

Briefing note: October 2019

Measuring pupil mental health and wellbeing: examples of best practice from schools and colleges working with the Mercers' Company

Professor Jessica Deighton, Dr Emily Stapley, Dr Tanya Lereya, Kim Burrell and Lee Atkins

Contents

Acknowledgement	01
Aims	02
Background	02
The Mercers' Company wellbeing evaluation project	04
A model of whole-school monitoring of mental health and wellbeing	05
Focused evaluation and the IDEA approach	06
The College of Richard Collyer	07
Holy Trinity and St. Silas Primary School	08
St Paul's School	10
Learning and recommendations	11

Acknowledgement

This briefing draws on learning emerging from research led by the Evidence Based Practice Unit in collaboration with the Child Outcomes Research Consortium, The University of Manchester and Common Room. The Mercers' Company funded the research. The Mercers' Company is the Premier Livery Company of the City of London.

The Company, and its associated charitable trusts, makes substantial grants to support education, general welfare, church and faith and arts and heritage. A network of alms-houses and other homes for the elderly are also managed by the charitable trusts associated with the Company. The Company is closely involved with the running of 16 schools across the country and supports them primarily through the appointment of governors. It also provides, with the City of London Corporation, free public lectures in the City at Gresham College.

Aims

This briefing aims to describe an approach to monitoring and evaluating children and young people's mental health and wellbeing in schools and colleges, as a means to better support them. The IDEA approach is described, which gives practical steps to the development of approaches to evaluating support for mental health and wellbeing delivered in educational settings.



Background

Recent research indicates that around one in eight children and young people experience mental health problems. Consistent evidence also exists about a range of risk factors that significantly increase the odds of a young person experiencing mental health difficulties, including deprivation, special educational needs, parental mental health difficulties and adverse family circumstances. Although current prevalence estimates would indicate that around four children in a class of 30 might experience mental health problems, the number is likely to be higher in classes where a greater proportion of children experience one or more of these risk factors.

The government's recent green paper, *Transforming children and young people's mental health provision*, and a set of proposals based on consultation on this paper, highlight the important role schools

play in supporting the mental health and wellbeing of children and young people. Recommendations include the development and provision of resources within educational settings to tackle mental health issues.



While a range of school-based mental health programmes exist, there are several challenges to identifying *effective* interventions suitable for rollout within schools and colleges:

1. There are many different forms of interventions available but the evidence supporting these is mixed, with only a few having compelling evidence of effectiveness.
2. Little of the existing evidence is accessible to schools and colleges.
3. Evidence that does exist is often based on studies carried out in the US, in educational systems which are quite different from those in the UK.
4. Even with the most effective interventions, context and implementation have a huge bearing on effectiveness.

For these reasons, there has been increasing emphasis on the importance of evaluating programmes in situ to ensure the approaches adopted are helping to achieve the expected outcomes, with specific interest in the development of guidance for schools to help them measure pupils' mental health and wellbeing. However, currently there is little guidance about the approaches schools and colleges should take, or on how to extract learning from the data collected.

The present best practice briefing describes a model developed by the Evidence Based Practice Unit (EBPU, based at UCL Faculty of Brain Sciences and the Anna Freud National Centre for Children and Families), in collaboration with the University of Manchester, the Child Outcomes Research Consortium (CORC) and Common Room. It was intended that the model could be adopted more widely by schools and colleges to monitor wellbeing and evaluate school-based practices.



The Mercers' Company wellbeing evaluation project

The Mercers' Company commissioned the EBPU collaboration to support schools and colleges to understand more about the mental health and wellbeing of their students, and to assess the contribution that a range of interventions have on these outcomes.

There are two core strands to this approach:

1. A yearly 'whole school' survey administered online in specific year groups.
2. Evaluations focused on specific school- or college-based practices to support students' mental health and wellbeing.



A model of whole-school monitoring of mental health and wellbeing

The approach taken, in partnership with the schools and colleges connected with the Mercers' Company, was to undertake whole-year group surveys that were administered online using passwords unique to each individual student. The surveys enable students to self-report their mental health, wellbeing and resilience. The surveys were developed with three key principles in mind:

1. They must use tools already developed and tested to establish their reliability and validity.
2. They must be acceptable to students and teachers.
3. They must be feasible to complete in a normal school/college class.

Three different versions of the surveys were created for primary, secondary and college aged students (for full surveys, see: <https://www.corc.uk.net/resource-hub/wellbeing-measurement-framework-wmf/>).

Surveys are completed annually and schools receive aggregated feedback that allows them to review the summary scores for their students relative to the national backdrop. Schools and colleges are encouraged to review this feedback as a means to understanding the strengths and needs of their student population. Reports emphasise that feedback does not in any way assess the school or college's performance, instead it is suggested that the information provided may inform decision-making around the selection/development of mental health and wellbeing support for students.



