Researching education & mental health: from ‘where are we now?’ to ‘what next?’

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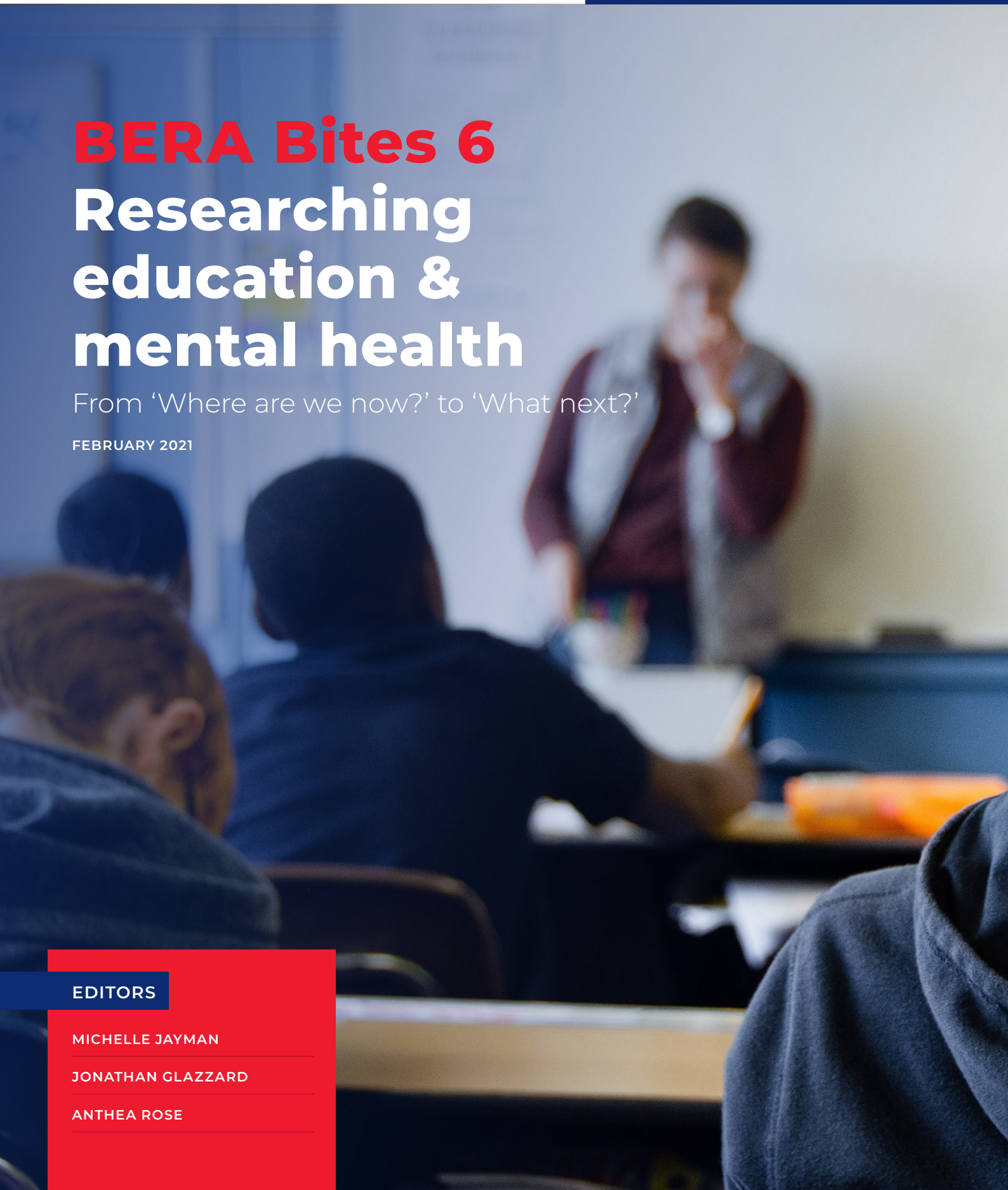

BERA Bites 6
Researching education & mental health

From ‘Where are we now?’ to ‘What next?’

FEBRUARY 2021

EDITORS

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ABOUT BERA

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ABOUT THE BERA BLOG

The BERA Blog was established to provide research-informed content on key educational issues in an accessible manner. Its aim is to produce and promote articles that attract policymakers, parents, teachers, educational leaders, members of school communities, politicians and anyone who is interested in education today. It also welcomes the submission of research-informed articles from across this community.

The blog is edited by a small team comprising academic representatives chosen by BERA's Academic Publications Committee and the BERA office. All content is approved for publication by one or more of this team. However, the views of the authors are their own, and the views expressed on the blog (and in this collection) are not the official views of BERA.

The Blog is currently curated by the editorial team of Gerry Czerniawski, Alison Fox and Rowena Passy.

See bera.ac.uk/blog

ABOUT BERA BITES

The BERA Bites series presents selected articles from the BERA blog on key topics in education, presented in an easily printable and digestible format to serve as teaching and learning resources for students and professionals in education.

Each collection features an introduction by editors with expertise in the field, and each article includes questions for discussion, composed by the authors, prompting readers to further explore the ideas and arguments put forward in the original articles.

See bera.ac.uk/bera-bites

ABOUT THIS ISSUE

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RESEARCHING EDUCATION & MENTAL HEALTH

Editorial

From 'Where are we now?' to 'What next?'



MICHELLE JAYMAN, JONATHAN GLAZZARD & ANTHEA ROSE
CONVENORS, BERA MENTAL HEALTH, WELLBEING & EDUCATION SPECIAL INTEREST GROUP

The world has changed dramatically since these articles first appeared online. As we continue to endure the global pandemic, the urgency of the issues highlighted in this collection on mental health and wellbeing in education has never resonated more profoundly.

The mental health and wellbeing of learners and teaching staff rank among some of the most pressing issues facing education in the early 2020s.[1] Growing rates of emotional distress among school-aged children, the impact of relentless workloads on teacher wellbeing, and the seismic effects of acute low-level funding and childhood poverty are common concerns. These were some of the critical areas for research attention highlighted at our special interest group's inaugural conference – Researching Education and Mental Health: Where Are We Now?[2] – in July 2019. The event brought together researchers, academics and practitioners from contexts ranging from early years to higher education to discuss worries, consider practical solutions and set a dynamic research agenda moving forward. This edition of BERA Bites presents a collection of papers from the conference, first presented as a special issue of the BERA Blog,[3] and features groundbreaking projects supporting mental health and wellbeing in education as well as showcasing some of the latest studies to emerge, collectively helping to steer the research agenda in this crucial area.

The range of featured articles in this issue starkly demonstrates how all-pervasive mental health and wellbeing concerns are across age groups and educational settings. **Paul Croll and Gaynor Atwood** chart mental wellbeing from adolescence into early adulthood in their longitudinal study of young people in England. **Sveta Mayer** reports on the trailblazing Youth Mental Health First Aid (Youth MHFA) programme evaluation in schools, while **Sarah Adams** shares her research on the self-harm experiences of primary-aged children. **Michelle Jayman and Annita Ventouris** introduce *Book of Beasties*, an innovative mental wellness card game delivered in primary schools; and **Josie Maitland** discusses how the complexity of school systems influences whole-school approaches to promoting mental health in practice.

