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Thriving Futures, a whole school curriculum response to addressing the social and emotional welfare needs of secondary school pupils

I have researched and written school curriculum-based resources for teaching social and emotional wellbeing at secondary school level which are free to download at thrivingfutures.co.uk. Materials are currently aimed at years 8/9 but as I develop *Thriving Futures*, I plan to introduce materials for younger students. This article outlines previous research in this area, issues that were found with it and how my programme attempts to overcome these barriers.

The mental health of children and young adults is of growing national concern, with the Department of Health (2015) and Office for National Statistics (2016) reporting that 1 in 10 young people have a diagnosable mental health disorder. Recent figures suggest that the number may in fact be much higher with as many as 1 in 4 girls suffering with depression by the time they reach 14 (UCL Institute of Education, 2017). The Government has recognised that despite the growing need, young people face difficulties in accessing timely treatment, pointing to the 2004 Office for National Statistics survey which revealed that the number of young people with a diagnosable mental health condition, receiving professional help, was as low as 25 -35% (Department of Health, 2015). In light of this, the Government is looking to respond to emerging child and adolescent mental health issues from within the educational system (DPHSC&DE, 2017), as by the time young people come into the care of NHS specialists, things have already reached crisis point (Bailey, 2017). Furthermore, the Government has set out draft guidelines for

the compulsory teaching of good physical and mental health in schools across England from 2020 (Department for Education, 2018).

The Government recognises the importance of receiving timely intervention as 75% of all mental health problems are established by the age of 18 (Department of Health, 2015), and 50% by the age of 14 (DPHSC&DE, 2017). With such a huge disparity between the need for, and the accessing of, interventions (Department of Health, 2015), School Based Mental Health Interventions (SBMHI) seem the most natural place to reach their targeted audience (Kazdin & Johnson, 1994; Paulus, Ohmann & Popow, 2016; Kern, Mathur, Albrecht, Poland, Rozalski & Skiba, 2017). Research from across the globe, repeatedly points to school-based intervention (SBI) as an important first response. Marmot (2010) highlighted that just as health inequalities were very much dependent on socioeconomic factors, so was educational attainment, thus schools needed to be responsible for more than just academic attainment, they also had an important role to play in addressing the social and emotional wellbeing of the child if these inequalities were to be addressed.

School-Based Mental Health Interventions

Reaching young people while they are still in the education system is vital. Kern *et al.* (2017) argue that for pupils presenting with emotional and behavioural disorders (EBD), 20% of young people and their families fail to seek help outside of the education system, with 40-60% failing to

see the treatment or therapy through to its conclusion. In light of this message, the Government has stated that they wish to put schools “at the heart of” addressing the mental health needs of children and adolescents, in order to intervene at the earliest point thus preventing the problems escalating (DPHSC&DE, 2017). School-based responses to mental health tend to follow the tiered approach pointed to as best practice by The World Health Organisation’s model (WHO, 2004).

This ranges from creating a positive whole school culture and universal teaching of social and emotional wellbeing, narrowing down to targeted group work, and individualised specific help, often provided through outside sources such as Child and Adolescent Mental Health Services (CAMHS). A universal whole school approach, which avoids the stigma of receiving targeted support (Greenberg, 2010), is one that targets the whole school community regardless of need to highlight the importance of mental health and help students develop the skills required to prevent poor mental health developing (Lendrum, Humphrey & Wigelsworth, 2013).

