



The Association
for Child and Adolescent
Mental Health

THE BRIDGE

Mental Health in Schools

MAR 2018

**Practitioner
Review:
School-based
interventions in
child mental health**

**Research highlights
from our journals -
*JCPP and CAMH***

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SNAPSHOT

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Foreword from the Editor

Welcome to “The Bridge”. In this edition we are focussing on young people’s mental health in school settings. As I am sure you are all aware, there is a Green Paper with proposals for improving young people’s mental health which include more mental health provision in schools. When considering the development of services it is always important to examine the evidence base for any considered intervention. In this edition we review the Department of Education’s report on what is currently being provided and look at a systematic review of School Based Interventions (SBIs). The authors of the review have looked at the type of SBIs being used, its effectiveness and how practical it is to deliver SBIs to children in need of mental health support in school. We also have an interview with Professor Dame Susanna Bailey who is immersed in this work at present. This interview is available on the ACAMH website as a podcast at <http://bit.ly/zhM1Veq>. You can subscribe to ACAMH podcasts through iTunes or SoundCloud, simply search for ACAMH.

Dr Juliette Kennedy
Editor of The Bridge



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Worth-it: focussing on positive mental health, resilience and wellbeing Interventions

By Prabha Choubina

Resilience is defined as the process of adapting well in the face of adversity, trauma and stress. It is commonly acknowledged that developing strategies and internal resources along with help from a support network are vital in building resilience.

‘Worth-it’ is a social enterprise dedicated to delivering resilience and wellbeing intervention programmes to children in schools. The interventions and training courses are underpinned by the principles of ‘Positive Psychology’ which is defined as the scientific study of positive human functioning. To promote young people flourishing on multiple levels that include the biological, personal, relational, institutional, cultural, and the global dimensions of life*.

The founder, Liz Robson-Kelly, is in fact a positive psychology practitioner and practice based researcher.

“It started as small support group for carers of people with mental health problems way back in 2011 where the mums attending the group expressed that they would have much preferred earlier support to prevent mental health problems developing in their children. This got me thinking.” Liz explained. “The Worth-it project focuses on early interventions, by developing strategies that improve resilience and wellbeing.”

Worth-it’s training programmes and support are delivered in a range of organisations such as schools, multi academy trusts, teaching school alliances, charities and youth and community organisations. Their menu of programmes are aimed a whole range of stakeholders; children, young adults, teachers, parents and care providers. They have worked with over 150 schools in the last 7 years.

The interventions are tailored for the specific needs of the school or a group. Some of the elements of a programme include training in skills and strategies that develop the resilience of children and young people through interactions and sharing of experience. There are delegate packs that have handouts, worksheets, tips, ideas and tools to take the learning further.

For the full article please visit
<http://bit.ly/zhM1Veq>



Supporting Mental Health in Schools and Colleges – a summary of UK Department of Education’s report

By Tim Colebrook

In a 2017 summary report*, the UK Department of Education set out the findings of its research into what English schools and colleges are currently doing to support students with mental health needs and their efforts to promote positive mental health and wellbeing amongst pupils, and their experiences of putting such provisions into practice.

A few of the findings

The responses showed that a broad range of different activities are being used, with skill development sessions (73%) and sessions on particular mental health issues (53%) being the most common. They also varied across the age range, for instance, a much higher percentage of colleges (63%) than state-maintained primary-schools (16%) were actively trying to address the stigma surrounding mental health. However, one of the recurring themes was the need to create a shared vision and an ethos that fosters a culture of mutual care and concern (92%) and one that is integrated into the entire school day (64%), and ideally situated alongside the institution’s strategy for teaching and learning.

Participants in the study felt that further understanding and training, on the approach to supporting student mental health, was needed although many (59%) did acknowledge that a lack of internal capacity is often a challenge faced by educational institutions. The report highlights the importance of supporting staff members, not only so that they may build trust and work more effectively with their students, but also because ad hoc identification by staff members is by far the most common method for identifying pupils with particular mental health needs.

Key points

- Although institution-wide provision for student support and positive mental health is widespread, the approach and prioritisation of this provision varies depending on the size, type and the phase of institution.
- Whilst the report provides us with some robust national estimates and identifies several key factors that respondents felt were central to their institution’s success, the study should be viewed as a foundation for future policy and research.

* Conducted by NatCen Social Research & the National Children’s Bureau Research and Policy Team and comprising of a quantitative survey completed by 2,780 educational institutions and 15 qualitative case studies that were selected for their active engagement with student mental health.

Reference: DFE- RR697; this document is available for download at www.gov.uk/government/publications.

School-based interventions are effective, but are they efficient?

