

Mental health and wellbeing in a pre-tertiary setting: BPS Annual Conference 2017; Division of Academics, Researchers and Teachers Symposium

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Mental health in children is a topic that has been prominent in the news due to the publication of the Government's Green paper on 'Transforming children and young people's mental health provision'.

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THIS PAPER OVERVIEWED some of the research that had already been conducted in schools to support student wellbeing and reported back on research that the author had conducted in her own school, evaluating an intervention that aimed to help Year 12 students cope better with stress. The results showed a small but significant improvement in students' ability to understand what makes them stressed and what they need to do to control their stress when life gets particularly difficult. The study also highlighted issues with introducing mental health interventions in schools.

The prevalence of mental health problems in children and adolescents was surveyed in 2004 (Green et al., 2005). This study estimated that: 9.6 per cent or nearly 850,000 children and young people aged between 5–16 years have a mental disorder. 7.7 per cent or nearly 340,000 children aged 5–10 years have a mental disorder and 11.5 per cent or about 510,000 young people aged between 11–16 years have a mental disorder. This means in an average class of 30 schoolchildren, three will suffer from a diagnosable mental health disorder. It was found that over half mental health problems start before the age of 14 with 75 per cent by the age of 18.

According to the 'Your Future in Mind', 2016 report, schools should be encouraged to continue to develop whole school

approaches to promoting mental health and wellbeing through a new counselling strategy for schools, alongside the Department for Education's other work on character and resilience and PSHE. The publication of the Green paper in December 2017, took this further and recommended that all schools should have a mental health lead, who will oversee all aspects of the mental health of children within the school, including helping identifying children who have mental health needs, liaising with local mental health services, overseeing interventions and supporting staff. It is a huge role and one that the Government currently see as being a voluntary one.

It is quite apparent why the Government consider this to be such an important issue when research has found social and emotional wellbeing a more significant determinant of academic attainment than IQ (Public Health England & Department for Education).

There are currently a number of interventions in schools aimed at supporting mental health. Mindfulness-based interventions are becoming increasingly popular in schools, however, the results are varied. For example, Harpin et al., 2016, conducted a 10-week Mindfulness programme for 4th graders. It was integrated twice a week (20–30 min.) into the curriculum. Pre- and post-feedback was provided by teachers with qualitative

data from students. Teachers reported significant differences in: prosocial behaviour, emotional regulation and academic performance, whereas students reported high satisfaction and gave examples of how they had implemented the programme themselves. Similarly, a study using meditation showed a significant difference in help-seeking behaviour and peer support in 9th graders at post intervention and three-month follow-up (Ojio et al., 2015).

Semple et al. (2010) found a strong relationship between attention and behaviour. In a small sample of low-income children, they found significant reductions in anxiety for those who had had high levels pre-test. They found reductions in attention problems accounted for 46 per cent of the variance of changes in behaviour problems. However, attention changes were a non-significant mediator of behaviour problems. In an eight-week Mindfulness intervention, using 11–15-year-olds with ADHD and parents, van de Weijer-Bergsma et al. (2012) found the effects on attention & behaviour strongest at eight weeks post-intervention but reduced by 16 weeks, showing that positive behaviour changes may not be long lasting. In contrast, a nine-week programme looked at the effects on mental health of 256 school children. Post-intervention, researchers found that students who had engaged with Mindfulness showed higher wellbeing scores. At the three-month follow-up, researcher found a significant difference in wellbeing, depression and stress compared to the control group who has just followed the normal school curriculum (Kuyken et al., 2013).

Other schools have trialled meditation programmes with a goal to raising academic achievement. For example, one school found an improvement in academic achievement in third to seventh graders who practiced Transcendental meditation twice daily (Nidich & Nidich, 1986). Another study using Transcendental meditation twice daily found significant improvement in maths and English compared to a control group.

(Nidich et al., 2011). However, in both of these studies, the whole school ethos was based on the practice of Transcendental meditation. Therefore, it is hard to generalise the results to schools whose teachers and students are not skilled in the art of meditation – especially for 15–20 minutes at a time, twice a day.

Nevertheless, further research using meditation, has also found beneficial effects in terms of academic achievement. For example, Franco et al. (2010) found statistically significant differences in all academic areas based on a 10-week meditation programme with one-and-a-half hours of meditation a week with an additional half-hour a day of practice. However, a meta-analysis of meditation programmes found the majority (67 per cent) only has a small effect on student outcomes. Only nine per cent were found to have a large effect.

