Understanding Young Peoples’ Mental Health in Schools

Dr Helen Pote  h.pote@rhul.ac.uk
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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.

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

Adolescence is a time we can intervene and make a difference to young people
• Universal approaches
• Targeted support

Mental health problems link to a range of other difficulties
• Poor school attainment
• Exclusions
• Teenage pregnancy
• Prison sentence
• Drug dependency

£34bn + £1.2bn
Relevant Policy

- **Future in mind**
  - Promoting, protecting and improving our children and young people’s mental health and wellbeing
  - Department of Health
  - February 2016

- **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

- Universal and Targeted Interventions in schools
- CYP IAPT & evaluate counselling services in schools
- CAMHS Single points of access - One-Stop-Shops
- Peer support networks for young people and parents.
- Named contact in CAMHS and schools for mental health
- Youth Advisors on Planning Boards
- Joint training + improvements in Teacher training.
- 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

<table>
<thead>
<tr>
<th>Cross Sectional design</th>
<th>Longitudinal design</th>
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| 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 | 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)
No-one likes me in this class, I can see it in their faces. It is the same at the youth centre. I must be so boring there is nothing about me to like.
When do thinking patterns change?

Mean bias score

Time 1
11 – 13

Time 2
12 – 14

Late adolescents
n = 282

- Overgeneralising
- Selective abstraction
- Mind reading
- Personalising
- UAC

ps > .05
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 12-14 years.

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.
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.