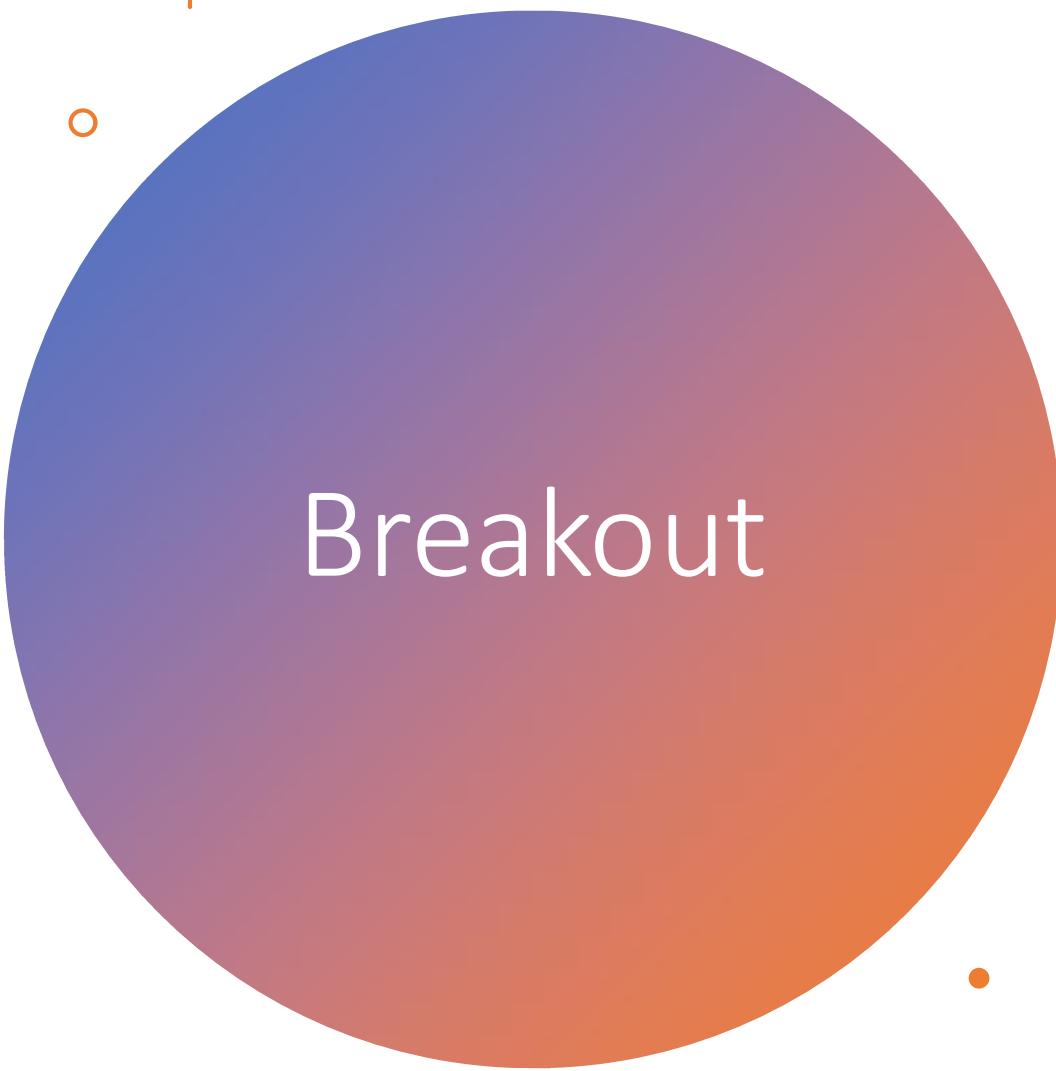


- Mental Health and Education



## Aims

- Review current prevalence data
- Explore the impact of poor mental health on education
- Examine a whole school/college model for supporting mental health
- Look at measuring mental health and wellbeing in education settings.



# Breakout

- What % 5-19 year olds have at least one mental health disorder?
- What % have two or more?
- What is the most common type of disorder: Emotional, Behavioural or Hyperactivity?
- Do more boys have mental disorders than girls?

# PREVALENCE STUDY 2020

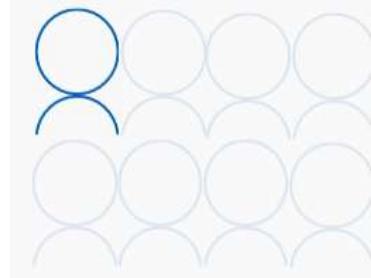
- Rates of probable mental disorder have increased since 2017.
- In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. (NatCen)

