What works in promoting social and emotional well-being and responding to mental health problems in schools?

Advice for Schools and Framework Document

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INTRODUCTION

This advice covers two overlapping areas of school practice: promoting positive social and emotional well-being for all in schools, and tackling the mental health problems of pupils in more serious difficulty. It is designed to support schools, in particular, school leaders, in the delivery of their work on these two areas and complements other recent guidance from the Department for Education[1] and from Public Health England[2].

Schools are taking their role in delivering a broad area of practice – which is sometimes referred to as the' non-cognitive' side of education – increasingly seriously. The last 30 years has seen an exponential growth in programmes and interventions in schools under a wide range of titles. Internationally, programmes and research often use the term *'social and emotional learning'* (SEL), while some more specific terms are sometimes used – particularly current are the terms *'character'* and *'resilience'.* In general, this field has been the focus of a considerable amount of evaluation, including several comprehensive reviews and meta-analyses[3], including four in the UK covering all phases of schooling by the National Institute of Clinical Excellence[4567].

BENEFITS FOR SCHOOLS OF AN EVIDENCE-INFORMED APPROACH

Taken together, well conducted reviews demonstrate that there is a solid group of approaches, programmes and interventions which, when well designed and implemented, show repeated and clear evidence of positive impacts on:

- **academic learning**, motivation, and sense of commitment and connectedness with learning and with school[8].
- **staff well-being**, reduced stress, sickness and absence, improved teaching ability and performance[9].
- **pupil well-being** including happiness, a sense of purpose, connectedness and meaning[10].
- **the development of the social and emotional skills and attitudes** that promote learning, success, well-being and mental health, in school and throughout life[11].
- the prevention and reduction of **mental health problems** such as depression, anxiety and stress[12].
- **improving school behaviour**, including reductions in low-level disruption, incidents, fights, bullying, exclusions and absence[13].
- **reductions in risky behaviour** – such as impulsiveness, uncontrolled anger, violence, bullying and crime, early sexual experience, alcohol and drug use[14].

One well-conducted review in the US summarised research on 207 social and emotional interventions, and suggested that schools with effective programmes showed an 11 per cent improvement in achievement tests, a 25 per cent improvement in social and emotional skills, and a 10 per cent decrease in classroom misbehaviour, anxiety and depression[15].

The effect of interventions has routinely proved to be dramatically greater in higher-risk children. There have been very few examples of adverse (harmful) effects and those that have been noted are fairly minor[16].

Throughout the UK, a wide range of approaches, interventions, programmes, materials and guidance have been tried and sometimes evaluated. Recent large-scale interventions have included Healthy/ Health Promoting Schools, the Primary and Secondary Social and Emotional Aspects of Learning (SEAL) programmes and the Targeted Mental Health in Schools (TaMHS) programme in England. Taken together this work and accompanying evaluations have produced valuable learning of many kinds on 'what works'.

THE CHALLENGE FOR SCHOOLS

Schools need to have a clear awareness of the extent and nature of mental health problems in children and young people and of their responsibility to be part of the response, not least because these problems do not go away. Half of lifetime mental illness starts by the age of 14[17]. The statistics on mental health problems in the young are alarming:

- 1 in 10 children and young people have a clinically diagnosed mental health disorder and/or emotional and behaviour problems (often the same children) and around one in seven has less severe problems that interfere with their development and learning.
- Anti-social behaviour and conduct disorder affect over five per cent of children, particularly boys, while anxiety and depression affect four per cent[1819].
- Suicide is one of the three most common causes of death in youth and is now is rising: in 2014 there was a 43 per cent rise in the number of young people who admitted attempting suicide[20], while self-harm and eating disorders are a growing problem.

Social media and cyberbullying are increasingly suggested as part of the cause for the rise in these emotional disorders. Attachment disorder which gives rise to problems with connection, trust and relationships, may be on the rise as families increasingly fracture and fail, and more children join the care system[21]. Many problems are multiple and many remain undetected and untreated unless agencies such as schools take an active role.

