RSA

Action and Research Centre

A whole-school approach to mental health

by

*Alison Critchley,
Julian Astle,
Roisin Ellison
and Tom Harrison*

October 2018

Contents

About the Authors

Alison Critchley was chief executive of RSA Academies from October 2013 to July 2018. Alison was responsible for overseeing the RSA's family of seven schools, aiming to get the best possible outcomes for pupils and staff in the schools by supporting purposeful partnerships between the schools and with the RSA.

Julian Astle is director of education at the RSA. He was formerly deputy director of the prime minister's policy unit in No 10 Downing Street, and a senior policy adviser to then deputy prime minister Nick Clegg. Prior to that, he was director of CentreForum, a think tank.

Roisin Ellison is senior programme coordinator for RSA Academies. Roisin leads on the 'Preparing for the World Beyond School' commitment, connecting pupils and staff from across the family of academies to people, places and issues beyond the school gates.

Tom Harrison is an assistant researcher in the Public Services and Communities team. Formerly the RSA's first Emma Lindley intern for mental health and wellbeing, his research focuses on topics such as mental health, health and social care devolution and the future of health in the digital age.

About the RSA and RSA Academies

Since 1754 the RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce), has sought to unleash the human potential for enterprise and creativity. We have a strong history of finding new solutions to social challenges by acting on the very best ideas and rigorous research, drawing on the expertise of our networks and partners. Our aim is to build a '21st century enlightenment; enriching society through ideas and action'.

RSA Academies was established by the RSA in 2011 to develop a distinctive vision of what it means to provide an exceptional education to children of all ages. The seven RSA academies in the West Midlands aim to provide an inspirational education for all pupils that enables them to develop the skills needed for career success and personal fulfilment.

Acknowledgements

The **RSA** in partnership with

RSA Academies | Pears Foundation | EBPU Evidence Based Practice Unit — A partnership of UCL, Anna Freud National Centre for Children and Families

Executive summary

The evidence suggests the problem of child and adolescent mental ill health in England is large and growing, as is the need for schools to respond to that problem as specialist support services become harder to access.

The last comprehensive national studies, conducted more than a decade ago, showed that one in 10 children between the age of 5 and 16 suffer from a diagnosed mental health problem (8 percent of 5- to 10-year-olds, and 12 percent of 11- to 16-year-olds). And surveys of young people, parents and teachers over the intervening period suggest this prevalence rate is likely to have risen since. These survey findings are corroborated by statistics showing that demand for counselling services, hospital admissions for self-harm, and referrals to specialist Child and Adolescent Mental Health Services (CAMHS) have all increased significantly in recent years.

At the same time, thresholds for mental health services have been rising, with the result that some young people in need do not receive any specialist support, while those who do are often forced to wait many months before getting treatment without being directed to alternative forms of support in the meantime. For many children in distress, the staff in their school are the only adults they can turn to.

That is the message the RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce) has been receiving from the staff in the seven RSA academies in the West Midlands in recent years. In line with the national trend, the RSA schools reported increases in both the incidence and severity of the mental health problems their pupils were facing, and attributed those increases to many of the same underlying causes identified in national surveys and studies: a tough economic climate and escalating social problems in the local community; the unavailability of specialised support services; the impact of technology (social media in particular) and the growth of cyber-bullying; and a more pressured school environment as a result of curriculum reform and high-stakes tests. These themes came through strongly in almost all the 21 focus groups held with staff and pupils as part of this project.

To help the schools respond, the RSA designed a programme of training sessions for every adult working in six RSA schools (plus a seventh, non-RSA, junior school) over the course of the 2017/18 academic year. The intention was to ensure all staff were able to support pupils suffering from low and moderate mental health problems before those problems escalate. This whole-school approach contrasts with many initiatives in this area (including the government's Mental Health First Aid programme) which seek to train a lead practitioner within each school. It is hoped that by adopting this different approach, this project will add to the evidence base about how best to help schools promote good mental health among their pupils.

With regards to impact, we did not think it plausible that staff training would lead to measurable improvements in the mental health and wellbeing of pupils during the time span of the one-year project. We did, however, hope to see evidence of positive changes in the knowledge, attitudes and behaviours of staff, and in the school environment.

The independent evaluation team from the Anna Freud National Centre for Children and Families measured the impact of the set of trainings (and other associated project activities) on four different groups of staff (leaders, teachers/teaching assistants, pastoral and support/other) in two different types of school (primary/middle and secondary) across four domains:

- mental health awareness and literacy.
- confidence in talking about and responding to mental health problems.
- supportive behaviours (eg talking/listening to pupils, providing practical support, signposting/referring on etc).
- the school environment.

Statistically significant positive effects were detected for all four groups of staff, in all four domains, in all schools.
All participating staff reported significantly greater awareness and literacy around their pupils' mental health, greater confidence in talking about and responding to mental health problems, and an increase in their own supportive behaviours (such as talking to a pupil, providing practical advice or signposting) at follow-up compared to their pre-training baseline. They also reported a more supportive school environment at the whole-school level around pupils' mental health. The domain that showed the greatest proportionate increase was 'staff supportive behaviours', with an increase of 53 percent compared to around 13 percent for the other three domains.

Whether these gains prove lasting or temporary and, crucially, whether they lead to improvements in the mental health and wellbeing of children and young people is now down to the schools, and to organisations like the RSA that work with them to improve the lives and prospects of their pupils. And whether initiatives like this are scaled, and their benefits widely spread, will also be down to other actors in the system, central government above all.

Section 1: Project rationale

1.1 The national picture

There are good reasons for believing the problem of child and adolescent mental ill-health is large and growing, as is the need for schools to respond to that problem as specialist support services become harder to access.

Mental health is defined by the World Health Organisation as "A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community".[1] In *Understanding the Lifetime Impacts*, the Mental Health Foundation and the Office for Health Economics demonstrated that good mental health is critical for children being able to initiate, develop and sustain mutually satisfying relationships, develop intellectually, develop a sense of right and wrong, and resolve problems and overcome setbacks and learn from them.[2]

Yet estimates suggest that one in four people experience mental health problems each year, with those whose struggles are most severe and persistent living shorter lives and struggling to hold down a job and secure a decent income.[3,4] Half of all Employment and Support Allowance (ESA) claimants are unable to work as a result of a mental health condition.[5]

What is more, over half of all mental health problems start by the age of 14 and three quarters by the age of 24, and with immediate consequences.[6] Children and young people with mental health problems have lower rates of school attendance, are more likely to have behavioural

1. World Health Organisation (2014) *Mental health: a state of well-being* [online]. Available at: www.who.int/features/factfiles/mental_health/en/ [Accessed 08 September 2018].

2. St. John, T., Leon, L. and McCulloch, A. (2004) *Childhood and Adolescent Mental Health: Understanding the Lifetime Impacts*. London: The Mental Health Foundation. Available at: www.ohe.org/publications/childhood-and-adolescent-mental-health-understanding-lifetime-impacts [Accessed 26 September 2018].

