Understanding Young Peoples' Mental Health in Schools

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Why is the mental health of young people important?

Mental health problems are common

- 850,000 children aged 5-16 have mental health problems (1 in 10 children)
- Three children in every classroom have a diagnosable mental health disorder.

Adolescence is a time we can intervene and make a difference to young people

- Universal approaches
- Targeted support

£34bn + £1.2b

Child mental Health Problems lead to Adult mental health problems

Of those with mental health problems in adult life

50% start by the age 14

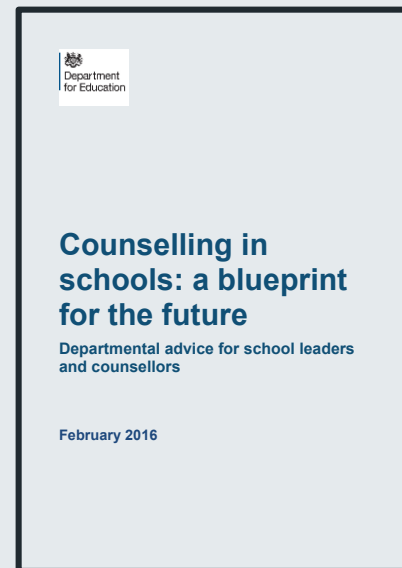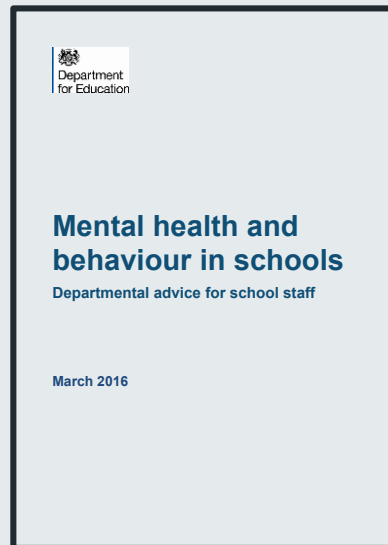75% start by the age of 24

Mental health problems link to a range of other difficulties

- Poor school attainment
- Exclusions
- Teenage pregnancy
- Prison sentence
- Drug dependency

Relevant Policy

Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing

Mental health and behaviour in schools

Departmental advice for school staff

March 2016

Counselling in schools: a blueprint for the future

Departmental advice for school leaders and counsellors

February 2016

Current Policy Key Points

Prevention & Early Intervention	• Universal and Targeted Interventions in schools
Evidence based treatment	• CYP IAPT & evaluate counselling services in schools
Timely access and waiting times	• CAMHS Single points of access - One-Stop-Shops
Reduce Stigma	• Peer support networks for young people and parents.
Service Integration	• Named contact in CAMHS and schools for mental health
No decision about me without me -	• Youth Advisors on Planning Boards
Develop the workforce	• Joint training + improvements in Teacher training.
Outcomes that matter young people	• Mental Health screening and Goals Based evaluations

