New research finds that schools play a key role in promoting wellbeing and tackling mental health problems, but face significant challenges such as limited capacity and resource.

1. Background to the research

The National Children's Bureau (NCB) and the National Centre for Social Research (NatCen) were commissioned by the Department for Education (DfE) to explore mental health and character education provision in schools and colleges in England.

This briefing focuses on findings from the mental health aspect of the research, based on:

- A robust, nationally representative survey completed by 2,780 schools and colleges.
- 15 case studies covering a cross-section of schools, colleges and other education settings, which were effective in supporting pupils' mental health.

2. Summary of findings
a) Promoting positive mental health

Schools and colleges are in a unique position to promote positive wellbeing and good mental health in children. Staff have opportunities to build relationships with, and offer support to, their pupils and their families by:

- Creating an environment where children and young people feel safe and happy;
- Identifying pupils' specific mental health needs;
- Providing support for pupils with particular needs; and/or
- Referring to and/or delivering specialist therapeutic provision.

Education settings undertook a variety of approaches to promote positive mental health. The survey found that:

- 92% of schools and colleges created an ethos or environment that promoted mutual care and concern;
- 64% integrated the promotion of positive mental health and wellbeing into the school day; and
- 63% provided information or signposting to external support.

To promote positive mental health, staff at case study schools and colleges created a whole organisational culture, with a shared vision and approach. This was intended to normalise talking about mental health issues, raise awareness of how and where pupils could access support, and support the development of emotional literacy to help pupils to explain, understand and manage their own emotions and mental health.

Positive mental health was promoted through:
- Skills development sessions (73%); and
- Taught sessions about particular mental health issues (53%).

Staff at the case study schools and colleges described embedding the discussion of mental health across the curriculum and day-to-day activities such as form or tutor time.

b) <u>Identifying pupils with particular mental health needs</u>

In four out of five schools and colleges, pupils with potential mental health needs were most frequently identified through ad hoc concerns raised by staff. This relied upon staff observing the pupils and noticing any changes in behaviour or mood. Once a member of staff had identified a potential need they then shared this information with appropriate staff to speak to the pupil and/or parents. **Admissions processes and inductions** were another mechanism to identify needs. The case studies also highlighted that **children and young people referred themselves, or parents and friends did this on their behalf**.

There were variations depending on the size and type of schools or college and the age of the child. Primary schools were more reliant than secondary schools and colleges on parents to disclose any mental health problems or concerns. While the case study secondary schools and colleges tended to rely on pupils self-disclosing a problem. In order for pupils to self-disclose, staff needed to build a relationship with the pupils that would encourage children and young people to open up. In primary schools children often spent their time with one teacher but this was not the case in secondary schools and colleges. As such, using form time and personal tutors as a mechanism to support positive mental health became crucial.

> **Supporting students' mental health in college**
> A further education college recently redesigned their personal tutor system to provide better emotional support for their students. Previously, personal tutors were teaching staff who had the pastoral element added on to their role. This resulted in inconsistent wellbeing support, as some teachers engaged fully in the role, while others did not. To rectify this, the college developed the role of "progress tutors", whose sole responsibility was to provide pastoral support to students. Progress tutors have a team to provide peer learning and support, resulting in more consistent and higher quality support for students.

c) <u>Supporting pupils with mental health needs</u>

Three out of five education settings provided educational psychological support and the same proportion offered counselling. Schools featured in the case studies viewed counselling as a form of low-level support, provided to pupils who were experiencing bereavement, stress, anxiety, depression and low self-esteem.
The case studies also highlighted the importance of schools and colleges having **dedicated space to support mental health and wellbeing**. These were calming environments and provided pupils with a safe space away from the classroom. Some were designed to be areas where children could release anger, for example a sensory room with padded walls; or a more nurturing environment depending on

the needs of the child. The space could also be outside with wellbeing gardens and forest school activities being used to support the wellbeing of pupils.

  d) Challenges facing schools

Nurture provision for Reception and KS1 in a LA maintained primary school
The 'Tree House' was set up to support children who were at risk of being excluded from a primary school. Children who were referred to the provision were emotionally distressed and could be withdrawn, angry or chaotic. The provision was used to nurture and support a child to successfully return to the classroom. This was an early support intervention for reception and Key Stage 1 children. The school wanted to focus on this young age group to provide early intervention to help the children progress. Referrals were passed from the teaching staff to the pastoral leader to assess the child's social and emotional development using the Boxall Profile. There were two sessions a day (morning and afternoon) which lasted up to three hours. Six to eight children spent half a day in the provision and returned to their class for the other half day. This ensured they kept in touch with their class and ensured a smooth transition at the end of the intervention. The provision was designed to mirror aspects of the home and classroom. For example, in the morning staff and children shared a meal together. Children used the provision for two to three terms depending on their needs.

