**Learning to Trust
And
Trusting to Learn:**

**How schools can affect children's
mental health**

A paper written for IPPR

by Elizabeth Hartley-Brewer

July 2001

Contents

Preface

This paper was first presented at an IPPR seminar, held in March 2001, on 'Mainstreaming Mental Health in Schools', and has been revised as a result of extensive consultation. Many conclusions are provisional and have been put forward to stimulate further discussion and debate.

Elizabeth's paper poses challenges for policymakers and practitioners. Policymakers, in particular, need to recognise that no policy, within or outside education, can be mental health-neutral. As for schools, many are already confronting these challenges head on; excellent, innovative practice exists in every sector, but, we believe, is spreading far too gradually throughout the system. We hope that the paper will provide a useful mechanism for all schools to reflect and build on current practice.

Although the paper deliberately focuses on what schools can do and are doing, we recognise that the agenda pursued in this paper requires broader social and economic shifts over which schools have minimal influence, let alone control. However, the promotion of mental health is one area where schools could begin to create as well as respond to societal change.

Opportunities for such transformation exist now. The genuine progress made, especially in primary schools, during this government's first term should provide a springboard for deeper thought and action about children's achievements, in the broadest possible sense.

For unless the active promotion of mental health is embedded into the standards agenda, the quest for 'continuous improvement' is unlikely to move beyond the simplistic goal to meet and exceed nationally-driven performance targets.

IPPR welcomes comments about this paper. For further information about our education research, visit our website at www.ippr.org.

Joe Hallgarten and Amanda Batten

Summary

This paper considers the ways in which schools can nurture the mental health and resilience of all children, not just those whose behaviour might suggest an underlying unhappiness. While it is true that children spend only 15 per cent of their waking hours in school, their experiences there can have a critical impact on their developing sense of self.

The current government acknowledges the importance of mental health in terms of people's happiness, well-being, the productivity of the population as a whole, and that of future generations through family experiences. However, this paper argues that it has only recently begun to consider children's mental health as a serious policy issue. It has yet to address the need for a systematic review of public policy to promote emotional health and resilience among children.

Hitherto the spotlight has been on adult mental health. In relation to children the focus has been on vulnerable groups and on the problems that often arise when children fail to thrive; for example, poor behaviour, drug abuse, teenage pregnancy and under-achievement. More recently, social and education policies and initiatives have begun to acknowledge the importance of children's emotional well-being, confidence and self-esteem. There seems to be a growing understanding of the social and psychological dynamics of mental health. What is now required is agreement on what mental health is and how it is fostered in children, with a view to devising a coherent set of principles and aims that consistently inform action across the breadth of child-related public policy, from birth through adolescence. In education, in particular, there is the opportunity to ensure schools provide an environment that nurtures the mental health of all children; not only the well-being of an apparently increasing number of anxious and insecure individuals who seem unable to trust either themselves or others. Schools can either reduce children's distress or add to it: we must ensure that as many as possible offer children a safe, secure and caring context that offers children a secure and caring framework to develop the whole child.

Drawing on the results of research into resilience and attachment and our knowledge of the range of experiences that can trouble children, this paper will suggest, inevitably tentatively, that the key goals that should shape any mental health policy in schools should be **security**, **significance** and **connection**. These will combat the destabilising influence of insecurity, insignificance and isolation, so often experienced by children who are failing to thrive and which undermine so profoundly their sense of identity and self-esteem. It will go on to indicate how these aims might translate into policies for schools. It focuses on secure attachments, providing continuity, and fostering trust, perceived self-efficacy and a sense of agency, and making these operational through the **context** (school ethos and environment), **process** (classroom practice and pedagogy) and **content** (curriculum) of learning.

Clarification of Terms Used

Mental health:
The emotional and spiritual resilience that enables us to enjoy life and to survive pain, suffering and disappointment. It is a positive sense of well-being and an underlying belief in our own worth and the worth of others (Holland, 2000). Mental health is embedded in social relations, built upon social skills that are developed from birth onwards.

Self-esteem:
Liking yourself and being content with the person you are; believing in your intrinsic value as a unique individual.

Self-efficacy:
Feeling capable, competent and effective, based on knowledge of skills and experience of success.

Internal locus of control:
An individual's sense of control in relation to his own destiny.

Emotional literacy:
Understanding enough about our own emotions to be able to appreciate and understand other people's states of mind and feelings and what they are communicating. To experience a sense of connection to the wider community through that interaction.

Emotional intelligence:
The capacity to process emotional information accurately and effectively, including the capacity to perceive, assimilate, understand and manage emotion.

Resilience:
The capacity to manage, process and come through setbacks and to continue to develop despite them.

Significance:
The feeling of being important or special to someone, derived from being noticed and consulted, especially as a source of authority about oneself.

Connection:
The sense of having something in common with, of belonging, being part of or linked to, someone, some group or some place.

Attachment:
A personal and intimate bond, transferable to others, that sustains a unique, enduring, and reliable relationship. A strong attachment is the capacity to relate to others in trusting ways.

1   Introduction

This paper has been written as result of a widespread and growing concern about the mental health and emotional well-being of school-aged children who, it is now realised, can experience stress, anxiety and depression just like adults. The more obvious indication that all is not well with many youngsters is the recent rise in the rates of such indicators as young male suicide, teenage pregnancies, eating disorders, school refusal and in-patient admissions for serious psychiatric illness. These have been well documented. In addition, a recent survey published by the Office of National Statistics (2000) showed that one in ten children aged between 5 and 15 experience clinically defined mental health problems that would 'stop children and adolescents doing the normal things, being able to make friends, go to school, function productively … persistent problems lasting for a year or more which really handicap the ability to be happy' (House of Commons, 1997: 8). However, it is also becoming more widely accepted that emotional problems, together with an inappropriate curriculum, contribute to the growth of lower level disruptive behaviour that will not have featured in the ONS statistics. Furthermore over-compliant, withdrawn behaviour often conceals a poor self-image and inner distress despite these children often appearing self-contained and in control. Overall, it is estimated that, at any one time, at least 20 per cent of children and adolescents experience some degree of psychological problem (Health Advisory Service, 1995).

