"SOLUTIONS FOR A CRISIS": EXPLORING BEST PRACTICE FOR TACKLING MENTAL HEALTH IN SCHOOLS

"There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in."

Desmond Tutu, 1931-2021

TABLE OF CONTENTS

THE COALITION

The Coalition for Youth Mental Health in Schools was formed in the midst of the second lockdown as a direct response to the impact of COVID-19 on the lives of all young people. It brings together an extraordinary group of some of the most respected schools from across the independent and state sectors, united by an urgent desire for a step change in the provision of mental health care in schools.

Jane Lunnon, Headteacher at Alleyn's School
Gavin English, Deputy Head (Pastoral) at Alleyn's School

Chris Marks, Education Director at Danes Educational Trust
Siobhan Reilly, Deputy Head at Chancellor's School

Alice Vicary-Stott, Director of Safeguarding at Eton College

Rachel Hart, Head of PSHE at Lady Eleanor Holles School

Jon Needham, Director of Safeguarding at Oasis Community Learning
Erin Docherty, National Mental Health Lead at Oasis Community Learning

Georgia Strong, Assistant Head at Reach Academy Feltham

Lisa Crausby, Executive Director of Education at Star Academies

Samuel Madden, Deputy Head at St Paul's School

David Walker, Deputy Head at Wellington College

WITH ADDITIONAL THANKS TO:

The Coalition couldn't have created this report without the support of the following people. We thank them for their cooperation, collaboration and patience.

Simon Henderson, Head Master at Eton College

Josephine Valentine OBE, CEO at Danes Educational Trust

Heather Hanbury, Head Mistress at Lady Eleanor Holles School

Steve Chalke MBE, Founder of Oasis Charitable Trust

Ed Vainker, CEO at the Reach Foundation

Sir Mufti Hamid Patel CBE, CEO at Star Academies

James Dahl, Master at Wellington College

Sally-Anne Huang, High Master at St Paul's School

FOREWORD BY THE CHAIR
JANE LUNNON

"There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in." Desmond Tutu

It's exciting to be presenting the second part of the work of the Coalition. Our 2021 report "Fixing a Failing System" shone a light on the stark injustices and concerns around youth mental health during, and just after, the Covid lockdowns. The number of young children struggling with pathologised mental health needs increased significantly during Covid. Sadly, there has been no demonstrable decline in levels of need subsequently. Indeed, the dial seems only to be turning one way when it comes to the happiness of our children. And that must surely be a worry for all of us.

In 2021, the Coalition schools teamed up to identify and promote proactive approaches to strengthening mental health in young people. This report, detailing the second phase of the Coalition's work, therefore focuses on a number of the creative and pre-emptive strategies which schools and educators have adopted to get ahead of difficulties and to respond appropriately to the level of need as it presents itself.

We all know that physical health is promoted by physical fitness, and we talk to our pupils, parents and school communities about the various elements necessary to promote our physical health and fitness all the time. But, whilst more conversations are happening and awareness is growing, there is still much less said about the strategies which can promote *mental* fitness, those things that can help young people ward off emotional or mental health issues before they deteriorate into medical-level problems.

The ideas, strategies and approaches detailed in this report range from excellent systems for triaging mental health needs and interventions, to developing mental health literacy and confidence in staff, to empowering and enabling pupil voice in schools, to focusing on how leaders can champion active mental health in their schools. We hope that all the recommendations are clear, achievable and might be useful to colleagues and practitioners working so hard, day in and day out, to support young people across the country.

My huge thanks to all the wonderful educators and leaders in the Coalition. Their input into this group is a testament to the huge value and importance of connection and collaboration in promoting wellbeing and making us all feel the healing power of a shared sense of purpose. Sincere thanks also to Holly Papworth, Ed Dorrell, Ed Shackle, Will Yates and all the experts at Public First, for whom this is a cause that really matters and who have worked hand in hand with us, over three years, to raise awareness and standards in this critical area. Above all, our thanks go to all the inspiring and impressive young people who remind us why education is still the best profession in the world.

With thanks to:

Josephine Valentine OBE, CEO at Danes Educational Trust
Simon Henderson, Head Master at Eton College
Heather Hanbury, Head Mistress at Lady Eleanor Holles School
John Barneby, Interim CEO at Oasis Community Learning
Ed Vainker, CEO at the Reach Foundation
Sir Mufti Hamid Patel CBE, CEO at Star Academies
Sally-Anne Huang, High Master at St Paul's School
James Dahl, Master at Wellington College

INTRODUCTION

This report follows *Fixing a Failing System,* a report that the Coalition published in October 2021. It shone a light on the stark injustices in access to mental health support following the pandemic.

One in four 17- to 19-year-olds had a probable diagnosable mental health disorder in 2022, up from one in 10 in 2017, while one in six seven- to 16-year-olds were affected, up from one in nine in 2017. That equates to 1.7 million children aged seven and over with a probable diagnosable mental health disorder in 2022, two-thirds of whom the government estimates do not have any contact with the NHS.

School staff are expected to deal with more and more children and young people who need specialist support in school, making it difficult to be proactive around prevention and early intervention. Staff are constantly firefighting challenges that they do not (and should not be expected) to have the expertise to deal with.

In its first report, the Coalition called for an overhaul of counselling and PSHE in secondary schools, and demanded a step-change in the provision of Child and Adolescent Mental Health Services (CAMHS). In its second phase, the Coalition has welcomed new members, allowing it to expand its recommendations into a best-practice guide for whole-school mental health support.

The enthusiasm from schools to talk about pupils' mental health is as inspirational as it is urgent. These are clearly issues of great concern. They want help.

The diagram above outlines the DfE's eight principles of a whole-school approach to mental health. These principles work in tandem with the government's Green Paper *Transforming Children and Young People's Mental Health Provision*, a document that emphasises the central role that schools can play in supporting mental health and wellbeing. At the heart of the principles lie the leadership and management that schools put in place to support mental and emotional health and wellbeing. This leadership and management facilitates the seven other principles, namely: working with parents and carers; identifying need and monitoring impact; staff development; enabling student voice; curriculum teaching and learning; healthy ethos and environment; and targeted support. Together, these principles underpin our recommendations for policymakers and schools.

This report takes you through the eight principles in action - what they look like in practice, and what more needs to be done by the sector and policymakers to strengthen this approach in every school.

METHODOLOGY

On behalf of the Coalition, Public First coordinated a qualitative research programme designed to get members out of their own school environments and spending time immersed in very different settings. While taking part in these exchanges, they witnessed the implementation of effective practices around a whole-school approach to mental health.

Coalition members were split into three sub-groups, tasked with focusing on different perspectives in school life during the school visits. These were:

- Studying in a mentally healthy school
- Teaching in a mentally healthy school
- Leading in a mentally healthy school

The Coalition is very grateful to the following schools for allowing members to visit:

- Turves Green Boys School in Birmingham
- Phase Trust in Birmingham
- Eton College in Windsor
- Reach Academy in Feltham
- Alleyn's School in Dulwich
- Wadebridge School in Cornwall
- Oasis Academy Brislington in Bristol
- Penistone Grammar School in South Yorkshire

The school visits were supplemented with evidence sessions with expert witnesses. These took the form of Q&A sessions with suggested questions, although discussions ranged far beyond the scope of these suggestions.

