SAMH

for Scotland's mental health

GOING TO BE... WELL-TRAINED

SAMH survey on school staff training in mental health

GOING TO BE

ABOUT SAMH

Around since 1923, SAMH is Scotland's national mental health charity. Today, SAMH operates 60 services in communities across Scotland providing mental health social care support, homelessness, addictions and employment services among others. These services, together with our national programme work in See Me, respect*me*, suicide prevention and active living inform our public affairs work to influence positive social change. Our information and services are built upon a belief that people with mental health problems should be ambitious about their futures.

GOING TO BE

GOING
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Our Going to Be campaign was launched in May 2017. We can't always prevent young people from developing a mental health problem but we can give them every chance to understand their mental health and normalise help-seeking without stigma.

Most children will never come into contact with specialist mental health services yet all children have mental health. Diagnosis of a mental health problem should not be the only mechanism to trigger support, but it's often at that late stage when interventions take place. We need to act faster. Improving the self-esteem, resilience and wellbeing of all our young people must be a priority.

We know that half of all adults who are mentally ill experienced the onset of their mental health problems by the age of 14.[1] The Scottish Health Behaviour in School-aged Children (HBSC) Study (2015)[2] has assessed that in a field of 44 other countries, the mental wellbeing of adolescents in Scotland has been worsening over time for several indicators of mental health and wellbeing; and that the decline is steeper than in other countries. Referrals to specialist Child and Adolescent Mental Health Services (CAMHS) and hospital admissions related to self-harm have increased.[3] Through the Scottish Youth Parliament's work,[4] young people have voiced their concerns about the lack of mental health support available in schools, in the community and in the NHS.

There are more than 900,000 children and young people living in Scotland.[5] Our mission is to change things for these young people and for generations to come.

We think three things need to start happening straight away:

- **By end of 2018, create a programme to train all school staff in mental health**

- **By 2020, provide counselling services across Scotland's secondary schools**

- **By 2020, let children and young people stay in specialist services till age 25**

This report focuses on the first of these actions: the urgent need to provide everyone working in our schools with mental health training.

INTRODUCTION

During the consultation events which shaped SAMH's Ask Once, Get Help Fast manifesto, an overwhelming number of people told us there was a lack of mental health education and support for young people. They also told us it is essential for children and young people to learn about mental health at a young age.

As we stated in that manifesto: 'In our schools and colleges, health and wellbeing must be on an equal footing to literacy and numeracy within the Curriculum for Excellence. While it is a central plank of the curriculum, it too often slips down the priority list. In order to improve the delivery of this fundamental aspect of the curriculum, mental health education must be a compulsory and comprehensive aspect of teacher training. As part of a whole school approach, teachers should be given more support and ongoing professional development to deliver these outcomes of the Curriculum for Excellence, which will raise attainment for all. Mental health and wellbeing standards must be included in the inspection of schools, and progress reported on annually.

We note the words of the Cabinet Secretary for Education in December 2017: "Teachers are the most important in-school factor in a child's educational attainment". The General Teaching Council for Scotland's Professional Standards for Registration[6] say teachers must know how to promote and support the cognitive, emotional, social and physical wellbeing of all learners. We believe that a young person having good mental wellbeing and developing resilience will support and improve their attainment and ability to learn, improving their futures after school, and this belief has been reinforced by the survey findings we describe in this report.

This report sets out the findings from a survey of school staff. Many of the teachers and other school staff who responded to our survey told us that they do not feel properly trained and equipped to do their jobs; that health and wellbeing, especially mental health, is a lower priority than literacy and numeracy in schools; and that the demand for help from pupils is rising. As one respondent said,

"I have only been trained in this area because I have sought out courses and bought books to learn in my own time. I firmly believe if a child is not happy that it is very difficult for them to learn. We need to make sure emotional issues are being dealt with properly before we even begin to bother about the academic side. However, I feel if teachers don't believe that this is important or are not given training through in-service etc they can actually make situations worse for the children in front of them, I have seen first-hand, teachers who believe this isn't their job to help with this area of a child's life and this worries me deeply." (Anonymous survey response)

It's got to change.

2018 is the Year of Young People in Scotland. Our young people deserve better support, and so do our school staff. We call on the Scottish Government to mark this year by prioritising and resourcing our children's mental wellbeing in schools. By the end of 2018, we want to see the creation of a programme to train all school staff in mental health.

EXECUTIVE SUMMARY

SAMH conducted an online survey of school staff during 2017. The survey was live for 36 days, between 7 August – 11 September, and over 3,000 school staff working in Scotland responded to the survey.

The majority of responses came from staff working in primary (55%) and secondary (37%) state schools. A small number of responses were received from staff from Additional Support Needs (ASN) schools and private schools; due to the small number of responses, we were unable to include them in this report.

As health and wellbeing is the responsibility of all school staff in Scotland, the survey was not limited to teachers; non-teaching staff also play an important role. Teachers represented the greatest number of respondents, but classroom assistants, administration staff, janitorial staff and other roles also fed in their views.

We are mindful of the workload challenges facing educators across Scotland; this report aims to support teachers and school staff to carry out their roles.
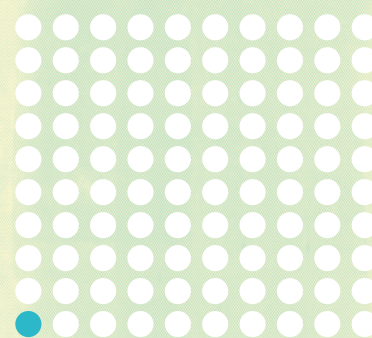
Key findings included:

Initial teacher education

66%

of teachers who responded to the survey do not feel they have received sufficient training in mental health to allow them to carry out their role properly.

Only 12% of teachers who responded felt they had adequate training in mental health.

Only one in 100 responses recalled doing detailed work on mental health when they were student teachers.

Teachers who had qualified in the last five years were the group who felt least well trained in mental health, out of all respondents by years of experience.

