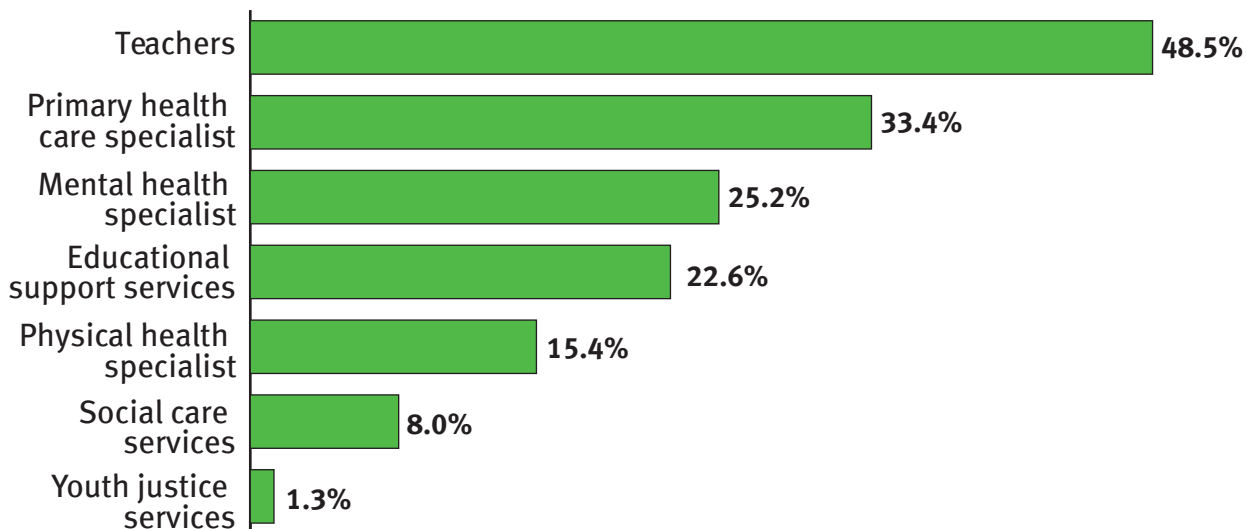
Low levels of emotional wellbeing may contribute to a range of negative outcomes for learners if left unaddressed, including poor attendance, low attainment, truancy, school refusal, behavioural difficulties and school exclusion.<sup>71</sup>

Professionals in educational settings play a vital role in young people's development and wellbeing. Staff may spot changes in young people's behaviour, including emerging mental health problems, and provide pupils with the information, advice and support they need. Educational professionals and leaders can also promote positive mental health and wellbeing through the curriculum and environment, which will be elaborated upon later in this section.

Children, young people and their families often turn to educational professionals for support, including for their emotional wellbeing. Indeed, nearly half of young people (49%) worried about their mental health sought support from their teachers – more than any other professional – for their mental health, according to the NHS Digital prevalence study.<sup>72</sup>

Whilst young people report turning to professionals in education for help, a recent survey conducted by Mind found that around two in five (38%) of all pupils said they wouldn't know where to go to access support within school, and just over half said they wouldn't feel confident approaching teachers or other school staff if they needed help.<sup>73</sup>

**Figure 3: Type of professional service contact in past year for mental health reason, 5-19 year olds**



Source: NHS Digital, 2018. Base: Parent report (5 to 16) and young people (17 to 19) in those with a diagnosable mental health problem.

## What do we know about the impact of educational settings on young people's mental health and wellbeing?

The educational environment can have both a positive and negative impact on young people's mental health and the learning outcomes of young people.<sup>74</sup> This includes aspects of the school's culture, ethos, policies and relations with the wider community, including parents and carers.

### Risks and protective factors

Public Health England have examined and summarised the evidence base about the risk and protective factors (see Figure 4 below) associated with young people's mental health in school.<sup>75</sup> Young people may be affected by many different factors in their lives that either contribute to poor mental health outcomes (the risk factors) or enable them to mitigate these risks (the protective factors).

According to a recent study commissioned by the Department for Education in England, there are three key factors that influence young people's wellbeing in schools.<sup>76</sup>

1. The nature of the overall educational and school environment
2. The development of a range of appropriate intrapersonal and interpersonal skills
3. A stable and safe family environment.

This chapter will draw on the evidence and insight gathered from the inquiry to explore these factors further. We have also identified several other factors associated with young people's mental health and wellbeing.

### The importance of relationships

Relationships between staff and students, and between students, are critical in promoting pupil wellbeing and in helping to foster a sense of belonging to and liking of school or college, according to a study by Cemalcilar.<sup>77</sup>

Reflecting on their experience in school, young people involved in the inquiry shared their experience of positive relationships:

*"There is really good informal support from teachers and friends – kind connections"*  
– Young person from Bradford, England

*"My friendship group is what I rely on rather than support services, I'd always rather talk to a friend who knows your background and cares about you"*

– Young person from Bristol, England

The promotion of positive relationships between pupils and staff is an important part of school connectedness. Studies have shown that feeling less connected and less safe in and around school is a predictor of poor mental health outcomes.<sup>78</sup>