The work of other contributors to the collection concerns mental health and adult learners. First, **Emma Clarke** and colleagues explore the workload and wellbeing of PGCE students through their education journey, while **Siobhan Lynam, Caroline Lafarge, Raffaella Margherita Milani and Marcia Worrell** highlight the experiences of postgraduate students from black, Asian and minority ethnic backgrounds. **Richard Brock, Emma Towers, Alex Manning and Helen Damon** give insight into new research on novel approaches to supporting teacher wellbeing, alongside **Nicky Lambert, Alfonso Pezzella, Ruairi Mulhern and Jenny Phillips**, who relate some creative ways to support students' learning and boost resilience. Finally, **Sinéad McBrearty** shifts our attention to the wider social and political landscape, and puts the spotlight on major systemic issues which are critical to

1 Adapted from the original blog post, published 25 February 2020: https://www.bera.ac.uk/blog/editorial-researching-education-and-mental-health-from-where-are-we-now-to-what-next

2 https://www.bera.ac.uk/event/mental-health

3 https://www.bera.ac.uk/blog-series/researching-education-and-mental-health-from-where-are-we-now-to-what-next

our understanding of and response to mental health and wellbeing issues in education.

In the wake of the government's mental health green paper (DHSC & DfE, 2017), the lens has focussed firmly on the role and responsibilities of schools to promote emotional health and develop a whole-school culture of wellbeing. This attention shows no sign of abating, given the introduction of compulsory health education to the curriculum in England in September 2020 which focusses on how pupils of all ages can look after their mental wellbeing and on the link between good physical and mental health. These developments suggest that the value of nurturing a child's mental health as well as their academic potential has become more broadly recognised in education. Nonetheless, while the implementation of mental health strategies in schools is a welcome step forward, it is imperative that stretched resources are invested in evidence-based projects shown to make improvements to children's wellbeing. Like schools, universities need to adopt a holistic, institution-wide approach – one that involves embedding mental health into the higher education curriculum, and that makes sure implementation decisions are based on the strength of the evidence.

The mental health and wellbeing of learners and teaching staff rank among some of the most pressing issues facing education as we enter a new decade.

Chronic mental health and wellbeing issues among teaching staff and trainees entering the profession have come resoundingly to the fore. Many educational professionals feel ill-equipped to manage escalating demands and competing priorities, with additional strains and stressors becoming deleterious to their own wellbeing. Worryingly, presenteeism is evident: teachers continue to work due to unspoken pressure not to take time off. Research also suggests that teachers' stress can be passed on to learners: primary-aged pupils of teachers with higher rates of self-reported 'burnout' were found to have elevated levels of the stress hormone cortisol (Oberle & Schonert-Reich, 2016), indicating how the negative impact of poor staff wellbeing can have a two-fold bearing.

Supporting the mental health of children, young people and staff is clearly an urgent priority. Initial teacher training requires greater focus on how to support the mental health needs of students. Moreover, while reaching out to every child with a universal approach is important, this needs to be complemented by targeted services for children who are already displaying signs of difficulties. Embedding an institution-wide culture of wellbeing also involves staff exercising self-care in their practice, and this requires a cultural sea change. In the current climate, prioritising teacher and student mental health seems to feature lower down on the strategic agenda than exercising performance reviews and boosting examination results.

While we recognise the pivotal role of education in supporting mental health and wellbeing for all, discourses of resilience and character education which place the onus on individuals and educational settings imply that we can address mental health issues in a vacuum. This misconception is distracting and needs to be challenged; the lens must be shifted to the broader societal context, acknowledging the deep-rooted causes of mental ill-health such as poverty, adverse childhood experiences, and academic-related pressures which emanate from wider political decisions such as the overhaul of the examinations system. Sufficient investment in timely and appropriate services to meet the needs of learners and staff once they have been identified is paramount. Beyond this, educationalists must unite in generating evidence-based research to prompt systemic transformation, helping foster a cultural shift that normalises and nurtures self-care for everyone.

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A NOTE FROM THE BERA BLOG EDITORS

While you read these blog posts, you might also think about your own contexts or research. Perhaps you would like to contribute a post to the BERA Blog, or perhaps when you are next at a conference or professional development event you might come across someone who you could encourage to write for us (see bera.ac.uk/submission-policy for details on how to submit). Please consider interesting methodological aspects, issues and approaches that would be worth reporting more widely, as well as the content of studies. As the BERA Blog team and their colleagues develop these resources we welcome feedback that can help us improve their quality and accessibility.

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Continuities in mental wellbeing from adolescence into early adulthood

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We are concerned here with the extent of mental wellbeing and, in particular, distress and other difficulties with wellbeing, and whether such difficulties continue as young people move from adolescence into early adulthood.[1] The discussion is based on data from the Longitudinal Study of Young People in England (LSYPE) now called Next Steps. In 2004, 16,000 year 9 students were surveyed, and these were followed up in seven annual waves. In 2015/16 a further eighth wave was conducted when the young people were aged about 25, in which 7,700 responded.

The analyses presented here are of waves 2 and 8. Both of these waves included the administration of the General Health Questionnaire (GHQ), a self-administered screening procedure for minor (non-psychotic) psychiatric disorders which is suitable for adolescents and adults.

The GHQ is oriented to short-term disorders, not longstanding attributes. The research version consists of 12 items, has high reliability and is unidimensional (Goldberg & Hillier, 1979). In a previous analysis we have treated negative responses to between one and three items as showing minor issues of mental wellbeing, and negative responses on four or more items as showing more serious issues (Attwood & Croll, 2015).

We are concerned here with the extent of young people's mental wellbeing and, in particular, distress and other difficulties with wellbeing, and whether such difficulties continue into early adulthood.

1 Original blog post, published 25 February 2020: https://www.bera.ac.uk/blog/continuities-in-mental-wellbeing-from-adolescence-into-early-adulthood

MENTAL WELLBEING IN ADOLESCENCE

In wave 2, when the young people were 14 or 15, just under half (47.7 per cent) reported no difficulties, while almost a third (32.9 per cent) gave between one and three negative responses, and about a fifth (19.4 per cent) gave four or more negative responses. The highest levels of negativity were reported in relation to feeling 'constantly under strain' (27.3 per cent) and 'feeling unhappy and depressed' (24.1 per cent), while the lowest levels concerned not feeling 'capable of making decisions' (6.4 per cent) and not feeling 'able to face up to problems' (8.5 per cent). Female students were considerably more likely to report difficulties than male students, with 24.5 per cent reporting four or more issues compared with 11.8 per cent of males. Problems of wellbeing were also associated with reporting being bullied and truanting, but there were no associations with attainment or socioeconomic status (SES).

MENTAL WELLBEING IN EARLY ADULTHOOD

Ten years later, when the respondents were young adults, they again completed the GHQ. Overall, reported problems with wellbeing were higher among the young adults than they had been when the same young people were aged 14 or 15. (Of course, this analysis is complicated by the fact that response rates were much higher in the earlier survey. However, GHQ scores at wave 2 were not a predictor of responding at wave 8 so we have some confidence that this result is not an artefact of participation rates.)

The highest levels of negativity were reported in relation to feeling 'constantly under strain' (27.3%) and 'feeling unhappy and depressed' (24.1%).

About a quarter (24.3 per cent) of the young adults reported four or more negative responses, up about 25 per cent from the earlier figure, and the proportion with no negative responses decreased to 43.1 per cent. As before, the items showing the highest negatives were feeling 'constantly under strain', now up to 34.5 per cent, and feeling 'unhappy and depressed' which remained virtually unchanged at 25.0 per cent. The largest proportional increase was being unable to 'enjoy normal day to day activities', now at 18.8 per cent compared to 10.3 per cent earlier. As before, females were more likely to report problems of mental wellbeing than males; although the difference was not as great as when they had been adolescents, indicating that the increase with age had been greater for males. There were weak associations with SES and graduate status, with people in lower SES categories and non-graduates slightly more likely to report problems.

