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How do teenage school children, experiencing significant emotional mental health difficulties, perceive they can be better supported at school?

Global statistics suggest there is an urgent need to place more emphasis on promoting and supporting the mental health of young people in their teenage years ([WHO, 2003](#)). In particular, the numbers of teenagers presenting with significant mental health difficulties has risen over the last 25 years. For instance, in the UK, it has been estimated that anxiety and depression has increased by 70% ([DoH, 2015](#)). Particularly concerning is the increase in teenagers reporting suicidal thoughts or presenting in Emergency departments having attempted suicide ([Campbell, 2016](#)).

To combat this disturbing trend, global policy has identified schools as being well-placed to play a key part in promoting, protecting and supporting the mental health of children. The onus on schools is twofold, in that positive school experiences can act as a powerful protector of a child's mental health while negative school experiences can be detrimental ([O'Connell et al., 2009](#)). Schools also provide access to large numbers of children whereby resilience can be promoted via education.

In the UK, the Government has recently stressed the need for schools to take a whole school approach to mental health. In other words, schools need to promote and protect pupil mental health through a number of evidence-based strategies. For instance, a recent Parliamentary select review, exploring how UK schools can better promote pupil mental health, suggested schools adopt a range of approaches, including more proactively incorporating lessons about mental health into their Personal Social Health Education; investing in specially designed and delivered anti-mental health stigma programmes that can encourage children to seek help about mental health

problems rather than remaining silent ([Parliamentary Select Committee Report, 2017](#)). Currently, Government policy is also encouraging schools, in unison with specialist health or social providers, to deliver more specialist mental health services on their premises, such as counselling, so that children experiencing distress receive the support they require in a non-stigmatising environment ([DoH, 2015](#)).

Although these recommendations are sensible, the practicalities of introducing such support are a lot more complex. Some of the complexity revolves around schools being very focussed on learning and not having the time to attend to issues like mental health. Also, in this time of austerity and uncertainty, schools do not have sufficient funds to buy in specialist mental health services and therefore any investment in this area may not be sustainable. Furthermore, schools do not feel they have the skills or expertise to support or identify children with mental health difficulties, especially children with less visible emotional disorders. In addition, services like CAMHS, tasked to support schools with their mental health agenda are also under-resourced and over-stretched. The question, therefore, is how can schools realistically support the needs of young people with significant mental health difficulty, given these barriers? Who better to answer this question than the children experiencing the difficulties themselves?

This article summarises the key findings of a recently completed [PhD](#) study. This qualitative study adopted a thematic design, underpinned by a social constructionist theoretical framework. It involved interviewing 14 young people aged 14 - 16 years, their parents and teachers. The children were identified by CAMHS as experiencing severe

emotional difficulties; namely depression, anxiety, eating disorders and self-harming behaviours. The aim of the research was to find out how these children perceived their school could better address their needs. They, their parents and teachers were asked what they felt their school did well, what their school could do more of, and what hampered their needs from being addressed.

This article summarises this study's findings, firstly by outlining to the reader some of the complexity of these children's school experiences, then describing how the participants thought their schools could better assist them. The findings were interesting because the young people's perceived needs were sensible, simplistic, and not necessarily costly. Also worthy of note, is that their voiced needs were not always the same as the needs perceived by the adults supporting them.

The children's view of school

Firstly, all the children interviewed understood the protective value of school, in that, when at school, they wanted to focus on learning as they knew this would improve their success in life. Figure 1 illustrates their perception of the helpfulness of school.

Fig 1: The Perceived Value of School



The problem, however, was that there was a lot of complexity hampering these children from feeling safe and secure and well-connected at school. Factors compromising their happiness often related to the inner turmoil linked to their mental illness, like maladaptive cognitions. For instance, unhelpful thinking would exacerbate distress, lower their self-esteem and self-worth and lead to an increase in maladaptive behaviours like self-harming or eating restriction. Other school factors, external to the child, were also

adding to their unhappiness, for example, bullying, exam stress or being influenced by society's negative view of mental illness. Such external influences often led to these children masking their difficulties and remaining silent about their problems. Interestingly, the research findings suggested that the young people's teachers were unaware of this complexity. Their parents on the other hand did demonstrate some insight, but felt powerless to help. This was because their teenage children did not want their parents to intervene in their school business for the fear of making things worse.

Considering this complexity how did these teenagers think they could be better supported at school?

The findings suggested these very vulnerable teenage children, already experiencing mental health difficulty, have needs which should be addressed sequentially; these being:

- To feel safe at school
- To feel socially connected there.
- To feel able to voice their difficulties and needs
- To receive individualised educational support

It is important to point out that the first need is a prerequisite to the others. For example, if a child is being bullied or is anxious about talking about his mental health difficulties for the fear of being stigmatised, he will feel unable to connect socially to his peers and teachers. Without that feeling of connection, he will not have the trust and courage to voice his problems to his school teachers and therefore the child is unlikely to receive the specialist individualised support he may need.