By Dr. Jessica K Edwards

School-based interventions (SBIs) are effective for preventing and treating common medico-psychological problems and disorders in pupils, according to data from a practitioner review published in the *Journal of Child Psychology and Psychiatry*. The comprehensive systematic review, compiled by Frank W. Paulus, Susanne Ohmann and Christian Popow, investigated the types of SBI being utilized, their effectiveness and the practical implications of providing SBIs to affected school children. Here, the authors discuss their main findings.

Children and young people spend a large proportion of their time in a school setting, where complex levels of social interaction occur between teachers, staff and peers. Consequently, a diverse range of social, cognitive and emotional skills are required and are honed in this environment: some children thrive and others can be at risk of developing mental health problems. Reports suggest that up to 25% of students display notable mental health problems during their school years, yet, of these an estimated 70-80% receive no mental health support. Consequently many have proposed that schools could intervene and implement relevant programmes to improve the mental health of their students. However, as Paulus and colleagues report, SBIs are relatively unpopular among the various involved parties, since little is known about their effectiveness.

“There is a structural lack of medical and nursing staff in the schools; teachers often feel less responsible for the medico-psychological problems of their pupils and try to solve such problems with educational measures and by informing the parents about problems at school”, explains Paulus.



Paulus, F. W., Ohmann, S. & Popow, C. Practitioner Review: School-based interventions in child mental health. (2016) *J Child Psychol and Psychiatr* 57:1337-1359. doi:10.1111/jcpp.12584.

“Furthermore, there is a general lack of information about the effectiveness of SBIs and a gap between existing effective SBIs and efficient and sustainable implementation in the school context. This scenario motivated us to compile our review”.

The researchers performed their systematic literature search across five online databases for articles relating to SBIs published between 1993 and 2015. From the extracted data, they aimed to address the following main research questions: what practitioner-relevant, effective, research-based SBIs have been developed for common, school-relevant medico-psychological problems; what programs for what disorders have large effect sizes; and who would be able to implement SBIs and what would be the prerequisites?

Paulus et al. found that SBIs are being used for numerous mental health problems, including conduct disorder, depression, anxiety, substance use, depression, autism spectrum disorder and post traumatic stress disorder. The various programmes typically fall into one of three categories: universal (Tier I), selective (Tier II) or indicated (Tier III) interventions.

Tier I SBIs mostly include school-based competence enhancement programs, which can be broadly applied and require no need to screen “at risk” students. These SBIs are generally considered effective by targeting multiple risk factors simultaneously, but they may not provide sufficient specification, or duration or be effective towards the most “at risk” group. Examples of such SBIs highlighted in the review include programmes for social and emotional learning or universal interventions against externalizing behavior.

Tier II SBIs include selected interventions for those at risk of a mental health problem; one effective intervention within this category is “gatekeeper training” for those with suicidal thoughts. Finally, Tier III programmes are suitable for those with symptoms of mental disorder who do not meet the full diagnostic criteria. Those who have failed to improve with Tier I or II interventions are also candidates for Tier III programs.

Overall, the researchers concluded that SBIs are generally effective at preventing and treating common mental health problems in adolescents: many SBIs had a moderate-to-high effect size. Specifically, the effect sizes for Tier II and Tier III interventions are larger than those for Tier I interventions. They found that SBIs have the potential not only to “reduce mental health problems and problem behaviors of students but also reduce the risk of negative consequences later in adulthood, such as unemployment, drug-abuse, or delinquency”. They also consider that SBIs may reduce the number of early school leavers, and may improve pupils’ academic performance. The alliance and communication between pupils, teachers, and parents and the collaboration

of the various disciplines when confronted with academic or behavioral school problems (including school-psychologists, counselors and school nurses) may also be improved. Importantly, the data suggest that SBIs can be administered by regular school staff once they are sufficiently trained, which has cost-saving implications.

Paulus also proposes that SBIs have a positive effect on teaching staff by reducing teacher anxiety improving the classroom and general school climate and supporting teachers who can feel left-alone to handle “problem children”. Other benefits of SBIs include reducing therapeutic costs for children, parents and teachers; promoting student engagement and creativity; and improving the alliance and communication between pupils, teachers, and parents.

In considering the limitations of SBIs, Paulus and colleagues break these down into numerous categories. Their first is the individual limitations of teachers and practitioners (their personality and motivation), pupils (as not all personal problems are amenable to SBIs) and parents (some of whom are not willing to engage with SBIs). The second category outlines the structural limitations of school and/or home systems, such as curriculum-based versus optional SBIs, different school opinions on SBIs, and support for teachers in implementing an SBI. Their third category addresses organizational limitations: well-organized coordinators are needed for monitoring the effectiveness of SBIs, a sufficient amount of time is required by the staff and the student and an appropriate space and level of resource are required to implement the SBI. Other limiting factors discussed by the researchers include training requirements; the transfer of research-based programs into the daily routine; and confounding and uncontrolled variables that may limit the study of effectiveness (like medication or other concurrent therapeutic interventions).

