Early Intervention and Identification strategies for young people at risk of developing mental health issues: working in partnership with schools in Birmingham, UK**.**

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Abstract

10-25% of school-aged children have a recognisable mental health condition however due to negative beliefs surrounding help-seeking, many adolescents go unrecognised and untreated. Recent emphasis has been placed on the role schools can play in the early identification of young people experiencing mental health difficulties. Teachers are uniquely positioned to fulfil this role and act as gatekeepers to youth mental health services, however, effective early intervention strategies, in partnership with mental health services, require a consideration of teacher attitudes towards mental health and their own emotional well-being needs.

Method

The present study surveyed a sample of UK teachers (N=320) to explore the impact of work-related stress on their mental health and their ability to provide early intervention support for their students.

Results

Our survey showed high levels of work-related stress due to time pressures and excessive workloads, many teachers failed to seek help for their stress, often due to stigmatic attitudes and fear of negative response by senior management. Such factors led some to withdraw from taking on extra responsibilities with regard to student support and to consider leaving the teaching profession altogether. Coping mechanisms included the use of alcohol and tobacco, with only a small minority receiving access to psychological therapies.

Conclusion

High-levels of work-related stress in teachers can have serious consequences for their mental health and impede their ability to provide effective early intervention support for their student's emotional well-being. Improvements in mental health training for teachers and greater assistance for their own mental health needs is necessary.

Introduction

Approximately 10-25% of all school aged children have a recognisable mental health condition (1-2), indeed, 50% of mental health problems experienced in adulthood occur before the age of 14 (3-4); 75% before the age of 24 (5). The experience of mental health problems can expose young people to a range of risk behaviours and outcomes (1,6) including unsafe sexual behaviour, anti-social behaviour, conduct disorders and substance abuse (7-11). However, young people are often reluctant to seek help meaning that their mental health issues often go unrecognised (12) leaving them vulnerable and untreated for substantial amounts of time (1,13).

The role of schools in providing general health promotion to improve early identification of physical and mental health issues is internationally recognised by organisations such as WHO, UNICEF, CDC, and the formation of networks such as The International Union of Health Promotion and Education and Schools for Health in Europe (14), which emphasise the unique position of schools and school personnel in this context (15-16).

International meta-analyses reveal the wide range of benefits that provision of school-based early intervention strategies may have for young people, especially those schools that operate "whole school" approaches and integrate health and well-being into the structure of the school (17) These include, the reduction of psychiatric stigma (18), identification of those at risk (19-21) which can have important economic implications for society, helping reduce overall spending of public sector agencies, the voluntary sector and criminal justice system (22). Such findings have led directly to changes in UK policy, who have recently introduced a Special Educational Needs

code of practice providing statutory guidance for education and health services in the early identification and support of children and young people with mental health problems (23). However, despite such calls, current educational policy often prioritises academic achievement over pupil emotional well-being (24). This situation is further compounded by an absence of formal separate teacher training regarding youth mental health, which is often only alluded to in relation to safeguarding and not with regard to teachers role in early identification and intervention (25). This shortfall has recently led to calls for child development, mental health awareness and risk and resilience to become essential components of teacher training, in order to support them in their role (26).

However, it is well recorded that the teaching profession has one of the highest rates of stress (27); international studies report increasing numbers of mental health problems in teaching staff (27-30). Results from the EUROTEACH survey, suggest stress is a particular problem in the UK often due to long working days, increasing job demands, and perceptions of low autonomy in their roles (31). A contemporary series of surveys on UK teachers mental health levels further highlight the problem, with 87% of teachers reporting high levels of stress (32), and 38% recognising increasing mental health problems in their colleagues (33). As a consequence, they are more likely to experience burnout and suffer from stress related somatic symptoms (31).

Findings suggest many teachers feel unsupported by colleagues and senior management teams with regard to their own mental health needs and that this can have a detrimental effect on their job satisfaction and psychological wellbeing (34-35). Poor self-efficacy can lead to professional burnout, with serious consequences in terms of teachers' capacity and willingness to identify, engage and support young

people at risk of developing mental health issues (36). Indeed, a national survey of English head teachers found that in half of mainstream schools increased staff workloads, and subsequent pressures, had a negative impact on a teachers' ability to identify early stage mental health issues developing in their students (26). Teacher concerns about the impact their own mental health issues may have on their career prospects (37), however, may prevent them from seeking help from senior management or other sources of support within school; 68% report hiding such problems from their employers (37). However, support from colleagues and school counsellors has been suggested to help reduce stress levels (38). Help-seeking is a social behaviour, one that may indeed be inhibited by the perceived costs of help-seeking, such as social stigma (39). Concealment will inevitably result in the use of alternative coping strategies such as alcohol misuse (40-41) and avoidance-orientated forms of coping (31), the long-term use of which has been related to the development of anxiety and depression (42). Expecting teachers to be vigilant in the identification of early warning signs of mental health problems in their students, and capable of providing the essential support they may need, therefore, may be futile unless their own mental health vulnerabilities and needs are first addressed (43).