Targeting Mental Health in Schools 2008-2010

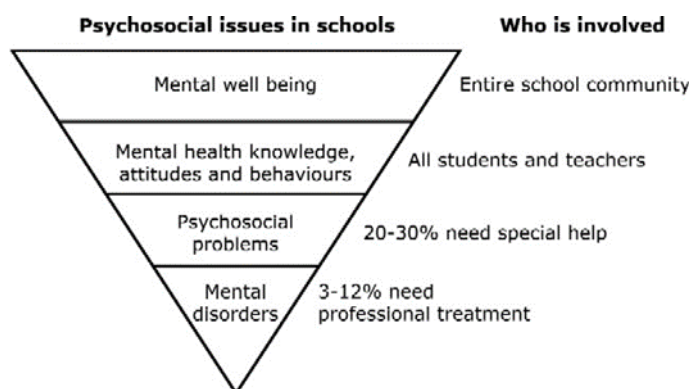
It is this model that was trialled in English schools through Targeting Mental Health in Schools (TaMHS) in 2008-2010. TaMHS was a comprehensive experiment of introducing mental health literacy to the educational setting, which the then government introduced as part of a wider introduction of Social and Emotional Aspects of Learning (SEAL) from 2007 (Wolpert, Humphrey, Belsky & Deighton, 2013). As explained by Humphrey (2013), the benefits of providing effective support were two-fold; one, that by addressing poor mental health as it emerged, money could be saved from the cost of unmet mental health needs and their impact on society, at a later date; two, pupils who had their mental health needs met while at school performed better academically (Durlak, Dymnicki, Taylor, Weissberg & Schellinger,

2011), which subsequently made them more productive members of society (Humphrey, 2013; Paulus *et al.*, 2016). Consequently, £60 million for TaMHS was set aside to be dispersed among Local Education Authorities (LEA) who would decide on its exact implementation.

TaMHS consisted a tiered approach that mirrored the World Health Organisation’s model of school-based intervention (Department for Children, Schools and Families, 2008). Wave 1 was a universal whole school approach, to introduce SEAL to all pupils in a whole school safe, supportive environment. Wave 2 concentrated on providing small group work within schools and Wave 3 saw the use of targeted, individual support through outside agencies such as CAMHS. Each wave was facilitated by expert

practitioners whose role it was to train and support school staff, assisting in delivery where appropriate (Department for Children Schools and Families, 2008; Wolpert *et al.*, 2013). Materials developed for TaMHS were done so on the guiding principles that they must be based on evidence of what works in schools, and that they must support the integration of different agencies (Wolpert *et al.*, 2013). SEAL and TaMHS ran for 3 and 2 years respectively, until 2010.

In reviewing the impact of TaMHS, the Department for Education (2011) found mixed results. They concluded that schools involved in the project did increase their focus and awareness of mental health issues; however, there was a disparity of focus; schools prioritised conduct disorders over social and emotional wellbeing, with the majority of specialist referrals being behaviour-related. Students self-reporting, showed a decrease in emotional problems throughout the course of the study, but reports from teachers failed to reflect this (Department of Education, 2011). The long-term pupil impact of TaMHS was found not to be sustained, with teachers reporting little to no impact on behaviour or emotional problems at the end of the 3 years (Department of Education, 2011, Humphrey, Lendrum, & Wigelsworth, 2010). Significantly, relations with CAMHS did improve



with fewer and more appropriate referrals being made. Staff particularly found the use of TaMHS support workers of great use as they were able to ask advice with regard to specific concerns and receive support without the complexity of going through organisations such as CAMHS (Dept of Education, 2011).

A key finding of the study revealed that despite TaMHS being based on Evidence Based Practice (EBP), schools used locally developed interventions adapted to their own needs, thus it became Practice Based Evidence (PBE) (Wolpert *et al.*, 2013). The need for teacher autonomy is hypothesised as a reason for this, particularly in secondary education where a multitude of teachers see a multitude of classes (Wolpert, 2013). With there being a general agreement as to the logical use of SBMHI (DPHSC&DE, 2017; House of Commons Education & Health Committees, 2017), there remains argument over who is best placed to deliver these programmes. Using school staff in the delivery of any programme seems likely to be the most cost effective and convenient way of teaching mental health in schools, with Durlak, Dymnicki, Taylor, Weissberg & Schellinger (2011), arguing that it is at least as effective as having external experts coming in to deliver programmes. However, others argue that maintaining fidelity with the programme is vital and effectiveness is increased when programmes are delivered by health professionals (Stallard, Skryabina, Taylor, Phillips, Daniels, Anderson & Simpson, 2014). In addition, Gottfredson & Gottfredson (2002), revealed that only a half of SBI programmes completed the required number of sessions.

