Think Good Feel Good in Schools: Improving the emotional health, wellbeing and resilience of children and young people

Abstract

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Full-Text

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SUMMARY: This paper outlines a population approach to improving the emotional health, wellbeing and resilience of children and young people, through a schools-based model, in Shropshire, a large rural county in England.

KEY WORDS: CAMHS, child health, improving wellbeing

A key component of public health is to 'improve health' through preventative approaches. This often necessitates the need to de-medicalise issues or to shift from the medicalisation of a problem (the assessment/diagnosis/treatment process) to one that starts well before any problems arise.

In the UK the transfer of public health responsibilities to local government in 2012 brought with it a number of significant opportunities to influence some of the wider determinants affecting population health. This included significant opportunities and influence over education through existing departments and teams in the local authority, and also direct access to local schools and the population of children and staff who work and learn in them.

Many of the staff transferring into local government public health teams had a long-standing history of working within the National Health Service alongside commissioners and providers of services in community and hospital settings. This gave them extensive experience and knowledge of working with professionals and services delivered by the NHS, including understanding of services such as CAMHS (child and adolescent mental health services), school nursing and health visiting.

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The initial programme described here started as a pilot in 2009 under the nationally driven Targeted Mental Health in Schools (TaMHS) initiative. As it evolved and expanded it became known as Think Good Feel Good. The programme initially covers all school-age children before focusing on specific individuals.

The school community provides a forum and support structure to build protective factors, and to identify and reduce risks so that emotional health, wellbeing and resilience can be enhanced. Acting on these is a key way of improving health and ultimately may result in reducing demand on specialist services. The Think Good Feel Good (TGFG) programme is a prime example of how schools have embraced this role.

Local population demographics

Shropshire is one of England's most rural and sparsely populated counties with a large geographic area of 1,235 square miles. Situated in the West Midlands, bordering Wales to the west and Cheshire to the north, the area has a population of 308,207 (ONS, midyear estimates, 2012). Shropshire's population is largely of White British ethnic origin. The numbers of residents from minority ethnic groups is low; 4.6 per cent of the population (this includes white other, gypsy/traveller and Irish). A large percentage – 40.1 per cent – of Shropshire's population lives in the six main market towns.

22.2 per cent of the total population are under 19 (68,100 children) 6 per cent of whom are from minority ethnic groups, compared with the English average of 24.2 per cent. There are 152 schools ranging in size and age of pupils; many are located in rural and isolated areas.[1]

The scale of the challenge

In a typically sized class of 30 children, it is estimated that three will have a definable emotional or mental health problem. Further, it is estimated there are over 4,000 children and young people in Shropshire with diagnosable mental health problems at any one time. Looked after children and those with disabilities are more likely to be diagnosed with mental health problems than other children.

Two-thirds of pupils in Shropshire attend a school where there is at least one Tier 1 prevention programme (TGFG) and 87 per cent of pupils from the most deprived areas of Shropshire attend a school where there is at least one Tier 2 prevention programme (TGFG) in place. Overall, the top five referrals to Tier 3 (CAMHS) were for difficulties identified as depression, anxiety, anger/aggression, attention deficit hyperactivity disorder (ADHD) and autism/Asperger's respectively. There were differences between referrals for girls and boys, with girls more likely to be referred for depression and anxiety and boys for anger/aggression, ADHD and autism. Girls were less likely to be referred for ADHD and

autism; instead the fourth and fifth most likely reason for referral for girls was deliberate self-harm and self-harming behaviour.[2]

The consequences of non-intervention

Difficulties starting in childhood can lead to wide-ranging and longer-term problems such as poorer educational attainment and negative relationships. Other long-term effects include poor employment prospects and additional physical health conditions or psychiatric diagnoses in later life. It is estimated that one in 10 children (three in in every class) aged between five and 16 years has a diagnosable mental health problem. Just over half are considered to be conduct disordered and the remainder will be categorised with an emotional disorder or ADHD. It is well documented that 50 per cent of those with lifetime contact with the psychiatric system will have experienced their first psychiatric intervention by age 14 years. Half of all diagnosed mental health problems (excluding dementia) start by age 14, and three-quarters by age 24. By 2026 it is estimated that 8.25 million adults in the UK will be diagnosed with a so-called mental health disorder. Moreover, young people in the poorest households are three times more likely to have poor health than those in wealthier homes.[3] Many young people will become parents themselves; breaking the cycle and perpetuation of negative childhood experiences is essential.

