

Guest Editorial: The Changing Context for Mental Health and Wellbeing in Schools

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'There is a curse. They say: May you live in interesting times.'

Terry Pratchett, *Disc World*

AT THE TIME OF WRITING THIS EDITORIAL, the mental health of children and young people could be said to be caught up in 'interesting times.' In the UK, the Office of National Statistics is about to publish its 2016 survey of the mental health of children and young people. The previous report 12 years ago (Green et al., 2004) had already indicated that around 10 per cent of children had one or more mental disorders, and the prevalence was highest amongst the 11- to 16-year-olds. This amounts to 100 pupils in a secondary school of 1000 pupils at any one time. It was well said at that time by commentators (for example, Hagell, 2004) that we are doing something particularly unhelpful for the mental health of British youth. Years before that, the psychotherapist Susie Orbach (1999) proposed that society needs to create an emotionally literate culture where the faculty to handle the complexities of emotional life is as widespread as the capacity to read, write and do arithmetic. The educational theme was reiterated by the Mental Health Foundation (1999) in a proposed solution: schools and educational psychologists should have a central role in a multi-disciplinary support system to combat the mental health problems besetting the youth of our culture.

These interesting times are ongoing and are not unique to the UK. It has been reported that, internationally, up to 20 per cent of adolescents experience clinically recognisable mental health difficulties

(Belfer, 2008). Most recently, Polanczyk et al. (2015) indicated a worldwide prevalence of mental health disorder in children and young people of 13.5 per cent.

Clearly, despite political pledges that 'mental health tops the agenda' (*Times Educational Supplement Scotland*, 2005), there is little evidence of progress. Concerns continue to be expressed with the publication in 2013 of the report of the Children and Young People's Mental Health Coalition, *Overlooked and Forgotten* (Oliva & Lavis, 2013) and subsequent educational advice (Children and Young People's Mental Health Coalition, 2015). In February 2015, ministers once again targeted mental health in children and young people, noting that child mental health faces complex and severe problems. Andy Burnham, then Shadow Health Secretary, recommended that schools and GPs should play a role in identifying and tackling problems as they arise, pointing out that 'if mental health is the poor relation of the NHS, then children's mental health is the poor relation of the poor relation.'

Having repeatedly heard the message about the central role of education in addressing the mental health problems of children and young people, the Government published guidelines for education staff in England, *Mental Health and Behaviour in Schools: Advice for School Staff* (Department for Education, 2015). This document contains a wealth of advice about the various clinical conditions that schools staff may encounter.

Whilst this is both welcome and helpful, the role of the educational psychologist is reduced to one line of one page, thus failing to recognise the key position the profession holds. There is potentially an educational psychologist attached to every school in the UK, and potentially, therefore, on every doorstep of every family in need and at the point of early intervention. Educational psychologists' systemic knowledge of education services, schools and families, their community access and models of service delivery, offer an economically viable service in a position to address the problem and contribute to keeping clinical referral thresholds down. When the Children and Young People's Mental Health Coalition (2015) called for a key role for education and educational psychologists in particular in addressing the mental health needs of the nation's youth, perhaps they had in mind a similar view to MacKay (2011):

'In terms of training, they (educational psychologists) are the most generic psychologists with more postgraduate training time devoted to the child and adolescent sphere than for any other branch of psychology. In terms of role, they are the most contextualised, working across the domains of home, school and community. In terms of background, their knowledge of educational settings is unparalleled.' (p.11)

In Scotland, the Government has recently increased significantly the budget for children's mental health, with a particular focus on the Child and Adolescent Mental Health Service (CAMHS). While this will support clinicians in relation to growing demands, it will not reduce referral rates or the increasing economic burden of mental health in children and young people. In addition, unless there is a much greater focus on interventions at school level, the potential benefits of school-based initiatives will not be realised (see, for example, the meta-analysis by Durlak et al., 2011).