# PREVALENCE STUDY 2020

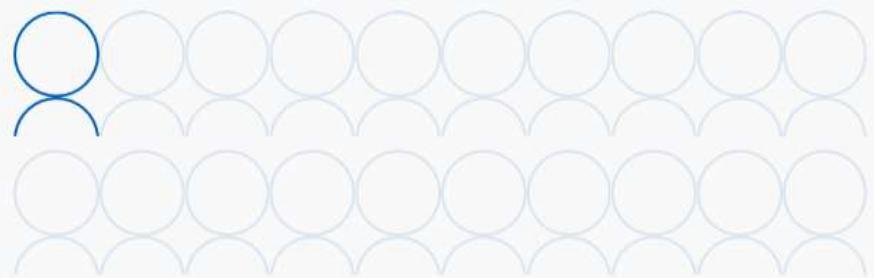
- Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse
- 54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds,
- than those unlikely to have a mental disorder 39.2% and 37.3% ,respectively

# PREVALENCE STUDY 2017

**One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.**



**One in twenty (5.0%) 5 to 19 year olds met the criteria for two or more individual mental disorders at the time of the interview.**





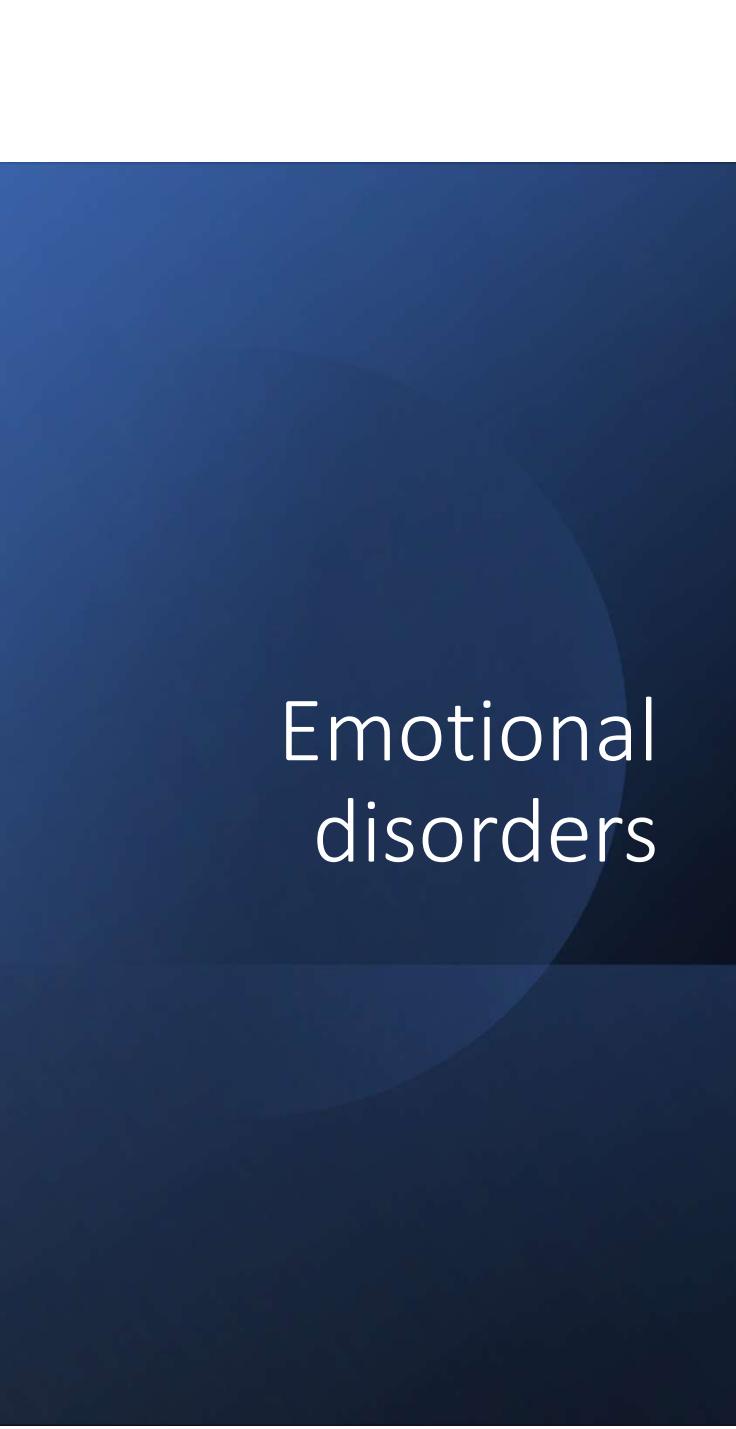
## Key Findings

- Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%)
- Rates of mental disorders increased with age. 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds.



## Key Findings

- Increase over time in the prevalence of mental disorder in 5 to 15 year olds.
- Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017 (16%,2020?)
- Emotional disorders have become more common in five to 15 year-olds
- From 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017.



## Emotional disorders

- One in twelve (8.1%) 5 to 19 year olds had an emotional disorder, with rates higher in girls (10.0%) than boys (6.2%).
- Anxiety disorders (7.2%) were more common than depressive disorders (2.1%).