Other studies have looked at stress interventions. Van Vliet and Andrews (2009) found a small but significant increase in knowledge about stress and coping as well as an increased use of support-seeking coping behaviours for students using an on-line course consisting of six lessons. Another intervention involving 35 schools found that those schools who received the intervention had a significant moderate reduction in negative social climate (reduced bullying) as well as significantly improved academic skills (Holen et al., 2013).

The evidence suggests that Mindfulness/Meditation/stress reduction interventions can be effective in supporting both the mental health and academic achievement of students. The mindfulness/meditation interventions appear to be most effective for children with anxiety or low self-esteem. Whereas the stress reduction programmes improved both social climate and help-seeking behaviour. Both types of interventions seem to show some benefit for improving academic performance. However, there needs to be longer term follow-up studies to see if the benefits continue across the students' academic life. Results suggest

that students need to continue practising the techniques they have learnt to get long-term benefit from the interventions.

This pilot study is looking at the effectiveness of a programme designed to help students understand what stress is, how to identify triggers, how to manage it and how to reduce it.

Method

The study used a repeated measures design where students completed a pre- and post-intervention questionnaire that was designed to measure their understanding of how much control they have over the stress in their lives and if they know what to do if those levels get too high (see appendix). The intervention was taught via a series of PowerPoint presentations with accompanying worksheets. It was presented to students during 20 minute morning tutor time sessions over a period of nine weeks by the tutors themselves. The presentations were accompanied by a comprehensive teacher-guide. There were six different tutor groups.

Participants

The participants were 63 Year 12 students who were in the 6th form of a school in East Sussex, aged 16–17. Only two students chose not to take part. Unfortunately as not all the questionnaires were returned and some students were missing from tutor time, a total of 35 participants' data was analysed (22 males and 13 females).

Ethics

As the students were under 18, a letter was sent out to parents informing them of the intervention and pre and post questionnaires and were made aware of the ethical guidelines concerning their son or daughter's participation. Parents were invited to contact the Mental Health Lead with any queries. The students also signed a consent form. Those who did not wish to take part in the study, also received the intervention but did not complete the pre- and post-questionnaires.

Participants were reminded of their right to withdraw and gave fully informed consent. They were also told verbally that if they had any concerns during the intervention, they could talk either to their tutor or to the Mental Health Lead.

Participants were also told that their data would only be viewed by their tutors and the Head of Psychology who was analysing the data. They were also told that their individual data would be confidential but if the tutor or Head of Psychology were concerned about their mental health, further support would be offered. All students were made aware of different avenues for accessing mental health support both within and outside the school. As the design was repeated measures, numbers were assigned to participants so that the data from the pre and post questionnaires could be matched. All data was kept in a locked office.

Materials

An intervention designed to support students with issues around stress. It was designed for students aged 11–18 years. It was created by an expert in teenage brains, stress and wellbeing. The intervention included PowerPoints, a comprehensive teaching guide and worksheets. Biofeedback dots were also used to accompany one of the sessions and a heart rate monitor for another session.

Sessions included:

- Understanding stress;
- Taking control of stress;
- Triggers;
- Attitudes and thought processes around stress;
- Ways of reducing stress;
- Strategies for managing stress.

Pre- and Post-Intervention questionnaires. These consisted of six and seven questions respectively. They both contained the same questions but the post-intervention questionnaire also contained an additional question: How helpful did you find the course? Questions were scored on a seven-point Likert

scale: totally disagree = 1 to totally agree = 7. At the start of the pre-intervention questionnaire was the *Oxford Dictionary of Psychology* definition of stress. This was to help the participants understand what was meant by stress before answering the questions.

Participants were also invited to give qualitative feedback at the end of the questionnaire. At the end of the pre-intervention questionnaire they were asked 'If you have any comments you would like to make about the type of support you would like to see in school regarding mental health and well-being, please write them below'.

At the end of the post-intervention questionnaire they were asked 'If you have any thoughts about the course (good or bad), please write them below, this will help us to evaluate whether or not to use it with other years within the school'.

The questions were:

1. In general I feel in control of my stress.
2. When life is particularly difficult I feel that I am able to control my stress.
3. I understand what I need to do to control my stress.
4. I understand what makes me stressed.
5. I know when my stress levels get beyond what I am able to cope with.
6. I have techniques that I can use to successfully control my stress levels when they get too high.

The questions were designed to link in with the content of the intervention to see if the difference areas addressed had had an impact on the students' beliefs about their own stress.