A key finding of the review was that longitudinal comparative studies are urgently needed to evaluate the long-term effects of SBIs. “We were also surprised to find no gold standard for implementing SBIs”, says Paulus. “There are less SBIs available for preventing and treating internalizing disorders compared to externalizing disorders, and there is a lack of programs for adolescent attention deficit hyperactivity disorder and conduct disorder despite these being very common, impairing, and generally undertreated conditions”. The researchers also found that for an SBI to be implemented effectively, an in-house organizational structure needs to be created. They highlighted that the important role of key opinion leader teachers (who are consulted when a student is struggling) in supporting classroom teachers, is generally neglected. It was also concluded that “booster sessions” are necessary to sustain the long-term effects of SBIs.

For the full article, please visit
<http://bit.ly/zhM1Veq>



Teaching about Tics

Summarised by Dr. Jessica K Edwards

A psychoeducational intervention, in the form of a classroom presentation, can enhance the knowledge and attitudes of peers towards their classmates with Tourette syndrome (TS), according to research by Claire Nussey and colleagues. The study, which included four children with TS, their parents, teachers and classmates across four different schools found that a classroom presentation about TS had four main encouraging effects. Firstly, classmates were more curious about TS and reported an increase in knowledge about the condition. Secondly, the attitudes of classmates to those with TS were reportedly more positive and empathetic following the intervention. Thirdly, classmates reported that disclosure of who was affected by TS enabled them to be prosocial in their behaviour. Finally, those affected by TS reported gains in self confidence and felt more accepted within their class. The researchers recommend that these data be followed up with a larger study that includes a more diverse patient and student background and that investigates the longevity of these responses to the intervention beyond the 2-week follow-up of this initial study. The researchers consider these data positive enough for clinicians to continue to recommend psychoeducation for peers of those with TS.

Nussey, C., Pistrang, N. & Murphy, T. (2014), *Does it help to talk about tics? An evaluation off a classroom presentation about Tourette syndrome*. *Child Adolesc Ment Health*, 19:31-38. doi:10.1111/camh.12000

Barriers to sharing information with schools

Summarised by Dr. Jessica K Edwards

A recent study by Tania Hart and Michelle O'Reilly has found that the exchange of information between Child and Adolescent Mental Health Services (CAMHS) and schools needs improving to sufficiently support the educational needs of young people with emotional mental health difficulties. The study explored sensitive information exchange from the perspective of young CAMHS users, whilst incorporating the views of their parents and teachers. Key concerns raised by the participants included: (1) that many teachers have insufficient understanding of mental health issues, which impacts on confidence about confidential information handling; (2) that a collaborative decision-making process between CAMHS and families should be established, to determine what is the key information that should be shared with school; (3) that CAMHS professionals should share information with schools as appropriate; and (4) that the child's wishes with regards to information sharing should be included in the decision making. The majority of affected participants felt their recovery would be facilitated if teaching staff had a greater understanding of mental health difficulties. The researchers conclude that secure procedures to navigate the communication barriers between families, CAMHS and schools are urgently required, and that such protocols and policy should consider the voice of the affected child.

Hart, T. & O'Reilly, M. (2017), *"The challenges of sharing information when a young person is experiencing severe emotional difficulties": implications for schools and CAMHS*. doi:10.1111/camh.12245

Positive news on the Peer Education Project

By Louie Sandys

A new school-based programme by the Mental Health Foundation called the Peer Education Project (PEP) has been making leaps and bounds in tackling rising issues with mental health in young people. The Mental Health Foundation worked alongside Cernis and Highgate School to co-produce the core of the programme content with students. The project aims to equip young people with the skills and knowledge they need in order to protect their own and their peer's mental health. It also hopes to ensure that students know when and how to seek help for their mental health if they need it.

In an effort to overcome some of the barriers young people report when being taught personal topics by adults, PEP has been training Year 12s (16-17) to teach Year 7s (11-12). The programme seeks to tackle stigma and discrimination with a whole school approach to looking at how mental health affects us all. It uses simple concepts like the Five Ways to Wellbeing and introduces mindfulness, as well as dispelling some common myths about mental health and illness.

PEP has been tested in 9 different schools over two years, with the Anna

Freud National Centre for Children and Families evaluating the second year of the project.