Another shift in recent public and political perception is that children's mental health is not just a health issue; it is an important educational one as well. It is increasingly acknowledged that a child's state of mind and self-perception have a significant impact on the willingness and ability to concentrate and to learn (Sylva, 1994). Confidence and self-belief, key elements of mental health, encourage curiosity, motivation, creativity, application and the ability to manage change, mistakes and risk, all of which aid successful learning. A child's view of himself - his sense of competence and whether he is likeable - will affect his inclination to both strive academically and participate fully in the wider school community, which is also important. Friendships and involvement in extra-curricular activities and decision-making help children to develop their social and emotional selves in tandem with their intellectual selves. These in turn aid learning as learning is itself an emotional and social process. (Greenhalgh, 1994, Hartley-Brewer, 1998).

Of course, children who fail academically often view themselves as deficient or inadequate and are consequently more liable to respond in defensive, self-denigrating or self-destructive ways, so it is appropriate to seek to raise standards of achievement. Nevertheless, despite a significant measure of success in meeting this aim, too many children

are either unable or unwilling to benefit from the academic push (150,000 pupils are leaving school each year without a GSCE above grade D (JRF 2000)). Others seem to remain ill at ease with themselves despite high achievement. It is vital that schools provide an environment in which children feel valued beyond delivering 'success' to either parents, the school or the government. As Professor Andrew Pollard, Professor of Education in Bristol University's Graduate School of Education, said at an IPPR seminar, 'The Self has been driven out. Students are now people who must perform. The emotional is being ignored at the expense of the cognitive.' In other words, to find solutions to the growing 'mental health deficit' we need to look beyond the agendas of academic success and compliant behaviour.

The policies proposed cover primary and secondary education. It is now widely known and accepted that the earlier children establish a sound and positive sense of self and a disposition to learn, the more resilient they will be. However the secondary years are also crucial. Recent policy initiatives intended to encourage children's health and well-being, such as *Sure Start* and the newly defined *Foundation Stage* of education, have concentrated on the first years of a child's life. Yet children's mental health and emotional development remain significant issues throughout their primary and well into their secondary years. Questions of identity and competence continue because school is a place where children, at every age, experience, define and redefine themselves. More specifically, at secondary level problems are seen to intensify if left unaddressed. Children's responses can become more obviously self-destructive the older they become so their problems appear more 'serious' and certainly demand more sophisticated interventions. Adolescence is a time when young people are more vulnerable as they try to redraw the boundaries and re-construct their sense of self, often following a process of deconstruction when they appear, sometimes, to 'fall apart'. It is also the case that destabilising events, which can distress apparently stable children, can occur at any time. If these events coincide with transfer to secondary school, adolescence or key public tests and examinations, the setback can become permanent.

II   Children's Mental Health

1. What is 'mental health'?

There is no 'official' or consistently used definition of mental health. A recent Community Practitioners and Health Visitors' Association publication describes it as:

' the emotional and spiritual resilience that enables us to enjoy life and to survive pain, suffering and disappointment. It is a positive sense of well-being and an underlying belief in our own worth and the worth of others …

'… Mental health promotion can enable people to manage life events, both predictable and unpredictable, through the enhancement of self-esteem and self-worth … promoting factors that assist this, or decreasing factors which damage mental health.' (Holland, 2000: 7)

This publication also writes that mental health promotion 'acknowledges that how we think, feel and communicate affects in turn our experience, interactions and responses.'

These accounts are useful as they state clearly that mental health is related to resilience, self-esteem and to thoughts and feelings, or 'emotional literacy'. The description of mental health itself does not give obvious leads to policies for schools, but the related concepts, when explored, offer better guidance. This exploration will take place in section 3 below.

2. Is there a growing 'mental health deficit'?

In one authoritative survey of young people across Europe (Rutter, Smith, 1995), it was concluded, 'There is a clear consensus among those working in the field that there have been substantial increases in psychosocial disorders of youth since the Second World War in nearly all developed countries' (MHF, 1999: 7). In another survey, by the Mental Health Foundation, the view was 'that whilst there is some degree of disagreement concerning the overall prevalence of rates for child and adolescent problems within the UK, there is a consensus that the rates of recorded problems are rising.' (MHF, 1999: 7)

It is certainly the case that many people believe a range of problems to be intensifying.

- This year's Annual Report from Her Majesty's Chief Inspector of Schools noted an increase in poor behaviour observed in secondary school lessons (Ofsted, 2001: 19).

- Many of those working in the field of eating disorders believe the problem to be growing, upwards in term of numbers affected and downwards in terms of the age of sufferers (Hartley-Brewer, 2000).
- Some practitioners believe that anxious school refusal is becoming more widespread (Hartley-Brewer, 2001).
- There has been an increase in the number of refugee and asylum seeker children attending schools, many of whom will have experienced trauma.
- There are now well over 1,000 primary aged children being treated for psychoses, severe depression and eating disorders.

Social factors that could be considered to present a greater challenge to children and explain any growth in the rate and depth of mental distress include:

- Increasing incidence in the rate of divorce / separation / re-partnering / family reformation / step families.
- A two decade growth in the number of children living in poverty;
- Changing patterns of work for men and women, and the long hours culture.
- More work-related stress, likely to lead to more criticism, negativity, aggression and violence in families.
- Greater geographical mobility, within the UK and worldwide, involving many school and home moves.
- A greater emphasis on testing and exam success at both home and school (ChildLine,1996).
- Commercialisation of childhood and consumerism, creating a growing cultural divide between children and schooling.

3. How is mental health fostered?

The list above illustrates the kinds of situations that can destabilise children and indicates the changes occurring beyond the school walls that schools need to acknowledge. Children need to make sense of their world and the events that affect them. They are particularly vulnerable when exposed to unpredictable changes in the key relationships, routines and home surroundings which constitute their life and through which they experience themselves. Research tells us that mental health is about having the capacity to manage both the normal risks involved in living and more serious setbacks if and when they occur. This capacity is known as resilience.

