

Harrington Essay Prize: *The role of education and the education system in supporting children and young people's mental health.*

By Lindsey McKeown

We all have that one teacher who sticks in our mind, even to this day. My example is Mrs O'Brien, the always-glamorous and tremendously articulate English teacher whose lessons I would race to every day. In those classes we would discuss feminist themes and debate subjects that I knew little about but had a multitude of opinions on. Mrs O'Brien instilled in me an unwavering confidence, a belief that I was strong, intelligent and worth listening to, and she inarguably shaped me into the woman I am today. Do we remember the name of the medical professionals that we would see as a child, perhaps for a routine check-up or for more specialist care? Perhaps. Do we remember the teachers who were integral and unwavering influencers of our mental health from a very young age? Absolutely. With this in mind, I will discuss the invaluable role of the education system and how it may be utilised to positively influence and promote the mental health of young adults and children.

Recognition:

Let's begin with a hypothetical scenario. You are a Science teacher in an inner-city school, which caters for the needs of around 650 children. As well as this academic position you additionally take upon the pastoral role of a Year 7 form tutor. In this position you will often spend 90 minutes a day (45 minutes for morning registration, 45 minutes for afternoon registration) in the company of your form class; supplement this with the 4 hours of science teaching that you additionally provide to the class each week as a core-subject teacher and this can amount to spending up to 10 hours a week with certain students within this school cohort. With repeated, prolonged exposure will obviously come an expected familiarity. You observe that your student Sophia isn't a "morning person", and would prefer to be left alone in the first few hours of the day. You observe that another pupil Jack seems to *really* hate Mondays and Fridays, but will often perk up mid-week. What do these observations tell you, if anything at all? They may indicate to you that Sophia isn't being given breakfast by her caregiver, which is why she seems so fatigued and low in the morning but contrastingly energised after lunch. Perhaps Jack, because he feels anxious about having no-where to go at the weekends, abuses drugs or alcohol, hence the repeated cycle of a Monday "come down" and Friday dysthymia. Educational professionals are adeptly attuned to the subtle nuances in a young person, changes that often will only be picked up following repeated exposure and observation. "Nearly one-third of 16-24 year olds in the UK (31%) reported some evidence of depression or anxiety in 2017 to 2018" (1). Utilising the tremendous breadth of experience of educators to recognise the symptoms of these conditions early is an indispensable tool in the belt of the mental health system.

Furthermore, the school building functions not only a place of education but also as a place of safety and neutrality. Schools can often facilitate external interventions (for example via the role of Children and Young Person Services) that removes external variables such as parental input and complex home environments. Although not always necessary or appropriate there are certain circumstances that may require this, such as a direct referral to a counselling service that may come into the school to assess and treat the young person. Whilst this method may improve attendance (as CAMHS clinicians I think we can all appreciate how challenging it can sometimes be to get an unwilling patient to an outpatient

appointment), whilst also removing any uncontrolled variables introduced by the parent's engagement with these provisions, it is important to consider the beneficial role of parents and carers in supporting mental health within schools. A 2018 Department of Education report (2) highlighted the benefits of parental engagement in this context, stressing that mental health outcomes for children were often markedly improved following regular, clear communication with parents or caregivers. Whether this means inviting parents to assemblies in which children are taught about mental health, implementing an "open-door policy" between parents and SENCO/ Special Mental Health Leads or offering regular hour-long sessions to disseminate knowledge and resources concerning specific mental health topics, the options are vast and varied. The reality of this is costly and time-consuming, yet will undoubtedly promote a holistic, consistent support system that might be able to reduce some of the stigma surrounding mental health conditions.

Prevention:

Tertiary preventative measures are often the focus of our day-to-day work as psychiatry clinicians, meaning we are often involved in the period *after* a mental health crisis or issue has arisen. This can give us a very one-dimensional, tunnel-vision approach to mental health in these young people, one in which we can often ignore *how* these children came to us in the first place. 1 in 6 young people in England (aged 5 to 16) experienced a mental health problem in 2020 (3), an astronomically high number that will no doubt continue to rise in the wake of the COVID-19 pandemic. The education system provides us with a unique opportunity to *prevent* this issues from even occurring, via primary prevention measures that begin in the classroom.