Survey findings highlighted two major barriers to supporting mental health. Three-quarters of respondents stated **commissioning local services** was a challenge and 71% of education settings cited **a lack of funding** to provide adequate mental health provision.

The case study research uncovered concerns **about long waiting lists** and **high thresholds for specialist provision**. Participants attributed this to a combination of cutbacks and rising mental health needs among their pupils. Participants perceived that budgets were being stretched as the number of children being identified with an additional need, including mental health, had increased.

"Because now I certainly am looking at, right, okay, so this child needs art therapy but that might mean a dyslexic child is not getting the dyslexic support that they need because that pot has got to cover those two different areas now and I'm stretching it even thinner." (LA maintained primary)

A lack of internal capacity was also a commonly reported barrier (59%). Even in case study schools, which were selected for their relatively high level of provision, participants felt that a lack of time and staff capacity limited their ability to create a culture that supported mental health.

In three-quarters of schools and colleges information was passed to the school from external services or previous schools. However, the case study schools and colleges described how **information was not always passed onto the school from external services**. In these cases, if the pupil or parent did not disclose any mental health ill-health to the new setting it became challenging to put the right support in place.

"I think sometimes we miss things, because - and it's when we don't know, when things have not been passed on to us from either a previous school, or parents haven't disclosed, the student hasn't disclosed, or no one knows there's an issue, it's

just transpired half way through a student's course, and sometimes that happens too late to put the right support in place." (College)

3. Recommendations[1]

> ### 1) Increase funding for mental health support in schools and colleges
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> The research found that the majority of school leaders are committed to promoting pupils' wellbeing and good mental health. However, 71% education settings reported a lack of funding to set up adequate mental health provision in schools. The research also suggests that pupils with mental health needs who require more support than their school can provide, but who do not reach the threshold for specialist services, may be falling through the net. The Government should provide additional funding for both schools and specialist mental health services so that all children can access the right support at the right time.

> ### 2) Recognise the importance of promoting wellbeing in the assessment framework
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> Mental health and wellbeing should be at the heart of the education system. Wellbeing provision should form a central part of the Ofsted school improvement and assessment framework. The Ofsted framework should be re-balanced so that wellbeing provision is given with the same level of consideration as academic attainment when ranking education settings. Specifically, the assessment should consider how far schools prioritise the promotion of good mental health and wellbeing.

> ### 3) Build staff capacity
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> To implement a whole organisational approach, staff must have appropriate awareness and understanding of the issues. The majority of school staff are not mental health professionals so training is required to build confidence and expertise. Although teaching staff will never be expected to become mental health specialists, they must be empowered to play a key role in prevention, identification and support. The Government should embed an understanding of children's psychological development, wellbeing, good mental health and resilience in initial teacher training and continued professional development programmes.
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> *"My teachers are not trained to be social workers, but that's what you have to be, almost, in this type of school. Now, if that's the way the government wants to take education, that's fine, but then you've got to change the training colleges. They've got to put more emphasis on understanding behaviour, emotional awareness of children and they have to make sure that that becomes part of their standards that they're measured by."* (LA maintained primary)

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[1] Please note: mental health provision for children and young people in England is provided under the umbrella of Children and Young People's Mental Health Services (CYPMHS). The CYPMHS framework incorporates all professionals working with children and young people, from universal provision through to specialist inpatient and outpatient services. The services that are funded by the NHS are known as NHS CYPMHS. These are services that were previously (and still are in many areas of the country) called NHS CAMHS.

4) Improve the links between schools and specialist mental health services

There is significant variation in the quality of relationships between schools and specialist mental health services. To meet children's needs, schools must be able to access specialist support easily. However, our research found that the majority of specialist mental health services lack a single point of contact who can be readily accessed by schools for help and advice. In future, all specialist services should have a designated single point of contact to provide consistency and continuity for local schools. Services should also be well resourced and required to provide timely information and advice.

5) Provide appropriate evidence-based tools and resources to schools and colleges

Teachers and pastoral staff need to improve their knowledge and skills to develop confidence in identifying mental health needs and providing appropriate support. However, access to relevant resources is currently patchy. There is no central bank of recognised tools, and teachers have no way of assessing the quality of any particular resource. The research suggests teachers often chance upon useful tools more by luck than design. The Government should provide clear guidance on access to quality assured materials for promoting good mental health and wellbeing.

About NCB

NCB is a leading children's charity working to build a better childhood for every child. We listen to children and young people and work with those supporting them to develop evidence on what needs to be done to enable children to enjoy their right to be safe, secure and supported so they can flourish and fulfil their potential.

NCB's work on children and young people's mental health

NCB hosts the Partnership for Well-being and Mental Health in Schools. The Partnership is a national network of more than 50 leading organisations from the education, health and children's sectors that supports schools and services to improve the well-being and mental health of all children in education. We also recently launched a new Wellbeing Award for schools with Optimus Education Ltd (part of Prospects Services Group).

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