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Anna Freud National Centre for Children and Families Supporting Children and Young People's Mental Health in Schools: A UK Perspective

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December 2019

Overview

- Background: what we know about young people's mental health and wellbeing?
- Risk factors
- Schools as a basis for universal prevention
- The wider system and protective factors
- Resilience approaches to support mental health
- Conclusions and implications





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Anna Freud National Centre for Children and Families

≻Founded in 2006

Collaboration between UCL, Faculty of Brain Sciences and Anna Freud National Centre for Children and Families

EBPU's vision is for all children and young people's wellbeing support to be informed by realworld evidence so that every child thrives

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Anna Freud National Centre for Children and Families

Is committed to using evidence-based practices to provide the best informed and highest quality of care to children and young people. The Unit:

- Conduct research
- Develop tools
- Provide trainings
- Evaluate interventions
- Disseminate evidence

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Risk Resilience Change Choice

Brief background to mental health problems







Brief background to mental health problems







Life expectancy

Average life expectancy

Smoker

Severe mental illness







Life expectancy

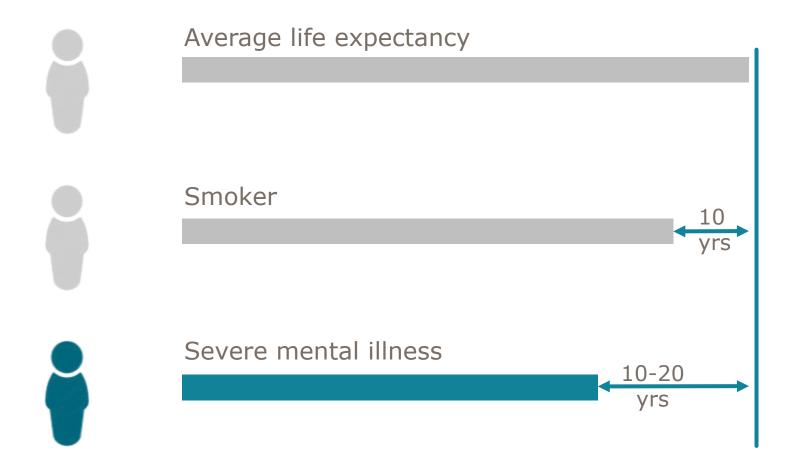








Life expectancy



Chesney et al., 2014





Prevalence and economic costs

- Around 1/4 1/6 adults experience mental health problems
- 50% of all adult mental health problems begin before the age of 15