# Behavioural Conduct Disorders

- About one in twenty (4.6%) 5 to 19 year olds had a behavioural disorder, with rates higher in boys (5.8%) than girls (3.4%).

# Hyperactivity disorders

- About one in sixty (1.6%) 5 to 19 year olds had a hyperactivity disorder, with rates higher in boys (2.6%) than girls (0.6%).

## By age and gender

Among 2 to 4 year olds, boys were more likely than girls to have a disorder



**6.8%**



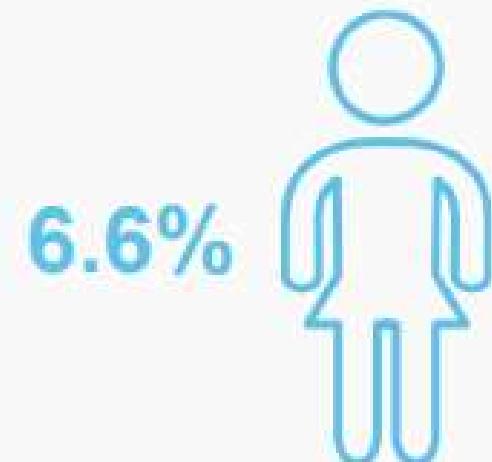
**4.2%**

## By age and gender

Among 5 to 10 year olds, boys were about twice as likely as girls to have a disorder



**12.2%**



**6.6%**

## By age and gender

Among 11 to 16 year olds, boys and girls were equally likely to have a disorder



14.3%

14.4%



## By age and gender

Girls aged 17 to 19 were more than twice as likely as boys that age to have a disorder



**10.3%** **23.9%**



Social and family context was associated with mental disorder

- Rates of mental disorder tended to be highest in children living with a parent with poor mental health, or in children living with a parent in receipt of disability related income.
- Children with a mental disorder were more likely than those without one to have experienced certain types of adversity in their lives, like parental separation or financial crisis at home.

Social and family context was associated with mental disorder

- Having low levels of social support, a smaller social network, and not participating in clubs or organisations (either in or out of school) were all associated with the presence of mental disorder.
- Family functioning was associated with the presence of mental disorder. Over a third (38.2%) of children living in families with the least healthy functioning had a mental disorder.

Mental and physical health and impairment were closely interrelated

- Children with a disorder were more likely to have poor general health, a limiting long term illness, a physical or developmental problem, or a special educational need.
- 71.7% had a physical health condition.
- 25.9% had a limiting long term illness.
- 35.6% had a recognised special educational need.

## Contact with professional services



**66.4%** of children with a disorder had any professional service contact



**25.2%** of children with a disorder had contact with a mental health specialist



**48.6%** of children with a disorder had informal support

# Young Minds Survey impact of Covid lock downs

- 75% of respondents agreed that they were finding the current lockdown harder to cope with than the previous ones.
- 67% believed that the pandemic will have a long-term negative effect on their mental health.
- 79% believed that their mental health will improve once most restrictions are lifted.

Out of a  
class of 30  
pupils:

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



Four could be living in **lone parent families**<sup>b</sup>



Five could have a **mental health difficulty**<sup>c</sup>



Five could be living in **absolute poverty**<sup>d</sup>



Seven may have ever **self-harmed**<sup>e</sup>



Eleven could have experienced **bullying**<sup>f</sup>



# Breakout

Consider through the lens of a school why mental health is important



## The link to schools

- It is the second most common special need.
- where children have more than one need, mental health is likely to be the second need.
- Many more children have mental health needs but are not formally identified?