CONTINUITIES IN WELLBEING OVER TIME

The association between mental wellbeing in adolescence and early adulthood is shown by the correlation between scores at the two points in time. The overall correlation coefficient was 0.24, a modest level of association showing that earlier levels of wellbeing were predictive of later levels but by no means determined them. For example, of those reporting no wellbeing issues at wave 2 about half (51.4 per cent) again reported no issues at wave 8, but one in six (17.3 per cent) now reported four or more issues. Of those reporting four or more problems at wave 2, just over a quarter (27.4 per cent) had no negative reports at wave 8; however, almost four in 10 (38.5 per cent) again reported four or more negatives. So, for about a quarter of young people there were no negative responses at either point, while for just under 10 per cent there were relatively high levels of problems of wellbeing which continued from adolescence into adulthood.

The GHQ is explicitly designed to measure short-term disorders, not longstanding attributes. These results show that for most young people the issues raised are of a short-term nature, but for a minority they indicate persistent and longer-term problems of wellbeing. The association (albeit a weak one) with SES and attainment (that is, graduate status), which emerged for the young adults but had not been apparent earlier, raises questions about the possible influence of wellbeing on careers and qualifications.

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QUESTIONS FOR DISCUSSION

1. To what extent do GHQ results show temporary difficulties and to what extent do they indicate long-term underlying disorders?
2. Are there young people for whom mental wellbeing disorders negatively impact on their education and careers?
3. Are some aspects of the disorders indicated by GHQ more important than others for later outcomes?

Education practitioners' & students' perspectives on youth mental health first aid provision in education settings in England

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The Youth Mental Health First Aid in Schools programme (Youth MHFA) is a policy initiative intended to enable education practitioners to spot the signs of mental health issues in children and young people.[1] The policy is focussed on providing early support to children and young people to help them seek help, develop self-help strategies or, where needed, receive a referral to NHS mental health support and services (Kitchener & Jorm 2008). The initiative is guided by the government's *Transforming Children and Young People's Mental Health Provision* green paper (DHSC & DfE, 2017), which acknowledges that all children and young people need access to high-quality mental health and wellbeing support within their schools or colleges. Training is available with MHFA England[2] as half-, one-, two- or three-day programmes, and is not intended to position practitioners as administrators of medical health provision.

An effectiveness study of Youth MHFA's one-day programme in England was conducted using a sequential mixed methods approach to ascertain its perceived effectiveness in enhancing mental health provision within education settings. Purposive sampling enlisted education practitioners trained in Youth MHFA and six case-study schools. The evaluation was undertaken in two phases. Phase one utilised the questionnaire method using a five-point Likert scale to gain education practitioners' perceptions before Youth MHFA training and in each term after the training for one school year (n = 825). Composite scores with median above 3 were deemed high, and those of 3 or below as low perception. The case study staff focus group method (n = 24) and questionnaire method with students (n = 112) were used to provide illustrative vignettes. Phase two utilised the questionnaire method to gain students' perceptions of their experience of Youth MHFA (n = 436), and is ongoing.

Phase one of the evaluation focussed on eliciting practitioner perception of six perceptual constructs.

1. Knowledge and awareness of early and late signs of mental health conditions and environmental conditions influencing young people.
2. Utilising the Youth MHFA ALGEE[3] dialogic process to support dialogue with young people.
3. Evidence-based practice in provisioning preventative and protective factors for young people.
4. Creating a more inclusive mentally healthy school.
5. Meeting challenges related to barriers, stigma and discrimination.
6. Looking after one's own mental health through self-regulation (Roberts-Holmes, Mayer, Jones, & Lee, 2018).

1 Original blog post, published 25 February 2020: https://www.bera.ac.uk/blog/education-practitioners-and-students-perspectives-on-youth-mental-health-first-aid-provision-within-education-settings-in-england

2 https://mhfaengland.org/

3 ALGEE is an acronym that refers to a widely used five-point action plan for providing mental health first aid, the steps in which are: assess risk; listen non-judgmentally; give reassurance and information; encourage professional help; encourage informal support.

Before Youth MHFA training, 30 per cent of practitioners perceived high confidence in offering mental health first aid as a preventative intervention to support young people struggling with mental health. One school year after training this increased to 87 per cent. However, practitioners' professional, contextual and personal characteristics influenced their perception of impact in enabling them to deliver mental health first aid to students as and when needed. Before Youth MHFA training, practitioners who did not hold mental health qualifications were less confident about their knowledge of mental health; however, after one school year they were equally as likely to have high confidence as participants who held mental health qualifications. Over one school year, practitioners holding pastoral, welfare or learning support roles perceived greater change in the extent they engaged in conversation with students about their mental health than practitioners holding special, alternative, social-emotional or medical support roles. Practitioners holding professional roles without leadership responsibility perceived less change in engagement in evidence-based practice in mental health than practitioners holding leadership responsibility.

Before Youth MHFA training, 30% of practitioners perceived high confidence in offering mental health first aid as a preventative intervention. One school year after training this increased to 87%.

A greater change in perception of establishing inclusive mental health practice was reported by practitioners in academies, faith schools and free schools than those practising within special education, alternative, SEMH or hospital schools, where inclusive practices are governed by the special education, remedial, restorative or clinical provision. Furthermore, practitioners perceiving high mental health were more likely to report they were self-regulating to maintain good mental health. Focus groups revealed barriers to mental health provision within education settings pertained to tensions around academic performance and lack of funding for mental health professionals. However, the training was reported to further enable practitioners to raise whole-school awareness of mental health issues. Finally, students reported stigma associated with speaking about mental health and wanted their education setting to provide more opportunities to discuss mental health during the school day, including lessons.

Overall, while the utility of Youth MHFA is premised upon the proximity of education settings to the lives of children and young people in formal education, this vantage is dependent upon the extent to which education practitioners perceive that the Youth MHFA training enables them to support children and young people's mental health issues within the bounds of their professional roles in educational settings. Given the purported close link between mental health and education attainment (PHE, 2014), the implications of these findings for educational settings to provide academic and mental health provision needs to be considered.

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QUESTIONS FOR DISCUSSION

1. How far does mental health intervention within education settings influence children and young people's social, emotional, physical and academic development?
2. What evidence-based research are educational settings engaging in to inform evidence-based practice in early mental health intervention to support children and young people's mental health?
3. Given neurodiversity, which self-regulation strategies are effective in helping children and young people to look after their own mental health within the social and academic context of their education setting?

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Self-harm in primary-aged schoolchildren

SARAH ADAMS
UNIVERSITY OF LEICESTER

Finding ways to support and identify children and young people (CYP) who self-harm is an important social issue.[1] Incidences of self-harm in CYP in the UK have risen in the last 20 years, with the UK having one of the highest rates in Europe. Self-harm is a complex issue and has been identified as a risk factor for suicidal ideation and suicide (McManus et al., 2019). Early intervention and preventative strategies need to be in place to reduce the incidents of CYP self-harming and to save lives.

There is a plethora of research about self-harm in adolescents. However, very little is known about self-harm during the primary school years despite retrospective studies reporting participants recalling the onset of their self-harm during their primary school years (Spandler, 1996). Primary school leaders have also reported increasing numbers of children self-harming (The Key, 2017). Early intervention and support should therefore be provided.

> **Little is known about self-harm in the primary school years, despite particpants in retrospective studies recalling the onset of their self-harm during this period.**

Schools have been positioned at the 'heart' of transforming CYP's mental health (DHSC & DfE, 2017) placing them in a pivotal role in tackling the rising trend in incidents of self-harm and death by

1 Original blog post, published 25 February 2020: https://www.bera.ac.uk/blog/self-harm-in-primary-aged-school-children

suicide. Weare (2015) advocates that for mental health transformation to take place, a 'whole-school approach' is required whereby children, parents and staff have a shared language and approach.

