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**Education, mental health and wellbeing: are the kids alright?**

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**Introduction**

An environment characterised by nurturance and care during our formative years provides a strong foundation for good mental health throughout our lives. Our early environment is crucial and has lifelong consequences for mental health in later life.

**What do we mean when we talk about mental health?**

* Studies show mental health issues affect up to 20% of children and young people worldwide (Belfer, 2008)
* 50% of adult cases originate in childhood or adolescence (Kessler 2005)
* By 2030, depression alone will yield the highest disease burden in high-income countries, accounting for nearly 10% of disability-adjusted-life-years. (Mathers & Loncar 2006) This leads to reduced quality of life, lost economic productivity and destabilisation of communities. £10billion is spent per year in Scotland on mental health (Scottish Parliament Information Centre, 2014)
* The relationship between mental health difficulties and wellbeing is complex. One can experience very low levels of wellbeing in the absence of explicit mental health difficulties.

**Inequality applies to mental health as well as to academic progress**: individuals in the most deprived parts of Scotland are 2 times more likely to report symptoms of anxiety and 4 times more likely to report symptoms of depression than those in the least deprived areas. (Scottish Parliament Information Centre, 2014)

**Relationships with others -** The thing that protects our mental health the most is our relationships with others. In schools, we should look to tip the balance with protective factors. A forthcoming study by Humphrey et al looked at cumulative risks and externalising problems across 500 children. Their developmental assets (protective factors) were surveyed eg adults who care, aspirations, self-esteem etc. The more access they had to developmental assets, the more this mitigated risks to their mental health. However, those found to be at very high risk levels, it was found here that there was only so much that could be done to mitigate the risks, simply too much going on in those young people’s lives causing stress.

**Are mental health difficulties among children and young people increasing?**

Some studies show there’s been an increase in emotional difficulties in adolescent girls (War et al, 2014) and others show an increase in psychological distress among adolescent girls in the period 2005-2014 (Lessof et al). Between 2002 and 2014, there has been a substantial increase in incidents of self harm and a substantial increase in hospital admissions as a result, in under 17s (Burt 2016) with episodes having nearly doubled in England in the last six years.

The media is currently obsessed with mental health, as it has become a highly politicised issue due to cuts. The swift removal of critical voices (eg Natasha Devon) has been publicised and the UK Government-promised £1.25billion in child mental health spending over five years hasn’t materialised. (2015 budget – it wasn’t ring fenced so went elsewhere in the NHS). Some of the current ‘crisis’ is culturally driven eg the idea that every generation has its own ‘child panic’.

**The role of schools: why have schools become a central focus in this area?**

More inclusive and less stigmatizing?

Universal school-based interventions can influence outcomes for children who would not otherwise access the support they need through usual care pathways. (estimate of unmet need for children with significant mental health difficulties is 75%, Kelvin 2014)

Universal prevention: ‘An ounce of prevention is worth a pound of cure” (Benjamin Franklin)

Schools play a central role in their communities. Children have prolonged engagement with them – eg spending up to 15,000 hours of their lives in school. Tamsin Ford (et al) 2007 – teachers were the most commonly contacted source by parents concerned for their children’s mental health, not GPs, not hospitals, but their teachers.

Children’s mental health and their learning are related. Girls demonstrating difficulties in attainment – this goes on to feed emotional problems – there’s a clear reciprocal pattern. With boys, the link isn’t there. Behaviour as an issue is what seems to erode academic achievement the year after.

The relationship between education and mental health services still needs to be looked at – things haven’t shifted in 13 years.

**What works? Is evidence-based practice the answer?**

Sackett et all 1996 – ‘balancing the three-legged stool’ – evidence, expertise and the preference of young people.

The evidence hierarchy in health for many years is now finding its way into education. People can switch off their brains when they hear about randomised control trials and just assume results must be true. However, for more than half of children’s mental health difficulties, there isn’t evidence-based guidance to show what works. Even with evidence-based guidance, 1 in 3 will continue to experience the same level of difficulties or worse. (Wolpert 2015)

Schools rarely change what they do on the basis of research findings, let alone on the basis of randomised control trials (Lather 2004). Not all randomised control trials are equal. The ‘evidence to routine practice’ lag can be up to 20 years (Walker 2004).

Interventions imported from abroad often aren’t as successful as they are in their home nation as something gets lost in the cultural translation.

Five key drivers for wellbeing: Connect, Be Active, Take Notice, Keep Learning and Give (from New Economics Foundation (2008) 5 Ways to Wellbeing)

**A few implications for the Scottish Attainment Challenge**

* Understanding that children’s learning and their mental health are connected, and that both are vital for success in later life.
* Wellbeing and attainment are given equal billing on paper – but how does that work at the chalkface?
* Enabling informed decision making about allocation of scarce resources eg Pupil Equity Fund
* Moving from ‘what works’ to ‘what works for whom, in what contexts and circumstances’ (Slavin, 2012)
* Saturating the school environment with protective factors

**Audience Questions**

Q: Should this be a part of initial teacher education?

A: Yes, it is now much more explicitly required. However, difficult to find the time to incorporate it in what is already a short and busy training period. However, it can’t be seen as an elective or as an add-on. It needs to be recognised from the start of teachers’ careers, especially at secondary.

Q: Should there be mental health league tables for schools?

A: This question comes up quite periodically and has quite recently. League tables are already divisive and this would be no different. Also data can be flawed. Yes, more effective monitoring is needed but not league tables as they would just become another way we judge schools on factors beyond their control.