In the early years of a child's education there is a tremendous focus on Personal, Social and Emotional Development (PSED). PSED resources are split broadly into 3 educational categories; emotions, sense of self and relationships (4). Within the warm, supportive relationship fostered between a child and their teacher, children are taught to recognise and understand their emotions, providing them an emotional framework that guides them safely into adulthood. If these children feel valued and heard in the classroom within the PSED framework, for example in the context of a PSHE lesson, this fosters a sense of self that enables them to look inward, push their own limits and tackle challenges across various domains of learning. Likewise, many primary schools around the country have introduced "The Zones of Regulation" framework. This is an internationally renowned intervention that helps young people to "self-regulate", providing a simple and safe way to consider and discuss emotions that are expected in life. Through the medium of different colours (for example, blue signifying unhappy, tired and tearful whilst yellow meaning excited, nervous or annoyed) children learn to recognise their own triggers and manage their emotions in a non-judgemental and healthy way. We can't bubble-wrap our children and protect them from the turmoil of the world. And in fact, we shouldn't. Child psychoanalysts such as Donald Winnicott have emphasised that we need to let our children fall over and fail, let ourselves be "good enough" as guardians (5), with these failures being an important part of child development. What we instead can do via the medium of the education sector is equip young people with a robust bedrock on which a resilient mental health can be built, hopefully preventing a slew of mental health problems from arising many years down the line.

Promotion:

Furthermore, a variety of innovative measures have been adopted in schools in the form of easily actionable “items” that can positively contribute to the promotion of good mental health of pupils. Students within OECD (Organisation for Economic Cooperation and Development) countries spend up to 11,000 hours during their primary and lower secondary education in the classroom (6). Just thinking practically, this gives us *a lot* of time to continually adapt to the changing needs of an individual pupil’s mental health.

These action points may begin incredibly simply. If we think about Maslow’s Hierarchy of Needs, the lowest tier encompasses basic physiological needs; food, water, warmth, clothes. A hearty school lunch, the warmth of a school building, the exercise encouraged in a gym class and the wearing of a clean uniform all fit the bill to fulfil this tier of the model. These physiological requirements are essential to “meet the very basic essentials of life” (7). Furthermore, thinking practically and within the realistic confines of a school classroom, there are tremendously effective adaptations that can be made for students with neurodevelopmental disorders (NDD). Programmes such as the *Learning About Neurodiversity at Schools (LEANS)* and *Get Into Neurodiversity* can equip our educators with methods and skills that promote an inclusive learning environment. ADHD, for example, is a prevalent NDD in primary and secondary school classrooms, and one that can cause significant disruption in a learning environment. Rather than punishing the child with ADHD and asking them to rigidly conform with their neurotypical peers, an observant and well-trained teacher may see this as an opportunity to put their NDD pupil in a leadership role, one in which they often thrive and a form of cooperative learning (8) which can help to facilitate an improvement in attention span and concentration. Supplement this training with additional practical provisions in the classroom (sensory tents for dysregulation, sand timers, calm corners, and fidget toys to name a few), and the classroom may become an opportunity rather than an obstacle to promote the mental health of both neurodivergent and neurotypical children. It is additionally worth noting that sometimes, due to variable and lengthy waiting lists in certain services, these same teachers may have to manage these children independently and to the best of their ability whilst awaiting a formal diagnosis.

The Wider School Community:

Moreover, in order to prioritize the mental health of young people it is crucially important to consider the wellbeing of those *delivering* this education. As part of the 2023 Teacher Wellbeing Index, which surveyed 3,004 educational professionals, 81% of all staff experienced mental health symptoms due to their work and 35% of staff thought the symptoms could be signs of burnout (9), a statistic that is alarming but not altogether shocking. In 2021 The Department of Education released the “Education Staff Wellbeing Charter” (10), which highlights a multitude of ways that we can advocate for the wellbeing of our educators. This document is both timely and well-overdue; we are unfortunately all-too familiar with media coverage documenting the incredibly harrowing experiences of teachers during Ofsted inspections. It seems like a fairly obvious, yet chronically under-recognised, concept that that an educational environment that champions good mental health among its pupils cannot and should not be provided by individuals who are not equally advocated for. The charter is a promising and critical step in the right direction.