Aims

This study explores the mental health needs of teachers and how these might impact on their capacity to provide early identification and intervention strategies to support their student's emotional well-being.

Method

Design

Our survey was developed as part of the Schools Public Health & Wellbeing Initiative, implemented by Birmingham & Solihull Mental Health NHS Foundation Trust and University of Birmingham. The survey explored teacher stress and how their mental health problems may impact on their ability to provide early identification and intervention strategies to support their student's emotional wellbeing. The survey was directly informed by "Crazy about Work" (44) a survey by Nottingham National Union of Teachers which included a range of questions about stress and mental health.

Sample

160 secondary schools in the Birmingham Local Education Authority (LEA) were recruited in November 2010. Of these, a total of 148 schools agreed to take part, 12 declined or did not provide confirmation of consent. A total of 320 responses from teaching staff were collected over a 3 month period. 58% of teachers were female, 39% were male. Teachers were predominantly of white British heritage (87%) and between the ages of 26 – 55 years (72%).

Procedure

Through collaborative links with the 'Healthy Schools Programme', a joint initiative by the Department of Education and Department of Health focused on improving a range of health outcomes in schools, key contacts responsible for school and student wellbeing (i.e. pastoral leads, health and well-being teachers), in 160 secondary schools in the Birmingham Local Education Authority (LEA), were contacted via telephone and asked to participate in the study. These were then sent an

electronic hyperlink to the survey which enabled them to provide consent and log on to the survey. Additional teachers were recruited through this contact who was then responsible for passing on the link to other staff and colleagues within their school. The survey was hosted by 'Survey Monkey' which provided data security. The survey took approximately eight minutes to complete and details of organisations offering mental health advice and support were provided to all teachers following completion.

Ethical approval

Ethical approval for the survey was given by the University of Birmingham, School of Psychology's Institutional Review Board.

Measures

Survey

This 22-item questionnaire focused on i) teachers' current and historic work-related stress (during the last 2 years), ii) the impact of work-related stress on their work and home life, iii) help-seeking, iv) coping strategies and v) the importance of stress and mental health education for teachers.

Current and historical work-related stress

Teachers were asked to rate their current stress and historical work-related stress using a 3-point Likert scale (low, medium or high) and asked if they had taken sick leave, due to this stress, during the past two years.

Impact of stress

Teachers were asked to rate the impact of stress using a 5-point Likert scale (ranging from extremely positive to extremely negative). They were then asked about the impact of this stress on their i) professional capacity, ii) time taken off, iii) likelihood of leaving their current post, and iv) likelihood of leaving teaching profession, again using a 5-point Likert scale (ranging from "never" to "all of time"). Included in this section was a free text response offering teachers' the opportunity to expand on their answer if they wanted to.

Seeking help

Teachers were asked if they had sought professional help for stress in the previous 2 years (Yes/No) and how helpful this had been, using a 5-point Likert scale, ranging from "extremely helpful" to "extremely unhelpful". They were also asked if they had been prescribed medication, or were currently prescribed medication and, again, to rate on a Likert scale how helpful they found this support, responses ranging from "extremely helpful" to "extremely unhelpful".

Coping

Teachers were presented with a list of 10 coping strategies, informed by our pilot study, written as statements such as "I find support in talking to others" and "I drink alcohol or smoke tobacco". Participants were asked to select those which applied to them and those which had been most useful. A free text response was also

used in this question to ask teachers if they had used any other coping strategies that were not on the previous list.

Stress Education for Teachers

Teachers were asked whether they believed stress education for teachers to help them to cope with work-related stress was important or not (Yes/No), if teachers answered "Yes" , teachers where asked to select who was the most appropriate to provide this education from "Existing staff", "External Mental Health Specialists" or "Existing Staff & External Mental Health Specialists"

The Mental Health Knowledge Schedule–MAKS

The MAKS is a 12-item measure assessing stigma related mental health knowledge. It has good internal (0.65) and re-test (0.71) reliability and has been extensively reviewed by service users and experts for validity (Evans-Lacko et al., 2009).