Results

The data was analysed using *T* test for two dependent means.

Question 1. 'In general I feel in control of my stress'. The mean score for the pre-intervention questionnaire is 4.8 and post is 5.2. The value of *t* is 1.553464. The value of *p* is 0.064786. The result was not statistically significant at $p \leq 0.05$.

Question 2. 'When life is particularly difficult I feel that I am able to control my stress'. The mean score for the pre-intervention questionnaire is 4.51 and post is 5.08. The value of *t* is 2.196. The value of *p* is 0.017. The result is significant at $p \leq 0.05$

Question 3. 'I understand what I need to do to control my stress.' The mean score for the pre-intervention questionnaire is 4.71 and post is 5.71. The value of *t* is 3.905. The value of *p* is 0.0002. The result is significant at $p \leq 0.01$.

Question 4. 'I understand what makes me stressed'. The mean for the pre-intervention questionnaire was 5.1 and post was 5.9. The value of *t* is 3.916. The value of *p* is 0.0002. The result is significant at $p \leq 0.05$.

Question 5. 'I know when my stress levels get beyond what I am able to cope with.' The mean for the pre-intervention questionnaire is 5.2 and post is 5.8. The value of *t* is 2.223. The value of *p* is 0.016. The result is significant at $p \leq 0.05$.

Question 6. 'I have techniques I can use to successfully control my stress levels when they get too high'. The mean for the pre-intervention questionnaire was 4.8 and for the post 5.14. The value of *t* is 1.195. The value of *p* is 0.120. The result is not significant at $p \leq 0.05$

Question 7. 'How helpful did you find the course?' The mean score was 3.48.

Discussion

Post-intervention, participants reported a small but significant increase in their understanding of what makes them stressed, knowledge of when those stress levels were reaching a 'danger' point, and what to do to control their stress.

However, there was no significant increase in their confidence in controlling their stress in general and feeling that they had the techniques that they needed to control their stress.

This seems to be in direct contrast to their response to the question ‘I understand what I need to do to control my stress’, which showed the greatest increase in confidence between the pre- and post-intervention questionnaires.

There was very little qualitative data reported by the participants. However, one participant remarked ‘the target setting was valuable. Setting personal targets such as drinking more and sleeping more was very helpful; because it actually helped me feel better when I met these targets.’ Another stated ‘[it] gave [a] good insight into the physical effects.’ Another wrote ‘it was alright learning how to breathe.’ One participant felt they did not have problems with controlling their own stress but suggested that ‘if people weren’t in control, I feel the course would be useful.’

Although participants did not rate the intervention as being particularly helpful, the difference in their scores on the pre- and post-intervention questionnaires showed that it did have a positive effect on their understanding of stress and what they need to do to control it.

There were various confounding variables that could have affected the potential outcomes of the study, but this would appear to illustrate the difficulties in running such an intervention in schools. Firstly, the researcher was not able to have the time to sufficiently train the tutors to deliver the programme. Only one tutor actually had a background in psychology. Some of the other tutors reported struggling to deliver some of the content and to make it meaningful for the students. An issue was, that although the teacher’s guide was comprehensive and gave detailed instructions on how to run the lessons, many of the tutors simply didn’t have time to study the guide in depth due to already heavy workloads. This meant that the sessions were not run as effectively as they could have been. Had the teachers had time to properly prepare, then it is likely that students would have found

the intervention to be more helpful and engaged with the process more fully.

The mean scores for the question asking how useful they found the study were also skewed by one group who had struggled to connect with their tutor in general and had scored the last question significantly lower than the other groups. There were also issues with some of the students being very cynical about the whole process and this potentially affected their engagement with the process. Similar issues have been found in studies that use Mindfulness techniques with teenagers (Johnson et al., 2016).

Looking forward, it is important that specific CPD time is set aside for staff so that those without a psychology background can be properly trained in delivering interventions which deal with issues of mental health. This will ensure that students gain the most benefit from the intervention. Staff are then also well placed to support and understand their students if they are experiencing stress or anxiety.

In conclusion, despite the issues, students did benefit from the intervention and their understanding of what are their stress triggers and what they actually need to do to control their stress levels were significantly increased. Further support for using the techniques that were taught during the nine week intervention period would be beneficial and this could be incorporated on a weekly basis into tutor time. Even if only five minutes, once or twice a week were used to actually practice the techniques so that they became part of the students’ weekly routine. Further investigation would also look at the difference in wellbeing scores based on how much the student engaged with the intervention.

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