One of the challenges in having a common language for self-harm is that it has been identified as a complex and contentious issue which is not well understood (Townsend, 2016). From a medical perspective self-harm is defined as 'any act of self-poisoning or self-injury carried out by an individual irrespective of motivation' (NICE, 2013, p. 6). However, this negates self-induced psychological harms – self-deprecating thoughts, for example.

Drawing upon the adolescent research, self-harm has been identified as a coping strategy to aid emotional regulation. Adolescents have reported hurting themselves when feeling low, anxious, lonely, stressed, self-hatred and anger (Laye-Gindhu & Schonet-Reichl, 2005). This suggests that when a young person experiences intense emotions and thoughts they may opt for a coping strategy that is harmful to themselves as a release in order to be able to emotionally regulate.

One of the challenges in having a common language for self-harm is that it has been identified as a complex and contentious issue which is not well understood.

From the stance that self-harm is a coping mechanism to aid emotional regulation and that schools are best understood as a whole, my current research has begun to explore self-harm in primary-aged schoolchildren by capturing the voices of children, parents and school staff. Initial findings confirm that children in the primary school age range are hurting themselves physically and with self-deprecating thoughts. Children feel that teachers can support them by listening to them and helping them to manage intense feelings. Parents and school staff also felt that schools have a role in supporting children who self-harm, but they also needed the support of specialist services that have expertise in this field.

Self-harm in the primary school age range may be considered a difficult topic to discuss and research. However, we cannot ignore schools reporting increases of incidences of children self-harming. We need to act now to prevent self-harm in primary-aged schoolchildren becoming the norm, while also providing support for those that are physically and mentally hurting themselves.

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QUESTIONS FOR DISCUSSION

1. Why is it important that we learn more about self-harm in primary-aged schoolchildren?
2. How can schools be supported to meet the needs of primary-aged schoolchildren who self-harm?
3. To what extent can primary schools support children who self-harm?

Matt Bennett, 2b Media

Championing mental health in schools with Book of Beasties

The mental wellness card game


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SUPPORTING CHILDREN'S MENTAL HEALTH & WELLBEING IN SCHOOLS

The *State of the Nation* report (DfE, 2019a) on children and young people's wellbeing indicated that the majority were relatively happy with their lives; however, a significant minority were not.[1] The revelation from 155 English schools that 191 of their primary-aged pupils had self-harmed on school premises in the previous four years (Thomas & Titheradge, 2019) paints a stark picture. From September 2020, the new relationships and health curriculum (DfE, 2019b) places the onus firmly on schools to promote wellbeing and mental health, and support those experiencing difficulties. Interventions that help increase children's emotional literacy and promote wellbeing are a crucial component of school's mental health strategies.

THE *BOOK OF BEASTIES* INTERVENTION

The aim of *Book of Beasties* (*BoB*): *The Mental Wellness Card Game* is 'to inspire the conversation, normalise the subject [of mental health] and make it less daunting when experiencing difficulties' (Book of Beasties, 2019, p. 2). *BoB*'s ethos is underpinned by the belief that every child should have the confidence to talk openly about their emotions and mental health.

> ***Book of Beasties*' ethos is underpinned by the belief that every child should have the confidence to talk openly about their emotions and mental health.**

BoB is a manualised programme, delivered by trained primary school staff to small groups of (up to five) children and can be implemented for whole classes or with selected pupils (those identified with higher need). Five one-hour sessions are run consecutively with the same cohort on a weekly basis. Core elements of the game are standard, but there is flexibility to adapt play to suit the needs of each unique group. The game introduces 10 characters – the 'beasties' –

1 Original blog post, published 25 February 2020: https://www.bera.ac.uk/blog/championing-mental-health-in-schools-with-book-of-beasties-the-mental-wellness-card-game

each of whom embodies features (for example, self-consciousness or lack of energy) that may be associated with emotional difficulties (for example, anxiety or depression). The objective of the game is to help as many beasties as possible to overcome their worries by collecting special 'item' cards depicting objects that can be of assistance (for example, 'Bellows' help with calmer breathing); or 'comfort' cards, which represent a person, place or object (for example, 'French rabbit' is a cuddly toy, like a favourite teddy a child would have). There are linked wellbeing activities ('action' cards) embedded in the game, such as deep breathing exercises which are practised in a fun way by making paper boats and blowing through straws to race them. Other activities include yoga, origami, arts and crafts, and mindfulness exercises; these are sensory-focussed and involve active learning.

THE PILOT STUDY RESEARCH

This comprised a single case school. Four children (two boys and two girls, aged between eight and nine) attended the five-week programme. The researchers' main interest was to investigate the acceptability and fitness-for-purpose of, and satisfaction with, the sessions as perceived by the children, school staff delivery agents and parents/carers. This type of preliminary research into a new and emerging approach utilises an exploratory method to help form the foundations of a future full-scale evaluation.

> ***BoB*'s 'playful-learning' approach encouraged empathy and pro-social behaviours towards the beasties and between players.'**

A focus group with the four *BoB* participants was undertaken. Focus groups can offer a less intimidating and more supportive research encounter for children than one-to-one interviews, as a group situation can help mitigate perceived power differentials. A drawing activity was also incorporated so that children were not limited to verbal responses. Observational data from the five *BoB* sessions and interview data from school staff and parents/carers were also collected. Thematic analysis of pupil and adult data revealed consistent findings (Braun & Clarke, 2006). Overall, *BoB* was perceived as 'fun' and 'valuable'; its 'playful-learning' approach encouraged empathy and pro-social behaviours towards the beasties and between players. Greater emotional awareness and ability to regulate emotions was reported; children had adopted some of the calming exercises practised in the sessions in everyday situations (such as deep breathing before a test). Findings will help inform the design of a full-scale evaluation to examine *BoB*'s effectiveness and explore underlying processes.

'REAL-WORLD' OUTCOMES

Evidence-informed practice, derived from quality research, should be embedded in whole-school approaches to promote and support the mental health and wellbeing of all children and young people. This requires the proliferation of case studies of good practice for schools to share and facilitate evidence-informed implementation decisions. The pilot study discussed in this article is a step in this direction and planned, further research on *Book of Beasties* will continue to address this research agenda.

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QUESTIONS FOR DISCUSSION

1. How will the introduction of the new health and relationships curriculum benefit schools in terms of developing mental health and wellbeing strategies and embedding a whole-school approach?
2. What steps can be taken to help ensure implementation decision-making in schools regarding mental health and wellbeing interventions is based on the strength of the evidence?
3. How can researchers make sure that the views and opinions of children and young people are prioritised in evaluations of interventions/services that affect them?

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Whole-school approaches to building resilience & promoting mental health

Embracing complexity

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In the context of increasing demand for specialist mental health (MH) services, emphasis has been placed on school-based early intervention to prevent or de-escalate later MH issues.[1] The case for a whole-school approach (WSA) has been well made, both in research and government policy (Weare & Nind, 2011; PHE, 2015; DHSC & DfE, 2017).

WSAs integrate targeted support for those who need it within efforts to build resilience universally across the school system. This comprehensive approach acknowledges the context-specific nature of MH, and the many interrelated social, economic and physical risk and protective factors, both within and beyond the school gates.

An emerging body of literature conceptualises schools as complex social systems (Keshavarz, Nutbeam, Rowling, & Khavarpour, 2010) due to their changeable, unpredictable nature, and the importance of interactions between diverse stakeholders, from which dynamic rules and values emerge. This school-based complexity has implications for educational change (Mason, 2008) which have been considered in this article in the context of WSAs.

CONTEXT

When piloted in an existing system, standardised interventions risk being 'washed out' in a process of self-organisation (Hawe, Shiell, & Riley, 2009).