**Figure 4: The risk and protective factors associated with mental health in school**

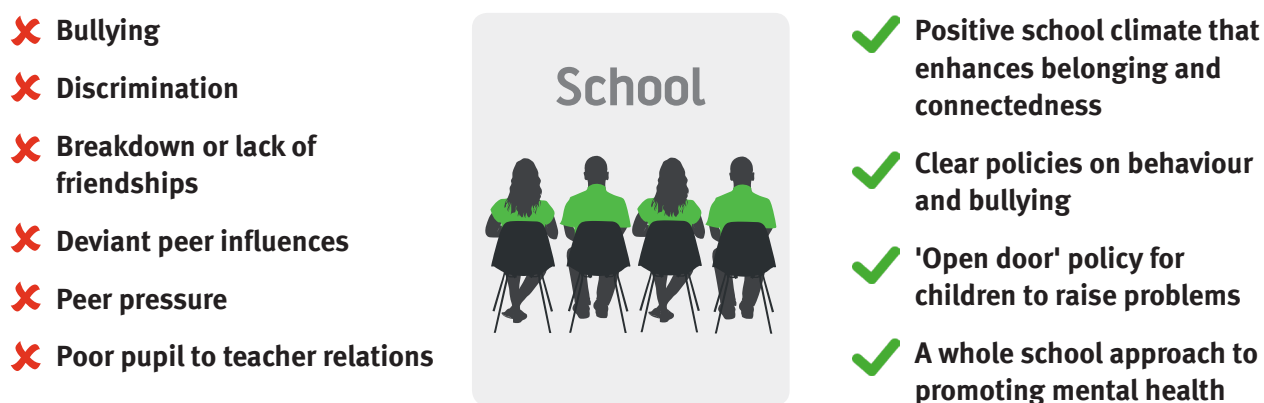


Image reproduced (Source: Public Health England, 2016)

Bullying has been established as a key risk factor relating to poor mental health and is a phenomenon that commonly takes place in educational settings. Research finds that bullying can have a profound and lasting impact on an individual, including long-term negative mental health effects.<sup>79</sup> There are also growing concerns about online bullying and its impact on young people across the lifespan of education.<sup>80</sup>

## The impact and experiences of adversity and disadvantage

The links between adversity, disadvantage and poor health outcomes for young people are well-established.<sup>81</sup> Earlier in the paper, we identified some groups of children and young people who are more likely to experience mental health problems compared to their peers. The impact of forms of hardship, such as poverty, neglect and social isolation, can make it difficult for young people to concentrate, learn and build relationships in schools.<sup>82</sup>

*“If you’re from a poorer background you don’t necessarily have the luxury of having spare time to be able to go to groups and extra things”*

– Young person from North Ayrshire, Scotland

The needs of young carers, for example, are far too often overlooked and forgotten by schools. Around two in five young carers have a mental health problem, and almost half report additional stress relating to the care they provide or lack of support they receive, according to YoungMinds.<sup>83</sup> A survey conducted by Carers Trust has found that 39% of young carers said that no one at school was aware of their caring role.<sup>84</sup> Without the right identification and support, young carers may experience low wellbeing, behaviour and poor educational outcomes.

## Instability

Educational settings can be a great source of stability and community, but some studies suggest that the children and young people who need these protective experiences most are the least likely to experience them. Children and young people in care are one such group who

often face educational disruption due to school and home moves. The Children’s Commissioner for England has developed a Stability Index, to track the experiences of children in care. The latest report suggests that around 4,300 children in care in England moved school in the middle of the year, and their new school was 24 miles away on average. Meanwhile around 400 children who moved school missed a whole term as a result.<sup>85</sup>

A working paper on unexplained pupil exits from schools by the Education Policy Institute shows that children in the care system, those with social, emotional and mental health problems (SEMH), and those from disadvantaged backgrounds are the most likely to be pushed out of school through “off-rolling” in the school system – a form of unofficial exclusion.<sup>86</sup>

## The educational environment

Children’s mental health charity YoungMinds suggests that over the course of their education, young people spend around 7,800 hours at school.<sup>87</sup> Given that pupils spend a considerable amount of time in education, the environment they are within has the capacity to impact on their wellbeing. Young people involved in the inquiry were clear that physical space in a learning institution was important, particularly in relation to creative and play spaces.

Young people also expressed concern about the lack of confidentiality and privacy in schools and colleges. This was often due to the lack of discreet settings to seek and access support, such as counselling provision.

*“In terms of seeking help? The school will select a group that they think are in need of help, but the support is crap. They take us out of lesson, so then you’re bullied for that, it’s a lose-lose situation”*

– Young person from Bristol, England

*“I can go to a school counsellor but it’s embarrassing, it needs to be more confidential”*

– Young person from Lisburn, Northern Ireland

The educational environment can also play a key role in reducing stigma and promoting a culture of openness around mental health.



Young people engaged as part of the inquiry felt that this was particularly important for young men who feel unable to speak out or don't want to appear 'weak'.

*"I feel like people have family and friends they can talk to but as soon as you take [those] options away, they have nowhere to go. This is down to them not feeling comfortable talking to other people or not wanting to feel like a burden on, for example, a youth leader or a teacher"*

– Young person from Lisburn, Northern Ireland

*"If you go and seek help then you are being labelled and people treat you differently. The system in school lets everyone know that you are seeking help – hence being labelled by classmates"*

– Young person from Denbighshire, Wales

*"The slightly older men [16-24], did not believe they could talk to family as they did not feel right putting their problems upon them and also did not feel right talking to youth workers etc., as they said it would make them seem weak"*

– Young person from Lisburn, Northern Ireland

## Poorly managed transitions in education

The transition between different levels of education can be an exciting yet stressful time for children and young people. It is also an important developmental period as young people begin to seek independence and are increasingly influenced by their peers.<sup>88</sup>