THE PURPOSE OF THIS ADVICE

This advice sets out a series of framing principles which are directly informed by the evidence from international research, systematic reviews and control trials of interventions and on national and local evaluations of recent work in schools. It is designed to support school leaders and their staff to deliver well designed and implemented, interventions and approaches, drawing on the latest evidence that will impact on:

- academic learning, motivation, and sense of commitment and connectedness to school;
- staff well-being, stress reduction and performance;
- pupil well-being and the development of social and emotional skills;
- the prevention and reduction of mental health problems, such as depression, anxiety and stress;
- improving school behaviour and reductions in risky behaviour.

It deals with two overlapping areas of central importance in schools, which need to be integrated to be effective:

- **'social and emotional well-being'** refers to a state of positive mental health and wellness. It involves a sense of optimism, confidence, happiness, clarity, vitality, self-worth, achievement, having a meaning and purpose, engagement, having supportive and satisfying relationships with others and understanding oneself, and responding effectively to one's own emotions. The guidance will outline proactive ways in which the school can promote emotional and social well-being of all who learn and work there - the so called 'universal' approach.
- **'mental health problems'** will be used refer to the wide range of mental health, emotional and social challenges, difficulties, conditions and illnesses that can beset both pupils and staff, including stress and burnout, anxiety, depression, attachment difficulties and behavioural problems. This guidance will outline actions that schools can take to prevent, identify and respond effectively to the mental health problems of their staff and students, the so called 'targeted' approach.

WHAT WORKS – FRAMEWORK OF EFFECTIVE APPROACHES

There is clear evidence from well-conducted systematic reviews to support schools in employing the following approaches to improve outcomes:

ENGAGE THE WHOLE COMMUNITY

- Engage pupils through encouraging pupil voice, authentic involvement in learning, decision-making, and peer-led approaches
- Engage parents/carers and families in genuine participation, particularly those of pupils in difficulties whose families may feel blamed and stigmatised

Adopt whole-school thinking

- Use a 'whole school approach', which ensures that all parts of the school organisation work coherently together
- Provide a solid base of positive universal work to promote well-being and help prevent problems
- Develop a supportive school and classroom climate and ethos which builds a sense of connectedness, focus and purpose, the acceptance of emotion, respect, warm, relationships and communication and the celebration of difference
- Start early with skills based programmes, preventive work, the identification of difficulties and targeted interventions. Work intensively, coherently, and carry on for the long term
- Promote staff well-being, and particularly address staff stress levels

Prioritise professional learning and staff development

- Understand the risk factors to well-being, and help pupils develop the resilience to overcome adverse circumstances
- Raise staff awareness about mental health problems and the school's role in intervening early
- Base their response on a sound understanding of child and adolescent development
- Help all pupils cope with predictable changes and transitions, and keep abreast of new challenges posed by technology.

Develop supportive policy

- Ensure that there are robust policies and practice in areas such as behaviour, anti-bullying and diversity, including tackling prejudice and stigma around mental health

Implement targeted programmes and interventions (including curriculum)

- Ensure high-quality implementation of specific programmes and interventions
- Explicitly teach social and emotional skills, attitudes and values, using well-trained and enthusiastic teachers and positive, experiential and interactive methods. Integrate this learning into the mainstream processes of school life

Implement targeted responses and identify specialist pathways

- Provide more intense work on social and emotional skill development for pupils in difficulties, including one-to-one and group work
- Use specialist staff to initiate innovative and specialist programmes to ensure they are implemented authentically, then transfer responsibility to mainstream staff whenever possible, to ensure sustainability and integration
- Where pupils experience difficulties, provide clear plans and pathways for help and referral, using a coherent teamwork approach, including in the involvement of outside agencies such as CAMHS

