

Graduated response to mental wellbeing

Mental health and behaviour in schools (DfE), states (page 6):

The school role in supporting and promoting mental health and wellbeing can be summarised as:

- *Prevention: creating a **safe and calm environment** where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and **equipping pupils to be resilient** so that they can manage the normal stress of life effectively. This will include **teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos**;*
- *Identification: **recognising emerging issues as early** and accurately as possible;*
- *Early support: **helping pupils to access evidence based early support** and interventions;*
- ***Access to specialist support:** working effectively with external agencies to provide swift access or referrals to specialist support and treatment.*

It adds: *If schools suspect a pupil has a mental health problem, they should use the graduated response process (assess – plan – do – review) to put support in place. This article aims to identify strategies that support the APDR process.*

Assess

The advice from the DfE (2018) states: *There are two key elements that can enable schools **to reliably identify children** at risk of mental health problems;*

1. *Effective use of data so that **changes in pupils' patterns of attainment, attendance or behaviour are noticed** and can be acted upon.*
2. *Effective pastoral system so that **at least one member of staff knows every pupil well** and has **received training** to spot where **behaviour may have a root cause** that needs addressing.*

1) Data therefore needs to be systematically scrutinised to identify and monitor pupils who may be at increased risk of developing mental health problems. This may include paying attention to:

- Pupils with specific challenges located within:
 - The pupil themselves (e.g. personality, resilience, health),
 - The family (e.g. adverse childhood experiences, poverty),
 - The community (gang membership, exposure to drug and alcohol abuse etc.),
 - Experiences such as traumatic life events (bereavement and loss).
- These may particularly affect pupils who:
 - Have certain types of SEN, e.g. **those with autism or learning difficulties**, are significantly more likely to indicate raised levels of anxiety and stress;
 - Are in receipt of **free school meals**;
 - Are **looked after/in care**;
 - Are **young carers**;
 - Have had **previous access to mental health services**;
 - Are living with **parents with a mental illness**;
 - Are living in households experiencing **domestic violence**;
 - For a range of reasons, **lack a sense of belonging** to the school community.

2) Trained staff

Transforming children and young people's mental health provision: a green paper (Dec 2017) proposed the following:

- Incentivise and support schools to identify a Designated Senior Lead for Mental Health.
- Create new Mental Health Support Teams working with schools to provide support for those with mild to moderate needs.
- Implement waiting times pilots for Children and Young People with Mental Health issues.

The **DSL role is voluntary** and the Green Paper suggested that responsibilities may include:

- **Oversight of the whole school approach to mental health and wellbeing**, including how it is reflected in the design of **behaviour policies, curriculum and pastoral support**, how **staff are supported with their own mental wellbeing** and **how pupils and parents are engaged**;
- **Supporting the identification of at-risk children and children exhibiting signs of mental ill health**;
- **Knowledge of the local mental health services** to refer children and young people where it is appropriate to do so;
- **Working closely with the new Mental Health Support Teams** to improve outcomes on children and young people's mental health;
- Coordination of the mental health needs of young people within the school and **oversight of the delivery of interventions** where these are being delivered in the educational setting;
- Support to staff to help **raise awareness, and give all staff the confidence** to work with young people with mental health needs; and
- Overseeing the **outcomes of interventions**, on children and young people's education and wellbeing.

As part of this new programme, all secondary schools are eligible for a place on the Mental Health (MH) First Aid course (MFA England) which aims to support awareness raising of MH and wellbeing issues in schools. It is hoped that this training will ensure that every adult in school considers potential developing mental health issues when reflecting upon changes in pupil's behaviour, academic and social success. This might be supported through:

- Sharing an awareness of the **risk and resilience issues** that can impact on pupils (i.e. contained in the DfE advice in table 1: *Risk and protective factors that are believed to be associated with mental health outcomes*. (page 14 +15).

