

Mental health interventions in schools

Who, what, why, when?

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Overview

- Adolescence
- Range of School-based mental health intervention
 - 8 largest school-based mental health programmes across the world
- Oxford InReach Service
 - Challenges
- Global Context

No competing interests to declare

Adolescence

- Sensitive period in brain development
- Prominence of peer group influences
- Mental health
 - Fluctuating mood common
 - Low mood and anxiety disorders
- Significant proportion of lifelong mental illness and disability associated with mental illness starts in childhood
 - 50% of young adult disorders preceded by childhood psychiatric disorder (Kim-Cohen 2003)
 - Strong persistence childhood psychiatric disorders into adulthood (Birmaher 2004)
 - Suicide second leading cause of death in adolescence

Worldwide pooled prevalence estimates

356 Guilherme V. Polanczyk et al.

J Child Psychol Psychiatry 2015; 56(3): 345-65

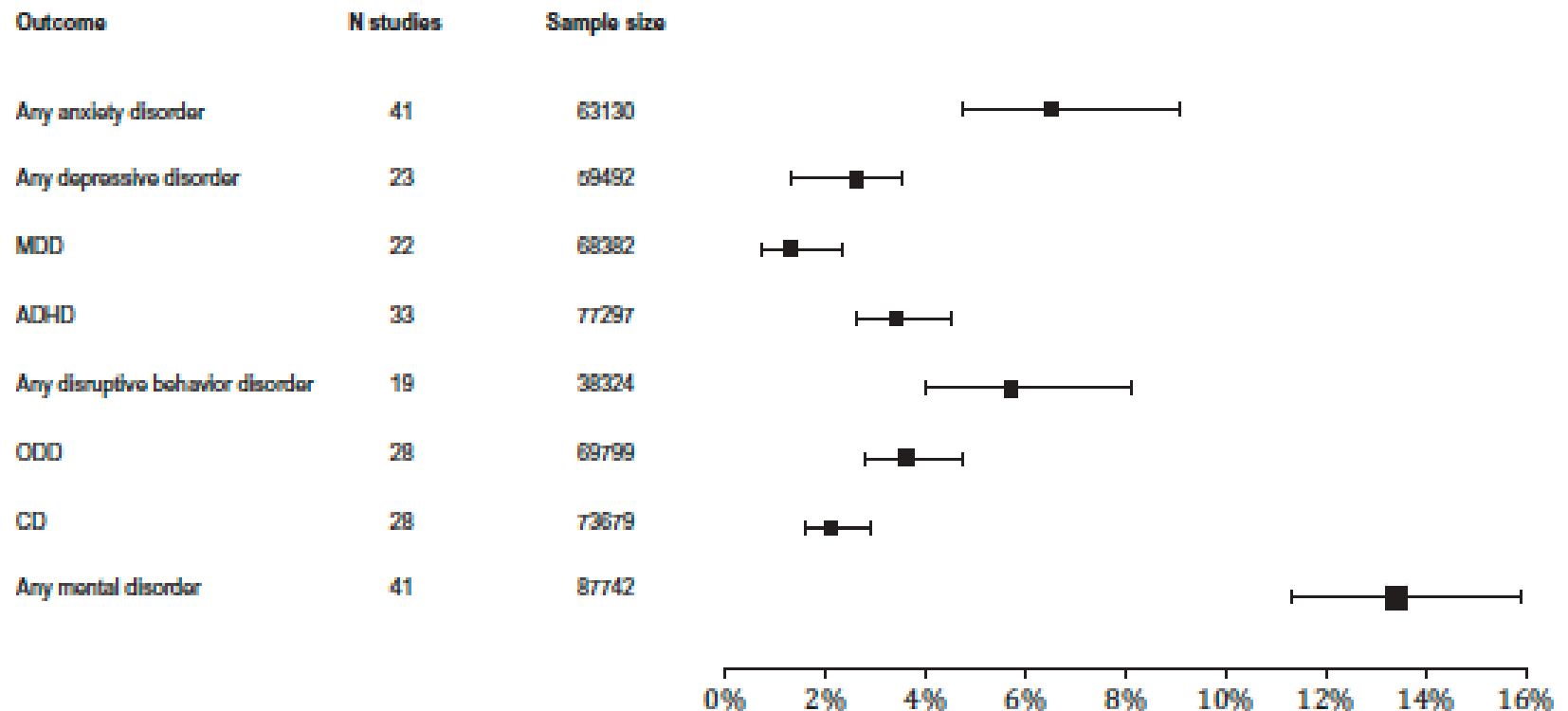


Figure 2 Worldwide-pooled prevalence estimates of any mental disorders and specific groups of disorders in children and adolescents. Note: MDD, Major Depressive Disorder; ADHD, Attention-Deficit/Hyperactivity Disorder; ODD, Oppositional Defiant Disorder; CD, Conduct Disorder

Longitudinal data

- 14 year study 2000 adolescents *Patton 2014 Lancet*
 - High symptom scores at least once in adolescence: 29% M; 54% F
 - 60% had a further episode as young adult
 - Less likely to have recurrence if first episode lasted less than 6 months
 - Longer duration most clear cut predictor of young adult disorders (3x)
- ALSPAC: predictors of mental illness and school achievement
 - Parental SDQ age 9
 - MFQ 5 times between 11 and 19
 - GCSE results

