



Supporting students' mental health after the lockdown

A literature review for the Sixth Form Colleges Association

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1. Executive summary

1.1 Introduction

This rapid evidence review explores young people's mental health in the context of the ongoing coronavirus pandemic. This review is part of the 'Explore' phase of our work with the Sixth Form Colleges Association (SFCA). It covers two linked questions:

- What have the impacts of coronavirus been on young people's mental health?
- What does the evidence say about school and college-based approaches to improving students' mental health?

Findings from the review will feed into a thought piece for SFCA. It will contain evidence-based approaches that colleges could implement to support their students' mental health following their re-opening in September 2020.

1.2 The impact of the coronavirus pandemic on students' mental health

Teenagers, particularly teenage girls, are a high-risk group for developing mental health conditions, with evidence to suggest that the prevalence of mental health conditions in this group has increased over recent years.¹

Early in the UK lockdown, commentators predicted that the pandemic (in particular, school and college closures) could have dramatic negative impacts on teenagers' mental health.² Several months on, emerging research suggests a more mixed picture. Evidence from the longitudinal 'Understanding Society' study found levels of clinical mental distress had surged across the population by April 2020, and that 16-24 year olds were the hardest hit group.³ However, it is important to highlight that this groups college-aged students with young adults who are likely to be facing different problems. And other studies, particularly for younger age groups, have found a very different story. One study, a longitudinal survey of 1,047 year 9 students in the South West of England, found that respondents' mental health had generally *improved* during the lockdown. Compared to a pre-pandemic baseline, there was an overall decrease in risk of anxiety, an increase in wellbeing, and no large change in risk of depression.⁴

¹ NHS Digital (2018). Mental Health of Children and Young People in England, 2017. Summary of key findings. Available at <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>.

² Lee, J. (14 April 2020). [Mental health effects of school closures during COVID-19](#). Lancet Child Adolesc Health.

³ Banks, J. & Xu, X. (June 2020), The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK, Institute for Fiscal Studies, working paper.

⁴ Widnall, E., Winstone, L., Mars, B., Haworth, C.M.A., & Kidger, J. Young People's Mental Health during the COVID-19 Pandemic: Initial findings from a secondary school survey study in South West England, 24th August 2020, NIHR School for Public Health Research.

1.3 Approaches to improving mental health in schools and colleges

Although there have been hundreds of studies and many high quality reviews of school and college-based approaches to improving mental health, the evidence on their effectiveness is mixed.

A number of meta-analyses and systematic reviews have looked at preventative therapy or mindfulness-based interventions delivered in schools. The weight of evidence in this review suggests that these interventions do result in a reduction in depression and anxiety, at least in the short term.⁵ However, it is easy to find evidence which is at odds with this conclusion.⁶ And although these approaches have the strongest evidence base of any school or college-based intervention, currently only a minority of schools and colleges in England use them.⁷

There is also some evidence that counselling, exercise interventions and sleep interventions could improve teenagers' mental health, although there is considerably less evidence on these than on preventative therapy or mindfulness.

One way in which schools and colleges support students' mental health is by providing referral pathways for students in need of clinical mental health treatment. At present, schools and colleges do not widely screen students to assess mental health needs. Some prominent figures have called for schools and colleges to start doing so and it could be an effective way of improving access to mental health treatment.⁸ However, it is important to bear in mind that Child and Adolescent Mental Health Services (CAMHS) are already very overstretched. As of 2017, the average waiting time from referral to treatment was 12 weeks and in some areas as high as 100 weeks.⁹ While increasing referrals to treatment is clearly beneficial overall, capacity is likely to remain a barrier for children seeking treatment.

⁵ Werner-Seidler, A., Perry, Y., Calear, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical psychology review*, 51, 30-47.

⁶ Caldwell, D.M. et al. (2019). School-based interventions to prevent anxiety and depression in children and young people: A systematic review and network meta-analysis. *The Lancet Psychiatry*, 6(12), 1011-1020.

⁷ DfE / NatCen (2017). [Supporting Mental Health in Schools and Colleges: Quantitative Survey](#).

⁸ Williams, S. N. (2013). Bring in universal mental health checks in schools. *BMJ*, 347(sep24 2), f5478–f5478.

⁹ Department of Health and Department for Education (2017). *Transforming Children and Young People's Mental Health Provision: a Green Paper*.

2. Evidence on the impacts of the coronavirus pandemic on students' mental health

Key takeaways

- Adolescents are at a heightened risk of developing mental health problems compared to other age groups.
- Existing literature on the impacts of social isolation predicts that the lockdown is likely to have had a negative impact on wellbeing amongst adolescents.
- Emerging evidence on the impact of the 2020 coronavirus pandemic suggests that, among adults, mental health has deteriorated during the UK's lockdown. However, the evidence for adolescents specifically is more mixed. Some studies have shown that teenagers and young adults have been the hardest hit. However, some studies suggest that children, particularly in younger age groups, have reported *improvements* in the same period.
- While many students are looking forward to returning to school or college, it is also a source of anxiety for some. This is especially true for those about to undergo a transition (e.g. from secondary school to college).