Two-thirds of 2,100 adults surveyed for the Minded programme (2014) supported the proposal for a named member of staff on school premises accessible for children to approach directly about health and wellbeing concerns.[4] Approximately five per cent of 11–16-year-olds have a diagnosis of anxiety or depression, with self-reported estimates as one in five amongst young people aged 15–16 years.[5] Young people often report an accumulation of stressors rather than a single factor. The recent report of the Chief Medical Officer claimed that 'mental health disorders appear to be rising' and a large proportion is likely to go undetected and therefore not addressed.[6]

Ofsted research published in 2013 highlighted that 'children with higher levels of emotional, behavioural, social and school well-being on average have higher levels of academic achievement and are more engaged in school, both concurrently and in later years'.[7]

What is young people's mental health?

There is quite often confusion over the meanings of mental health and mental health problems (the former has a positive connotation important to good health and the latter refers to a spectrum of wide-ranging problems from mild to severe). The World Health Organization provides a useful definition: 'A state of wellbeing in which the individual realises his or her own abilities, can cope with the stresses

of life, can work productively and fruitfully and is able to make a contribution to his or her community.'[8]

The role and impact of schools

In the family and wider community schools play an important role in the lives of children and young people. Both can promote the development of children and young people on a number of levels, including socially and emotionally, physically, and cognitively. Schools play a significant part in a child's development and there is increasing evidence that early help and educational achievement are closely linked; learning can be detrimentally affected when emotional problems become too great. During their time at school young people are potentially able to develop resilience, self-esteem, talents, abilities and aspirations. The evidence is unequivocal that educational achievement results in a number of positive outcomes including health.

Schools are, however, under increasing pressure and are facing many challenges with ever-increasing demands, reduced staffing and reduced budgets. Staff also report feeling out of their depth around mental health and issues such as sexual health. A recent survey showed that two-thirds of staff felt their job negatively impacts on their own health.[9] We need to support and make the best possible use of staff.

Schools can build resilience by improving achievements, supporting transition and encouraging health promoting behaviours. Skills of teachers in understanding and working with the spectrum of emotional health and wellbeing can be developed. Referral to specialist services can be made only when necessary while working with parents to improve family relationships and working with the wider community with the school at the centre.

Schools are part of the universal provision to support emotional health and wellbeing for children and young people. The evidence base for the role of schools in supporting mental health of children and young people is well documented through different sources, including the previously nationally driven programme, Healthy Schools.[10] Recent research builds on this by proposing that schools can increase pupil wellbeing through systematic and structured teaching of life skills and values, regular measurement of children's wellbeing, the training of all teachers in mental health and the management of child behaviour.[11]

This is reinforced in the Chief Medical Officer's Report 2012, which highlights the role of schools in the promotion of health to achieve their core business of increased educational attainment and enhancing later life changes, restating the importance of school health services.[12]

The Think Good Feel Good programme

The TGFG programme operates at a number of levels: individual, interpersonal, school and community. It develops and increases the resilience of students, educates staff, creates an environment that supports and enhances positive mental health and enables children, staff and parents to recognise and deal with negative and positive aspects of mental health and wellbeing. At its best it offers a mental health promoting centre within the community.