Resilience is the capacity to survive and continue to grow and develop despite setbacks. Rutter (1987) concluded that resiliency arises out of a belief in one's own self-efficacy, the ability to deal with change, and a repertoire of social problem-solving skills. Later

researchers added such qualities as good social and communication skills, positive self-esteem, a secure attachment, a positive outlook, a reflective capacity, easy temperament as a baby, good task management skills and religious faith. These features and characteristics are known as 'protective factors'. Situations that increase the likelihood of children failing to cope are known as 'risk factors'. Here we have, as in common descriptions of mental health, a combination of *personal characteristics*, *nurturing experiences* and *skills* that seem to make a difference to children's ability to retain their self-belief, adapt and progress despite difficulties. (Mental Health Foundation, 1999, Zimmerman and Arunkumar, 1994, Hartley-Brewer, 1999)

Resilience research indicates that an early, **secure attachment** is one of the more powerful protective factors, which explains the current renewed interest in attachment. Svanberg, for example, has observed that children who develop an insecure, disorganised and disorientated type of attachment are most vulnerable to mental health problems in later life (1998). He argues that 'the central aspect of a child's social competence and confidence is a secure attachment providing the growing child with the resilience, trust and ability to regulate emotion and develop mentalising and self-reflecting capacities which may be crucial when encountering adverse life events and hazards' (Svanburg, 1998: 544). It is also the case that a significant relationship that can be trusted, and within which validation and intimate and personal conversation takes place, will foster the development of language and nurture a strong sense of self-worth.

Self-esteem is, then, an important variable that affects children and young people's behaviour and their attitude to life and to others. The opposite is self-doubt, self-hatred and self-abnegation. It is a complex notion that embraces other terms, such as **self-belief**, **self-worth**, **self-confidence** and **self-efficacy**. Self-worth and self-belief flourish when children feel competent and effective; when adults make them feel significant, likeable, respected and valued not just for who they are but also as a source of authority about themselves; and when others give them hope in their future. People with positive self-esteem have a clear sense of their identity. They also feel good enough about themselves to be able to appraise their strengths and weaknesses realistically without needing to engage in distortion or pretence, and have an underlying belief that they can meet challenges and influence what happens to them. In other words, they have a well-founded **sense of agency**, **internal locus of control**, or **perceived self-efficacy** (Bandura, 1977). People who are depressed, who become borderline psychotic or who struggle to fit in and achieve, by contrast feel helpless, hopeless and powerless, at the mercy of events and others and unable to integrate their experiences or make sense of their lives.

Sound self-esteem cannot exist without self-knowledge, and **emotional literacy** is one strand of self-knowledge. The ability to recognise, reflect on and manage one's own emotional responses not only improves awareness of and sensitivity to others; it can also sharpen our analytical and thinking powers. Emotional literacy contributes to mental health as it enables children to be open about their feelings and vulnerabilities and remain safe, instead of engaging in pretence: offering defences or evasions. **Emotional intelligence** has been defined as: 'the capacity to process emotional information accurately and effectively, including the capacity to perceive, assimilate, understand and manage emotion.' (Mayer, Salovey and Caruso, 2000 : 398).

4. Key processes and principles

Children who become troubled, who have difficulty committing to school, to relationships or, sometimes, to any form of sustained activity, have often experienced many changes, felt neglected or felt let down by their key relationships. These experiences will undermine both their sense of self-worth and their sense of belonging. They may also have been bullied, considered themselves picked on by teachers or been unable to work to expectation for a range of reasons. Research conducted by Leon Feinstein at LSE's Centre for Economic Performance, assesses data on children aged 10 collected through the 1970 British Cohort Study. It concludes that 'The early psychological development of children has as much bearing as their academic ability on their later productivity' (Feinstein, 2000b: 14), and showed that self-esteem, locus of control and friendships are particularly important. In addition, it was found that the nature of the relationships between parent and child had a substantial impact on school performance at age 10: 'The effect of parental hostility on self-esteem and anti-social behaviour is overwhelming" (Feinstein, 2000b: 17).

A policy designed to promote children's mental health in schools should aim to provide **security, significance and connection**. It should enable every child to develop **a clear and positive sense of self**, an **internal locus of control** or **sense of agency** gained through one-to-one trustworthy, reliable relationships, and through the experience of autonomy, self-efficacy, responsibility and success.

Looking at these three aims in more detail:

Security is fostered through consistency, continuity, predictable rules, routines and arrangements; through reliable relationships; feeling physically and emotionally safe; and being able to trust the future through accepting and understanding the past.

Significance is perceived when children feel special to someone; when they are cared for, understood, listened to, remembered, trusted, valued,

and kept informed; when they are given time and attention, viewed as successful and given opportunities to discover and express themselves through relaxation, creative activity, choices and involvement in decisions that affect them.

Connection is experienced through being and feeling accepted; having a sense of identity and belonging; having a number of sustained friendships and other relationships; receiving similar advice from different people; and having similar views and values to others. Children will be open to commitments and connection when they are able to trust others and themselves, which implies self-knowledge.

III A Brief Review and Evaluation of Government Initiatives Relevant to Children's Mental Health

The present government has introduced a number of initiatives designed to promote children's mental health, either directly or indirectly. These span the fields of social, education, health and economic policy. It is not possible in a paper of this length to present either an exhaustive list or a full critique of every one. Nevertheless, it is important to try to assess whether the main instruments are either sufficiently comprehensive or appropriately targeted to address children's mental health needs effectively.

Below is a brief overview of the main programmes in each policy area, with some being evaluated against the key principles identified in the previous section. In any thorough review, the principles generate a checklist of factors against which current policies could be measured.

Education

The present government's education policies acknowledge that poor behaviour, low achievement and youth unemployment are significant barriers to adult participation, inclusion and 'success', and are highly correlated with later mental health problems. They have focused so far on raising standards, improving behaviour, involving parents, and increasing attendance. Practices promoted through *Education Action Zones*, *Excellence in Cities* (1998) and *Connexions* (2000) are intended to be examples of risk-focused prevention: inclusive multi-agency initiatives located in areas of social disadvantage.

The national push to improve children's behaviour has been given renewed attention through the introduction of compulsory LEA *Behaviour Support Plans*. These combine targets for reducing *truancy and exclusions*, a review of the Code of Practice for special educational needs, the introduction of *Learning Support Units*, and now the piloting of *Parenting Orders* and compulsory parenting classes. Last year saw the establishment of a new *Advisory Group on child mental health and emotional and behavioural difficulties,* perhaps acknowledging that behaviour might have associations with mental health. Moves to increase *parental involvement*, also begun under the previous government (and now assessed by Ofsted), have been taken forward in home-school agreements, the parents' section of the DfES website and associated literature and the revised Code of Practice relating to special needs.

