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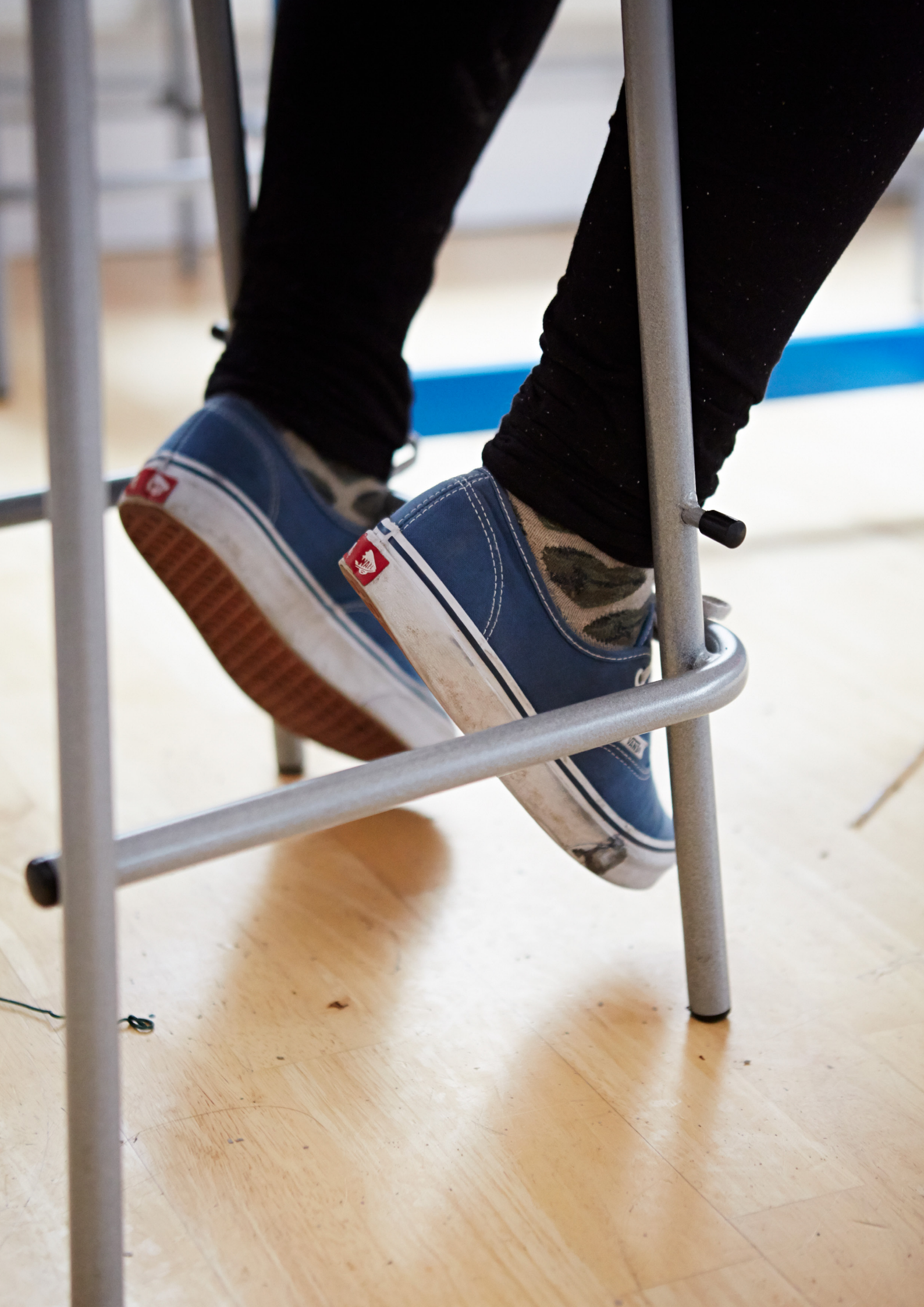
Whole school approaches to promoting mental health: what does the evidence say?

Ola Demkowicz and Neil Humphrey

In collaboration with:
Manchester Institute of Education, University of Manchester

MANCHESTER 1824
The University of Manchester



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The HeadStart Programme

Started in 2016, HeadStart is a five-year, £58.7 million National Lottery funded programme set up by The National Lottery Community Fund (TNLCF), the largest funder of community activity in the UK. It aims to explore and test new ways to improve the mental health and wellbeing of young people aged 10 to 16 and prevent serious mental health issues from developing.