Connect appropriately with approaches to behaviour management

- Respond wisely to 'difficult' behaviour, both responding actively with clear consequences and also understanding its deeper roots, taking opportunities to model and teach positive alternatives

WHAT WORKS – EFFECTIVE APPROACHES AND DETAILED ADVICE

Adopt whole school thinking

Take a whole school approach – and implement it carefully

'Whole school' refers to a multi-component approach, which encompasses and mobilises the totality of the school experience to promote well-being and address mental health issues[22]. Research over many decades has shown that multi-component approaches, provided they are coherent, are more effective in promoting social and emotional well-being than those which focus on only one or two parts of school life[23]. A recent example is the SEAL programme in which a well-coordinated and embedded whole school approach was correlated with higher attainment, whereas small, piecemeal and uncoordinated interventions were not[24].

In an authentic 'whole school approach' well-being and mental health are 'everyone's business', with genuine involvement of all staff, pupils, governors, parents and the community, and outside agencies. Such multi- professional teamwork which aimed at producing engagement and consistency was the focus of several successful TaMHS projects[25].

Whole school approaches have sometimes proved to be too vague and diluted to be effective[2627]. Particularly when applied to the complex world of the secondary school, whole school approaches need to be developed incrementally, with the total commitment of the senior leadership team, starting small with realistic expectations and proceeding strategically. Within this overall supportive and integrative framework the component parts of more specific interventions need to be implemented with clarity and fidelity, with appropriate leadership, staff training, close adherence to guidelines and careful evaluation and monitoring[28]. Ensuring this kind of quality control can be tricky, and schools may pragmatically like to give priority to programmes and interventions that are going to be easiest to implement in their settings.

Start with a positive and universal focus on well-being

A further key starting point is a positive broad-based focus on well-being which emphasises strengths and capacities, an approach which has been shown to be more effective than approaches that focus only on mental ill-health, problems and weaknesses[2930]. Universal approaches develop a culture in which talking about emotions and feelings, mental health and well-being is the norm, where it is acceptable to acknowledge difficulties and ask for help, where extra input to those with more serious problems can be provided in a coherent and non-stigmatising way, and where the whole school population has the skills and attitudes to support those with greater needs[31].

Develop a supportive school and classroom climate and ethos

Climate and ethos refer to the core values, attitudes, beliefs and culture of the school and classroom. It is a tone which permeates every aspect of school and classroom life and has been shown to be one of the key determinants of well-being and mental health in schools[32]; it indeed shapes everything significant to the success of a school. A climate and ethos which supports well-being builds school 'connectedness'[33], a feeling of being accepted, respected, and bonded to the school environment. Connected schools and classrooms have low levels of conflict and disruptive behaviour, smooth transitions from one type of activity to another, appropriate expressions of emotion, respectful communication and problem solving, a sense of warmth, supportiveness and responsiveness to individual students and needs[34]. Familiar school and class routines help build a sense of security. They are environments where everyone feels listened to, understood, and empowered. The evidence suggests that secondary schools may particularly need to do more to provide such a supportive and connected climate and ethos[35].

Identify and intervene early

Early identification and prompt help ensure that problems can be resolved with the least fuss and disruption[36][37][38]. The most effective interventions are those that target preschool and early primary years[39], as evaluations of TaMHS interventions confirmed[40]. Early intervention prevents initially more minor mental health problems from escalating and becoming of clinical significance and significantly reduces the need for more expensive interventions or sanctions at a later stage. Sadly schools tend to wait too long, possibly from an understandable wish not to 'label' but based on a misguided belief that children 'grow out' of these problems: the opposite is usually the case[41].

Staff need to take responsibility for identifying pupils in difficulty, be clear about what is 'normal' or a cause for concern, and make sure they know the early signs of mental health problems. Form tutors and class teachers are well placed to spot changes in behaviour or patterns of attainment or attendance which may suggest a problem, and it is helpful to keep and monitor reliable data on this. Successful TaMHS projects frequently focused on raising the mental health awareness of staff about mental health in general, about specific disorders and improving staff skills in identification and assessment of mental health needs. These efforts were often led by experts such as CAMHS: an arrangement which helpfully brings the sectors together[42].

