Department for Education

Supporting Mental Health in Schools and Colleges

Summary report

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Contents

The research

This report provides a summary of the key findings from the Department for Education (DfE) research into mental health provision in schools and colleges.

The research included a national survey of provision, and case studies exploring decision-making, models of delivery and experiences of different approaches to mental health provision followed by a workshop to consolidate learning from the research.

This report summarises part of a wider, mixed methods project exploring mental health and character education provision in schools and colleges across England.

Policy context

Mental health problems cause distress to individuals and those who care for them[1]. The Prime Minister has said that mental health is one of the "greatest social challenges of our time"[2]. Overall, it is estimated that one in ten children and young people have a diagnosable mental disorder – the equivalent of three pupils in every classroom across the country[3]. Therefore schools and colleges are a vital part of a wider systems approach to promoting positive mental wellbeing and preventing mental illness in children and young people (CYP).

Research aims

The DfE commissioned this research project in order to understand what schools, colleges and other educational institutions in England currently do to promote positive mental health and wellbeing among all of their pupils, to identify and support pupils who might have particular mental health needs or require specialist support, and to explore their experiences of putting this provision into place. The DfE intend for this evidence to provide a basis for future policy and research.

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[1] Department of Health and NHS England (2015) Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing London: DoH and NHS England.

[2] Prime Minister's Office, 10 Downing Street and The Rt Hon Theresa May MP (2017) 'The shared society: Prime Minister's speech at the Charity Commission annual meeting', 9 January 2017.

[3] Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2004) *Mental health of children and young people in Great Britain*, Basingstoke: Palgrave Macmillan.

The aims of the project were to provide:

1. **Robust national estimates** on the **activities and support** provided by schools and colleges;
2. **Qualitative evidence** to explore **models of delivery** and **experiences** of different approaches in-depth; and
3. Examples of **specific activities** that schools and colleges have found **effective** in supporting pupils' mental health.

Methodology

The research formed part of a mixed methods project investigating mental health and character education provision in schools and colleges in England through a quantitative survey and qualitative case studies.

The survey was conducted in two parts. The first survey was conducted in the final term of the academic year 2015-16 (8th June 2016 to 1st August 2016), and involved a dual-topic survey of character education and mental health provision. The second, single-topic survey of mental health provision in schools was carried out in the first two terms of the academic year 2016-17 (7th November 2016 to 6th February 2017).

The primary aim of the surveys was to gain a representative profile of activity within schools, colleges and other educational institutions, as well as providing an understanding of the issues that institutions face in delivering mental health provision. This is the first time that a robust, nationally representative survey based on a stratified random sample of schools and colleges has been carried out to assess mental health provision[4]. Overall, 2,780 institutions completed the mental health surveys[5] (see Table 1 below). The majority of participants were senior leaders: head teachers or other members of the senior leadership team, meaning that the findings generally reflect the viewpoints of these staff. It was beyond the scope of the survey to reflect the judgements of a range of other staff members within the same institutions.

[4] More detail on the quantitative sampling approach is provided in the full report survey report – Marshall, L; Wishart, R; Dunatchik, A; and Smith, N. (2017) *Supporting mental health in schools and colleges: Quantitative survey*

[5] Though weighting can eliminate some element of non-response bias, it is important to recognise that schools with more active programmes may have been more inclined to agree to participate.

Table 1 Total achieved survey sample[6]

Institution type	Population	Issued	Achieved	Response Rate %
Primary local authority	13,561	6,040	1,371	22.7
Primary academy	3,056	1,395	333	23.9
Secondary local authority	1,071	1,065	95	8.9
Secondary academy	2,076	1,542	350	22.7
Independent school	1,861	1,766	380	21.5
Special school	1,545	666	121	18.2
Alternative provision & pupil referral unit	339	291	72	24.7
College	346	340	58	17.1
Overall Total	**23,855**	**13,105**	**2,780**	**21.2**

In order to extend learning from the survey, 15 case studies were conducted in a cross section of schools, colleges and other educational institutions between September and December 2016. The case study sample was drawn from the list of institutions that had completed the first survey, and was purposively selected to focus on mainstream primary and secondary schools and further education colleges that were more actively engaged in provision for mental health. Three special schools and three PRUs were added to the sample to provide transferable learning about more specialist practice[7].