To do this, six local authority-led HeadStart partnerships are working with local young people, schools, families, charities, community and public services to design and try out new interventions that will make a difference to young people's mental health, wellbeing and resilience.

The HeadStart partnerships are in the following locations in England:

1. Blackpool
2. Cornwall (Kernow)
3. Hull
4. Kent
5. Newham
6. Wolverhampton

The Evidence Based Practice Unit at the Anna Freud National Centre for Children and Families and UCL is working with The National Lottery Community Fund and the HeadStart partnerships to collect and evaluate evidence about what does and doesn't work locally to benefit young people now and in the future.

Partners working with the Evidence Based Practice Unit on this evaluation include the Child Outcomes Research Consortium (CORC), Common Room and the University of Manchester.

Evidence Briefing #5

Background to this briefing

This briefing is about using a whole school approach to promote mental health. Such approaches are a characteristic feature of HeadStart (see examples in case studies 1, 2 and 3) and are also encouraged in advice published by the Department for Education[1]: "Schools have an important role to play in supporting the mental health and wellbeing of children by developing whole school approaches tailored to their particular needs." We define a 'whole school approach' as working at a number of levels across a school to enact change, in relation to:
(i) leadership and management;
(ii) school ethos and environment;
(iii) curriculum, teaching and learning;
(iv) student voice;
(v) staff development, health and wellbeing;
(vi) identifying need and monitoring impact;
(vii) targeted support; and,
(viii) working with parents/carers.[2]

Other terms that are used to refer to similar activity are:

- 'universal' and 'school-wide' are used in the US to highlight the use of interventions that are for all students, regardless of need;
- 'multi-component' is used by researchers to draw a distinction between curricular, ethos/environment, and family/wider community components[3].

Very few individual interventions are truly whole-school in nature, even when they are universal and multi-component. This means that the adoption of a whole-school approach is likely to involve integrating a number of separate interventions in an overarching framework.[4] An illustrative example of such a framework can be seen in the Australian Be You mental health initiative (formerly known as KidsMatter), which

comprises 5 strands: (i) learning resilience; (ii) early support; (iii) family partnerships; (iv) responding together; and (v) mentally healthy communities. Materials and resources are available to support each strand, in addition to professional development and training opportunities for school staff. One key resource is a directory of over 100 individual interventions that map onto one or more of the above strands. Information on area(s) of focus, evidence base, theoretical framework, structure, and other salient features are included (see www.beyou.edu.au).

Case study one: HeadStart Hull

Case study provided by Alex Hayes and Vidal Kumar (TNLCF) with input from HeadStart Hull

HeadStart Hull (HSH) have developed a Mark of Excellence (MoE) to help schools think about the way they provide support for children and young people's mental health. To be awarded the MoE, they must evidence that the following eight criteria - adapted from Public Health England guidance (2015) on developing a whole school approach - are being met:

1. There is support for young people's emotional wellbeing at a senior leadership level.
2. There is an ethos and environment that promotes respect and values diversity.
3. Young people are supported to explore and understand their feelings and take responsibility for their emotional wellbeing.
4. Staff are able to identify and support vulnerable young people and request additional support.
5. Young people are supported to voice their opinions and influence decisions.
6. Parents/carers are encouraged to support the emotional wellbeing of their children and young people.
7. Staff are trained to support their own emotional wellbeing.
8. Monitoring and evaluation systems are in place to effectively measure performance and evidence impact.

Schools are supported by the HSH Policy and Practice Officers (PPO) to work towards the MoE.

The main components in the process are as follows:

Register interest with HSH PPO that the school is ready to progress, and form an internal team to plan objectives and agree timescales.

Review current practices/ identify 'where you are now' and complete the self-assessment (mapped against Ofsted standards) and gather supporting evidence.

Submit the self-assessment to HSH.

HSH PPO spend a day at the school undertaking the evaluation process which includes:

- reviewing submission of evidence, e.g. policies, minutes of meetings, surveys of staff or young people, displays/photographs, strategic plans;
- discussions with staff and young people in the school.