Focused evaluation and the IDEA approach

The second element of the approach focuses in on specific activity that aims to support students' mental health and wellbeing. It involves creating coherent articulation of the approaches adopted

and finding practical and achievable means to evaluating these approaches in situ. We take a step-by-step approach to developing these pragmatic evaluations:

I ntervention description	Using an adapted version of the template for intervention description and replication ¹ (TIDieR), a clear description of the intervention in question is developed, including concrete details about who delivers the intervention, over what period, in what setting, and using what tools.
D esign	Based on this description, a logic model is created that outlines what the expected outcomes of the interventions are, how those outcomes are achieved and under what conditions. Often, logic models need iterative refinement to ensure that the elements incorporated are the most crucial aspects and the ones most amenable to data capture. An evaluation design is fitted to the logic model by selecting measures that match the key elements of the model and establishing the means by which these measures will be recorded, collected and analysed.
E valuation implementation	The evaluation design is actioned, including the creation of questionnaire/ interview tools (such as the wellbeing measurement framework) where relevant and the collection and safe storage of data.
A nalysis and reporting of findings	Qualitative and/or quantitative analysis is undertaken and collated. Reports summarising the findings and recommendations are completed. Findings are shared with senior leaders and school staff. Special care should be taken to share findings with pupils.

To illustrate this approach, below are three case studies from Mercers' schools and colleges that have adopted this approach.

¹ Hoffmann T. C., Glasziou P. P., Boutron I., Milne R., Perera R., Moher D. et al. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide *BMJ* 2014; 348 :g1687

Case study 1:

The College of Richard Collyer

Intervention: .b Mindfulness

.b Mindfulness focuses on two key practices: 1) stopping and noticing and 2) attention and awareness. These practices aim to promote pupil awareness of what's happening in the moment rather than dwelling on past events or worries about the future.

Courses were delivered by three members of staff, all of whom were mindfulness practitioners having previously completed an eight-week training programme. Courses were promoted to all students (aged 16-18 years) with specific recommendations for students where it was predicted to be helpful for them, such as those who had disclosed difficulties with stress or coping. Each course lasted for 10 weeks and was offered each term, with sessions once per week for 65 minutes.



Design and evaluation implementation:

Key research questions for the evaluation	Data Source
1. To what extent is the .b Mindfulness intervention associated with improvements in pupils' emotional self-regulation?	Survey responses provided by young people pre- and post-intervention using paper-based questionnaires
1. To what extent is the .b Mindfulness intervention associated with improvements in pupils' mental wellbeing?	
2. What has been helpful/unhelpful about the intervention from the perspectives of the young people and staff involved?	Post intervention qualitative interviews with young people;
3. What impact (both immediate and long-term) has the intervention had (if any) on young people's lives, from the perspective of young people and staff?	Post intervention qualitative interviews with college staff
4. What could be improved about the intervention, from the perspectives of the young people and staff involved?	

*Case study 1 continued: The College of Richard Collyer:***Analysis of findings:**

- The findings from survey data suggest that the .b Mindfulness course was associated with some benefits for the young people participating.
- All students interviewed at different time points reflected on a variety of ways that they had found the course useful.
- Staff at Collyer's reported observing positive changes in those students participating in mindfulness courses in terms of managing stress and anxiety.
- Interviewees told us that several aspects of the course contributed towards its helpfulness including having dedicated curriculum time allocated to sessions, the timing of sessions, small group sizes and course content.
- A number of improvements to the course were suggested, most notably extending provision by increasing the frequency of sessions and enabling progress onto related or more sustained courses.



Case study 2:

Holy Trinity and St. Silas Primary School

Intervention: Heroes Journey

The Heroes Journey is a multicomponent programme for pupils in Years 5 and 6 that aims to improve self-esteem, confidence, communication skills and sense of purpose. It is delivered in three parts:

1. Workshops for all pupils in Year 5; exploring themes of wellbeing such as being yourself.
2. Buddying groups; pupils can volunteer to lead buddying groups with younger pupils at the school, supporting their wellbeing.
3. Peer mentoring; for buddying group leaders an opportunity to provide one-to-one support for younger pupils in their group



Design and evaluation implementation:

Key research questions for the evaluation	Data Source
1. To what extent is the intervention associated with improvements in... <ol style="list-style-type: none"> a. self-esteem, mental health and wellbeing; b. goals and aspirations; c. peer relationships; d. community involvement? 	Children and young people's responses to the annual online surveys
2. What has been helpful/unhelpful about the intervention, from the perspectives of the young people and staff involved?	Qualitative interviews with children and young people
3. What impact has the intervention had (if any), from the perspective of staff members and pupils?	Qualitative interviews with staff
4. What could be improved about the intervention, from the perspectives of the young people and staff involved?	