Qualitative analysis of free-text responses

All free-text responses were explored using framework analysis, a qualitative method suitable for framework analysis, developed by National Centre for Social Research in 1980s (46). This is a well-used deductive qualitative method applicable for research with pre-set aims and objectives (47). 3 trained researchers independently familiarised themselves with the data which was first coded and categorised and then combined to search for emerging themes relevant to the studies aims. Disconfirming evidence was sought throughout the procedure.

Results

Sample

--Detailed demographics of teachers are shown in Table 1.--

Current & historic levels of teacher stress

78.5% of teachers described their current level of stress as moderate to high; 91% during the past 2 years. 77 teachers (24%) had taken sick leave due to stress during the past 2 years, half (39; 12%) of these for more than one week.

--Insert table 2 about here--

In our free-text response item 93 teachers commented further on the impact of work-related stress on their professional lives. From this subsample, 19 teachers (20%) felt that the predominant cause of their stress was having too little time to complete all necessary aspects of their job:

From the same subsample 23 teachers (25%) believed that excessive workloads were a major cause of stress, concerned about the overwhelming number of tasks they were expected to complete:

"Too many unattainable deadlines, too much paperwork. Not enough time to plan lessons or teach!" **36-45yr old Black British, Female**
"My stress is mostly related to getting things done, or too much work and too little time." **56-65 year old, White British, Female**

Impact of Teacher Stress

Table 3 shows that over half (69%) of the teachers rated the impact of work related stress, during the past 2 years, as either "extremely negative" or "somewhat negative".

From the subsample of 93 teachers that provided free-text responses, 10 teachers (11%) commented further on how their stress had led directly to them experiencing further mental health problems:

> *"Unable to plan, assess and function during extremely bad times.*
> *had several panic attacks, broke down in work on more than one*
> *occasion."*
>
> **46-55 year old, White British, Female**

> *"I have been ill recently which I think is due to being run down*
> *through the stress of the job"*
>
> **36-45 year old, White British, Female**

---Insert Table 3 about here---

The majority of teachers in the survey (73.3%) reported that stress in the past 2-years had a negative effect on their ability to perform at work at least sometimes, if not all the time. 52% had considered leaving the teaching profession due to work related stress at some point during the past 2 years.

From the subsample of 93 teachers commenting further on their work-related stress 20 teachers (22%) commented that work-related stress had a negative impact on their relationships with their students, which resulted in them feeling reluctant to take on extra responsibilities and had created barriers between them and their pupils:

> *"Stress causes my teaching to suffer as it affects my interactions*
>
> *with pupils, leaving me with a 'short fuse'."*
>
> ***26-35 year old, White British, Female***

> *"I avoid taking on any extra responsibilities (e.g. after school clubs and*
>
> *charity events) and often lock myself in my room at lunchtimes so pupils*
>
> *cannot get to me"*
>
> ***46-55 year old, White British Female***

17 teachers (18%) mentioned that stress impacted on their motivation as a teacher, making them feel less ambitious, unenthusiastic and disillusioned with their jobs:

> *"If I feel stressed it makes me demotivated which makes me*
>
> *want to achieve less "*
>
> ***46-55 year old, White British, Male***

--Insert Table 4 about here--

Seeking help for teacher stress

Few teachers had sought professional help for work related stress (56; 17%). Of these 11 (20%) reported finding the support they were given "somewhat helpful" and 7 (12%) found it "extremely helpful".

41 (13%) of all teachers who participated in the survey had been prescribed medication for work related stress, with more than half of this subsample being prescribed medication in the last two years (26; 63%). Just over half of teachers 15 (58%) prescribed medication in the last 2 years found it at least "somewhat helpful", if not "extremely helpful".

Out of the 93 teachers who chose to comment further on their work related stress 10 teachers (11%) felt that their stress was caused by unsupportive management and, in some cases, felt bullied. 2 of these (20%) felt the need to conceal their problems from colleagues and management, afraid that, if they disclosed their issues it may result in unfair treatment.

> *"The management is unsupportive and bullying. Staff feel they have to hide their problems."*
>
> **36-45 year old, White British, Unknown**

> *"I try not to let it show that I am stressed as I don't think I would be fairly treated"*
>
> **46-55 year old, White British, Female**

Coping Mechanisms

Only 94 teachers (29.4%) reported having a supportive school environment which enabled them to cope. More than half of teachers (201; 63%) had coped by talking to one another about their stress. 173 (54%) coped by actively trying to find ways of working more effectively. However, just less than a quarter of teachers (74; 23%) reported using smoking or alcohol to cope with work-related stress, and only 27 teachers (8.4%) had used psychological techniques to cope.

Mental health knowledge

The majority of teachers regarded depression (293; 91.5%), schizophrenia (308; 96.2%) and bi-polar (309; 96.6%) as mental health conditions. Around half of teachers classified stress (198; 61.9%) and grief (162; 50.6%) as mental health conditions.