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GDP

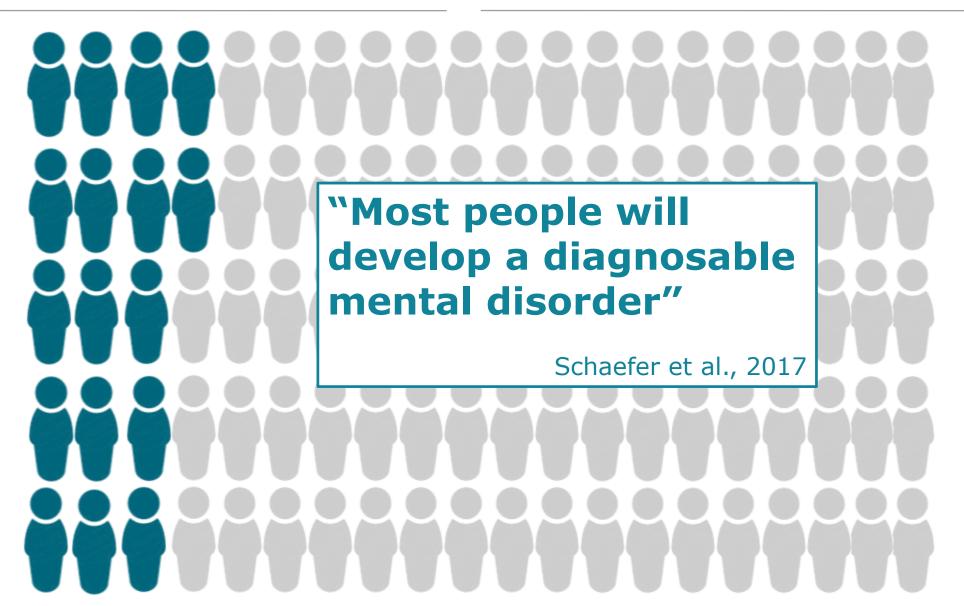
EBPU Evidence Based Practice Unit









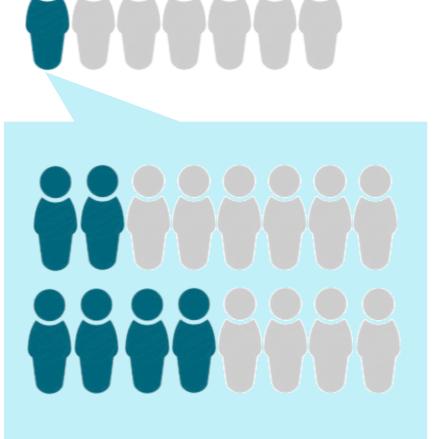






What do we know about mental health in schoolaged young people?

What about children and young people



- In the UK around 1 in 8 children and young people experience mental health problems
- Of those experiencing problems: 1 in 4 will have contact with a mental health specialist
- Just under half will seek support from teachers





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What increases the odds of a mental health problem?

Odds ratios for young people indicating they are experiencing emotional problems, based on a range of characteristics

	Reduced odds 🔸 🔶 Increased odds										
Female (vs. male)				→ →							
Ethnicity: 'Any other ethnic group' (vs White)		→									
Ethnicity: Asian (vs. White)		H									
Ethnicity: Black (vs. White)		н									
Ethnicity: Chinese (vs. White)											
Ethnicity: Mixed (vs. White)		H									
Year 9 (vs. Year 7)			H								
Special educational needs (vs. none)			HH-I								
Eligible for free school meals (vs. not)			H								
'Child looked after' (vs. not)		⊢ ⊷−−1									
'Child in need' (vs. not)			⊢⊷-I								
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https://www.ucl.ac.uk/evidence-based-practiceunit/headstart-learning-team/headstart-reportspublications

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https://www.ucl.ac.uk/evidence-based-practiceunit/headstart-learning-team/headstart-reportspublications



"The violence in this area is proper bad. People get stabbed and everything. Come into school, it is totally fine. But when you are outside school and you see a gang, it is kind of scary. You just walk past them totally fine, but do not react because they will react back"







"(My mum's) struggling on money. [What's that like?] Like, hard. [How do you feel about that?] Sad, because she can't pay the bills. She said she's really, really badly struggling to pay them"







"When I'm in my mum's house, I'm a completely different person. I'm always sad `cause there's always something to argue over"





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"I cried 'cause it, I've, [my dad's] never done it to me before. It was, like, it wasn't necessarily pain. There was no pain. It was just shock..."

















"My mum kind of panics but, she, she... it's hard to explain. So basically she panics a bit, sometimes and she just gets really frustrated...





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What accounts for elevated prevalence?



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"He mainly chose me. He pretty much ignored my friends but swore at me and called me names and stuff"



















Summary so far...

50%

Half of all adult mental health problems start before the age of 14.

£105b

The wider economic costs of mental illness in England are estimated at £105 billion each year.

1 in 8

Children and young people aged 5-16 years worldwide have a clinically diagnosable mental health disorder.





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Children and young people aged 5-16 years worldwide have a clinically diagnosable mental health disorder.

25%

About a quarter of young people with mental health problems access specialist support.

5%

Children and young people receive less than 5% of mental healthcare funding.



It takes an estimated 17 years for treatment options to be translated from

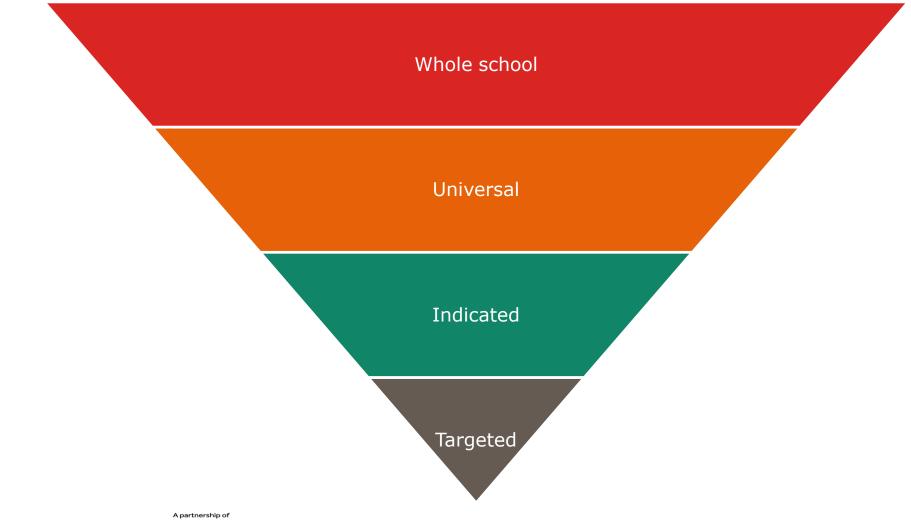
research to practice.