During the self-assessment process, young people in the school are recruited and trained as independent evaluators by the HSH co-production lead. Validation by young people to ensure policy works in practice is through a range of methods, including focus groups, mystery shopper scenarios, and discussions with peers. Methods and scenarios vary depending on phase and setting (e.g. primary, secondary or special school) and different techniques have been developed to enable involvement, for example using picture exchange communication systems in special schools to ensure nonverbal young people can be involved. A report is written based on the young people's feedback and their recommendations for improvement.

HSH response – award of MoE, or if unsuccessful, a report outlining the reasons why, and guidance on areas in need of development. The award of the MoE consists of a plaque which the school can display and a charter that reminds them what they have achieved and the standards to which they have signed up.

Annual update - HSH MoE lasts for 3 years, but each year organisations are required to evidence that the award criteria are still being met. This includes:

- confirmation that the school is still practising in accordance with the MoE criteria;
- information about any policy updates/changes;
- evidence from user satisfaction surveys.

This method was chosen to ensure it aligned with the current policy landscape:

- It was mapped against Ofsted self-assessment priorities to help schools see how evidence for this can be used as evidence when they are inspected.
- The Public Health England criteria were sent to schools by the Department for Education in 2015 but schools felt they lacked capacity to meet them. HSH has provided structure and support so that it is clear "what good looks like," so schools are better equipped work towards these criteria.
- It places young people at the heart of the assessment to ensure their voices are heard.

Evidence of efficacy

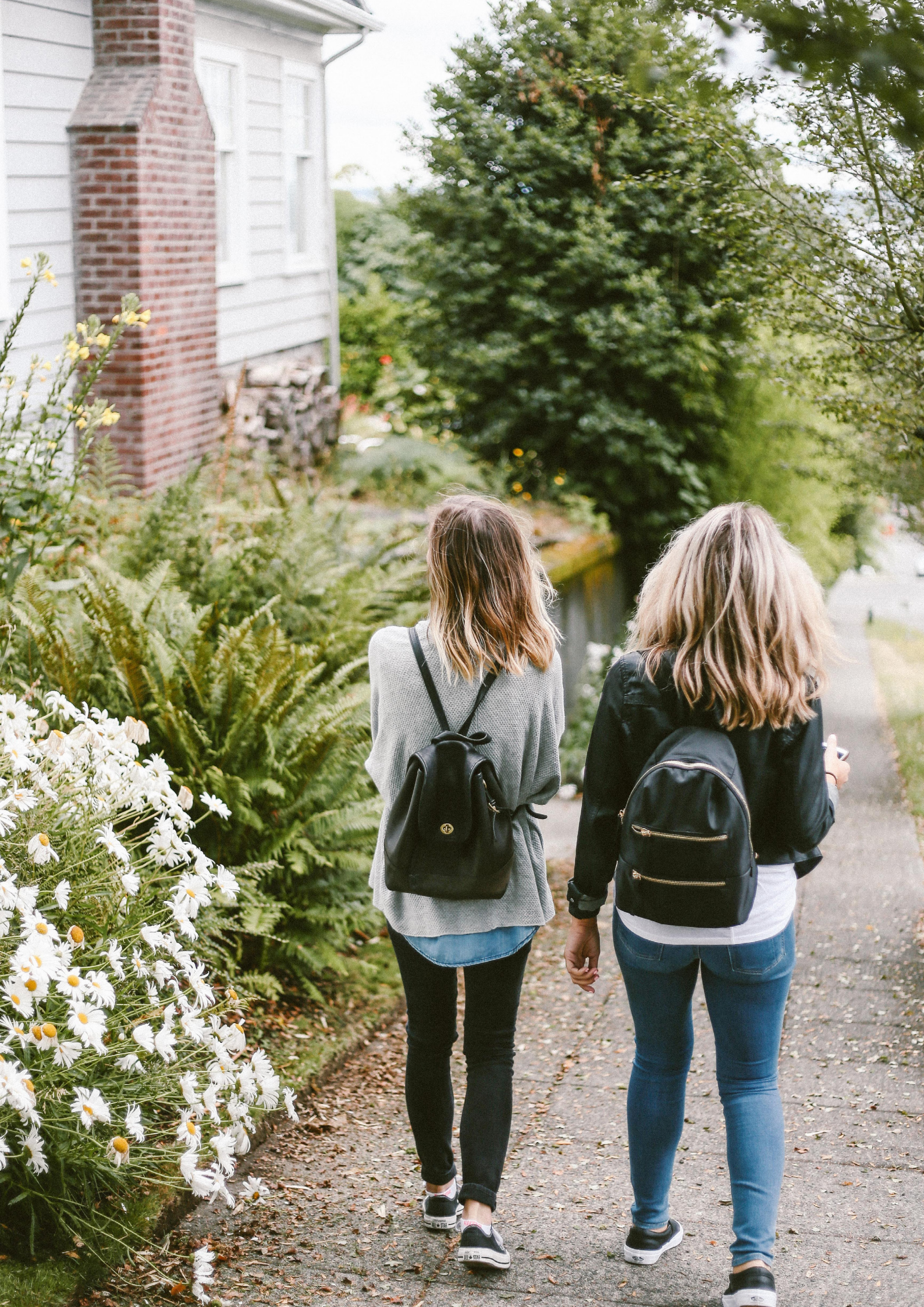
With the MoE, a test and learn process has been adopted and feedback from schools has been a key aspect of this. For example, schools have recognised that having one senior mental health lead isn't always sufficient, especially in a large school. Consequently, they are looking to form internal teams which include a range of staff including PSHE pastoral Leads, SENCOs, and members of Senior Leadership Team (SLT).