Restricted time and resources, competing priorities and high existing workload can thwart change efforts, pulling the system back to the 'status quo' and leaving behind only distracting and restrictive acronyms. In contrast, a thorough understanding of historical context, current capacity and the needs of the school system could help to preserve strengths and increase the relevance of planned intervention.

Restricted time and resources, competing priorities and high existing workload can thwart change efforts, pulling the system back to the 'status quo' and leaving behind only distracting and restrictive acronyms.

CO-PRODUCTION

Involving everyone in the school community in planning, implementing and evaluating the WSA encourages creative and collaborative thinking about how to positively influence pupil, staff and parental MH. This opens up communication, fosters a sense of ownership, and increases relevance of the WSA to contextual need.

1 Original blog post, 25 February 2020: https://www.bera.ac.uk/blog/whole-school-approaches-to-building-resilience-and-promoting-mental-health-embracing-complexity

CO-ORDINATION

Identifying what is already working well, enlisting required specialist support and integrating multiple interventions under one 'umbrella' approach increases potential sustainability. In a co-ordinated approach, knowledge about how to promote good MH 'cascades' through the organisation (Evans, Murphy, & Scourfield, 2015), underpinning the work of multiple stakeholders at multiple system levels.

These three guiding principles can help schools to harness existing complexity. For example, as a result of a thorough audit, a school identifies the need for increased extracurricular activities, but limited staff capacity to deliver them. A parent audit reveals a range of skills and interests, and the school provides support to set up after-school classes. This simultaneously increases parental engagement, has resilience-building potential for parents and children and, in the long term, could reduce staff workload. As a result, a 'ripple effect' of resilience-building feedback loops are established across the school system.

THE ACADEMIC RESILIENCE APPROACH

One example of a WSA that draws on complex systems theory is the Academic Resilience Approach (ARA). The ARA (Hart & Williams, 2014) rejects individualised notions of resilience (Hart et al., 2016), instead aiming to build resilience *across* the school community, informed by a social-justice lens. An evidence-based framework and free resources to support a WSA were developed with schools and young people, and can be accessed via the boingboing.org.uk website.

In a recent mixed-method study conducted in the north of England, data was gathered about school staff experiences of using the ARA in a county-wide resilience-building programme. This study suggested that when the ARA was a school improvement priority, staff reported structural and policy change, and also perceived a positive impact on school climate, and staff and pupil wellbeing.

SUMMARY

WSAs offer exciting potential to place promoting MH and building resilience at the heart of school practice. A thorough understanding of context, incorporating co-production with *all* members of the school community and co-ordinating multiple strategies at multiple system levels is central to developing a transformative rather than supplemental WSA. Further research is required to understand the long-term sustainability and impact of WSAs as they are refined in response to changing contextual needs and to both planned and unintended consequences.

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QUESTIONS FOR DISCUSSION

1. How can schools unite the complementary rather than competing priorities of promoting mental health and enabling pupils to make academic progress as part of a WSA?
2. Given the existing mental health concerns of school staff and the current levels of demand for specialist support, how can schools ensure that developing and implementing a WSA to mental health is manageable, beneficial and sustainable for school staff?
3. What are the enabling and constraining factors to increasing co-production (including pupils, parents, all school staff and the local community) in all stages of planning, implementing and evaluating a WSA?

RESEARCHING EDUCATION & MENTAL HEALTH

The PGCE journey

Wellbeing & workload



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The PGCE route into teaching has the lowest retention rate (Allen et al., 2016).[1] Many students embarking on a PGCE are warned about the challenges of the course, as the following blog extract demonstrates.

> *'Everyone was very honest; this will be the hardest thing I will ever do. This will be the most stressful thing I will ever do. This will be the most rewarding thing I ever do. But really, you have no understanding of what that really means until you are in the thick of it.'*
>
> Briscoe, 2011

As teacher educators working on PGCE programmes, we had given similar warnings to trainees ourselves, with good intentions of preparing them for a challenging year. We warned them because we know that postgraduate teacher trainees sit betwixt and between identities (Cook-Sather, 2006); they are not quite students anymore, but not quite teachers yet, either. We know the challenges this can bring; in terms of feeling part of a university and school community and balancing workloads of academic and placement activity (Schmidt et al., 2017). We know that although the PGCE is described as a one-year route into teaching, the programme is usually just 10 months; and that

1 Original blog post, published 3 March 2020: https://www.bera.ac.uk/blog/the-pgce-journey-wellbeing-and-workload

having a degree does not necessarily mean they will find academic writing at master's level on education topics easy. We know that the workload can be intense, and their wellbeing can suffer. In short, we felt that we should warn them.

We know that the workload can be intense, and teacher trainees' wellbeing can suffer. In short, we felt that we should warn them.

Teacher wellbeing and workload are all ongoing issues in England (DfE, 2016, 2018) and are recurrent and pertinent issues for initial teacher education (ITE) trainees too. Reports by the Independent Teacher Review Groups (DfE, 2016) stated that all parts of the education system have a role to play in reducing unnecessary tasks for teachers, including ITE providers. Research on what may promote general teacher wellbeing is scarce (Birchinall, Spendlove, & Buck, 2019), and what research exists has tended to focus on individuals and their survival characteristics (Margolis, Hodge, & Alexandrou, 2014), which leads to questions about whether our role as teacher educators is to promote individual resilience in a profession in which burnout and poor mental health are relatively common (Rumschlag, 2017).

Our research with primary PGCE trainees this year has given us cause to think carefully about the warnings we give. Our student co-researchers and participants generated photographs, timelines and reflections that described their workload and wellbeing high- and low-points as much more complex than our advice at the beginning of the course might suggest. Time is not just experienced by the clock for our trainees; cycles emerge because of the nature of their movements through university and school communities, changing relationships and their understanding and experience. When they reported wellbeing as 'low', often relationships were weak or new and it was existing support from peers, friends, family and mentors that they reported as helping them to get out of this 'low period'.

We reflected as researchers on our experiences of teacher training and messages we had received during that training about 'getting used to it' and submitting to unreasonable expectations because 'that's what qualified teachers do'. Highlighting these issues to colleagues and school partners through use of the powerful images that the students have created has helped us to reflect on the complexity of PGCE experience and the need to challenge expectations of overwork and poor wellbeing.

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QUESTIONS FOR DISCUSSION

1. When does well-meaning advice become a negative for learners embarking on a new challenge?
2. Should wellbeing for teachers be framed as an individual challenge, a systemic issue or both?
3. How can teacher educators support PGCE trainees with their complex wellbeing and workload journeys?

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RESEARCHING EDUCATION & MENTAL HEALTH

Mental health & wellbeing in doctoral students from BAME backgrounds




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There is a large body of evidence on the poor mental health of both undergraduate and postgraduate students in higher education (HE) settings (Peluso, Carleton, & Gordon, 2011). This lead to the Higher Education Academy calling for HE institutions to embed information and support on mental wellbeing into teaching and learning strategies (Houghton & Anderson, 2017).[1]

However, there is a dearth of research on doctoral students. The limited evidence available suggests that doctoral students may experience a greater degree of difficulty with maintaining good levels of mental health and wellbeing compared to undergraduate students (Pelus, Carleton, & Gordon, 2011). Evidence also suggests that black, Asian and minority ethnic (BAME) doctoral students face specific challenges that are not addressed by universities' support structures (Peluso et al., 2011). The objective of this study was to explore the mental health and wellbeing of doctoral students from BAME backgrounds.

There is a dearth of research on doctoral students, but the limited evidence available suggests they may struggle more than undergraduates to maintain good levels of mental health and wellbeing.