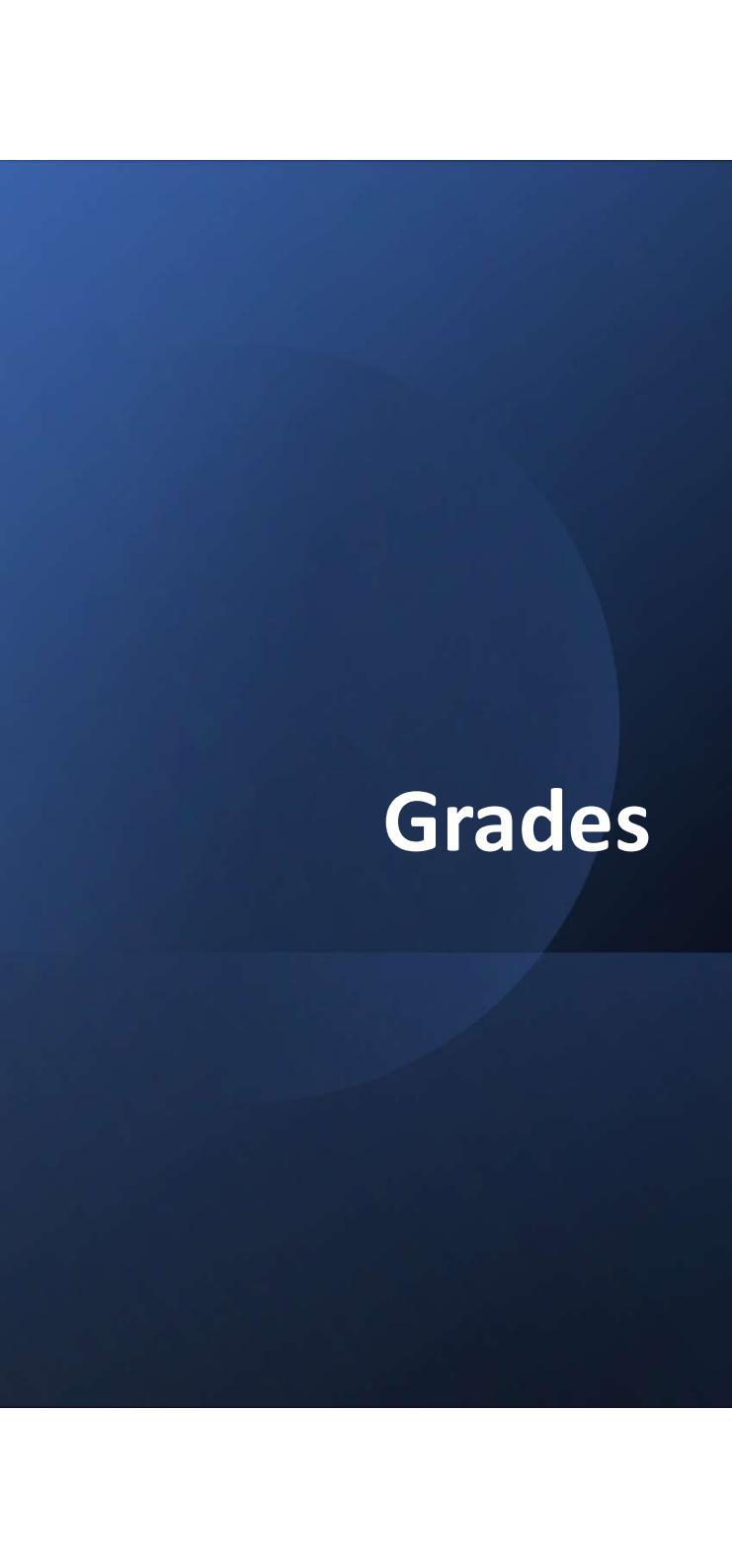
# Exclusion from school was more common in children with disorders

- School exclusion was also more common in children with a disorder (6.8%) than in those without (0.5%).
- Boys with a disorder (9.9%) were more likely than girls with a disorder (2.4%) to be excluded from school.
- Exclusion rates varied by type of disorder and were highest in those with a hyperactivity (11.7%) or behavioural (11.6%) disorder.
- About one child in twenty with a hyperactivity (4.9%) or behavioural (5.7%) disorder had been excluded from school on three or more occasions.



# Impact

- Those with mental health needs are the group most likely to miss school.
- These children have the highest 'unauthorised absence' rate.
- Nearly 20% have at least one school exclusion, the highest of any group. This is likely to be for disruptive behaviour or verbal and physical violence.
- Often children with mental health needs are excluded with no alternative education in place.



## Grades

- Only 24% of children with mental health needs leave primary school with the required reading, writing and maths. This is less than half as many as all children.
- Children with mental health problems make much slower progress than they are expected to.
- By the end of secondary, the percentage of children with mental health difficulties obtaining good exam results is less than half that of the average child.

# Breakout

How can schools colleges support metal health and wellbeing?



# supporting mental health in schools: seven principles

- ✓ Adopt whole school thinking
- ✓ Engage the whole community
- ✓ Prioritise professional learning and staff development
- ✓ Implement targeted programmes and interventions
- ✓ Develop supportive policy
- ✓ Shared approaches to behaviour management
- ✓ Implement targeted responses and identify specialist pathways



# whole school thinking

- Use a ‘whole school approach’, which ensures that all parts of the school organisation work coherently together.
- Provide a solid base of positive universal work to promote wellbeing and help prevent problems.
- Develop a supportive school and classroom climate and ethos which builds a sense of connectedness, focus and purpose, the acceptance of emotion and vulnerability, warm relationships and the celebration of difference.
- Start early with skills based programmes, preventive work, the identification of difficulties and targeted interventions. Work intensively, coherently, and carry on for the long term.
- Promote staff wellbeing, and in particular address staff stress.



## Engage the community

- Engage pupils through encouraging pupil voice, authentic involvement in learning, decision making, and peer-led approaches.
- Engage parents/carers and families in genuine participation, particularly those of pupils in difficulties whose families may feel blamed and stigmatised.