In developing the "young inspectors" aspect of the process it soon became apparent that a "one size fits all" approach wouldn't work across the range of schools. The process has therefore been co-produced and adapted with young people to ensure there is an appropriate approach which is accessible and has the right tools to support children in special schools with physical or learning disabilities to play an active role.

Initial feedback has shown that when Ofsted visited, the MoE has helped schools to evidence the impact they were having in improving young people's emotional health and wellbeing.

There are currently seven schools who have achieved the MoE at the end of the 2018/19 academic year and another 32 working towards it.

HSH runs a comparable scheme for community organisations including youth services and voluntary and community sector organisations. This scheme is led by the HSH community PPO.



What does the evidence tell us?

There is no shortage of high-quality research in this area. The last decade has seen the publication of a large number of systematic literature reviews and meta-analyses which aim to collate and summarise the evidence base pertaining to the impact of interventions that could be used as part of a whole-school approach to promoting mental health.[5–13] Indeed, such is the volume of research that 'reviews of reviews' are emerging.[14,15]

Meta-analyses, in which the results of many intervention studies are pooled to create an average estimate of impact, suggest that individual interventions in this area produce small - but nonetheless meaningful - changes in pertinent outcomes (e.g. improved wellbeing, reductions in mental health difficulties). For example, a recent meta-analysis of 89 studies reporting the impact of universal social and emotional learning programmes found an average reduction in conduct problems of around 11%.[13] A change of this magnitude can be considered significant given that most children in such studies are healthy to begin with,[16] and that even modest decreases in such difficulties can have important consequences for the broader school environment.[17]

Case study two: HeadStart Kernow

Case study provided by Alex Hayes and Vidal Kumar (TNLCF) with input from HeadStart Kernow

HeadStart Kernow (HSK) have a number of focuses including workforce development, which takes an evidence-based approach to trauma-informed care and neuroscience.

HSK and their delivery partner, Trauma Informed Schools UK (TIS), undertake training which is delivered to a range of school staff. This training is supported by over 1000 evidence-based research studies and is designed to empower school staff to understand the needs of children and young people who have suffered a trauma or have a mental health issue. Courses include neuroscience and psychology of adolescent mental ill health, adverse childhood experiences (ACEs), the role of emotionally available adults, and key skills in responding challenging or trauma triggered behaviour.

The training offer consists of the following:

- A minimum of two people per school receive ten days of training to become HeadStart practitioners. To date, 660 delegates have been trained.
- Following this training, all practitioners have access to clinical supervision on an ongoing basis.
- All school staff receive an offer of three hours training and to date, 128 schools have accessed this support.
- Conferences for senior leadership teams (SLT) which focus on becoming a trauma informed school.
- Consultancy for SLT to look at their current approach and consider how they can become a trauma informed school. The need for buy-in from senior staff is one of the key learnings leading to the success of this programme.

Consultancy began in Spring 2019 and includes:

- baseline knowledge about the TIS evidence base, including ACEs;
- governance and management;
- physical/other resources;
- sharing of good practice.

Some of this training has been described by attendees as "Inspirational, interactive, precise, valuable, necessary" and "informative, intense and empowering".

