A WHOLE SCHOOL APPROACH

POSITIVE MENTAL HEALTH

This new series of texts presents a modern and comprehensive set of evidence-based strategies for promoting positive mental health in schools. There is a growing prevalence of mental ill health among children and young people within a context of funding cuts, strained services and a lack of formal training for teachers. The series recognises the complexity of the issues involved, the vital role that teachers play, and the current education and health policy frameworks in order to provide practical guidance backed up by the latest research.

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A WHOLE SCHOOL APPROACH

Jonathan Glazzard and Rachel Bostwick

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+ MEET THE SERIES EDITOR AND AUTHORS

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+ INTRODUCTION

This book supports teachers and school leaders to develop a whole school approach to mental health. Mental health is not the same thing as mental illness. Everyone has mental health and there is a need to de-stigmatise the term. It is important for teachers and school leaders to create a school culture which enables everyone who is part of the school community to talk openly about mental health.

As a teacher or school leaders you are responsible for, or will contribute to, creating a school culture which promotes positive mental health. Creating a sense of belonging for all members of the school community is important. This will help to promote well-being. Developing a curriculum which explicitly teaches children about mental health is vital for developing students' mental health literacy. Creating systems for identifying mental health needs will ensure that students do not slip through the net.

We know that one in ten children currently has some form of diagnosable mental health need (DfE, 2016). Young people are exposed to multiple influences and risk factors which can have detrimental impacts on their mental health, and some children are more vulnerable than others. The pressures on young people appear to be increasing. They are subjected to a challenging academic curriculum and high-stakes testing from a young age. The links between social media and mental health are also now documented. The links been poverty and mental health are well established. However, the causes will vary across individuals and the solutions need to be personalised to individuals rather than generic.

This book has been written at a time when the government is investing in mental health. The Green Paper, published in December 2017, identifies a bold set of proposals to address children and young people's mental health including the introduction of Designated Senior Leaders of Mental Health in schools and access for schools to Mental Health Support Teams. Currently, waiting lists to access specialist services are too long and too many young people do not meet the threshold criteria for referral. Consequently, support often comes too late or not at all. The responsibility is often placed on schools to address pupils'

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mental health needs, yet teachers feel inadequately prepared to undertake this task.

This book supports you to develop your mental health provision. However, new challenges will continue to emerge to which schools will need to respond. At the time of completing this book, gaming disorder has been identified as a new mental health need. This illustrates the need for teachers to continually update their knowledge and the need for high-quality professional development to enable them to do this.

It is important to avoid stereotypes. Children and young people who are born into social deprivation will not inevitably develop a mental health need. Children from high-income families do develop mental health needs. While some groups of young people are more vulnerable than others, not all children who are living in care have mental health needs. Children who are polite, high performing, well behaved and dressed smartly may have mental health needs but these may be invisible. Young people may appear to be coping well but may be hiding serious mental health needs. Systems of identification in school need to catch all these children.

This book provides a concise text for busy teachers and school leaders detailing what you need to know to help inform your school's approach to mental health. It contains a number of features that highlight particular types of information. Research boxes are indicated by a magnifying glass symbol and statistics boxes have a bar graph icon. There are also professional links, case studies and critical questions along with helpful objectives, checklists and summaries.

We hope that you find this book useful and informative.

Jonathan Glazzard and Rachel Bostwick

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+ CHAPTER 1

WHAT IS MENTAL HEALTH?

PROFESSIONAL LINKS

This chapter addresses the following:

- *Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges* (DfE, 2016).
- The Equality Act 2010.
- The *Special Educational Needs and Disability Code of Practice: 0 to 25 Years* (DfE, 2015).

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CHAPTER OBJECTIVES

By the end of this chapter you will understand:

- what mental health is;
- your legal responsibilities in relation to supporting children and young people with mental health needs;
- types of mental health needs;
- the role of schools in promoting positive mental health in children and young people.

INTRODUCTION

This chapter outlines what we mean by mental health and provides an overview of the contribution that primary and secondary schools can make to the promotion of good mental health. Evidence suggests that mental health needs appear to be increasing (Burton, 2014). One in ten children has a diagnosable mental health condition (DfE/DH, 2017), and girls are particularly at risk of developing a low sense of well-being (Danby and Hamilton, 2016). While this is concerning, it is also possible that increased public awareness of mental health has resulted in more effective identification and diagnosis processes (Burton, 2014).

Research demonstrates that there are multiple risk factors which result in mental health needs. These include: income inequality; relationship breakdown; parental conflict; parental health; school expectations; bullying, including digital bullying and concerns about body image (Bor et al, 2014; Danby and Hamilton, 2016). Other factors including low self-esteem, abuse, neglect, socio-economic disadvantage, peer influences and grief or loss are also risk factors (DfE, 2016).