Need 1. The importance of safety

Schools need to work hard at promoting a safe, more caring, empathetic, and compassionate environment for all children. From the perspective of teenage children experiencing mental health difficulties, a number of whole-school, multi-pronged approaches may be introduced that may help the school achieve this better environment.

For example, these children spoke about the importance of ensuring that the school allocate appropriate quiet, private space that they can use when they need peaceful time. Similarly to adults, children need time and space to regulate negative

emotions; however, unlike adults, they cannot leave the premises or go for a walk. The only quiet space many of the children who participated in this study had was the school toilet, as illustrated by this 15-year-old female participant.

"I sit in the school toilets for an hour just because I want some time by myself and it is not really right that somebody should have to sit in a toilet just to have some time by themselves".

This therefore suggests school principals should be encouraged to think about allocating quiet space that children can utilise when they need to release or regulate emotion. It is acknowledged managing such space is likely to be challenging; nevertheless, offering space away from toilet areas will promote dignity and safety.

Another very important aspect of school safety, spoken about by the majority of this study's young participants and their teachers, was bullying. Bullying is known to have a very detrimental impact on a child mental health. This was confirmed by many of this study's young participants as illustrated by this statement by a 14-year-old female participant.

"It put my confidence down. I did take attempts on my life thanks to the bullying but I am happier now that it has stopped".

The findings from this research suggested, however, that the 'zero tolerance' bullying message was causing teacher complacency. This was concluded because the majority of the children interviewed for this study said they had or were experiencing bullying problems and their school did not deal with the bullying problems effectively. Interestingly, their teachers, when interviewed, simply stated bullying was not a problem at their school as they had a zero tolerance policy towards it. It appeared therefore that bullying problems were going unnoticed. Cyberbullying was a big problem as were more traditional forms of bullying. This therefore suggests a zero tolerance policy is only helpful when teachers do not then assume instances of bullying are in fact zero.

Mental health stigma - which can do more harm than the mental illness itself, and which often causes people to remain silent about their difficulties ([MHF, 2017](#)) - was also a problem for

many of the young people and their parents. This was because they feared that, if their teachers or peers knew about their difficulties, they may be discriminated against or bullied. Others spoke about actual experiences of stigmatisation. As a consequence of self or public stigma, the majority of the children interviewed tried hard to hide their problems from their school teachers and friends and were very wary about voicing their needs, as demonstrated by this 15-year-old female participant's statement.

Researcher: "It sounds to me that you like to know that a teacher is there but choose not to tell a teacher about your problems in detail am I right?"

Child: "Yer."

Researcher: "Can I ask you why that might be ((names child))?"

Child: "I think it is just in the past people have had loads of paranoia about mental health issues and I think I am worried about exposing that fully to the school".

The young people and their parents therefore felt, to promote their safety, their school needed to convey more proactively the anti-mental health stigma message, so an ethos of acceptance towards mental health difficulties could be encouraged. The UK charity [Time to Change](#) is working hard to tackle mental health stigma. The charity delivers workshops in schools and provides free school resources. It therefore makes sense for every school to thread this into their curriculum, especially as there are many children experiencing mental health difficulties in silence and not receiving the support they require.

Need 2: The importance of feeling socially connected at school

Once a safe bedrock of care and acceptance is evident in a school, the children who participated in this study perceived it would be easier to build stronger teacher and pupil relationships. A wealth of literature highlights the need for pupils to feel well-connected at school, as this promotes belonging, resilience and better mental health ([O'Connell et al., 2009](#)). There is therefore a need for schools to focus more strategically on pupil and teacher bonding.

The young participants and their parents felt their bonds with their teachers could be improved by their teachers having a better knowledge and

understanding of mental health. They felt their teacher's lack of understanding of mental health problems meant that, if they were to share information about their mental health difficulties, their teachers would not be understanding of their problems and therefore would be unable to help them. This 14-year-old female participant inferred this by saying.

"I think if every teacher had an understanding and wasn't scared to talk to a student I think it would help".

It is debateable how teacher mental health knowledge can best be promoted. For instance, Mental Health First Aid Teacher Training has been advocated by [Jorm et al., 2010](#) and, to date, this training has good outcomes, although it relies on teachers taking the time out of their busy schedules to undertake additional training. Specialist training workshops - delivered by CAMHS have also proven to be successful; however, such delivery relies on good CAMHS school collaboration ([Wolpert et al., 2011](#)). The [Carter review of Teacher Education, 2015](#) does, however, make the sensible recommendation that mental health awareness should be an integral part of teacher training as this will eventually ensure every teacher's understanding of this topic.