"This is a growing issue that as a teacher I am seeing and dealing with a lot more pupils coming to me with mental health and wellbeing issues..."

Continuous professional development (CPD)

45%

of teachers had never undertaken any CPD in mental health

Based on the results of the survey, the longer teachers had been qualified, the more likely they were to have received CPD in mental health.

Confidence levels in signposting a pupil for support were higher amongst those who had previously received mental health training.

Support systems in schools

Teachers responding to the survey reported low confidence in the resources available to them to respond to a pupil experiencing mental health difficulties. A significant minority of all school staff felt they lacked the skills and capacity to support young people.

34%

of all school staff said their school had an effective way of responding to pupils experiencing mental health problems.

17% felt the approach was ineffective and the remainder were unsure. Primary school staff were less likely to believe their school had an effective system in place and also reported lower confidence in their own skills, resources and capacity to support children presenting with mental health difficulties.

43% of teachers had made a referral to CAMHS.

The survey offered the opportunity to provide comments. Teachers and non-teaching staff spoke of the need for young people to receive support; decried their lack of ability or time to provide information or support; and criticised the issue's low priority within the curriculum. There were significant concerns raised about the lack of support available to young people following a referral to CAMHS, while they waited for an assessment; and frustration and anger when a referral was rejected, with no support offered.

There was a high volume of responses from teachers criticising their volume of work, leaving them without the capacity to support pupils who needed help; and many noting that they were experiencing mental health problems too.

SAMH believes that these findings demonstrate the need to better equip and support school staff in understanding mental wellbeing and provide them with the resources to respond appropriately to pupils who are experiencing distress.

"This is a growing issue that as a teacher I am seeing and dealing with a lot more pupils coming to me with mental health and wellbeing issues. The problem is the lack of training we have to give these pupils support and also once we refer these pupils the massive lack of support available to them and parents to help them." (Anonymous survey response)

SAMH recommends that by the end of 2018, the Scottish Government should create a programme to train all school staff in mental health.

POLICY CONTEXT

The Scottish Government's Mental Health Strategy[7] was published in March 2017. This contained several commitments to improve care and treatment for young people experiencing poor mental health, as well as to promote better and earlier mental health interventions. It contained the ambition that 'every child and young person (will) have appropriate access to emotional and mental wellbeing support in school'. We welcome these aims. The most pertinent of commitments relevant to this report are:

Commitment 1:
Review Personal and Social Education (PSE), the role of pastoral guidance in local authority schools, and services for counselling for children and young people.

Commitment 2:
Roll out improved mental health training for those who support young people in educational settings.

Our challenge to the Scottish Government is that these commitments have no time limit attached, and the lack of detail means that the commitments have the potential to be narrowly applied. This could mean mental health training for certain school staff, such as guidance teachers, rather than *all* school staff, who will play a variety of roles in recognising and responding to children in distress.

There is also an underlying discussion of the roles and responsibilities of school staff within the current mental health strategy:

"Along with literacy and numeracy, health and wellbeing is one of the three core areas that are the responsibility of all staff in the school. All adults who work in Scotland's schools have a responsibility to support and develop the mental, emotional, social and physical wellbeing of pupils, as part of what is referred to as 'Responsibility of All'. To support this responsibility, Education Scotland provides training and professional development, as well as promoting good practice on positive relationship and behaviour approaches."

This acknowledgment is welcome. However, many of the responses to our survey demonstrate a gap between principles and practice.

The role of teacher training and ability to signpost and support young people in distress is very much linked to the ethos of the Curriculum for Excellence, in terms of promoting health and wellbeing. Much of this is delivered through Personal and Social Education (PSE) in schools.

The **Scottish Parliament's Education and Skills Committee** recently undertook a short inquiry[8] into Personal and Social Education (PSE) in Schools, which highlighted a series of concerns about the subject's priority, delivery and resources, with the Committee concluding PSE provision is 'inadequate'. As recommended by the Committee, Education Scotland is now leading a review which will report at the end of 2018; this partly ties in with the Scottish Government Mental Health Strategy's Commitment 1. The initial stage of this review has already reported, a short desk study document sharing useful PSE resources.[9]

SAMH hopes that conclusions and recommendations of the Education and Skills Committee and the pupils, teachers and school staff who submitted evidence will be considered in the wider review, especially in terms of schools meeting their statutory requirements to be 'health promoting'; and their public sector duties with regards to tackling all forms of prejudice. While the review has commenced, due to its reporting timetable it is likely to be at least two years before it can start to be implemented in schools.

The Scottish Government's 2018 National Improvement Framework and Improvement Plan for Education[10] built on its 2016 plan, with some additions. Alongside improvement in attainment, particularly in literacy and numeracy, and the closing of the attainment gap, the improvement in children and young people's health and wellbeing is listed as a key priority. The Framework also noted key themes within local authority delivery plans across Scotland to drive improvement in education, including:

"Providing access to mental health and wellbeing support and advice in schools for those at risk and who most need it".

We hope that this influences local authorities to adequately resource schools to ensure this support and advice is provided; this must extend to the provision of counselling and educational psychology posts. SAMH also welcomes the decision to include additional measurements of health and wellbeing to the basket of measures to determine progress on closing the attainment gap. However, we are disappointed that the original commitment on Health and Wellbeing data collection, originally to commence in 2018, has now been pushed back a further year to the 2019/20 academic year. We urge that this does not slip further into the long grass.

Teacher training was debated[11] on an Opposition Day motion in the Scottish Parliament in 2017, following on from evidence to the Education and Skills Committee regarding school workforce planning; and the Committee is looking at the overall Curriculum for Excellence on an ongoing basis. We note a series of commitments within the National Framework and Improvement Plan for Education Scotland and General Teaching Council for Scotland (GTCS) to develop self-evaluation tools for Initial Teacher Education (ITE), which in the longer term could lead to improvements in the teacher training curriculum for new educators.

