

Young People's Views of Mental Health Education in Secondary Schools

Dr Richard C Woolfson, Lindsay Mooney and Donna Bryce, Renfrewshire Educational Psychology Service

Background, aims and objectives

Young people in Renfrewshire secondary schools were consulted about their views on the mental health education provided in schools. This study aimed to elicit young people's perceptions of their current mental health education and their suggestions for improvements in this provision.

Within the overarching aim, the specific objectives were:

- to identify the extent and content of mental health education provided in Renfrewshire secondary schools
- to elicit young people's views of the current mental health education they receive in school
- to elicit young people's suggestions about the way current mental health education could be improved
- to identify ways in which mental health education might help schools to become "health promoting schools".

Method

The study was undertaken in three stages:

1. Information was gathered about the content of the mental health education programmes in three Renfrewshire secondary schools and about the teaching methods used to deliver these. A list of this input was compiled.
2. Focus groups that discussed a range of issues connected with mental health education were conducted in three Renfrewshire secondary schools and involved 44 pupils. The main themes in pupils' views were identified.
3. The main themes from the focus groups were set into a questionnaire which was completed by 773 pupils (approximately 20% of all pupils in the three participating schools), enabling a large group of pupils to express their views.

Main findings

Analysis of the data confirm that young people are able to participate effectively in a consultation process which examines their views about how mental health education should be delivered. They have clear views on this topic, they are

capable of articulating their ideas and opinions within a focus group setting, and they are able to respond effectively to questionnaires.

The following key findings emerged from analysis of young people's views:

- they typically prefer to receive mental health education from people with whom they are familiar
- external professionals may be favoured when more sensitive topics are involved
- mental health education which focuses on mental-health problems is more valued when delivered by those with personal experience of mental ill-health
- any person teaching mental health education should have a sense of humour, an approachable manner and enthusiasm for the subject
- school trips to places such as a health centre, clinic, hospital, or science centre would provide a valuable context which may reinforce their learning
- there is a clear preference for class-group learning, as opposed to whole year-group learning
- large-group teaching may not be appropriate for mental health education, especially when sensitive topics are involved
- interactive techniques in teaching mental health education, such as group discussion and practical activities, are perceived as important
- the use of teaching techniques such as watching videos and designing posters, could increase their enjoyment and understanding of mental health issues
- teaching pupils facts about mental health at a young age, and building on this knowledge in each subsequent school year, would reduce repetition and ensure better understanding
- mental health education currently focuses too much on providing factual information, and not enough on preventative and coping strategies

- mental health education currently provided within schools focuses too much on a limited range of topics, such as alcohol abuse, drugs awareness and bullying
- suitable topics for mental health education include mental ill-health, eating disorders, behavioural and learning difficulties, self-harm, sex education, child abuse, and bullying
- girls prefer mental health education to be delivered by someone who is approachable, to learn in small group discussions, and to receive mental health education each school year
- the topics of mental ill-health, stress, eating disorders, self-harm and abuse are salient for girls, while the subject of alcohol and drug misuse is particularly salient for boys
- S1 pupils have a strong preference to be taught mental health education by someone whom they already know and to learn through listening, reading, and designing posters
- teaching mental health education to whole year-group is particularly disliked by S5 pupils, as are lessons on that subject which involve writing down information.

Conclusion and suggestions

This study demonstrates that young people are able to discuss current mental health education provision and can identify their own preferences regarding how this education should be provided. There is value in listening to young people. Young people expressed clear views on five key areas, namely who should deliver this education; where it should be delivered; how it should be delivered; when it should be delivered; and what they should be taught; all of which impacted upon their understanding of the topics and enjoyment in the lessons they were receiving. Taking these views into account will enable mental health education to be tailored to the self-identified needs of young people.

In the light of the findings of this study, the following suggestions for future development in mental health education are offered to help schools move towards achieving the goal of becoming “health promoting schools”:

- Education should be delivered by a range of people (including class teachers and external professionals) who demonstrate a thorough knowledge of the subject.
- Non-school personnel who have experienced mental health difficulties

themselves should be involved in teaching some aspects of mental health education.

- A variety of interactive techniques should be employed to teach mental health education including group discussions and practical activities.
- Education should be delivered to young people in class groups (approximately 20-30 people) rather than in whole year-groups.
- School trips to appropriate facilities which deliver mental-health services should be used when possible to reinforce learning.
- Mental health education should begin in primary school and should become more detailed and challenging at the secondary school stage.
- The mental health education curriculum should be broadened to include a wider variety of topics relevant to young people.
- Each school should designate one staff member to have an overall view of mental health education in order to facilitate better long-term planning and to reduce repetition.
- Providers of mental health education should also take into account gender preferences and year-group preferences as this could increase programme impact.
- Young people should be involved in discussions about planning the mental health education curriculum to ensure this maintains relevance for them.

Although some of these suggestions are already current practice to some extent in some schools, they are not consistently applied. The results of this study suggest that consideration of these suggestions would make mental health education more effective in secondary schools and would provide more enriching learning experiences for the pupils taking part. There is an ever-increasing emphasis in education on pupil participation, pupil engagement and pupil responsibility. This study demonstrates that listening to pupils can provide a starting point for an improvement in mental health education.

Further details from:

Dr Richard Woolfson
 Educational Psychology Service
 Abbey House
 8 Seedhill Road
 Paisley PA1 1NQ
richard.woolfson@renfrewshire.gov.uk