3. Chesney, E., Goodwin, G.M. and Fazel, S. (2014) Risks of all-cause and suicide mortality in mental disorders: A meta-review. *World Psychiatry*. 13(2), 153-160. Available at: www.ncbi.nlm.nih.gov/pubmed/24890068

4. Centre for Mental Health (2010) *The economic and social costs of mental health problems in 2009/10* [online]. London: Centre for Mental Health. Available at: www.centreformentalhealth.org.uk/economic-and-social-costs-2009 [Accessed 11 September 2018].

5. Viola, S. and Moncrieff, J. (2016) Claims for sickness and disability benefits owing to mental disorders in the UK: trends from 1995 to 2014. *BJPsych Open*. 2(1), 18–24. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC4995588

6. NHS England and Department of Health (2015) *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing* [online]. London: Department of Health. Available at: www,assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

problems and are at significantly greater risk of being excluded, with pre-
dictable consequences for their (and all-too-often their peers') attainment.

The tragedy of this growing mental health crisis is underlined by the
fact that there is good evidence to suggest that early access to appropriate
health services has the potential to improve outcomes of mild, moderate
and more serious mental health problems.[7] Yet services are currently
unable to cope with demand, with one in three Child and Adolescent
Mental Health Services (CAMHS) referrals by schools turned down, and
one in 6 turned down overall.[8]

And just as getting help helps, so not getting help, and getting that
help early, does real harm. A recent survey by the mental health charity
Young Minds of more than 2,000 parents and carers found that 76 percent
thought their child's mental health had deteriorated while waiting to
access CAMHS, with longer waits linked to more serious declines in
health. In the same survey, 69 percent of parents said that despite the long
waits for access to treatment (in the region of 40 weeks) they were not
directed to any other forms of support in the meantime.[9] Teacher surveys
tell a similar story, with less than a quarter declaring themselves very or
fairly confident that they could get timely support for their pupils from
expert services such as CAMHS.[10] A report from Young Minds in 2018
found that amongst young people that have used CAMHS, 61 percent said
that there was a long wait between their referral and their assessment.[11]

Prevalence and severity

The last comprehensive national survey of the mental health of children
and young people across the UK was conducted 14 years ago. It found
that 8 percent of 5- to 10-year-olds, and 12 percent of 11- to 16-year-olds,
had a clinically diagnosed mental health condition.[12] The Millennium
Cohort Study tells an identical story: that one in 10 children aged between
5 and 16 have a diagnosed mental health problem. It will be interesting
to see whether the next large-scale national survey, *The National Study
of Health and Wellbeing: Children and Young People* (NatCen Social

7.   National Institute for Health and Care Excellence and NHS England (2016)
Implementing the Early Intervention in Psychosis Access and Waiting Time Standard [pdf].
National Institute for Health and Care Excellence. Available at: www.england.nhs.uk/
mentalhealth/wp-content/uploads/sites/29/2016/04/eip-guidance.pdf

8.   National Society for the Protection of Cruelty to Children (2017) *School referrals for
mental health treatment rise by over a third* [online]. Available at: www.nspcc.org.uk/what-we-
do/news-opinion/one-third-increase-in-school-referrals-for-mental-health-treatment/ [Accessed
12 September 2018].

9.   Young Minds (2018) *A new era for young people's mental health [online]. London:
Young Minds. Available at:* www.youngminds.org.uk/media/2620/a-new-era-for-young-
peoples-mental-health.pdf [Accessed 12 September 2018].

10.   NASUWT (2017) *Schools need support to deal with mental health upsurge among
pupils* [press release] 05 July 2017. Available at: www.nasuwt.org.uk/article-listing/schools-
need-support-mental-health-upsurge-pupils.html [Accessed 12 September 2018].

11.   Young Minds (2018) *Fighting For* [pdf]. London: Young Minds. Available at: www.
youngminds.org.uk/media/2258/youngminds-fightingfor-report.pdf

12.   Green, H., McGinnity, A., Meltzer, H., Ford, T., and Goodman, R. (2004) *Mental
health of children and young people in Great Britain, 2004* [online]. Basingstoke: Palgrave
Macmillan. Available at: www.digital.nhs.uk/data-and-information/publications/statistical/
mental-health-of-children-and-young-people-in-great-britain/mental-health-of-children-and-
young-people-in-great-britain-2004 [Accessed 26 September 2018].

Research and the Office for National Statistics, forthcoming),[13] urged by the Chief Medical Officer as far back as 2012,[14] will reveal an increase in the prevalence and severity of child and adolescent mental ill health. Consistent survey evidence since 2004 suggests it will.

One recent study that analysed surveys of over 140,000 parents and young people across the UK between 1995 and 2014 found a sixfold increase in the prevalence of long-term mental health conditions among 4- to 24-year-olds.[15] Other surveys of children and young people, and of those who spend most time with them, also show the problem is growing, with several suggesting that it is the deteriorating mental health of adolescent girls in particular that is driving this growth.

Mental health problems among children and young people manifest in a number of ways, including emotional problems such as anxiety and depression, hyperactivity, conduct disorders and peer problems. Not only do schools need to understand, and respond appropriately, to the wide range of symptoms displayed by children and young people, but they also need to understand the key role that gender plays in this.

Parents, for example, report that although pre-pubescent boys and girls are equally likely to display symptoms of depression or anxiety, at age 14, 12 percent of boys compared to 18 percent of girls experience emotional problems.[16] When 14-year-olds themselves were asked, 9 percent of boys and 24 percent of girls reported depressive symptoms. This tallies with the research literature, which indicates that incidence of emotional problems is particularly high amongst adolescent girls.[17] Amongst boys, mental health problems will more commonly present as conduct disorders, with 15 percent of boys aged 14 exhibiting behavioural problems.[18]

According to the House of Commons library, 19 percent of young people aged 16-25 (and 28 percent of young women) reported suffering from a common mental health condition in 2014.[19] And these numbers continue to rise with age. According to the Health Behaviour of

13. NHS Digital (2018) *National Study of Health and Wellbeing: Children and Young People* [online]. NHS England. Available at: www.digital.nhs.uk/data-and-information/areas-of-interest/public-health/national-study-of-health-and-wellbeing-children-and-young-people [Accessed 11 September 2018].

14. Davies, S. (2013) *Chief Medical Officer Annual Report 2012: children and young people's health* [online]. Department for Health. Available at: www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays [Accessed 12 September 2018].

15. Pitchforth, J., Fahy, K., Ford, T., Wolpert, M., Viner, R. and Hargreaves, D. (2018) Mental health and well-being trends among children and young people in the UK, 1995–2014: analysis of repeated cross-sectional national health surveys. *Journal of Psychological Medicine* 1-11. Available at: www.cambridge.org/core/journals/psychological-medicine/article/mental-health-and-wellbeing-trends-among-children-and-young-people-in-the-uk-19952014-analysis-of-repeated-crosssectional-national-health-surveys/AB71DE760C0027EDC5F5CF0AF507FD1B [Accessed 10 September 2018].