In 2017, there was a **review of guidance to support the health of children and young people in schools in Scotland**. SAMH recommended that there should be a mental health component to this guidance, including support to respond to pupils presenting in distress or having a mental health crisis; self-harm; suicidal ideation; and the management of medication for mental health or to ensure the safety of pupils who might be at risk of overdose. The recently published guidance[12] for school staff remains heavily focused on physical illness and certain medication management, although it does include links to some mental health organisations. Unfortunately such guidance reinforces the disparity between physical and mental illnesses, and could reduce the investment in CPD by school leaderships for issues relating to mental health.

The **Scottish Government's 10-year Child and Adolescent Health and Wellbeing Action Plan**, which will cover both physical and mental wellbeing, is also expected to be published during 2018.[13]

SAMH believes that as a minimum, the commitments related to children and young people's mental health within the Mental Health Strategy must also be included in this forthcoming Action Plan, but strengthened to include timescales for delivery and adequate resources for implementation.

METHODOLOGY

SAMH sought the views of school staff working in Scotland to complete a survey on social media. This survey was built on surveymonkey.com and promoted via social media and via stakeholders including the Educational Institute of Scotland (EIS). The vast majority of responses came via social media (3,566). The survey was online between 7th August and 11th September. It was subsequently analysed on behalf of SAMH by Jacki Gordon, an independent researcher.

Survey responses were anonymous, to better allow for uninhibited and candid responses. Information was sought about the role of the respondent, the type of school they worked in, and their duration of experience; all other questions were optional. The survey responses do not identify which educational authority the respondent works in. Only the views of school staff currently working in Scotland were included in the findings of the report.

This survey consisted of 21 questions, and the findings have been set out in the report below with some of these questions grouped together. The majority of the questions were 'closed' to better allow for measurement of the experience and confidence of the school staff responding to the survey, and differentiate between roles. In some cases (such as detailing CAMHS referral) comments could also be added to answers. The final 'open' question allowed school staff to provide qualitative commentary about what they considered important regarding mental health and wellbeing in schools. Many of the comments are reproduced throughout this report.

As the survey was completed by a range of school staff, not all the questions to the survey were answered (e.g. if the question asked was about teacher training, this would not have been applicable to non-teaching staff). Through this report, we make clear the number and percentage of responses to questions.

KEY FINDINGS

We wanted to hear from teachers as well as other staff working across schools in Scotland about their training in mental health, both initially in their training for their role in the school, and after their appointment through continuing professional development.

We also wanted to know about their skills, resources and capacity to support the mental wellbeing of our young people, whether in an educational or a pastoral sense, and how they assessed the systems in place in their schools to respond to a young person in need of specialist mental health support.

As teachers form part of Tier 1 CAMHS[14] in universal services, we wanted to hear about their direct experience of referring young people to specialist CAMHS, and their consideration about the issues which most affect the mental wellbeing of children and young people today.

Number of respondents

Respondents were asked: *Are you currently working in one or more schools in Scotland, in any kind of role?*

3,366[15] indicated that they did, satisfying the eligibility criteria for the survey. However, as is common with online surveys, there was some attrition i.e. some respondents exited the survey before the end. 2,658 respondents reached the end of the survey.

Role

The most common role performed by a respondent was that of teacher with 63% (2,118) of respondents describing themselves as such.

A fairly sizeable percentage described themselves as classroom assistants (14%, 487).

A small percentage identified themselves as administration, janitorial and catering staff.

15% (512) described themselves as 'other' (i.e. a staff group other than teacher, classroom assistant, or admin, catering or janitorial staff). This group represents a range of positions and experiences, and could include headteachers, deputes, librarians or other roles within schools.[16]

Length of experience

Respondents were asked how long they had been working in schools.

The majority of respondents (all roles) had been working in schools for over six years and 30% for over 15 years. This means that in subsequent analyses, any limitations in confidence and skills cannot be attributed to respondents having only short experience.

Q2 Role in school

Role	Percentage
Teacher	63%
Classroom Assistant	14%
Admin Staff	4%
Catering Staff	2%
Janitorial Staff	1%
Other	15%
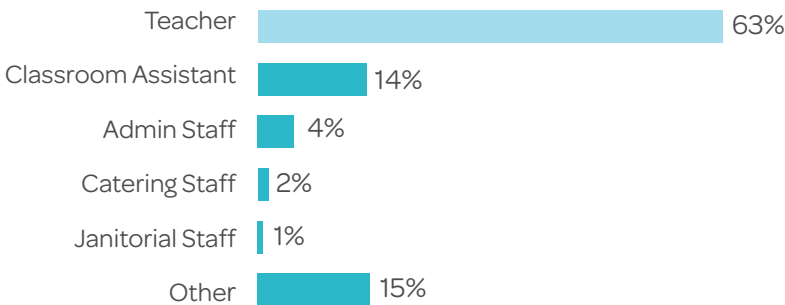
Type of school

At the end of the survey, respondents were asked what type of school they worked in. 2,658 responded.

- The most common response option that was indicated was primary school (55%, 1,469).

- A further 37% (975) worked in secondary schools.

- It is likely that the respondents above worked in state schools given the response option of 'independent schools'.

- The remainder indicated that they worked in additional support needs (ASE) schools (6%,168) or independent schools (2%,46). We were unable to tell from the survey whether these respondents were working in primary ASN or secondary ASN schools.