Overview: Risk and Resilience

Individual

Cognitive Biases

Brain development

Emotional regulation

Emotion Processing

Contextual

Family Functioning

Self-presentation

Peer relations & bullying

School Interventions & Evaluation

Peer mentoring programmes

Mental Health First Aid for Teachers
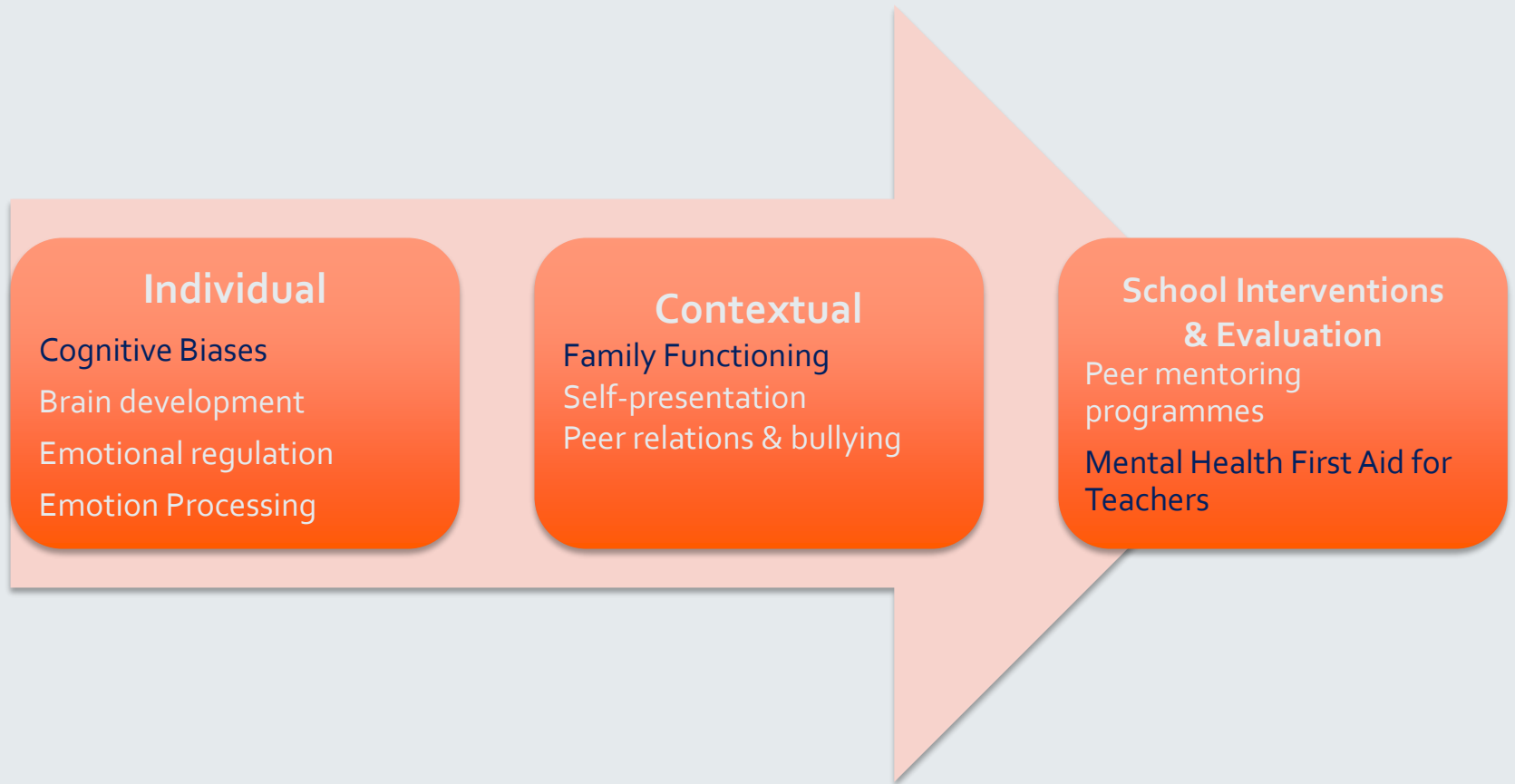
- The peak age of onset for many mental health problems is adolescence, a time of remarkable physical and behavioural changes.

- Cognitive biases are strongly associated with anxiety and depression and are treated in effective mental health interventions (e.g. CBT)

- Examples:

  - **Overgeneralising** negative experiences

  - **Threat interpretation**: Interpreting ambiguous stimuli as threatening

  - **Negative Attributions**: attributing the cause of negative events to internal factors

- Little research on how these thought patterns develop in normal adolescents and how this contributes to their vulnerability to mental health difficulties.

Two studies on vulnerable thinking patterns

Cross Sectional design

Comparing two groups –

Early and Late Adolescence

N=512

Early N = 258, 10 - 13 years

Late N= 282, 14 - 17 years

283 girls; 213 boys

21% White British; 26.8%Bangladeshi

23.7% British Asian

Longitudinal design

Two time points over 12m

N = 139,

Mean Age at Time1 = 12.58 y

69 boys, 80 girls

Measures

Strength and Difficulties Questionnaire (Goodman,1997)

Children's Negative Cognitive Errors Questionnaire – Revised (Maric et al. 2011)

Children's Attributional Style Questionnaire - Revised (Kaslow & Nolen-Hoeksema, 1991)

Ambiguous Situations Questionnaire-Child (Barrett et al., 1996)