Evidence points to intervening earlier with young people, particularly during transition into secondary school. The size, environment and support available in primary and secondary schools in the UK differ greatly. Several studies over the years suggest that children's attainment falls at the time of primary-secondary transitions, especially in literacy and numeracy.<sup>89</sup> Various explanations have been given for this, including the lack of continuity between schools, differences in pedagogical approaches, differences in expectations of teachers, alongside lowering of student's self-esteem.<sup>90</sup> A negative transition experience can

lead to long term mental health issues and poor educational outcomes; in some cases the latter may be the result of the former.<sup>91</sup>

A recent report by Centre for Mental Health and the Charlie Waller Memorial Trust explored young people's transitions from school into further and higher education.<sup>92</sup> In addition to some of the pressures identified above, the report found that young people were worried about making friends, living at university and financial demands.<sup>93</sup> Those in further and higher educational establishments also faced challenges accessing support due to poor information sharing and communication.<sup>94</sup>

## Negative stereotypes in schools

Evidence suggests that individuals who are part of negatively stereotyped groups are more likely to perform poorly in a context where the stereotype is invoked.<sup>95 96</sup> Young people from Gypsy, Roma and Traveller communities are one such group negatively affected by stereotypes in schools according to a parliamentary inquiry by the Women and Equalities Committee.<sup>97</sup> The Committee found that there is an assumption in some schools that there is little point in educating Gypsy and Traveller children, as they will leave school early anyway and have no use for school-taught skills.<sup>98</sup>

A recent report by education think tank LKMco also reveals that black Caribbean boys and working-class white boys were two of the largest underperforming groups in London schools and are disproportionately portrayed negatively, with a focus on crime and antisocial behaviour.<sup>99</sup> Young men consulted as part of the study identified mental health as an area that needs to be urgently addressed in order to improve their outcomes, including in education.<sup>100</sup>

*"The support for BAME people is not good enough, there are not enough BAME people in services and it feels like they exclude more young black people in schools in Bristol"*

– Young person from Bristol, England

## The academic pressures faced in education and its impact

The Health Foundation's A Place to Grow report suggests the 'school curriculum, and how it is delivered, directly influences young people's emotional wellbeing.'<sup>101</sup> This sentiment was echoed by young people who were engaged throughout the inquiry as well as experts consulted as part of this paper.

### The curriculum

The curriculum provides opportunities for young people to learn about their health and wellbeing, including mental health. However, changes to the curriculum and school day across the UK has meant that there is perceived overemphasis on school performance and pupil attainment at the detriment of mental health and wellbeing.<sup>d</sup>

A recent study by University College London has found that despite the length of the school day remaining the same, break times are as much as an hour shorter than they were two decades ago, meaning children are missing out on vital opportunities to socialise with their peers and exercise.<sup>102</sup> This suggests that pupils are spending longer hours learning in sessions either to cover more content or breaks are being withheld.<sup>103</sup>

There is anecdotal evidence to suggest that recent changes to the school curriculum may be contributing to mental health problems, particularly for older adolescents. A survey of school and college leaders by the Association of School and College Leaders found that eight in ten leaders say that reformed GCSEs have created greater levels of stress and anxiety among their students.<sup>104</sup> One of the most cited reasons for this was students having to memorise more content (85%) followed by students having to sit more exams (83%).<sup>105 e</sup>

### Exam stress

There is evidence to suggest that stress associated with exams is having a negative impact on young people's wellbeing. Eight in ten young people surveyed by YoungMinds say that academic pressure has significantly impacted on their mental health.<sup>106</sup> The impact of performance is experienced by pupils and staff alike.<sup>107</sup>

An international comparative study of the wealthiest 25 countries in the OECD by the University of Oxford claims that the UK is among the top nations 'teaching to test'. The study finds that outcomes for British 15-year-olds are close to average for maths, literacy and problem-solving, however, performance drops significantly among 16-24 year olds.<sup>108</sup> This suggests that learning ahead of examination may be superficial.<sup>109</sup>

*"Exams are stressful, and they're outdated. Need more coursework, presentations and group work to make it more accessible"*

– Young person from Denbighshire, Wales

Research suggests that young people's experiences of school pressures change as they get older, with academic pressures becoming more prominent amongst older pupils. The latest wave of the Health Behaviour in School-Aged Children Study (HBSC)<sup>f</sup> confirms that older pupils seem more challenged by their school life whereas younger pupils feel less pressured and report better performance in school. However, there were notable gender differences regarding young people's experiences in school, with girls reporting better school performance. This is also reinforced by other studies.

*"At school you're told exams are everything, but they're not everything. We still have feelings, but feelings don't seem to matter anymore. The stress is too much"*

– Young person from North Ayrshire, Scotland

<sup>d</sup>For example, the YoungMinds' Wise Up to Wellbeing campaign has been calling on the Government to rebalance the education system to make the wellbeing of students as important as academic achievement. See <https://youngminds.org.uk/get-involved/campaign-with-us/wise-up/>

<sup>e</sup>Respondents could indicate as many factors as applied.

<sup>f</sup>The Health Behaviour in School-Aged Children Study (HBSC) routinely examines and compares the health and wellbeing of young people across 42 countries, including England, Scotland and Wales.