Evidence Session One:

- Professor Lord Richard Layard, Labour peer and economist at the LSE
- Sinéad Mc Brearty, Chief Executive of Education Support

Evidence Session Two:

- Professor Mina Fazel, Professor of Adolescent Psychiatry and Leader of the OxWell Student Survey project at the University of Oxford
- Dean Johnstone, CEO, and Adam Gillett, Learning and Development Specialist at Minds Ahead
- Catherine Roche, CEO of Place2Be

Evidence Session Three:

- Liz Robson-Kelly, CEO, Founder and Creative Director of Worth-It
- Professor Sarah-Jayne Blakemore, Professor of Psychology and Cognitive Neuroscience at the University of Cambridge

The aim of the visits and sub-group discussions was to showcase how the strategies outlined in our phase one report can and do help the school sector to support student mental health and wellbeing. Across the course of our research, further suggestions for policy and best practice emerged.

PART ONE:
SUPPORT SYSTEMS

The Eight Principles of a Whole-School Approach to Promoting Mental Health and Wellbeing

Targeted support and appropriate referral

An ethos and environment that promotes, respects and values diversity

Curriculum teaching and learning to promote resilience and support social and emotional learning

Enabling **student voice** to influence decisions

Leadership and management that supports and champions efforts to promote emotional health and wellbeing

Staff development to support their own wellbeing and that of students

Working with parents and carers

Identifying need and monitoring impact of interventions

A TIERED SUPPORT SYSTEM

A whole-school approach to mental health collapses if there are not clear systems and training in place for staff to be able to identify need and respond with proportionate, targeted support. This was a common feature of success in the schools the Coalition visited.

A clearly articulated tiered system of support is important so that:

- Pupils know what to expect from their school's mental health support, and that their needs will be met through a consistent approach.

- All staff know what to look out for, and can be confident in their response to any concerns.

- Identified concerns receive the appropriate level of response, reducing the number of pupils who move up the higher levels with more accute needs, and minimising undue burden on sought-after internal counselling or external NHS services, like CAMHS.

- At the right time, interventions can be tapered off proportionately.

If Level 1 is implemented effectively, it should reduce the number of pupils who need to use these services. However, there will still be some pupils identified as needing these services and therefore they must be both available and effective.

Such an approach embeds pupil and staff wellbeing through all aspects of school life. It promotes engagement across the entire school, staff and students, and with parents and external services, to ensure a joined-up, community-wide strategy for preventing ill-health and improving wellbeing.

03: CAMHS

02: In-school services (e.g. counselling)

01: A whole-school approach
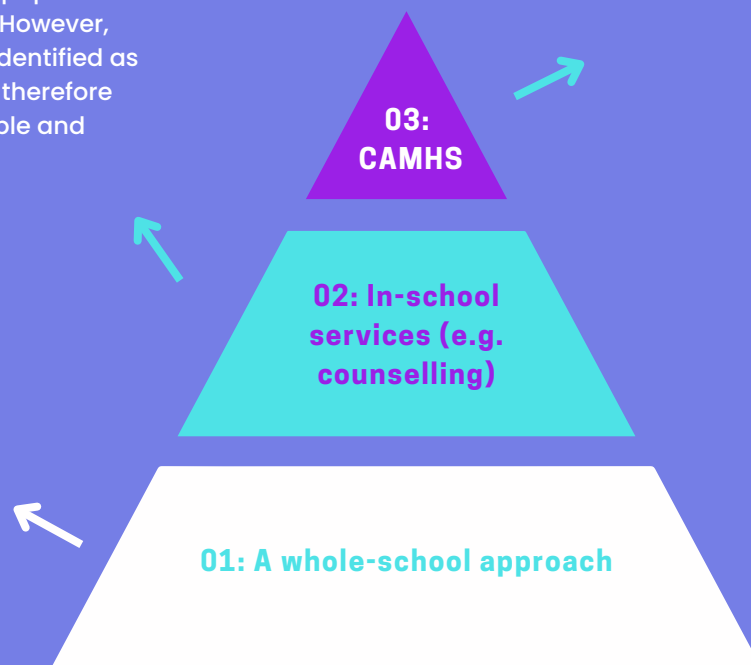
If a school can firstly build an environment that focuses on preventing, as much as possible, mental health problems from arising in the first place, and secondly identify and treat mental health problems arising in students early through services such as counselling, then the number of students who reach a crisis point and need referral to CAMHS should be reduced. Regardless, some students will still need to be referred for external specialist help and therefore schools must have strong systems in place to ensure students can be referred quickly and efficiently.

THE MENTAL HEALTH IMPACT MATRIX @ OASIS

One example of this in practice is the **Mental Health Impact Triage Matrix** developed by Oasis Community Learning Trust.

Where a symptom of poor mental wellbeing is identified using the descriptions in the Matrix (see next page), school staff can determine the level of concern. The overall level of concern is calculated by the highest outcomes in any one category. A tiered triage system allows pupils to be directed to the appropriate staff member more quickly, ensuring issues are resolved fast and preventing workloads from getting out of control.

LEVEL 01 — Low impact
A whole-school response including pastoral interventions as required.

LEVEL 02 — Medium impact
A school-based response including targeted interventions and an individual education plan.

LEVEL 03 — Moderate impact
Referral to primary care intervention, referral to third sector counselling if available.

LEVEL 04 — High impact
Referral to secondary mental health care including referral for medical attention where appropriate.

"I carry a full caseload, but they're not necessarily all permanently on my caseload so that I have the flexibility, particularly with Year 11, seeing them for drop-ins, for reacting if there's a situation in school. So I have that flexibility."

- Counsellor at Oasis Academy Brislington

Oasis Community Learning Mental He

	IMPACT ON LEARNING	IMPACT ON BEHAVIOUR
Level 1 Concern	No impact	No impact
Level 2 Concern	Low impact E.g. missing up to 1 lesson per week	Low impact E.g. up to 1 –2 sanctions per week
Level 3 Concern	Medium impact E.g. missing up to 1 lesson per day	Medium impact E.g. 3 or more sanctions per week
Level 4 Concern	High impact E.g. missing 2 or more lessons per week	High impact E.g. removal from mainstream learning - reflection time, managed move, full-time exclusion, risk of permanent exclusion

alth Impact Triage Matrix

IMPACT ON ATTENDANCE	RISK TO OTHERS	RISK TO SELF
No impact	No impact	No impact
Low impact E.g. less than one week absence in term due to mental wellbeing	Low impact E.g. some agitation with peers and staff with no incidents	Low impact E.g. thoughts to harm self/restrict eating, no actual harm, no suicidal thoughts
Medium impact E.g. more than one week absence in term due to mental wellbeing	Medium impact E.g. one or more incidents affecting the safety of staff and peers	Medium impact E.g. disclosure of actual self-harm, skipping lunch, no suicidal ideation
High impact E.g. school refusing, not attending school or attending school on part-time timetable due to mental wellbeing	High impact E.g. threatened or actual assault on peers or staff, including intimidation	High impact E.g. self-harm requiring medical attention, suicide plan, suicide attempt, significant weight loss, physical deterioration

360s: A holistic approach to low-level support

Making a triage system work requires having the right people in place to deliver the appropriate care at each level. As **Mina Fazel** - Professor of Adolescent Psychiatry at the University of Oxford - told the Coalition:

"There's something very powerful about the location of a school. Kids are there all the time; there's a familiarity with the environment; it's where you're able to build all these important networks of care. And it seems that kids trust many of the adults in the school environment more than they trust [adults] in other environments. Whether then that means that mental health provision needs to be delivered by teachers and interventions in classrooms is not necessarily clear. It's just that the school is a such a powerful location... I don't want us to assume that school mental health provision means it must be provided by the current configuration of staff in schools."