The crucial Early Years have received significant attention. Responsibility for both childcare and education, previously split, now lies with the DfES. Further **Early Excellence Centres** have been designated following a successful pilot, with 35 now functioning out of a planned 100 for March 2004. An innovative **Foundation Stage** curriculum is now in place for children from age 3 years to the end of the primary Reception year, guided by twelve *Principles for early years education* that define a quality learning environment. Each local authority is continuing with the **Early Years Development and Child Care Partnership** and its **Plan,** introduced by the previous government. **Sure Start**, the intervention focused on the families of 0-3 year olds is an integral part of attempts to improve all children's readiness for school.

Welcome initiatives that impinge on children's mental health and emotional development more directly include the new guidelines for **PSHE curriculum**, introduced alongside citizenship; the publication of a new anti-bullying pack for schools (DfEE, 2001) and, in partnership with DoH, the **National Healthy Schools Standard**. The government is also funding two reviews of effective school-based intervention projects for children who cause concern, for primary and secondary schools.

Brief Assessment of Key Features:

Foundation Stage curriculum: The welcome principles that underpin the Foundation Stage curriculum (e.g. play, inclusion, involvement, working from where the child is, emphasising feeling welcomed, valued and secure) would contribute to the development of mental stability and personal success of children at any age. Indeed, many features of this curriculum could and should be applied within each Key Stage.
Caveat: In the current expansion of early years provision and childcare, high rates of staff turnover may undermine attachment experiences, and poorly trained staff may not encourage a positive self-image or sense of agency in children, thus undermining the potential benefits of quality early years experiences.

National Curriculum frameworks for PSHE and Citizenship: Intended to increase the status of PSHE, encourage coherent curriculum planning and help pupils to shape their sense of self and self-understanding.
Caveat: Should not be seen as a bolt-on. For maximum benefit, the school culture and environment should be in tune with the taught PSHE curriculum and teachers of PSHE be appropriately trained.

National Healthy Schools Standard: Covers important areas such as teacher health and well-being, listening to and involving pupils (significance), attending to pupils' different learning styles, understanding feelings and building confidence, anti-bullying strategies, healthy eating and drugs and sex and relationships

education. The majority of schools are expected to be in partnerships by March 2002.

Caveat: Guidance omits key mental health issues such as the management of transitions and raising professional sensitivity to emotional issues that influence learning and behaviour (context), eating disorders (content), and a wider respect for pupils by keeping them properly informed (process). Some partnerships (e.g. Brent) have evaluated schools' attention to the self-esteem of pupils solely by the existence or absence of a behaviour policy. This is oversimplistic and inadequate.

Literacy and numeracy strategies: Strategies should increase children's self-esteem and resilience as they are successfully raising performance (school achievement is a protective factor). Regular shape of a daily hour can create consistency and predictability for vulnerable children (security).
Caveat: The time allocated, the rigid style of these sessions and the pressure on both children and teacher time could lead to some unintended problems (narrowed curriculum, less flexibility to meet individual need, challenged sense of 'professionalism' and higher teacher stress, less time to listen to children or respond to possible distress). Longer-term and wider outcomes, beyond measuring academic results, should be monitored.

Health

There is now in place a statutory duty of partnership between NHS bodies and Local Authorities to promote the well-being of their local populations. Joint plans are required to include the Education Services.

Mental health first became a key target in 1992, in the *Health of the Nation* initiative, and practical approaches to promoting it were developed in *Together We Stand* (Health Advisory Service, 1995). The concern with adult mental health was restated in *Our Healthier Nation* (1998) and demonstrated through the **National Service Framework on Mental Health** and a new post of **National Director for Mental Health**. The concept of risk-focused prevention has influenced the creation and siting of **Health Action Zones** and **Healthy Living Centres**. **Primary Mental Health Teams** are are not a statutory requirement, but are now attached to some Children and Adolescent Mental Health Service (CAMHS) as a second line response and to liaise with and advise, *inter alia*, schools.

Brief Assessment of Key Features:

CAMHS: Serious in-patient service gaps must be plugged (for instance the 16-18 year old age-group). They need to be able to respond to possible higher referrals following schools' heightened understanding and awareness.

Social and economic policy

A raft of measures designed to lift children and their families out of poverty and limit wider disadvantage have been introduced. Most of these focus on encouraging present and future parents into work and raising the disposable incomes of those on low wages through various tax credits and allowances. These measures are key to this government's commitment to **eradicate child poverty** by the year 2020.

But it is understood that lack of money is not the sole problem. Targeted, multi-agency, preventative initiatives such as the following, recognise that the quality of the relationship between parent and child is critical and that families benefit from a range of assistance.

- **On Track** the Home Office project for children aged 4 to12 years at risk of offending.
- **Sure Start** for 0 to 3 year olds, whose 194 projects promote the physical, intellectual and social development of pre-school children to ensure they are ready for school.
- **The Children's Fund** a 3-year preventative programme for 5 to 13 year olds, to channel resources to children and their families in areas of high child poverty through local partnerships.
- **Connexions** for young people aged 13 to 19, takes support and intervention, largely through a team of trained 'personal advisers', directly to all young people but especially to those at greatest risk of making an unsatisfactory transition to adulthood.

All these policies are being developed in close co-operation with schools and representatives from local education services as part of the push to promote multi-agency approaches and achieve effective outcomes.

The wider commitment to develop Family Policy was set out in the White Paper, *Supporting Families* (1998). It proposed a **National Family and Parenting Institute**, set up the following year, which reports to the Home Office-based Family Policy Unit.

Brief Assessment of Key Features:

The eradication of child poverty: This is an important policy objective. The 1999/2000 income distribution figures showed a small reduction in the 4 million children living in households with less than half national average net income over the previous year. 'Certainly many of the problems of poverty and social exclusion continue unabated. Equally clearly, the government has introduced important initiatives … whose effectiveness cannot yet be assessed.' (New Policy Institute, Findings D20, JRF, 2000).
Caveat: It is possible that the long hours culture and the drive to get particularly lone parents into work may undermine the quality of young children's attachments (significance) and experience of security.

Sure Start: Official evaluation is currently under way. However by reputation the scheme has been highly successful at its 'multi-agency' objective. Mental health is not a prescribed feature of local partnerships, but core activities of the programme include outreach and home visiting. All programmes will include culturally appropriate protocols for identifying and treating post-natal depression. The Sunderland project contains an infant mental health programme directed by an attachment specialist.