16. Institute of Education (2017) *Mental ill-health among children of the new century: trends across childhood with a focus on age 14* [online]. Centre for Longitudinal Studies. Available at: www.cls.ioe.ac.uk/page.aspx?&sitesectionid=2419&sitesectiontitle=MCS+Age+14+initial+findings [Accessed 26 September 2018].

17. Williams, N. and Smith, L. (2017) *State of Children's Rights in England 2017: Briefing 7,Health* [pdf]. Children's Rights Alliance for England. Available at: www.crae.org.uk/media/124471/B7_CRAE_SCR2017_HEALTH_D.pdf [Accessed 14 September 2018].

18. Ibid.

19. Baker, C. (2018) *Mental health statistics for England: prevalence, services and funding* [pdf]. House of Commons Library. Available at: www.researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06988#fullreport [Accessed 14 September 2018].

School-Aged Children Survey undertaken in 2010, 30 percent of adolescents between 11 and 15 report regularly feeling down, sad or low.[20] When teachers were surveyed in 2017, 90 percent reported seeing an increase in stress, anxiety and panic attacks in their pupils over the last 5 years.[21]

These survey findings are corroborated by statistics showing that demand for counselling services, hospital admissions for self-harm, and referrals to specialist CAMHS have all increased significantly in recent years.[22] English schools have made over 120,000 referrals to specialist help since 2014-15.[23] Furthermore, over the past 10 years, there has been a fivefold increase in the proportion of students who disclose a mental health condition to their institution.[24]

At the sharp end of the child and adolescent mental health crisis is the growing problem of young people putting their physical health, and even their lives, at risk. For 16- to 25-year-olds 36 percent have self-harmed at some point in their lives.[25] Figures published by the Health and Social Care Information Centre in 2014, show a 70 percent increase in the number of 10- to 14-year-olds attending A&E for reasons relating to self-harm over the preceding two years.[26] And Office for National Statistics (ONS) data show that suicide is the leading cause of death for 5- to 19-year-olds.[27]

As to what might be driving the increases in both the incidence and severity of young people's experiences of mental ill health, the literature points to: social and economic changes leading to a lengthening of young people's dependence on parents whose own circumstances may have been adversely effected by the years of recession and austerity that followed the

20. House of Commons Health Committee (2014) *Children's and adolescents' mental health and CAMHS, Third Report od Session 2014-15* [pdf]. London: The Stationery Office. Available at: www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf

21. Young Minds (2017) *Wise Up: Prioritising Wellbeing* [pdf]. London: Young Minds. Available at: www.youngminds.org.uk/media/1428/wise-up-prioritising-wellbeing-in-schools.pdf

22. Hagell, A., Coleman, J. and Brooks, F. (2015) *Key Data on Adolescence 2015* [pdf]. London: Association for Young People's Health. Available at: www.youngpeopleshealth.org.uk/wp-content/uploads/2015/09/KeyData2015.pdf [Accessed 26 September 2018]; National Society for Prevention of Cruelty to Children (2016) *Rise in children hospitalised for self-harm as thousands contact Childline* [online]. Available at: www.nspcc.org.uk/what-we-do/news-opinion/rise-children-hospitalised-self-harm-thousands-contact-childline/ [Accessed 26 September 2018].

23. National Society for the Prevention of Cruelty to Children (2018) *School referrals for mental health treatment rise by over a third* [online]. Available at: www.nspcc.org.uk/what-we-do/news-opinion/one-third-increase-in-school-referrals-for-mental-health-treatment [Accessed: 26 September 2018].

24. Thorley, C. (2016) *Education, education, mental health: Supporting secondary schools to play a central role in early intervention mental health services* [online]. London: Institute for Public Policy Research. Available at: www.ippr.org/publications/education-education-mental-health [Accessed: 26 September 2018].

25. Young Minds (2018) *New survey shows more than a third of young people have self-harmed* [press release] n.d. Available at: www.youngminds.org.uk/about-us/media-centre/press-releases/new-survey-shows-more-than-a-third-of-young-people-have-self-harmed/ [Accessed 19 September 2018].

26. Bedell, G. (2014) Number of children who self-harm jumps 70 percent in just two years. *The Independent* [online] 11 August 2014. Available at: www.independent.co.uk/life-style/health-and-families/health-news/number-of-children-who-self-harm-jumps-70-per-cent-in-just-two-years-9660478.html

27. The Samaritans (2017) *Suicide Statistics Report* [pdf]. The Samaritans. Available at: www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final.pdf

2008 financial crisis; [28] the effects of all-pervasive social media and the growth of cyberbullying; [29, 30] and a more highly pressurised school culture resulting from reforms to curriculum, assessment and school accountability. [31]

1.2 The local context

The genesis of the project

The decision to provide a year-long programme of mental health training (and for that training to involve every adult working in the seven participating schools) was taken in response to a demand from within the schools themselves.

Senior leaders, classroom teachers, teaching assistants and non-teaching staff had been reporting a growing mental health challenge in their schools for some time, and were warning of the increasingly negative impacts this was having, not only on their pupils' wellbeing, but on their educational performance and prospects. Mental ill health was (and continues to be) seen as one of the biggest barriers to learning that the schools were facing. Thus, training staff to support pupils' mental health was not only seen as essential if the schools were to live up to their explicit commitments to inclusiveness, but as a precondition for raising levels of academic progress and attainment.

The schools

The schools that participated in the project include six RSA academies (a first school, two middle schools, a high school and two secondary schools) and a (non-RSA) junior school that feeds into one of the RSA secondary academies. All seven are co-educational schools serving communities of above-average deprivation in the West Midlands. In five of these schools, the vast majority of pupils are classified as 'White UK', while at two, almost all pupils are from minority ethnic groups.

The RSA academies include:
- Abbeywood, a first school in Redditch, Worcestershire, with 249 pupils on roll, aged 3 to 9, of which 29 percent are eligible for free school meals.
- Church Hill, a middle school located on the same site as Abbeywood, with 306 pupils on roll, aged 9 to 13, of which 42 percent are eligible for free school meals.
- Ipsley, a Church of England middle school in Redditch, Worcestershire, with 608 pupils on roll, aged 9 to 13, of which 18 percent are eligible for free school meals.

28. Patton et al. (2016) Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet* 387, 2423–2478. Available at: www.ncbi.nlm.nih.gov/pubmed/27174304

29. Bell, V., Bishop, D. V., and Przybylski, A. K. (2015) The debate over digital technology and young people. *The British Medical Journal,* 351, h3064. Available at: www.bmj.com/content/351/bmj.h3064

30. Bottino et al. (2015) Cyberbullying and adolescent mental health: systematic review *Cadernos de saude publica* 31(3), 463-475. Available at: www.researchgate.net/publication/274722827_Cyberbullying_and_adolescent_mental_health_Systematic_review

31. Lessof, C., Ross, A., Brind, R., Bell, E. and Newton, S. (2016) *Longitudinal Study of Young People in England cohort 2: health and wellbeing at wave 2 research report* [online]. Department of Education. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/540563/LSYPE2_w2_research_report.pdf [Accessed 11 September 2018].