# professional learning and staff development

- Understand and reduce the risk factors that can affect wellbeing, and help pupils develop the resilience to overcome adverse circumstances.
- Raise staff awareness about the widespread nature of mental health problems in children and young people, and the school's responsibility to identify them and intervene early.
- Base their response on a sound understanding of child and adolescent development.
- Help all pupils cope with predictable life changes and transitions, based on a sound understanding of child and adolescent development. Keep abreast of new challenges posed by information technology, such as cyber bullying.

# targeted programmes and interventions

- Ensure high-quality implementation of specific programmes and interventions.
- Explicitly teach social and emotional skills, attitudes and values, using well trained and enthusiastic teachers and positive, experiential and interactive methods and resources. Integrate this learning into the mainstream processes of school life.



## Develop supportive policy

- Ensure that there are robust policies and practice in key areas such as behaviour, anti-bullying and diversity, including tackling prejudice and stigma around mental health.



# behaviour management

- Respond wisely to ‘difficult’ behaviour, both responding actively with clear consequences and also understanding its deeper roots, taking opportunities to model and teach positive alternatives.



# targeted responses and specialist pathways

- Provide more targeted and intense work on social and emotional skill development for pupils in difficulties, including one to one and group work.
- Use specialist staff to initiate innovative and specialist programmes to ensure they are implemented authentically, transferring responsibility to mainstream staff whenever possible, to ensure longer term sustainability and integration.
- Where pupils experience difficulties, provide clear plans and pathways for help and referral, using a coherent teamwork approach, including in the involvement of outside agencies such as CAMHS. Anchor help in the school environment.

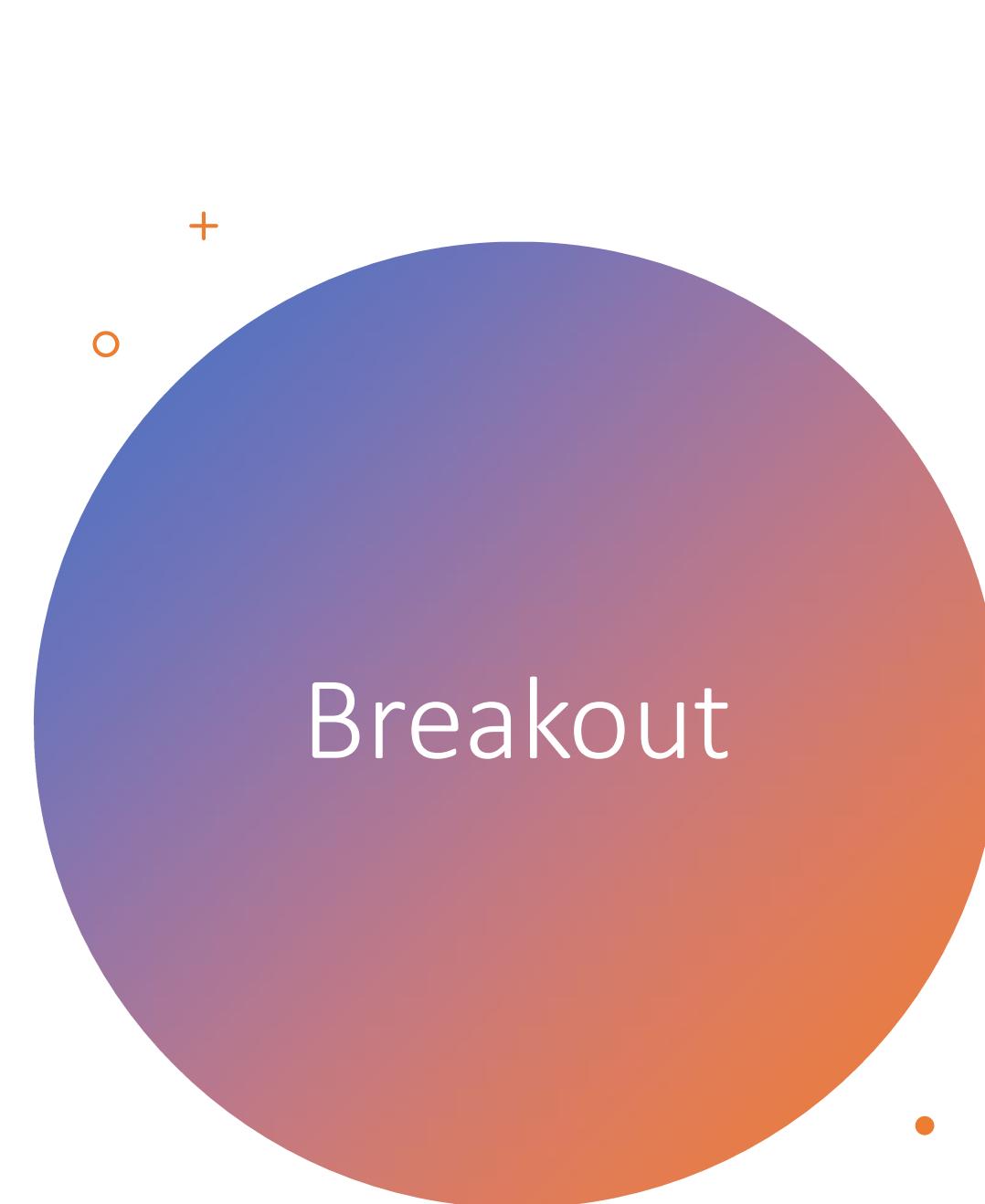


Whole school  
approach

- Curriculum
- Students
- Staff
- Impact
- Parents
- Support
- Ethos and Setting

## Leadership





# Breakout

- Consider these 8 aspects of a whole school approach to mental health and wellbeing.
- Discuss a school that you know is making a difference and/or another that could do more.