Mass screening of pupils is not recommended or advisable, but where schools have concerns they may like to use a standard instrument of some kind to pinpoint the nature of difficulties and there are a wide range of measures that can be used, as the TaMHS evaluations demonstrate. Current Department for Education advice[43] is to use the relatively straightforward and widely recognised 'Strengths and Difficulties Questionnaire' (SDQ) which has versions for pupils, staff and parents to obtain a range of views.

Take a long-term approach

Schools often do not provide interventions that are intense or lengthy enough to make a long-term difference. Single brief interventions or one-offs have never been shown to make a sustained impact. Some short interventions lasting for 6– 10 weeks have been shown sometimes to be effective for promoting some aspects of well-being such as social skills, emotional control and milder versions of problems such as conflict and anxiety. More intense interventions, with more sessions per week, generally work better than more diluted ones[44]. The overwhelming evidence is that interventions generally need substantial time and regular practice to produce benefits – on average at least 9 months to a year, especially for deeper and broader areas such as well-being, improving behaviour and in response to more severe problems such as violence and bullying, anger and preventing mental disorders[45]. Early intensive intervention followed by regular revisiting of core learning in a developmentally appropriate way, and with booster/top-up sessions with older students would appear to be the optimum approach[46].

Promote the well-being of staff and tackle staff stress

Well-being in schools starts with the staff: they are in the front line of this work, and it is hard for them to be genuinely motivated to promote emotional and social well-being in others if they feel uncared for and burnt out themselves. There is some way to go: over 80 per cent of teachers report experiencing stress, anxiety and depression at work, and over 50 per cent feeling 'severely' stressed[47].

Schools do well to carry out regular stress audits and risk assessments and watch for excessive workloads. Efforts to improve student behaviour and to help staff manage it effectively are particularly likely to impact directly on staff stress. Some well reported sources of staff stress – such as rising expectations, targets, inspections and standards – are externally driven and tend to be associated with a sense of a lack of control. Schools can provide a buffer

by helping staff build a greater sense of control through measures such as staff development and counselling to develop key stress reduction skills such as self-efficacy, assertion, resilience, relaxation and mindfulness[4849] (which refers to learning in the moment).

It is helpful if the school climate and ethos routinely acknowledges the reality of staff stress and finds ways to make it safe for staff and leaders (as well as pupils) to acknowledge their human distress, weakness and difficulty and seek support and help for their mental health needs in non-stigmatising ways. In some schools a culture of overwork, particularly at senior management level, involves a sense of driven-ness, isolation, long hours, and not taking time to celebrate and reward achievement and effort. Schools need to ensure staff experience connection, through celebrating and sharing everyday successes and achievements, and are encouraged to know when to let go, to make more realistic demands on themselves, and have the kind of work-life balance that can help them recover and recuperate from the full on nature of the school day.

Engage the whole community

Promote pupil voice and peer learning

Mental health and well-being depends on having a sense of self-efficacy and control, and pupils need to feel they have influence and 'voice'. Pupil voice is about genuine consultation and the authentic involvement of all students in appropriate decision making about their own learning and classroom and school life. Done well, it can help all pupils build that vital and protective sense of school connection, take responsibility for and improve their own learning and development through reflection and inquiry, enhance their sense of self, develop their social skills and assist staff and governors in school improvement. Schools need to resist the urge to involve, consult and listen to only most to the most motivated and able, when it is young people who are struggling or at the margins who particularly need to be involved and have their voices heard.