Implementation difficulties of SBI

Trialled in 3 local authorities in 2007-2008, the UK Resilience Programme (UKRP), an American-based, manual-based cognitive behavioural therapy (CBT) course (Challen, Machin & Gillham, 2014), demonstrates some of the practical issues with implementing SBI. CBT is of recognised benefit for young people. NICE (2017) guidelines for depression in children and adolescents advocate it as one of the first responses for young people presenting with signs of emotional distress, and an analysis of SBIs between 1993 and 2005, revealed that the most successful programmes were those based on CBT (Paulus *et al.*, 2016). UKRP took a targeted group

intervention and converted it to a large scale, real world situation by creating a CBT course to address anxiety and depression, as well as to build resilience skills, with classes of year 7 pupils (Challen, Machin & Gillham, 2014). Staff delivering the programme received 2 weeks of training in both cognitive behaviour therapy and in the delivery methods, before delivering the 18 one-hour lessons of the programme.

Despite its exacting requirements, or perhaps because of them, the programme had limited success (Challen, Noden, West & Machin, 2011), with little to no lasting impact on depression, anxiety or behaviour scores (Challen *et al.*, 2014). Generally, the project was well received amongst the pupils, however the implementation was a real concern (Challen *et al.*, 2014). UKRP needed to be delivered in small groups of no more than 15; this resulted in timetabling issues for many schools. Further, the 2 weeks required for training to facilitate the course, meant that schools had the cost of staff absence, in addition to staff missing valuable curriculum time with pupils (Challen *et al.*, 2011). Consequently, despite the project initially taking staff to America for training, schools involved in the study had difficulty gaining the required number of teachers to sign up, resulting in support staff often leading the programme (Challen *et al.*, 2011). In reviewing the success of the programme, Challen *et al.* (2014) concede that the intensive training required for successful delivery of UKRP may not be realistic in all schools

In addition to this, the American style of the programme struggled to fit into the British Education System as it was deemed too teacher-led. Evidence shows that that teachers tend to veer away from strict adherence to programmes (Challen *et al.*, 2011) as highly prescribed programmes may not have the flexibility to meet the needs of specific students (Paulus *et al.*, 2016). Weare & Nind (2011) further this point, arguing that programmes need to retain some flexibility in their delivery to give teachers ownership of the material, hence making it sustainable. OFSTED expectations state that, for a lesson to be graded a minimum of 'good', it needs to be adapted and 'reshaped' to the needs of pupils (OFSTED, 2017). Senior management at a school trialling UKRP declared that the prescribed dictatorial lessons were at odds with OFSTED requirements, thus

lessons were often adapted, thereby losing the fidelity of the research (Challen *et al.*, 2011).

UKRP achieved some successes; at the end of the 1st year of teaching, there was an improvement in depression and anxiety scores, increased attendance and general improvement of academic attainment for the pupils taking part (Challen *et al.*, 2014). However, as with TaMHS, the benefits failed to achieve longevity with figures being lower when returning after the first year and the programme was deemed to have had no impact after the second (Challen *et al.*, 2014). It could be concluded that for a school-based programme to achieve sustainability, it needs to be ongoing throughout the curriculum and built into the culture of the school. The highly prescribed nature of something like UKRP becoming a SBMHI, with its timetabling and training costs in addition to being at odds with a culture of adaptation and differentiation in British classrooms, means that sustainability was difficult.

In creating a sustainable SBMHI, Kern *et al.* (2017) argue the importance of a preventative skills-based approach that is tiered and in conjunction with a whole school structure that supports safety and consistency of approach. As is evident from the TaMHS and UKRP trials, this consistency can be threatened by many barriers, such as time, money and curriculum demands (Challen *et al.*, 2011). In examining the implementation issues for TaMHS, Lendrum, Humphrey & Wigelsworth (2013), state time taken away from examination skills had a negative impact on teachers' attitudes. Even where staff supported the idea of SEAL, the lack of time to create resources, along with a perceived lack of knowledge impacting their confidence, meant they were reluctant to implement it (Lendrum *et al.*, 2013). Lendrum *et al.* (2013), also discovered there was a great diversity in how SEAL was implemented into the whole school culture, leading to greater or less success accordingly (Lendrum *et al.*, 2013).