"I think it is vital that we receive more training at primary school level as a growing number of children are presenting with what we would define as signs of mental health, particularly anxiety. I think if we were equipped with strategies we could be working with them from an early age." (Anonymous survey response)
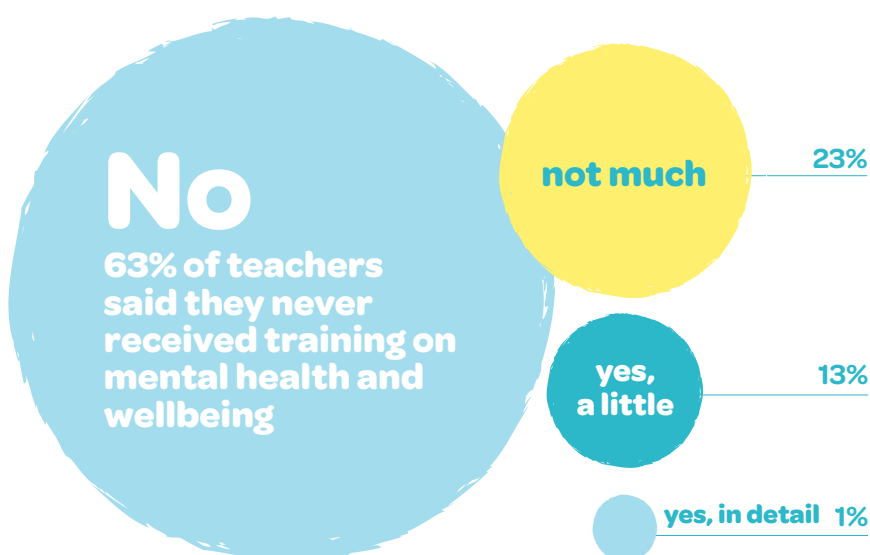
In our report, we have focused on the responses from staff working in primary and secondary schools. The highest volume of responses to our survey, and the lowest levels of confidence came from staff working in primary schools. Although levels of mental wellbeing tend to drop around adolescence, this finding indicates a growing need to support primary teachers and other school staff to intervene early when young children present in emotional distress.

Training

Teachers were asked: Was mental health and wellbeing covered in your initial teacher education?

- The majority (63%, 1321) of teacher respondents indicated that their initial teacher training had not covered mental health and wellbeing.

- A further 23% (485) said that they had 'not much.'

- Only 1% indicated 'yes in detail' and 13% (269) indicated 'yes, a little'.

Was mental health and wellbeing covered in your initial teacher education?

No
63% of teachers said they never received training on mental health and wellbeing

not much   23%

yes, a little   13%

yes, in detail   1%

"Children can cope with learning about difficult issues if done sensitively, and this is something that would have a huge impact on children now, all the way into their adult lives."

"I used to work as a youth worker and only feel confident approaching this subject and discussing it openly with my children because of this training. But it's not enough, everything changes so frequently and we are never trained in this area as teachers, yet I think it's so important. Would absolutely love to see this becoming more mainstream in our CPD and a greater part of our curriculum. I think lots of initiatives hint at mental health (emotions, growth mindset) but are not explicit enough and I think mental health is something that really needs to be more transparent and less taboo now. Children can cope with learning about difficult issues if done sensitively, and this is something that would have a huge impact on children now, all the way into their adult lives." (Anonymous survey response)

We also asked teachers how long they had been teaching (which provides an indication of how long since they received their initial teacher education).

Among teachers, there was a very slight tendency towards longer experience being associated with a higher likelihood of indicating that they had had sufficient training to allow them to carry out their role properly; and slightly more confidence that their training had been sufficient amongst secondary teachers (15% vs 9% of primary teachers).
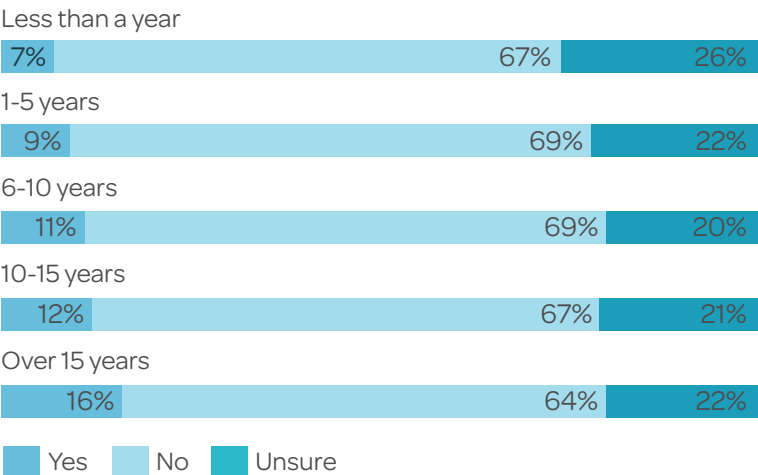
The percentage of respondents who felt that they had sufficient training was:

- 9% (33) for those who had been working for 1 – 5 years
- 11% (43) for those who had been working 6 – 10 years
- 12% (48) for those working 10 – 15 years
- 16% (87) for those working over 15 years
- Overall, only 12% (233) of teachers responding to the survey felt they had received sufficient training in mental health to carry out their role properly.

While the percentages are increasing in line with experience, most teachers who responded to this question, regardless of how long they have been working, do not feel they have had sufficient training in mental health to fulfil their roles.

We note that there have been changes in the teacher training curriculum since the introduction of the Curriculum for Excellence in 2010. However, newly qualified and recently trained teachers demonstrated the lowest satisfaction in being sufficiently trained in mental health, despite this presumably being tailored to delivering the Curriculum for Excellence. While these numbers are small, it is disturbing that new teachers do not feel sufficiently trained in a core element of the Curriculum for Excellence. We hope that the introduction of self-evaluation tools within ITE, being led by Education Scotland and GTCS, will specifically look at the awareness and confidence of new teachers in their skills and resources to understand and deliver information on mental health.

However, this will only support new teachers who are currently undergoing training from Autumn 2018. It is imperative that current school staff, regardless of position, are also able to build their understanding and skillset by accessing training on mental health.

Q10 Do you feel that you have had sufficient training in mental to allow you to carry out your role properly?

Less than a year

| 7% | 67% | 26% |

1-5 years

| 9% | 69% | 22% |

6-10 years

| 11% | 69% | 20% |

10-15 years

| 12% | 67% | 21% |

Over 15 years

| 16% | 64% | 22% |

■ Yes ■ No ■ Unsure

We know that teachers are not the only members of staff who might provide support to a pupil in distress or with complex needs. Indeed, Education Scotland says that everyone working with children and young people needs health and wellbeing training.[17]

The 'non-teachers' (all those who indicated a role other than 'teacher') were asked 'Have you ever completed any training in mental health and wellbeing?'

