Young people continue to be judged on academic performance with much less regard for their mental health and wellbeing and the nurturing and development of their emotional intelligence. Literacy, numeracy and other academic achievements are still seen as the key markers of success, yet young people are facing unprecedented pressures in their lives, which are contributing to mental health problems including anxiety, depression, self-harm and eating disorders. More than one in 10 children (11%) responded to our YouGov survey that they have no one to talk to at school if they are feeling worried or sad. With more and more young people struggling to cope with their mental health, now is the time to put emotional wellbeing at the heart of children’s school experience.
Mentally healthy schools

The incidence of mental health problems in children is increasing across the UK, and a recent NASUWT survey found that 96% of teachers believe they have come into contact with pupils experiencing a mental health problem. There are many causes of this distress, but it is well known that half of mental health difficulties are established by the age of 14 and childhood adversity has been shown to account for around a third of future mental health problems. With childhood carrying such importance in the formation of mental health difficulties, intervening as early as possible can help prevent children from reaching crisis and avoid more expensive, longer-term interventions. There is a pressing need for governments to prioritise a preventative approach to children and young people’s mental health; schools have a central role to play in this, as a place where children spend around 30 hours each week, during which time they are acting in loco parentis.

It is time to consider what this means in the context of children’s mental health, given that the dominant political and public discussion about education continues to focus on pupils’ academic achievement. Now that there is a consensus across the governments of all nations of the UK that mental health needs to be addressed in schools, we need to be asking, are we doing enough to create schools that are nurturing and supportive environments for all children, which help them to understand and protect their mental health?

We want children to thrive in school and be able to make the most of this time of their life, but we know there is no one single way for schools to provide such an environment. To make schools mentally healthy places for all who attend and work in them, we need to pursue a “whole-school” approach to prevention, with action aimed at all elements of the school. Leadership and strategy, children, teachers, the curriculum, and access to support all contribute to creating a mentally healthy, nurturing environment for children and young people and all must be addressed for the whole system to work.

1. Leadership and strategy
School leaders are responsible for their school’s ethos and culture. To effectively promote good mental health and wellbeing across the school, leadership needs to be strategic and evidence-based.

This Good Childhood Report 2018 strongly makes the case that short, unobtrusive wellbeing surveys have an important role in identifying students in need of support. This is consistent with Young Minds’ Wise Up report which asks the UK Government to develop, trial and establish a
wellbeing measurement framework for use in schools.\textsuperscript{7} While there are good examples of schools already measuring mental wellbeing, we recommend that all schools should have a strategic plan in place to measure the mental health and wellbeing of their pupils and to act on the information generated.

School leaders are often unable to prioritise pupil mental health and wellbeing because of constraints such as budgetary issues, but wellbeing also carries insufficient weight in accountability measures. In England, the Care Quality Commission (CQC) has recommended that Ofsted’s new inspection framework ‘takes into account the impact that school life and the curriculum available to all children and young people have on pupils’ mental health and wellbeing’,\textsuperscript{8} something that has also been called for by the Education Select Committee.\textsuperscript{9} We support these recommendations.

We also believe it is crucial that inspections should not result in ranking schools according to the mental wellbeing of their pupils. Adversity is not equally distributed and mental wellbeing will vary widely by cohort and location: ‘league tables of wellbeing’ would be unhelpful and counter-productive. Instead, we recommend that Ofsted inspects the process by which schools collect information about their pupils’ mental wellbeing and how they act on that information.

As a starting point, the governments of all administrations should encourage schools to introduce a short, unobtrusive, regular wellbeing measure by 2020. A variety of measures is already available,\textsuperscript{10} and schools should be able to choose the measure which best suits their needs and context.

We recognise and emphasise that children and young people are central to the success of achieving well-being. We recommend that schools involve children and young people in the process of deciding which measure to use, and its potential adaptation to the needs of the school and the language used, while still adhering to good evaluation practice to ensure it does not undermine the validity and comparability of the tool. School leaders should be trained in how to interpret and act upon the data generated.

