



Engaging More Schools in Mental Wellbeing Data Collection and Interventions



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Integrated Care in Youth Mental Health theme

C OVID-19 and home-schooling have upset the routine for children and young people (CYP). A simple calculation shows that CYP normally spend a considerable amount of time in school. The average length of a school day is 6.5 hours, which translates to 1,235 hours in a year of 190 school days, and 17,290 hours in 14 years – reception to year 13.

This makes schools and colleges an ideal setting for identifying CYP struggling with emotional or behavioural problems. Students are also a captive audience for interventions aimed at improving their mental wellbeing. Due to the large network of schools with access to a significant population of CYP, schools are optimum sites for delivering large-scale preventative public health initiatives for mental health. Birmingham education authority alone, with 422 state funded primary and secondary schools and colleges, reaches over 80% of 5-19 years olds in the city, nearly 197,000 students.

There is increasing international evidence that school-based interventions can improve mental health and wellbeing, prevent or change health risk behaviours associated with the development of mental disorders (e.g., smoking, alcohol and drug use), and help prevent specific mental disorders (e.g., depression and anxiety), suicide, stigma and discrimination.[1] Interventions targeting wellbeing can boost resilience and help CYP cope better with stress,[2] improve academic outcomes,[3] and bring substantial improvement across the whole lifespan.[4]

Yet not all interventions in schools have produced positive results. A recent systematic review found the effectiveness of school-based universal mental health interventions in England delivered to all pupils to be neutral or small.[5] More positive effects were found for poorer quality studies and those based in primary schools.

A contributing factor may be the difficulties associated with implementing interventions and evaluation studies in schools. The curriculum is packed and adding extra activities within the school day can be difficult. Students may not access mental health interventions even if made available in school, possibly due to continued stigma around mental health problems.[6] Gaining consent from parents for younger children is an additional hurdle. Establishing proper collaboration and efficient intervention delivery and data collection takes time and effort.[7] Little guidance is available on how best to engage schools and teachers, or how to get students involved in intervention activities and data collection.

Therefore, as part of a pragmatic qualitative study, we have been exploring the barriers and facilitators linked with school-based mental health interventions and research. We have interviewed several experienced researchers, key stakeholders and school staff working across Coventry, West Midlands and wider afield. COVID-19 lockdown and restrictions have, unsurprisingly, hampered data collection in schools, but valuable insights have been gained from a more national population of researchers. Our goal is to generate a guidance document to help improve the implementation and uptake of future public mental health interventions and research in schools.

It is now more important than ever to use schools as settings to improve CYP mental wellbeing. The current trend of rising prevalence of emotional disorders in young people, worsened by COVID-19 lockdown restrictions, is increasing demand from already overstretched specialist mental health services. Approximately one in five young people in England report symptoms of an emotional disorder.[8] However, only one in four young people with a diagnosable mental health disorder gets professional mental help within a year of diagnosis.[9] Promoting student wellbeing and preventing the development or

worsening of mental health problems in schools is one of the best ways of counteracting these adverse trends.

Another of our endeavours is linked with facilitating regular digital wellbeing data collection in schools. The aim is to help improve school level understanding of wellbeing and to create a baseline for other measurements or interventions. During CLAHRC-WM we designed and developed a data collection platform (“*SchoolSpace*”) specifically for this purpose. In 2019, pupils in 17 Coventry schools completed either the 14-item [Warwick-Edinburgh Mental Wellbeing Scales](#) (WEMWBS) (secondary schools),[10] or the 15-item Stirling Children’s Wellbeing Scale (primary schools) [11] on the *SchoolSpace* platform. COVID-19 lockdown in spring 2020 hampered data collection, but the pandemic has heightened the need to be able to digitally measure student wellbeing. Monitoring wellbeing across schools provides also an accessible, low-risk approach to understanding factors that influence mental health and wellbeing in CYP.

Birmingham education authority has plans to use the *SchoolSpace* platform going forward. If all goes well, we expect that most of the 422 schools in the city will conduct regular wellbeing assessments by 2024. This will meet the Public Health England recommendation to make use of school and college level data to identify the mental wellbeing needs of students and determine how best to boost these.

“Efforts taken by schools and colleges to promote the physical and mental health of the student population creates a virtuous circle, reinforcing attainment and achievement that in turn improves student wellbeing, enabling students to thrive and achieve their full potential”.[4]

From a researcher's perspective this is a very exciting prospect. Successful implementation of yearly wellbeing monitoring in schools will take the form of a longitudinal survey and open up an avenue for more robust big data, which can be analysed and interpreted for trends, as well as for the development or identification of effective solutions.

For policymakers this provides an evidence base to target interventions and initiatives based on risk. Early intervention and preventative mental health programmes for CYP are a cost-effective way of improving young people's lives. They offer tangible economic benefits to the public purse and wider society, such as savings in subsequent costs to public services.[12]

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