- Arrow Vale, a high school in Redditch, Worcestershire, with 741 pupils on roll, aged 13 to 18, of which 40 percent are eligible for free school meals.
- Holyhead, a secondary school in Birmingham, with 1,315 pupils on roll, aged 11 to 18, of which 60 percent are eligible for free school meals.
- Whitley, a secondary school in Coventry, with 895 pupils on roll, aged 11 to 20, of which 20.8 percent are eligible for free school meals.
- In addition, one school from outside the RSA Academies Umbrella Trust also participated: Wilkes Green, a junior school in Birmingham, with 359 pupils on roll, aged 7 to 11, of which 46 percent are eligible for free school meals.

The nature and causes of the mental health challenge in the seven participating schools

Results of baseline pupil survey

Primary aged pupils: the baseline questionnaires filled out by the 583 primary aged pupils whose schools participated in the project (see Section 2.1 on project evaluation for details) allowed us to compare them to other primary aged children for whom the evaluation team held data (ie those involved in the nationwide HeadStart programme). The data collected revealed the level of emotional and behavioural difficulties the pupils were experiencing, with the evaluators dividing them into three categories based on the well-known Strengths and Difficulties Questionnaire (SDQ):

- a low range – those who are scoring as expected for students their age.
- a slightly elevated range – those who show a somewhat greater level of emotional/behavioural difficulties, and who may need additional support.
- a high range – those who show a much greater level of difficulties and are likely to need additional support for emotional/behavioural problems.

Emotional difficulties

Groups	Low range (0-5)	Slightly elevated (6)	High (7-10)	Total
RSA	83.97%	10.50%	5.53%	100.00%
HeadStart schools	85.14%	9.50%	5.36%	100.00%
Overall	**84.71%**	**9.87%**	**5.43%**	**100.00%**

Behavioural difficulties

Groups	Low range (0-5)	Slightly elevated (6)	High (7-10)	Total
RSA	86.11%	5.74%	8.15%	100.00%
HeadStart schools	85.28%	6.54%	8.18%	100.00%
Overall	**85.59%**	**6.25%**	**8.17%**	**100.00%**

The tables above indicate that the participating primary schools showed slightly higher proportions of pupils above the elevated threshold for emotional difficulties and a slightly lower proportion of pupils above the elevated threshold for behavioural difficulties relative to other pupils in the HeadStart programme.

Secondary aged pupils: the baseline questionnaires filled out by the 1,115 secondary aged pupils whose schools participated in the project allowed the evaluation team to compare them to the 32,819 secondary aged pupils in the nationwide HeadStart programme in five domains and to divide them into the same categories of need:

Emotional problems

Groups	Low range (0-5)	Slightly elevated (6)	High (7-10)	Total
HeadStart schools	72.51%	9.42%	18.06%	100.00%
RSA	76.50%	8.60%	14.90%	100.00%

Conduct problems

Groups	Low range (0-5)	Slightly elevated (6)	High (7-10)	Total
HeadStart schools	70.15%	11.55%	18.30%	100.00%
RSA	69.54%	13.79%	16.67%	100.00%

Hyperactivity

Groups	Low range (0-5)	Slightly elevated (6)	High (7-10)	Total
HeadStart schools	62.17%	12.31%	25.53%	100.00%
RSA	65.36%	12.15%	22.49%	100.00%

Peer problems

Groups	Low range (0-5)	Slightly elevated (6)	High (7-10)	Total
HeadStart schools	74.84%	17.80%	7.35%	100.00%
RSA	77.87%	15.19%	6.93%	100.00%

Pro-social behaviour

Groups	Low range (0-5)	Slightly elevated (6)	High (7-10)	Total
HeadStart schools	79.47%	10.72%	9.81%	100.00%
RSA	73.48%	14.15%	12.37%	100.00%

Though there has been no statistical analysis performed to test whether the differences in these proportions are meaningful, these tables indicate that the secondary schools participating in the project had:

- lower proportions above elevated and high thresholds for emotional problems than other HeadStart schools nationally.
- lower proportions above the high thresholds for conduct problems than other Headstart schools nationally but high proportions above the 'elevated' threshold.
- lower proportions above high thresholds for hyperactivity than other HeadStart schools nationally.
- lower proportions above elevated and high thresholds for peer problems than other HeadStart schools nationally.
- lower proportions in the normal range for prosocial behaviour than other HeadStart schools nationally.

Focus groups
This survey data was supplemented by information gleaned from 21 focus groups run by the RSA Central Project Team (CPT) and included senior leaders/mental health leads, other teaching/non-teaching staff, and pupils in the participating schools (one with each of these three groups in each of the seven participating schools). These group discussions focused on the nature and apparent causes of the mental health challenges faced by the schools and their ability to meet those challenges. The focus groups revealed the following key themes:

The destigmatising of mental health
One recurring theme was that it is difficult to know how much of the increase in child and adolescent mental ill health is a result of more children and adolescents developing mental health problems, and how much is a consequence of increased reporting and awareness, as the issue of mental health has been progressively destigmatised, and the topic has become more widely discussed.

Certainly, the pupils in the participating schools were able to speak, unselfconsciously and articulately, about their own emotions and about the things that impact both positively and negatively on their mental health. And staff, particularly those who had worked in the school for longest (decades in a small number of cases), talked about how much the culture of the school, like that of society, had changed over time, and about how both children and adults are more comfortable discussing their feelings today than in previous generations. Although all were agreed this was a welcome trend, it was noted that these changes have almost certainly inflated the figures on the prevalence of mental ill health among school children.

> **Teacher:**
> "In years gone by it was a 'do as you're told' mentality. Today, children can talk a lot more".

> **Senior Leader:**
> "When we had behaviour problems in the past, we treated them as behaviour problems…not necessarily the psychology behind that behaviour, whatever that may be. Now, because there has been a huge shift towards mental health, raising its profile, we do think more about the reason behind the behaviour".

Despite this, the vast majority of staff in the seven schools believe that mental health problems among pupils are becoming more common and more severe.

Social media

The topic that came up most often was the impact of technology, and specifically of social media, on children and young people's wellbeing, although it was noticeable that the pupils made more references to its benefits than did the adults, who focused almost exclusively on its negative impacts.

The perceived problems associated with 'screen time' in general, and social media in particular, are manifold.

First, the overstimulation that comes from being 'plugged in' for extended periods each day, with the result that many young people never get the opportunity to properly switch off and unwind.

> **Teacher:**
> "The anxiety I've seen a group of pupils experiencing [is] because of social media and the fact they are never disengaged from everybody else".

Second, the pressure to fit in, to be accepted, to be part of the group (a feature of teenage life throughout time) has become unrelenting. Where previously these pressures were present during the school day, today they are there around the clock.

> **Teacher:**
> "It's really hard to put yourself in their shoes…their social life, which used to be us meeting in the park with our bikes, for them it's getting home, sitting in their bedrooms and going on Snapchat or Instagram".
>
> "Social media has caused a lot of anxiety… issues don't stop at school. They follow them home".

Third, these pressures can have a real impact on some young people's self-esteem, with the participating schools reporting a particular problem amongst girls.