The case studies were followed by a workshop at the DfE in January 2017. Participants from all case study sites were invited to take part in the workshop to consolidate learning and develop practice recommendations and conclusions from the research.

[6] Independent schools, special schools and alternative providers/PRUs are not reported by phase as the majority of these institutions operate across both primary and secondary phases.

[7] More detail on the qualitative sampling approach is provided in the full report - White, C; Gibb, J; Lea, J; and Street, C. (2017) *Supporting mental health in schools and colleges: Qualitative case studies.*

Key findings

How do educational institutions understand their role in supporting pupils' mental health?

While all case study settings reflected on the pivotal role schools and FE colleges played in supporting the mental health needs of children, the priority they attached to their approach varied depending on the size, type and phase of the school or FE college and the perceived mental health needs of their pupils.

Schools and colleges felt that they were in a unique position because of the time children spent in their care, and the opportunities that this afforded them to build relationships, and offer support to both children and their families. Across the case study sample, schools and colleges described their role as including some or all of the following aspects:

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

What do institutions do to promote positive mental health and wellbeing among their pupils?

Institution-wide approaches to promoting positive mental health and wellbeing were widespread. Almost all (92%) institutions reported having an ethos or environment that promoted mutual care and concern, and the majority (64%) felt that the promotion of positive mental health and wellbeing was integrated into the school day. In-depth interviews with staff showed that the creation of a whole organisational culture was intended to:

- Normalise mental health issues;
- Raise awareness of how and where pupils can access support; and
- Support the development of emotional literacy and resilience to help pupils to explain, understand and find ways to manage their emotions and mental health.

Commonly used activities[8] to promote positive mental health and wellbeing included skills development sessions (73%) and taught sessions about particular mental health issues (53%). Case study participants described embedding the discussion of mental health across the curriculum, including but not limited to PSHE[9] and SMSC[10] lessons. Assemblies and form/tutor time were also used to share information and open up discussion.

The activities used to promote positive mental health often varied between types of institution, and particularly differed by the age of the pupils being provided for. For example, at the two extremes of the age spectrum, colleges were notably more likely than state-maintained primary schools to report using activities to address the stigma surrounding mental health issues (63% vs. 16%), and were markedly less likely to use worry boxes or drop-in sessions for advice and signposting (51% vs 75%).

How do institutions identify pupils with particular mental health needs?

There was a near universal (99%) attempt across all institutions to identify pupils with particular mental health needs. Ad hoc identification by staff was by far the most commonly used method of identification, used by 82% of institutions.

In addition, almost all (93%) institutions undertook more systematic activity to try and identify pupils with particular mental health needs. This included making use of information from external services or previous schools (76%), and administrative data collected for other purposes such as attendance or attainment records (50%).

The case studies found that children and young people were identified as having a potential mental health need in three ways: through staff or other mental health professionals; during the admissions or inductions process; or through children referring themselves, or their friends or parents doing this on their behalf. Primary schools were more reliant on parents disclosing any mental health problems compared to secondary schools and FE colleges who relied more on students to disclose a problem.

One-quarter (24%) of institutions conducted targeted screening of pupils, and one in seven (15%) conducted universal screening of all pupils to pick up on those with particular issues. Alternative providers and pupil referral units (AP/PRUs) were more

[8] The survey listed examples of skills development sessions (e.g. coping skills, problem-solving or mindfulness) or taught sessions (e.g. body image, eating disorders or self-harm) rather than institutions reporting these specific sessions unprompted.

[9] Personal, social and health education

[10] Spiritual, moral, social and cultural development

likely to carry out universal screening (46%) and targeted screening (31%) than mainstream schools. The case studies highlighted that pupils often arrived at special schools and AP/PRUs with previously identified social, emotional and mental health needs. This led to a focus on monitoring and managing previously identified needs, as well as identifying newly emerging, or historically unrecognised needs.

What support do institutions offer for pupils with identified needs?

The most common types of support offered for pupils with identified mental health needs were educational psychological support (61%) and counselling services (61%). More clinical forms of support, such as cognitive behavioural therapy (CBT) (18%) and clinical psychological support (14%) were much less commonplace, though more prevalent in specialist settings. Individual counselling was by far the most recommended mental health provision across all institution types. Counselling was particularly recommended for older pupils, whilst primary schools also recommended therapies such as nurture groups and play and art therapy.