17 yrs

Schools as a good starting point for prevention/early intervention

- 1. Schools are a universal access point for prevention and early intervention
- 2. Young people quite often turn to adults in school for support
- 3. Positive wellbeing in childhood predicts good outcomes in later life
- 4. Fairly good evidence that intervention in schools improves mental heath

Range of interventions in schools



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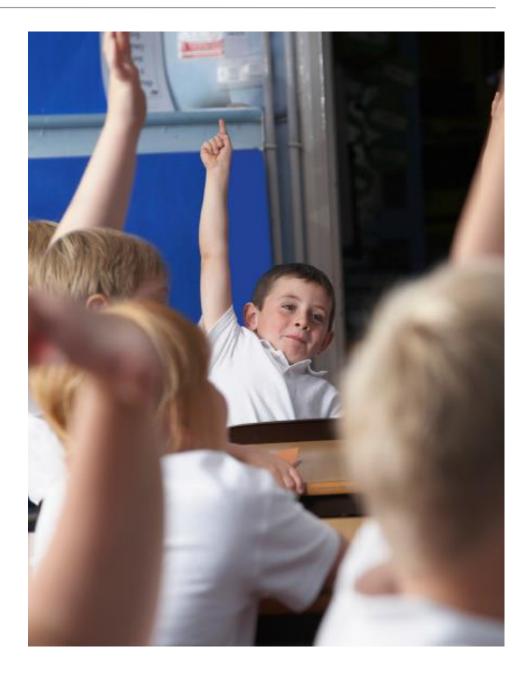
Evidence for universal approaches

Common elements:

- provided in schools
- group settings
- discrete sessions over a series of weeks
- Led by professionals (or trained staff)
- skills-based
- CBT principles
- Engaging

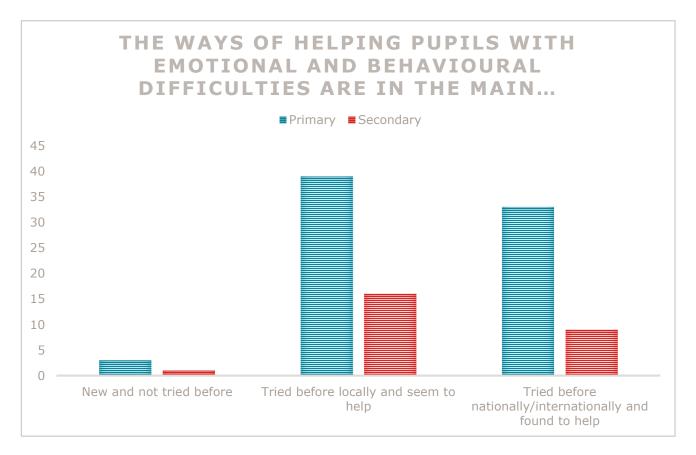






The evidence gap

Evidence based approaches are not always routinely implemented



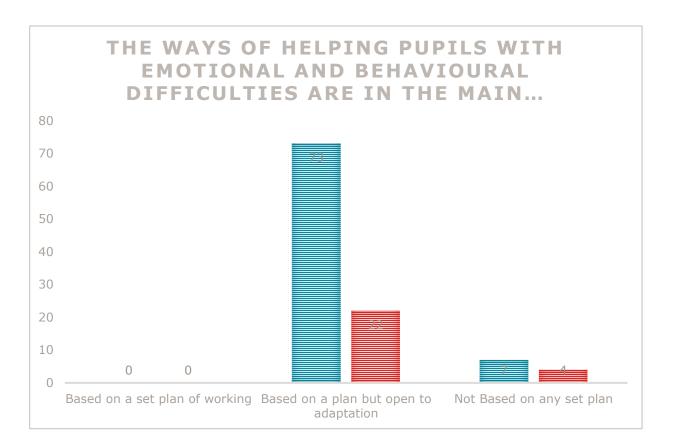


The evidence gap

But even well established interventions often have mixed findings Those with good evidence can fail to translate to new settings