- 69% (329) of classroom assistants indicated that they had not completed any such training.

- It was extremely rare for the janitorial (7%, 2) or catering (4%,3) respondents to have had such training; while 13% (19) of the admin staff had had training.

- Teachers were more likely to have had (CPD) training in mental health and wellbeing compared with the likelihood that non-teachers had ever had training on this topic.

"I'm about to embark on training linked to my Youth Development Officer role which has health and wellbeing within it. But as a former support assistant in high school I had absolutely no training or discussion on it." (Anonymous survey response)

"More training is required for every single member of school staff. We need to be more open about mental health, and make children aware that everyone has mental health in the same way that we have physical health. We need to be able to show kids from as soon as they enter school how to keep good physical and mental health, and what to do when health of any kind starts to deteriorate." (Anonymous survey response)

"Support staff are the main point of contact for most of these kids with ASN, we build up a good, respectful relationship with each individual we work with, but are not given any training in mental health first aid. I, independently through LAMH, done a first aid course, and believe it is something more people would benefit from. Also, it is not widely talked about in schools, and I think it should be." (Anonymous survey response)

Continuing Professional Development

We note the Donaldson review of teacher training[18] made a series of recommendations to improve teacher training and CPD, including making more CPD accredited. In the survey responses, Scottish Mental Health First Aid was positively mentioned by some respondents as valuable CPD.

Teachers were asked if they had ever undertaken any CPD relating to mental health and wellbeing.

- 45% (946) indicated that they had had no CPD on mental health and wellbeing (and 55%, 1146) that they had.

- Amongst the teachers who had responded to our survey, there was a trend for more CPD in mental health for teachers who had qualified more than 10 years ago, than for more newly qualified educators.

- 56% (219) of those who had been qualified for 1-5 years and 45% (169) who had been qualified for 6-10 years had received no CPD.

- 86% of those who had undertaken CPD relating to mental health said that their training was not accredited, or that they were unsure if it had been accredited. 4% of respondents had accredited CPD from a university.

- CPD in mental health tended to be short, with only 9% of respondents (24) attending courses lasting more than one day. 37% of respondents (101) noted their training lasted half a day.

"I think there needs to be significant improvements in staff CPD and liaison with mental health teams in order to deal with mental health issues with our young people."

"There is a rising number of children who are presenting with anxiety related issues. Staff are stretched in terms of resources and lack of any real training which makes it difficult to give effective targeted support - every child is different. Mental Health/anxiety is on our learning community school improvement plan and many teachers have identified it as an area of CPD, but are unsure of where to find resources and training."

"We have training in school to help us deal with epileptic pupils and diabetic pupils but because nobody can see mental health problems, school's management teams don't deem it a necessity to deal with them." (Anonymous survey response).

Skills, resources and capacity

We know that teachers and other school staff will be considering mental health in school in a variety of contexts. There could be a theoretical discussion about exam stress during a PSE lesson, but the pastoral care of a pupil who is experiencing mental health difficulties is also part of their responsibilities. We wanted to know how they felt as educators in delivering the curricular requirements; and how they were equipped to deliver a more supportive role to a young person in distress. We also wanted to understand whether there was a correlation between CPD in mental health and increased confidence in signposting a pupil for additional mental health support.

We wanted to know about how they would feel about responding to a pupil raising mental health concerns, and starting a conversation with a pupil about their mental health; and their confidence in signposting to support. We also wanted to know how confident they were to support their pupils learning in mental health. We therefore asked a series of questions about the skills, resources and capacity of teachers and non-teaching staff in regards to mental health in these areas.

We asked about confidence levels in supporting learning on mental health, which is required by the Curriculum for Excellence. The majority of the primary teachers (60%, 563) and the secondary teachers (59%,398) told us that they felt 'not very confident' or 'not confident at all' in having the capacity to support pupil learning about mental health. We query whether similarly low levels of confidence in supporting another element of the curriculum, such as to improve literacy or numeracy levels, would not require fundamental reform and additional support and training for teachers to do their jobs. We reiterate our concerns about the high percentage of teachers who did not learn about mental health during their initial teacher education, or through CPD. It's got to change.

"This is a growing issue that as a teacher I am seeing and dealing with a lot more pupils coming to me with mental health and wellbeing issues. The problem is the lack of training we have to give these pupils support and also once we refer these pupils the massive lack of support available to them and parents to help them."

(Anonymous survey response)

We present a breakdown of responses to our question; how confident do you feel that you have the skills, resources and capacity to respond to a pupil raising concerns about their mental health?

SKILLS to respond to a pupil raising concerns about their mental health	Not confident at all or not very confident	Somewhat or highly confident
Teacher	46%	55%
Classroom assistant	49%	52%
Admin staff	55%	44%
Catering staff	66%	35%
Janitorial	67%	33%
'Other'	37%	63%
Total responding		2,658

RESOURCES to respond to a pupil raising concerns about their mental health	Not confident at all or not very confident	Somewhat or highly confident
Teacher	73%	27%
Classroom assistant	69%	31%
Admin staff	62%	39%
Catering staff	80%	20%
Janitorial	76%	24%
'Other'	61%	39%
Total responding		2,658

CAPACITY to respond to a pupil raising concerns about their mental health	Not confident at all or not very confident	Somewhat or highly confident
Teacher	56%	45%
Classroom assistant	63%	37%
Admin staff	60%	40%
Catering staff	76%	24%
Janitorial	76%	24%
'Other'	52%	48%
Total responding		2,658

"We are doing what we can in schools under significant staffing constraints and growing numbers of youngsters with significant needs.

We want all school staff to feel confident and able to respond appropriately to a pupil raising concerns about their mental health. A substantial minority of teachers lacked confidence in their skills and capacity to support a pupil in this situation.