Visiting websites such as:

- **Schools in Mind** - a free network for school staff which shares expertise regarding the wellbeing and mental health issues that affect schools. It includes resources on **supporting the wellbeing of staff, useful booklets on supporting pupils' mental health and well being in schools, a mental health toolkit for schools** and links to the **Youth wellbeing directory** – an online directory of sources of mental health services in local areas.
<https://preview.tinyurl.com/y56dvfzp>
- **MindEd** - This e-learning hub is designed to help adults develop the skills to enable young people to develop healthy young minds.
<https://preview.tinyurl.com/yxmwb394>

- **Counselling MindEd** - This is an online resource within MindEd that provides **free evidence-based, e-learning** to support the training of school and youth counsellors and supervisors working in a wide variety of settings. <https://preview.tinyurl.com/y5hc8d9h>
- **Mentally healthy schools** - Resources include tips on how to start conversations with pupils about mental health issues. <https://preview.tinyurl.com/y2kthqtm>

Whole school policies and processes

School processes to support identification of mental health problems need to examine the effectiveness of:

- Policies and practice in areas such as **behaviour, anti-bullying and equality**, including **tackling prejudice** and stigma around mental health;
- Information gathering of school factors that may impact on mental health and well-being: **Bullying, discrimination, breakdown in or lack of positive friendships, negative peer influences and poor pupil to teacher relationships;**
- Training and awareness: Ensuring **all staff understand the risk factors** to well-being, and are **provided with support and resources** to help pupils develop the resilience to overcome adverse circumstances;
- Effective **transition processes** to support pupils cope with changes.
- Processes that **support pupils' physical health**. The relationship between health and wellbeing has two-way causality, i.e. good health improves wellbeing and good wellbeing improves health;
- Ensuring safeguarding practices **encourage disclosure** by pupils of academic, domestic, community and social problems that may result in threats to their resilience;
- Processes that focus on developing an **ethos where parents feel confident to approach the school** to ask for guidance on where to locate advice on how to respond to adversity e.g. imprisonment of parent, poverty, housing problems, ill health of carer etc.
- **Regular use of relevant tools** to identify and monitor pupils' wellbeing. (e.g. Anna Freud toolkit) that might include those that provide:
 - **A snapshot** of pupil mental wellbeing to inform whole-school practice e.g. The Good Childhood Index. This is the Children's Society's free questionnaire that can be completed by children aged eight and over to measure well-being in relation to 10 aspects of life. <https://preview.tinyurl.com/y25u7ck5>;
 - Identification of **individual pupils who might benefit from early support** to facilitate access to the right specialist support e.g. a selection of checklists from *Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges*.
 - **Evaluation to measure the impact** of early support and targeted interventions.

Plan

Complete a record sheet (and an individual health care plan for those with more complex needs) on concerns and the action decided with pupil and parent to respond to individual social, emotional and well-being needs. This might include:

1) *Identifying and recording:*

- The impact the **physical and social environment** might be having on wellbeing and making arrangements to reduce these.
- Difficulties the pupil might be **experiencing with the curriculum** and taking action to remove these. e.g. completing homework, particular subjects or relationships with specific members of staff?
- **A key person** who can develop rapport with the pupil to identify and respond to emerging threats to wellbeing.
- **Peer support** for areas of challenge e.g. curriculum work or social situations.
- Actions identified from discussion with the SENCo that identifies **targeted support** available within the schools to improve resilience, e.g. Referral to school nurse, Pyramid Clubs, Nurture Groups, mindfulness and relaxation interventions.
- **Action** put in place to ensure **the pupil feels secure** e.g. provision of safe place, attention to any sources of intimidation, impact of curriculum work etc.
- Information on guidance to parents on **local and national sources of advice** to promote their child's well-being and mental health. This pathway will be listed on the **LA's Local Offer** and is the responsibility of the Designated Clinical/ Medical Officer (DC/Mo handbook) <https://preview.tinyurl.com/y5qqamv>
- Any action that could be reasonably put in place to **reduce risk taking behaviours**, such as self-harming, alcohol and drug use etc.
- Support from any external agencies including the **local Mental Health Support team**.

Do

- **Communicate action plan** with all other members of staff.
- **Monitor delivery** but keep the time scale short – two weeks might be sufficient in some cases as mental health issues can escalate rapidly.
- **Communicate and meet regularly** with pupil and parents.

