

Evidence suggests that the root causes of mental health difficulties may be found in childhood and adolescence. What might education providers do to promote mental health?

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998

Mental health in children and adolescents is one of the most pertinent issues in modern public health, with over 1 in 6 under-19s in the UK experiencing some form of mental health issue in 2021, compared to 1 in 10 in 2017.<sup>1</sup> It has been well documented that adult mental health difficulties can stem from poor mental health in childhood,<sup>2,3</sup> which also leads to complications such as societal deprivation, substance abuse, and self-harm.<sup>3</sup> However, effective childhood mental health interventions can improve outcomes for all children.<sup>2</sup> As such, promoting positive mental health among children is essential.

## The Role of Education Providers

Schools are central to most young people's lives, with their friends, education, and futures shaped by the time they spend there. Alongside the high contact time, there are a variety of staff involved, and schools are therefore well placed to promote mental health among children and adolescents. It is vital to include education providers in children's mental health, and the UK government acknowledges schools as linchpins in early identification and intervention in child mental health.<sup>3</sup> Furthermore, pupils prefer the deliverer of mental health interventions to be someone knowledgeable on the topic, and someone they are familiar with and trust,<sup>4</sup> a role that teachers in schools can be well-suited to take on if supported adequately.

## Empowering Schools' Biggest Assets

Currently, there are a variety of mental health programmes in schools throughout the UK, ranging from anxiety therapies to mindfulness interventions, led by both school-based and external service providers.<sup>4</sup> However, external providers have noted issues with delivering programmes in schools due to funding and manpower constraints.<sup>5</sup> Additionally, relying on external providers can be costly and results are not guaranteed. For example, one

intervention cost schools £9,103 on average, yet found no improvements to student or teacher mental health.<sup>6</sup> Importantly, literature suggests that teacher-led interventions are not less effective than external-led interventions and, under supervision, teachers can deliver evidence-based treatments for mild-moderate mental health difficulties with similar results to trained therapists.<sup>3,4</sup> Schools should therefore aim to increase the role of teachers in delivering interventions. This is key in maintaining sustainability, as developing their existing assets will provide more long-term viability than relying on external providers.

However, despite 90% of schools offering mental health training,<sup>3</sup> teachers expressed limited confidence in their abilities to respond to students' mental health needs.<sup>7</sup> Accordingly, teachers will require further mental health training and schools may be unwilling or unable to subsidise these costs, based upon the approach taken by the UK further education sector.<sup>8</sup> Still, by training teachers further in mental health interventions, schools will be meaningfully increasing the skills of their employees, adding value to the organisation without relying on expensive external solutions and helping promote improved mental health among students. It may also improve teachers' early recognition skills, preventing future significant mental illness. For education providers to improve young people's mental health sustainably, suitable investment in empowering their own teachers will be a necessity.

## **'Trickle-Down' Mental Health**

Nevertheless, just as a skyscraper requires strong foundations, so too does the delivery of mental health interventions require teachers with emotional resilience. Mental health symptoms are already highly prevalent amongst teachers,<sup>6</sup> and increasing the pastoral responsibilities of teachers will increase their burden. Poor mental health in teachers can 'trickle-down', having negative impacts on the mental health of their students. To effectively deliver interventions, teachers should be able to manage their own stresses and feel in control of interventions.<sup>4</sup> Consequently, to augment their role in improving students' mental

health, they too must be well-supported by education providers. Yet, despite almost two-thirds of UK schools offering counselling for students, there is a significant lack of interventions in place to protect teachers' mental health.<sup>3,6</sup> Of those in place, interventions such as staff-nominated peer supporters; mental health first aid training for pastoral teaching staff; and short mental health awareness raising sessions were not found to be useful, and instead school cultural changes focusing on improving relationships between students and teachers may be more effective.<sup>6</sup>