*“Schools only care about you getting good grades, you’re only a statistic”*

– Young person from Lisburn, Northern Ireland

In the more extreme cases, exam pressures have been found to be a factor in just over a quarter of deaths (27%) by suicide by children and young people, based on a national multi-agency study of suicide in under-20s in England.<sup>110</sup>

## Mental health and attainment

A longitudinal study based on a cohort of secondary school pupils in Sweden shows a negative relationship between mental health problems and educational achievements.<sup>111</sup> Previous studies have offered explanations for this, for example, mental health problems may contribute to a loss of concentration and behavioural difficulties that hinder young people’s learning.<sup>112</sup> The lack of effective responses from educational services has also been found to exacerbate mental health problems.<sup>113</sup>

The inability of pupils to succeed and make achievement gains can have an impact on their wellbeing and self-esteem. For example, whilst ability grouping is common in UK primary and secondary schools, research suggests that allocation to sets can be stigmatising and undermine young people’s confidence.<sup>114</sup> Evidence also suggests these decisions are often influenced by unconscious bias/stereotyping.<sup>115</sup>

Overall, there is limited evidence available in the UK on the impact of poor mental health on young people’s attainment.<sup>116</sup> The National Centre for Social Research (NatCen) has recently been commissioned by UK Research and Innovation to undertake a longitudinal study to examine the influence of mental health on educational attainment in adolescence.<sup>117</sup>

## Opportunities to take part in cultural activities and arts

Numerous studies have shown that taking part in creative arts can boost wellbeing. An inquiry report by The All-Party Parliamentary Group on Arts, Health and Wellbeing confirms that art activities with children can improve their cognitive, linguistic, social and emotional development and enhance school readiness.<sup>118</sup>

Research by the Scottish Government has shown that students who participated in a creative or cultural activity were 38% more likely to report good health compared to those who did not. The figure is even higher for those who participated in dance, with 62% reporting good health outcomes.<sup>119</sup>

It is important to note that arts and cultural opportunities should not be confined to educational settings, as the benefits of such programmes may be missed by children and young people who have been excluded or are otherwise not in mainstream education.<sup>120</sup>

Nevertheless, the young people we spoke to felt there were limited opportunities to choose cultural and arts subjects in school.

*“You are supported if you want a big career like a doctor etc but not if you want to do arts”*

– Young person from Lisburn, Northern Ireland

The Cultural Learning Alliance estimates that the availability and entries to cultural subjects and arts are declining. For example, art GCSE courses in England have reduced by 28% since 2010, there has been a 17% decline in arts subject teaching time and a 16% reduction in specialist secondary school teachers.<sup>121</sup>

The decline in take up of arts subjects also corresponds with the introduction of the English Baccalaureate (EBacc) in secondary schools, which is awarded across five subjects including English, maths, history or geography, the sciences and a language but no arts subjects,<sup>122</sup> and is being partly blamed for this.

In response to this, the Arts Council England has established ‘Artsmark’ as a creative quality standard for schools and education settings that is accredited by the Council. The programme seeks to enhance and celebrate their commitment to arts and cultural education by recognising good practice.<sup>123</sup>

### The importance of non-academic skills

Non-academic skills or ‘life skills’ exist alongside academic knowledge and can include help build empathy, communication, and resilience in young people.<sup>124</sup> The young people who shared their views with the inquiry stressed the importance of building essential life skills such as money management and employability skills. This resonates with findings from the *Good Childhood Report 2019* which found that around a third (33%) of 10-17 year olds have concerns about whether they will have enough money in the future, with more than a quarter (29%) worrying about having a job.<sup>125</sup>

*“In PSHE they teach you that if you have sex you’ll get pregnant and don’t ever do drugs. That’s fine but where’s the basic life skills and the mental health info? I think it’s out of date, not looking out for young people’s actual needs”*

– Young person from Bristol, England

*“We need more support on life things not just GCSEs; we need to know about mortgages and what next”*

– Young person from Bradford, England

*“School don’t support with careers, they are too professional, so when we go to a youth club the support is more personal”*

– Young person from Bradford, England

Young people also felt they were not provided with the skills they needed to understand and support one another. One young person suggested that:

*“They need to get students to do more in schools which can take pressure off teachers, we are capable! For example we were asked to do an equalities assembly on racial hate to year 7/8/9 in our school, and it had the biggest reactions, kids listened to us and actually took something away from that.”*

– Young person from Bristol, England

### Digital skills

Young people today are immersed in digital technologies from a very young age with one in five (19%) 3-4 year olds owning tablets.<sup>126</sup> The online world has introduced new risks and opportunities for children and young people. Many of these relate to young people’s use of social media platforms, which can expose them to online harms such as cyberbullying and sexual exploitation.<sup>127</sup>

However, it can also bring young people a range of benefits, such as the ability to connect and communicate with their peers, learn and boost their creativity.<sup>128</sup> These are factors that have been proven to boost children and young people’s wellbeing.<sup>129</sup> Young people should be equipped with the skills and knowledge they need to navigate the online world safely.



## The barriers to supporting young people in school settings

This section summarises the perceived barriers to implementing effective mental health interventions in schools based on learning from the evidence base, the Health Foundation's inquiry, and engagement with young people and experts.