Review

- Use **assessment devices** alongside **feedback** from staff, parents and pupil and views of others involved, to assess the impact of provision.
- If progress is being made, then **discuss with parents and pupil** any further action required and draw up another action sheet to record amendments and time scale.
- If progress has not been recorded, more targeted support will be required. This may include increased in-school support, counselling support; out of school support; targeted group work; family and parent support or guidance to parents of referral to local MH agencies .

References

- Transforming children and young people's mental health provision: a green paper* (Dec 2017) <https://preview.tinyurl.com/y9756ezc>
- Promoting children and young people's emotional health and wellbeing. A whole school and college approach.* (2015) Public Health England
<https://preview.tinyurl.com/y5hp9y5j>
- The whole school approach to emotional health and mental wellbeing.* Oldham
<https://preview.tinyurl.com/y4gp7ur4>
- Mental health and behaviour in schools.* DfE (Nov 2018)
<https://preview.tinyurl.com/q7d23dz>
- What works to promote wellbeing?* (2014) DoH
<https://preview.tinyurl.com/y29web85>
- Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges.* Public Health England <https://preview.tinyurl.com/y2fyf3cy>
- Reducing the attainment gap: the role of health and wellbeing interventions in schools.* (2017) Dr Jane White <https://preview.tinyurl.com/y37dv9wz>
- A whole school framework for emotional well-being and mental health.* (2016) NCB
<https://preview.tinyurl.com/y4fdotuu>
- Mental health promotion and problem prevention in schools: What does the evidence say?* Weare and Nind (2011) <https://preview.tinyurl.com/y5zozkn5>

Resources

- What works in promoting social and emotional well-being and responding to mental health problems in schools?* Katherine Weare NCB
<https://preview.tinyurl.com/mzvn8g9>
- The *Mental Health First Aid* (MHFA) website states that every state secondary school in England is entitled to one free training place through the Youth MHFA in Schools programme. The website also provides access to downloadable resources.
<https://preview.tinyurl.com/yyks8o5r> MFA England <https://mhfaengland.org/>
- The *Young Minds* website allows access to a number of school-based resources to promote pupil wellbeing. <https://preview.tinyurl.com/y4ykwzmg>
- Mental health and wellbeing provision in schools* Oct 2018 Rebecca Brown
This review identifies in Annex D resources, schemes, interventions, programmes, training and approaches that were used by schools included within the sample used in this piece of research. <https://preview.tinyurl.com/y9otpcl3>
- Spotlight on Social and Emotional Wellbeing in School.* This downloadable booklet provides a professional development tool that aims to encourage good practice in schools. <https://preview.tinyurl.com/yd2qp6ro>
- Mental health* Hampshire has a helpful website that aims to support, pupils, parents and professionals to locate information and support on a range of well-being and mental health issues. <https://preview.tinyurl.com/yd9uyhz3>
- Time to Change* provides downloadable posters to support awareness raising of mental health issues <https://www.time-to-change.org.uk/resources>
- Supporting mental health and well being in secondary schools* Anna Freud
<https://preview.tinyurl.com/y3zxyptt>
- Schools in Mind* is a free network for school staff which shares practical, academic and clinical expertise regarding the wellbeing and mental health issues that affect schools. <https://preview.tinyurl.com/y8o477re>

What interventions?

Schools provide targeted social and emotional learning (SEL) interventions to pupils to support their emotional wellbeing, develop their resilience and reduce the impact that mental health issues may have on individual outcomes. The Best Evidence in Brief website reports that school-based social and emotional learning interventions despite having little impact on academic outcomes, can contribute to “buffering the adverse effects of mental health difficulties.” School based interventions are most effective if they are completely and accurately implemented (Weare & Nind, 2011). In statistical terms, **the effect of most interventions is small to moderate**, but when applied in real world settings, the effects are much larger (Weare & Nind, 2011).