Research demonstrates that an increasing number of children and young people are demonstrating self-harm, phobia, depression, anxiety, substance misuse, attachment disorders, conduct disorders and eating disorders (DfE, 2014; Dickins, 2014; Sisak et al, 2014). There is evidence to suggest that children and young people with special educational needs are more at risk of developing mental health conditions (Lindsay and Dockrell, 2012) and those exposed to multiple risk factors demonstrate a significantly increased risk (Weare, 2010).

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Children and young people with mental health needs are at risk of being absent from school and underachieving academically (DH, 2014). While schools can have a positive impact in developing universal approaches for all pupils and addressing the specific needs of those who require targeted support, it has been emphasised that schools cannot meet the mental health needs of all pupils in isolation (O'Hara, 2014). Some pupils will require specialist provision, particularly in cases where needs are complex and where there is risk of harm to the child.

WHAT IS MENTAL HEALTH?

The following perspective has been adopted by the World Health Organisation:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity… Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

(WHO, 2014)

Contemporary perspectives on health position mental health as a positive concept rather than as a deficit attribute within a person (Weare, 2010; Weare and Markham, 2005). Thus, mental health has been conceptualised as a continuum, with mental health at one end of the spectrum and severe mental illness at the other (Danby and Hamilton, 2016). It is critical that children and young people understand that everyone has mental health and that this lies somewhere along this continuum; there will be times when most people need more support than at other times (Prever, 2006) and being able to recognise this is crucial in order to make positive changes Thus, helping young people to understand firstly, that mental health exists within a state of flux and secondly, that they can largely control it, can provide them with a sense of agency. Mental health moves along a continuum and is influenced by a range of social, biological and psychological factors. Helping children to understand what factors they can change and what individual and external resources they can draw on for support are important ways of empowering young people to take greater responsibility for their own health.

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The physical, social, psychological and emotional aspects of health overlap and interrelate (Danby and Hamilton, 2016). Children and young people's mental health is influenced by the quality of relationships they form with peers and adults (Thapa et al, 2013). This is known as social connectedness (Aldridge and Chesney, 2018). Engagement in physical activity can also improve mental health. However, while social connections and physical activity can improve mental health, having good mental health can also impact on the extent to which young people choose to participate in establishing social connections and physical activity.

Tabloid coverage can result in negative assumptions and stigma (Barber, 2012) in relation to mental health. This can lead to practitioners and parents forming a deficit view which associates mental health with mental illness (Holstrom, 2013; Time to Change, 2015). Schools play an important role in reducing stigma by helping children to understand that mental health is a fundamental aspect of everyone's health. By mainstreaming conversations about mental health, schools can help young people to understand that mental health is not something to be ashamed of. The stigmatisation of mental health can have detrimental impacts (Danby and Hamilton, 2016) because it can reduce the willingness of individuals to talk about their needs.

School leaders and teachers have a responsibility for providing safe, caring and nurturing environments so that all pupils can thrive. However, it has been argued that there is a danger of viewing young children as psychologically and emotionally vulnerable (Ecclestone, 2014, 2015), particularly when they display specific reactions to daily experiences which influence their emotions. Schools therefore play an important role in promoting young people's resilience to adverse situations so that they can 'bounce back' from these.

Certain risk factors are linked to mental health needs. These include:

- parental conflict;
- income inequality;
- parental relationship breakdown;
- parental health;
- cyberbullying;
- school expectations;
- special educational needs/additional learning needs;
- school environment.

(Danby and Hamilton, 2016)

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CRITICAL QUESTIONS

- Some life experiences are more challenging than others and will demand greater resilience to respond to them. What experiences might these include?
- What contributions can role models make to reducing stigma about mental health?
- What factors can protect against young people developing mental health needs?

LEGAL RESPONSIBILITIES

The following legislation or guidance places a duty on schools to safeguard and promote the welfare of children and young people:

- Section 175 of the Education Act, 2002, duty applies to maintained schools.
- The Education (Independent School Standards) Regulations, 2014, applies to independent schools (which include free schools and academies).
- The Non-Maintained Special Schools (England) Regulations, 2015, place a duty on non-maintained special schools to promote the welfare of children and young people.
- The Sexual Offences Act, 2003, states that it is an offence for a person aged 18 or over (eg teacher, youth worker) to have a sexual relationship with a child under 18 where that person is in a position of trust in respect of that child, even if the relationship is consensual.
- All schools must have regard to the following document: *Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges* (DfE, 2016).
- The Equality Act 2010: schools must prevent direct or indirect discrimination of individuals with protected characteristics. Disability is one protected characteristic, and this includes mental health conditions. This legislation places a duty on schools to provide reasonable adjustments to ensure equality of opportunity for individuals with protected characteristics. It is important to remember the multi-sectional nature of protected characteristics and thus, individuals may have one or more of these.