NICE guidelines for social and emotional wellbeing in secondary schools (2009) emphasise the importance of creating a safe whole-school environment and of providing the knowledge and skills needed to help prevent behaviour and health issues emerging. The guidelines also state that the curriculum should integrate social and emotional skills including, "motivation, self-

awareness, problem-solving, conflict management and resolution, collaborative working, how to understand and manage feelings, and how to manage relationships with parents, carers and peers" (NICE, 2009, p11). The responsibility for this lies with all people working with young people in schools, including headteachers, teachers and support staff (NICE, 2009). In addition, the guidelines recommend schools should, "tailor social and emotional skills education to the developmental needs of young people" (NICE, 2009, p11). However, we know from previous work with SEAL, TaMHS and UKRP that time, resources, knowledge and confidence are all issues (Challen *et al.*, 2011; Lendrum *et al.*, 2013; Wolpert *et al.*, 2013.) We have also seen that manualised programmes with the need for strict fidelity to the programme don't necessarily fit a British system.

Current Requirements

Despite these potential barriers, the way Britain addresses the social and emotional wellbeing of children and adolescents is changing with the Government's Green Paper (DPHSC&DE, 2017), stating the need to make education about mental wellbeing compulsory for all children. As with previous interventions, they recommend a graduated response, through the 2015 Special Educational Needs and Disability (SEND) Code of Practice, which also supports the use of effective whole school policies underlying any other intervention put in place. (DPHSC&DE, 2017). The Government intends to use schools, as the initial response to address the growing crisis in child and adolescent mental health. It put forward proposals of creating a mental health lead in every school and a mental health support team jointly managed by schools and the NHS, to act as an intermediary service between schools and CAMHS.

In addition, following recommendations from a joint Health and Education Select Commission, there is a pledge to increase mental health literacy within schools, which they are acknowledged as the first port of call in recognising and responding to emerging mental health issues (DPHSC&DE, 2017). This has been developed further with draft guidelines for the compulsory teaching of mental health in schools across England from 2020 (Department for Education, 2018). It is at this whole school

emotional literacy stage that *Thriving Futures* is aimed.

Thriving Futures

Thriving Futures is a curriculum-based response which aims to provide universal preventative education through the building of knowledge and skills at secondary school level. It is designed to be a part of the solution and not the whole. Concerns highlighted in previous attempts to introduce SBMHI have been recognised and addressed in the design of *Thriving Futures*. The Collaborative for Academic, Social, and Emotional Learning, (2005) set out five key areas that universal social and emotional programmes should address, namely “self-awareness, self-management, social awareness, relationship skills, and responsible decision making” (Durlak *et al.*, 2011, p406).

Split into a core unit with optional satellite units that schools can choose as appropriate, the programme covers these 5 key areas. Loosely based on the principles of cognitive behaviour therapy (CBT), the core unit examines the link between thoughts, feelings and behaviour, to explain how the way we think can impact on self-esteem and how we manage stressful situations. The acronym SAD MAP (Self-labelling, All or nothing thinking, Dwelling on the past, Mind reading, Acceptance at all costs and Positives don't count) is introduced to list a restricted number of negative thinking patterns, creating a memorable image that is easily referred back to. Through the use of ‘See it, Stop it, Sort it’ pupils are shown the importance of recognising negative thinking styles and replacing them with more positive ones.