# Support, services & needs



# Barriers to change

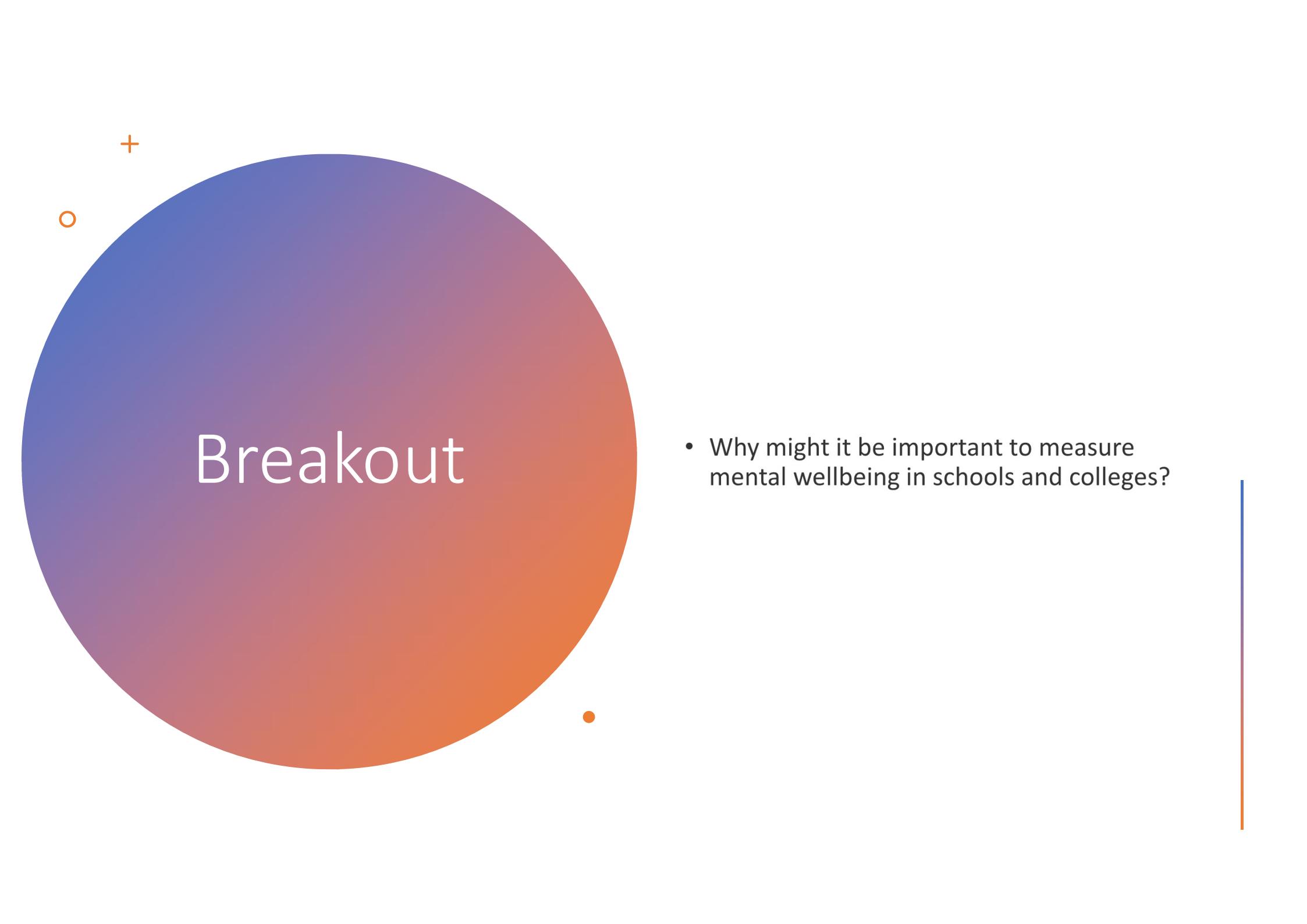
The National Children's Bureau worked with schools to identify the main barriers to change when it comes to mental health in schools:

