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# FRAMEWORK TO INFORM THE DESIGN AND EVALUATION OF 'WHOLE SCHOOL APPROACH' MENTAL HEALTH CAMPAIGNS

## Part 1: What is covered by this resource?

This framework was developed from the results of an integrated analysis of qualitative data (including a scoping review of the literature) collected from 27 people involved in the Trailblazer Programme and Public Health England staff, teaching staff (Special Educational Needs Co-ordinators [SENCOs] and student support/pastoral teams working in a range of school settings) and charitable organisations with expertise and lived experience of involvement in anti-stigma campaigns/mental health awareness activities across the North East and North Cumbria.

The full report commissioned by NHS England's Northern England Clinical Networks (NECN), on which this framework is based, can be accessed here



double click the icon to open the report

**Part 1** describes how this resource is complementary to existing guides on a whole school approach (WSA) to mental health and wellbeing.

**Part 2** focuses on the rationale for, and components of a WSA as described by our participants, focusing primarily on the value of adopting a trauma-informed approach.

**Part 3** focuses on the organisation, mode, form and content of campaigns. The value and principles of co-production and the need for diversity and involvement of all stakeholders in this activity (learning from the bottom-up) are emphasised, with support from senior management to implement their recommendations.

**Part 4** focuses on planning a robust mixed methods evaluation of campaigns.

This framework focuses on the mode, form, content, and evaluation of a WSA to mental health/wellbeing and anti-stigma campaigns. It adds practical suggestions based on qualitative data which were co-produced with experts with lived experience of mental health campaigns in schools. It is intended to be read alongside the following resources:

### The THRIVE framework for system change **[1]**

Provides a set of principles for mental health support for children and young people aged 0–25 and their families. The Framework is needs-led, so mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis, or health care pathways. It has been extensively implemented across England and has been used as the basis for service transformation plans in many child and adolescent mental health services. The Framework conceptualises the mental health and wellbeing needs of children, young people, and families into five needs-based groupings:

1. Those who currently need support in maintaining mental wellbeing through effective prevention and promotion strategies
2. Those who need advice and signposting
3. Those who need more extensive and specialised goals-based help
4. Those who need focused goals-based input
5. Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services

## Northumberland County Council [2,3]

- **Whole School Approaches to Promoting Emotional Health and Wellbeing Good Practice Guide [2]**
- **Northumberland Promoting Emotional Health and Wellbeing School Checklist [3]**

Provides guidance, information and examples of current practice on implementing a WSA to good mental health. It is based on eight key principles which underpin a WSA in the Government guidance “Promoting Children and Young People’s Emotional Health and Wellbeing” [4]. The guide provides suggestions on ways for schools to develop practice and systems to support whole school principles. The schools represented are from the primary, first, middle, secondary, high and special schools in Northumberland.

The checklist can be used as a self-assessment of activities they are carrying out in adopting a WSA to mental health and wellbeing.

## National Children’s Bureau [5,6]

- **A whole school framework for emotional wellbeing and mental health – supporting resources for school leaders [5]**
- **A whole school framework for emotional wellbeing and mental health – A self-assessment and improvement tool for school leaders [6]**

Brings together research evidence and provides practical support by setting out additional information and resources. It is intended to support all schools to create sustainable and manageable responses to the emotional wellbeing and mental health needs of both students and staff. There are four key areas that schools can monitor. These are underpinned by staff capacity and taking a WSA, and can contribute to improving a school’s climate and ethos:

- Pupil engagement
- Parent/carer engagement
- Developing social and emotional skills of pupils
- Improved provision of targeted help with mental health difficulties

Proposes a four-stage approach to wellbeing and mental health:

1. Deciding to act and identifying what is in place already
2. Getting a shared understanding and commitment to change and development
3. Building relationships and developing practices
4. Implementation and evaluation

## Young Minds. Time to Change – Children and Young People’s Campaign [7]

Anti-stigma campaign run by Mind and Rethink Mental Illness to improve the knowledge, attitudes and behaviour of young people and families around mental health. The website includes resources which any secondary school can use to run their own Time to Change Campaign.