At **Oasis Academy Brislington**, two members of non-teaching staff are dedicated to each year group and stay with them throughout their school career, providing wraparound support to every child. They are, most often, the first port of call for any issues covering behaviour, homework, family life and mental health. From there, they can act as a liaison between pupils, teachers, parents, and in-school support services.

The idea that there could be any stigma attached to speaking with a '360', as they are called, was quickly rebuked by pupils the Coalition spoke with. It was normal. The 360 offices are housed immediately off the main atrium in the school, and wrapping up their remit with other aspects of pupil life means there could be a host of different reasons why someone might be speaking to their 360.

"With the iPads, you can easily get in contact with the 360s - easier than when we didn't have them. So in my year seven, you had to go and find the 360s either at break or lunchtime, which could be quite hard at times." - Year 10 Pupil, Oasis Academy Brislington

Acute care: CAMHS

The tiered system of support works to help prevent mental health problems from arising, intervene early and reduce reliance on already pressurised community services, like CAMHS.

But even in schools with an environment that reduces the prevalence of mental health problems arising, and identifies and treats problems early through services like counselling, there will always be some pupils with acute needs which require specialist help - and that number is rising.

Indeed, during the Coalition's school visits, counsellors often explained not only had their caseload increased but it also had become much more complex since the pandemic.

"We are seeing things, particularly from the pandemic, like eating disorders that really really bubbled up. So things like anxiety... intrusive thoughts, OCD rituals. And parents are more involved now as well, I would say, in the sense that they're making more contact with school... Because of COVID, there's been a lot of grief and bereavement. There's also been domestic violence... parental marriage breakdowns as well. So there's all this kind of impact. So even before the young person gets into school, they have a lot of adult things to contend with as well."

- Butterfly Counsellor, Oasis Academy Brislington

"Over time, it almost feels that we're an overflow, if I can say that about the CAMHS, because it is really difficult to meet the thresholds for CAMHS."

- Butterfly Counsellor, Oasis Academy Brislington

In our first report, the Coalition made clear that schools should have effective systems in place to refer pupils quickly and efficiently to CAMHS or other NHS services.

But while schools continue to invest in strengthening their whole-school approach to mental health and bolster their in-school counselling services, the response to increased *acute* need is not being matched by community services. NHS Trusts have had to raise thresholds to manage their spiralling post-pandemic caseloads.

Long wait times: As a result, the Coalition heard from schools that pupils have left before they receive an invitation for assessment, let alone receive treatment. In some areas, the threshold for accessing CAMHS has tightened so significantly that schools (and some parents) feel that they have little choice but to pay for private services. Some have even invested in their own trained CAMHS nurses.

32%

of referrals were discharged from CAMHS without any treatment in 2021/22, up from a quarter the previous year, almost a quarter of a million children

Average CAMHS waiting lists in Februrary 2023 had increased by two-thirds in two years in England, meaning children wait on average
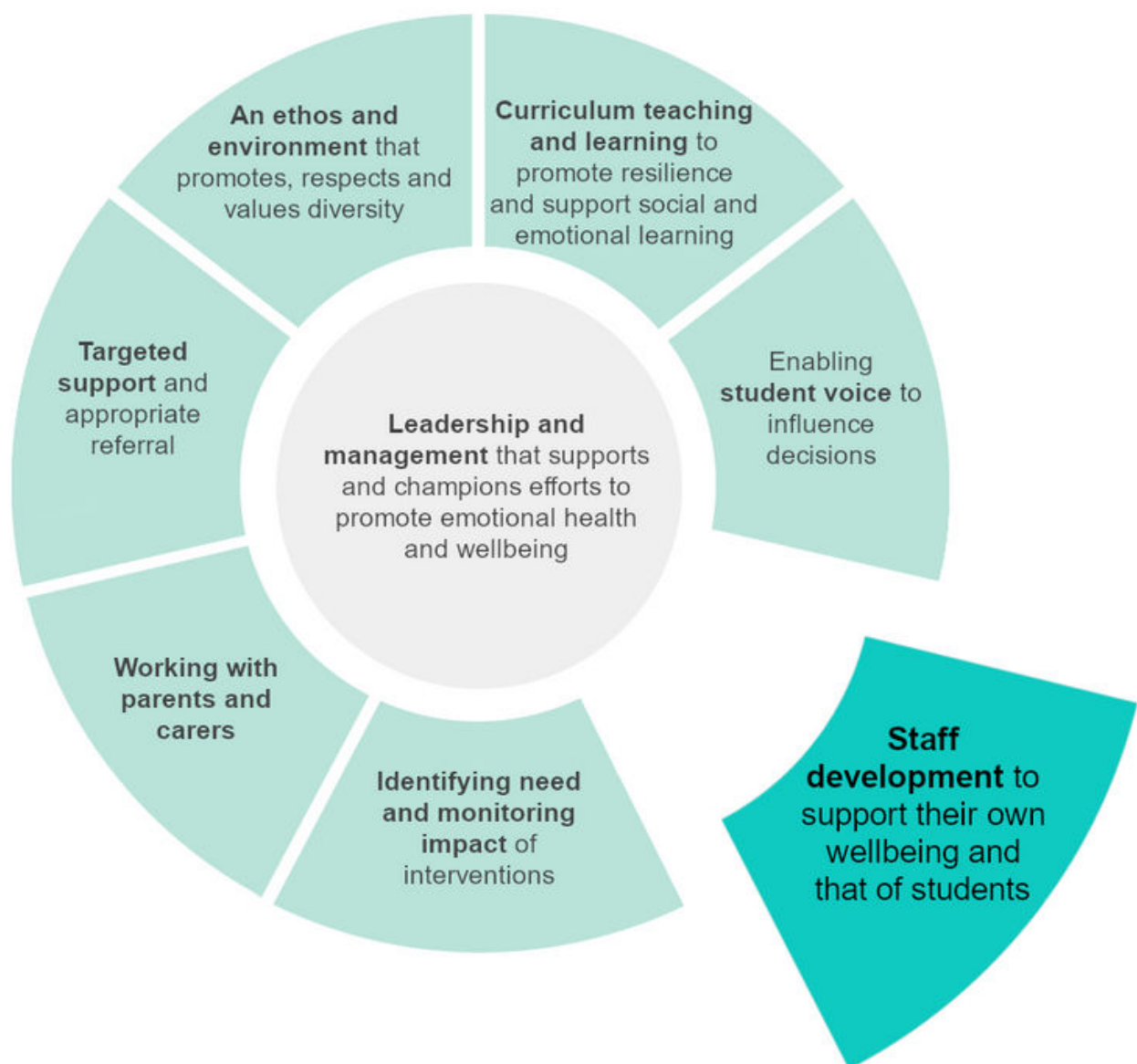
21 weeks

for a first appointment

A perverse incentive: At the same time, the Coalition heard that, in some places, there is a perverse incentive working against a joined-up approach between schools and the community. Pupils attending schools with in-school counselling services are pushed further down the CAMHS waiting list. This can leave schools with a difficult choice between providing interim care - even though that may not meet pupils' needs as well as it could - or delaying that in the hope that the child will be able to access much-needed specialist expertise sooner.