Connexions: This mentor-based model for the intervention has potential to address any attachment deficit (significance), *provided* these relationships can be trusted and sustained, and the young person feels their allocated adviser is there for them and understands their often complex problems.

Conclusion

The government clearly has a raft of policies in place that acknowledge the importance of children's mental health and emotional well-being, and some of the principles that underpin emotional stability and well-being are informing 'joined up' policy-making. However the concern does not yet appear to be sufficiently central or co-ordinated to guarantee a positive outcome for either prevention or promotion. There is little evidence of a systematic push to promote children's mental health across all policy areas, a focus that would necessarily entail detailed 'impact assessments' of a range of related policies to ensure a harmony of outcomes. Until this kind of exercise is undertaken, there is a danger that the right policies will be implemented in the wrong way. It remains important to continue to point out the weaknesses in government initiatives, both those that are mainly encouraging, and those that, on the surface, have little relevance to the mental health agenda and may even be counterproductive.

Capacity is also a key issue. For the new initiatives to prosper we need to ensure that there are sufficient people with the skills and enthusiasm to work with young people. New policies and practices, regarding learning mentors for example, are being implemented at a time when there are already shortages in many 'children's professions', particularly teaching, foster care and social work. Some specific suggestions for government action appear in the next section.

IV   Creating Resilient Schools: The Policy Implications

The resilient school will be **child-sensitive**, rather than child-centred: sensitive to children's past experiences, their present feelings and moods, their individuality and learning styles, their need to make sense of their world, and to be contained and guided yet noticed, enjoyed, understood and taken seriously. It will offer the same warm, reliable and respectful

relationships as are found in effective families, attend to the mental and emotional well-being of teachers and support the children's parents for everyone's mutual benefit.

Resilient children seem able to achieve a balance between the number of risk factors that they, their family or their community are exposed to and the number of strength or protective factors present in themselves, their family or their community. Schools could be seen as a fourth source of protection. Alternatively schools may focus on the existing three by providing, developing or reinforcing known protective factors and minimising the risk factors in each one. Clearly, schools themselves can provide children with negative experiences which may add to their problems.

Mental health is a complex notion. Any school-based policy to promote children's mental health and well-being will need to contain multiple strands, reflecting both the various ways in which schools impact on children and the 'foundation experiences' upon which mental health and resilience rest. It will take time and careful planning to develop. What follows can be only an initial review of the range of factors and issues that should be addressed by schools, local authority education services and government, with illustrative policies attached in the form of a suggested model resilient school.

A coherent and comprehensive approach to mental health in schools would:

- involve **context** (e.g. ethos and range of relevant pastoral and other services), **process** (e.g. pedagogy, meta-learning, 'individualisation' of learning) and **content** (curriculum)
- apply to **all staff**, and **children**
- involve and include **parents** and **other groups** outside the school community
- pay special attention to effective support for pupils when they change schools
- be **multi-agency**, involving a range of relevant professionals

It would pay constant regard to maximising children's experience of:

- *Security* (physical and 'felt' safety, continuity, predictability, consistency and clear boundaries)
- *Significance* (secure, committed attachment, sense of belonging, sense of agency through participation, consultation and involvement in learning, being 'kept in mind' and listened to)
- *Connection* (close and wider friendships, supportive communities, active involvement)

Through these, children would be encouraged to develop:

- a clear sense of identity (knowing who they are, how they feel)
- positive self-esteem (self-worth, valuing who they are and what they can do)
- perceived self-efficacy (self-belief, experience of competence, autonomy, responsibility and success)
- an internal locus of control
- emotional literacy (self-awareness, empathy and sensitivity to situations and others)

Any programme of action should also ensure that policies relate equally to:

- children's **personality**, dispositions or attributes, (developing in children responsibility for work, constructive attitudes to mistakes and success, and coherent value systems);
- relevant study and social **skills** (addressing play, creativity and reflection; listening, empathy and conflict resolution; task, time, change and stress management; and problem-solving);
- **nurturing experiences** (reliable relationships, access to a wide range of activities and skills, and effective pastoral policies).

Possible Action for Government

- Set up a 'children's mental health audit' across policy to assess the impact of new and existing policies on mental health and ensure consistency of objectives between departments.
- Recommend that all schools have one named person who takes responsibility for mental health issues across a school. The role could include managing work and family stress, and liasing between teachers, the pastoral head and with other local agencies and professional groups.
- Make Primary Mental Health Teams a statutory part of all CAMHS, with school support as a major part of their brief.
- Ensure that mental health issues feature in the evaluation schemes for all current and future initiatives.
- Encourage a nationwide focus on treating success and failure as neutral outcomes that provide useful feedback to learners. Mistakes tell a story, and it is the story that we need to understand.
- Invite the Teacher Training Agency to review the proportion of time allocated to each of the following during Initial Teacher Training: children's mental health, child development (including adolescence), the role of the self in learning, learning dispositions, effective approaches to feedback and assessment, and understanding the impact of children's inner world and family experiences on relationships, learning and behaviour.
- Provide the lead for school-based Continuing Professional Development to address the same.

- Invite the QCA to consider the relevance of features of the Foundation Stage Curriculum to the other Key Stages.
- Require that pupil-focused issues be reviewed and addressed separately in Ofsted reports of schools, as in France (La Vie Scolaire) and Sweden (The Student Barometer) (Alexander 2001).
- Continue to strive to end teacher shortages, which assault pupil security and well-being as well as their learning.
- Explore ways to introduce more non-contact time to the teaching day, to facilitate teacher well-being, reflection and creativity.
- Promote further research into and understanding of: school experiences that contribute most effectively to raising children's sense of self-efficacy and self-worth; why the experience of living in poverty tends to precipitate mental health problems (acknowledging that better-off families are not immune from mental health problems); and possible advantages of encouraging specific longer-term attachments between children and adults in school.
- Encourage schools to bid for specialist status in emotional literacy, and ensure that these schools are central to the sharing of best practice.
- Develop 'mental health promotion' as an additional criterion for schools' 'Investors in People' status to meet, or as a possible criterion for, Beacon Status.