The Education Inspection Framework [8] criteria used by Ofsted inspectors has direct links to provision of WSAs to mental health and wellbeing. The section on ‘Behaviour and Attitudes’ criteria focus on whether the environment positively supports relationships among learners and staff, specifically bullying, peer on peer abuse and discrimination (p.10). In the ‘Personal Development’ section there are criteria on how the curriculum and providers help students develop their character, resilience, independence and “know how to keep physically and mentally healthy” (p.11).

More details on how Ofsted criteria is linked to provision of WSA to mental health and wellbeing, including examples of local practice, can be found in the Public Health England (2015) document “Promoting Children and Young People’s Emotional Health and Wellbeing” [4]

## Part 2: What does a whole school approach (WSA) to mental health and wellbeing look like?

Our findings identified that the following components were essential prerequisites for a WSA to mental health and wellbeing:

### A Whole School Approach embedded within a Whole Community Approach to Mental Health and Wellbeing

Every day mental health and wellbeing practices are embedded into communities and schools as the business of all stakeholders such as: schools, public and private organisations, including voluntary services, parents/guardians, and children/young people. Buy-in and involvement from all community stakeholders who adopt the same practices and talk the same “language” about mental health and wellbeing, including taking responsibility for funding, implementation, monitoring and evaluation of a whole community approach. Children’s/young people’s experience of a WSA crosses the “school gate” where campaigns target parents, non-teaching staff and others in contact with children in the community (e.g. youth workers, lollipop people, bus drivers, shopkeepers).

### Co-ordinated Partnership-working between Schools in a Community

This involves a shift from schools operating as independent entities to a partnership model with a shared vision and strategy. There is an emphasis on a co-ordinated multi-disciplinary partnership working involving: educational psychologists, school nurses, SEND, local authorities, commissioning groups, and schools. It may take several years for tangible impacts of whole-school mental health campaigns to appear. In many cases the impact may not fully manifest until a child has transitioned to another school (a maturational effect). For example, whole-school interventions delivered in primary schools may have a more tangible impact on children’s mental health and wellbeing (e.g. improved scholastic and other outcomes) when they transition to junior or secondary school.

#### Additional Core components of a Whole School Approach to Mental Health and Wellbeing

Trauma-informed with a focus on restorative practice and empathy

De-medicalising mental health and wellbeing. Access to medical services is not the only solution

All staff (irrespective of role) have the same level of training in mental health. All staff buy into positive mental health promotion and understand why it is important for everyone to be involved.

Recruitment of staff with appropriate interpersonal skills, attitudes and lived experience of mental health and wellbeing, including parental involvement in the process

Service providers building relationships with schools

Research on traumatic life experiences has revealed how healthy development can be derailed and brain architecture altered [9], with The National Survey of Children Exposed to Violence reporting that 60% of children surveyed had been exposed to some form of trauma, either in or out of school [10].

Restorative practice is a behaviour management method that aims to help students develop conflict resolution and aggression management skills [11].

More information about trauma-informed approaches can be found at the **Trauma informed schools website:** <https://www.traumainformedschools.co.uk/>

#### Examples of trauma-informed whole school approaches:

**Headlands School, Penarth, South Wales**  
Website: <https://www.headlandsschool.org.uk/>

**Colebourne Primary school, Birmingham**  
Website: <http://www.hazwebs.co.uk/colebourne/>

## Part 3: How to design the form and content of a whole school mental health and wellbeing campaigns

A key theme identified by our qualitative research was that the design of whole-school mental health campaigns is best achieved using a 'bottom-up' approach (co-production), whereby, the lived experience of staff and children / young people and other stakeholders such as parents/guardians are used to inform decision making about the form and information content of campaigns.

### What is Co-production?

Co-production is a specific value-driven approach to decision making, where there is an **equal partnership between stakeholders**, which is mutually advantageous [12].

Co-production involves collaborative working, making full use of respective knowledge, resources and contributions of stakeholders, in order to achieve more credible and better outcomes, which reflects their different perspectives and priorities [13].