1 Original blog post, published 3 March 2020: https://www.bera.ac.uk/blog/mental-health-and-wellbeing-in-doctoral-students-from-black-asian-and-minority-ethnic-bame-backgrounds

METHODOLOGY

A qualitative approach was used to address the research objective. Fifteen semi-structured telephone interviews were conducted across a range of disciplines and institutions. Participants were recruited through postgraduate online networks and using a snowballing technique. Interviews were transcribed verbatim. Data were analysed using thematic analysis (Braun & Clarke, 2013) to identify key issues affecting this group.

FINDINGS

The study identified a combination of factors, each characterised by specific power dynamics and bringing their own difficulties, that negatively impact upon BAME doctoral students' mental health and wellbeing. The researchers used Crenshaw's intersectional theory and Bronfenbrenner's ecological model to unpick these factors and explore how they affected BAME doctoral students' experience. Crenshaw's intersectional theory conceptualises individuals as a series of overlapping dimensions that define their identities (such as gender and ethnicity), each producing its own set of disadvantages, prejudices and discriminations (Crenshaw, 1989). Using this theory, four overlapping factors were identified as generating specific challenges for BAME doctoral students and negatively impacting upon their mental health and wellbeing: gender, social status, ethnicity and life stage.

Uniquely, BAME students are affected by the conscious or unconscious non-inclusive behaviour of other individuals and groups within HE settings.

Bronfenbrenner's ecological model (Eriksson, Ghazinour, & Hammarström, 2005) explains child social development in terms of expanding ecosystems: from the individual to the immediate ecosystem of the home, to the more expansive ecosystem of the community and larger society. This theory is used to explain the effect of direct and indirect social interactions on mental health. The study findings demonstrated that challenges were experienced by BAME doctoral students at a micro level (individuals' identities, expectations), a meso level (relations to peers, supervisory teams, friends, family), and a macro level (institutions' structures and policies, national and international policies).

SUPPORTING BAME DOCTORAL STUDENTS

The needs of BAME doctoral students are complex. They face the same issues affecting mental health as non-BAME students (that is, academic pressure) but also experience difficulties unique to their group. These issues can increase stress and worsen mental health. Uniquely, BAME students are affected by the conscious or unconscious non-inclusive behaviour of other individuals and groups within the HE setting. A more proactive approach to support is required for BAME doctoral students.

The findings provided some initial insights into the specific issues affecting this group. They will be used as a basis for a more comprehensive, larger-scale investigation. Ultimately, the research will inform the development of targeted interventions that will both improve students' wellbeing and impact positively upon completion rates.

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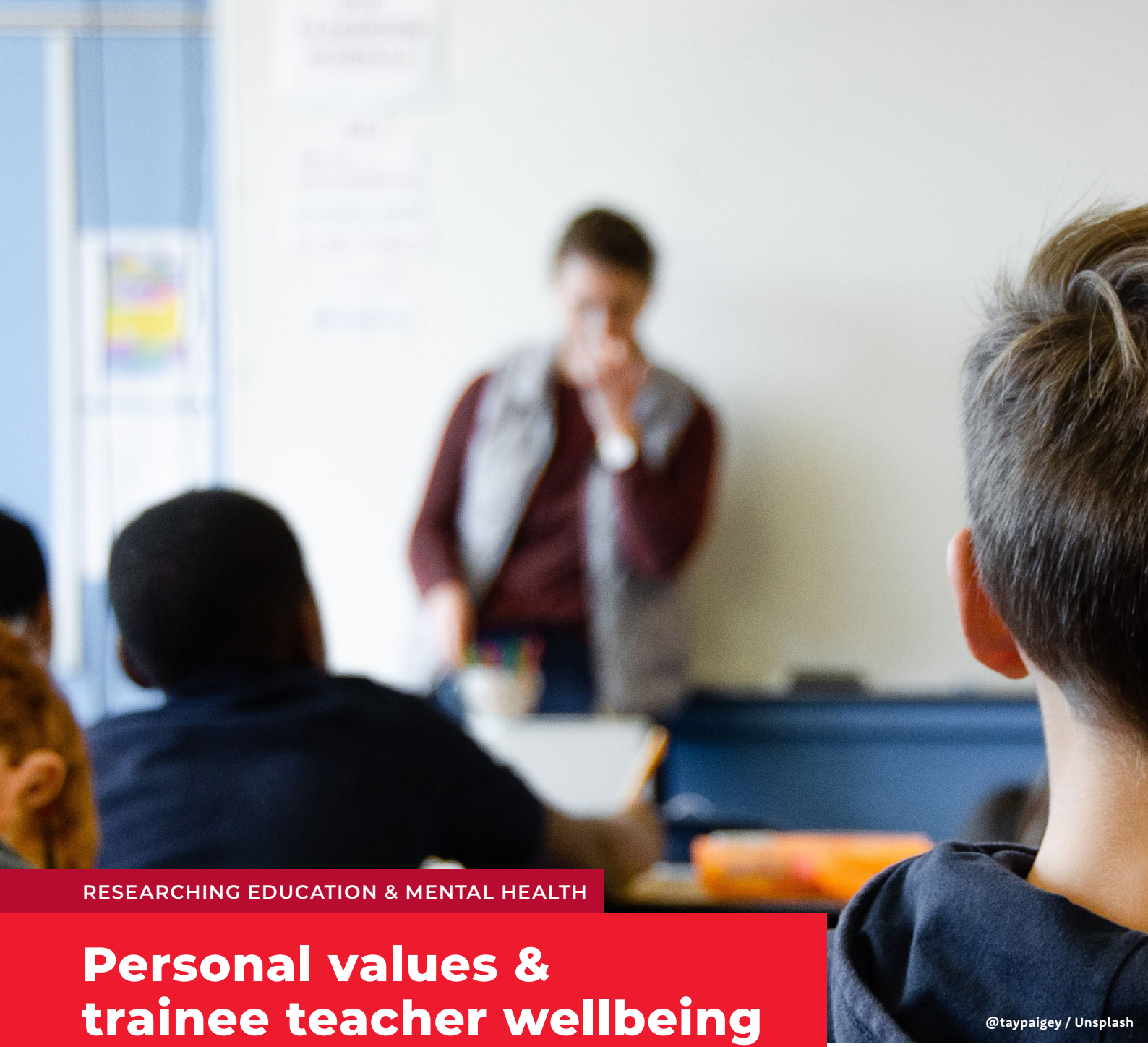
QUESTIONS FOR DISCUSSION

1. How can HE institutions conduct effective outreach to vulnerable doctoral students?
2. What additional support is required for BAME doctoral students?
3. How do the needs of BAME international and national students differ?



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RESEARCHING EDUCATION & MENTAL HEALTH

Personal values & trainee teacher wellbeing




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VALUES & WELLBEING

Many teachers in England and Europe report the demands of their job harm their wellbeing (Education Support, 2019; ETUCE, 2011).[1] Poor wellbeing is cited as a key reason why teachers choose to leave the profession (Ofsted, 2019). Therefore, teacher trainers have a duty, to trainees and schools, to prepare new teachers for the reality of the profession, to equip trainees with strategies to maintain and enhance their wellbeing, and to support their capacity to remain, and thrive, in the role. Strategies to support trainee wellbeing should encourage trainees to adopt a realistic view of their own responsibility for their wellbeing and encourage them to acknowledge systemic stressors that are beyond their control. To this end, we have developed an approach to supporting trainee teachers' wellbeing which

1 Original blog post, published 3 March 2020: https://www.bera.ac.uk/blog/personal-values-and-trainee-teacher-wellbeing

encourages teachers to identify and actualise their personal values within the realities of their contexts.

THE VALUES CARD SORT

Research indicates that workers whose personal values are congruent with their working environment experience greater wellbeing (Tranberg, Slane, & Ekerberg, 1993). The Personal Values Card Sort (Miller, C'de Baca, Matthews, & Wilbourne, 2003) is a psychological tool, comprising 83 cards printed with potential values, such as 'autonomy', 'compassion', 'humour' and 'service', which respondents are invited to categorise as 'very important to me' through to 'not important to me'. Having identified their 'core' ('very important to me') values, respondents are then supported to identify how they might be actualised in their lives.