It is notable that nearly three quarters of teachers did not feel confident in having the resources to respond to a pupil raising mental health concerns. We do not know whether respondents interpreted this question as relating to resources within the school (such as access to in-school counsellors) or whether responses referred to access to CAMHS. It suggests that teachers feel there is a deficit of resources to draw upon, and further work is needed to determine what teachers need. We suggest that the review of PSE, being carried out by Education Scotland, looks closely at the resources which teachers would find most helpful to support their pupil's mental health.

A majority of school staff were concerned about their capacity to support a pupil experiencing mental ill health.
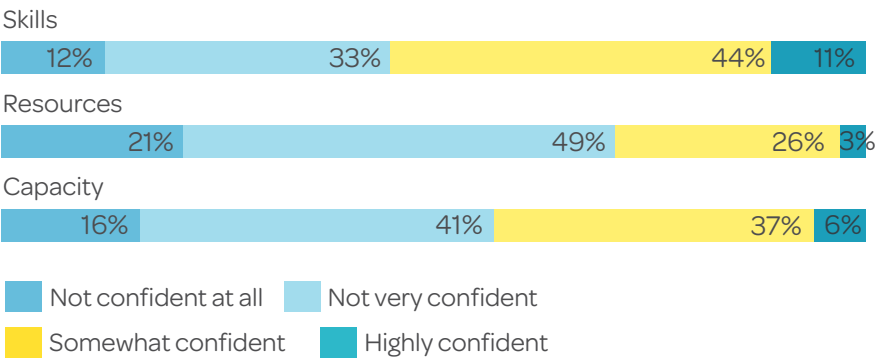
"We are doing what we can in schools under significant staffing constraints and growing numbers of youngsters with significant needs. The thresholds to access support are becoming ever higher so more youngsters are in schools requiring support from staff who are already pressured. Time with the youngsters is what's needed but it's difficult for school managers to quantify and everything has to be measured and accounted for. A physical injury requiring additional support can be assessed and timescales applied - this is not true of mental health." (Anonymous survey response)

Non-teaching staff presented a range of responses. Classroom assistants' response profiles conformed to a similar pattern to teachers'. 'Others' were more likely to feel confident, most notably 'highly confident', than the other staff groups, including feeling more confident than teachers. This may be due to the high number of 'others' who performed a senior role in the school (i.e. part of the Senior Management Team), pastoral/ mental health role or pupil support role.

We note that there is a correlation between a high number of teachers not having been trained in mental health, and a lack of confidence amongst a high number of teachers in responding to a pupil raising mental health concerns; and conversely, there is a clear association between having attended training and confidence in signposting. Having attended more than one training session was associated with higher confidence than having attended one session. While this association does not imply causality, we suggest it is helpful for school leadership and education authorities to consider. We acknowledge that school staff with an interest in mental health, or whose roles specifically relate to this area (e.g. pastoral or guidance teachers), may have been more likely to seek out training in mental health, and could potentially be more confident in the first place.

We also asked respondents; how confident do you feel that you have the skills, resources and capacity to start a conversation with a pupil about mental health?

Q17 How confident do you feel that you have the skills, resources and capacity to start a conversation with a pupil about mental health?

Skills
| 12% | 33% | 44% | 11% |

Resources
| 21% | 49% | 26% | 3% |

Capacity
| 16% | 41% | 37% | 6% |

■ Not confident at all   ■ Not very confident
■ Somewhat confident   ■ Highly confident

73%

of teachers had low levels of confidence in their resources to respond to a pupil raising concerns about mental health

Similar to the previous question, the lowest levels of confidence related to the resources available, rather than the staff member's skills or capacity. This suggested that while school staff were open and willing to initiate conversations with pupils about their wellbeing, there are concerns about how to then help them should the pupil require support. Many of the comments regarding CAMHS referrals decried the lack of support available while a distressed young person was waiting for an assessment; or if they had been rejected from specialist CAMHS.

73% of teachers had low levels of confidence in their resources. Classroom assistants were slightly less confident about having the skills and the capacity to start a conversation than was the case with the teachers; and similar to the teachers in their levels of confidence regarding having the resources to start a conversation. We reiterate our point about the need for resources to support all school staff in this regard.

"Wait time is too long! Too many pupils refused an appointment – passed between school referral and/ or doc referral – if we refer on, then we don't have training or skills to support the child- but due to lack of resources & no appointments, vulnerable kids fall between the cracks. More CAMHS appointments, more support for CAMHS, more support for kids." (Anonymous survey response)

"Pupil with severe anxiety in P7 transitioning to Secondary. My referral was knocked back and I as a teacher was left feeling troubled and alone about the situation of this pupil. Daily panic attacks/locking herself in toilet/running away etc in a busy class of 32 and I was left to try to support her on my own. I felt very let down by everybody and I understand it is due to a lack of resources, however we need to sort this as I wholeheartedly believe that mental health is soon going to be an epidemic throughout our primary children." (Anonymous survey response)

"Mental health worker at CAMHS was excellent: I could call her for a consultation off the record and she would say yes refer or no don't refer to us but try this strategy or I'll email you this resource. Try it and phone me again if it's not working."

We asked if teachers had referred a pupil for support from CAMHS in the last three years. 1,874 people responded to the question, and many provided comments about their experiences of making a referral, and supporting their pupil during the wait for an assessment.

- 43% of respondents had made a referral for a pupil, 53% had not, and 3% were not sure.

- 54% (504) of primary teachers had made a referral, compared with 26% (180) of secondary teachers. This is likely to be because a primary school teacher is responsible for pupils across the school day, whereas a secondary school teacher sees a pupil for (just) his/her subject, unless that teacher is a head teacher, depute, assistant head, or guidance teacher etc.

- It was not captured by the survey whether the school's process had required the individual teacher to make the referral to CAMHS, or if all referrals were placed by a 'Named Person' role, such as the guidance teacher or headteacher. We suggest that if a teacher had instigated a concern about a pupil in the latter case, which resulted in a referral to CAMHS, they would have responded positively about making a referral.