Effect sizes 2-3 times higher when programmes are implemented well versus not

Adaptation vs fidelity







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Building the UK evidence base: Education for Wellbeing

Two trials developed after piloting:

AWARE

- Approaches for Wellbeing and Mental Health Literacy: Research in Education
- Year 9 pupils

INSPIRE

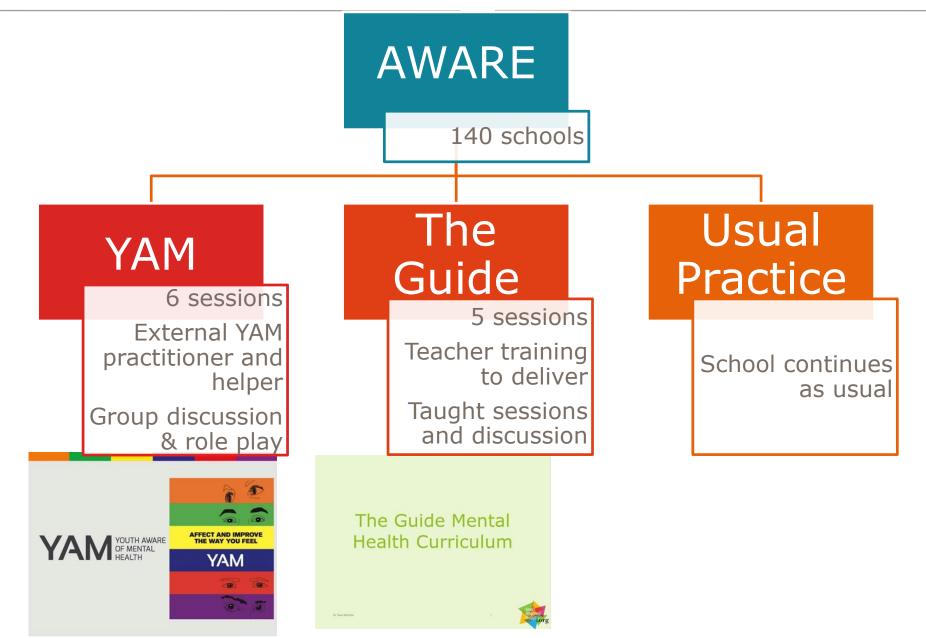
- INterventions in Schools for Promoting Wellbeing: Research in Education
- Primary: Years 4 and 5
- Secondary: Years 7 and 8