Trends in adolescent mental illness

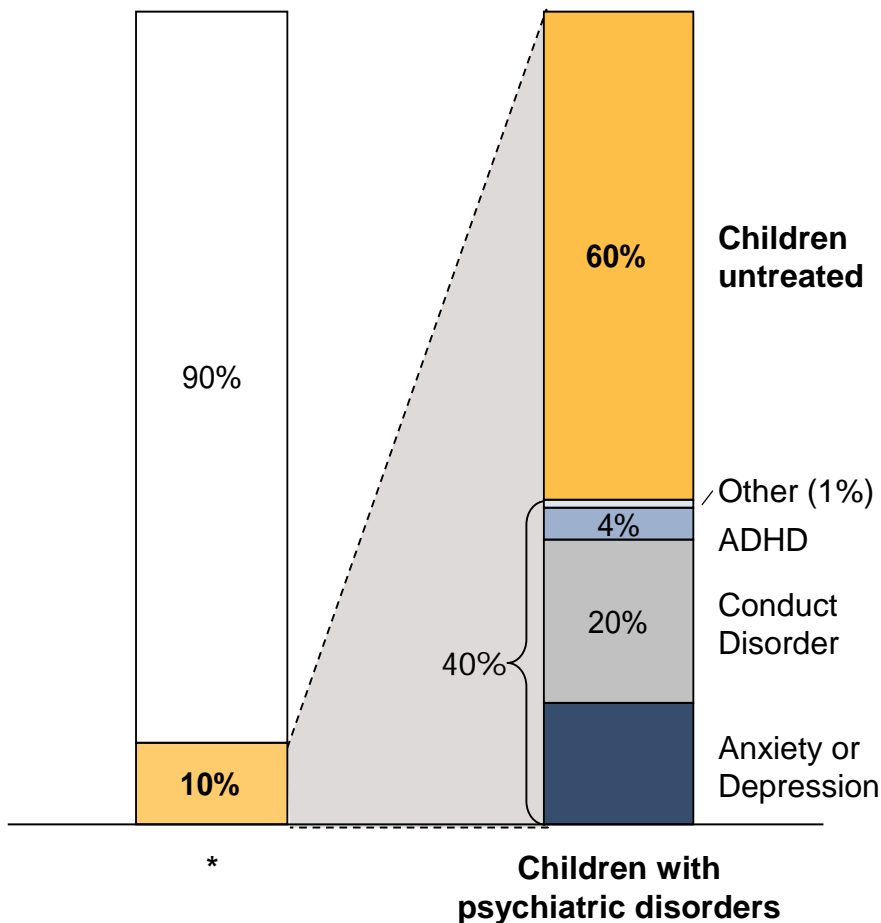
(Collishaw 2015 JCPP)

- 21 studies: Substantial increase conduct and emotional problems in adolescents over last 2 decades
 - Neurodevelopmental disorders
 - Affective disorders
 - Suicide and self-harm
 - Antisocial behaviour and conduct disorder

Explanations

- Change in individual vulnerability (puberty, sleep)
- Changes in family life
- Extra-familial psychosocial risk
 - Bullying
 - Educational experiences
 - Broader socioeconomic and cultural influences
- Other trends
 - Increased help-seeking behaviour
 - Improved screening and clinical recognition
 - Medicalisation of feelings and behaviours
 - Broadening of diagnostic classifications

Children's mental health needs in the UK

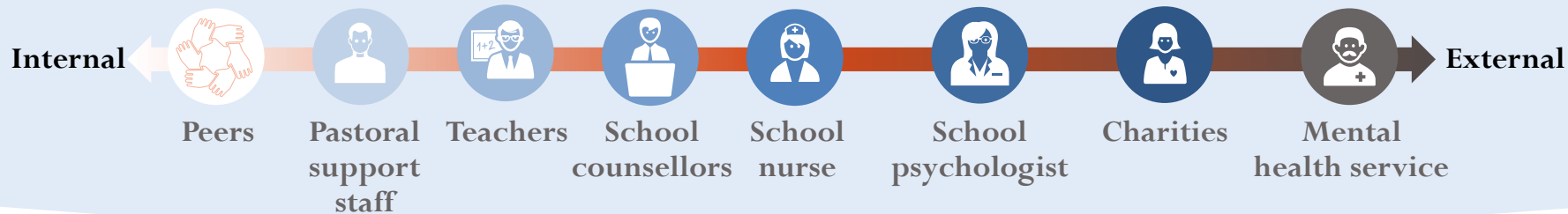


- NOT ACCESSING services BUT attending school
- School staff spending considerable time supporting these children
- Vulnerable populations overrepresented in this group

- Within NHS services
- Effective psychological interventions exist

What are school-based mental health interventions?

1 Who gives the treatment?



2 To whom?

Whole school



Classroom



Pupils at risk



Diagnosed pupils



3 What treatment?

- Cognitive behavioural therapy
- Behavioural intervention
- Art therapy
- Counselling
- Medication
- Family therapy

Consent?



Confidentiality



Evidence based



Whose responsibility?



4 Important prevailing issues

Scope, dose and scale of 8 largest school mental health programmes

- Reached approximately 28 million children over the last decade
 - Almost exclusively in high-income countries
- Positive Behaviour Interventions and Supports (PBIS)
 - Largest (10m)
 - Focus on positive social culture and behavioural support
 - Improved reading scores and fewer suspensions
- FRIENDS
 - Second largest (8m); 12 countries
 - Reduce anxiety and teach skills for managing emotions and coping with stress

Largest School Mental Health Programs

Programme	No years active	No students to date	Scale	No schools in last yr	Target population	Low and middle
Positive Behavioral Interventions & Supports (PBIS)	21	10,500,000	District	21,000	K-12th	N
FRIENDS	19	8,000,000	National, State, District	2,000	K-Adult	Y
Positive Action (PA)	34	5,000,000	District	15,000	PreK - 12th	N
Promoting Alternative Thinking Strategies (PATHS)	15	2,000,000	District	4,000	K - 6th	N
Skills for Life (SFL)	18	1,950,000	National	2000	1st - 4th	Y
MindMatters	18	300,000	District	1000	K-6th	N
Good Behavior Game (GBG)	47	200,000	County	89	K-6th	Y
Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)	14	97.250	District		5th - 12th	N