### Funding constraints

Schools and education providers across the UK face significant funding pressures that are likely to affect their ability to provide adequate emotional and mental health support. For example, analysis by the Institute for Fiscal Studies found that between 2009-10 and 2017-18, total school spending per pupil in England fell by about 8% in real terms, compared with about 5% in Wales.<sup>130</sup>

As part of the Spending Round 2019, Prime Minister Boris Johnson has confirmed that school and college spending is set to increase over three years by £7.1 billion. This settlement also includes £700 million for children with Special Educational Needs and Disabilities (SEND) in 2020-21 compared to 2019-20 funding levels.<sup>131</sup>

While this pledge is welcome, concerns have been raised that this will have little impact on schools' overall spending. The Institute of Fiscal Studies has analysed the effects of this announcement and found that the extra £4.3 billion committed for schools in England by 2022 will just about reverse the cuts of 8% in spending per pupil since 2009.<sup>132</sup>

*"Our school doesn't have money to take us out and learn practically"*

– Young person from Bradford, England

*"Our school can't afford glue, scissors or trips like other schools"*

– Young person from Bradford, England

A survey undertaken by the National Children's Bureau and NatCen, on behalf of the Department for Education, looked at the barriers to providing mental health support in schools. Three quarters of respondents stated that commissioning local services was a challenge and 71% of education settings cited a lack of funding.<sup>133</sup> These funding pressures are made worse by cuts to wider health services in schools such as school nurses where numbers are at the lowest in a nearly a decade.<sup>134</sup>

### Staff training and capacity

Stakeholder experts consulted as part of this paper emphasised the lack of consistent support and training for school staff to be able to respond to the mental health needs of young people. This impacts on their time and ability to create a school environment that promotes and supports mental health. While some progress is being made as noted earlier in this paper, staff have many demands on their time and may lack the capacity to take part in learning and development on mental health and wellbeing. Findings from the NCB and NatCen survey show that 59% of professionals in schools stated that a lack of internal capacity acted as a barrier to supporting the mental health of pupils.<sup>135</sup>

### Staff wellbeing

The mental health and wellbeing of staff in schools is also hugely important. Three quarters (75%) of school and college staff and leaders polled by the Education Support Partnership said they had experienced psychological, physical or behavioural symptoms of poor health because of work. Workload and work-life balance were cited as the top work-related reasons.<sup>136</sup>

In research undertaken by Leeds Beckett University of 775 teachers, 77% said that poor mental health among teachers is having a detrimental impact on pupils' progress.<sup>137</sup> Of these, 81% felt that poor mental health has a negative impact on their relationships with learners. As previously noted, a positive relationship between teachers and pupils is conducive to a learning environment that promotes mental health and wellbeing.

Another survey by the National Education Union suggests that two-fifths of teachers do not see themselves remaining in the profession in the next five years, while almost one in five expect to leave within two years.<sup>138</sup> There is often little support and supervision offered to teachers for their own wellbeing and mental health.<sup>139</sup> Approaches to improving mental health and wellbeing in educational settings must urgently consider support for professionals.

## Local partnership working

Schools and other educational establishments are not consistently consulted in the development of local health plans, which can contribute to a fragmented system. An example of this is the development and ongoing implementation of the Local CAMHS Transformation Plans in England.<sup>140</sup> Early analysis of these plans by the Education Policy Institute found that while every plan recognised the importance of connections with schools and further educational establishments, it was evident that school leaders were not effectively consulted.<sup>141</sup> The report cites a survey by the Association of Colleges which found that only a quarter of colleges were aware of the existence of a plan in their local area.<sup>142</sup>

The lack of partnership working between schools and local mental health services can hinder schools' capability to meet the mental health needs of their pupils and to intervene early.<sup>143</sup> This may also contribute to the lack of understanding about the services available and the thresholds to access them by schools, which ultimately delays support for young people.<sup>144</sup>

The roll-out of Mental Health Support Teams (MHSTs) in England presents a crucial opportunity to bridge the gap between educational establishments and children and young people's mental health services. The British Psychological Society has recently called on Government to ensure all children and young people have access to these teams at the end of the programme, to avoid the creation of a postcode lottery.<sup>145</sup>

*"Bring in other people and services who specialise in other areas. It seems pathetic to get a teacher to do a half-hearted attempt on a topic they're not experts in when a, they got enough on their plate and b, why not bring experts in – it adds a whole new dynamic!"*

– Young person from Bristol, England

## Lack of national guidance

Anecdotal evidence suggests that government guidance across the UK on mental health in schools is inconsistent or altogether unavailable. There is also no statutory guidance in this area except on school-based counselling provision in Wales.<sup>146</sup> It is important that Government departments set out expectations for all educational establishments to promote and support the mental health needs of children and young people. Schools also require support in quality assuring materials and services, and therefore a centralised approach would be highly beneficial.

## Promoting young people's wellbeing: creating the conditions for success

Health and wellbeing initiatives based in educational settings are shown to be effective in boosting young people's overall wellbeing and can improve both their health and academic outcomes.<sup>147</sup>

Programmes aimed at addressing young people's emotional wellbeing in particular can provide them with the building blocks they need to thrive and are considered more accessible and non-stigmatising for most young people when compared to formal health services.<sup>148</sup> For example, young people who have participated in such programmes may be as much as ten times more likely to access a school-based mental health service compared to a non-school based one.<sup>149</sup> Therefore such interventions can form a crucial part of the prevention and early help offer in young people's health care.

### The importance of whole organisation approaches

A whole school approach refers to a universal, school-wide and multi-component approach to the promotion of children and young people's wellbeing and mental health.<sup>150</sup> The approach is widely used and promoted across primary and secondary schools and further and higher educational establishments in the UK.