Half of teachers (165; 51.6%) agreed that people can fully recover from mental health problems. Approximately one-third of these (55; 17.2%) felt that people with mental health problems actively help-seek from healthcare professionals. Over three quarters of teachers (256; 80%) believed psychotherapy was an effective treatment for mental health conditions compared to just over half of teachers (186; 58.1%) who thought that medication was effective in treating mental health. Over half of teachers in the sample (188; 58.8%) believed they knew how to get

professional help for a friend that had a mental health condition and nearly three quarters of teachers (228; 71.3%) agreed people with mental health conditions still want to be in paid employment.

Mental Health Support for teachers

The vast majority (288; 90%) of teachers felt that receiving education on how to cope with work-related stress was important to them. Whilst two thirds of teachers (200; 63%) thought this should be delivered by a combination of mental health professionals and teachers, more than a quarter of teachers (86; 27%) thought this should be provided solely by external mental health specialists

Disconfirming evidence

Throughout the analysis disconfirming evidence was sought. 20 (6%) of all teachers who participated in the survey felt that work-related stress had either a somewhat positive or extremely positive impact on their work life. Of the 93 teachers that commented further on their work related stress through free-text responses, 14 teachers (15%) described their work-related stress to be a positive experience, which spurred them on to try harder and improve their capacity as a teacher by reflecting on their practice:

"It makes you think about what is important and the best way of dealing with

things"

46-55, White British, Female

Discussion

The impact of teacher stress

Our findings mirror existing literature showing the high levels of stress experienced by the teaching profession and highlight how this stress can have a negative impact on teachers' professional capacity.

Time pressures and workload are noted as the most common cause of stress. Indeed, workloads have been identified as a key barrier for teachers with regard to their ability to effectively identify the early warning signs of mental health issues in children and young people (26), teachers often having to prioritise academic issues at the expense of their students emotional needs (24). Such pressures are often compounded by a lack of senior management awareness of how they impact on a teacher's well-being, and how they may hinder a teacher's capacity to support their pupils with their mental health and well-being needs (36).

Job satisfaction, psychological well-being and a positive teacher/pupil relationship are key factors which will determine the likelihood that a teacher will want to support, and have the emotional resources, with which to help their students (34,26). The qualitative component of our survey, whilst limited, has provided a glimpse of such issues, with a handful of teachers revealing that they are unwilling to take on extra responsibilities or get involved in interactions with pupils because of their own high stress levels and lack of emotional well-being. Indeed, one teacher reported actively avoiding pupils and additional duties and described their growing impatience with students who needed extra emotional support from them. This decrease in 'good will', reluctance to help and withdrawal from extracurricular

support has been reported in other surveys (37); and emphasises how teachers' ability to support the mental health needs of pupils may be compromised by their own mental health status (34,35). This disintegration of the teacher/pupil relationship may serve to consolidate a young person's reluctance to seek help, confirming their fear of stigma and preconceptions about an adult's ability to fully understand their adolescent problems (12). These findings stand in stark contrast to the local and international expectations of how teachers should be at the frontline in early identification and support for the mental health of their students (16).

Seeking help for teacher stress

Despite the high levels of stress, however, only one quarter of teachers reported having taken sick-leave due to their stress, implying that they were trying to cope whilst continuing to do their job. Those who had, however, had been prescribed medication, in the first instance, rather than any offer of talking therapy.

It was clear that many teachers found it difficult to seek help for their mental health and felt unable to approach senior management teams because of stigma. Perceptions of negative consequences and poor support, led some to prefer to conceal their mental health issues in case they were regarded as personal weaknesses which might injure career prospects (33,37). Those who did disclose issues about personal stress usually did so by speaking confidentially with colleagues. It is acknowledged that peer support may assist helping reduce stress (38), however, this valuable help-seeking strategy may be an impossibility for many teachers due to pressures on time management and fear of social stigmatisation (39). Further research is needed to explore teachers help-seeking behaviour for work-related stress as there remains a

considerable paucity in current literature. This is at odds with the role that teachers are expected to take on facilitating student help-seeking for mental health concerns. Understanding their own barriers to help-seeking and providing support to overcome them would have a wide range of benefits. Difficulties seeking help for mental health issues are prevalent in the general population which is often delayed due to perceptions of negativity and stigma, resulting in denial or the use of avoidance strategies (43).