The related approach of peer education empowers young people to work with other young people, drawing on the positive strength of the peer group. By means of appropriate training and support, the young people become active players in the educational process rather than passive recipients. Pupils have been shown to be effective peer educators in teaching social and emotional skills: there has been particular success with buddying and conflict resolution[5051]. Peer education has been shown to increase the likelihood that interventions and approaches to well-being are effective and sustained by developing a real sense of ownership and engagement[52]. 'Peer norming' or 'peer mentoring', where children with a problem are paired with those without with the aim of modelling alternative behaviours and ways of thinking, has been demonstrated to impact on the mental health of children with problems[53]. (However it is important to avoid putting together young people who bully, which has been shown simply to improve their bullying skills[54].) Central to the effectiveness of this work is the collaboration between young people and adults, and pupils need careful preparation and to be well taught and carefully mentored, not least to know their own limitations and when to seek help.

Involve parents, carers and families

Work with parents/carers and families can add strength and depth, and has been shown to have a significant impact in making approaches and specific interventions more effective, both by helping family life reinforce the messages of the school, and through helping parents and carers develop their own parenting skills and attitudes[55].

The school has an important part to play in supporting the kind of parenting and family life that boosts well-being. This can be done informally, through conversation with individual parents and carers, or more formally through

presentations at parents' evenings, printed information, parenting education courses, and designated family link workers. Parents and carers who may not have had a positive experience of parenting themselves may need particular help to respond to their children's behaviour in emotionally literate ways, to spend quality time with their children, to focus on their children's strengths, to listen, empathise and understand the causes of their behaviour rather than acting harshly or inconsistently. Where work with parents and carers has been put in place to support specific school-based interventions, there is evidence of benefits in both directions, with improvement in both family and school life[56].

The involvement of school with home is however a sensitive area, especially where children and young people are in difficulty. It is important that parents and carers do not feel patronised, stigmatised and blamed for their children's difficulties, and that schools look for strengths in families when engaging and try to build on them. This can encourage parents and carers – who may themselves have had a poor experience of school life – to feel accepted, confident and welcome. In the vital early identification of pupils with difficulties, parental input is invaluable: it is often their expressed concerns that are the first sign that something is amiss. They should then find that their views, wishes and feelings are taken into account, that they are kept fully informed, so they can participate in decisions taken about their children and are provided with information and support.

Prioritise professional learning and staff development

Understand risk and resilience to actively respond to problems and difficulties

Children experience a range of 'risk' factors which emanate from their backgrounds[57], especially those who come from disadvantaged groups and from families under stress through problems such as poverty or social marginalisation, young parents, one parent or divided families. Many of these problems are cumulative. Those particularly at risk are children who are 'looked after' or have parents with mental illness. Some young people will have experienced traumatic events such as abuse, violence, accidents, injuries, asylum seeking or natural disaster. To give an idea of scale, in an average classroom, 10 young people will have witnessed their parents separate, eight will have experienced severe physical violence, sexual abuse or neglect, one will have experienced the death of a parent, and seven will have been bullied[58].

Although some risk factors are beyond the school's direct control, this is not a cause for fatalism. It helps a great deal if schools can take account of the stresses their students are under, and show understanding and concern. More proactively they can help to build a protective sense of 'resilience'[59]. Resilience refers to the ability to continue to develop in difficult circumstances: to face, overcome and ultimately be strengthened by life's adversities and challenges. It is fostered by the school experience: for example, having a 'sense of connectedness' with school is a recognised protective factor for mental health, while helping students develop their social and emotional skills and capacities has a direct impact on their ability to bounce back from difficulties[60]. The intervention of the school can be the turning point for children with few other supports[61]. Some risk factors are very much the school's province, such as low achievement, which is a known link with problems such as drug use, teenage pregnancy, behaviour problems and crime[62].

Within this positive and universal approach, there needs to be proactive additional work on targeted approaches for higher risk students, with whom interventions are likely to have their most dramatic impacts[63]. Well designed and implemented targeted approaches and interventions, provided they interface effectively with universal approaches, have demonstrably been shown to help alleviate the early onset of emotional and behavioural symptoms and help those with established mental health problems[64].