For teachers to improve the support they provide to students, there should be systemically implemented strategies to handle the emotional burden and improve student-teacher relationships. In healthcare, Balint groups can offer regular debriefing for healthcare professionals. The Balint group is a psychoanalytic group therapy, providing a safe space for healthcare professionals to discuss interpersonal aspects of their patient interactions.<sup>9</sup> It has been well received, with participants feeling able to disclose the uncertainty and emotional impact of patient cases, finding improved empathy and a sense of liberation.<sup>9,10</sup> Schools may wish to learn from healthcare and implement Balint-style groups for teachers, focusing on the student-teacher interaction and mental burden in pastoral cases, which may be useful in improving how teachers tackle the mental health demands of their profession.

However, it is important to acknowledge the limitations of Balint groups. Some participants do not appreciate mandated long-term attendance, due to the time-commitment required as well as the potentially repetitive nature of certain cases, displaying less efficacy than optional groups.<sup>9</sup> The evidence and methodology quality in some studies is weak, albeit many qualitative studies have indicated value in hosting Balint groups.<sup>10</sup> Ideally, further research should be performed on their effectiveness in and transferability to the education field. While their merit for teachers may be difficult to ascertain now, it is not unreasonable to expect potential benefits to the mental health, resilience, and communication skills of participants, possibly improving their delivery of existing interventions for students alongside the maintenance of the teachers' own mental wellbeing.

## Conclusion

Ultimately, the issue of children and young people's mental health is complex, and education providers have a pivotal role to play in promoting it. The effectiveness of school-based interventions is reliant on those delivering them, and a key aspect of making such solutions viable will be through empowering their own teachers. Equipping teachers with the training and tools to develop their mental health skills will improve the quality of delivered interventions, relationships with students and subsequently, make a sustainable, systemic difference to children and adolescents' mental health.

## References:

1. Baker C. Mental health statistics: prevalence, services and funding in England - House of Commons Library [Internet]. Available from: <https://commonslibrary.parliament.uk/research-briefings/sn06988/>
2. Fazel M, Hoagwood K, Stephan S, Ford T. Mental health interventions in schools 1: Mental health interventions in schools in high-income countries. *The Lancet Psychiatry* [Internet]. 2014 Oct 1;1(5):377. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4477835/>
3. Transforming Children and Young People's Mental Health Provision: a Green Paper. 2017; Available from: <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>
4. Mackenzie K, Williams C. Universal, school-based interventions to promote mental and emotional well-being: what is being done in the UK and does it work? A systematic review. *BMJ Open*. 2018 Sep 1;8(9):e022560. Available from: <https://bmjopen.bmj.com/content/8/9/e022560>
5. Li CR, Rajgopal A, Shah S, Rockson A. An analysis of community provision to support the mental health of children and young people (0-25 years) of the African diaspora.
6. Kidger J, Turner N, Hollingworth W, Evans R, Bell S, Brockman R, et al. An intervention to improve teacher well-being support and training to support students in UK high schools (the WISE study): A cluster randomised controlled trial. *PLOS Med*. 2021 Nov 1;18(11):e1003847. Available from: <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003847>
7. Adolescent mental health: A systematic review on the effectiveness of school-based interventions | Early Intervention Foundation. Available from:

<https://www.eif.org.uk/report/adolescent-mental-health-a-systematic-review-on-the-effectiveness-of-school-based-interventions>

8. BMG Research. TRAINING NEEDS IN THE FURTHER EDUCATION SECTOR- MENTAL HEALTH TRAINING A report of survey-based research into the training needs of people who work in post-16 education and training organisations in England with learners who may have mental health issues.

9. Sargeant R, Au-Yong A. Balint Groups for Foundation and GP Trainees. *Br J Psychother* 2020 Aug 1;36(3):481–96. Available from:  
<https://onlinelibrary.wiley.com/doi/full/10.1111/bjp.12562>

10. Van Roy K, Vanheule S, Inslegers R. Research on Balint groups: A literature review. *Patient Educ Couns*. 2015 Jun 1;98(6):685–94.