TGFG emphasises characteristics such as the ability to recognise and deal with one's own feelings and those of others, the ability to develop strategies to develop resilience and a sense of self-esteem and self-worth, and the ability to manage challenges. The programme works with numerous professionals and across organisational boundaries, not to replace specialist services such as CAMHS but to ensure that all children have or build up resilience and an awareness of emotional health and wellbeing to help them avoid the need for specialist services. The programme adopts a whole school approach to emotional health and wellbeing, covering classroom activities, one-to-one support, school nurse input, counselling, specialist projects, group work, community-based activities and parental support.

The core aim of TGFG is to develop a whole school approach to emotional health and well-being through the delivery of an evidence-based training programme across all Shropshire schools. To date the programme has been aimed at children aged five to 16 years, as well as their families and the whole range of school-based staff. All of the training programmes that are delivered are evidence-based, either nationally or internationally.

The offer to schools

Schools have all had the opportunity to access a small pot of funding to implement sustainable projects that promote both whole school positive wellbeing and targeted support interventions for vulnerable pupils with additional emotional needs. The project manager visits schools to introduce the project and periodically reviews activities within schools following the project developments. It is usually the learning mentors, teaching assistants or pastoral leads within the school who attend the intervention training. The role of the head teacher is vitally important in promoting the programme at senior level and this is followed through with a proactive 'lead champion or small team', usually from pastoral care, who implement the practical activities.

The menu of training occurs annually or biannually and aims to further develop staff knowledge and skills to deliver the in-house Tier 1 and 2 intervention programmes and activities. These may be for early intervention and prevention purposes or to support a young person who is accessing specialist services and

needs additional support whilst in school. In addition to central training, school-based training and school visits, schools and partner agencies involved all have the opportunity to contact the project manager via email or phone to discuss and consult on strategies and to discuss support mechanisms for pupils within the school setting.

Schools are able to access a wide range of training packages delivered by practitioners and professionals such as educational psychologists, counsellors, school nurses, Children's Safeguarding Leads or the programme manager. The training is comprehensive and covers concerns such as anxiety, anger management, bereavement, relaxation, suicide prevention and self-harm. The training increases staff knowledge on how to recognise need, how to respond to the emotional needs of young people, and what to do and say. Staff are also introduced to the demystification of mental health concepts. Intervention-based training provides resources and structured programmes which staff can deliver within the school setting to support children.

On a typical training course participants usually consist of teaching assistants, learning mentors or those in pastoral roles, as well as practitioners such as school nurses, family support workers and others. They are taken through the interactive and dynamic training session covering knowledge and skills on the chosen topic area using practical tips and tools. They receive tips on how to approach the training in schools, including choice of target group, engagement of other staff members, sample tools for assessment of pupils and group dynamics, together with a resource pack to help them set up the programme in school with readymade session plans for the duration of the programme.

Some training packages cover eight-week programmes whilst others are aimed at whole school resources to create a common language for positive thinking. Ongoing support is also provided by the programme manager for schools that struggle to implement the training or who need some additional support following the training. Many of the primary schools have created indoor and outdoor spaces for children to relax, use their creative imaginations and create safe and nurturing spaces for small group activity to take place. This has been extremely beneficial for the implementation. Taking care of and paying attention to the children and young people's personal, social and emotional development helps to build their individual confidence and helps them to see things through the eyes of others. Some schools have created nurture groups whereby a small group of children previously displaying behavioural problems are taken from the main classrooms on a time-limited period over a number of weeks to work together and play together in a calm, semi-structured, relaxed and caring environment.

What do we expect of schools and what are we seeing?

As noted above, taking care of and paying attention to the pupils' personal, social and emotional development can help to build their individual confidence and self-esteem, and helps them to see things through the eyes of others. The nurture groups enable children who are struggling to cope with their emotions and conduct to work together. Some schools have created internal spaces that are welcoming and comfortable, and others have created special outdoor spaces such as gardens and dedicated play structures.

Key outcomes

There are various measurement tools in place within the programme, either programme-related or school-based indicators at a qualitative and quantitative level. The school- and pupil-related indicators include individual measures of anxiety, feelings, pupil perception and attitudes. Others relate to attainment, attendance and exclusion. The training programmes include measures on activity levels of schools and participant feedback with pre and post baseline to capture impact.