"The paperwork to make this happen is incredibly time consuming and even then it still took 18 months for the child to be seen"

There were many comments about the challenges in referring a child to CAMHS, as well as the waiting period that went along with this.

"I have referred a child to their pupil support as I felt she was experiencing mental health problems. Subsequently, this was investigated and she spent a period of time staying in a young person's mental health ward as she experienced psychosis. My intervention in the classroom is apparently what highlighted the problem for the first time, so I'm told." (Anonymous survey response)

"I frequently refer pupils to CAMHS as I have a pastoral role at school. The waiting lists are worryingly long and I spend a lot of my time supporting young people who are struggling with the wait." (Anonymous survey response)

"The paperwork to make this happen is incredibly time consuming and even then it still took 18 months for the child to be seen" (Anonymous survey response)

"I would not know how to go about this." (Anonymous survey response)

"The children were all rejected by this service and we were told they needed to express suicidal thoughts before being suitable for this programme in [area withheld]. This service needs to be there for children we suspect have mental health issues and they need to trust our opinion that they need this help." (Anonymous survey response)

"Quite a large number of referrals in my school - a huge amount are knocked back. Working in a school with many children living in areas of multiple deprivation; these are the kids who really need help. Many don't have the appropriate support at home & at times their behaviour is a cry for help." (Anonymous survey response)

School systems

All respondents were asked if their school had an effective way of responding to pupils who seem to be experiencing mental health problems. Generally speaking (and with the exception of the admin staff), the most common response was 'not sure'.

The highest percentage indicating 'yes' was for the administration staff respondents (47%, 53), who are possibly more familiar with the processes due to their roles.

There was also a difference in confidence about the effectiveness of systems based on the type of school respondents represented. 29% (271) among those who were teachers in primary school felt that their school had an effective system, compared with 39% (265) among those who were teachers in secondary schools. Given that the majority of responses to the survey were from primary teachers, this concern may have motivated their participation in the survey.

Q8 Does your school have an effective way of responding to pupils who seem to be experiencing mental health problems?

Not sure   *Yes*   *No*

43% (799)   34% (645)   23% (430)
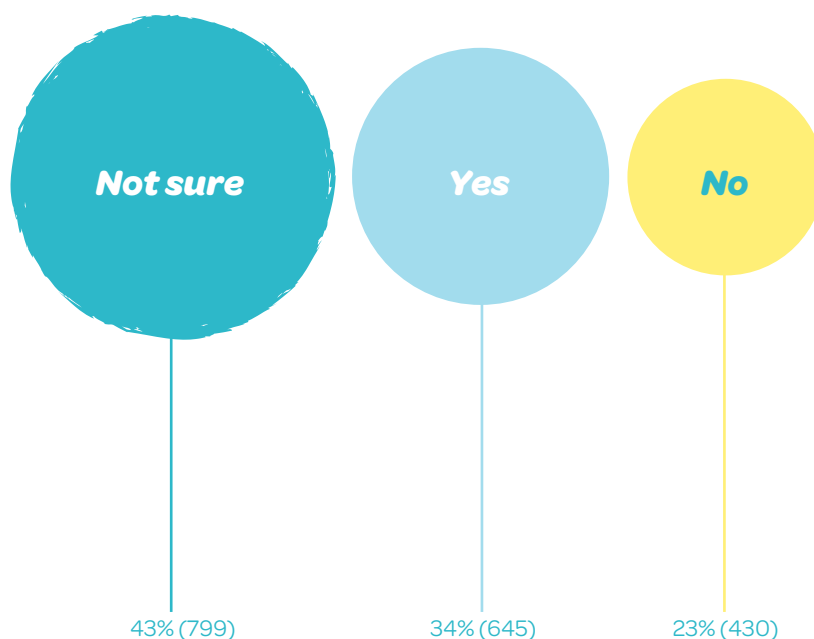
School staff often see more of children and young people than anyone except their families. We asked respondents for their insight into the most significant factors affecting children and young people's wellbeing.

We suggested 11 issues as possibly significant factors affecting children and young people's wellbeing. Respondents could nominate all the issues that they felt were significant, and 2,642 people responded to this question.

The most common factors, according to the opinions of the respondents overall, are set out in the graph below.

There was quite considerable agreement across the staff groups regarding perceptions of the most significant factors affecting children's and young people's wellbeing. Notable differences between staff groups were:

- ASN was identified as an issue more frequently by classroom assistants than the other staff groups.
- Bullying was identified more frequently by catering staff and janitorial staff than by other groups.
- Loneliness was identified more frequently by catering staff than other groups.

There is a possibility that these differences arise due to differential roles and experiences of staff groups: classroom assistants may be more likely to be providing additional support where it is needed, and bullying may be more visible to catering and janitorial staff as such behaviours may be more prevalent outwith the classroom e.g. in playgrounds, corridors and canteens.

Additional suggestions or expounding of issues which harmed the wellbeing of young people also included the following:

"Finding out who they are as a person is quite a common trigger in the school in which I work. Pupils are conflicted in trying to figure out who they want to be and feel that they cannot be the person who they are due to some of the factors listed above." (Anonymous survey response)

"Early childhood experiences, and trauma, attachment and lack of secure base," (Anonymous survey response)