> **Teacher:**
> "Tied into social media is self-image and, even for the year 3s and 4s, the issue of body image. For the girls it's a massive issue".

> **Senior Leader:**
> "I do lunchtime duty and I have 18 children that I monitor for eating. We have parents who come and say, 'they're not eating at home' and some of them were not eating because they thought they were too fat, especially girls because already, even at primary age, their body image means something to them".

> **Senior Leader:**
> "We have children saying they were called fat on WhatsApp and they're not going to eat again, they're going to hurt themselves".

> **Pupil:**
> "Social media is a big thing now. Say you post a photo. You'll get about six comments saying mean things".

What is more, this can easily tip over into serious and sustained bullying, from which even a child's own bedroom no longer provides a refuge. Devices can, of course, be turned off and apps removed but, as the focus groups revealed, they rarely are.

> **Pupil:**
> "I think social media is a good thing because you can post things and talk to people. But it's a bad thing when you get bullied. Then you just want to delete it, but you don't because you're like 'most people have it so I want to stay with it'".

> **Teacher:**
> "One girl had some really vile abuse on social media and the police ended up getting involved and I did say maybe it has come to the point for you to delete that app. And she just looked at me as if I was completely mad and said, 'But then how would I talk to my friends?'"

In several focus groups the issue of privacy came up, with teachers citing examples of photographs or messages that were sent to one person, or to a small group of people, that ended up being circulated round the whole class, year group or school.

> **Teacher:**
> "Parents don't understand what social media can do. The moment you post something, it's not yours anymore. You should be so protective of that".

Several teachers talked about how pupils at their school had been exposed to some of the internet's greatest dangers, including criminal grooming, sexual exploitation and political radicalisation, with the police having to get involved.

> **Senior Leader:**
> "Child sexual exploitation is a massive issue. A very good student here started up a relationship with an older man online. It isn't necessarily children making a choice to do that. There are people out there exploiting children's vulnerability. These children are looking for validation but in a dangerous environment".

Finally, our focus groups revealed that the staff in the schools, like the parents in their pupils' homes, usually don't see, and struggle to understand, what is happening online.

> **Teacher:**
> "I keep saying to parents that this is a whole new world for me so it's actually us that's trying to get our heads around what this is like for the children".
> "It won't change until the social media companies get on board and the government regulates more. A lot more needs to be done – ethically and socially".

A more pressured school environment

Another recurring theme of the focus groups was the impact of curriculum reform and high-stakes tests on pupils' anxiety levels. While noting that a certain level of pressure and nerves are normal – helpful even – when preparing for exams, many participants spoke about how many pupils experience debilitating levels of stress and worry. And, depressingly,

they spoke of how this resulted from tests, like year 6 SATs, on which very little rides; tests where most of the consequences of poor performance fall on the school, not the child.

> **Pupil:**
> "If you fail, you're not going to have a good life later on, and you will also have to tell other people you failed. It does make you work harder, and gives you determination, but it always makes you worry more".

> **Teacher:**
> "It's inevitable pupils are going to pick up on teachers' stress. It ramps up in year 6 with the 'S' word [SATs]. Some of them get too stressed. And some of it comes from their parents".

> **Senior Leader:**
> "More than ever we've got students who really struggle. They have anxiety, mainly because of the curriculum and exam pressures. Nearly every year 11 pupil had over 20 exams squeezed into three and a half weeks – it's tough".

> **Teacher:**
> "There is so much pressure put on exams and the importance of exams and assessments. Some students, they see this bubble of an exam as everything, and 'if I don't do what I am supposed to do, I am no good'. I think that's really sad".

> **Teacher:**
> "I had a [10-year-old] child who was in floods of tears at home and said to his mum 'I don't want to go to school. We're testing again'".

A challenging economic climate and escalating social problems
In the communities served by the seven participating schools, poverty, and the social problems that correlate with poverty, exert a powerful negative influence on the ability of pupils to engage with, let alone thrive in, school.

Almost all the staff that took part in the focus groups reported that the recession that followed the 2008 financial crash, and the squeeze on wages and benefits in the decade since, have had a noticeable negative impact on the children and young people they teach. Not only were their families under greater stress, they reported, but the services that exist to support those families were increasingly constrained by funding cuts.

> **Senior Leader:**
> "There's a funding squeeze in all schools. It's the same with health in the community. Last academic year, we had seven serious attempts on life, students from our school hospitalised…we've had four this year. The support for the community out there is very limited. Families are desperate, they're struggling".

> **Senior Leader:**
> "We serve a disadvantaged community. With government cuts and families under greater stress, it makes things more difficult for children to cope".

> **Teacher:**
> "It's a mix [of causes]. The vast majority are coming from the home and community such as family break-ups and parental issues. Families have issues with what's going on around them and children pick up on those issues and they may not be able to handle it".

> **Teacher:**
> "Lots of kids here don't want to go home. And because they've got rid of all the youth clubs, they socialise here".

The problem of gangs and violence

In the two inner-city schools that participated in the project, pupils and staff spoke of the impact of violence, including gang-related violence, on pupils' mental health, with one group of pupils saying that if they could change just one thing in their lives, it would be to rid their communities of violence.

> **Senior Leader:**
> "It becomes a vicious circle: some of these children are carrying [weapons] because they are scared someone else is carrying one. I think the media…children are hearing 'a man was murdered' so they probably feel scared in their own community and so carrying knives is a form of protection. There are kids from the age of 13 who are carrying knives".

In all the schools, the issue of domestic violence was raised.

> **Senior Leader:**
> "I get an email a day about domestic violence, and not always the same children".

A lack of specialised support services

There was a consensus that rising thresholds for accessing specialised mental health services like CAMHS is contributing to the prevalence and severity of mental health problems among pupils, with schools often providing the only support young people receive.

> Senior Leader:
> "We feel like nurses, social workers, police officers…we are dealing with absolutely everything. If it doesn't reach the threshold, it's teachers".

> Teacher:
> "The CAMHS waiting list is as long as your arm; off the scale. We're identifying children who need help, but they won't get specialised support for another two or three years, if at all. We're seeing families falling more desperately onto hard times because that support from children centres and all those things are now non-existent".

> Teacher:
> "What a school needs to do, or what external services expect schools to do, while a child is waiting to get on a waiting list is massive because there's nothing between us and CAMHS".

> Senior Leader:
> "It's called an Education, Health and Care plan, but Education take responsibility for it".

Section 2: Project activities and focus

2.1 Process and activities

The project began in May 2017 and ended in October 2018, with the school-based training activities (the implementation phase) running from June 2017 to July 2018.

The project was directed by a Central Project Team (CPT) made up of two staff from the RSA (Julian Astle, director of education, and Tom Harrison, assistant researcher, Public Services and Communities) and two staff from RSA Academies (RSAA) (Alison Critchley, chief executive, and Roisin Ellison, senior coordinator).

Set up phase (May to July 2017)

The CPT started by recruiting the seven schools, each of which was asked to nominate a lead practitioner. In all cases, this was the designated mental health lead or Special Educational Needs Coordinator (SENCo). That person became the project team's main point of contact throughout the project and was charged with co-delivering the training and taking responsibility for all follow-up activities related to the project. The seven school leads together made up the project steering group.