### Principles of Co-production [14]

**Equality** – everyone has something (time, skills, experience, and other qualities) to bring to the process (no one person is more important than the others)

**Diversity** – ensuring that participation is inclusive

**Accessibility** - ensuring that everyone has the same opportunity to take part in an activity fully, in the way that suits them. This may require provision of skills training to empower everyone to be involved in a co-production process

**Reciprocity** – those participating in co-production get something back as a way of valuing their contribution, for example developing new skills or relationships, including more formal methods such as financial incentives

Further resources on how to do co-production, informed by a review of the evidence from 15 studies of co-production published in peer-reviewed journals, including details of 12 examples from practice can be found on the Social Care Institute for Excellence website [14]: <https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/>

The Social Care Institute for Excellence describes how to do co-production with reference to framework for change management structured around a 4-piece jigsaw covering culture, structure, practice and review.

**A key issue identified in our qualitative research was that senior management support is critical to ensure that the recommendations and outputs from co-production activity are implemented. If this does not happen then the whole process of co-production is derailed, and likely to seriously compromise any attempts at future engagement.**

## Other recommendations for consideration in co-production activity on the form and content of whole school mental health / anti-stigma campaigns

- Embrace the uniqueness of school settings and individuals (pupils, staff) - there is not a one size fits all approach.
- Design activities to ensure everyone has a clear understanding of mental health and wellbeing, and its critical importance. For example, a co-produced educational film and other campaign materials.
- Provision of clear and consistent whole school messages across a range of media.
- Build on salient local narratives to make campaigns more meaningful. For example, one school launched their campaign at a location where people were known to have taken their own lives.
- Consider implementation of Health Ambassadors, whereby, young people are trained to ask other young people what they want and need to support mental health and wellbeing, and to reduce mental health stigma.
- Consider provision of training to willing members of staff and children/young people in Mental Health First Aid (MHFA) to enable them to provide peer support.
- Classroom-based activities using practical activities and exposure to narratives based on lived experience of mental health conditions, followed by opportunities for self-reflection and group discussion.
- Use of strategies such as overlearning.
- Small adjustments to the environment can foster a culture of mental health and wellbeing across the school, for example:
  - Providing safe spaces to support wellbeing for staff and children; e.g. mindfulness areas
  - Buddy Bus Stop – a buddy system in schoolyard at break times
  - Worry Tree – children hang their worries to let go of them
- Encouraging staff to normalise positive attitudes to mental health by sharing their personal experiences and techniques for coping with stress and anxiety. This can help to break down barriers between students and teachers using lived experience.
- Provision of support and training on mental health and wellbeing for teachers and other school staff. The following is a list of resources was recommended by participants who helped to develop this framework:

### **The Mental Health and High School Curriculum Guide [15]**

Evidence-based mental health curriculum resource that has been demonstrated to improve both students' (ages 13 to 15 years) and teachers' mental health literacy through usual teacher education and application in the classroom setting. It has been used in a variety of programme evaluations and research studies in Canada and elsewhere.

Additional resources on this website are available to support the guide and improve students and educators' understanding of mental health and mental health disorders.

### **Positive Behavioural Support Training and the RAID approach [16]**

Training course based on a positive behavioural support (PBS) to working with challenging behaviour. RAID® (Reinforce Appropriate, Implode Disruptive) is a leading positive psychology approach for tackling challenging behaviour at source approach centres on inclusion, increased quality of life, participation and emphasis on valued social roles with stakeholder participation and feedback. While there are assessments and interventions in place to monitor, change and manage behaviour preventive strategies are at the forefront.

Use of "red and green behaviour" to side-step value judgements and define behaviour. Emphasis is placed on staff proactively encouraging adaptive behaviours and analysing challenging behaviour to know how to respond.

### **The ROAR Response to Mental Health in Primary Schools [17]**

The ROAR model (R – recognise the signs and symptoms; O – ask open questions – try to spot the big thought; A - access support, services and self-care; R- build resilience) responds to the top five continuing professional development (CPD) priorities identified by primary schools across Liverpool; Emotional difficulties, Behavioural difficulties, Parental mental distress, Anxiety and Neurodevelopmental conditions.

Training course designed for a whole school approach to mental health. A designated member of staff receiving this training will be:

- Equipped to respond to specific mental health needs within your school.
- Provided with lesson plans (KS1 and one for KS2) to build awareness around mental health and resilience that can be delivered to each class by member of staff.
- Given resources to deliver a 2-hour CPD session within your school setting to give the whole school staff a general understanding of child mental health and introduce them to the ROAR model.
- Given resources to deliver a children's mental health awareness session for parents within your school setting.