- **'I am not qualified'** - mental health has tended to be seen as the domain of experts and as such is outside of the school's remit
- **'Hard to spot'** - issues that arise hit schools at different levels and ways meaning connections between them that relate to the mental health and wellbeing of individuals and groups may be hard to spot
- **'Not our core business'** - wellbeing and mental health support are not high profile or seen as core business for everyone in schools

# CHALLENGING ASSUMPTIONS

OLD ASSUMPTIONS	WHY WELLBEING MATTERS	THE WHOLE SCHOOL APPROACH
Mental health problems are only of concern to specific groups of children and young people (CYP)	The nature of mental health (MH) is that it is a continuum and that CYP move up and down and that EWB impacts much more broadly than on those exhibiting specific problems	Emotional wellbeing (EWB) is a key element in CYP's development and readiness to learn. Evidence shows that EWB dynamics will be impacting on ALL students and that readiness to respond early within the normal environment is the most effective.
These are issues that are clinical in nature and teaching staff cannot be expected to learn these skills as well	Schools should not believe they are required to replicate specialist services or focus only on students with diagnosable mental health problems	Many emotional issues are not clinical in nature and not best served by specialist interventions but social models offer broad based approaches that act preventatively.
Schools core business is education and OFSTED reflects this	Regulation and inspection are increasingly reflecting the broader nature of development in anticipation of its impact on all educational outcomes	Creating a school ethos that promotes wellbeing, resilience and positive skills has proven able to improve the individual and school performance.
Pastoral teams and specialist staff are the best response by schools	Early intervention measures take place in every classroom every day, where young people can make sense of their own strengths and weaknesses and build resilience. When these are not sufficient then a high quality system of care and support is important	Undertaking a school mapping exercise to highlight the different settings, staff and interventions where young people are learning about themselves and their coping strategies will reveal in your school the wealth of opportunities to impact positively on your students.

OLD ASSUMPTIONS	WHY WELLBEING MATTERS	THE WHOLE SCHOOL APPROACH
These students are costly in time and resources	These students and their needs do need to be planned for but here schools can draw on a range of new interventions. There is an increasing number of CYP who have fallen under the radar who do need specialist help, and often schools find services are not accessible or appropriate.	<p>Mental health awareness can assist schools develop a clear early intervention strategy, identification process and with support robust care pathways and protocols.</p> <p>Schools can be influential in shaping external services and negotiating agreements as well as enhancing their commissioning role as a school and with other schools.</p>
Staff are reluctant to manage the emotional needs of their students and need to be able to rely on specialist staff within school	Staff within many schools are themselves highly stressed and this will be impacting on the emotional climate within schools and undermines ability to provide positive support to CYP	Staff wellbeing is increasingly becoming a priority for schools and the evidence building that taking care of staff and offering them positive skills impacts on the staff but also the school climate and the students.
Governors and senior teams need to ensure that mental health issues are managed well and outside services pressured to provide better supports	Schools without a strategic overview of how to promote wellbeing and how to use resources to intervene early will face increasing fire fighting demands and rely on services managed elsewhere	<p>As a board and senior team knowing your assets and strengths and where within your school a strategic approach to EWB offers clear opportunities to gain in other areas of performance and overall quality of a school environment and ability to lead from the front.</p> <p>Department of Education &amp; OFSTED are developing a stronger set of criteria in this arena.</p>



# Breakout

- Why might it be important to measure mental wellbeing in schools and colleges?

# Why measure mental wellbeing in Schools?

- We know that at least one in eight children and young people aged between five and sixteen have a clinically diagnosable mental problem. Schools and colleges working in this context have three main reasons to consider measuring or monitoring mental wellbeing:

- **The big picture:** to better understand your school or college overall, including the breadth and depth of difficulties for pupils.
- **Identification and support:** to identify pupils that may need additional support and to provide it in a timely way.
- **Evaluation and improvement:** to track changes in mental wellbeing over time, to evaluate and improve the impact of interventions, school approaches or staff development.

# Considerations

- **Wellbeing Questionnaires are a great way to start a conversation, but may also elicit sensitive issues and raise expectations.**

Tip: *Be prepared: be clear about why you are asking and what you will do with the responses you receive; consider if parents, carers, or other stakeholders also need to be communicated with.*

- **Information from mental wellbeing questionnaires should not be used in isolation.**

Tip: *Always apply professional judgement and consider the data in context and alongside other types of information, for example about school engagement, home environment, or appropriate benchmarks.*

# Considerations

- Think about issues of consent and confidentiality and how these apply to your plans to collect, store, analyse or communicate about response data.

Tip: *Give proper consideration to any data protection, information governance or ethical requirements.*

- Where possible, use a standardised measure which has gone through a research process to test whether it is ‘valid’ and ‘reliable’.

Tip: *Still choose a measure that suits your purpose and is useful*



## ME AND MY FEELINGS

Below is a questionnaire which is going to ask you how you feel. There are no right or wrong answers. You should just pick the answer which is best for you.

STATEMENT	NEVER	SOMETIMES	ALWAYS
I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nobody likes me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have problems sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wake up in the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry when I am at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hit out when I am angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do things to hurt people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I break things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank You!