Two external consultants – Lorraine Peterson, a former headteacher and CEO of Nasen, a charity that supports SEND pupils, and Victor Allen, a trainer and author who specialises in emotional intelligence and resilience – were commissioned to co-design and co-deliver the training sessions. Lorraine Peterson delivered the first all-staff training sessions at the start of the 2017/18 academic year, while Victor Allen delivered the second and third sessions in the winter and spring.

The CPT then appointed an independent evaluation team from the Anna Freud National Centre for Children and Families to measure the impact of the project activities against the outcomes detailed in the project Logic Model (see theory of change in Section 3). That model also informed the content of the baseline and end-line evaluation forms that all staff, and pupils selected by year group, were asked to fill out at the beginning and end of the project (in September/October 2017 and June/July 2018).

Finally, an expert advisory board was assembled to advise the CPT during each of the three phases of the project: design and set-up, implementation, and evaluation. The Board included the two independent evaluators,

Dr Jessica Deighton and Dr Polly Casey from the Anna Freud Centre's Evidence-Based Practice Unit (EBPU); Dr Aaron Balick, a psychotherapist and director of Stillpoint London; Matthew Audley, a senior clinical trainer, Place2Be; Sean Russell, implementation director, West Midlands Mental Health Commission; Mary Taylor, head of programmes, Family Links; and Di Smith, headteacher, Abbeywood First School, Redditch.

Implementation phase (June 2017 to July 2018)

The implementation phase of the project began at the end of the summer term in 2017 when members of the CPT met with the mental health lead and members of the Senior Leadership Team (SLT) in each school to ensure the schools had a proper understanding of the project and its aims, and to ensure the CPT had a proper understanding of the specific circumstances and needs of each school. The challenge was to design trainings that would prove relevant and valuable to the majority of the hundreds of participating staff, each of them doing different jobs, at different levels, in different schools. These initial meetings helped ensure the training sessions were focused on the right topics and pitched at the right level. They also helped the CPT to tailor them to seven different audiences while maintaining a consistent core that would be delivered to each school.

The design of the three training sessions was also informed by the information gleaned through the staff and pupil baseline surveys (see Evaluation section below) and by the advice of our expert advisory board.

The first training session took place in each school during September/October 2017, the second in December 2017/January 2018 and the third in May/June 2018.

In addition to the three training days, the CPT also shared a draft Mental Health Policy, written by the mental health lead at Whitley Academy, one of the participating secondary schools, which the schools were tasked with adapting (if need be), adopting and implementing. The hope being that the policy document would provide the staff in each school with a way of codifying what they had learned and committed to implement, and that the process of codifying it would provide a useful focus for an ongoing conversation about what that shared commitment meant for them, individually and collectively.

Evaluation (June to October 2017, and June to September 2018)

The baseline pupil survey was completed by 1,698 pupils during June and July 2017.

The end line survey was filled out by 1,063 pupils (347 from primary/middle schools and 716 from secondary/high schools - 63 percent of the primary pupils and 65 percent of the secondary pupils who filled out the baseline survey). Of the primary/middle school pupils, 51 percent were female and 49 percent male. Of the secondary/high school pupils, 50 percent were male and 50 percent female.

The pupils completed the online Wellbeing Measurement Framework (WMF), a battery of validated questionnaires, tailored to each age group, that assesses constructs such as positive wellbeing, behavioural or emotional difficulties, the presence and strength of protective factors such as perceived support at school, home and in the community, and ability to deal with stress and manage emotions.

The baseline staff survey, a bespoke questionnaire co-designed by the CPT and the independent evaluators, was completed by 472 staff across the participating schools.

The post-training end-line survey was completed by 275 members of staff – 58 percent of those who completed the first survey. Of the 275 who completed both, 58 percent were teachers or teaching assistants, 19 percent were in leadership positions, 13 percent in pastoral roles and 10 percent in support/facilities/admin roles.

The attrition between the two surveys is likely to be explained by the fact that the baseline survey was filled out in hard copy at the first all-staff training session in September/October 2017, whereas the end-line survey was filled out online at the time of the staff's choosing in June/July 2018.

2.2 Focus of trainings

Training 1

Training session 1 took place during the start-of-year Inset day at each school in September 2017 and was delivered by the first external consultant, Lorraine Peterson, supported either by the school's mental health lead, or by Alison Critchley from the CPT.

The session was intended to introduce the staff, 58 percent of whom had never previously received mental health training, to the subject.

The broad questions it sought to address included:

- What is mental health?
- Why is good mental health important?
- How widespread is child and adolescent mental ill health?
- What are the most common symptoms?
- What are the common triggers, risk factors and early warning signs?
- What questions should school staff ask themselves if they are worried about a pupil (What can we see? What have we tried? What do we know? What is the mental health message? What would personalised planning look like for this pupil?)?

The session finished with a discussion about what a whole-school approach to mental health means for everyone that works, and everything that happens, in the school – for leadership and management, curriculum, teaching and learning, pupil voice and involvement, staff development and wellbeing, relationships with partner agencies and families and, above all, for the school's ethos and culture.

Training sessions 2 and 3 were delivered by the second external consultant, Victor Allen, in some cases supported by the school lead.

These sessions began from a simple insight: that school is the ideal place to learn how to manage stress and gain confidence and resilience, improving mental health for all. Consequently, staff were encouraged to help pupils view the stressful experiences they face as opportunities to understand, make sense of and manage by making positive choices, as it is only by managing and working through stressful situations that people develop resilience. The trainer developed a way to help staff remember this with the 3 'M's – a Model for making all aspects of

our lives Manageable and helping us find Meaning in what we are doing or are a part of.

The presentations and workshops introduced another mnemonic: that of the foundational 'BASE' that needs to be created in every school and in every classroom to enable everyone to live, learn and grow in a positive emotional and social environment. The BASE involves developing a sense of Belonging for every child, so they feel cared for and safe. And providing them with opportunities for Autonomy in their daily lives that help them learn to make positive decisions, as well as encouraging them to demonstrate Social and Emotional Competence which raises their Self Esteem. The workshops highlighted relevant developmental stages in brain growth and looked at how these affect young people; how the brain recognises and manages stress; and how, by attending to attitudes, behaviours and relationships, a school can create an environment that minimises stress triggers.

Training 2

The second training examined the changing nature of childhood, and in particular, the changing place of play and adult involvement. It explored how adults used to be less involved in the lives of children, which meant children learnt strategies and techniques for dealing with different situations, helping to build their competence, confidence and resilience. It showed how often adults now intervene and try to fix problems that are often well within the means of children to resolve, thus preventing the natural and important process of social and emotional development.