Prospects for future study

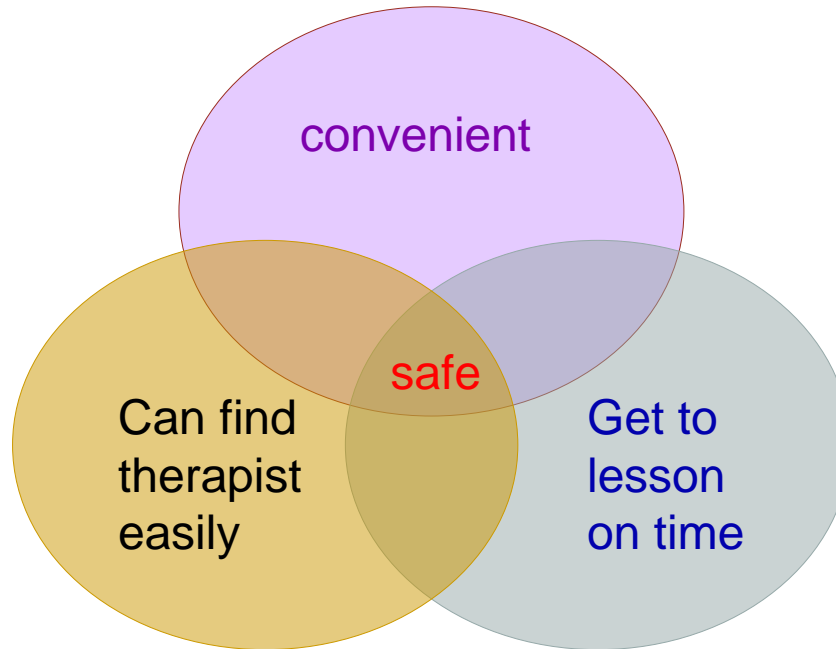
- Summary
 - 6 delivered by trained teachers
 - 2 embedded in the school curriculum
 - Tailor-made & adapted
 - Include Tier 1 and targeted aspects
- Increasingly large datasets
 - Quality
 - Size
 - Lack of unified assessment and outcome measures
 - Great potential to implement changes in schools that can impact on mental health and possibly prevent mental illness
 - Watch this space!

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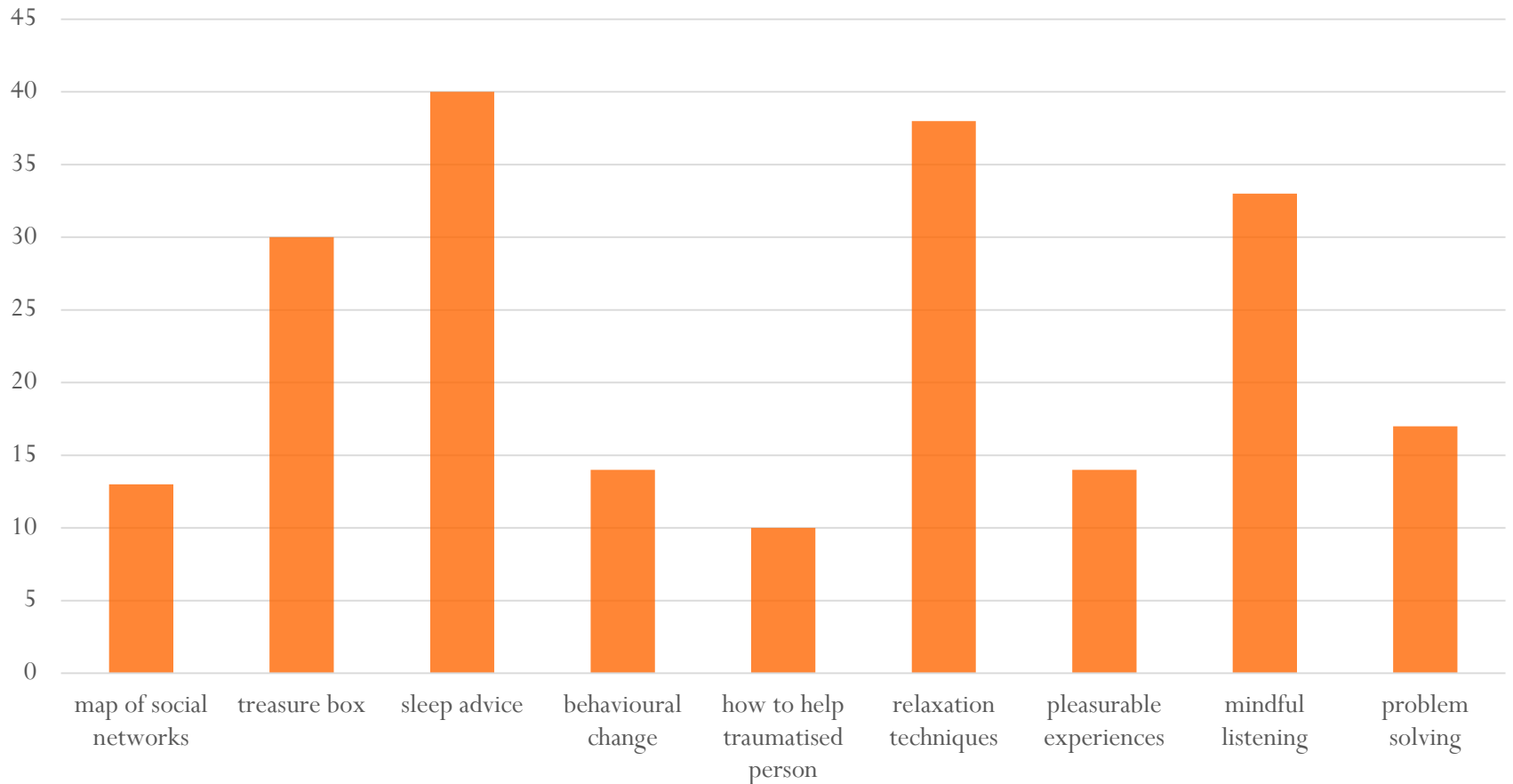
Oxford InReach Service