Alongside this, the HSK schools and locality leads work with schools to develop an action plan to embed resilience and emotional health and wellbeing into the school. Each secondary school receives £26,000 per year for three years. HSK are not prescriptive on what this is spent on and some examples include:

- transition projects to help Year 6 children move into secondary schools;
- creative use of PE to focus on emotional wellbeing, increases in self-confidence and self-esteem;
- peer support;
- animals – a range of therapy animals including dogs, recognising that they can help children regulate their feelings and behaviour;
- a contribution to the salary of a dedicated member of staff;
- resource for co-producing solutions with young people.

Where follow-up data are available, there is evidence that these positive effects do last, but diminish somewhat over time.[12] There is also evidence to suggest that interventions produce effects that extend to other outcomes such as academic attainment, although these are generally smaller in magnitude.[14]

It is recognised, however, that children and young people do not respond uniformly to interventions. It is here where sub-group analyses are useful, in which intervention effects for different population groups (e.g. males versus females) are assessed. Such analyses have shown that greater effects are observed for children and young people identified as 'at risk' (for example, those with emergent or existing mental health difficulties). There has been limited discussion of how children from socio-economically deprived and ethnic minority backgrounds might experience different levels of change in outcomes following intervention, but where analysed individually, these groups typically experience greater improvements than their peers[15,18]. In relation to age, the evidence remains mixed, with some reviews indicating that younger children benefit more from interventions,[15] and others indicating that adolescence can be an equally effective window for intervention.[19]

Of course, the specific characteristics of individual interventions are likely to influence the amount of change observed.[18] Those interventions that target specific social and emotional skills (e.g. self-regulation) usually show moderate to large improvements in outcomes.[7] To our knowledge, only one analysis has compared the benefits of multi-component (e.g. curriculum plus work with parents/carers) versus single component (e.g. curriculum only) programmes. This analysis, which focused on social and emotional learning interventions, found no greater benefit in outcomes when using a multi-component compared to a single-component approach.[7] This may be because they are more complex and challenging to implement in practice.[7,15] If this is the case, it reinforces the need for schools to be well supported in their implementation efforts.

While there is clearly no single 'silver bullet' intervention, it is possible to outline the common characteristics of successful programmes:

(i) clearly defined goals;

(ii) active forms of learning;

(iii) dedicated time/lessons (e.g. a curricular approach);

(iv) explicit step-by-step guidelines;

(v) implemented for a bare minimum of two months (but usually much longer!);

(vi) clear theoretical foundation.[7]

The evidence base also clearly demonstrates that differences in levels of implementation are an important factor in determining the impact of interventions.[15] Put another way, quality of delivery matters. However, in terms of delivery agent, there is no consistent evidence that external personnel produce better outcomes than school staff.[11] Where there are differences, these may be due to lack of training/skills and confidence among teachers taking on a new role.[19]

Case study three: HeadStart Kent

Case study provided by Alex Hayes and Vidal Kumar (TNLCF) with input from HeadStart Kent

Whole school approaches in HeadStart Kent (HSK) are built around the HeadStart Resilience Toolkit, which draws on the Young Minds Academic Resilience approach and the Public Health England paper 'Promoting children and young people's emotional health and wellbeing – a whole school and college approach.' The interventions offered through HSK work to support this and include resilience conversations, mindfulness, mental health first aid training, peer mentoring and safe spaces.

The toolkit allows for flexibility and is intended to support an on-going cycle of self-appraisal in schools, through working together with the whole school community to clarify the purpose and mission of helping young people to overcome adversity. Schools are encouraged to join a community of practice and to work with a critical friend that provides external perspectives and validation on their progress towards becoming a resilient school.

A Resilience and Emotional Wellbeing Award has been introduced which enables schools and community settings to understand what a truly embedded whole school approach looks like, and to celebrate this when it is achieved. To be awarded the HeadStart Kent Resilience and Emotional Wellbeing Award, schools and communities must evidence that the following criteria have been met:

- There is support for young people's emotional wellbeing at a Senior Leadership Level.
- There is an ethos and environment that promotes respect and values diversity.
- There is a curriculum of social and emotional learning and promoting personal resilience.
- Young people are supported to explore and understand their feelings and take responsibility for their emotional wellbeing.
- Staff can identify and support vulnerable young people and request additional support, where appropriate.
- Young people are supported to voice their opinions, influence decisions, shape and give feedback on the interventions.
- Parents/carers are encouraged to support the emotional wellbeing of their children and young people.
- Staff are trained to support their own emotional wellbeing.
- There are monitoring and evaluation systems in place to effectively measure performance and evidence impact against need.