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- The *Special Educational Needs and Disability Code of Practice: 0 to 25 Years* (DfE, 2015): mental health is now recognised for the first time as a special educational need and schools have a duty to work in partnership with pupils, parents and external agencies to support pupils' mental health needs. The code emphasises the importance of early identification and intervention for all those with identified special educational needs and disabilities.

CRITICAL QUESTIONS

To meet these duties how might schools:

- create a culture which promote a sense of belonging?
- develop approaches to support the identification of mental health needs?
- develop the curriculum so that mental health is a taught aspect of it?
- develop policies on teaching, learning, assessment and behaviour management which reduce the risk of mental health needs occurring?
- develop approaches for working with parents, carers and external agencies to ensure that the needs of the child are met?
- develop approaches to monitoring the impact of interventions?
- develop mechanisms for providing children and young people with mental health needs with a voice so that they can participate in decision-making?
- develop approaches to professional development in mental health for all staff?

MENTAL HEALTH AND ACADEMIC ATTAINMENT

Research indicates that well-planned and well-implemented opportunities for supporting the well-being of students can positively affect academic outcomes (Greenberg et al, 2003; Gumora and Arsenio, 2002; Malecki and Elliott, 2002; Teo et al, 1996; Welsh et al, 2001; Wentzel,

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1993; Wood, 2006; Zins et al, 2004). According to Sammons (2007), there are strong relationships between student behaviour, attainment and learning and their social and emotional development. Due to the relationships between mental health, academic success and life opportunities, schools have a critical role to play in promoting students' mental well-being (Clausson and Berg, 2008; Cushman et al, 2011).

CRITICAL QUESTIONS

- Do you agree that schools have an important role to play in promoting students' well-being? Explain your answer to this.
- Should schools prioritise students' academic development or their well-being?

MENTAL HEALTH IN PRIMARY SCHOOLS

The following section outlines the common needs which you may notice in primary schools. There are other needs that are mentioned later in this chapter which may occur in primary schools but more commonly occur during adolescence.

CONDUCT DISORDERS

Children with conduct disorders may demonstrate verbal and physical aggression, defiance and anti-social behaviour. They may need support to understand what is meant by socially accepted behaviour and the impact of their behaviour on others. Approaches used in school to support children with conduct disorders may reflect a behaviourist approach which emphasises the use of rewards and sanctions. Some children may require a highly individual rewards and sanctions system which differs from the system which is used for all pupils. Behaviourist approaches focus on the consequences of behaviour rather than the causes. In contrast, an alternative approach stems from a branch of psychology known as humanism. Humanism attempts to focus on developing the child's sense of self through improving their self-concept and self-esteem. It focuses on helping the child to recognise their

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strengths and is underpinned by the work of Maslow and Rogers who argued that a positive sense of self is essential to enable an individual to achieve their full potential.

ANXIETY

Anxiety disorders range in type and severity. Anxiety may be related to a specific phobia, for example a fear of an object, or situation. Children may become anxious in unfamiliar situations and may be anxious in some situations but not in others. Some children may be anxious all the time. In addition, anxiety might result from separation from a significant other. Children with anxiety may display a range of symptoms. These include fearfulness, irritability, panic, breathlessness and sleep deprivation (DfE, 2016).

ATTACHMENT DISORDERS

The work of Bowlby helped to demonstrate the significance of positive attachments between children and their primary caregivers. In cases where loving, caring and secure attachments are not formed because of the family context, this can have a detrimental impact on the child's sense of self and their behaviour. Children with attachment disorders may be withdrawn, demonstrate anti-social behaviour, have low confidence and a negative perception of their abilities. Forming positive and secure relationships with children is essential, particularly in cases where attachments with their primary caregivers are weak, non-existent or absent. Some children with attachment disorders may benefit from interventions which help to develop a positive sense of self.

CRITICAL QUESTIONS

- What situations in school may result in a child feeling anxious?
- What are the advantages and disadvantages of supporting conduct disorders through a behaviourist approach?
- What are the advantages and disadvantages of supporting conduct disorders through a solution-focused approach which involves the

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child in setting goals and supports them in recognising their own strengths?

CASE STUDY

One primary school decided to introduce a universal approach to supporting children's well-being. Rather than focusing only on children who presented needs, they used the resources from the Head Start resources with all children. They selected resources from the toolkit: www.corc.uk.net/media/1506/primary-school-measures_310317_forweb.pdf

They decided to adopt the feelings survey and the resilience survey, which all children completed once a term. This allowed teachers to identify any children with specific needs and provide appropriate support, but it also enabled senior leaders to identify differences in feelings and resilience between specific groups of children (for example, gender, ethnicity, age and special educational needs).