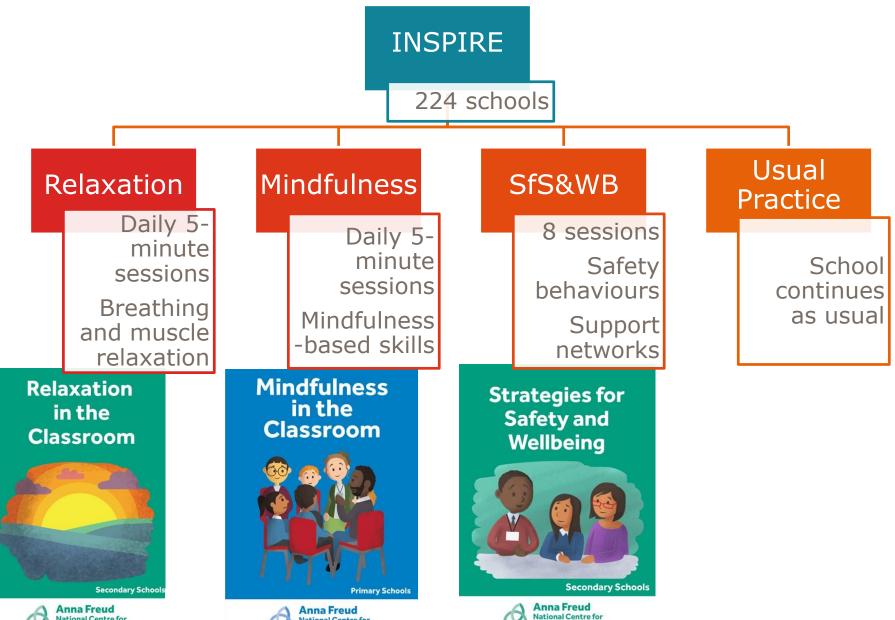








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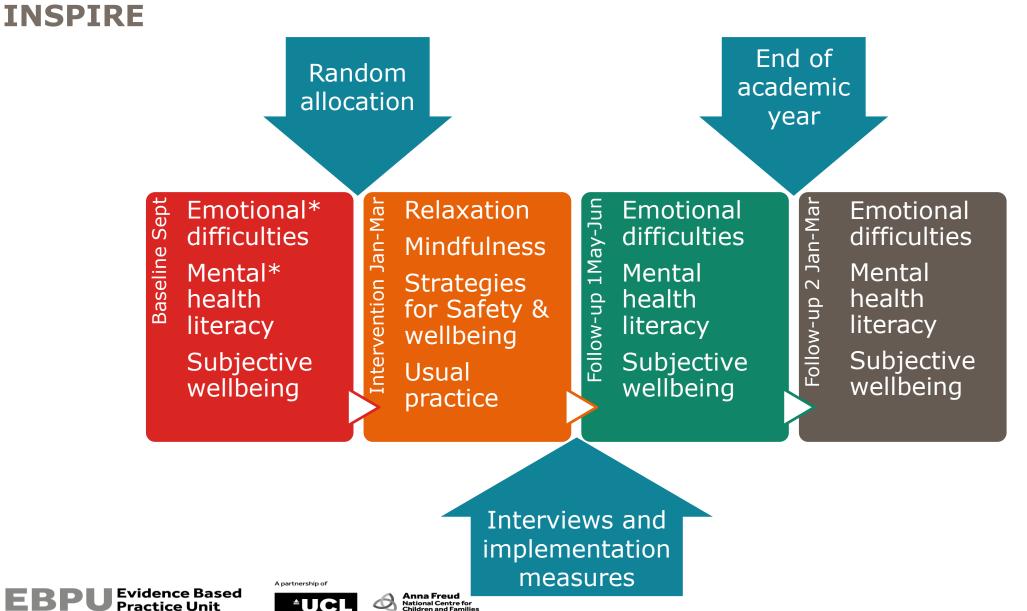
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Impact Evaluation

- Primary outcomes
 - Help seeking
 - Emotional difficulties
- Secondary outcomes
 - Attitudes
 - Interviews with school staff
 - Interviews with young people

Process Evaluation

- Implementation
 - Implementation questionnaires
 - Interviews with delivery staff
- Context
 - Usual provision questionnaire
 - Interviews with school staff
 - Interviews with young people



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Learning to date #1: The importance of coproduction





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Learning to date #2: The importance of piloting





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Learning to date #3: Findings the balancing point between flexibility and fidelity is challenging



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Universal school-based programmes: what we know so far from existing research

Are...

- Potential foundation for understanding of mental health and how to recognise when more help is needed
- Good way of building social and emotional skills





Universal school-based programmes: what we know so far from existing research

Are not...

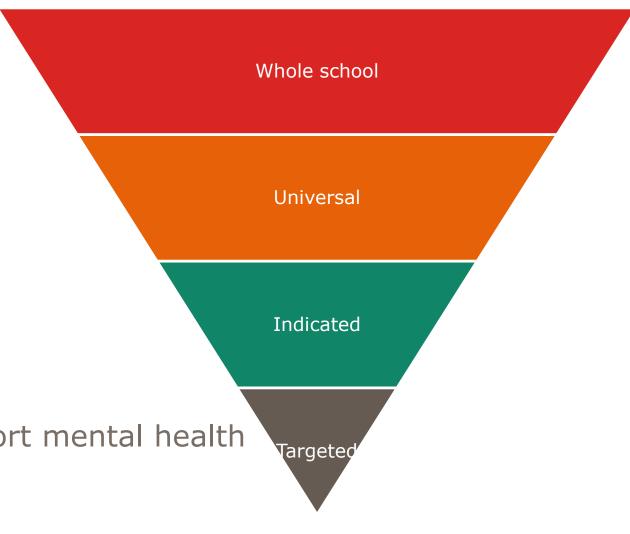
- Going to work effectively in a vacuum
- A panacea