Possible Action for Local Education Authorities

- Co-ordinate or initiate local plans to promote emotional literacy and well-being in schools, as in The Southampton Project which is led by the Psychology Service with support from schools. The project set up a representative structure for Schools Councils to feed back to the LEA's Education Committee.
- Facilitate links between schools and relevant local mental health and other professionals for training and information exchange.
- Offer guidance on effective approaches to the PSHE curriculum.

A Resilient School

A 'resilient school' would (and many do) have an extensive **induction programme** for new pupils that could incorporate the following:

- Links with prospective pupils and their parents well before the due start date, preferably before the previous June. Supported by Sure Start project workers, early years networks, health visitors and education welfare officers, as appropriate.
- Serial start dates for new children to facilitate and enhance individual attention.

- A regular 'surgery' throughout the first term for parents to discuss any settling in problems.
- Contact with parents the previous June to discuss how best to prepare their child for the new school and talk about it over the summer, and common behaviour patterns on starting.

The pupils would:

- be given opportunities to forge a trusting relationship with a reliable adult that is sustained for the years they remain there, in order to provide a secure attachment and create continuity and security
- have regular times for rest and reflection to experience quiet and relaxation
- have a range of skills, interests, knowledge and talents recognised in class and assemblies and developed during the day as part of school learning
- be given a voice on a meaningful School Council
- be adequately prepared for transition from infant to junior school, and from junior to secondary and from year to year. Those who might need extra support because of other recent changes in their lives should be identified and given extra support
- be given plenty of opportunity to play constructively and creatively during the school week beyond Key Stage 1
- have Circles of Friends, 'pair partners' and 'study buddies' to encourage trust, responsibility and friendships
- have somewhere to go, or someone to go to, to discuss any worries about families, friends or school
- take some responsibility for classroom, school and site maintenance and other children as appropriate

The teachers and senior management would:

- be knowledgeable about child psychology and development, and the advantages of nurturing a learning, not a performance, orientation (Sylva, 2000, Ames, 1992)
- appreciate children's vulnerability to family difficulty and change and understand how this impacts on behaviour and learning
- include reference to a child's emotional well-being in any progress reports and parents' evenings
- keep children fully informed of the day's programme, the content of each lesson, and any changes to normal routine as early as possible
- be given non contact time to reflect and think creatively

- share problems and possible solutions regarding particular children with each other (Hanko, 1995)
- maintain an agreed code of behaviour towards pupils and each other, which will include not criticising parents, either directly or by implication, in pupils' hearing
- have CPD opportunities with related children's professionals to improve mutual understanding of key issues and facilitate networking opportunities.

The curriculum would:

- acknowledge that 'Learning [is] that reflective activity which enables the learner to draw upon previous experience to understand and evaluate the present, so as to shape future action and formulate new knowledge' (Abbott, (1994): viii)
- include regular PSHE lessons that maximise pupils' self-knowledge and self-awareness as well as self-esteem and self-respect
- encourage talking, listening, reflection and conflict resolution strategies

School policies would be clear, visible, consistently applied, and developed with pupils and parents wherever possible. They would cover:

- behaviour (classroom, corridor, playground, lunchtime) / bullying (staff and pupils) / anti-violence / discrimination
- a positive approach to working with related health and education professionals with relevant mental health expertise (see above), being ready to seek and apply advice
- support for parents, giving them genuine respect and real power: a parents' room with parents' library, regular positive but realistic reports on children's progress, enabling them to complain, ask questions and express worries safely

Overarching policy issues

1. Induction / Transition

Careful attention needs to be paid to both junior and secondary transfer, creating greater continuity in terms of teaching styles and classroom practice. Work previously covered and projects completed need acknowledgement and children's anxieties and changing relationships need attention. For example, there is scope for far more information to be exchanged about pupils. Currently, the prescribed pro forma documentation for secondary schools concentrates almost exclusively on pupil performance assessments. There is no opportunity to distinguish between different skill strengths within subject areas and very little space in which to comment on the pupil as an individual. As one primary teacher has complained,

'I have the space about the size of a matchbox to write about them now, otherwise they are simply numbers I circle – English 4, science 3. This says nothing about where their individual strengths and weaknesses lie. I'm not surprised they struggle when they arrive. Here, we offer strong, intimate relationships that they can rely on. We do so much to bolster their ego and confidence, then they go into the new school as an unknown quantity. Nobody knows who they are. They haven't even seen the face of their new teacher; and nobody thinks this is an issue.'
(The Independent, 22/6/00)

The School Transitions Environment Project (STEP) in the U.S. sought to reduce the amount of change, complexity and uncertainty for selected vulnerable children changing schools. At the same time it sought to increase the emotional and academic support and guidance from teachers, peers and the students' sense of connectedness and belonging. The project reduced drop out rates by 50% (Felner *et al*, 1993).

Possible Action:

- Each Year 7 teacher could have an information sheet about themselves with a photo, placed on the school's website and sent the previous summer to each incoming pupil.
- End of Key Stage Two national tests could be held earlier, to enable schools to allocate more class time, earlier, to discussing transfer issues with the children.
- Particularly vulnerable children (multiple risk factors, including looked-after children, multiple school changes) could have a special induction experience, as in the STEP programme in US, to facilitate continuity, or a mentor working with them through Years 6 and 7 as already happens in many areas.

2. Raising staff awareness and encouraging the sharing of concerns

This is important at both primary and secondary level. However when children move to secondary school, and have many different teachers, there is a greater chance that changes in behaviour, demeanour and attitude may go either unnoticed or be ignored.

Possible Action:

- Develop clear and responsive systems to encourage staff to report any concerns about individual children.
- Create an expectation that the reason for any change in work or behaviour of any teacher or pupil will be investigated thoroughly.

- Ensure that learning mentors and learning support assistants know how to respond appropriately when family and personal problems emerge as contributory factors to students' learning difficulties.

3.   Increasing pupils' autonomy and sense of agency

Schools that trust pupils are more likely to accept that children are to be viewed as a source of authority about themselves. They will be more inclined to give children a greater say in their own learning, in the formulation of policies and practices that impact on them, and in teacher selection and assessment and to listen to children's concerns. Some also give their pupils a role in part-managing selected parts of the school premises (drama studios, swimming pools, environmental areas in the school grounds). Limited and managed choices enable young people to feel they have some control over their lives. Greater use of mentoring, using older pupils, selected teachers and individuals from outside the school, is likely to increase children's sense of significance and connection.