Mindfulness

Mindfulness is increasing in popularity in schools and is one of the interventions being trialled by the Government to assess its impact on pupils. It promotes the focusing of attention on thoughts, feelings and environment in the present moment. Systematic reviews and individual studies of mindfulness interventions delivered to school aged children and published on the Mindfulness in Schools website (e.g. by Weare et al), concluded that well conducted mindfulness interventions could measurably improve the mental, emotional, social and physical health and wellbeing of young people by reducing stress, anxiety, reactivity and negative behaviour by bringing about greater calmness, relaxation, the ability to manage behaviour and emotions, self-awareness and empathy. A 2013 study of pupils who took part in a mindfulness in schools programme (MiSP), concluded that pupils reported significantly decreased depression symptoms immediately after the end of the program. In follow-up surveys conducted three months later, the pupils reported significantly less stress and symptoms of depression and significantly greater well-being compared to their non-MiSP counterparts.

References:

Evidence for the impact of mindfulness on children and young people Weare (2012)

<https://preview.tinyurl.com/jl6859p>

Research round-up: Mindfulness in Schools (2013)

<https://preview.tinyurl.com/y55p8wqc>

Nurture groups

A nurture group is a small group intervention led by two trained practitioners that places a focus on: understanding attachment and early development; relationships and adults modelling; social and emotional growth and language and the six nurture principles. The impact of nurture groups has been monitored for many years, including by Ofsted in 2011 who stated that: *When the nurture groups were working well, they made a considerable difference to the behaviour and the social skills of the pupils who attended them.* NurtureUK provide a list of research studies on their website. These include those recording the effectiveness of nurture group provision by comparing improvements in social and emotional functioning and academic progress for children with social, emotional and behavioural difficulties in nurture groups compared to students with SEBD that remained in their mainstream classroom. *The studies which included 1239 students, 89 schools with nurture group provision and 50 without, indicate that students with SEBD are significantly more likely to improve in social and emotional functioning and academic*

achievement by attending NG provision for at least two terms, rather than remaining in their mainstream classroom.

References:

Supporting children with challenging behaviour through a nurture group approach Ofsted (2011) <https://preview.tinyurl.com/y8kvtqu7>

Nurture groups in secondary schools. <https://preview.tinyurl.com/y48vzmuw>

Non-randomised studies <https://preview.tinyurl.com/y5vwfwm8>

Nurture groups; evaluation and practice in Glasgow.

<https://preview.tinyurl.com/y6t9x2hz>

PATHS

PATHS (Promoting Alternative Thinking Strategies) is a SEL intervention aimed at primary-age children. Originally developed in the US, it has been adapted for use in UK schools and focuses on self-control, emotional understanding, positive self-esteem, relationships and interpersonal problem-solving skills. It is designed to be used in each year of primary school, as the skills taught build on those introduced in previous years. A study by Humphrey et al, reports the findings of a randomised controlled trial of PATHS. A total of 5,218 pupils from 45 schools in Greater Manchester participated in the trial. Immediately after the interventions, there was a small improvement on pupil's social skills and psychological well-being. However, there were no differences between pupils from PATHS and control schools for any outcomes at post intervention follow up.

References: *The PATHS curriculum for promoting social and emotional well-being among children aged 7-9 years* (2018) Humphrey et al

<https://preview.tinyurl.com/y2n59xwa>

Pyramid clubs

Pyramid clubs offer a therapeutic group-work early intervention for children aged 7-14. They are often delivered as a 10 session after school or lunch club to reduce the impact on the learning curriculum. They are led by 3 or 4 trained leaders (in the main trained volunteers) who provide a SEL programme developed and monitored by the University of West London using concepts from two key psychological models: cognitive psychology and positive psychology. A study, reported in the British Journal of Educational Psychology, took 385 7/8 year olds, from seven schools in Ealing and Manchester, screened them for social and economic difficulties, then allocated them to a pyramid club or to the control group. Three months later teachers screened the children for emotional skills, the ability to get on with their peers, and good social behaviour. Those who attended the pyramid clubs had made greater gains than the children who had not been given any support.

References: The website of the University of West of London provides access to reliable sources of research <https://preview.tinyurl.com/y3a5wst6>

Other useful sources

The Best Evidence in Brief website <https://preview.tinyurl.com/y4fkqc22>

School based interventions guide ACAMH <https://preview.tinyurl.com/y8bz9vl5>

Evidence 4 Impact <https://www.evidence4impact.org.uk/>

Mental health promotion and problem prevention in schools: What does the evidence say? Weare and Nind (2011) <https://preview.tinyurl.com/y5zozkn5>