\textbf{In England:} Let’s give school leaders the evidence to understand what works in supporting their own pupils’ mental health by introducing a mental wellbeing measure in our schools by 2020.

\textbf{In Scotland:} Let’s introduce a mental wellbeing measure in every school, such as a “wellbeing check-in,” by 2020 to promote good mental health and ensure that instances of distress are identified early.
2. Children
To promote a truly inclusive, mentally healthy school culture, children need to be an integral part of the whole-school approach.

In England, the Government’s Green Paper found that young people say they would like to see more peer support as a way of improving mental wellbeing and we know that peer-to-peer support can help to engage students and break down the stigma surrounding mental health by normalising mental health conditions.

We have found that one way of engaging pupils in a whole-school approach to mental health and wellbeing is through peer delivery of mental health education. Delivered alongside other forms of mental health support and education, peer education can increase the likelihood that interventions and approaches to wellbeing are effective and sustained. Peer education helps empower young people to become active participants in the education process, giving them a sense of ownership of the course content, and there is some evidence that it is more acceptable to children and young people to learn about and discuss sensitive topics with their peers.

The Foundation has developed and trialled a Peer Education Project that we have delivered to over 40 schools, which has seen pupils become more comfortable talking about mental health and has improved their knowledge of issues such as stigma. We recommend that all UK administrations explore the benefits of peer-delivered mental health education, in the context of a wider whole-school approach, and deliver programmes in all secondary schools by 2020. In England, there is a significant opportunity to explore peer education as a component of the delivery of the new Health Education curriculum.

In England: Let’s help young people support one another and break down the stigma often associated with mental health by introducing a peer-led mental health programme in every school by 2020.

In Scotland: Let’s adopt a peer-led mental health programme in every school by 2020 to help young people support one another and break down the stigma on mental health.

3. Teachers
Teachers spend the greatest amount of time with children while they are at school and are often their first point of contact. Despite their
potential to support the early identification of mental health risk factors, 60% of surveyed trainee teachers across the UK are not confident about identifying mental health needs in students and 73% feel that mental health is given insufficient priority in teacher training.\textsuperscript{16}

For teachers to feel comfortable supporting children with their emotional wellbeing and mental health needs, training for all teachers needs to be sustained and long-term. Learning about mental health and wellbeing must be prioritised in Initial Teacher Training – and we support the addition of mental health content into the core framework for ITT in 2016\textsuperscript{17} in England – but also in an ongoing programme of Continuing Professional Development. Training should include understanding child development, including adolescent brain development, alongside more traditional mental health and wellbeing topics.

Teachers should also be taught how to look after their own mental health and supported in doing so. Alongside teacher training to support teachers’ own mental health, governments should also look at mental health in schools as a workplace issue, and should develop policies that make schools a healthier place for everyone who works in them.

Teachers are already overburdened in what they are expected to do. We think it is right that teachers receive additional training on mental health, but this must be delivered alongside changes in their workload elsewhere, consistent with the recent reviews of teacher workload that have recently been carried out in England.\textsuperscript{18} As part of a longer-term aim to reduce workload and deliver more time for professional development, we believe there is potential for to increase the amount of time teachers spend on CPD. This is evidenced by the Education Policy Institute’s findings that teachers in England ranked 30th out of 36 jurisdictions examined in terms of average number of days spent on CPD.\textsuperscript{19}

As a starting point we recommend that one day of CPD each year should focus on children and young people’s emotional well-being and mental health to support the introduction of the new Health and Education curriculum being introduced in September 2020. We would like this to be delivered alongside efforts to reduce teacher workload and deliver more time for professional development.