Educational psychologists need to work alongside our colleagues in mental health services to meet the needs of as many

children and young people at risk as possible, at the earliest point of need. The costs of not intervening early are very high. The Chief Medical Officer for England estimated that once a young client is taken on by CAMHS, the cost of dealing with that one referral will be between £11,030 and £59,130 annually (Department of Health, 2013). This is despite the fact that there are cost-effective early interventions available including non-clinic based therapies and systemic and universal preventative awareness raising approaches, all familiar territory for the educational psychologist. It is reported that more than half of all adults who have clinical levels of mental health problems already had a diagnosis in childhood, but only a minority of these had received treatment (Kim-Cohen et al., 2003). It was concluded that one-quarter to one-half of adult cases in the population might be prevented by effective intervention in childhood. Between 1980 and 2015 researchers reported that one in 15 young people self-harm, 68 per cent involving hospitalisation, and suicide is the leading cause of death in young males at around 23 per cent (Hawton et al., 2012). An estimated 24,000 of our 10- to 19-year-olds attempt to commit suicide in England and Wales each year, and specific conditions such as depression and conduct disorder have doubled including emotional problems in girls aged 11 to 13 (Hawton et al., 2003). In the wider societal context, mental health is the largest cause of disability, amounting to 23 per cent of the disease burden and 13 per cent of NHS expenditure. The same cost in the US is estimated to be almost \$250 billion. The long-term consequences of early onset mental health problems include poorer academic achievement, unemployment, family and relationship instability and increased likelihood of disorders in adulthood (Wolpert et al., 2015).

What then is it about these 'interesting times' that is proving such a curse for the children and young people of today? There are many speculated causes. Collishaw (2015), whilst being cautious about the

evidence of an actual increase in prevalence rates in general for children and young people, draws attention to secular changes in mental health resilience through the influence of family life such as separation and divorce, together with broader cultural and societal changes. For example, an increase in suicides in Europe and North America coincided with the onset of the recent economic recessions (Reeves et al., 2014). It has also been argued that the youth of today are the generation of repeated testing and categorisation, with high expectation yet reduced opportunity for work in the longer term. Added to that is the accessibility of substance abuse where the use of alcohol and recreational drugs is increasingly the norm. One of the most interesting developments in fairly recent times is the impact of social media on our current generation of Facebook, Instagram, and YouTube savvy youth: many game obsessively, do not sleep well and are bombarded by Ethernet bullying and unregulated and damaging images. These are 'interesting times' indeed.

There is evidence to support the need for effective educational psychology interventions in schools. In a study of the types of interventions used by school staff to support children and young people with mental health problems, Vostanis et al. (2013) found that schools did not focus on prevention and did not use an evidence-based approach. Schools were asked to rank the types of interventions most used by their establishment. Those used the least, should have had a much greater focus. For example, there was little time spent on the supervision and training of the school staff in support and pastoral roles, little awareness raising and support for parents and not so much information for the pupils and parents. Most time was spent in groups to support behaviour and social skills, indicating a reactive approach rather than a preventative one and an individual/within child paradigm rather than a systemic one.

Although the *Mental Health and Behaviour in Schools: Advice for School Staff* (Department

for Education, 2015) advice focusses on the development of actual mental diagnoses, it does provide a good framework for embedding a level of proactive systemic approaches which potentially facilitates a preventative strategy. These include: a committed school management team for taking forward the school's mental health policy; an ethos of high expectation of attainment with consistently applied support with policies, for example, on bullying applied by all members of staff; a strategic role for key learning support and pastoral staff; working with parents' and pupils' wishes and opinions; continuing professional development, ensuring good mental health is the responsibility of all members of the school community; training on the early warning signs, causes for concern and appropriate actions; clear systems for identifying at risk pupils, referral routes, escalation of intervention and accountability; working with a range of professionals within and outwith the school as set out in school additional support needs policy; participation in local joint mental health and social care forums; and curriculum flexibility. Teachers are also directed towards a mental health screening tool, the *Strengths and Difficulties Questionnaire*, that is easy to use and can be downloaded.