Having a dedicated space, whether for universal or targeted support was pivotal to the provision that the case study schools provided. These spaces were often calming environments used for children and young people to have a break from the classroom. There were also examples of more specialist provision being provided such as a nurture room for reception and key stage one children and a sensory room used for children with additional needs. The sensory room helped to support a child's mental health by providing them with a place where they could release their anger and anxiety.

The vast majority (94%) of institutions sought to monitor the impact of at least some of the support offered to pupils with particular mental health needs. The case study research found administrative data such as attendance, behaviour and achievement data as well as specific monitoring tools such as the SDQ were used to try and assess how particular activities or packages of support were working. However, the case studies also uncovered difficulties in trying to assess the impact of mental health provision, including the fact that a particular intervention might have differing levels of success for different pupils.

How do institutions fund their provision?

Almost all institutions funded provision for pupils with identified mental health needs at least in part from their own budgets. More than nine in ten (93%) providing counselling services and a similar proportion (91%) of those providing other support used their own budget to fund this provision. Case study interviews with staff found that institutions were faced with difficult decisions about managing their budget, including whether to prioritise spending on supporting academic, special educational or mental health needs. Some mainstream schools and colleges prioritised spending their budgets on mental health

support as they felt they had no other option due to a lack of external support, at the same time as a perceived increase in the need for mental health support. Case study settings also acknowledged that for students to achieve academically then the school or college needed to fund mental health support to enable each student to achieve.

Schools and colleges also received free or low cost support from practitioners looking to build up their contact hours, from pilot interventions and charities. However, there were concerns about the sustainability of using such interventions. If a charity or practitioner provided free or low cost support to the school for a trial period, there was uncertainty whether the school could sustain the funding for the intervention in the future.

What plans and policies are in place to support mental health provision?

The majority (87%) of survey respondents reported that their institution had a plan or policy in place about supporting pupils with identified mental health needs. Less common were plans and policies about promoting positive mental health and wellbeing among all pupils, though more than half (58%) of respondents did report having such a policy.

What is not clear from the survey findings is whether respondents were referring to specific mental health policies, or policies or plans set out as part of other broader policies. Case study settings without a separate mental health policy had incorporated wellbeing and mental health into a variety of relevant policies, such as safeguarding, behaviour, special educational needs (SEN), inclusion and broader health and wellbeing policies.

The quantitative survey found that institutions with policies aimed at promoting mental health and wellbeing and supporting pupils with needs were more likely to offer a broader range of mental health provision than those without. However, the qualitative research uncovered more mixed views about how helpful specific mental health policies can be. One view was that the process of writing such a policy might help to focus the institutions' approach, and the policy itself could help to build awareness of and familiarity with mental health issues and procedures and practice among staff, students and parents. However, opposing this were notions that practice was more important than policy, and mental health provision could be too complex and wide ranging to capture in one policy.

How do institutions work with external services to support pupils' mental health?

Institutions drew on a range of sources of information when developing their mental health provision. Most commonly used were local public health teams and/or local authorities (74%), specialist mental health services (73%), DfE guidance (59%) and mental health organisations (57%). Some case study settings also explained how their

approach had been developed in light of research evidence and child development theory.

Institutions also referred pupils to a number of specialist mental health services, including NHS or other specialised children and young people's mental health services (CYPMHS) (93%), GPs (73%) and other specialist voluntary or independent services (53%). A referral to a specialist service often resulted in case study schools withdrawing their support so as to avoid having more than one therapy being delivered at a time. In contrast, pupils in special schools and PRUs tended to already have pre-existing relationships with NHS CYPMHS, and schools worked in tandem with these services.

Most (68%) institutions had a dedicated member of staff responsible for linking with external services, but only one in five (19%) had a single point of contact in external services that could be accessed for help and advice. This lack of a single point of contact was especially common in mainstream schools, and a lack of time and capacity within external services to link with schools was highlighted as a key barrier to joint working. Having a single point of contact within NHS CYPMHS helped to build relationships and provided valuable specialist support and guidance for schools, and institutions with a single point of contact in external services reported higher levels of satisfaction with NHS services than those without these arrangements.