"Social media is probably the single biggest problem, because it allows problems with body image and bullying behaviour to become much more significant." (Anonymous survey response)
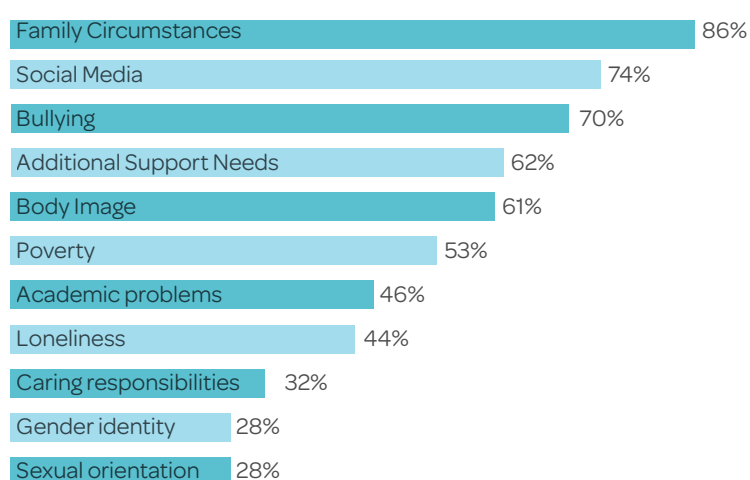
"This list is literally not long enough, grief, living loss, drug and alcohol abuse, domestic violence, sexual abuse, cyber bullying." (Anonymous survey response)

"Parents' own mental health issues" (Anonymous survey response)

"Deficit thinking, pressure to conform. Inflexible systems. Too strong a focus on academic performance." (Anonymous survey response)

"Bereavement" (Anonymous survey response)

Q18 From your experience, which of the following do you think are the most significant factors affecting children and young people's wellbeing? (Tick all that apply)

Factor	Percentage
Family Circumstances	86%
Social Media	74%
Bullying	70%
Additional Support Needs	62%
Body Image	61%
Poverty	53%
Academic problems	46%
Loneliness	44%
Caring responsibilities	32%
Gender identity	28%
Sexual orientation	28%

CONCLUSION

It is imperative that school staff are better equipped, to improve their delivery of mental health education and help young people to build resilience

SAMH was overwhelmed with the response to our short online survey – it demonstrated a recognition of the importance of mental health education within the school setting, and an unmet need for support for practitioners and their pupils. We want to thank all of the school staff who participated in the survey, for sharing their experiences and the challenges being faced in and out of classrooms.

Overall, it can be concluded that of the teachers who responded to the survey, most do not feel that they have had sufficient training in mental health to properly carry out their roles.

Most staff in schools have not received training in mental health; this represents an issue of insufficient training both at the outset of their careers and in terms of continuous professional development.

Commentary from school staff about the priority of mental health, compared with examined subjects within the school curriculum, demonstrate that the imperative for schools is less on health and wellbeing, and more on literacy and numeracy. Yet unless young people are well, they cannot learn. Promoting and supporting their wellbeing is a vital component to close the attainment gap.

While this survey is a snapshot of the experiences of teachers and other school staff in Scotland, it rings true with recent evidence on the delivery and priority of PSE in our schools, as well as the submissions to the Scottish Government's Mental Health Strategy. We consider that there is a clear thirst for an Ask Once, Get Help Fast approach to mental health in schools. Pupils want support, teachers want to be able to support and signpost, and get their pupil the urgent help they need. Delays in assessments and rejected referrals, with no eventual offer of appropriate support completes and compounds the challenges facing many young people in emotional distress.

More young people are asking for help for their mental health. More are accessing support from CAMHS. It is imperative that school staff are better equipped, to improve their delivery of mental health education and help young people to build resilience; and to respond more appropriately to children and young people who need mental health support.

It's got to change.

RECOMMENDATION

SAMH recommends that by the end of 2018, the Scottish Government should create a programme to train all school staff in mental health.

NOTES

1 Kim-Cohen et al., 2003; Kessler et al., 2005

2 http://www.cahru.org/content/03-publications/04-reports/hbsc_nr14_interactive_final.pdf

3 SPICE briefing 2016 http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-76_Child_and_Adolescent_Mental_Health_Trends_and_Key_Issues.pdf

4 Scottish Youth Parliament 2016, https://d3n8a8pro7vhmx.cloudfront.net/scottishyouthparliament/pages/475/attachments/original/1467641786/SYP_MENTALHEALTH-REPORT_FINAL_2_(1).pdf?1467641786

5 Scottish Government, Scotland's Population 2015

6 GTCS Standards for Registration 2012 http://www.gtcs.org.uk/web/FILES/the-standards/standards-for-registration-1212.pdf

7 Scottish Government 2017 http://www.gov.scot/Resource/0051/00516047.pdf

8 Scottish Parliament 2017 https://digitalpublications.parliament.scot/Committees/Report/ES/2017/5/22/Let-s-Talk-About-Personal-and-Social-Education-1#Executive-Summary

9 Education Scotland 2017 http://www.gov.scot/Resource/0052/00525809.pdf

10 Scottish Government 2017 http://www.gov.scot/Resource/0052/00528872.pdf

11 Scottish Parliament Official Report http://www.parliament.scot/parliamentarybusiness/report.aspx?r=10950&mode=pdf

12 Scottish Government 2017 http://www.gov.scot/Resource/0052/00529511.pdf

13 https://beta.gov.scot/policies/maternal-and-child-health/child-and-adolescent-health-and-wellbeing-action-plan/

14 Child and adolescent mental health services at Tier 1 are provided by practitioners working in universal services who are not mental health specialists. This includes:

- GPs
- health visitors
- school nurses
- teachers
- social workers, and
- youth justice workers and voluntary agencies.

Tier 1 practitioners are able to offer general advice and treatment for less severe problems. They contribute towards mental health promotion, identify problems early in the child or young person's development and refer to more specialist services. Source: http://www.icptoolkit.org/child_and_adolescent_pathways/about_icps/camh_service_tiers.aspx

15 This figure excludes the 22 respondents who indicated in question 2 that they did not currently work in a school and who were routed out.

16 We acknowledge that the 'other' category is very broad, and therefore arguably of limited usefulness. To address this, we plan to do further qualitative work with guidance teachers, pastoral care teachers, headteachers and depute headteachers.

17 Education Scotland http://dera.ioe.ac.uk/18519/7/HealthandWellbeing3to18_tcm4-814360_Redacted.pdf 2013

18 Teaching Scotland's Future (2010) http://www.gov.scot/Resource/Doc/337626/0110852.pdf