School: Advantages of school location in refugee sample

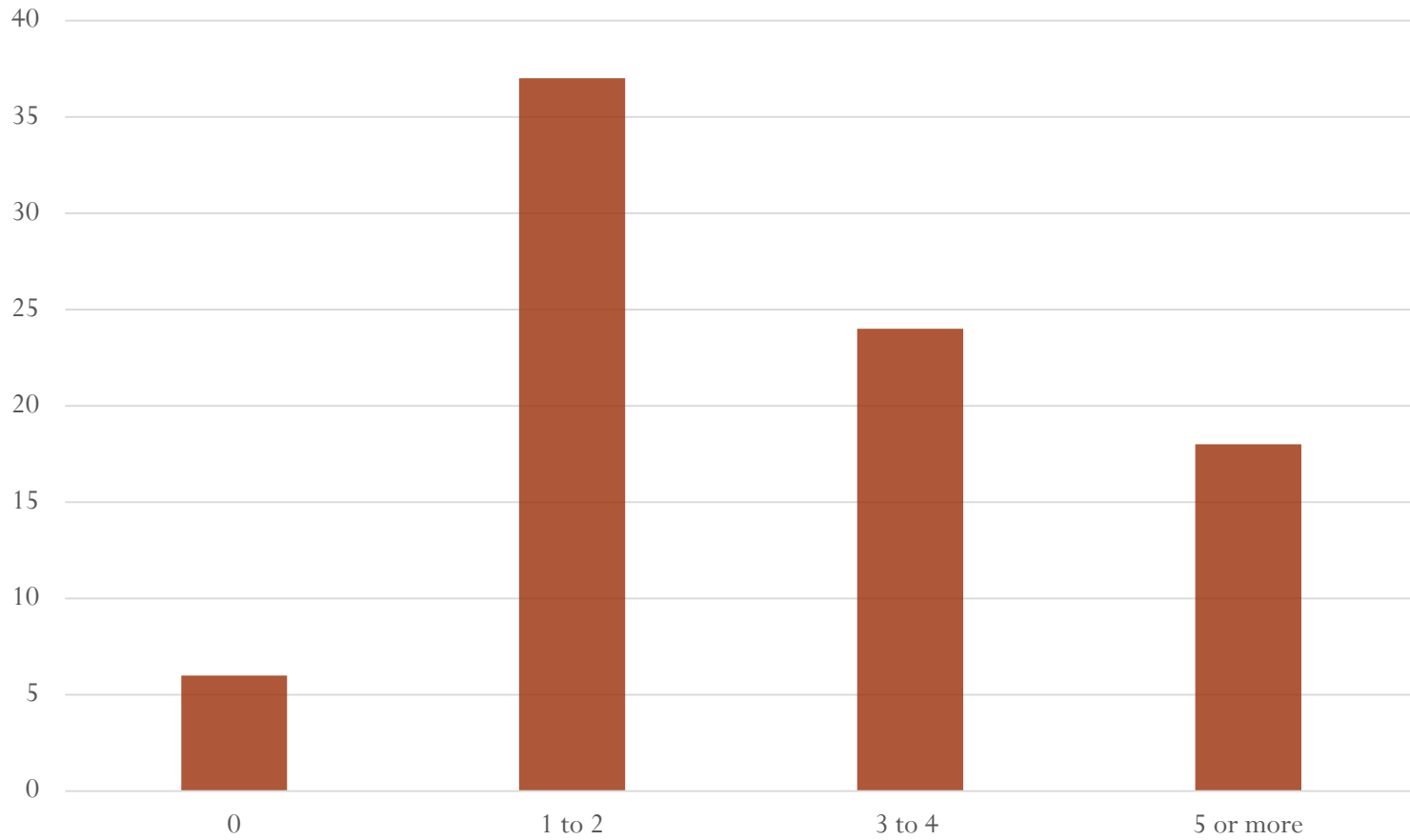


*Good to have it in school, if come to hospital it is scary, I don't know if I would go if it was in a hospital
...no one likes hospital*

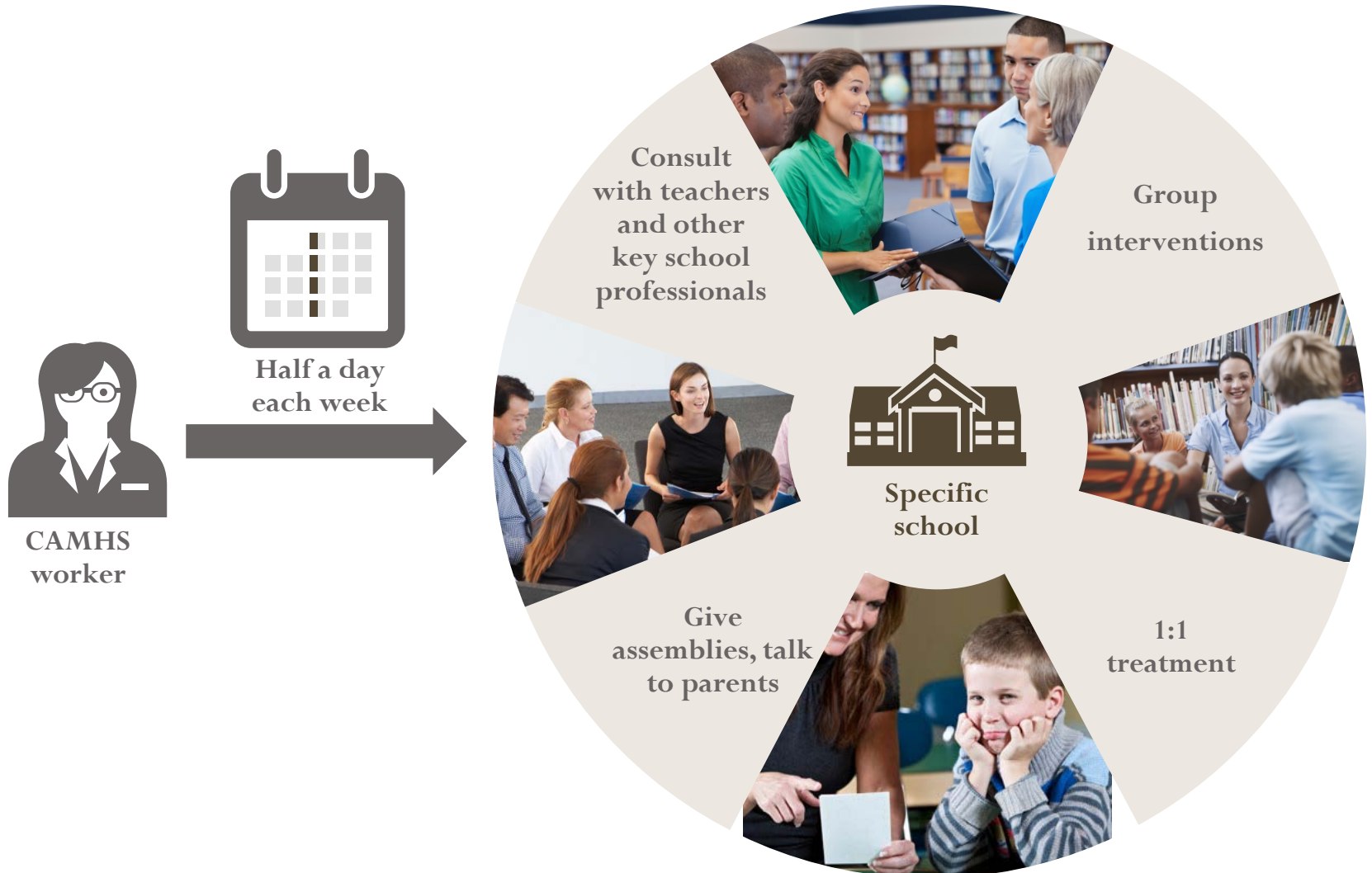
Mental Health toolbox: Which tools were used?