An issue found repeatedly with SBI is the lack of longevity of impact (Durlak *et al.*, 2011), with both TaMHS and UKRP both reporting little to no long-lasting impact from the programme. *Thriving Futures* addresses this issue through the use of satellite units. Each satellite unit returns to the core message of negative thinking using SAD MAP to reinforce the message of the core unit, though topics that are of importance to the audience. In this way, *Thriving Futures* isn't a programme that is taught once to ensure the

demands of the curriculum have been met, it is ongoing strategy, highlighting the ongoing nature of mental health and the importance of monitoring it, for both staff and students. This helps address a further possible problem with SBI, that is, time. The core unit consists of 5 one-hour lessons (6 when taught with the ‘Preparing to Teach’ lesson) which comprises a unit of work for one half term in British schools; further satellite units are 3 to 5 lessons long, which means that there is more flexibility in slotting them into the timetable. Warmington, Hitch & Gathercole (2013), stress the importance of establishing clear rules that are consistently enforced, along with valuing pupil input, for receiving positive effects from SBI. Such guidelines for the teaching of mental health and wellbeing were published in 2015, (PSHE Association, 2015) and it is these guidelines that *Thriving Futures* abides by. The stand-alone ‘Preparing to Teach’ lesson, clearly sets out the classroom environment in which all future lessons should be conducted in, helping pupils to understand the reasons for the rules put in place and the importance of respect throughout. Confidentiality issues are also discussed.

A finding of both TaMHS and UKRP was that programme delivery of it varied with some teachers feeling they lacked confidence and knowledge, while other teachers moved away from the fidelity of the programme in order to make a ‘better fit’ with the school (Challen *et al.*, 2011; Lendrum *et al.*, 2013; Wolpert *et al.*, 2013.) These findings are supported by other research that reveal schools tend to move away from the fidelity of evidence-based interventions (Gottfredson & Gottfredson, 2002; Ringwalt *et al.*, 2009), meaning there is a gap between the research and the reality of school practice (Weisz, Sandler, Durlak, & Anton, 2005). Effective programme implementation is vital for achieving positive results (Smith, Schneider, Smith, & Ananiadou, 2004; Tobler, Roona *et al.*, 2000; Wilson, Lipsey, & Derzon, 2003), with longer and more complicated programmes experiencing more issues with effective application (Durlak & Dupre, 2008; Wilson & Lipsey, 2007; Wilson *et al.*, 2003).



Thriving Futures addresses these issues in several ways. Firstly, all lessons are fully planned with instructions and resources required clearly indicated.

Any additional resources needed for the lessons can be provided by printing named PowerPoint slides which avoids the cost of purchasing text books or 'lost/damaged' programmed booklets. Having such well-defined guidance, helps teachers understand the topic better, creating a sense of confidence in what is being delivered. The website also has a comprehensive list of organisations signposted to ensure that teachers have recourse to expert advice should the lessons reveal more serious concerns.

Secondly, there are some options for teaching activities within the lesson plans, allowing for flexibility. Lessons have been written by an experienced teacher, aware of the realities of the classroom, thus, every effort has been made to balance teacher talk and pupil activity, with a variety of tasks to ensure pupil engagement and lesson pace.

Each lesson is based around a series of images that convey the main ideas or themes of the lesson which serves to ensure that the main points of the lessons are delivered regardless of lesson adaptation. The culture of teaching in Britain is to adapt and differentiate (OFSTED, 2017) and the Green Paper makes it clear that no one size response fits all, so that interventions should be based on local needs rather than having a national response (DPHSC&DE, 2017). The author accepts that teachers will take ownership of the material to make it fit specific classes, the use of images ensures that the main messages are delivered even if the method is different. The creation of images also serves to make lessons accessible regardless of academic ability, it makes recapping and referring to ideas in future lessons easier as the images are developed to create deeper understanding.

Thriving Futures is designed to be an accessible, enjoyable programme that allows staff and

students to explore and discuss social and emotional wellbeing, hence the flexibility inherent within it. It is not designed to be a treatment for poor mental health, rather to provide the language and understanding that will be instrumental in more targeted approaches. As a preventative measure, its effectiveness would be measured through a lack of deterioration in

social and emotional wellbeing rather than by an improvement which would be expected through treatment programmes (Horowitz, Garber, Ciesla, Young & Mufson, 2007). It is vital that any SBMHI is introduced to accompany a cultural change within schools. Schools that saw the most success with both TaMHS and UKRP were the ones that fully embedded social and emotional wellbeing into the school culture. (Challen *et al.*, 2011, Wolpert, 2013). The success of any SBI regardless of level, is dependent not only on the quality and characteristics of the programme, but also the structure of the school and how the programme is incorporated into the existing culture through training and support (Forman and Barakat, 2011).