SUPPORTING TRAINEE TEACHERS TO ACTUALISE THEIR VALUES

We used the Personal Values Card Sort with a group of science PGCE students in a session focussed on developing strategies to support wellbeing, held between their two school placements. After identifying their core values, we invited trainees to consider the extent to which they were actualised in their first placement and how they might be more fully actualised in their second placement. For example, one trainee identified 'family' as a core value: they had chosen to become a teacher because they valued community and relationship-building and hoped to foster positive relationships with colleagues and pupils. However, the student had begun to feel alienated from the profession because they had experienced an insufficient emphasis on this personally meaningful aspect of the role in their placement. Strategies were discussed for how they might actualise this value more in their next placement.

Support for teachers' wellbeing must not only reduce teachers' in-the-moment feelings of stress but also create environments that support long-term wellbeing, and foster congruence between individual teachers' values and those of their school.

VALUES & THE PERFORMATIVITY CULTURE

The current policy agenda places an onus on schools to support teachers' wellbeing (DfE, 2019; Ofsted, 2019). This initiative is welcomed, but care needs to be taken that approaches not only reduce teachers' in-the-moment feelings of stress but also create environments that support long-term wellbeing. Approaches that seek to foster congruence between individual teacher's values and their school's values have the potential to support wellbeing. However, schools are constrained by performativity and accountability cultures that value data collection and performance on certain kinds of assessment, potentially undermining teachers' capacities to actualise, and achieve positive recognition of other values, such as the ability to foster deep learning. Values-based approaches that support wellbeing can help trainee teachers identify systemic challenges to their wellbeing and to develop their practice, within the parameters of their institutional context, in ways that are personally meaningful.

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QUESTIONS FOR DISCUSSION

1. How can trainee teachers be prepared to meet the wellbeing demands of their roles?
2. How can support for teacher wellbeing be designed such that it supports teacher agency?
3. How can teacher training encourage trainees' value congruence?

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RESEARCHING EDUCATION & MENTAL HEALTH

Ensuring students achieve, thrive & survive their educational journeys

Using creative ways to support learning & resilience




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The context for this work is complex – all students are faced with academic stressors, which can be further compounded by factors including separation from their support networks and post-graduation job insecurity.[1]

Learners paying for their education have increased financial worries and high expectations of their academic achievement. Widening participation has rightly allowed access to many non-traditional students, but it has also led to an increase in people with additional learning needs, many of whom are underserved (Royal College of Psychiatrists, 2011). The number of students experiencing

1 Original blog post. published 3 March 2020: https://www.bera.ac.uk/blog/ensuring-students-achieve-thrive-and-survive-their-educational-journeys-using-creative-ways-to-support-learning-and-resilience

mental health problems has increased significantly and levels of suicide in university settings continue to rise (Thorley, 2017).

Students studying to become nurses have additional expectations in that they must also develop professional behaviours and navigate emotionally demanding workplaces. Nurses must be self-aware and able to think critically in order to understand information, prioritise actions and exercise professional judgement. They also need to demonstrate compassion and cultural competence and they must also be resilient. Unusually for an academic course, the character, values and behaviours of learners form an important part of their assessment. This means that learning takes places across a range of dimensions from understanding theory to undertaking practical skills, on into ethical, philosophical and critical thinking and developing a professional identity – both in person and as digital citizens.

> ***'Students studying to become nurses have additional expectations in that they must also develop professional behaviours and navigate emotionally demanding workplaces.'***

The students studying in partnership with us form an unusual demographic. The student nurses engaging with our programmes are mostly local – Londoners form 73.8 per cent of our cohort. Two-thirds (66 per cent) are from black and minority ethnic groups and most attended state schools or colleges (98.3 per cent). Nearly half are mature students (48 per cent) which means they are more likely to have carers' duties. They have comparatively low/non-tariff entry qualifications and when they qualify, most will go on to work locally as urgently needed adult, child or mental health nurses.

EXPANSIVE LEARNING

This is a new module designed to meet the needs of these learners with input from stakeholders including service users, clinicians, staff and students. We deliver our content through three face-to-face sessions and via self-directed online learning (see figure 1) which allows students to support each other while being flexible.

The module also includes input from museums and galleries (the British Museum, the Victoria and Albert Museum and the National Gallery) and colleagues with a range of creative backgrounds. This is a deliberate strategy to draw on art and culture as resources to support student nurses to develop resilience and professional sense of self in order to participate in a profession that is recognised as challenging (McKie, 2012).

Figure 1
An excerpt from the @MDX_EL Twitter feed demonstrating independent and peer-assisted learning around digital professionalism and study skills

Art is not a panacea, but appreciating creativity can be nurturing on a personal level and provides opportunities for student nurses to develop applied skills through active enquiry and reflection (Frei, Alvarez, & Alexander, 2010). Being able to work positively with diversity is a necessary skill in society, and art and culture are used to support student nurses to explore the human condition outside of the biomedical model and develop the knowledge and skills that enable them to flourish as active citizens (see figure 2) (Moorman, Hensel, Decker, & Busby, 2017).

Another way students are supported is through encouragement to recognise and regulate their emotions, and one way we do this is by working with animals (Crossman & Kazdin, 2015). Our canine teaching assistants can play positive roles in supporting students to achieve their academic goals while also encouraging physical and psychological wellbeing (see figure 3).

We drew on research that evidences improvements in student retention, wellbeing and academic achievement to ensure evidence-based practice and offer a range of flexible drop-in opportunities for students (Binfet & Passmore, 2016). We also have hypoallergenic options in the form of reptile contact!

Figure 2
Learning outside the classroom; there are also options for this activity to include students who are commuters or carers

Figure 3
A student with a canine teaching assistant

The authors work collaboratively on a number of projects, most recently on the design and delivery of a module delivered to all fields of nursing called Expansive Learning which informed many of the ideas discussed in this article.