Conclusion and looking forward in a post-COVID world:

Grappling with mental health within the education system in a post-pandemic world is a difficult concept in itself, and one that must not be taken lightly. Young people are a cohort inarguably effected by COVID-19, with many missing important social and educational milestones and suffering because of this. Many have argued that the use of technology (for example the shift towards distance learning) in education has tended to widen, rather than close, the gaps between the more and less well-off (11), resulting in a widening chasm in the mental health of pupils worldwide. Now more than ever it is imperative that we invest time, money and resources into supporting these young people going forward.

Educational professionals provide not only educational services but also front-line mental health support which contributes towards the recognition, prevention and promotion of good mental health in young people. As clinicians it is crucial that we recognise and support our colleagues in this role.

References:

(1) Rees, E. (2020) *Young people's well-being in the UK: 2020, Young people's well-being in the UK - Office for National Statistics*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/youngpeopleswellbeingintheuk/2020> (Accessed: 31 March 2024).

(2) Marhsall, L. and Smith, N. (no date) *Supporting mental health in schools and Colleges, Department for Education* . Available at: https://assets.publishing.service.gov.uk/media/5aec683aed915d42f42b62d9/Supporting_Mental-Health_pen_portraits.pdf (Accessed: 15 March 2024).

(3) NHS Digital, L.T. (no date) *Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey, NHS Digital, part of the Government Statistical Service*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up> (Accessed: 12 March 2024).

(4) Department for Education., D. for E. (no date) *Personal, social and emotional development, GOV.UK*. Available at: <https://help-for-early-years-providers.education.gov.uk/personal-social-and-emotional-development> (Accessed: 01 March 2024).

(5) Ratnapalan S, Batty H. To be good enough. *Can Fam Physician*. 2009 Mar;55(3):239-42. PMID: 19282524; PMCID: PMC2654842.

(6) OECD (no date) *Indicator D1. How much time do students spend in the classroom?, How much time do students spend in the classroom? | Education at a Glance 2019 : OECD Indicators | OECD iLibrary*. Available at: <https://www.oecd-ilibrary.org/sites/6ec208bd-en/index.html?itemId=%2Fcontent%2Fcomponent%2F6ec208bd-en#:~:text=Compulsory%20instruction%20time,-Compulsory%20instruction%20time&text=per%20public%20regulations.-,Students%20in%20OECD%20countries%20and%20economies%20receive%20an%20average%20of,hours%20during%20lower%20secondary%20education.> (Accessed: 11 March 2024).

(7) Poston, Bob (August 2009). "An Exercise in Personal Exploration: Maslow's Hierarchy of Needs" (PDF). *The Surgical Technologist*. Association of Surgical Technologists. **308**: 348.

(8) Yoro AJ, Fourie JV, van der Merwe M. Learning support strategies for learners with neurodevelopmental disorders: Perspectives of recently qualified teachers. *Afr J Disabil*. 2020 Feb 6;9:561. doi: 10.4102/ajod.v9i0.561. PMID: 32158641; PMCID: PMC7057733.

(9) Support , E. (no date) *Teacher wellbeing index 2023, Education support* . Available at: https://www.educationsupport.org.uk/media/0h4jd5pt/twix_2023.pdf (Accessed: 02 March 2024).

(10) Gov UK, G.U. (no date) *Education staff wellbeing charter*, GOV.UK. Available at: <https://www.gov.uk/guidance/education-staff-wellbeing-charter> (Accessed: 15 March 2024).

(11) Bruillard, E. (no date) *Rethinking pedagogy in education for the post-covid-19 world / ...*, *Rethinking pedagogy In education for the post-COVID-19 world*. Available at: <https://www.cambridge.org/partnership/research/rethinking-pedagogy-post-covid-19-world> (Accessed: 31 March 2024).