Results

Selective Abstraction
p < .001

Negative Attributions
p = .001 & .008

Overgeneralasing
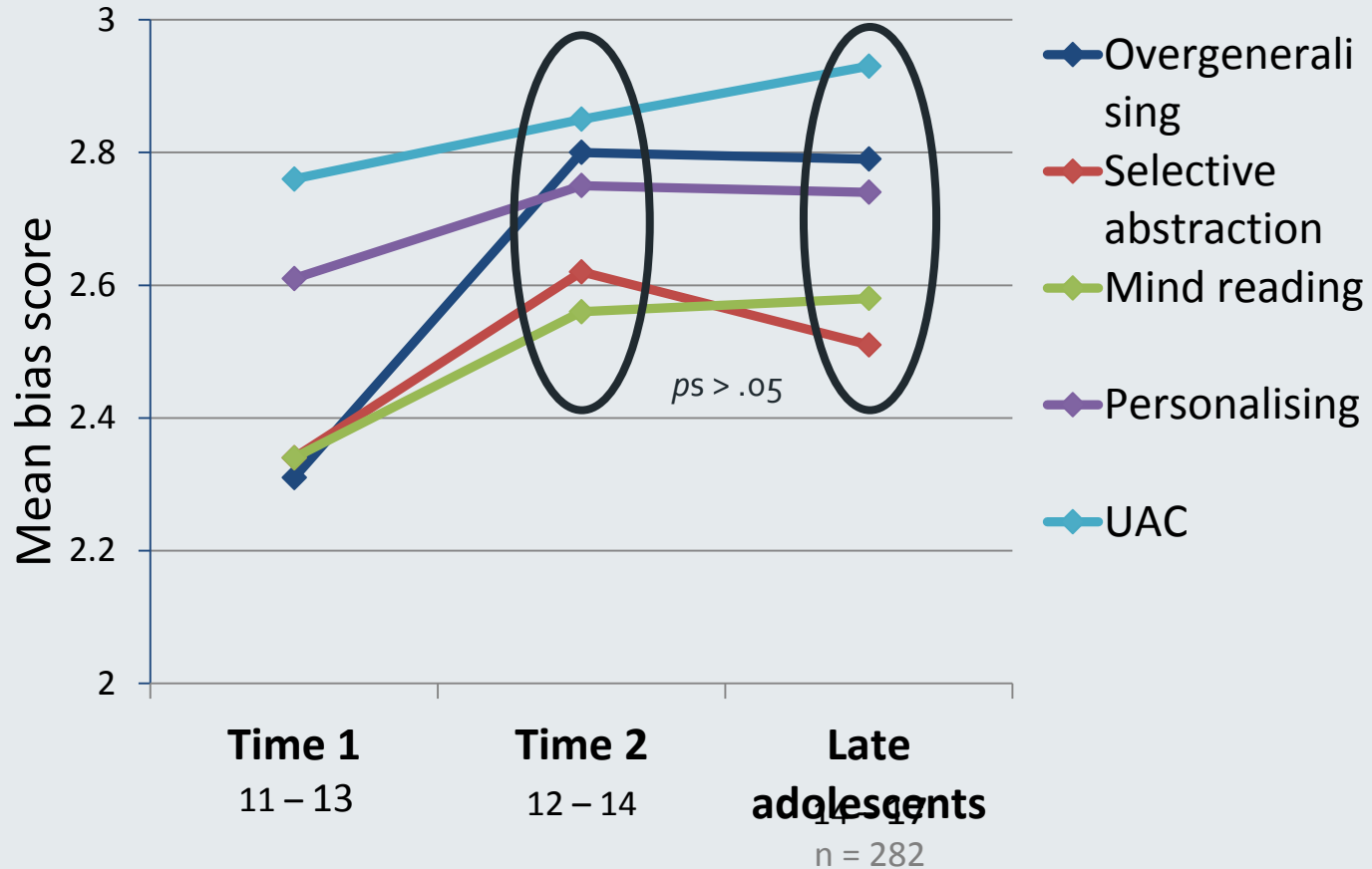p < .001 & .001

Threat Interpretation
p = .004 & 007

Mind Reading
p=.009

When do thinking patterns change?

Chart: Mean bias score across Time 1 (11 – 13), Time 2 (12 – 14), and Late adolescents, showing lines for Overgeneralising, Selective abstraction, Mind reading, Personalising, and UAC. Annotation: *p*s > .05. n = 282

Conclusions

1. Common biased thinking patterns associated with mental health problems are increasing naturally in this age group.

2. Critical period of change is around 12-14years.

3. These cognitive biases should be the focus for early intervention to help develop more functional thinking styles.

Talking to young people about mental health

- Young people often want to talk to a teacher about their problems as the first step to getting help

- It is important these 1st conversations go well.

  - Courage

  - We know that early detection and early intervention for mental health difficulties leads to better outcomes

- Teachers can feel out of their depth and not sure of the best resources

What helps you talk to teachers?
Young Person's View

MindAid - Mental Health First Aid for Teachers

- Supporting teachers with early recognition, screening and support for young people showing signs of mental health problems is key to effective early intervention in schools.

- Training in mental health is effective but costly. Ongoing support and refreshing knowledge is problematic.

- Using evidence from Surrey TaMHS schools evaluation with 2500 teachers.

- CYP IAPT – MindAid app

- Links to SDQ and MindEd resources

- Research planned to support its role out.

MindAid

Listen

Screen

Refer

Learn

Remind

About

Key Features of MindAid

LISTEN. Specific suggestions on the best way to talk about mental health problems with young people:

SCREEN: Use questionnaires to assess problems and prioritize young people in need.

LEARN more about mental health. Content is linked to existing information resources such as MindED

REFER: easily accessible self help and referral information to make signposting to effective help easier.

REMIND. Remember to follow up kids who have problems.

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