*"Leaders of schools, colleges, universities and community organisations [to] take a whole organisation approach to the mental health of their students, young people and staff, so that it permeates every aspect of their work and is embedded across all policies, cultures, curricula and practice."*

– 2035 Vision, Children and Young People's Mental Health Coalition<sup>151</sup>

The implementation of whole school, college and university approaches has been shown to yield positive outcomes in relation to young people's health, including mental health, although it should be noted that effects are currently small.<sup>152</sup>

In 2015, the Children and Young People's Mental Health Coalition (CYPMHC) and Public Health England (PHE) coproduced a resource on young people's mental health and wellbeing and whole school and college approaches.<sup>153</sup> The guide also includes a set of eight principles (set out below) and a number of practice examples to support implementation of whole school and college approaches from primary through to further educational establishments.<sup>154</sup> These principles build on existing assets and strengths.

### 1. Leadership and management

The senior leadership team play a crucial role in the implementation of a whole organisation approach to wellbeing and mental health. Senior leaders, including governors, must recognise the value of wellbeing and work with staff and families to embed organisation-wide approaches. Furthermore, evidence finds that if senior leaders model appropriate behaviours and demonstrate positive social awareness and relationships skills, this encourages higher levels of wellbeing.<sup>155</sup>

There have been increasing calls for schools and other educational establishments to be recognised and rewarded for their effective approaches to pupil wellbeing as this would serve as a positive incentive.<sup>156 157</sup>

**Practice example: Wood Green secondary school in Witney, Oxfordshire, England**

Wood Green secondary school in Witney took part in a two-year pilot study to test the impact of a dedicated, expert Head of Wellbeing (HoW). The programme was designed in partnership with Nuffield Health and think tank 2020health and was delivered in the academic year 2016/17. Learning from the pilot has been published by Nuffield Health.<sup>158</sup>

At the time, the school had been put into special measures due to declining results. However, senior leaders recognised the importance of wellbeing as a way of driving change and improving performance. The HoW worked closely with staff and students to assess, design and implement a wide-ranging, flexible programme of initiatives and activities to address wellbeing priorities. The evaluation showed the value of introducing a HoW in a secondary school context and the potential for positive influence on behaviour of both students and staff. Reported benefits included greater awareness and understanding of physical and mental wellbeing, as well as improved concentration and better relationships with family and friends.<sup>159</sup>

**Practice example: Student Health and Wellbeing Strategy at the University of Nottingham**

The University of Nottingham has recently updated its health and wellbeing strategy to drive forward initiatives to improve the physical and social environment of students.<sup>162</sup> As part of the strategy, the university recognises the fundamental importance of environment and pledges “to provide a setting that maximises wellbeing by building on its internationally recognised commitment to sustainability and making the most of outdoor spaces in its campuses”.<sup>163</sup> Activities that would be monitored, measured and reported against under this theme include:

- Consideration of health and wellbeing in building projects
- Encouraging increased cycle use and walking whilst reducing vehicle usage
- Maximising usage of sports facilities
- Pastoral care in halls and off-campus welfare support
- Use of the estate to promote wellbeing
- Visible signs and signals of a community that values health and wellbeing.<sup>164</sup>

**2. School ethos and environment**

The physical, social and emotional environment in which pupils and staff spend a high proportion of every weekday has been shown to affect their health and wellbeing as well as impacting on attainment.<sup>160</sup> A positive ethos and supportive learning environment not only improves pupil’s wellbeing but also boosts learning and attainment.<sup>161</sup>

**3. Curriculum, teaching and learning**

The curriculum plays an important role in developing young people’s knowledge about health and wellbeing. Across the UK, developments are being made by education departments to increase young people’s understanding of health and build their self-management skills.



**Practice example: Wellbeing at the heart of the new curriculum in Wales**

In Wales, work is currently under way to implement and deliver whole school approaches to mental health across Welsh primary and secondary schools.<sup>165</sup> This will build on the implementation of a new curriculum that seeks to place health and wellbeing at the heart of learning. Health and wellbeing are one of the six core Areas of Learning and Experience (AoLE) set out in the new curriculum for Wales for young people aged 3-16, and will be a separately structured part of the curriculum for the first time. The new curriculum places an emphasis on equipping young people for life, including through practical and skills-based learning.<sup>166</sup>

**Practice example: Building resilience through the Headstart Programme in Wolverhampton**

HeadStart is a five-year, £56 million National Lottery funded programme set up by The National Lottery Community Fund that launched in 2016. Wolverhampton is one of six local authority areas that have been funded as part of the programme.

In Wolverhampton, secondary schools have been implementing the evidence-based Penn Resilience Programme (PRP) (also referred to as the UK Resilience Programme) as part of Headstart. This is an 18-lesson curriculum that is aimed primarily at 11 to 13-year olds. The programme enables young people to develop skills that empower them to be more resilient in dealing with

situations both in and out of school. Young people develop skills in emotion control and emotional awareness, problem solving, assertiveness, peer relationships, and decision making.<sup>167</sup> Findings from an independent qualitative evaluation<sup>168</sup> show several indicators of success, including that:

- Adoption of a shared language has allowed the programme to be embedded across schools
- Pupils were better able to deal with challenges they face and there were improvements in pupil behaviour
- There was a noticeable increase in the capacity of pupils to draw on resources/strategies that support and sustain wellbeing and resilience
- The benefits of sharing experience were significant and reported as being very powerful in encouraging alternative perspectives and increasing tolerance and understanding.