RECOMMENDATION

We must find a more sustainable way to manage acute mental health cases as part of the NHS's 10-year plan. Even in the Coalition's limited visits to schools across the country, the postcode discrepancies in accessibility were stark. The emphasis on early, in-school intervention before a child meets crisis point is the right one, but a long-term plan to ensure NHS services are equipped to meet demand must accompany this. Such a plan must take account of the underlying discrepancies in need and capacity for both early and acute intervention; moreover, there may be different agencies capable of productive intervention depending on what is required. **There should be mandated national waiting time standards for all CAMHS.**

Second Report — Coalition for Youth Mental Health in Schools

PART TWO: STAFF DEVELOPMENT

The Eight Principles of a Whole-School Approach to Promoting Mental Health and Wellbeing

An ethos and environment that promotes, respects and values diversity

Curriculum teaching and learning to promote resilience and support social and emotional learning

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Identifying need and monitoring impact of interventions

Staff development to support their own wellbeing and that of students

IT'S PERSONAL, NOT PROFESSIONAL

A clear feature of the schools that the *Teaching in a Mentally Health School* working group visited was **the degree of support** that teachers and school staff felt they had.

Common amongst the schools the Coalition visited was the feeling that more and more was being placed at the door of schools - an expectation from parents and community organisations (who might have taken a larger share of the load of student mental health in the past) that support would be handled and delivered by the school. Teachers and other school staff have been filling the gap left by the reduction in community services.

If left unchecked, the weight of this new caseload for school staff with mental health responsibilities - Mental Health Leads and Designated Safeguarding Leads (DSLs), for example - can take its toll on their own wellbeing.

RECOMMENDATION

A national network of Wellbeing Supervisors should be established in the state and independent sectors, rolling out one-to-one personal support for teachers and school staff with mental health responsibilities.

Many of the schools the Coalition visited had an on-site counsellor, employed either directly by the school or through an external provider. Most, if not all, of these counsellors received clinical supervision: a regular and dedicated time to reflect upon their practice and discuss their caseload.

But the nature of this support from Wellbeing Supervisors should be distinct from clinical supervision. It is more a personal check-in and opportunity to ask how they are coping, rather than caseload management which may be required as a second layer of support. It is important that the Supervisor is external, at least from another school, and detached from any line management responsibilities.

The multi-academy trust (MAT) model lends itself to such an approach, but pairing supervisors with school staff could also be carried out through formalised networks of schools within the state and independent sectors. This should complement counselling services and helplines already available to staff through their school or MAT.

This network could be accompanied by a DfE-approved training programme for supervisors as part of a CPD pathway focused on developing their interpersonal skills.

Our experts were keen to stress that a network of Wellbeing Supervisors could relieve some of the strain that currently falls on teachers without the time or resources to cope with it:

"It's that selfish moment that teachers don't really have that often."

- Gavin English, Deputy Headteacher at Alleyn's School

"Let's say that we wanted to deal with one teacher [per school] who was responsible for this across 20,000 schools across the country. We would need...600 or 700 supervisors to do that. That's not beyond the wit of mankind. And frankly, compared to what the DfE spends, it's perfectly affordable."

- Sinead McBrearty, CEO of Education Support

STAFF MENTAL HEALTH TRAINING

Part of making a whole-school approach to mental health work effectively is ensuring that staff are fully engaged and equipped to play their role in supporting their own wellbeing and that of their pupils. Staff training - at every level - was something that all the schools the Coalition visited had really invested in, with training going well beyond the DfE's Senior Mental Health Lead (SMHL) training.

Dean Johnstone is the CEO of Minds Ahead, a charity leading the UK's first Master's degree in school leadership of mental health, and he explained how high-quality staff training on mental health is key to raising the issue's status, and ambitions to tackle the crisis, in schools:

"School leaders in the past said to us: 'You know what, I've got Jane down the corridor. She has worked here for 10 years. She hasn't got a degree, but by God, she knows the school community. She knows the kids. She knows the families. She's the go-to person around mental health." There's an appetite out there, there's people out there who are doing these roles...but just haven't been given the training and support to get it to that status."

TRAUMA-INFORMED TRAINING @ TURVES GREEN SCHOOL

Assistant Headteacher at Turves Green School, Alexa Oshodi, told the *Leading in a Mentally Healthy School* working group:

"I think the biggest thing we've done is we are all trauma-informed. So we've had the ed[ucational] psych[ologist] come and train every member of staff in this building - including all support staff - on emotional coaching, and... the kind of emotion that's behind behaviour, the idea [that] behaviour is a form of communication. So that's been massive in having a whole culture shift."

TRAUMA-INFORMED TRAINING @ TURVES GREEN SCHOOL (CONT.)

How Turves Green School approaches emotion coaching

| Recognise the emotion driving the behaviour and empathise with it | → | Label and validate the emotional experience for the young person | → | Set limits on the behaviour | → | Problem solve with the young person, help them to learn from the incident |
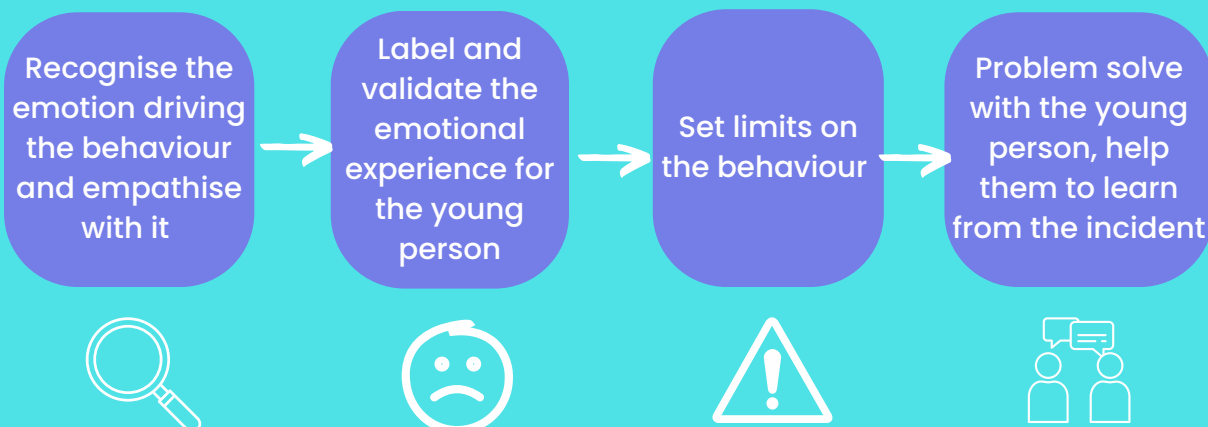
MHFA TRAINING @ WADEBRIDGE SCHOOL

In their own words...

