

School for Public Health Research

Qualitative findings from the WISE project: a pilot study to improve the mental health support available to secondary school teachers

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Background

- ❖ Teachers are at elevated risk of psychological distress compared to the general working population.¹
- ❖ Poor mental health may impair teachers' ability to develop positive relationships with students, which can be detrimental to student emotional health.^{2,3}
- ❖ Poor mental health may lead to sickness absence or poor performance, with negative impacts on student learning.⁴
- ❖ Teachers report feeling unsupported themselves, and ill-equipped to support student mental health.⁵
- ❖ Improved support for secondary school staff may improve their own mental health and wellbeing, and strengthen their ability to build supportive relationships with students, thereby improving student emotional health.

The Study

Aim

To conduct a feasibility study followed by a pilot cluster RCT of an intervention to support secondary school staff's mental health.

Intervention

5 schools (2 feasibility, 3 pilot) received the intervention, and 3 made up a comparison group. In each intervention school:

- ❖ a group of 8-9 staff received training in Mental Health First Aid (MHFA; <http://www.mhfaengland.org/>)⁶ and then provided a confidential peer support service to colleagues.
- ❖ Youth MHFA was delivered to up to 16 staff to strengthen their skills in supporting students.



Qualitative evaluation questions

- ❖ Were the MHFA and youth MHFA training courses useful?
- ❖ What improvements could be made to the courses?
- ❖ What were staff's perceptions of the peer support service? What are the barriers to it being used?

References

1. HSE, 2011. http://www.hse.gov.uk/statistics/lfs/strocc2_3yr.xls. Accessed: 2011-12-05.
2. Lang IA, Marlow R, Goodman R, Meltzer H, Ford T: Influence of problematic child-teacher relationships on future psychiatric disorder: population survey with 3-year follow up. *British Journal of Psychiatry*. 2013, 202:336-341.
3. Kidger J, Araya R, Donovan J, Gunnell D: The Effect of the School Environment on the Emotional Health of Adolescents: a systematic review. *Pediatrics*, 2012, 129:925-949.
4. Jennings, P. & Greenberg, M. The pro-social classroom: teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research*. 2009, 79(1):491-525.
5. Kidger J, Gunnell D, Biddle L, Campbell R, et al: Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and wellbeing. *Brit Ed Res J*, 2009, 36(6):919-35.
6. Jorm AF, Kitchener BA, Sawyer MG, Scales H, Cvetkovski S: Mental health first aid training for high school teachers: a cluster randomised trial. *BMC Psychiatry*, 2010, 10(1): <http://www.biomedcentral.com/1471-244X/10/51>

Qualitative methods

Data collection		Number
Focus groups	Peer supporters	5
	Attendees of the youth MHFA	3
	Other staff	6
TOTAL		14
Interviews	Peer supporters	3
	Attendees of the youth MHFA	3
TOTAL		6

Findings

- ❖ The training was valued for conferring new knowledge and skills, affirming current practice, providing the opportunity to discuss current difficulties, and developing awareness of one's own mental health:

"As a mixed group of staff we had a chance to talk and offload"

- ❖ Participants felt that having the training deepened their awareness of when others were in difficulty

"the way I listen I think is a bit different"

- ❖ Suggested areas for improvement to youth MHFA were making it shorter so more staff could attend, having a greater focus on skills rather than facts, and delivering it to classroom teachers rather than specialist support staff:

"For new staff, or staff that feel less confident it would be useful"

- ❖ Peer supporters reported helping colleagues in a range of ways such as listening empathetically, acting as advocates, advising on professional help sources and raising the profile of mental health in the school:

"I think it sends a really big message out to staff in general"

- ❖ Peer supporters felt they benefited in terms of feeling they had made a difference. However, some concerns were expressed that certain supporters might be overburdened:

"Now she's not feeding her own little soul during her lunchtime and her breaktime because she's helping other people"

- ❖ Many staff supported the idea of the service, but barriers to its use included not wanting to discuss problems at work, having other support in school, not knowing enough about it and not wanting to be a burden on others:

"I know all those people are already under quite a lot of pressure"

- ❖ Staff felt that it would take time for the service to become embedded, and for this to happen senior leadership needed to demonstrate their ongoing support

"It was flavour of the month wasn't it? But I can see it gradually dwindling down"

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