**4. Student voice**

Students should play an active role in their own learning, the learning of their peers and the development of their school communities.<sup>169</sup> Not only does having a voice and sense of agency boost young people's wellbeing, it also encourages them to make healthy choices and develop their independence.<sup>170</sup>

Young people engaged as the inquiry also highlighted the importance of promoting student-led awareness campaigns on mental health and wellbeing. They believed that this was critical to tackling stigma in student populations.

**Practice example: NESTA 100 Day challenge in Midlothian**

Innovation Foundation, NESTA, recently completed a 100 Day Challenge in Midlothian, Scotland. The 100 day challenge is a structured innovation process, combined with coaching support, with the view to enhance collaboration and implement new ways of working.<sup>171</sup>

The Challenge focused on improving mental health and wellbeing for children and young people in Midlothian. It supported three multi-agency teams to think differently about the support currently on offer to children and young people, including schools. All three teams engaged with children, young people and individuals with lived experience.

One of the teams asked pupils what changes were needed in their classroom to boost their wellbeing and worked with them to lead on redesigning it. The classroom now has a designated quiet space, and 26 pupils created their own personalised emotional wellbeing toolboxes.

number of UK educational establishments are seeking to increase staff skills in emotional wellbeing and mental health. For example, the Mental Health First Aid England programme has reached 2,040 schools through the national Youth MHFA programme funded by the Department of Health and Social Care.<sup>174</sup> Work is also underway to provide all new teachers in England training on how to spot the signs of mental health issues.<sup>175</sup>

**Practice example: Barnardo's in Scotland and staff supervision**

Children's charity Barnardo's in Scotland has been working with local schools to promote trauma-informed approaches. The charity currently works in over 400 schools across Scotland, utilising its experience working with children and young people who have experienced early trauma and adversity.<sup>176</sup>

Following a comprehensive consultation exercise with its practitioners in Scotland, the organisation discovered that there was a lack of any form of professional supervision, or dedicated time for reflective practice for teaching staff in relation to their own mental health and wellbeing.<sup>177</sup> This is despite the fact that under the curriculum in Scotland, teachers now have direct responsibility for the health and wellbeing of children in their care but are not afforded the same level of support as other professionals in the children's sector.<sup>178</sup>

Barnardo's practitioners currently provide informal supervision to schools they work in on an ad-hoc basis. For example, in one school a Barnardo's Family Support Worker provides informal supervision on a weekly basis to the deputy headteacher (a result of strong partnership working). The deputy headteacher had valued the reflective space and is subsequently able to work with the wider team to implement different ways of working with children and families.<sup>179</sup>

**5. Staff development, health and wellbeing**

The wellbeing of staff in education settings has never been so high on the agenda. With increasing pressures to support young people and diminishing budgets, staff wellbeing and development can all too easily be overlooked. However, a teacher with poor wellbeing, or one who is ill at work, will not perform to the best of their ability.<sup>172</sup>

The Education Support Partnership is a charity dedicated to improving the health and wellbeing of the entire education workforce through a range of offers such as a helpline and information and advice on a range of topics.<sup>173</sup>

Furthermore, there is a need to continuously prioritise professional learning and support. A

## 6. Identifying need and monitoring impact

Early identification and intervention in schools can prevent young people's problems from escalating. As noted earlier in the paper, schools are open and non-stigmatising settings and therefore young people are likely to turn to education staff for support.

### Practice example: Monitoring pupil wellbeing in Gloucestershire

Gloucestershire County Council has recently developed Gloucestershire Healthy Living and Learning (GHLL) - an overarching programme that covers Emotional Health and Wellbeing across all educational settings in the county. The model has been developed in partnership with teachers to ensure it is both purposeful and relevant.<sup>180</sup>

The Council introduced a GHLL Mental Health Champion Award that provides a universal standard for everyone enabling timely early help and interventions. One of the key steps towards gaining and maintaining the GHLL Award is the collection and reporting of baseline data on young people's mental health and wellbeing.<sup>181</sup>

One example highlighted by the Council is the introduction of the OAKS challenge (One Act of Kindness) for year 7 pupils as part of their PSHE lesson. 135 students took part in the OAKS challenge. The baseline was undertaken using the Rosenberg Self-Esteem questionnaire. It showed that 65 students had reasonable or good emotional health; this meant that 70 students demonstrated lower self-esteem. Following completion of the OAKS challenge, a total of 57 students from the lower self-esteem group of 70 students showed a marked improvement in emotional health and self-esteem. Those who took part also said they had improved their quality time with loved ones, and that they would keep up with the challenge.<sup>182</sup>

## 7. Working with parents/carers

While young people spend a considerable amount of time in education, the continuity of care and support outside educational settings is critical. Parents and carers are a major influence on young people's development and success in life, including their education and wellbeing. Research suggests that parent engagement in the educational development of their child improves attainment more than any other single factor.<sup>183</sup> Higher levels of parent/carer engagement are associated with better academic outcomes for pupils.<sup>184</sup>

### Practice example: Lessness Heath Primary School in London Borough of Bexley

Lessness Heath Primary School in south east London responded to being placed in special measures by placing the whole school's wellbeing at the heart of its strategy to drive improvement.<sup>185</sup> Three years on and the school is now rated good (and outstanding in many areas) by Ofsted and was among the first to receive the Wellbeing Award for Schools from the National Children's Bureau and Optimus Education.