Help all students with predictable change and transitions

Experiencing some level of mental health challenge in life is totally normal. The emotional and physical transitions involved in growing up can be stressful for all young people, and even completely predictable life changes, such moving up through the school years can be challenging and can affect learning[65]. The hormonal shifts of adolescence bring profound emotional, intellectual and physical changes which shake the sense of self and identity and relationships. The 'teenage brain'[66] has less ability to regulate emotion and impulse and feel empathy than in childhood. Added to these 'normal' pressures we have the accelerating pace of social change, including the rise of IT and social media, with associated problems of isolation, dependency, and cyberbullying[67].

School staff need to have close awareness of the transitions all their pupils are going through and help them manage them. They particularly need to ensure they keep up to date with ongoing rapid social changes, including new technologies and the opportunities and threats they pose, and formulate appropriate responses, especially for safeguarding more vulnerable pupils. Their understanding would benefit greatly from a solid grasp of child and adolescent development, in order to have a baseline of what is 'normal' so they can identify and respond quickly to problems.

Implement targeted programmes and interventions (including curriculum)

Use a range of leaders for specific programmes

The evidence suggests that it is often most effective to use experts such as psychologists for interventions that are in their early stages of development, are focused on specific problems such as stress or coping, are short-term, manualised, innovative and/or target children and young people with problems such as anxiety or depression[68]. Having specialists lead such innovative programmes in the first instance can overcome the common attitude among busy and experienced teachers of 'we are doing this already', which leads to genuinely fresh approaches being diluted, and manuals and guidance ignored or used piecemeal.

In the longer run, mainstream school staff need to work alongside and, wherever possible, be trained to take over the intervention. At this point it becomes more cost-efficient and sustainable, the principles become embedded in the whole school through reinforcing the skills learned in everyday interactions with children, academic performance improves significantly and approaches start to impact on school culture and ethos, as school staff bring it all together[69]. This strategy was used across many successful TaMHS projects, where the school-based staff trained included teachers, learning mentors, school nurses, and support, teaching and emotional literacy assistants[70]. The interventions do however need continued quality control, so they can continue to be delivered authentically as intended: 'drift' over time is a familiar pitfall.

Teach social and emotional skills

Positive school environments are shaped by the social and emotional skills of those who work and learn there. Social and emotional skills demonstrably help young people negotiate the challenges of growing up and making transitions, and act as protective factors by preventing the development of mental health problems and risky behaviour[71]. They are directly connected with learning, and lead to increased school attainment and completion, less involvement in the criminal justice system, lower costs to public services, higher earning potential, and resilience for life[72]. Staff skills are also demonstrably linked with staff well-being and effectiveness[73].

Schools have a key role in explicitly teaching the skills and accompanying attitudes and values that lie at the heart of emotional and social well-being, and provide confidence, competence, and the ability to engage. Skills on which the UK's

major national programmes, such as Healthy Schools, SEAL and TaMHS, focused, for staff and pupils, included:

- self awareness, accurate self-concept, self-efficacy and self-belief;
- emotional literacy, including the ability to recognise and manage the emotions;
- motivation: planning, problem solving, resilience, optimism, persistence and focus;
- social skills, including the ability to make social relationships and feel empathy and compassion.

Others core skills have more recently come to the fore, most notably mindfulness, which refers to the ability to be in the here and now, to focus the attention and be open minded and curious. Mindfulness in schools has a promising evidence base and has been recommended by an all-party parliamentary group for the training of all teachers[74].

Skills are not acquired by osmosis, they involve the school taking a conscious, planned and explicit approach through the taught curriculum, supported by the rest of the school experience and underpinned by complementary work in staff development. Schools currently have the flexibility to create their own PSHE curriculum and many use this as the core opportunity to focus on developing these life skills. They may wish to select an evidence-based skills-teaching programme, of which there are a great many on offer[7576].