Teachers experiencing high levels of stress and related mental health issues have been observed to cope in one of two ways, through direct action *or* palliative techniques (40-41). Direct action to tackle the likely *causes* of stress in the workplace, however, relies on a teacher's ability to be able to challenge the source of their stress, for example, reduction of excessive work load. The increasing pressures within the teaching profession will mean that teachers lack such opportunities, more likely to turn to palliative techniques, including excessive alcohol and smoking, in order to help them cope (40-41). Our survey showed a significant percentage of teachers were using such strategies as a way of managing their stress.

Limitations

Our survey was limited to a 3-month period, a longitudinal survey would have provided greater insight into the chronic and reactive nature of teacher stress and its effect over time.

Disconfirming evidence with our qualitative responses revealed that some teachers found stress played a positive role in their work performance, which suggests that some teachers perceive stress in a different way, have access to direct actions or

palliative mental coping strategies which produce positive results (41-40). Though these cases were in the minority future research would benefit from a more detailed exploration of what individual and/or situational factors might facilitate such positive coping styles and would help inform future practice and the design of interventions to develop strategies for dealing with work-related stress.

Conclusion

Recommendations suggest that for teachers to be effective in the support and management of their student's mental health there needs to be a whole-school strategy emphasising the emotional well-being of young people *and* school staff (17-18). Our findings support this approach, highlighting the negative impact that work related stress may have on teachers' professional capacity to facilitate early identification and intervention strategies with regard to the mental health of their students. Greater need for teacher support in this context was obvious from our survey, with teachers expressing a clear preference for partnership working with external mental health specialists. An appreciation of the importance of providing mental health support for staff, by senior management teams, will benefit the school, the teachers and the students in their care and lead to teachers providing more effective mental health support for the young they support. Integrating mental health training into teacher training programmes, and working with mental health service partners to provide on-going training and support for teachers, are key priorities for the future, and will have important consequences for the mental health of children and young people, our next generation workforce.

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Table 1. Demographics of teachers who participated in survey

Male	126	*(39.4%)*
Female	188	*(58.8%)*
Age		
16-25	22	*(6.9%)*
26-35	77	*(24.1%)*
36-45	78	*(24.4%)*
46-55	76	*(23.8%)*
56-65	51	*(15.9%)*
66+	11	*(3.4%)*
Rather not say	11	*(3.4%)*
Ethnicity		
White British	279	*(87.2%)*
White Other	8	*(2.5%0*
Asian British	4	*(1.3%)*
Asian Bangladeshi	1	*(0.3%)*
Asian Indian	5	*(1.6%)*
Asian Pakistani	4	*(1.3%)*
Black British	4	*(1.3%)*
Black Other	1	*(0.3%)*
Chinese	1	*(0.3%)*
Mixed Other	2	*(0.6%)*
Other	3	*(0.9%)*
Rather Not Say	8	*(2.5%)*
Teaching Experience		
<5 years	72	*(22.5%)*
>5 years to 9 years	93	*(29.1%)*
10 years +	155	*(48.4%)*

Table 2. Levels of current and historic stress (during the past 2-years).

Typical work related stress levels	*Low*	*Medium*	*High*
Last 2 years?	29 *(9.1%)*	149 *(46.6%)*	142 *(44.4%)*
Today?	69 *(21.6%)*	134 *(41.9%)*	117 *(36.6%)*

	None	*<Week*	*1-2 Weeks*	*3-4 Weeks*	*>1 Month*
Sick Leave (Last 2 years)	243 *75.9%*	38 *11.9%*	20 *6.3%*	8 *2.5%*	11 *3.4%*

Table 3. The impact of stress on work and home life.

Impact of stress (last 2 years)	Extremely Negative	Somewhat Negative	Neither	Somewhat Positive	Extremely Positive
Home life	59 (18.4%)	185 (57.8%)	67 (20.9%)	7 (2.2%)	2 (0.6%)
Work life	54 (16.9%)	152 (47.5%)	94 (29.4%)	19 (5.9%)	1 (0.3%)

T*able 4. The effect of stress on professional abilities and career choices.*

Considerations over last 2 years	Never	Rarely	Sometimes	Often	All the time
Has work-related stress affected your abilities at work?	28 (8.8%)	64 (20%)	157 (49.1%)	59 (18.4%)	12 (3.8%)
Have you considered time off due to work-related stress?	123 (38.4%)	62 (19.4%)	90 (28.1%)	39 (12.2%)	6 (1.9%)
Have you considered leaving your current work due to work-related stress ?	92 (28.8%)	57 (17.8%)	94 (29.4%)	52 (16.3%)	25 (7.8%)
Have you considered leaving the teaching profession due to work related stress?	99 (30.9%)	52 (16.3%)	102 (31.9%)	48 (15%)	19 (5.9%)