---

## THE SHORT WARWICK-EDINBURGH MENTAL WELLBEING SCALE (SWEMWBS)

Below are some statements about feelings and thoughts.

Please circle the answer that best describes your experience of each over the last 2 weeks

STATEMENTS	NONE OF THE TIME	RARELY	SOME OF THE TIME	OFTEN	ALL OF THE TIME
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

---

## STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ) S11-17

For each item, please tick the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months

Your Name .....	Male/Female		
Date of Birth .....	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears. I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

## STUDENT RESILIENCE SURVEY (SRS)

Please read every statement carefully and circle the answer that fits you best.

AT HOME, THERE IS AN ADULT WHO...	NEVER					ALWAYS
	1	2	3	4	5	
... is interested in my school work	1	2	3	4	5	
... believes that I will be a success	1	2	3	4	5	
... wants me to do my best	1	2	3	4	5	
... listens to me when I have something to say	1	2	3	4	5	

AT SCHOOL, THERE IS AN ADULT WHO...	NEVER					ALWAYS
	1	2	3	4	5	
... really cares about me	1	2	3	4	5	
... tells me when I do a good job	1	2	3	4	5	
... listens to me when I have something to say	1	2	3	4	5	
... believes that I will be a success	1	2	3	4	5	

AWAY FROM SCHOOL, THERE IS AN ADULT WHO...	NEVER					ALWAYS
	1	2	3	4	5	
... really cares about me	1	2	3	4	5	
... tells me when I do a good job	1	2	3	4	5	
... believes that I will be a success	1	2	3	4	5	
... I trust	1	2	3	4	5	

AWAY FROM SCHOOL...	NEVER					ALWAYS
	1	2	3	4	5	
... I am a member of a club, sports team, church group, or other group						
... I take lessons in music, arts, sports, or have a hobby	1	2	3	4	5	

ARE THERE STUDENTS AT YOUR SCHOOL WHO WOULD...	NEVER					ALWAYS
	1	2	3	4	5	
... choose you on their team at school						
... tell you you're good at doing things	1	2	3	4	5	
... explain the rules of a game if you didn't understand them	1	2	3	4	5	
... invite you to their home	1	2	3	4	5	
... share things with you	1	2	3	4	5	
... help you if you hurt yourself	1	2	3	4	5	
... miss you if you weren't at school	1	2	3	4	5	
... make you feel better if something is bothering you	1	2	3	4	5	
... pick you for a partner	1	2	3	4	5	
... help you if other students are being mean to you	1	2	3	4	5	
... tell you you're their friend	1	2	3	4	5	
... ask you to join in when you are all alone	1	2	3	4	5	
... tell you secrets	1	2	3	4	5	

	NEVER		ALWAYS		
	1	2	3	4	5
I do things at home that make a difference (i.e. make things better)					
I help my family make decisions	1	2	3	4	5
At school, I decide things like class activities or rules	1	2	3	4	5
I do things at school that make a difference (i.e. make things better)	1	2	3	4	5
I can work out my problems	1	2	3	4	5
I can do most things if I try	1	2	3	4	5
There are many things that I do well	1	2	3	4	5
I feel bad when someone gets their feelings hurt	1	2	3	4	5
I try to understand what other people feel	1	2	3	4	5
When I need help, I find someone to talk to	1	2	3	4	5
I know where to go for help when I have a problem	1	2	3	4	5
I try to work out problems by talking about them	1	2	3	4	5
I have goals and plans for the future	1	2	3	4	5
I think I will be successful when I grow up	1	2	3	4	5

---

## GENERAL POPULATION – CLINICAL OUTCOMES IN ROUTINE EVALUATION (GP-CORE)

This form has 14 statements about how you have been OVER THE LAST WEEK. Please read each statement and think how often you felt that way last week. Then circle the answer which is closest to this.

OVER THE LAST WEEK...	NOT AT ALL	ONLY OCCASIONALLY	SOMETIMES	OFTEN	MOST OR ALL OF THE TIME
I have felt tense, anxious or nervous	0	1	2	3	4
I have felt I have someone to turn to for support when needed	4	3	2	1	0
I have felt O.K. about myself	4	3	2	1	0
I have felt able to cope when things go wrong	4	3	2	1	0
I have been troubled by aches, pains or other physical problems	0	1	2	3	4
I have been happy with the things I have done	4	3	2	1	0
I have had difficulty getting to sleep or staying asleep	0	1	2	3	4
I have felt warmth or affection for someone	4	3	2	1	0
I have been able to do most things I needed to	4	3	2	1	0
I have felt criticised by other people	0	1	2	3	4
I have felt unhappy	0	1	2	3	4
I have been irritable when with other people	0	1	2	3	4
I have felt optimistic about my future	4	3	2	1	0
I have achieved the things I wanted to	4	3	2	1	0