What challenges do institutions face?

Perceived major barriers to setting up mental health provision were difficulties in commissioning local services (74%) and a lack of funding (71%). The case study research uncovered concerns about long waiting lists and high thresholds for specialist provision, which participants attributed to the combination of cutbacks and (as they experienced it), rising mental health need among their pupils. Funding was a particular issue for mainstream schools, though specialist settings reflected on the complex, intensive and costly support needed by their pupils.

A lack of internal capacity was also a commonly reported barrier (59%). Even in the case studies, which were selected because of their relatively high level of provision, participants felt that a lack of time and staff capacity limited their ability to create a culture and ethos that supported mental health, and to develop the staff awareness and skills required to identify and support mental health alongside teaching commitments.

A quarter (26%) of institutions highlighted a lack of engagement among pupils and/or parents/caregivers as a barrier to mental health provision. Case study settings reported difficulties engaging pupils and their parents/carers who either did not acknowledge they had a problem, or were reluctant to seek or receive help. In particular, the stigma surrounding mental health was perceived to discourage engagement.

A lack of knowledge and understanding about mental health within the institution (36%), and a lack of internal priority or policy for mental health (6%) were relatively uncommon barriers, but were associated with lower levels of provision for mental health.

Respondents whose institutions did not have a lead member of staff for mental health were more likely to report barriers to provision. In particular, they were considerably more likely to report a lack of knowledge and understanding (43% vs. 30%) and/or a lack of capacity within the institution (61% vs. 56%).

What do institutions think is key to success?

The **case studies** explored what schools and colleges felt was key to success in supporting pupils' mental health. Participating staff felt that there was a need to create a **shared vision and understanding** about the approach to supporting mental health. This would ideally sit alongside and have equal prominence to the teaching and learning strategy. The approach needed to support the **mental health needs of staff as well as students**. Supporting the parents and the wider family could be equally important even if it felt beyond the remit of the school/college.

A **senior member of staff**, along with support from governors or executive board, was needed to drive the agenda forward in terms of the mental health support a school provides. The most appropriate way to organise the support varied according to the size and type of school. Mainstream schools recommended the need for a strong and distinct pastoral, or support team, with clear roles and responsibilities.

A "whole school" or "whole college" approach was critical for successful early identification of need and taking a preventative stance. Assessments and support pathways needed to be fluid and flexible, and constantly reassessed. Alongside observing children, there was a need for a **clear process** to follow when staff were concerned or had something specific to report, much as there would be for a safeguarding issue.

The relationship between support staff and young people was crucial to them being able to **build trust and work effectively** together. Staff needed to have been **trained** about mental health and to have bought in to the benefits of supporting young people. They needed access to a diverse range of evidence based activities and interventions in order that there was scope to tailor the support to the needs of students.

Participants felt that the **government and wider sector** could helpfully support schools and colleges by providing:

- More resources and tools for mental health provision
- Further mental health training for staff
- Increased funding for specialist services

- A directory of local services
- A menu or bank of tools and activities that have been proven to work
- Tips on how to monitor pupils' mental health and the impact of provision.

Conclusions

This research set out to understand what schools, colleges and other educational institutions in England currently do to promote positive mental health and wellbeing among all of their pupils, to identify and support pupils who might have particular mental health needs and to help pupils access specialist support where needed, and to explore their experiences of putting this provision into place.

The research revealed a broad range of activities and approaches aimed at promoting positive mental health and wellbeing among all pupils, identifying those who might have particular mental health needs, and supporting those with identified needs. In particular, institution-wide approaches to mental health provision were commonly adopted. A shared vision and ethos, established processes and strong relationships between staff and pupils were seen to be key to the promotion of positive mental health and supporting pupils with particular needs, as well as early identification of those in need. Institutions referred to and/or worked in tandem with external mental health services to offer specialist mental health provision, though a lack of time and capacity within these services were highlighted as problematic.

Though this research identified some key factors that institutions felt were key to success, such as a shared vision for mental health, strong leadership, trusting relationships and high quality training, this research did not attempt to capture the quality or effectiveness of current provision. The DfE intend for this work to provide a foundation for future policy and research.

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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