A range of interventions are provided through HSK to support this whole school approach. For example, one school identified significant mental health needs for its Year 9 students, and gaps in provision for Year 7 students. It decided to focus initially on three interventions to support its whole school approach – Participation in Community; Peer Support; and Positive Wellbeing.

Participation in Community

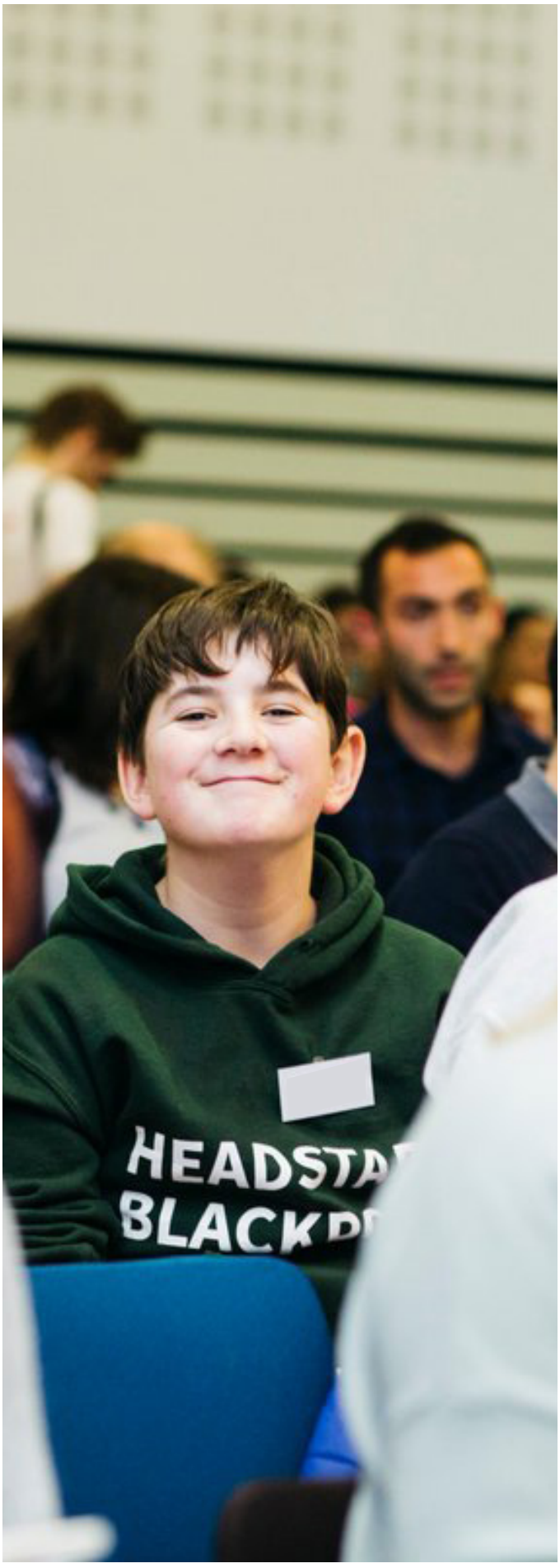
- The school set out to create a sensory garden as a place of reflection for students in need of a quiet space to feel calm or as an alternative to the isolation room.
- Students developed confidence and socio-emotional skills, as well as benefitting from intergenerational work in creating and designing the outdoor spaces in consideration of residents at the care home.

Peer Support

- Students were trained to peer mentor younger students. Students from Year 9 and 10 have also been trained as Anti-Bullying Ambassadors and they manage the Safe Space drop-in at lunchtimes.
- Trained students are given a lanyard to wear when 'on duty', but many choose to wear them all the time to be identified as a supportive student.
- Younger students and mentees have reported positive outcomes such as increased confidence and a sense of belonging. Mentors have enjoyed the teamwork and sense of responsibility. Students helped develop the Peer Mentor handbook.
- Some mentees have also gone on to become mentors and parents have also been engaged.
- The school received more applicants for peer mentoring and anti-bullying training and both processes are becoming embedded in the school support systems.