The school has recruited a Wellbeing Leader who is responsible for engaging parents and promoting family wellbeing alongside support for pupils.<sup>186</sup> The Wellbeing Leader delivers a range of awareness raising activities and proactively seeks parental feedback and input into plans. There are also bespoke parent workshops delivered in school. The approach has rebuilt trust with parents who are actively involved in the wellbeing strategy and who benefit from regular activities and peer support meetings, generating a powerful sense of shared purpose between school and home.<sup>187</sup>

## 8. Targeted support

Some young people are at higher risk of developing mental health problems and may benefit from targeted emotional support in their learning environment. Evidence suggests their needs are supported most effectively when there is universal provision to promote the mental health of all pupils, reinforced by targeted support for those with particular needs, such as children in care.<sup>188</sup>

There are a range of professionals who can offer young people targeted support such as school nurses and school-based counsellors.

### Practice example: Targeted Mental Health in Schools (TaMHS) in Northamptonshire

Targeted Mental Health in Schools (TaMHS) was a national flagship programme funded by the by the then Department for Children, Schools and Families (DCSF) in England between 2008 and 2011. The national evaluation of the programme suggests that it has been well-received by pupils, staff and families and had positive effects on young people's wellbeing and learning.<sup>189</sup>

Many local areas have continued to implement and develop TaMHS, such as in Northamptonshire. The Northamptonshire TaMHS Programme seeks to build capacity in schools by introducing evidence-based approaches, programmes and interventions, as well as developing staff knowledge, confidence and skills. The countywide TaMHS team are multi-disciplinary and consist of professionals from Educational Psychology, Specialist Child & Adolescent Mental Health Services, and Early Help and Prevention Parent Support Co-ordinators - and is governed by the Northamptonshire Young Healthy Minds Partnership.

Northamptonshire TaMHS is now in its tenth year and almost every Northamptonshire state-funded school has accessed the whole-school approach consultation process and/or at least one of the evidence-based training sessions.<sup>190</sup>



## Conclusions and recommendations

All young people deserve to realise their full potential in life and should feel happy and safe. They should be equipped with the skills they need to stay well and feel confident to ask for support if they are struggling. Our report finds that while some progress is being made to promote young people's overall wellbeing, there are aspects in their educational life that can lead to negative outcomes. The unintended consequences of academic pressures, as highlighted in this report, must be considered and addressed.

The following set of recommendations are made in the context of a changing political landscape in the UK which presents challenges but also opportunities to improve the wellbeing of our young people. We must provide young people with the necessary skills and knowledge they need to become active and participating citizens of tomorrow.

Local and regional variations must be considered in taking forward these recommendations.

### National Government and bodies

#### Increase funding and resourcing

1) UK Education Departments must ensure schools and colleges are properly funded and resourced to ensure they foster a positive and nurturing learning environment.

#### Review the exam system and its impact

2) Education Departments should commission a review of the impact of the exam system and the 'teach to test' culture on the mental health of young people. This should be supported by a robust plan of action to act on the recommendations and reform assessments or how they are managed.

#### Educate young people about their health and wellbeing

3) Health education should be introduced on a statutory footing across all UK schools to ensure young people learn about their health and wellbeing and promote self-care. This will also enable young people to support one another.

#### Address the risks of one-dimensional inspections in education

4) Education inspectorates should look beyond attainment and overall performance and instead assess schools on their efforts to promote pupils' overall wellbeing and development.

#### Promote wellbeing through creative and cultural education

5) Education departments should boost the availability and take-up of creative and cultural education by funding and working in partnership with arts organisations to promote and recognise good practice. For example, through the Arts Mark, a school accreditation scheme delivered by the Arts Council England.

### Local education sector

#### Promote holistic approaches to wellbeing and mental health

6) Leaders in education should strive to create a whole school, college and university culture that promotes inclusive and positive mental health for both pupils and staff. Parents, carers and the wider community should be engaged as part of this. The report points to guidance produced by Public Health England and the Children and Young People's Mental Health Coalition which outlines key principles for such a model and advice on implementation.<sup>191</sup>

## **Focus on staff wellbeing and development**

7) Leaders in education must prioritise and promote the wellbeing and development of staff by having clear and dedicated strategies in place. This should be developed in partnership with staff and regularly reviewed. For example, a robust approach to staff supervision and reflective practice as recommended by Barnardo's Scotland.<sup>192</sup>

## **Improve young people's life skills**

8) Education providers must ensure they equip young people with the essential skills they need to prepare them for the transition into adulthood – such as money management or employability skills. Young people must also be given the vital information and skills they need to keep safe online.

## **Give young people a say in their learning**

9) Education providers should provide all young people with consistent and multiple opportunities to influence decisions about their education experience - for example, through representative school councils or pupil surveys.

## **Address mental health stigma**

10) Education providers should foster an open culture around mental ill-health that considers the role of factors such as gender, sexuality, ethnicity and cultural background.

## **Manage transitions in education**

11) Professionals across the education system must work together, with families, to plan and improve young people's transitions across different key stages and education settings. This is particularly important for young people who have multiple or complex needs, such as young people in care.

## **Local Government, local health and community**

### **Prevention and early intervention**

12) Local statutory bodies should work with education providers to plan and deliver preventative and early intervention emotional wellbeing services. Education leaders should be involved in local strategy boards and forums to facilitate this.

### **Access to mental health support and advice**

13) Young people's mental health services should work in close partnership with education providers to ensure young people's needs are identified and addressed early. This will improve the integration of support and offer young people greater flexibility in where they access help. For example, the Together for Children and Young People Programme is a multi-agency initiative seeking to transform young people's emotional wellbeing services with a specific focus on provision in schools.

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