The evaluation by Anna Freud found the following positive results: 21% more Year 7 students said they could talk openly about their mental health; 22% said they knew how to stay mentally well; 50% of Year 7 students felt they had improved their understanding of stigma; nearly 60% of students said it was more helpful to learn from their peers, rather than a teacher; and 98% of peer educators and 88% of Year 7 students would 'definitely' or 'maybe' recommend that others take part in the programme.

In 2017-2018 and beyond, the programme is expanding to more schools around the UK. More teachers will be trained to deliver the project in their school, allowing for flexibility in how they manage the programme and building capacity within schools to allow the project to run year-on-year.

The Peer Education Project is funded by the Friends of the Foundation (<https://www.mentalhealth.org.uk/get-involved/friends-of-the-foundation>) and Global's Make Some Noise (<http://www.makesomenoise.com/>).

To find out more about the project, you can contact Helen Bohan, Peer Education Project Manager (hbohan@mentalhealth.org.uk) and more information on PEP can be found on their website here: <https://www.mentalhealth.org.uk/projects/peer-education-project-pep>.

Key points:

- PEP aims to tackle rising mental health issues in young people.
- Peer educators are trained to deliver a curriculum of mental health and wellbeing issues to younger pupils.
- After testing in 9 different schools over two years, the Anna Freud National Centre has found positive results.
- The PEP now aims to become available in more schools over 2017/18 and beyond.





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Jack Tizard Memorial Conference and Lecture 2018 'Expert analysis, new research: what works' Intellectual Disability: 7 June, Autism: 8 June Thursday 7 June & Friday 8 June 2018 / 09.00 – 17.00 / The Royal College of Physicians, London

The Jack Tizard Memorial Conference and Lecture will, for the first time in its history, be held over 2 days.

Under the theme 'Expert analysis, new research: what works' the first day will concentrate on Intellectual Disability, whilst the second will be on Autism. You will hear from world-leading experts in the field of Intellectual Disability, and Autism, delivering the latest evidence and best practice examples, that will shape people's knowledge.



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Research Highlights

Schools need more specialist support

Summarised by Dr. Jessica K. Edwards

Schools have a central role in supporting young people with mental health problems, but the level of and type of support available to affected students is unclear. A convenience sample survey of 577 school staff from 341 schools in England has shed light on this issue, by asking participants to report the level and nature of specialist mental health support available in their school and the perceived barriers to supporting adolescent mental health. Specialist support for those with mental health difficulties was reported in 68% schools (typically secondary schools), and no differences were found based on urbanicity, fee-paying status, special provision or level of deprivation. In general, specialist support is obtained by staff training and whole-school approaches, with educational psychologists (81%) and counsellors (62%) providing the majority of support to students. Most participants (61%) considered that mental health support was limited by the capacity of specialist NHS CAMH services rather than attitudes towards mental health disorders. The researchers concede that their non-random sampling method resulted in a sample that was not fully representative of schools across England, but their provisional findings suggest that future studies using a random sampling method would be valuable.

Sharpe, H., Ford, T., Lereya, S. T., Owen, C., Viner, R. M. & Wolpert, M. (2016), *Survey of schools' work with child and adolescent mental health across England: a system in need of support*. *Child Adolesc Ment Health*, 21: 148-153. doi:10.1111/camh.12166

The early ASD screening debate continues

Summarised by Dr. Jessica K. Edwards

The debate about screening and providing early treatment for young children with, or at-risk of, autism spectrum disorder (ASD) is ongoing, but limited data are available to support either side of the argument. Now, a systematic review of randomised controlled trials (RCTs) of interventions for children ≤ 6 years with (or at risk of) ASD has concluded that the available data is currently insufficient to support the argument for early intervention. The review identified 48 RCTs, the majority of which were published post 2010 (83%) and were undertaken in the USA. Most of these studies had a small sample size (<100 participants) and only six studies met the criteria for low risk of bias. Common issues included lack of blinding of outcome assessment and failure to specify a method of allocation concealment. Unfortunately, wide differences in the demographics of the sample population, the treatment model ($n=32$) and the "dose" of treatment and the outcome measures used ($n=87$) between these 48 RCTs made meta-analyses difficult. Despite the heightened interest over the past decade in evaluating early interventions in ASD, the researchers conclude that improved trial design and co-ordination of future RCTs is required before an accurate evaluation can be made.

French, L. & Kennedy, E. M. M. (2017), *Research Review: Early intervention for infants and young children with, or at-risk of, autism spectrum disorder: a systematic review*. *J Child Psychol Psychiatr*. doi:10.1111/jcpp.12828