Positive Wellbeing

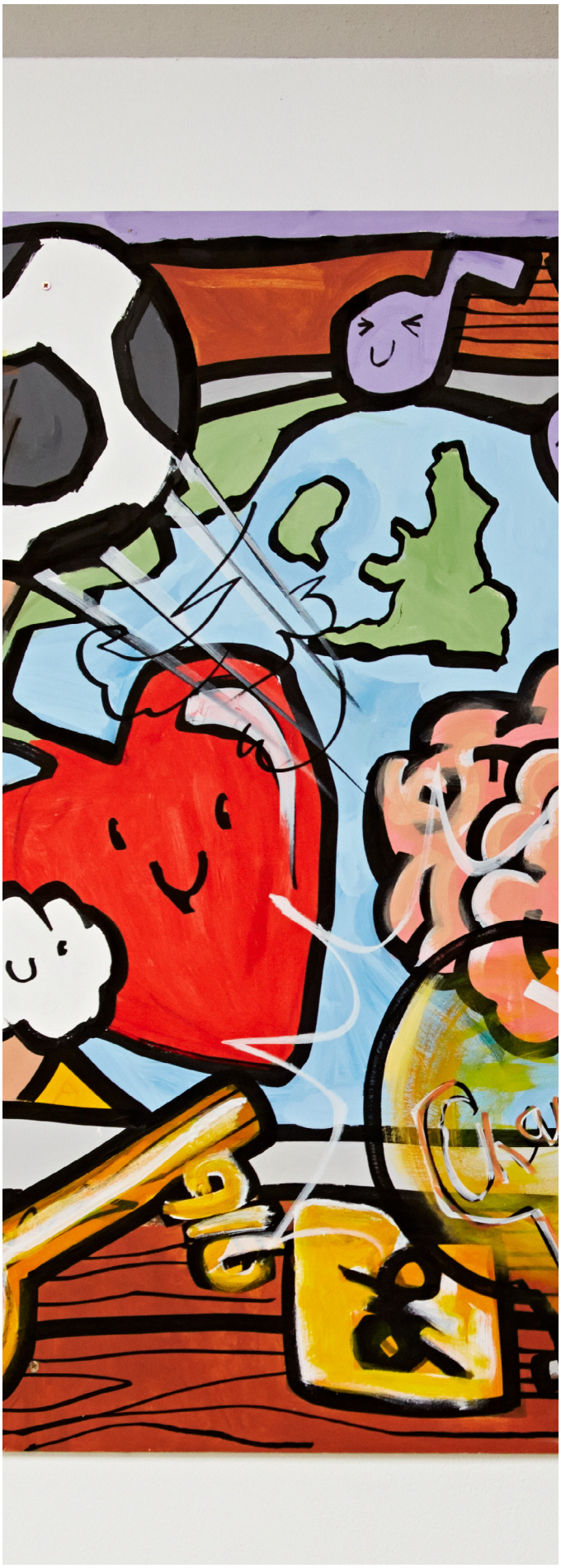
- This project involved a radio training programme. It sought to help young people to develop confidence and self-esteem.
- Students presented a series of six live radio shows about mental health and young people.
- Students that took part in the project learned that it's okay to talk about mental health and to ask for support; a message that they delivered back in school.



What are the implications for practice?

From the evidence discussed, it is possible to distil several practical implications:

1. Whole school approaches to promoting mental health are not a panacea, and so expectation management is required in relation to:
    a. outcomes (how much change, and for whom);
    a. how long it will take to achieve change;
    b. what is needed to achieve change.
2. With appropriate training and support, school staff can be effective implementers.
3. Given that truly whole school approaches are complex to implement in practice, a staged approach to delivery is advisable (as opposed to 'trying to do everything at once').
4. There is no single gold standard intervention; rather, interventions should be selected based on local need and context.
5. While there are manifold programmes with a strong evidence base, there are also a large number for which there is weak or limited empirical support. Schools should adopt a critical approach, and always ask to what extent there is rigorous evidence to support a given intervention.



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About the HeadStart Learning Team

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Evidence Based Practice Unit (EBPU)
4-8 Rodney Street, London N1 9JH
Tel: 020 7794 2313

www.ucl.ac.uk/ebpu

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