Case study 2 continued: Holy Trinity and St. Silas Primary School:

Analysis of findings:

The findings of the quantitative evaluation work suggest that pupils experienced little change in their self-reported wellbeing, emotional difficulties, aspirations and self-esteem during the period of the Heroes Journey. However, there were detectable positive changes in levels of behavioural difficulties. The quantitative findings should be interpreted with some caution because of the small sample size (45 pupils) and the time points of data collection (there was a time lag between the intervention and the data collection).

Staff interviewed at Holy Trinity and St Silas reported observing positive changes in pupils participating in the Heroes Journey intervention in terms of their school connectedness, peer relations, self-reflection and skills development. Pupils themselves reported perceived improvements in their social skills, confidence and peer relationships as a result of taking part in the Heroes Journey intervention. In terms of suggested improvements to the intervention, pupils and staff members felt that the timing of the intervention sessions could potentially be improved. Pupils suggested that the intervention could be held at a time of day that avoided break time, and staff suggested that having an allocated timeslot for the intervention within the school timetable could help to ensure consistency of implementation.



Case study 3:

St. Paul's School

Intervention: Mental Health First Aid

Mental Health First Aid (MHFA) involves training school staff to be able to identify signs of mental health difficulties in young people, to listen to and reassure a young person experiencing difficulties and, where needed, to signpost additional support. School staff received two days training on common mental health concerns relevant to young people in order to develop these skills.



Design and evaluation implementation:

Key research questions for the evaluation	Data Source
1. How and to what extent is the MHFA training associated with improvement in staff confidence and capability to support pupils with mental health and wellbeing difficulties?	Paper-based surveys administered to school staff
2. How and to what extent is the MHFA training associated with improvement in the mental wellbeing of pupils?	Online surveys completed by young people
3. What has been useful/less useful about the intervention from the perspectives of the staff members involved?	Qualitative interviews with school staff
4. From the staff members' perspectives, what impact has the intervention had (if any) on their understanding and knowledge around mental health, their identification of mental health issues in their students, their role, and the school?	
5. What could be improved about the intervention from the perspectives of the staff members involved?	



*Case study 3 continued: St Paul's School:***Analysis of findings:**

- The findings of both the quantitative and qualitative evaluation work suggest the MHFA training was associated with positive improvements in staff members' self-perceived ability and confidence to support pupils who may be facing emotional or mental health difficulties.
- Whilst the quantitative evaluation is based upon a small sample size (25 staff members), findings indicate that attendance on the MHFA training is associated with improvements in mental health literacy and confidence.
- Throughout the qualitative interviews, staff members mentioned experiencing improvements in their knowledge and understanding of mental health issues, and reported practical advice that they had gained from the training.
- Several aspects of the training were reported by staff as contributing to its usefulness including internal delivery, the format of sessions and a safe space for school centred discussions.
- A number of improvements to the course were suggested, most notably a need for follow-up or refresher work with staff. Staff members also recommended slight changes to the course content and better marketing around its content to other staff.



Learning and recommendations

Early findings indicate that this approach to school-based evaluation is both feasible and informative. It allows schools and colleges to access a range of pragmatic tools to give insights into whether support offered appears to be achieving the expected outcomes. Often the numbers involved can be limited, so the information yielded may best be treated as data to inform quality improvement, much like models often adopted in health settings.² This means that findings can be used to make adaptations to the support offered. This iterative approach as part of routine practice also means that sample sizes can grow with repeated administration. Furthermore, findings offer concrete examples of schools' and colleges' efforts to ensure they are finding the best ways to support their students' mental health and wellbeing.



² Batalden P.B., Davidoff F. What is "quality improvement" and how can it transform healthcare? *BMJ Quality & Safety* 2007;16:2-3.

About EBPU

The Evidence Based Practice Unit is a child and youth mental health research and innovation unit based at UCL Faculty of Brain Sciences and the Anna Freud National Centre for Children and Families. Founded in 2006, this collaboration bridges cutting-edge research and innovative practice in children's mental health. We conduct research, develop tools, provide training, evaluate interventions and disseminate evidence across four themes: Risk | Resilience | Change | Choice

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

www.ucl.ac.uk/ebpu

EBPU is a partnership of UCL and Anna Freud National Centre for Children and Families. Anna Freud National Centre for Children and Families is a company limited by guarantee, company number 03819888, and a registered charity, number 1077106.