Possible Action:

- Secondary pupils could have a greater role in evaluating their own work and that of their peers (moderating / setting standards).
- A greater emphasis could be placed on explaining the nature and purpose of tasks, such as homework and problem-solving.
- The creation of a nationwide network of Student Councils, with a national executive, similar to NUS.

4.   Curriculum content

All subjects across the curriculum have the potential to be used to develop children's reflective powers and understanding of themselves, their relationships and their responses to a variety of situations.

Possible Action:

- Consultation with pupils over the content of Personal, Social and Health Education (PSHE) programmes / curriculum.
- Mental Health issues could be incorporated into citizenship and PSHE curricula.
- Drama could be used more extensively throughout the curriculum to explore feelings and relationships, beyond English and PSHE lessons.

5.   Responding quickly and professionally to signs of stress: multi-agency responses

Increasing numbers of schools have school-based counsellors, supplemented in some by peer counselling schemes, to support confused, anxious or distressed pupils. More primary schools are selecting children who cause concern for special interventions: one-to-one work, small group projects (e.g. Nurture Groups) and after school clubs (e.g. Pyramid Clubs). The government is currently funding research into the extent and nature of successful examples. These initiatives are important and welcome, but it is also essential that all schools have good links with well-resourced and well-staffed CAMHS and other child-focused health services. Schools need to have ready access to services when crises arise. Unfortunately, as the YoungMinds report *Whose Crisis*? (Street, 2000), illustrates, this is far from being the case. Adequate services would both speed up referral procedures and improve schools' understanding of, and responses to, problems that arise. Schools would benefit from allocating specific time to receive advice and guidance on a number of significant mental health issues, such as depression, eating disorders, compulsive exercise, self-harm, attempted suicide and school phobia and refusal, as part of a whole school strategy of prevention and health promotion.

Possible Action:

- Schools to identify a lead person to promote mental health and to liase with local support services, including Primary Mental Health Teams.
- Schools to review pastoral policies, systems, plans and possible interventions within the remit of the National Healthy Schools Standard to assess effectiveness.

VI   Conclusion: The Structural Challenge Facing Schools as Institutions

Society is undergoing many changes. At work, school and home, there are more reviews, redirections and restructurings than ever before, and adults and children are increasingly being watched, monitored, measured and evaluated. At the same time as being, collectively, under a perpetual microscope, children seem to be receiving less and less individual time and attention, as their teachers and parents are increasingly preoccupied, busy or struggling, trying to keep abreast of multiple demands.

As a consequence, more children seem to be struggling. Many seem to lack the resilience to manage both the disturbances in their personal lives and the demands made of them for conformity, commitment and achievement

at school. As one teacher has said, 'We are not educating them; we are not even teaching them. We are drilling them.' Even where families are stable and supportive, expectations for excellence, coupled with the pressures to look good, feel good, do-it-all and have-it-all can cause misery for youngsters as they try to accommodate to everyone and stay cool. In our consumerist society, they are exposed to a greater variety of images, and it is not surprising that many have become confused and bemused about who they are and who and what they want to be.

The spotlight is now on schools to acknowledge and respond to the mental health deficit, moving beyond fire-fighting for a few to nurturing inner confidence and resilience in all children. This does not mean that teachers must change profession and become social workers. The developments advocated in this paper have always been understood to underpin good teaching and effective learning. But it does mean both developing an inclusive whole-school focus on the whole child; whilst ensuring teachers are appropriately prepared and informed to help them meet the challenge with confidence, working with relevant local professionals and school-based support staff.

The mental health agenda is not about prescription and external control, which may disappoint some in government who like to oversee the painting of the canvas. It is about trust and creativity and listening. Children must be helped to trust themselves, other children and the adults with whom they work and learn. Teachers should be enabled to rediscover trust in each other and in their professionalism, and to nurture the trust they have in the children whom they have a duty to bring on. And government must trust both our children and the professions in whose care they have placed them. People do not resist change; they resist being changed. The long-term, healthy way forward for education involves learning to trust and trusting to learn.

Bibliography

Abbott J (1994) *Learning Makes Sense : recreating education for a changing future* Letchworth : Education 2000

Alexander T (2001) *Citizenship Schools: a practical guide to education for citizenship and personal development* Campaign for Learning / UNICEF

Ames C (1992) 'Goals, Structures and Student Motivation' *Journal of Educational Psychology* Vol 84 no 3 261-271

Askew S (Ed) (2000) *Feedback for Learning* London: Routledge/Falmer

Bandura A (1977) 'Self-efficacy: Toward a unifying theory of behavioural change' *Psychological Review* Vol 84 191-215

Bird L and Faulkner A (2000) *Suicide and Self-Harm* London: Mental Health Foundation

Carr M (1995) *Dispositions as an Outcome for Early Childhood Curriculum* Paper presented at 5th European Conference on the Quality of Early Childhood Education: Paris

ChildLine (1996) *Stressed Out: what children tell ChildLine about exams and work pressure* London: ChildLine

DfEE (1999) *Preparing Young People for Adult Life* London: The Stationery Office

DfEE (1999) *National Healthy School Standard: getting started* London: The Stationery Office

DfEE (2000) *Bullying: Don't Suffer in Silence* London: The Stationery Office

Feinstein L (2000a) 'The Relative Economic Importance of Academic, Psychological and Behavioural Attributes Developed in Childhood' *CEP Discussion Paper 443* London: LSE

Feinstein L (2000b) 'Getting the Balance Right' *CentrePiece* Vol 5 no 3 London: Centre for Economic Performance

Felner R D, Ginter M and Primavera J (1993) 'Restructuring the Ecology of the School as an Approach to Prevention During School Transitions' *Prevention in Human Services* Vol 10 No 2 pp103-136

Graham P and Hughes C (1995) *So Young, So Sad, So Listen* London: Gaskell

Greenhalgh P (1994) *Emotional Growth and Learning* London: Routledge

Hallgarten J (2000) *Parents Exist, OK!? Issues and visions for parent-school relationships* London: IPPR

Hanko G (1995) *Special Needs in Ordinary Classroom: from staff support to staff development* Third Edition London: David Fulton Publishers

Hartley-Brewer E (1994) *Positive Parenting: raising children with self-esteem* London: Cedar

Hartley-Brewer E (1998) *Motivating Your Child: tools and tactics to help your child be a self-starter* London: Vermilion

Hartley-Brewer E (1999) *Hindered by Unhappiness: a review of primary school interventions to support children who cause concern* Unpublished report commissioned by Coram Family and the National Pyramid Trust for Children.