Pupils

The pupil profile assessments have shown improvements in self-regard, attitudes to self and school, improved engagement in learning and attainment of specific pupils. Other promising results from the early pilot work show 70 per cent improvement in pupil attendance in participating schools and improvements in other measures relating to individual pupil attitudes, anxiety and feelings. Direct qualitative feedback from the children has also been very promising and Ofsted have provided positive feedback following inspections.

What the children say

- 'It's really helped to know others worry like I do.'
- 'I look forward to Friday's group; it has helped me to make friends.'
- 'When I feel angry or sad I know what I can do to make me feel happy.'
- 'I was really worried about going to a new school but I feel more confident after talking through these worries.'
- 'The season's group has helped me to realise that I have a choice as to how I react, and this has made a difference to how my friends and family talk to me.'

Staff

Having attended the training programmes staff report feeling more confident and able to deal with problems being presented by children. All those participating

in the overall training programme reported an increase in knowledge levels and confidence. Staff reported increased confidence in the early identification of need, understanding of specialist services, and how and when to access local specialist services such as CAMHS and child protection.

What the teachers say

- 'It's great to be able to help the children with coping strategies within school.'
- 'I have noted positive changes in the children since attending the group.'
- 'I have had feedback from parents that they have seen differences in behaviour, particularly straight after group sessions.'
- 'The TaMHS project has been one of the most successful projects I have been involved in.'
- 'I have had feedback from parents that they have seen differences in behaviour. One parent said, "It's nice to have my daughter back," after she had completed the Seasons for Growth programme.'

What Ofsted say

- 'The school's own nurture group provides pupils with excellent opportunities to work and play in a calm, relaxing atmosphere.'
- 'Using the outdoor environment to stimulate pupils' interests, especially those of boys, is having a positive impact on motivating pupils to learn and raising achievement.'
- 'The excellent attention paid to children's welfare and to their personal, social and emotional development very successfully builds their confidence and self-esteem. Children are enthusiastic learners.'
- 'High quality displays around the school encourage children to touch, feel and think about different ways to respond to their emotions.'
- 'A variety of high quality support systems within the school and close liaison with external agencies help ensure that all pupils, especially those most vulnerable, are cared for exceptionally well.'

Case study 1: infant school on the outskirts of Shrewsbury

When you walk into the reception area of the school you immediately feel very welcome as you are greeted by friendly and courteous staff. Walking into the main foyer you see walls covered in displays with visual images and references to health and wellbeing and the values of the school.

Touring the school you are politely greeted by school staff and children alike. The head teacher and his team know the children by name and will often speak

directly to them as they pass in the corridor. There is an overall atmosphere of a very positive and nurturing environment that recognises achievement and promotes the best in children and young people. It feels like a positive, caring and vibrant place where children can learn with highly committed and motivated staff.

High quality displays are seen around the school, such as cartoon pictures of different emotions displaying images depicting sadness, shock, anger, embarrassment, concern. Seeing these on a daily basis helps the children to see the myriad of feelings they experience. Other images, such as emotional thermometers, help pupils to touch, feel and think about different ways to respond to their emotions, providing them with different emotional management tools that are easy to apply to everyday situations and have the added value of demystifying and normalising emotional health and wellbeing. This helps pupils take control of their own emotions and behaviours whilst also appreciating the different emotions of others.

Children and staff are highly respected and an example of this is when children enter the head teacher's office at a regular time on a daily basis he makes the point of giving them his full attention no matter who is in the room at the time.

The use of PASS (Pupil Attitudes to Self and School) data enable the school to identify which pupils have low scores (for example, negative feelings about school, perceived learning capability, preparedness for learning and attitudes to teachers). This information can then be used to identify children for the nurture programme which provides structured one-to-one and small group work with a learning mentor for a six-week period.