Mental health toolbox: With how many students

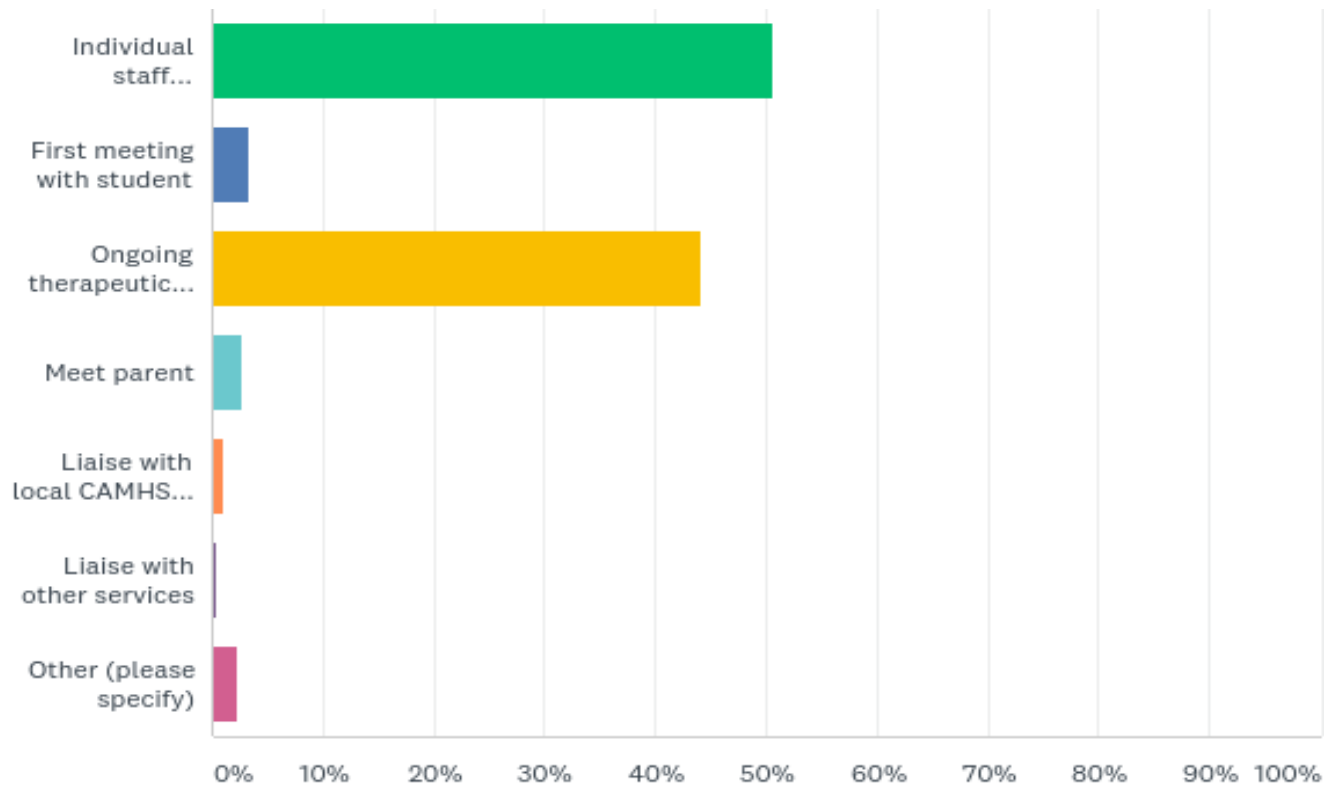


The Oxford CAMHS InReach Service



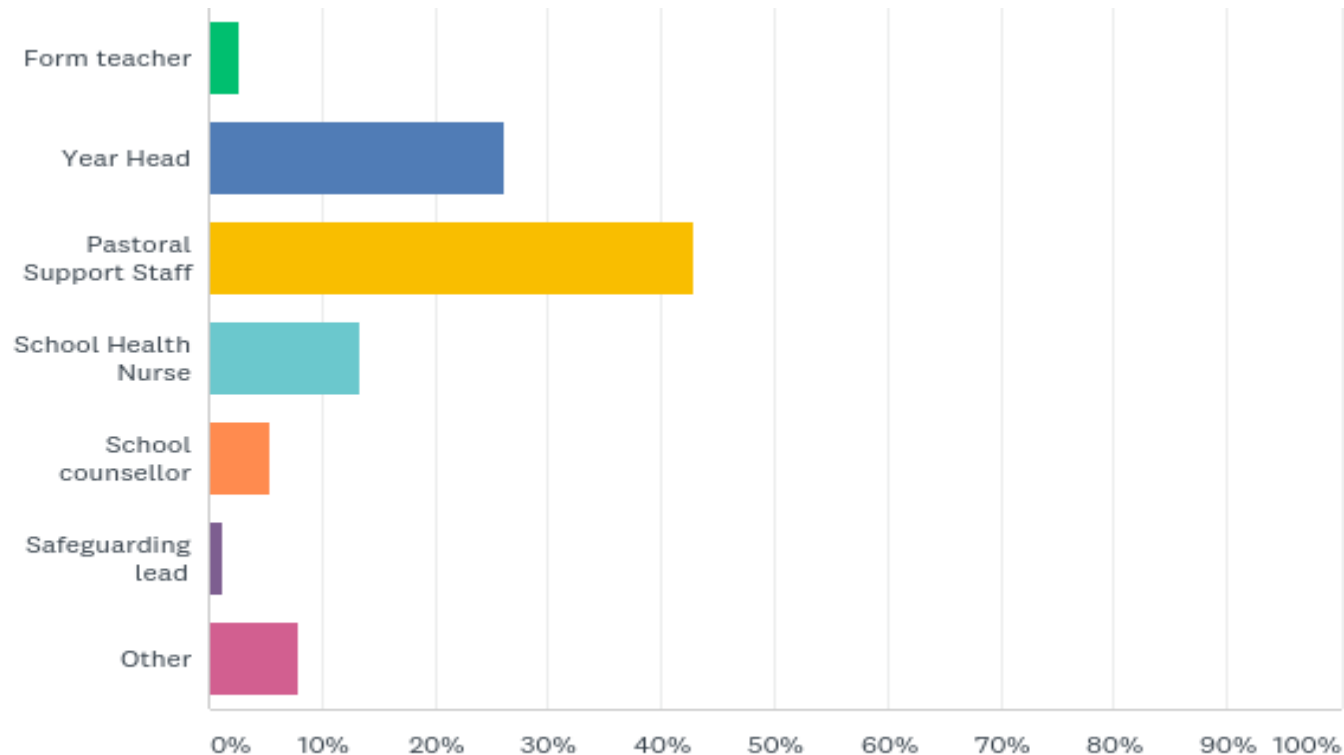