All of the young participants made frequent reference to the importance of good school friendships. This was predictable, because theoretical evidence informs us that adolescence is a time when children naturally move away from a focus on their parents to one on their peers, and these relationships become central to a child's identity formation. All the young participants spoke about how having good friends made them feel happier at school. Conversely, when experiencing peer difficulties, they felt alienated there. This young 14-year-old boy voiced how his friends helped him.

"My main two, three friends, they really help me out and they'd go places with me to help me build back up my life again".

All of the young participants and their parents spoke about the value of their school teachers' nurturing of their friendships, through classroom or whole-school activities. The problem, however, was that this type of practice was rare in the busy

and more academically-driven secondary school class. The young participants did stress, however, that any effort by their school teachers to promote their friendships should be discreet, as they did not want to appear to stand out from the crowd. This is interesting because adults tend to think vulnerable children, like the ones interviewed, need specialist targeted intervention. An example of a specialist form of support, which reports benefits, is the ['Pyramid Club'](#), which is a British after-school programme, targeting children with intrinsic difficulties like anxiety and shyness. What was learnt from this study's participants, however, is that teenager's need to feel safe in the school environment before being able to access formalised provision. Therefore, when adults introduce specialist support like this, they must carefully consider the child's viewpoint, otherwise support like this could do more harm than good.

Need 3: The importance of feeling able to voice difficulties or needs

Once young people feel more emotionally and socially connected to their teachers, it is more likely they will disclose difficulties. Schools, however, need to pay close attention to ensuring policy and processes are in place to protect a young person's emotional security. This is because children who participated in this study said that, at present, they do not feel confident about informing their teachers of their difficulties, because they did not trust their teachers with maintaining their confidentiality, nor did they feel confident about their teacher handling their disclosure sensitively. This is demonstrated by this female 15-year-old participant in the below excerpt.

Researcher: "So you feel that if you were to talk to them and told them quite an important piece of information, important to you, they would either ignore it or not deal with it appropriately?"

Child: "Yeah, either that or they'd kind of take it too far and they'd like end up like breaching my confidentiality, I suppose, because I would have put my trust in them and told them something".

This participant is suggesting if she was to disclose her difficulties to her teacher, things may get worse. It is therefore suggested that schools

need a clearer and stronger confidentiality protocol. School staff must also be more prepared to handle disclosure sensitively in its many forms, from disclosure concerning bullying, peer or teacher fall-outs, to mental health disclosure and safeguarding issues.

Need 4: Accepting specialist support

Responses from the teachers participating in this study showed that when they are better informed, they feel better-equipped to help a young person with mental health difficulties. However, the young people in this study did not want counselling from their teachers, as they preferred this form of support from mental health practitioners outside school. This was because they did not want to stand out from the crowd, as this 15-year-old female participant declared:

"If I were to tell them about this it would kind of shatter it all and it would be like just completely different and I don't want them to look at me differently".

Instead, these young participants wanted from their teachers a listening ear, so they could talk to their teachers about their school anxieties and school pressures. The excerpt below, voiced by a 16-year-old male participant taking 11 GCSEs, demonstrates the complexity of his thoughts about his illness, including how his academic work may be damaging his wellbeing.

"If I want to make things a bit easier, I could... the same way the school could help by reducing the workload, but I don't know I sort of feel I think it is just part of the guilt belonging to depression, because I feel I would be taking advantage of them in some way or something".

All the young participants, whatever their intellectual

ability, spoke about the need for their teachers to understand more about how their mental health difficulties affected their learning. For example, concentration and memory deficits went hand-in-hand with their depression or anxiety. They wanted their teachers to help them by putting special measures in place i.e. bite-sized learning techniques or more revision sessions. Teachers frequently support children with learning difficulties in this way, but it is less often acknowledged that children with solely mental health problems and good intellect have learning needs too ([Rothi et al., 2008](#)). This therefore links with need 1, for teachers to have mental health knowledge.

Conclusions

This article has summarized some of the key finding of a [PhD](#) study, which found there is a lot of complexity about how schools can better support the teenage child experiencing severe emotional problems. To tackle some of this complexity, we need to listen carefully for the young people's needs and how young people perceive they should be helped. This is because we, as adults, are susceptible to making assumptions and think we know best.

This study highlighted, however, that for schools to support better this population of vulnerable young people, they must first place safety and security at the heart of their work. They then need to prevent children from feeling alienated at school by developing creative ways of promoting teacher and pupil connection. Once this foundation is right, it is more likely that children, who often remain silent about their difficulties, will voice their problems and schools can begin to support the individual child in ways that matter to that child.

Education and Health

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