### **Writing for mental health [18]**

Intervention to support mental wellbeing through writing and other activities to express feelings (Can't Talk, Write toolkits). This Internet resource was developed by Action for Children in collaboration with the Royal Mail and The Prince's Trust.

The young person's version (11-18 years) has 10 activities. Each one encourages a different style of writing.

The facilitators' toolkit is for adults to use with young people. It's divided into 10 sessions – each with an accompanying activity. The activities help young people to express their emotions, either alone or in groups.

### **Northumberland Education e-courier [19]**

Northumberland Education website that provides links to many resources for schools on mental health-related topics.



## Part 4: How to evaluate a whole-school mental health and wellbeing campaign

Consistent with Part 3 of this framework, the optimal approach to designing evaluations of whole-school mental health and wellbeing campaign is **co-production**.



Evaluating the impact of campaigns is important for many reasons: for example:

- establishing whether a campaign has helped to improve mental health and wellbeing, and reduce stigma
- to understand how a campaign has improved mental health and wellbeing, and reduced stigma
- establish whether a campaign has changed the school culture
- identify where improvements can be made to campaigns
- establishing whether campaigns offer value for money

Ideally, information should be collected before a campaign starts, and at specified intervals after a campaign has started, for example after 3, 6 or 12-months. Information can be in form of numerical data (for example by administration of structured questionnaire tools) or textual/narrative data (for example from interviews / group workshops).

The following are examples of what could be included an evaluation of whole-school mental health campaigns. However, the final decisions on the form and content of an evaluation are best made by members of the co-production team involved in campaign design.

### Mental Health Literacy

Mental health literacy helps people to understand their own mental health and provides them with the knowledge to take remedial action. Mental health literacy typically includes the following core components [20,21,22]:

- Understanding of positive mental health and wellbeing
- Knowledge of mental health disorders and treatment options
- Knowledge of positive coping strategies in response to stressful events/situations
- Stigmatising attitudes towards people living with mental health conditions
- Confidence to provide mental health support to others
- Confidence to seek help for mental health conditions

A scoping review of mental health literacy measures [21] identified 69 knowledge measures (14 validated), 111 stigma measures (65 validated), and 35 help-seeking related measures (10 validated).

## Commonly used measures of mental health literacy

### **The Mental Health Literacy Scale (MHLS) [23]**

A 35-item questionnaire that assesses all aspects of mental health literacy. This can be viewed at the following URL, although please note that permissions should be sought to use it in your evaluation: <https://static1.squarespace.com/static/5a4b3dc1a803bb5fb41cd299/t/5afa19311ae6cf8cb70be277/1526339891630/MHLS.pdf>

### **Mental Health Knowledge Schedule (MAKS) [24]**

A 12-item measure of stigma-related knowledge and correct identification of depression, stress, schizophrenia, bipolar disorder, drug addiction and grief as mental illnesses. This can be viewed at the following URL, although please note that permissions should be sought to use it in your evaluation: <https://www.kcl.ac.uk/ioppn/depts/hspr/archive/cmh/CMH-Stigma-Measures/6MAKSFINALVERSIONOctober09.pdf>

Vignettes (describing a person with mental health symptoms or disorder) followed by structured questions can also be used to assess aspects of mental health literacy. For example, the OpenMinds study [25] included in our scoping review used a vignette about describing a fictional friend with symptoms of depression (sad, worried, trouble sleeping, not eating well, cannot focus on school work). After the reading the vignette, questions were asked about whether they thought their friend was experiencing difficulty and how serious these difficulties were, and questions about suggestions on to help their friend in terms whether they were helpful, harmful or neither.

Different measures are validated for use with adults and children/young people of specific age (year) groups. Therefore, the use of more than one measure may be required to cover the entire school population (staff and students).

**It is very important that before you use a measure in your campaign (including the examples above) that you have permission to use it. Some measures have copyright restrictions (by an individual person or organisation), and a fee may need to be paid to the copyright holder to obtain a license to use the measure. Others are free to use for non-profit purposes if specific conditions are met.**

**To obtain the appropriate permissions, make contact with the relevant person or organisation.**

## Mental Wellbeing

Mental well-being refers to a person's **mental state** – how they are feeling and how well they can cope with challenges experienced in everyday life.