If you have seen an individual, what have you done?

- Answered: 261 Skipped: 46



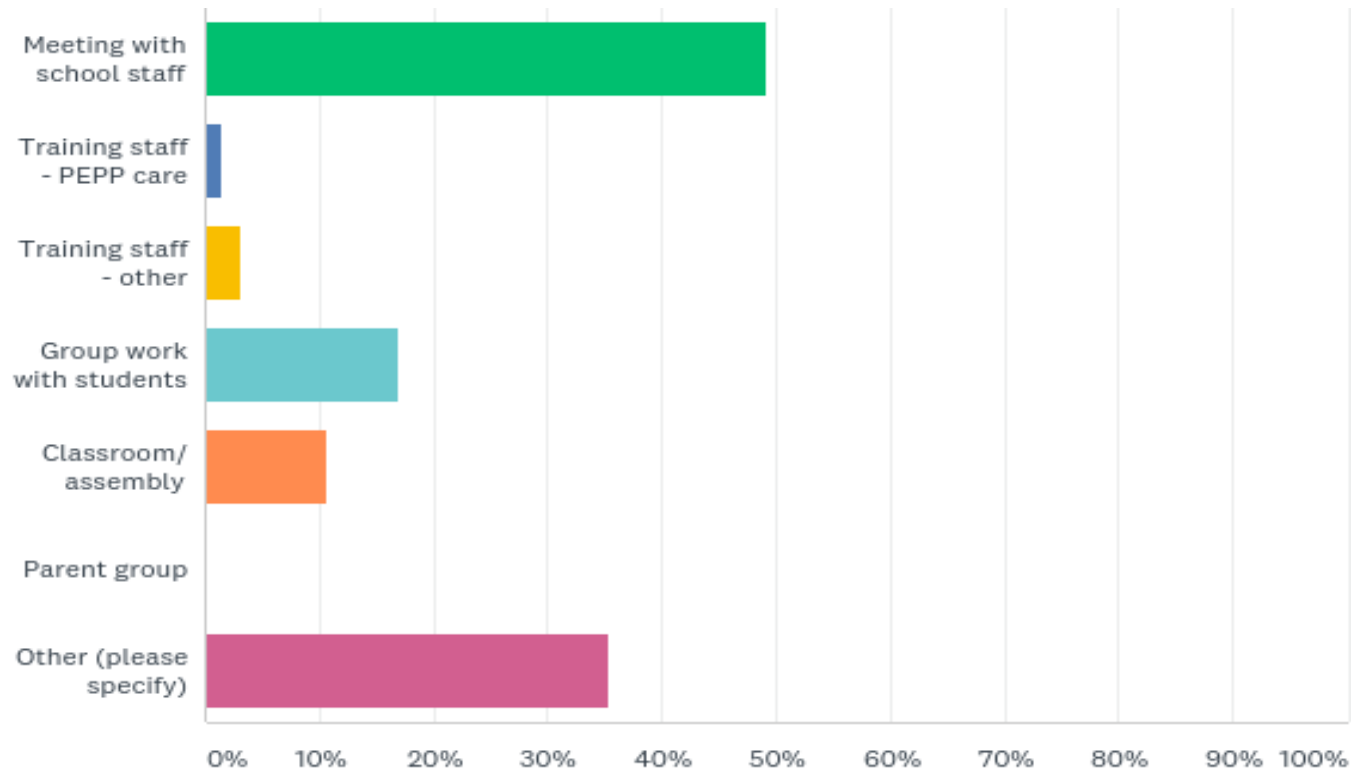
If consultation with one member staff, what is their role?