In 2019, the school invested significantly in a long-term programme of staff training. Two senior members of staff trained as Mental Health First Aid (MHFA) England instructors with a view to getting all staff trained as mental health first aiders. To date, over 90% of the school workforce and more than 95% of classroom practitioners (teachers, HLTAs and TAs) have been trained.

The MHFA Youth programme was delivered to Year 11 and Sixth Form students, and in May 2023, they ran MHFA training for parents.

The school is also engaged with the Trauma-Informed Schools programme, with five TIS practitioners.

In 2022, two colleagues completed the DfE-approved Senior Mental Health Lead training with different providers. Pooling learning from these two courses has helped the school audit provision and develop a strategic whole-school Mental Health and Wellbeing action plan. The school's SMHL also acted as a coach on the training delivered by Creative Education. The school's SMHL is also a trainer for the Harmless process, and six members of the student support team were recently put through this full-day training to support young people who engage in self-harming behaviours.

Throughout the Coalition's research, the message came through strongly that training must go deeper than a tick-box training exercise. As **Dean Johnstone, CEO of Minds Ahead,** told the Coalition, there should be status attached:

> *"We're not going to change the system if people, with all the best intentions in the world, have been on a two- or three-day training course. That isn't going to give them the leadership, the confidence, the depth, the breadth, the qualification, the status, all the rest of it that comes with real system leadership."*

"The PGCE [post-graduate certificate of education] I do not think is fit for purpose, given the current needs of the school environment, educational environment. So many other countries invest much more heavily in the pedagogy, and the time that it takes in order to equip individuals to do this very, very important task. So the mental health literacy and training that takes place within a PGCE is... minimal and we need to invest in that."

- Mina Fazel, Professor of Adolescent Psychiatry, University of Oxford
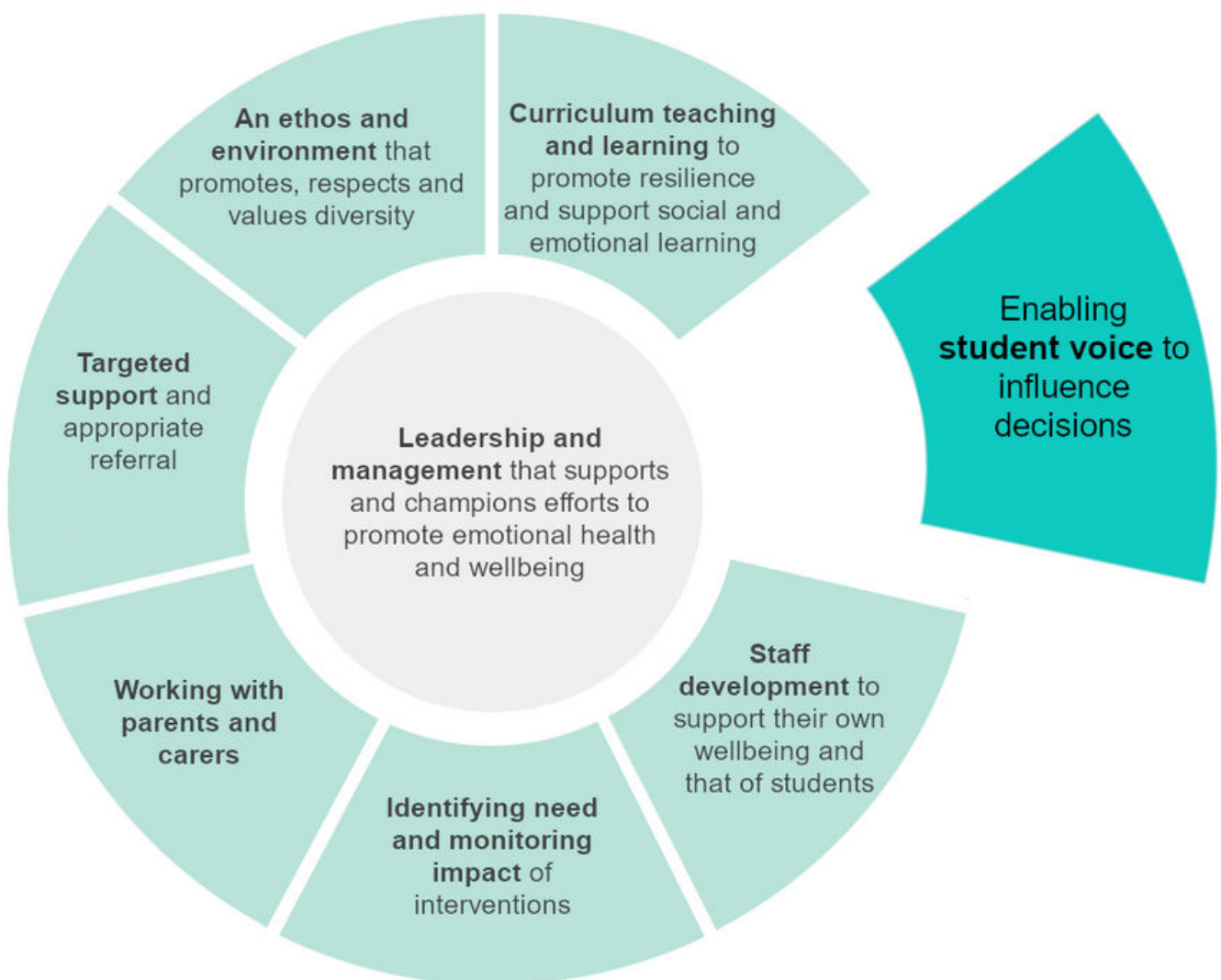
RECOMMENDATION

In recognition of schools' statutory duty to include Social, Emotional and Mental Health (SEMH) as part of PSHE and the urgent nature of the crisis surrounding young people's mental health, teacher education should include a greater element of mental health training.

This training could take the form of an introduction to major determinants of mental health and wellbeing in young people, as well as instruction in the first principles of addressing signs of poor mental health and wellbeing in a classroom setting. Giving all incoming teachers a shared language and awareness of what to look out for in young people could help to relieve pressure on DSLs, counsellors, MHFA-trained staff and others supporting students' mental health.

Research on this topic is clear: most teachers do not feel confident in supporting the mental health needs of pupils, but those who have been given training report greater mental health literacy and capacity to support pupils. Many schools already have a designated Mental Health Lead in recognition of the current youth mental health climate.

PART THREE: STUDENT VOICE

The Eight Principles of a Whole-School Approach to Promoting Mental Health and Wellbeing

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Staff development to support their own wellbeing and that of students

Working with parents and carers

Identifying need and monitoring impact of interventions

CHECKING THE PULSE

Schools are best placed to understand the specific mental health needs of their own school community. Already, many across the state and independent sector have invested in pupil and staff surveys, either scripted and disseminated in-house or via external providers, to understand the experience, welfare and satisfaction levels of the school community.

But alongside this, the Coalition heard several challenges that schools can face in terms of how best to compile the findings from such surveys so they can inform action.

Reliability: Drawing meaningful conclusions can be hard, particularly if there is low engagement or, crucially, if the surveys go unanswered by pupils struggling most.