\textbf{In England:} Let’s give teachers the knowledge and confidence to make schools mentally healthy places by guaranteeing at least one day a year of Continuing Professional Development (CPD) dedicated to learning about children’s mental health and adolescent brain development by 2020.
4. Curriculum

Mental health and wellbeing education is too important to be left to chance – it must feature meaningfully in the school curriculum. Children have many opportunities to develop their social and emotional understanding at school, from the playground to extra-curricular activities. However, more structured learning, embedded in the curriculum, is also crucial for helping children and young people develop this.

One of the greatest barriers to children getting mental health support is low levels of mental health literacy; in a recent report, 51% of surveyed young people said that they did not ask for help because they did not understand what they were going through. Personal, Social and Health Education has provided some opportunity for schools to deliver teaching about mental health and wellbeing and how children experience it. However, while there are schools that teach it well, the subject can be haphazardly delivered, frequently with irregular lessons and often rolled into other subjects like careers education. We want to see regular, timetabled sessions delivering good quality mental health education in the context of a curriculum that shows how the knowledge learned applies practically to real life.

We support the Department for Education’s plans to make Health Education compulsory in England as part of its consultation on Relationships Education, RSE and HE. We believe however, that the Government should set a minimum number of hours per week for teaching the new subject and give greater attention to training teachers delivering the course content and producing high quality, evidence-based resources to aid lesson delivery.

In Scotland, which has an existing wellbeing strand of the curriculum, we recommend that the Scottish Government places greater emphasis on mental health and the way it infuses all aspects of health. The Scottish Government should ensure that schools deliver a minimum of one hour per week of high quality personal and social education class that explores emotional resilience by 2020.
In England: Let’s guarantee all school children a minimum of one hour a week of the new Health Education curriculum focused on practical strategies for staying well and seeking help, delivered appropriately by well-trained teachers.

In Scotland: Let’s introduce a new national target of one hour of quality PSE per week with a minimum of 50% of those classes dedicated to building emotional resilience and tackling the root causes of mental ill health by 2020.

5. Access to support in schools
For some children, pastoral support and universal approaches will not be enough. While we welcome the Transforming children and young people’s mental health reforms being trialled in schools in England to provide earlier and enhanced mental health support to children who need it, they will reach only one-fifth to one-quarter of school pupils by 2022/23.

We believe that all schools should have independent, trained counsellors on site for children who need their support. Counsellors are an important resource for children who need additional support. They can identify emotional problems and provide children with a safe space to discuss their difficulties, outside of the normal school structure. They also have an important role in early intervention and preventing mental health problems from developing further. Pro Bono Economics has estimated that every £1 invested in primary school counselling services results in benefits of £6.20 in terms of improved long-term outcomes.21

While Wales and Northern Ireland already provide access to counsellors in school and Scotland has committed to achieving a counsellor in every school in their recent Programme for Government, England currently has no plans to do the same. The British Association for Counselling and Psychotherapy found that 45% of school leaders in England have found it difficult to commission mental health support and 34% of counsellors reported that it was difficult to provide their services to schools.22

We recommend that England follows the example of the devolved administrations and commits to providing an independent counsellor in every school. In Scotland, where the Programme for Government recently committed to delivering 350 additional counsellors to cover all schools in Scotland, we recommend that local authorities ensure that there is a mental health support worker in every school which can provide a clear link to services outside of the school.
In England: Let’s provide independent counsellors in every school to help give pupils the timely support they need in an environment in which they feel comfortable by 2021.

In Scotland: Let’s embed mental health support workers in every school by 2020 so that young people who require targeted support receive it, when they need it, in the context of their environments.

Making space to reflect – how you can be involved

World Mental Health Day represents the start of our campaigning work on children and young people’s mental health in schools.

As our campaign develops, we want to make a space for reflection, and to hear the experiences and views of children, teachers and parents, and from other organisations with expertise on mental health in schools.

You can contribute by signing our petition and telling us how and why you think the governments of all UK administrations should make it count on mental health.

References

1. Total sample size was 1359 children aged 10-15. Fieldwork was undertaken between 14th - 26th September 2018. The survey was carried out online. The figures have been weighted and are representative of all GB children (aged 10-15).