- Nearly 8 per cent of children aged 5–10 have a diagnosable mental health need.
- Mental health needs are more common in boys (just over 11 per cent) than girls (nearly 8 per cent).
- Around 1 in 10 white children have a mental health disorder, compared to just under 1 in 10 black children, and 3 in 100 Indian children.

(DfE, 2016)

CRITICAL QUESTION

+ Why do you think there are variations in the statistics in relation to gender and ethnicity?

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+ REFERENCES

Bradley, R H and Corwyn, R F (2002)
Socioeconomic Status and Child Development. *Annual Review of Psychology*, 53: 371–99.

Browne G, Gafni A, Roberts J, Byrne C and Majumdar G (2004)
Effective/Efficient Mental Health Programs for School-age Children: A Synthesis of Reviews. *Social Science and Medicine*, 58(7): 1367–84

Calear, A L and Christensen, H (2010)
Systematic Review of School-based Prevention and Early Intervention Programs for Depression. *Journal of Adolescence*, 33(3): 429–38.

Cemalcilar, Z (2010)
Schools as Socialisation Contexts: Understanding the Impact of School Climate Factors on Students' Sense of School Belonging. *Applied Psychology*, 59(2): 243–72.

Children and Young People's Mental Health Coalition (2012)
Resilience and Results: How to Improve the Emotional and Mental Wellbeing of Children and Young People in Your School. London: Children and Young People's Mental Health Coalition.

Daine, K, Hawton, K, Singaravelu, V, Stewart, A, Simkin, S and Montgomery P (2013)
The Power of the Web: A Systematic Review of Studies of the Influence of the Internet on Self-Harm and Suicide in Young People. PLoS ONE, 8(10): e77555. https://doi.org/10.1371/journal.pone.0077555

Department for Education (DfE) (2015)
Special Educational Needs and Disability Code of Practice: 0 to 25 Years. London: DfE.

Department for Education/Department of Health (DfE/DH) (2017)
Transforming Children and Young People's Mental Health Provision: A Green Paper. London: DfE/DH.

SAMPLE

Department of Health/Department for Education (DH/DfE) (2017)
Transforming Children and Young People's Mental Health Provision: A Green Paper. London: DH/DfE.

Durlak, J A, Weissberg, R, Dymnicki, A, Taylor, R and Schellinger K (2014)
The Impact of Enhancing Students' Social and Emotional Learning: A Meta-analysis of School-based Universal Interventions. *Child Development*, 82(1): 405–32.

Fardouly, J, Diedrichs, P C, Vartanian, L and Halliwell, E (2015)
Social Comparisons on Social Media: The Impact of Facebook on Young Women's Body Image Concerns and Mood. *Body Image*, 13: 38–45.

Frith, E (2017)
Social Media and Children's Mental Health: A Review of the Evidence. London: Education Policy Institute.

Goodman, A, Joshi, H, Nasim B and Tyler C (2015)
Social and Emotional Skills in Childhood and Their Long-term Effects on Adult Life. London: UCL.

Jamal, F, Fletcher, A, Harden, A, Wells, H, Thomas, J and Bonell, C (2013)
The School Environment and Student Health: A Systematic Review and Meta-Ethnography of Qualitative Research. *BMC Public Health*, 13(798): 1–11.

Lilley, C, Ball, R and Vernon, H (2014)
The Experiences of 11–16 Year Olds on Social Networking Sites. London: NSPCC.

National Institute for Health and Care Excellence (NICE) (2013)
Social and Emotional Wellbeing for Children and Young People. London: NICE.

Patel, V, Flisher, A J, Nikapota, A and Malhotra, S (2008)
Promoting Child and Adolescent Mental Health in Low and Middle Income Countries. *Journal of Child Psychology and Psychiatry*, 49: 313–4.

SAMPLE

PISA (2015)
Students' Wellbeing Volume 111. OECD, April 2016. [online] Available at: www.oecd.org/edu/pisa-2015-results-volume-iii-9789264273856-en.htm (accessed 15 July 2018).

Public Health England (PHE) (2015)
Promoting Children and Young People's Emotional Health and Wellbeing: A Whole School and College Approach. London: PHE.

Stewart-Brown, S (2006)
What is the Evidence on School Health Promotion in Improving Health or Preventing Disease and, Specifically, What is the Effectiveness of the Health Promoting schools Approach? Copenhagen: WHO Regional Office for Europe.

Tiggemann, M and Slater, A E (2013)
NetGirls: The Internet, Facebook and Body Image Concern in Adolescent Girls. *International Journal of Eating Disorders*, 46(6): 630–3.

Woods, H C and Scott, H (2016)
#Sleepyteens: Social Media Use in Adolescence is Associated with Poor Sleep Quality, Anxiety, Depression and Low Self-esteem. *Journal of Adolescence*, 51: 41–9.

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