Drafting: Broad-brush questions sometimes fail to get to the root of the issue, or could be better drafted to suit the school community and lead to meaningful action.

Context: In the absence of a comprehensive national database, the lack of context around the data, and means to benchmark against other schools, can make it hard to spot outliers or anomalies.

Tokenism: Surveys can often be administered as a once-a-year 'big moment' survey, a phenomenon that does not necessarily lend itself to sustained and responsive action.

Key features of a pupil voice survey

The Coalition identified the following key features of successful surveys:

01 — Rapid, succinct and thematic

The best school surveys are pulse checks - simple, short surveys that are topical or tied to whole-school themes - that drive engagement, and that generate a rapid response from senior leaders.

02 — Scripted by the school

Schools are best positioned to have a sense of the issues facing their school community at any given point, and should have the flexibility to survey the issues that are most pressing.
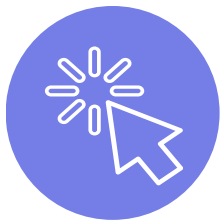
03 — Informs practice

Whether that means making adjustments to mental health services, keeping references and materials up-to-date and relevant in relationships and sex education (RSE) lessons, reconfiguring school policies or the design of the school, the data is there to inform practice.

04 — Feed it back: 'You said, we did'

Not only is the data acted upon, but pupils (and staff) are informed of the actions the school community has taken, reinforcing pupil autonomy and giving the impetus for people to keep responding.

PUPIL VOICE SURVEY @ OASIS ACADEMY BRISLINGTON

At Oasis Academy Brislington, Interim Headteacher **Natasha Robinson** and her team had devised a regular Pupil Voice Survey, which was written by staff and responsive to 'hot topics' in the school community.

One particular Pupil Voice Survey highlighted just why these surveys are so important. Amongst other things, it asked pupils whether they had ever had thoughts about harming themselves.

Findings were triaged into three different levels of need:
- **Green:** Referred to their 360s.
- **Amber:** Referred to Student Progress Leads (SPLs).
- **Red:** Referred to Natasha and/or a counsellor.

Around 25% of children triaged as part of the process were not previously on the school's radar in terms of poor wellbeing. It also signalled the more widespread type of need amongst pupils. Issues including pet bereavement and older siblings' mental health were big worries to their school pupils.

Snap surveys like this on 'hot topics' can allow schools to tackle issues that students find stressful at an early stage before they develop into a catalyst for poor mental health.

Pupils told the Coalition members that they liked the amount of input they had in shaping school life, the environment and support, particularly through the Student Voice Survey. The feedback element of knowing how the school had responded to their concerns (You Said, We Did) was key to the success of this.

For example, a few different Year 7s brought up how their feedback on the Student Voice Survey had led the staff to change arrangements for the one-way system on a particular set of stairs, where it often became incredibly noisy and busy as pupils changed over between lessons, leading some to feel uncomfortable. They had noticed a marked difference after the one-way system was changed.

RECOMMENDATION: There should be a National Survey of Youth Mental Health.

There are obvious benefits to having a data-led understanding of the national picture on youth mental health. Indeed, calls for a large-scale survey have grown louder since the emergence of the BeeWell pilot in Manchester, a comprehensive survey of young people's wellbeing administered in 187 local secondary schools and used by stakeholders to guide intervention.

BeeWell has given Manchester schools and supportive partners dashboard-style, school-level data on students' wellbeing, and been praised across the political spectrum. There are plans to expand it to Hampshire, including the Isle of Wight, Portsmouth and Southampton. Large-scale surveys of this sort providing, high-quality longitudinal data, would not only allow us to track trends in mental health over time, it would also allow valid comparison across different areas of the country. This could facilitate more purposeful, bespoke interventions on a local and regional level that respond to the area's needs. Furthermore, such a survey would represent a genuine commitment to high-quality data collection on youth mental health in this country. Without such data, it will remain difficult to address youth mental health needs through evidence-based policy interventions.

That being said, there is still a place for in-house data tracking. Coalition members highlighted the advantages of surveys designed in-house by teachers that students interact with on a day-to-day basis. Such surveys, they argued, are trusted more by the children and young people who take them, and allow a level of context specificity beyond what a national survey could offer. Responses to in-house surveys can be enacted rapidly, as demonstrated in the Oasis Academy Brislington case study above, to get upstream of potential mental health challenges.

We believe there is space for both national and context-specific surveys. To design policy and allocate funding effectively, national-level, longitudinal data will be crucial; a national survey would be a key stepping-stone to achieving this. But this should not be to the exclusion of the rapid turnaround, context-specific surveys that some settings are already using to address mental health and wellbeing challenges.

DATA @ ABINGDON SCHOOL

In their own words...

At Abingdon, we look carefully at our Oxwell Data [a pupil voice survey] and, where certain topics need reinforcing, we tweak our PSHCE [Personal, Social, Health and Citizenship Education] and RSE programme accordingly. This might involve adding a new sixth form lecture on, for example, festival wellbeing or transitions to university.

The OxWell mental health and wellbeing survey provides a great deal of data and acts as a really accurate barometer of the students' mental health and wellbeing - far more so than other surveys we have used in the past. We have been taking part in the survey for a while now, which means we can track our data and cohorts over time to spot emerging trends. We also conduct simple baseline surveys to capture the students' learning before and after RSE lectures on topics such as consent, gambling and internet safety. Furthermore, we assess in RSE using techniques such as self review evaluations and assessments. We can then tweak our future RSE events accordingly.

We know that we can never be complacent, and we are always looking at how we can improve. We continue to respond to student needs and feedback, making sure we are in line with RSE guidance, by looking at student events where the reported added value has been high, and then booking the same speakers or continuing to run the same lecture programmes.

We also run regular webinars for parents and carers and invite them to participate using [the presentation software] Menti. This is a valuable way for parents and carers to have their say and contribute as RSE is very much a partnership between schools and parents.

PART FOUR:
THE CURRICULUM

The Eight Principles of a Whole-School Approach to Promoting Mental Health and Wellbeing

Curriculum teaching and learning to promote resilience and support social and emotional learning

An ethos and environment that promotes, respects and values diversity

Targeted support and appropriate referral

Leadership and management that supports and champions efforts to promote emotional health and wellbeing

Enabling student voice to influence decisions

Working with parents and carers

Staff development to support their own wellbeing and that of students

Identifying need and monitoring impact of interventions

A MENTAL HEALTH CURRICULUM

Schools are expected to provide high-quality pastoral care to support their pupils and students to develop into resilient adults with good mental wellbeing. This includes making sure that pupils and students know how to keep physically and mentally healthy.

RECOMMENDATION: Schools and trusts should consider a 'caught and taught' approach to mental health and wellbeing in the curriculum.

There are both implicit and explicit ways in which schools communicate how to maintain good mental health and wellbeing. These two aspects are referred to in the IPPR's (Institute for Public Policy Research) 2023 'Balancing Act' Report as 'caught' and 'taught' approaches. 'Caught' approaches are a product of the school's culture: schools that foster a sense of belonging, actively encourage the development of social and emotional skills and have a strong culture of behaviour management often find that their pupils have better mental health and wellbeing.