The session also showed how humans of all ages are hardwired to respond to stress in similar ways, and how sometimes this hardwired approach from adults, when things are not going as they would wish in the classroom, contributes to the stress of both the pupils and the teacher. It finished with several exercises that demonstrated a number of practical techniques teachers can use to defuse tension and stress and develop a strong sense of belonging and care for every child, with the emphasis on managing emotions (emotional intelligence).
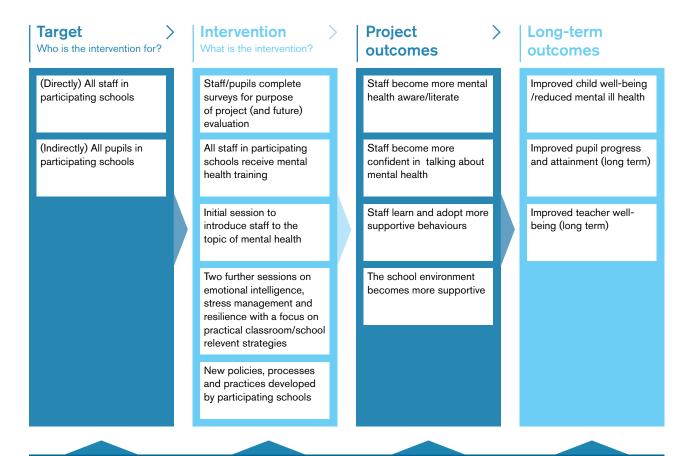
Training 3

This session built on the previous one, by looking at practical classroom-based strategies that work in specific situations with particular types of children, as well as how to guide and coach pupils who are going through what they consider to be emotionally stressful situations, so they learn to deal with those situations themselves. The session also provided a chance for staff to feedback on what had been tried in the intervening period and how successful it had been.

In recognition of the importance of incorporating these techniques early, the primary/middle schools looked in detail at what can be done with each year group as children develop and become better able to deal with situations emotionally, socially and cognitively. Discussions focused on how staff can create a healthy emotional environment in their classrooms and how, within that environment, opportunities can be created to develop children's social and emotional skills. Each year group came up with one new strategy to incorporate within their lessons or the school day which would either build pupils' sense of belonging or provide them with the opportunity for autonomous decision making.

The secondary school staff looked at the way their pupils are finding their own identity and tackling the challenges of adolescence. Time was spent looking at the impact of adolescence on teenage brains, on their emotions, and at how these emotions often manifest themselves in classrooms and schools (and in their wider lives). The session underlined the importance of teenagers being given the chance to demonstrate their emotional intelligence and competence as they make the transition from childhood to adulthood. And how teachers become important role models at this stage as the alternative adult in teenagers' lives. Throughout, the emphasis was on helping young adults find meaning and purpose in their lives, and learn to take responsibility, and become accountable, for their actions.

Section 3: Project impact and lessons learnt

3.1 Theory of change

Target >	Intervention >	Project outcomes >	Long-term outcomes
Who is the intervention for?	What is the intervention?		
(Directly) All staff in participating schools	Staff/pupils complete surveys for purpose of project (and future) evaluation	Staff become more mental health aware/literate	Improved child well-being /reduced mental ill health
(Indirectly) All pupils in participating schools	All staff in participating schools receive mental health training	Staff become more confident in talking about mental health	Improved pupil progress and attainment (long term)
	Initial session to introduce staff to the topic of mental health	Staff learn and adopt more supportive behaviours	Improved teacher well-being (long term)
	Two further sessions on emotional intelligence, stress management and resilience with a focus on practical classroom/school relevent strategies	The school environment becomes more supportive	
	New policies, processes and practices developed by participating schools		

Moderators
What factors will influence the change process?

Level of mental health problems at baseline	Age and gender	Barriers	Implementation: did schools use what they had learned and how often?
Level of existing mental health provision in the school	Special educational needs	Fidelity to approach - was training delivered as intended?	Did all school staff attend all training?

3.2 Independent evaluation: background and aims

The Anna Freud National Centre for Children and Families was commissioned to evaluate the project. The evaluation was treated as an initial pilot study, assessing not only any observable changes in school staff's knowledge, attitudes and behaviour over the lifetime of the one-year project, but testing out the feasibility of conducting a future, longer-term evaluation of the potential benefits for children and young people.

The evaluation had three primary aims:

1. To survey school staff to consider the association between implementation of the Mental Health Training in Schools project and improvements in staff's:
   - confidence
   - mental health literacy
   - perceptions of the school as a supportive environment
   - behaviour in supporting pupils.
2. To consider whether the relationship between the project and these outcomes varied based on the role of the school staff member or the type of school (eg primary/secondary).
3. To embed a model of whole year group, school-based monitoring of mental health and wellbeing to:
   - consider the feasibility of this approach for longer-term assessment of the impact of training
   - embed 'good practice' for schools in terms of monitoring mental health and wellbeing as part of the overall programme.

3.3 Independent evaluation: key findings[32]

Staff survey
The independent evaluators' analysis of staff surveys indicates that staff in both primary/middle and secondary schools reported significantly greater awareness and literacy around their pupils' mental health, greater confidence in talking about mental health, and an increase in their own supportive behaviours (such as having a conversation with a pupil, awareness raising, or signposting) at follow-up compared to their pre-training baseline. They also reported a more supportive school environment at the whole-school level around pupils' mental health. Analysis of potential moderators indicated that change over time did not vary as a function of the type of staff member (ie which role within the school) or as a function of school type (primary/middle school versus secondary school), meaning that although some staff groups (pastoral) reported higher, and some (support/facilities/admin roles) lower scores at baseline in the domains described above, the extent of improvement in these scores from pre- to post-training was similar across all staff groups and across primary/middle schools and secondary schools.

---

32. The full project evaluation report from the Anna Freud National Centre for Children and Families is being published alongside this report.

Pupil survey

It was not expected that change over time would be likely in pupil surveys from baseline to follow-up (see Section 3.1). This is because it was proposed that training delivered to school staff would take time to percolate through to child-level outcomes and that these potential longer-term effects were unlikely to begin within the short lifespan of the project. Therefore, pupil survey responses were primarily investigated to give the CPT a better understanding of the local context in the schools (as outlined in Section 2) and to demonstrate the approach needed to track long-term changes over time in the pupil population.

Consistent with these expectations, the evaluators detected no discernible change in pupils' mental health, wellbeing or resilience over time (ie pre- versus post-implementation). The only exception was a reduction of reported participation in the community in the secondary school sample. Without a control group, it was not possible to establish whether this change was associated with the intervention or due to developmental or age-related changes in community activity.

The widespread use of the survey measures at baseline indicate that this approach is a feasible means of monitoring wellbeing in schools. However, the fact that only 63 percent of the primary school pupils and 65 percent of the secondary school pupils who completed the baseline questionnaire also completed the end-line questionnaire, underlines the level of challenge involved in conducting surveys of this type in schools and the importance of engagement from key members of school staff and support from the CPT.

3.4 Participating staff's reflections on the project

In the 14 staff focus groups (seven with senior leaders/mental health leads, seven with other teaching and non-teaching staff), a few key themes recurred:

The match between the project and the participating schools' values and ethos

All seven schools define themselves in opposition to the idea of a 'no excuses' approach to behaviour management; believe that behaviour is almost always a form of communication; seek to look behind pupils' conduct to the causes of that conduct; and talk about a 'solving, not punishing' approach.