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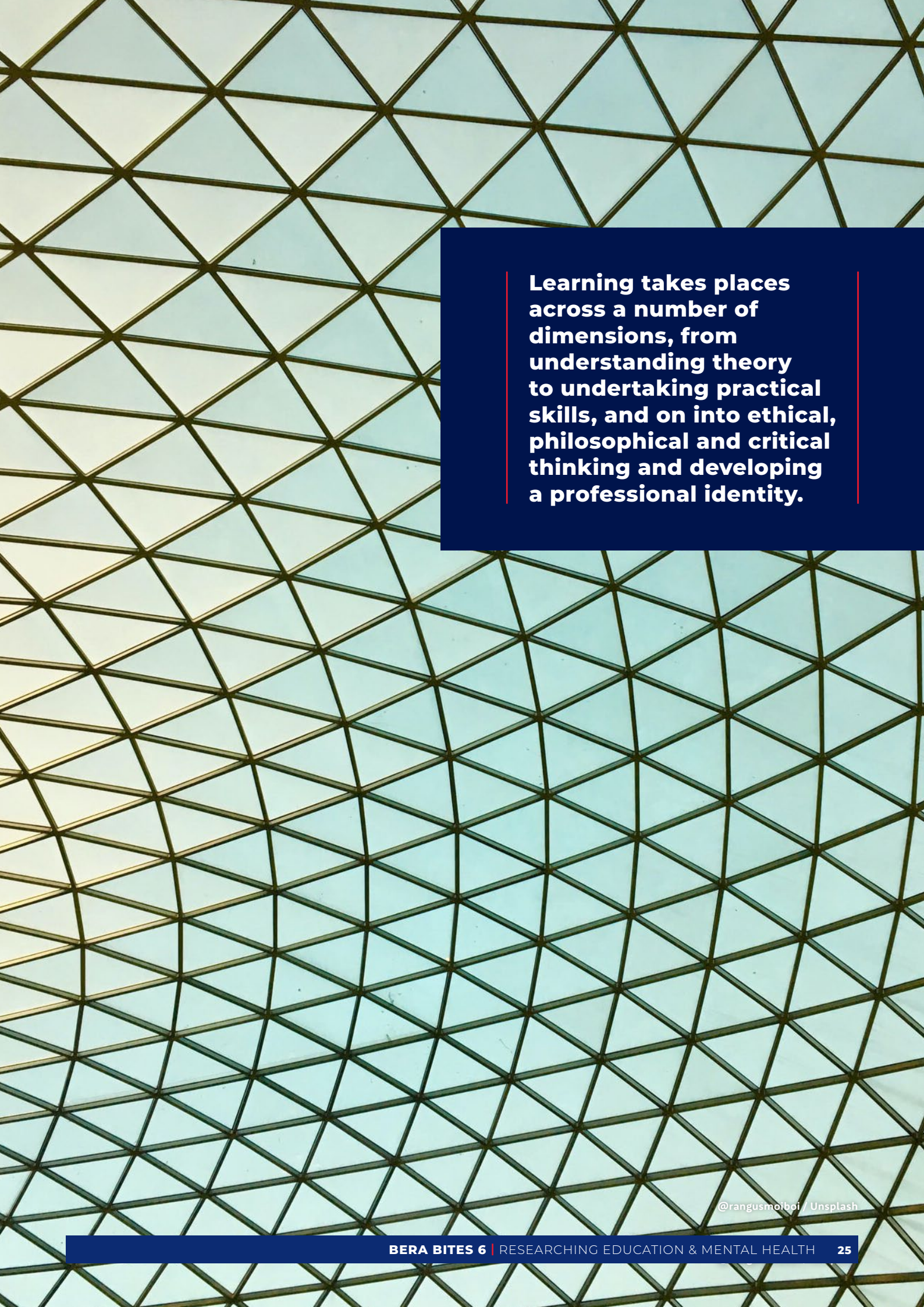
QUESTIONS FOR DISCUSSION

1. Social media is part of digital health, and while students were in the past advised to simply steer clear, we felt students should be equipped to work within this field. However, anxieties were voiced within our wider team when we first suggested bringing the first-year students online to learn in an open forum. If you were to implement something like this, how might you do so?

2. In using art and cultural resources we have had to address some thorny questions that arise around social engineering and cultural imperialism. What issues could you foresee in incorporating some of these elements into your own specialties?

3. Working with animals and arranging visits to museums and galleries can be enjoyable. However, we have encountered the critique that we are entertaining, rather than educating students – what are your thoughts?



Learning takes places across a number of dimensions, from understanding theory to undertaking practical skills, and on into ethical, philosophical and critical thinking and developing a professional identity.

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RESEARCHING EDUCATION & MENTAL HEALTH

Teacher wellbeing

A systemic perspective

SINÉAD MCBREARTY
EDUCATION SUPPORT

Education Support is the mental health and wellbeing charity of the education sector.[1] We provide accredited counselling and welfare support to individuals, wellbeing services that enable schools and colleges to support their staff, and research to underpin our advocacy for healthier education workplaces.

Our most recent research, *Teacher Wellbeing Index 2019* (Education Support, 2019), paints a stark picture of ill health in the sector:

- 78 per cent of teachers and 84 per cent of senior leaders report stress
- 78 per cent of the workforce experienced behavioural, psychological or physical symptoms (such as insomnia, mood swings, tearfulness, panic attacks)

1 Original blog post, published 3 March 2020: https://www.bera.ac.uk/blog/teacher-wellbeing-a-systemic-perspective

- 34 per cent of the workforce experienced a mental health issue last year
- the wellbeing of education professionals is markedly lower than the general population (WEMWBS score of 44.7 compared to 49.85 for England (NHS Digital, 2017).

We believe that the health of the education workforce matters for several reasons, including the following.

First, from a **socioeconomic** perspective, high teacher turnover has a disproportionately significant impact on pupil outcomes in more deprived areas (Miller, 2008). If most children spend a material amount of time in environments with high levels of stress, how will that shape our society?

Second, within the **education system** itself, teacher retention is falling and annual teacher recruitment levels have been below government targets since 2011 (Foster, 2019). Stress and poor working conditions are consistently cited by those leaving the profession. Using the Thriving at Work cost model (Monitor Deloitte, 2017), we estimate that poor mental health costs the education sector at least £2.6 billion each year.

Third, within **schools**, leadership style and culture directly shape staff experience. Some leaders are fantastic, routinely demonstrating care for their staff. There are also leaders who place a greater priority on short-term results and accept poor staff wellbeing as a necessary cost of delivering target outcomes.

Fourth, within the **classroom**, the teacher–student relationship is a key influence on pupil outcomes (Hattie, 2009). The classroom of a stressed, overwhelmed, unsupported teacher will be very different to that of a supported teacher with a strong sense of professional autonomy and self-efficacy: pupils are unlikely to be best served by a desensitised, emotionally exhausted workforce.

Finally, at the **individual level**, wellbeing and mental health matter. Personal resilience is eroded by difficult experiences, unhealthy workplaces with poor leadership, lack of self-efficacy, lack of colleague support, persistent behavioural issues with pupils, and so on (Day & Gu, 2014).

Education is a social system full of interrelationships, dynamics, feedback loops, unintended outcomes, mess, complexity and humanity. Staff wellbeing matters at every level of this system. For improvement, we need to achieve the following.

- **In policy terms:** acknowledgement of the emotional load embedded in modern teaching; recognition that poor mental health can diminish personal performance; and investigation into how policy can support positive mental health and a strong self-efficacy across education.
- **At the institutional level:** development of coherent emotionally intelligent leadership practice, to promote trusting, collegiate, open cultures. Leaders should be supported to interpret external requirements in a healthy way and avoid creating an ethos of performativity.
- **At the individual level:** self-care should be normalised and the workforce actively encouraged to prioritise healthy practices (emotionally, physically, mentally and spiritually). We need to be clear about what we truly value.

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QUESTIONS FOR DISCUSSION

1. Overwork: how can we turn the tide on overwork? What practical steps can we take at the institutional level, and what else do we require from policymakers?
2. Accountability: could an effective accountability framework be co-designed by the workforce in a way that builds competence and capability rather than generating anxiety and overwork?
3. Trust and value: how can policymakers signal to the profession that they are genuinely valued? What is meaningful to the workforce?

ABOUT THE AUTHORS

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Caroline Lafarge is a British Psychological Society chartered psychologist, lecturer in health psychology at the University of West London and a fellow of the Higher Education Academy. Her research focusses on resilience and the experience of trauma, behaviour change and the mental health of undergraduate students. She is currently advising on research looking at increasing access to perinatal mental health services for women from BAME backgrounds.

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Sinéad McBrearty is CEO at Education Support. She began her career at KPMG before moving to the not-for-profit sector. Previous roles include deputy chief executive at Social Enterprise London, and director at award-winning social enterprise Women Like Us. Before joining Education Support, Sinéad was an organisational development consultant and a visiting lecturer at Imperial College London and the Royal College of Art. She is a trustee of the Kaleidoscope Trust, and a

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Marcia Worrell (1966–2020) was a professor in psychology with a background in safeguarding, identities and education. She contributed to a number of articles and research projects in this area. At the time her blog was co-written she was working with a large team on a major Home Office-funded grant on children affected by domestic abuse, and was involved in a major initiative to transform police education. She died on 14 April 2020.

NOTES

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