Schools report improved attendance, improved behaviour in the classrooms, improved concentration and learning, and greater ability to empathise with others as well as being more self-aware of feelings and the expression of these.

Case study 2: large town-based secondary school

Walking into the school at break time, the place is bustling with staff and young people. There is a positive 'buzz' about the place and the walls are decorated with the achievements of young people. One staff member immediately engaged me in conversation whilst I was waiting. The head teacher has exceptional leadership qualities, and is a strong proponent for the emotional health and wellbeing of young people in her care, something she sees as a priority for the school. This is woven into the fabric of the school at a number of levels.

There is an exceptional student support services team in place that provides one-to-one support for young people and group support, as well as support to the teaching staff. This team are located in a building on the perimeter of the school providing a degree of anonymity whereby students can receive one-to-one support. The electronic tracking system in the school means that tutors and year

heads can see that a young person is receiving support from student services but are not able to see the problems identified as this information is confidential to the young person and the student support team.

This entire area has been redeveloped this year to create a much larger space for student support. It also incorporates the LINC, a specialist provision for pupils at risk of being excluded. The pastoral team sees young people on a one-to-one basis, visits parents and young people in their own homes, and has open accessibility. The team has a strong reputation in the school and is accepted and valued with all requests for pastoral support going to the team. Attendance records can be accessed through the computerised tracking system.

There are a number of success stories. For example, one young man diagnosed with early psychosis who was regularly missing from school and lessons was identified as having problems by one of his subject teachers. He contacted student support to discuss what could be offered. A key worker from the team was able to work with the young man and the teacher on a plan to address some of the problems. He has been given some responsibility for changing his routine at school, has received one-to-one interventions and is now a more regular attendee at school. He is now anticipated to leave the school with qualifications.

The model in the school is constantly being developed, tested and evaluated to assess impact. The model is made up of staff and interventions covering living with teenagers, child protection, one-to-one support, feedback to tutors, group work (covering self-esteem, anger management, bullying, keeping safe), friendship work, mentors for years six and seven, support from outside agencies, dedicated counselling support, a dedicated space for pupils at risk of exclusions, attendance officers and two support workers. A recent development has been the appointment of a dedicated school nurse who has set up targeted sessions based on the identified needs of the pupils following feedback from a school pupil survey. This will initially cover body image, e-safety and self-harm, and is promoted and reinforced by the head teacher to the whole school assemblies.

Towards the future

The success of the programme to date is determined by the quality of the resources, delivery of training and the ongoing relationship between the TaMHS project manager and Shropshire schools. A key strength has been the focus on the wellbeing of the children and young people in conjunction with educational priorities. Think Good Feel Good does not work independently of other local services or programmes. All training and support involves and builds on the work of all professionals who work in schools, including school nurses, relationship and sex education trainers, educational psychologists, 'Enhance', Targeted Youth Support, children's centres, parenting programmes and voluntary sector groups

such as Autism West Midlands, Barnardo's, British Red Cross, and Women's Aid.

The approach in Shropshire has been to work in a more coordinated way by supporting schools to develop a holistic model around emotional health and wellbeing. Schools are supported by a project manager who is part of the public health team in the council. Schools also have access to resources and the wider PHSE team who are part of the public health department. In addition, they can access the professional expertise of their local school nurses who work closely with public health.

Those schools where the programme is proving to be most effective are the ones that recognise that emotional health and wellbeing is central to children and young people's learning and development, and which are willing to try out new ideas. The support and leadership of the head teacher and the drive from the pastoral support team is vital.

We are using a mix of specialist and non-specialist staff with a focus on children and young people's assets rather than their deficits to build resilience and coping strategies and to reinforce positive behaviours and self-belief resulting in greater confidence. In Shropshire we have translated challenges around young people's emotional health and wellbeing into a practical response, encouraging collaboration between services, organisations and professionals to commission and deliver services and targeted programmes that meet the needs of children and young people across the pathway from prevention to treatment.

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