As with mental health literacy there a multitude of measurement tools for mental wellbeing. There are number of free measurement tools for measuring mental wellbeing. An example of free to use (non-profit purposes) and widely measure of mental wellbeing is **The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) [26]**

This 14-item measure covers key aspects of psychological functioning and subjective wellbeing. It has been validated for use by children aged 13+ (Scottish Health Survey). It also has a dedicated website at the University of Warwick:

<https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

WEMWBS is free to use (non-profit purposes), although you must register to use it at the following link: <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/non-commercial-licence-registration/>

**The Strengths and Difficulties Questionnaire (SDQ) [27]** includes 5 items on emotional symptoms, which have been used to assess mental wellbeing in research studies identified by our scoping review – for more details on the SDQ, please see the next section on behaviour and school culture

## **Behaviour and School Culture**

This does not have to be expensive, and data collected routinely by schools could be used for evaluative purposes, for example, collation of data before and after campaigns (weekly or monthly totals) on the following:

- Attendance rates (staff and children/young people)
- Staff retention / turnover
- Staff satisfaction
- Disciplinary measures (staff and children/young people)
- Academic achievement
- Routinely collected data by Ofsted and local school inspectors

**The Strengths and Difficulties Questionnaire (SDQ) [27]** is a 25-item measure of the following:

- 1) emotional symptoms
- 2) conduct problems
- 3) hyperactivity/inattention
- 4) peer relationship problems
- 5) prosocial behaviour

The SDQ can be self-completed by children and young people aged 11-17 years. A separate version can be completed by those aged 18+. The parent/guardian and teacher versions of the SDQ can be completed by a parent/guardian or teacher of children and young people aged 2 to 17 years.

The SDQ also has a dedicated website hosted by the Child Outcomes Research Consortium (CORC) with details on scoring (manual and assisted), interpretation and conditions of use. <https://www.corc.uk.net/outcome-experience-measures/strengths-and-difficulties-questionnaire/>

## **Qualitative evaluation activity children/young people, school staff and parents/guardians**

An evaluation could aim to capture the impact on the lived experience of campaigns. This could be in form of group workshops or individual interviews with:

- Children and young people
- Teaching and non-teaching staff
- Parents/guardians

## Topics that could be explored in interviews or workshops:

- Exploring the lived experience of the impact of campaigns on children/young people, school staff and parents/guardians; for example, mental health literacy, mental well-being, quality of relationships between parents/guardians and schools
- What worked well and not so well in campaigns?
- What improvements can be made to enhance the impact of campaigns?
- Since the introduction of the campaign, how has the school culture changed?

Workshops could also make use of **Creative Evaluation Techniques** such as scrapbooking, drawing and acting it out. Artworks Creative Communities have developed a Creative Evaluation Toolkit [28] that details selection of creative techniques to enable participants to engage in understanding and share their feelings and opinions in a reflective manner. Advice is given on their appropriateness for different groups of people. This toolkit can be accessed at the following link:

<http://www.artworkscreative.org.uk/wp-content/uploads/2015/11/Creative-Evaluation-Toolkit.pdf>

## Contact researchers at Universities to help with evaluations

This enables access to professional researchers with a wealth of expertise in evaluation methods and serves to develop partnerships with Universities that are part of the community. This fits with the ethos of what a WSA looks like described in part 2 of this framework.

A good first point of contact would be **AskFuse** (part of **Fuse**, the Centre for Translational Research in Public Health, <http://www.fuse.ac.uk/>). **Fuse** brings together the five North East Universities of Durham, Newcastle, Northumbria, Sunderland and Teesside in a unique collaboration to deliver world-class research to improve health and wellbeing and tackle inequalities.

**AskFuse** can help you to develop evaluations and help with your campaign in other ways such as applying for ethical approval to undertake your evaluation.

<http://www.fuse.ac.uk/askfuse/>

Contact details for **AskFuse**:

**Dr Peter van der Graaf, AskFuse Research Manager**

**Tel:** 01642 342757

**Email:** [ask@fuse.ac.uk](mailto:ask@fuse.ac.uk) or [p.van.der.graaf@tees.ac.uk](mailto:p.van.der.graaf@tees.ac.uk)

**Online enquiry:** [AskFuse enquiry form](#)

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