PSHE needs to be taught using every methodological tool in the box, and by committed, enthusiastic and well-trained teachers who grasp the relevance of social and emotional skills for themselves and their pupils. Learning needs to be experiential, developmentally appropriate, stimulating, positive and solution focused[7778] if it is to reach hearts as well as minds, and impact on attitudes, values and feelings[79]. Fear, behaviour change and information are not effective motivators to achieve changes at any kind of deep or long-term level[80].

In any case, teaching social and emotional skills in PSHE/tutorial time/circle needs to be only the beginning of the story. Social and emotional skills only start to have real impact on school environments and on school learning when they come and are lived, breathed and reinforced in all interactions across the school[81]. An evaluation of the secondary SEAL programme showed that well-conducted social and emotional learning was connected with greater school effectiveness, and that in more effective schools, social and emotional learning outcomes were extended into activities across the entire educational context with staff as well as pupils, woven into key learning outcomes through all school activities, and integrated into the fabric of the school in terms of basic school policies as well as links with other initiatives[82]. Most schools, especially secondary schools, have some way to go in realising such a vision.

Develop supportive policy

Provide clear boundaries and robust policies

Supportive school climates include a sense of strong and positive discipline and boundaries, with clear and high expectations. Policies set out the responsibilities of everyone in the school and the range of acceptable and unacceptable behaviour and their consequences, understood clearly by all, and consistently applied[83]. Particularly key to mental health and well-being are the school's policies and practice around behaviour, diversity, and the challenging of prejudice around ability, disability, gender, race, sexual orientation and perceived social status[84]. Anti-bullying and homophobia policies and practice generally need to be strengthened and linked with e-safety policies: a recent Ofsted report found that the casual use of homophobic and disablist language was

alarmingly commonplace[85]. Ignorance about mental health is widespread, and schools could usefully add specific work around attitudes towards those with mental health problems, addressing prejudice, stigma and the use of language, which was the focus of several TaMHS initiatives in local authorities[86].

Connect appropriately with approaches to behaviour management

Understand the causes of behaviour

Poor behaviour is a major cause of staff and pupil distress, interferes with learning, and needs dealing with robustly. However approaches based on punishment – which focus on the negative, see the behaviour in isolation, where staff take challenges personally or see poor behaviour as always intentional and under the pupil's control – do not get to root of the issues[87]. More appropriate responses provide both clear and rational consequences for poor behaviour and also look more deeply to see the whole child behind the behaviour, focus on their positive characteristics, and understand and address the underlying meanings, attitudes and feelings the behaviour represents[88]. They recognise that behaviour may stem from previously undisclosed causes, such as an unmet mental health issue, bullying or relationship problems, issues in the home, or learning difficulties with speech and language, all of which can start to be addressed. Poor behaviour and difficult incidents can be seen as golden opportunities to teach better alternatives[89], with adults modelling the skills and attitudes they wish to impart. Staying open-minded, calm and reflective helps staff to not take challenges personally, better manage the associated emotional stress in themselves and remain in professional mode[90]. Their steadiness can help a pupil find ways to calm down and stand back and reflect on the meaning of their behaviour, which allow for positive choices which move the young person forward[91]. Helping staff to take such an emotionally literate response to behaviour problems was frequently the focus of successful TaMHS interventions[92].

Implement targeted responses and identify specialist pathways

Provide clear pathways of help and referral

The DfE have provided some clear guidance on how to support pupils identified as having difficulties[93]. There needs to be a graduated approach to provide appropriate help with a clear pathway, systems and processes for making decisions, to provide support within the school, and involve and refer to outside agencies where necessary, with a focus on early intervention, transparency and accountability. An initial assessment should provide an analysis of the pupil's needs and a plan should be drawn up which sets out how the pupil will be supported, what action is to be taken and by whom, followed by regular reviews to assess the effectiveness of the provision. The majority of pupils with difficulties will have their needs met through the school's own pastoral care and special needs system. Additional in-school input might include providing additional one-to-one support for the pupil to help them cope within the classroom, therapeutic group work, and referral to the school's special needs or counselling service. Schools should also work closely with other professionals to have a range of support services in place in schools.