But this is unlikely to be enough on its own. A successful whole-school approach should also involve 'taught' elements. PSHE provides the most obvious forum for the explicit teaching of skills relating to emotional health and wellbeing, as well as the opportunity for the sequencing of skills and practice through exercises such as role-playing. That said, the academic curriculum also provides opportunities for teachers to help students develop good mental health and wellbeing. Schools are already finding ways to forge links between knowledge and skills covered in the curriculum and productive, proactive dialogue around mental health.

One such school is Turves Green. Its mental health curriculum embraces both taught and caught approaches to respond to students' mental health and wellbeing needs, supporting them to develop healthy strategies for wellbeing in the process.

THE MENTAL HEALTH CURRICULUM @ TURVES GREEN SCHOOL

"Mental health for us is, in every single aspect of the curriculum. It's not like a bolt-on"

Initially launched as part of their pandemic recovery plan, mental health has been fully embedded into the curriculum at Turves Green, as shown in the following diagram.

Setting this culture begins with their staff, which means that every member of staff, including support staff, is trauma-informed. This support has included an educational psychologist visiting the school and training staff in areas such as emotional coaching and behaviour.

When it comes to teaching, the school uses its mental health curriculum to go beyond the standard PSHE lessons. In form time, pupils are taught practical tips for dealing with mental health, such as grounding techniques and different ways of breathing. This is all led by a specially-trained form tutor. Wellbeing ambassadors drive this at a pupil level, and these pupils have been trained by Young Minds, who have also helped design a school action plan. The school will also shortly be launching a new website, one which has an extra emphasis on providing appropriate information for their students.

Turves Green has approached their mental health curriculum in the same way that they do the standard school curriculum, with a full audit. To achieve this, they have asked teachers to plot out, in their own subjects, where they want pupils to be and what they need to cover. For example, a pupil studying pottery will learn about pottery, but will also learn how pottery might help someone therapeutically.

Alongside raising awareness, Turves has also put systems in place for when children come forward. They have a number of staff trained to deliver mental health services, including a mental health worker and two social workers. They have merged all their services, such as mental health, special education needs and disabilities (SEND) and safeguarding, so there is just one point of contact with parents.

The Mental Health Curriculum

TGBS — Turves Green Boys' School

Matrix Academy Trust — EDUCATION WITHOUT EXCEPTION

kooth

Life Beyond School

Year 11

10.9.23 – Suicide Prevention Day
November – Movember
13.11.23 – Anti Bullying Week
6.2.24 –Children's Mental Health Week
May – Stress Awareness Month
13.6.24 – Loneliness Week

Whole School Events

Respect

How to ask for support with mental health.
•Why do I feel overwhelmed in year 11.
•Coping with exams.

Form Time

PSHE
* Social anxiety * Suicide * Grief and bereavement * Social Media and mental health * Sleep hygiene.

PAUSE

Year 10

*What is depression?
*The body language of success.
*Is medicine always the answer?
*Removing the stigma.
*What are personality disorders? What is OCD?

Form Time

* What is anxiety? * The effect of drugs and alcohol on mental health * Self Harm * Managing Stress * Eating Disorders.

PSHE

Courage

Whole School Events

Become a Mental Health Champion?

10.9.23 – Suicide Prevention Day
November – Movember
13.11.23 – Anti Bullying Week
6.2.24 –Children's Mental Health Week
May – Stress Awareness Month
13.6.24 – Loneliness Week

10.9.23 – Suicide Prevention Day
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*What is PTSD?
*Healthy body = healthy mind.
*Learning to live with grief.
*The physiology of anger.
*Understanding phobias.
*Who are the Samaritans?

Whole School Events

Form Time

Year 9

Generosity

*Body image * The effects of social media * Mindfulness * Emotional Literacy * What is empathy? * Body image in the media.

PSHE

Honesty

*Fake it 'til you make it...how to look confident.
*What does grief feel like?
*Breathe yourself calm.
•What are panic attacks and how can I help others?
•*Who are Kooth?

10.9.23 – Suicide Prevention Day
November – Movember
13.11.23 – Anti Bullying Week
6.2.24 –Children's Mental Health Week
May – Stress Awareness Month
13.6.24 – Loneliness Week

Join our Allies Club?*

Supporting Others

Year 8

Form Time

Whole School Events

Managing anger Healthy body = healthy mind * What is depression? * How to increase resilience * Self-esteem * Confidence* Endorphins *

PSHE

Resilience

Honesty

Understanding

Tolerance

*Why it's good to talk
*What is 'normal' anyway?
*What is anxiety?
*How to show empathy.
*How to have a difficult conversation.
*What is cognitive overload?.

Form Time

10.9.23 – Suicide Prevention Day
November – Movember
13.11.23 – Anti Bullying Week
6.2.24 –Children's Mental Health Week
May – Stress Awareness Month
13.6.24 – Loneliness Week

Whole School Events

Resilience

What is Mental Health?

Year 7

Turves Values

YOUNGMINDS fighting for young people's mental health — **T**elling School, **U**nderstanding of others, **R**espectful to all, **V**aluable contribution, **E**veryone is equal, **S**elf-motivated to achieve

British Values

Second Report — Coalition for Youth Mental Health in Schools

The Co-Curriculum

In its five steps to better wellbeing, the NHS has produced a useful guide for how to create opportunities to improve mental health in schools. Whether that is through sandbox or Lego therapy, sensory rooms, sport or art, there are many ways schools can embed these five steps in the curriculum or extra curricular activities.

01 — Connect with other people

Having time each day to connect with family, friends and fellow students boosts self-worth and provides emotional support. Participating in trips, or local action such as volunteering helps build relationships.

02 — Be physically active

Increasing awareness about running and a range of potential aerobic exercises to help get moving. Being active is proven to improve wellbeing by raising self-esteem and causing chemical changes in the brain that positively change moods.

03 — Learn new skills

Trying a range of activities and hobbies like cooking, languages, writing a blog or taking up a new sport. These help individuals build a sense of purpose and connect with others.

04 — Give to others

Acts of kindness and giving can help improve mental wellbeing. These can include smaller acts, like saying thank you and asking how people are, as well as bigger acts, such as volunteering in the local community.
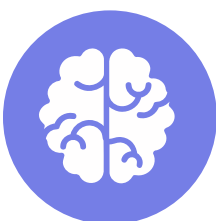
05 — Pay attention to the present (mindfulness)

Being mindful and aware of the world around us, and our own thoughts, feelings and body, can help significantly improve our mental health. There are many exercises that can help to develop this approach.

ALLEYN'S SCHOOL

In their own words...

Like many other schools, Alleyn's has an active volunteering programme. Pupils participate in a range of partnership volunteering and outreach activities. Volunteering for pupils in years 10-13 takes place as part of an afternoon activities programme, and year 12 students also fully engage with timetabled outreach opportunities. A Saturday maths scheme draws support from pupils across several year groups, in addition to staff support. Through these tried-and-tested mechanisms, both pupils and staff at the school engage in a wide range of volunteering activities every week. Pupils receive training and then choose one three strands: charity, elderly and education. Pupils at the school often speak of how beneficial this has been to them. One pupil explained she had joined Alleyn's in sixth form from another setting, and had found the volunteering scheme incredibly helpful for her integration into the school. She added that this feeling of contributing to school and community life had been beneficial for her mental health at a challenging time.