Conclusions

Changes to the way we address the mental health of children and adolescents in Britain, are currently in progress (DPHSC&DE, 2017; Department for Education, 2018). Those changes are likely to follow the WHO model (WHO, 2004) of tiered intervention. Past attempts at introducing SBI have revealed difficulties in terms of time, knowledge and understanding, cost, implementation and longevity. *Thriving Futures* is a whole school curriculum-based response written by an experienced teacher, that attempts to address possible implementation problems. *Thriving Futures* is not intended to be a targeted solution, or the whole solution, but a flexible part of the solution that is easily teachable, delivering skills and knowledge in an enjoyable, accessible way through modern teaching methods. I believe that

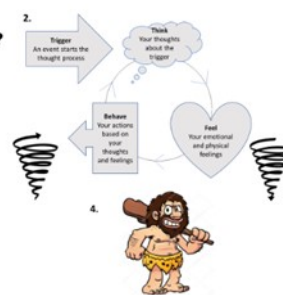
Lesson 2: Changing your thinking

This lesson uses the thought spiral to examine negative thinking patterns. This is a vital lesson as it is something that will be readdressed in future lessons, so it is important that pupils have a good understanding of 'SADMAP' and why it is important. Please note slides 24 to 29 lend themselves to creating a display, which could help with future lessons.

Slide	Time	Activity
18	5 min	Register/ settling activity. Copy and complete the thought triangle
19	5 mins	In pairs or as a class, read the scenario and discuss the answers. Try not to have this as a written activity as it will take too long and it's more to recap.
20	3 min	Look at and discuss the image. Does anyone identify?
21-23	12 min	Explain task. IMPORTANT – DECIDE AND PREPARE BEFORE LESSON Either: Pupils to move around the class (suggested in pairs) finding terms and definitions of SAD MAP. OR: Pupils to work in pairs matching up terms and definitions of SAD MAPS which have been cut up and placed into an envelope. Time given depends on how well the task goes. Do not worry if they do not get the task completed in the allotted time, the task is more about getting pupils thinking, and curious.
23-28		IMPORTANT – THESE SLIDES SHOULD HAVE BEEN PRINTED AND EITHER STUCK UP AROUND THE CLASS, OR CUT UP FOR PUPILS TO MATCH. Also these slides lend themselves to a more permanent display which would be handy to refer back to throughout the course of lessons here. If you are going to stick up around the room, I suggest duplicating, other wise you get too many students crowding around the one piece of paper.

Resources
•Slide 23 (one between two)
•Slides 24 – 29 (number depends on task chosen)
•Slide 30 (one each)
•Slides 31, 33, 35 (enough to be shared amongst the class)
•Plain paper, A3 if possible, but A4 if not.

What have I learned today?



the emotional literacy that *Thriving Futures* helps to build will make other targeted interventions more accessible.

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“The (SHEU survey) helped us to prioritise where we needed to be in terms of PSHE education. We delivered assemblies based on the evidence as well as curriculum development, and dealt with whole school issues – particularly in regard to pastoral care. The answers received to the question on the survey Who are you most likely to approach if you needed help worried staff as teacher was not a popular answer. Subsequently the staff asked themselves why this had happened and what needed to be done to address the issue. There was more emphasis on wider aspects of PSHE education delivery, which needed more attention. To summarise, the (SHEU survey) allows the PSHE department to assess the impact of teaching and learning and modify future lessons accordingly. It allows our school to look at whole school issues such as the extent to which the pastoral care system is meeting the needs of our pupils. It helps us to do need analysis of our pupils. It helps to provide important evidence for SEF / the extent to which we are meeting wellbeing indicators / National Healthy School standards.” Secondary School Head

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