The whole schools system need to support mental health and wellbeing

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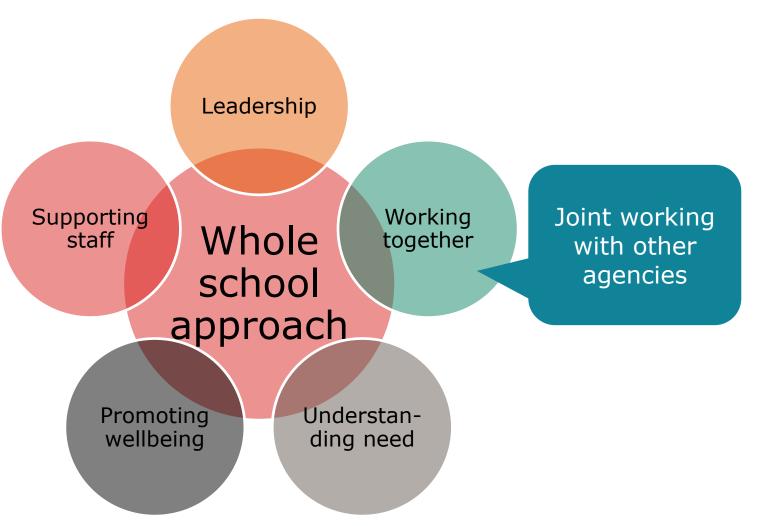








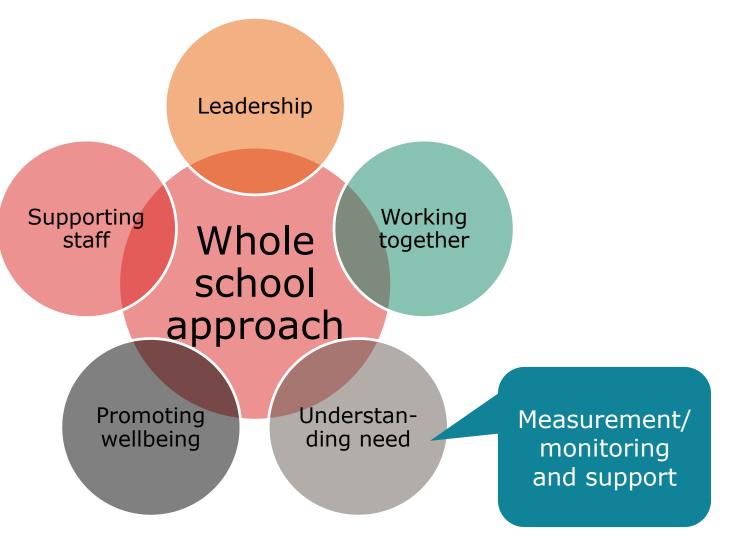
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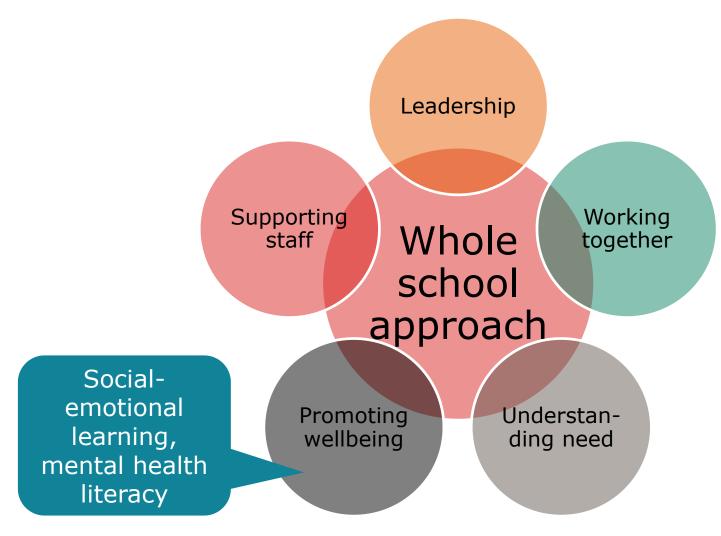
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Key messages and implications

- 1. Mental health problems more common across the lifespan than previously thought
- 2. Mental health problems in children are significant and carry implications for later life
- 3. Risk and cumulative risk are important considerations
- 4. Universal programmes can provide a broad base for mental health support but work best in school environments that are already supportive of mental health and wellbeing

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Thank you!

Any questions?

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