- Answered: 149 Skipped: 158



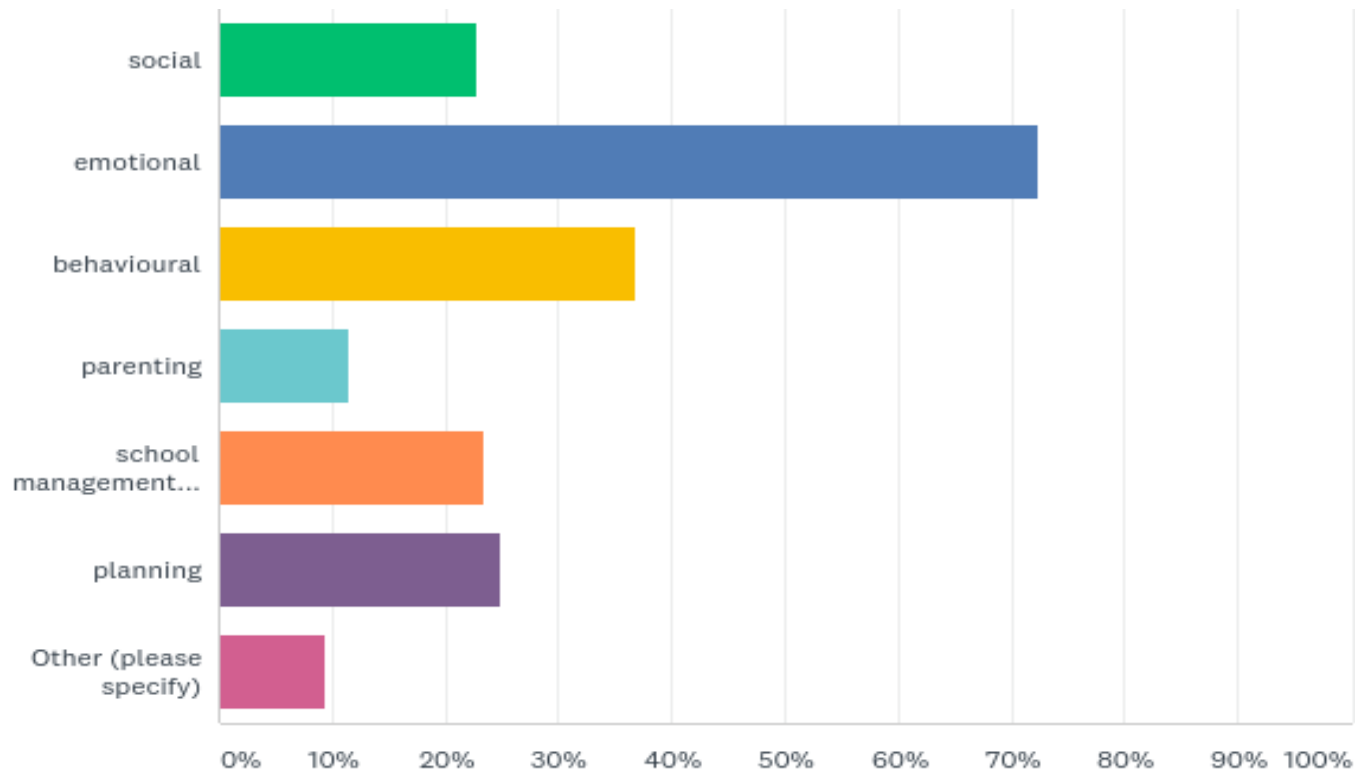
Other activities

- Answered: 65 Skipped: 242



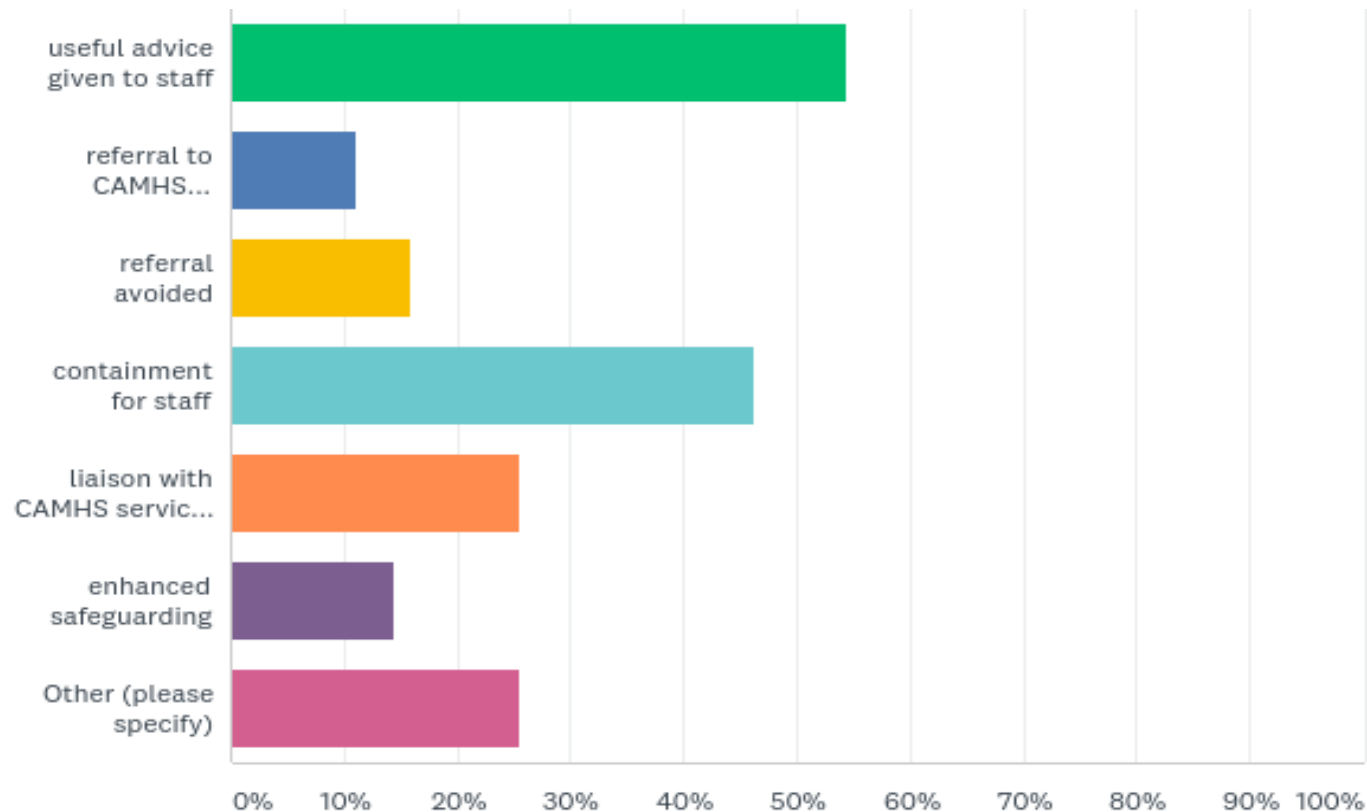
Area of need

- Answered: 149 Skipped: 158



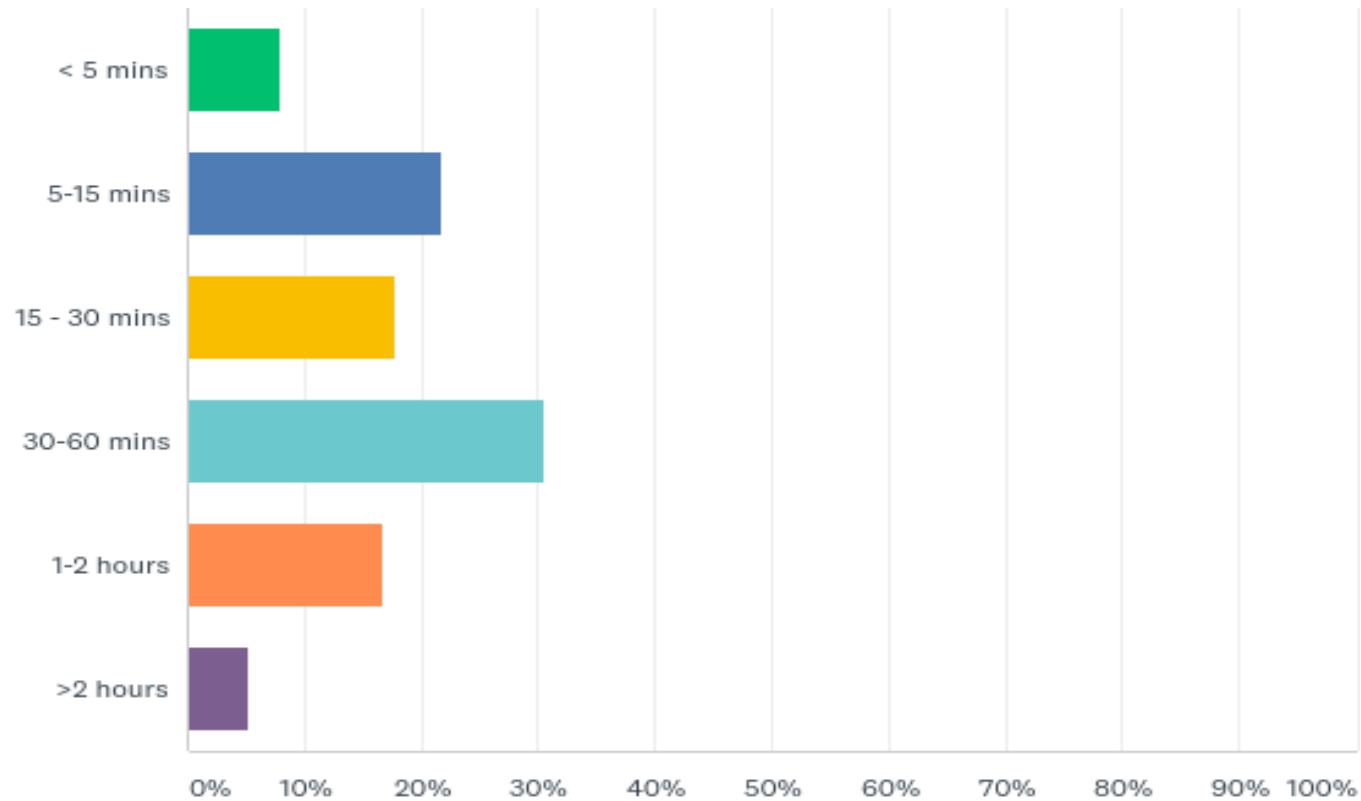
Possible impact (best guess)

- Answered: 145 Skipped: 162



Time spent

- Answered: 174 Skipped: 133



Challenges

- Ethical
 - Consent: from whom?
 - Notes & confidentiality: who should know
- Screening
 - Should we do this
 - When and how
 - Teacher nomination system
- Pastoral care systems within schools
- Space

Global context

Low and Middle-Income Countries

- 80% world population of children currently in Low and Middle income countries
 - Larger proportion of their population
 - Insufficient Resources
- Schools everywhere
 - Great variation
 - Challenges at school: resources and abuse potential
- Mental health services
 - mhGAP pronounced for children

Globally

- School opportunity to integrate mental health care within a system of care that already exists
- Sustainable intervention
- Research gaps
- Implementation prioritisation
- Scaling-up of services

Conclusions

- Issues specific to adolescent mental health
- Schools
 - Access all children
 - Potential way to identify and refer to clinical services
 - LMIC: School opportunity to integrate mental health care within a system of care that already exists
- Interventions
 - Do know how to deliver these in clinics to individuals
 - Not necessarily in schools
 - Implementation science

Thanks

- Pauline Scully & Donna Clarke, PCAMHS staff, Oxford Health NHS Foundation Trust
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- Oxford CLAHRC

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- Alan Stein and team

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