There is nevertheless little consideration of the pivotal role that could be played by the educational psychologist in supporting the school with these tasks. In particular, there is the delivery of core services that include: assessment (in this case mental health and contextual assessment including associated risk); intervention (including direct therapy, awareness raising with parent and pupil, onward referral to clinicians or other agencies if appropriate and delivering evidenced-based preventative universal interventions); training (of school staff at all levels and agencies); research (monitoring mental health, innovative implementation and evaluating programmes); consultation (both formal and informal with pupils, parents, support staff and agencies); and

policy (working with school staff and agencies in developing policies and practices) (Scottish Executive, 2002).

The findings of a recent study by Wolpert et al. (2015) highlight the central contribution the school psychologist can make in supporting and preventing mental health problems in children and young people. As such, it is a good index of the way forward. They reported on a large randomised controlled trial of Targeted Mental Health in Schools (TaMHS) in England. Their sample comprised 8480 pupils aged 8 to 9 years who either had or were at risk of behavioural and emotional difficulties. Evidence-informed interventions involving closer working relationships between health and education services were evaluated. The findings indicated reduced behavioural difficulties but not emotional difficulties in the intervention group compared with controls. The intervention schools also showed improved collaboration with local specialist mental health providers. The authors discuss extensively the central and highly effective role to be played by schools in early intervention and mental health promotion and the importance of an understanding of implementation science when conducting evaluative studies. In considering the implications of the study, Wolpert et al. (2015) noted:

‘The... study is of particular relevance to the school psychology community because of its routine involvement in training, supporting and advising schools in their mental health promotion efforts.’ (p.120)

‘...school psychologists can be confident in their efforts to encourage schools to embed targeted mental health interventions. They support previous research showing that such interventions may be multimodal and include those targeted at children (e.g. creative and group activities), as well as those targeted at parents and teachers.’ (p.132)

Furthermore, according to Wolpert et al. (2015), school psychologists have a role to play in aiding close work between schools

and external mental health provision, integrating practice and the translation of research into practice. The nature of their role means that they are ideally placed to create a bridge between the ‘high hard ground’ and the ‘swampy lowlands...’ (Marshall, 2013, cited by Wolpert et al., 2015, p.132).

It is upon this positive note that we return to the editorial task in hand: the contributions to this themed issue of *Educational & Child Psychology*. The number of submissions for ‘The Changing Context for Mental Health and Wellbeing in Schools’ was almost unprecedented, indicating thriving educational and applied psychology initiatives in delivering mental health support to children and young people. Many aspects of psychological service delivery were represented amongst the submissions and this resulted in the decision to publish two themed issues of ‘The Changing Context for Mental Health and Wellbeing in Schools’.

This issue includes papers that set the wider scene, including a discussion on the medicalisation of childhood (Hill & Turner), and an overview of paradigms and approaches to challenging behaviour in the context of emotional resilience (Roffey). These papers demonstrate the role that educational psychologists play in responding to social, political and cultural forces that impact indirectly on the attitudes and approaches to supporting mental health in schools. This issue also includes papers on the role of the educational psychologist in transforming how we support the mental health of children across entire authorities using nurture approaches (Williams et al.) and narrative resilience-building programmes (Eames et al.). This paper is a very able demonstration from our clinical psychology colleagues, and indicates collaborative opportunities on a universal scale. Three further papers consider the educational psychologist’s role in empowering teachers: Ruttledge et al.’s paper on teacher-led delivery of an emotional literacy intervention; Patterson and Grantham’s report

on a study exploring a relatively undeveloped role for EPs in supporting teachers' own wellbeing in primary schools; and, Lee's paper reports on supporting teachers in secondary schools in the context of pupil self-harm. The final paper evaluates the effectiveness of a gratitude diary intervention on children's sense of school belonging amongst larger numbers of secondary school pupils (Diebel).

Supporting the mental health of children and young people is both challenging and rewarding. It is rewarding because it is possible both to prevent and to ameliorate mental health problems in our children and young people, a view that is supported by a strong evidence base, notably using indi-

vidual, group and universal level CBT approaches across a range of conditions. It is challenging because resources are often misdirected into false economies, because stressed staff cannot meet the needs of stressed pupils – and because we are indeed in interesting times. It is hoped that the timely publication of this special issue on mental health and wellbeing in schools demonstrates the profession's competences in the field and further encourages educational psychologists to address the challenges of these interesting times.

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