The volunteering programme onsite at Alleyn's is slightly different. Every Tuesday, the school invites over 200 pupils from local partnership primary and secondary schools onto the site to participate in sport, music and digital enterprise, delivered by Alleyn's staff, students and expert partners. These sessions seek to provide a high-quality experience that plugs the gaps in cultural capital as identified by partner schools – for example, swimming lessons are a key component of sporting provision – and engage visiting pupils over an extended period to enable their maximum development.

This long-term commitment also provides Alleyn's student volunteers with the opportunity to build strong and impactful relationships and see the positive impact of their efforts over time. For some of our visitors this enrichment experience represents the highlight of their week and a big part of that is seeing the same Alleyn's student faces week in and week out, over what is now for some of them, three years. For Alleyn's pupils, this provides a remarkable depth of experience. It keeps them grounded, provides perspective, and most importantly helps them see the transformative difference they can make. This has overwhelmingly positive repercussions for their own sense of self and well-being.

PART FIVE:
SCHOOL CULTURE

The Eight Principles of a Whole-School Approach to Promoting Mental Health and Wellbeing

An ethos and environment that promotes, respects and values diversity

Curriculum teaching and learning to promote resilience and support social and emotional learning

Targeted support and appropriate referral

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Enabling student voice to influence decisions

Working with parents and carers

Staff development to support their own wellbeing and that of students

Identifying need and monitoring impact of interventions

SCHOOL CULTURE

Staff wellbeing can be made or broken by the school culture set by senior leaders. At the vast majority of the schools the Coalition visited, senior leaders had proactively set staff wellbeing as their priority. It was in their school development plans and they reported to governors on it - all the way down to their appraisals being led with: 'how are you?'

At Wadebridge School in Cornwall, staff wellbeing is at the forefront of their improvement plan and has produced very positive results. As the staff themselves explained, this emphasis has motivated teachers and helped them gain confidence to deal with the mental health needs of their pupils.

The culture of the school and the trusting relationship between staff was seen as the biggest driver of this success. Undoubtedly, the length of time in post for both the head and deputy (a combined 35 years) has contributed massively to this sense of trust.

The school ran a range of initiatives to boost wellbeing, including highly active health champions, mental health training for all staff, a strong focus on PSHE and RSHE and the wellbeing of all teaching and non-teaching staff as a priority.

Wellbeing Hour @ Wadebridge

At Wadebridge School, teaching and non-teaching staff are given an hour on a half-termly basis to look after their own wellbeing. This was highly valued by the staff the Coalition spoke to. Overwhelmingly, the hour was being used for the intended purpose, as opposed to, for example, being used to catch up on marking, and there were regular reminders to ensure they did. Staff used this time for walking, reading, swimming and social activities, like organising a football match against another nearby school. Staff commented they had found the hour particularly beneficial for interacting with colleagues they would otherwise not speak to, which had been raised internally as an issue post-Covid.

FLEXIBLE WORKING

We know that the erosion of work-life balance is a contributing factor to the retention crisis: 78% of teachers are likely to leave if they think they can get a better work-life balance in another career.

At Wadebridge School, there was almost a "well, if we ask, we get" approach to leave - "it was perfectly okay to go to a cousin's wedding or to take a day off to go to your kids' sports afternoon." The same could be said of Reach Academy Feltham, where there was a more formalised arrangement of discretionary days off for personal enjoyment and meaningful activities. Both schools offered an enormous amount of flexibility, based on a foundation of trust from the top.

Maintaining that balance is, of course, important to staff satisfaction and their overall wellbeing. The approach is very much, 'we'd rather have them in school than not', and part of that requires a longer-term preventative approach to staff wellbeing. That may also require facilitating changes to make staff feel able to come into school.

An Eye for Design

Ensuring pupils feel safe and secure on the school site is often framed through the lens of safeguarding in education, but a thoughtfully-designed school site can also contribute to a whole-school approach to mental health and wellbeing.

For established schools, this does not mean constructing new buildings but reimagining existing site layouts. **The Haven** at **Oasis Academy Brislington** in **Bristol** houses each year group's pastoral leads ('360s') and is located just off the main atrium, placing it at the centre of the school's design. Pupils pass by at multiple intervals in the day, helping to normalise access to support.

Similarly, upon arrival at the school reception at **Penistone Grammar School** in **South Yorkshire**, the wellbeing centre is immediately visible to pupils, staff and visitors. On all the visits we went to, pupils valued having quiet spaces, be it a garden or a library, somewhere to get away from the bustle of break and lunchtimes.

The Well at Alleyn's

The COVID-19 pandemic shone a brighter light on the pressures of social media vs reality and led the team at Alleyn's School to consider what more they could do to support their pupils.

Construction of The Well - a place to centralise wellbeing support on site - began in September 2022 and opened with a calming Coronation Garden in May 2023. Housing their nurses and counsellors as well as an activity room for pastoral and mental fitness activities, the space aims to help pupils and the local community find a space of calm.

COMMUNITY SUPPORT

With CAMHS increasingly overwhelmed by increasing demand, schools have stepped up to provide the care that students need. They need more support from their communities - particularly with acute and severe cases.

The Coalition was keen to explore how settings can prioritise inclusion for those struggling to access mainstream education.

What about those children at the very acute end of the spectrum, those who cannot access mainstream education, and whose mental health suffers?

Phase Trust is a charity in the Midlands that works closely with young people with mental health and wellbeing issues. They have a number of formal and informal support programmes. The Coalition was invited to witness their 10-week "ID plus" initiative in action. The programme was designed to increase confidence and build mental resilience in young people aged 16 and over, and help them in their education, employment and or training goals.

The programme involves a number of team building activities, discussions and trips out into the city. Activities such as interacting with food, music, and animals help improve their moods, build confidence and get young people into a headspace where they can be better supported by mainstream services.

CONCLUSION

Two years on from the Coalition's initial report, there is much to celebrate, but there is still a long way to go. The DfE's eight-strand approach to supporting young people's mental health and wellbeing provides us with a shared framework for showcasing the ways in which schools are putting our previous recommendations into action.

The case studies and expert contributions within this report demonstrate that there are scalable, innovative approaches available to schools in both the independent and maintained sectors that have a positive impact upon students' mental health. From school architecture and design to rapid and responsive surveys, from trauma-informed training to effective triaging of cases, schools are taking steps on their own and in partnership with one another to support student mental health to a greater extent than ever before.

But there is more to be done. Without a concerted effort from policymakers, the youth mental health crisis will continue to deepen. That is why we have made the following recommendations:

- There should be mandated national waiting time standards for all CAMHS.
- A national network of Wellbeing Supervisors should be established.
- Teacher education should include a greater element of mental health training.
- There should be a National Survey of Youth Mental Health.
- Schools and trusts should consider a 'caught and taught' approach to mental health and wellbeing in the curriculum.

The examples discussed in this report are testament to the tireless work of school staff, campaigners and other stakeholders to improve mental health provision for young people. It is now time for policymakers to put their recommendations into action.

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THE COALITION FOR YOUTH MENTAL HEALTH IN SCHOOLS