RAISING AWARENESS OF MENTAL HEALTH IN SCHOOLCHILDREN

This is a summary: the full paper can be accessed at nursingtimes.net

AUTHOR Scott Hunt, MSc, BSc, Dip Health Studies, RMN, is crisis home treatment team manager, Green Parks House, Bromley, Oxleas NHS Foundation Trust.


Education and support regarding emotional health are vital in helping adolescents to maintain good mental health and protect them from future ill health. This study aimed to investigate whether mental health education is delivered in the school curriculum and explore teachers’ perceptions of it. Unstructured interviews were carried out with a sample of seven teachers. They confirmed that provision for mental health education is made both in the curriculum and pastorally, although this is delivered with more of an emotional rather than mental health education focus. There is a strong need to further develop and raise standards of mental health education to address increasing evidence of depression and other mental health problems in schoolchildren.

In my work I have become aware of adolescents’ need for emotional health knowledge and education on how to manage mental health. Education and support are paramount in helping them to maintain good mental health and well-being, and to protect them from mental ill health in the future.

The National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004) identified that poor mental health in children could result in more complex problems in later life if not addressed during school years. It states that many agencies, other than child and adolescent mental health services (CAMHS), could support children with mental health problems.

The Office for Standards in Education (2005) published a report on personal, social and health education (PSHE) in secondary schools, stating that much of the education in this field was about knowledge and understanding. It identified a need to include attitudes, values and personal development.

A literature review was carried out for this study – for details see nursingtimes.net.

AIM AND METHOD

This study aimed to explore secondary school teachers’ experiences and perceptions of PSHE, and the need for mental health education in the curriculum. A qualitative paradigm was used, partly because teachers’ lived experiences and perceptions could be more appropriately obtained using unstructured interviews. This gave the interviewer greater participation and freedom to explore issues in more depth. A phenomenological approach was used.

A sample of seven teachers – both male and female – was chosen from seven secondary schools across East Sussex. Content analysis was used due to the size of the study and the need to find common themes for data analysis.

RESULTS

Adolescents’ individual needs

Several themes were identified. The first was pastoral work on an individual basis with schoolchildren. The research identified the dilemma facing teachers when pupils divulge sensitive information that may require further action. This can pose dilemmas around confidentiality. Within many of the schools a counselling service and/or a school nurse was available to help manage pupils’ difficulties. Gender issues were identified – boys in particular may have difficulties approaching staff if they are having problems.

Teachers identified the importance of fostering a safe environment for pupils to talk about problems. Several commented that support was available through formal teaching of PSHE, as well as access to school nurses, counsellors and informal one-to-one time with teachers.

Teachers described changes in behaviours of pupils and were concerned about having the skills to recognise and manage this. Some expressed concerns that schoolchildren’s emotional or mental health needs were increasing due to pressure on them. They suggested that pupils were experiencing more crises and problems at home, and felt such issues affected their emotional health. They also observed that pupils are experiencing increasing levels of stress from academic pressures and tests.

Despite the difficulties experienced relating to pupils’ behaviours, teachers also

IMPLICATIONS FOR PRACTICE

- Increased promotion of the school nurse’s role, and the important part they can play in health education in the classroom, is needed.
- There is potential for school nurses, mental health nurses, school counsellors and teachers to build a stronger health promotion and education element in schools. They should also continue to focus on reducing the stigma of mental and emotional ill health.
- Nurses and teachers should adopt a cohesive approach to achieving ‘healthy school status’.
- Child and adolescent mental health services and local teachers should continue to build and develop working relationships to allow further research-based knowledge to be used in teaching and in pastoral work with pupils.
- Adult mental health workers should continue to be aware of the potential needs of their clients’ children, who are in stressful environments.
perceived that more schoolchildren were approaching staff for help. As such, they were fostering opportunities for pupils to approach them.

Other issues
Teaching emotional health: It became clear that it may be more appropriate to talk about emotional health rather than mental health. Several teachers mentioned that mental health was not covered as such within education and was certainly not taught as a separate issue. They said two levels of mental health were being discussed and taught in schools: the pastoral role; and the formal teaching of emotional health exploring children's identity, coping with stress and pressures, and avoiding alcohol and drugs.

Government support and measuring success: Teachers felt the government had raised awareness regarding PSHE but that a careful implementation strategy was required across the curriculum. Some felt that while guidelines on PSHE teaching existed, they were too broad regarding what should be taught within PSHE.

Teachers recognised that the national curriculum had brought uniformity. In terms of the success of PSHE, some felt it was too difficult to measure – this could only be measured longitudinally by how pupils lived their lives.

External support in teaching PSHE: As discussed earlier, most teachers highlighted the fact that school counsellors and/or school nurses were available to refer pupils to if they could not deal with children’s personal emotional or mental health needs in the classroom or on a pastoral level. CAMHS were also available for referrals of more complex mental health difficulties. Several teachers felt CAMHS were supportive locally and made positive comments about the times when staff had visited schools to deliver teaching sessions to pupils about mental health.

Curriculum areas outside PSHE: Teachers said emotional health was often covered within citizenship lessons. They felt that, although it was not specifically labelled, mental health did feature in the curriculum but there was room to include more on the topic. Some felt my visit had acted as a ‘wake-up’ call, that perhaps a clearer lesson related to mental health should be created in PSHE and that mental health should be concentrated on.

Increasing pressures: Teachers perceived they were witnessing an increase in pressures on pupils from home and from academic issues. Although awareness of alcohol, smoking, sexual health and drugs was greater, teachers did not feel that pupils had a better understanding of emotional health.

Stigma of mental health: The main research question revolved around mental health. However, during interviews it became unclear how mental health would be included in a more formalised manner, or if it needed to be. There was some discussion about the stigma surrounding mental health and teachers felt emotional health was an easier term to use and teach, as it encapsulated emotions and feelings. Some raised the issue of whether it was beneficial for pupils to be taught about mental health, asking whether this would change outcomes for pupils.

DISCUSSION
This study demonstrated that teachers were aware of pupils’ individual needs. They observed that, in some cases, pupils were being more open and approaching staff for support for their emotional problems. They also highlighted a difference in the way the genders dealt with their individual emotional issues.

Teachers explained that their roles regarding health promotion go beyond that of PSHE and beyond sharing information with children.

The study showed there was pressure on teachers to find time for PSHE lessons. It also gave an indication of how other teachers, heads and professionals felt about the relevance of PSHE lessons. The interviews indicated that PSHE teachers could potentially be under immense pressure and, therefore, close liaison between teachers, counsellors, school nurses and other professionals was of paramount importance. The small amount of feedback gave some indication of the desire to work more closely with colleagues in providing a more cohesive and supportive PSHE lesson.

Teachers felt that mental health was being taught indirectly through a mixture of lessons, as well as directly through PSHE. The study also highlighted the problem of knowing at what level and age to introduce mental health, and what should be taught. It was unclear whether teachers realised the extent to which they already taught mental health through the education delivered on emotional health.

During the interviews, teachers appeared to emphasise health promotion far more than expected. It became apparent that teachers are key to creating the learning opportunities that will make a difference in relation to children’s personal, social and health education. This reinforced earlier discussion about health professionals working more closely with teachers to support and assist them in the delivery of mental health education.

CONCLUSION
It appeared that the delivery of education about emotional issues was carried out in a variety of ways, such as through drug and sexual health education. There was no separate discipline that specifically focused on mental or psychological health as a subject, in the way that, for example, physical education does.

It could be argued that there is a strong need to further develop and raise standards of mental health education in order to address increasing evidence of depression and mental health problems in children. This may lead to more positive personal, community and health outcomes in future.