A pupil whose problems are greater than in-school support can be referred to the GP and thence possibly to CAMHS. It is important to anchor these services in the schools, and ensure that any commissioned counselling or mental health services are fully integrated into the fabric of the school. Having specialist staff such as educational psychologists work with the young person at school is an approach which both the national and some local evaluations of TAMHS showed to be transformative in many cases[9495]. Schools may wish to commission such staff directly themselves, depending on local arrangements.

Whether support is in-school or off-site, joined-up working is essential. Once referral to an outside agency has taken place the school

needs to stay in close contact so they are aware of any therapy the young person is receiving, their medication, and can obtain advice on how best to continue to work with the young person in school and provide appropriate information to the agency. The young person at the centre, and their family, should be experiencing co-ordinated, wrap-around response and care.

Provide more intense work on skills work for those with difficulties

Children and young people with greater mental health needs will need to be taught the same core skills as the mainstream but in more targeted, intensive, extensive and explicit ways. They may well benefit from working in a small therapeutic group on a particular skill or theme. Such targeted and skills-based work has been shown to impact clearly on a range of problems, including depression and anxiety, conduct disorders, violence prevention and conflict resolution, especially when taught in small groups[96]. There are many evidence-based programmes to choose from, many of which – such as PATHS and Friends for Life – were tried by the TaMHS programmes in local authorities and found to be helpful[97]. Nurture groups have proven to be particularly useful in developing emotional and social well-being in more vulnerable pupils through fostering a sense of safety and belonging[98], and were promoted in several successful TaMHS projects[99]. Behind the branding, effective approaches often have the same basic mixture of CBT (helping pupils to re-shape their thinking), better classroom management and support for parents, and it appears to not matter a great deal which one is chosen, provided it is of good quality, fits the context and is implemented with conviction[100].

CONCLUSION: THE CENTRALITY OF WELL-BEING TO LEARNING AND SCHOOL IMPROVEMENT

It can be tempting for schools under pressure to see work to promote well-being and address mental health problems as a luxury or optional extra. This however runs contrary to the strong evidence on the links between well-being, learning and school improvement, evidence which has recently been brought together by Public Health England[101]. Some indicative evidence from this briefing confirms:

- **children with greater well-being, lower levels of mental health problems and greater emotional attachment to school achieve higher grade scores, better examination results, better attendance and drop out less often,**
- **social and emotional skills are a more significant determinant of academic attainment than IQ.**
- **the strong correlation between the quality of PSHE in a school and the school's overall effectiveness.**

Schools can be confident that a focus on well-being and mental health not only enables them to provide healthy and happy school environments for pupils and staff and prepare the citizens of tomorrow with sound character and values, but also directly supports their more immediate mission: the promotion of effective learning.

[1] Department for Education (2014a), *Mental health and behaviour in schools – departmental advice for school staff*. London: Department for Education [Please note that at the time of publication the Department for Education was preparing a revised version of this guidance.]

[2] Public Health England (2014), *The link between pupil health and well-being and attainment: a briefing for head teachers, governors and staff in education settings*. London: Public Health England

[3] Weare, K. and Nind, M. (2011) 'Mental health promotion and problem prevention in schools: what does the evidence say? *Health Promotion International*. 26. No S1, 26-69.

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The Partnership for Well-being and Mental Health in Schools is a national network of 40 organisations convened by the National Children's Bureau. Partners share a vision for an education system where good emotional well-being and mental health are at the heart of the culture and ethos of all schools, so that children and young people, supported by their teachers, can build resilience and flourish.

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