Hartley-Brewer E (2000) *The Children Who Starve Themselves to Cope with School* 04/05/00 *Why anorexia should be on the timetable* 11/5/00 London: The Independent

Hartley-Brewer E (2001) *Term-time Terror: When I won't go to school Means I Can't Go to School* 24/05/01 London : The Independent

Health Advisory Service (1995) *Together we stand: the commissioning role and management of child and adolescent mental health services* London: HMSO

Holland S (2000) *Promoting Mental Health* London: Community Practitioners & Health Visitors' Association

House of Commons Health Committee (1997) *Child and Adolescent Mental Health Services Vol. II: Minutes of Evidence and Appendices* London: The Stationery Office

Independence Publishers, Cambridge. (01223566130) Source books for students and teachers: *Dealing with Mental Illness* (2000); *Self-harm and Suicide* (2000) ; *Confronting Eating Disorders* (2001)

Joseph Rowntree Foundation (2000) *Monitoring Poverty and Social Exclusion* Findings D20. York : JRF

Katz A, Buchanan A & Bream V (2001) *Bullying in Britain: testimonies from teenagers* London: Young Voice

Kraemer S (1995) 'The Liaison Model. Mental health services for children and adolescents: a guide' *Psychiatric Bulletin* Vol 19 pp. 138-142

Maden M and Ruddock J 'What the Learners Told Us' *Times Educational Supplement 6/8/99*

Mayer J D and Cobb C D (2000) 'Educational Policy on Emotional Intelligence: does it make sense?' *Educational Psychology Review* Vol 12 No 2

Mayer J Salovey P & Caruso D (2001) 'Competing models of emotional intelligence' in Sternberg R (ed) *Handbook of Human Intelligence (2nd Edition)* New York : Cambridge University Press

Mental Health Foundation (1999) *Bright Futures: promoting children and young people's mental health.* London: MHF

Office of National Statistics (2000) *Mental Health of Children and Young Adolescents in Great Britain* London: The Stationery Office

Ofsted (2001) *The Annual Report of her Majesty's Inspector of Schools 1999-2000* London: The Stationery Office

Philbrick D & Tansey K (2000) *School Refusal: children who are anxious and reluctant to attend school* Tamworth: NASEN

QCA (2000a) *Personal Social and Health Education and Citizenship at Key Stages 1 and 2: initial guidance for schools.* London: The Stationery Office

QCA (2000b) *Personal Social and Health Education at Key Stages 3 and 4: initial guidance for schools.* London: The Stationery Office

QCA (2000c) *Curriculum Guidance for the Foundation Stage* London: The Stationery Office

Rahman R *et al.* (2000) *Monitoring Poverty and Social Exclusion: annual guide to trends* New Policy Institute. York: JRF

Rutter M (ed) (1987) *Developmental Psychiatry* American Psychiatric Press

Street C (2000*) Whose Crisis? Meeting the needs of children and young people with serous mental health problems* London: YoungMinds

Svanberg P O (1998) Attachment Resilience and Prevention *Journal of Mental Health* Vol 7 no 6 pp 543-578

Sylva K (1994) School Influences on Children's Development *Journal of Child Psychology and Psychiatry* Vol 1 pp 135-170

Sylva K (2000) *Early Childhood Education to Ensure a 'Fair Start' for All in Combating Educational Advantage* Ed Cox T Falmer Press

Sylva K and Evans E (2000) 'Preventing Failure at School' *Children and Society* Special Issue

Varnava G (1998) *Towards a Non-violent Society: checkpoints for schools.* London: Forum on Children and Violence

Watkins C Carnell, E Lodge, C Wagner P & C Whalley (2000) *Learning about Learning: resource for supporting effective learning* London: Routledge NAPCE

Young Minds (1996*) Mental Health in Your School: a guide for teachers and others working in schools* London: Jessica Kingsley Publishers

Zimmerman M and Arunkumar R (1994) 'Resiliency Research: implications for schools and policy' *Social Policy Research* VII No 4 Ch 18 Society for Research in Child Development University of Michigan

About the Author

Elizabeth Hartley-Brewer began her career as a social policy specialist, working largely in Westminster and Whitehall, including the Number 10 Policy Unit. She now combines work as an author and freelance writer with consultancy and training in the education and parenting fields, working with parents, teachers and other professionals. She has a special interest in self-esteem, how children learn and their emotional well-being. Elizabeth is author of *Positive Parenting: raising children with self-esteem* (1994), *Motivating Your Child* (1998), *Self-esteem for Boys: 100 tips* (2000) *Self-esteem for Girls: 100 tips* (2000) and two parenting skills programmes: *Co-operative Kids* and *School Matters … and so do parents!* She also writes regularly for the Independent. She can be contacted at eliz@h-b.dircon.co.uk.

About IPPR

The Institute for Public Policy Research is an independent charity whose purpose is to contribute to public understanding of social, economic and political questions through research, discussion and publication. It was established in 1988 by leading figures in the academic, business and trade-union communities to provide an alternative to the free market think tanks.

IPPR's research agenda reflects the challenges facing Britain and Europe. Current Programmes cover the areas of economic and industrial policy, Europe, governmental reform, human rights, defence, social policy, the environment and media issues. IPPR has a strong track record of innovation in education and training policy. Recent publications include :

Hallgarten J et al (eds) (2001) *ICTeachers*
Hallgarten J et al (eds) (2001) *A Digitally Driven Curriculum*
Hallgarten J (2000) *Parents Exist OK ! Issues and Visions for Parent-School Relationships*
Pearce N & Hallgarten J (eds) (2000)*Tomorrow's Citizens : Critical Debates in Citizenship and Education*
Millns T & Piatt W (eds) *Paying for Learning*
Mager C, Robinson P et al (2000,IPPR/FEDA) *The New Learning Market*

For information on IPPR's current education projects, including work on the future of the teaching profession, visit our website at www.ippr.org.