> Senior Leader:
> "We have a high inclusion culture. Whatever the barriers, we strive to get the outcomes that may open doors and opportunities".

> Senior Leader:
> "It's relationships. Getting to know our children. We know when a child is a bit off... It's knowing our children".

> **Teacher:**
> "It's about belonging – making children feel they belong".

> **Teacher:**
> "We're very open and kids will come and talk to us. That's in place. Now it's about continuing that and embedding that".

The value of practical, classroom-relevant strategies and techniques

Reflecting on the three training sessions, almost all teachers agreed that they became increasingly relevant and useful as the focus of the trainings moved from the general to the specific, the conceptual to the practical.

That is not to say that the initial, introductory session wasn't crucial to what followed. Many members of staff had never received any mental health training before and, for them, a broad introduction to the topic (described by one participant as a kind of "everything you ever wanted to know about mental health but were too afraid to ask" session) was invaluable.

> **Senior Leader:**
> "I know the NQTs in particular found the first session really helpful".

> **Teacher:**
> "It certainly helped me understand all the different factors and the things to look out for".

That said, the more the trainings equipped staff with practical strategies and techniques to apply in specific scenarios, the more the staff seemed to value it.

> **Teacher:**
> "The last two sessions were really good. Learning how to de-escalate and communicate was really helpful. It was practical. And included some good team-building strategies".

> **Senior Leader:**
> "When your time is precious what you need is strategies. You think 'you know what to do so show me'".

The importance of an embedded whole-school approach, and of a school's culture

> Senior Leader:
> "Time to embed is important. If you just do a one-off session, then people try for a bit and then default to their norms. I can see that staff are using some of the tips and techniques, but if we do nothing else it will tail off again, and then in September, we'll have some new staff, and we'll be almost back to square one".

> Teacher
> "I think it's the follow-up. It's taking the stuff you've learnt and then, as a group of staff, saying 'this is what we're going to commit to' and having that buy-in from everyone, rather than being told by somebody 'this is what you're going to commit to'".

> Teacher
> "I've definitely had more in-depth conversations with my TAs as a result of the training, as they work with them [higher-needs pupils] more closely, on a one-to-one basis. For us to have that conversation about a child, it means we're singing off the same hymn sheet".

And a couple of staff commented specifically on the decision to include non-teaching staff in the trainings:

> "The [all staff nature of the] training was really important as everyone here is involved with children".

> "Lunchtime supervisors often see the kids at their most vulnerable, when they're out in the playground with no structure – that's where most of our behaviour problems come from – yet there was probably a bit of a skills gap with the lunchtime supervisors"

It should be noted, however, that although 10 percent of the participating staff who completed both the baseline and end-line surveys were support, admin or facilities staff, this group was the most under-represented in the trainings due to the difficulty in securing the participation of non-teaching staff at Inset day or twilight CPD sessions normally attended only by senior leaders and teaching staff. Cleaners' and caterers' contracts, for example, do not provide for attendance at staff training sessions.

Section 4:
Follow-up actions, conclusions and possible next steps

Follow-up activities

Throughout the project, the CPT encouraged the participating schools to build on the all-staff training sessions in whatever ways they felt appropriate. At the end of the project, the CPT sent a questionnaire to the mental health lead in each school asking what they had done in this regard.

This questionnaire revealed a raft of activities and initiatives designed to embed the attitudes and behaviours promoted in the training sessions.

Teaching resources have been produced, assemblies held, wall displays created, 'Champions', 'Ambassadors' and 'Mentors' appointed, groups and clubs constituted, themed days and weeks designated, new classroom routines and rituals established, further trainings planned or attended and new policies and practices adopted.

Perhaps most importantly, the RSA Academies have signed up to a joint commitment to putting students' mental health and wellbeing at the heart of what they do. This commitment sits alongside two others: to art, culture and creativity, and to forging deep connections to the 'world beyond the school gates'. Sitting alongside a core commitment to excellence in teaching and learning, these three commitments seek to capture the distinctive and defining characteristics of an RSA school. What is more, they provide a framework for internal accountability (like a secular version of the Church of England's SIAMS inspection framework) that allows the RSA to judge the schools' fidelity to the organisation's educational values and vision. And a commitment to inclusivity, with an explicit focus on mental health and wellbeing, is, from the summer of 2018, a core component of that framework.

Conclusions and possible next steps

If this project provides one lesson above all others, it is that the exact content of the training sessions matters less than the process itself. That is not to say that the skill and charisma of the trainer, the relevance and quality of the training materials and the effectiveness of the strategies and activities that are taught and implemented, do not matter – they obviously do. Rather, it is to say that, according to those who took part,

the most valuable thing about the project was the opportunity it afforded staff to come together and reflect: on their values and their shared purpose or 'mission', on the ethos and culture of the school, and on what they can do, individually and collectively, to turn a rhetorical commitment to student wellbeing into a lived reality.

For this reason, the CPT took a fairly relaxed attitude to the issue of consistency. The CPT insisted that the core components of the 3 training sessions remained the same across the schools. But around that core, schools were encouraged to tailor the sessions to their own circumstances, needs and priorities. Other schools seeking to learn from this project will face the same trade-off – between the needs of evaluators/researchers, for whom lab-like levels of consistency and control (over the nature, duration and dosage of the 'treatment') are paramount, and the wishes of the schools, for whom impact is key (with that impact likely to be greater the more bespoke the training sessions are).

Interestingly, despite these differences between schools, the evaluation team's findings showed that the gains – the positive changes in school staff's confidence, knowledge and behaviour in terms of support for pupils' mental health and corresponding improvements in perceptions of the school environment – were broadly comparable for different groups of staff in the different schools.

Some important caveats need to be entered, however. Although common sense would suggest a causal relationship between these changes and the staff's participation in the project, without a control group to compare these findings to, it is not possible to attribute the changes in these four domains to the training with full certainty.

Furthermore, whether these effects will correspond to longer-term benefits for pupils is yet to be demonstrated. However, the evaluation approach adopted (that of surveying the mental health and wellbeing of whole year groups of pupils) could be implemented over an extended period to explore this further. Ideally, any future scaled-up evaluation of this kind would include a control group of schools not implementing the training.

These caveats point the way to important further work that needs to be done to expand the evidence base of what works in schools. But they shouldn't detract from the main conclusion to be drawn from this phase of work: that the evaluation team's findings, the feedback from participating staff, and the future commitments made by the schools all suggest that the project delivered real benefits – benefits that now need to be built on. The task now is to move through the phases of change – from 'experiment' to 'embed', and then on to 'scale' and 'spread'.

The RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce) believes that everyone should have the freedom and power to turn their ideas into reality. Through our ideas, research and 29,000-strong Fellowship, we seek to realise a society where creative power is distributed, where concentrations of power are confronted, and where creative values are nurtured.

Recent RSA studies have explored the value of mission to schools and of evidence in arts and cultural learning. In each case, we have sought to shine a light on the nuance of the debates, and canvas views from across the education sector. Our goal is to explore the big challenges facing society today.

RSA
Action and Research Centre