From 23rd March 2020 until the end of the academic year, schools and colleges were suspended across the UK as a result of the coronavirus pandemic (with the exception of children of key workers and vulnerable students). While young people were coping with anxiety over a health threat and threats to family employment/income, they were also experiencing a huge change in their social and learning routines as a result of enforced physical distancing and nationwide school closures. In this section, we review the existing literature to explore the likely impact lockdown has had on the mental health of school and college-aged students in the UK.

We go on to dig deeper into seven key surveys which explore the specific impacts of the 2020 lockdown. The surveys and their central findings are as follows:

Reference	Key finding(s)
Office for National Statistics. (June 2020). Coronavirus and the social impacts on young people in Great Britain: 3 April to 10 May 2020.	<ul style="list-style-type: none">• In April 2020, the ONS found that 42% of 16-29 year olds felt the lockdown was making their mental health worse• In May 2020, 32% parents felt that homeschooling was negatively impacting the mental wellbeing of their child.• 16-19 year olds report lower levels of

	<p>anxiety (average score of 3.4) compared to nearly all other age groups (combined average score of 4.4).</p> <ul style="list-style-type: none"> • Of 16-19 year olds who did report anxiety, concerns about not being able to attend school/college/university were a key contributing factor.
Banks, J. & Xu, X. (June 2020), The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK, Institute for Fiscal Studies, working paper	<ul style="list-style-type: none"> • Young people (16-24), especially young women, experienced the greatest deterioration in their mental health during the pandemic compared to other age groups.
Widnall, E., Winstone, L., Mars, B., Haworth, C.M.A., & Kidger, J. (August 2020) 'Young People's Mental Health during the COVID-19 Pandemic: Initial findings from a secondary school survey study in South West England', NIHR School for Public Health Research.	<ul style="list-style-type: none"> • Amongst a sample of 1,047 year 9 students in the South West of England, there was a substantial decrease in risk of anxiety, an increase in wellbeing, and no large change in risk of depression compared to pre-pandemic.
YoungMinds, (August 2020), 'Coronavirus: Impact on young people with mental health needs: Survey 2: Summer 2020'	<ul style="list-style-type: none"> • Out of a sample of 2,036 young people who had previously struggled with their mental wellbeing, 80% reported that lockdown had made their mental health worse. • Amongst respondents who were receiving mental health support before the pandemic, 39% said they were no longer able to access it.
Pearcey, S., Shum, A., Waite, P., Patalay, P. & Creswell, C. (June 2020), 'Report 04: Changes in children and young people's emotional and behavioural difficulties through lockdown.'	<ul style="list-style-type: none"> • Parents reported a decrease in emotional difficulties amongst their secondary-aged children over a one-month period of lockdown.
Shun, A., Pearcey, S., Waite, P., Creswell, C., (July 2020), 'Supplementary Report 05: Parents/carers report on their own and their children's concerns about children attending school', COVID-19: Supporting Parents, Adolescents and Children during Epidemics	<ul style="list-style-type: none"> • 17% of parents of children with pre-existing mental health problems reported that they are 'not at all' comfortable with their children returning to school compared to 4.7% of parents of children without pre-existing mental health problems.
Sharp, C. et al (September 2020), 'The	<ul style="list-style-type: none"> • 81% of teachers rank students'

challenges facing schools and pupils in September 2020 ⁷ , National Foundation for Education Research	<p>emotional and mental health and well-being as a top priority in the new school/college term.</p> <ul style="list-style-type: none"> • A third of teachers intend to use catch-up funding from the government to provide extra support for students' mental health.
(May 2020) Young People in Lockdown, The Prince's Trust	<ul style="list-style-type: none"> • 43% of respondents (16-25 years old) reported increased anxiety levels due to the pandemic.

2.1 Existing prevalence of mental health problems among young people in the UK

Adolescents are at heightened vulnerability of developing mental health problems: 75% of adults who have ever had a mental health condition report that they first experienced symptoms before the age of 24,¹⁰ and 20% of adolescents may experience a mental health problem in any given year.¹¹

Recorded rates of (clinically diagnosed) mental disorders amongst young people in the UK have steadily increased over the past 20 years. Demand for specialist mental health interventions for young people has gone up,¹² and research by the NHS found that the prevalence of mental disorder among 5 - 15 year olds has increased from 9.7% in 1999 to 11.2% in 2017.¹³ While it's possible that increased diagnosis rates (due to reduced stigma and better awareness and understanding of mental health) may contribute to these figures, they may also be explained by actual deterioration in young people's mental health.

Rates of mental disorder are particularly high in college-aged (16 - 19 year old) adolescents at 16.9%, and are even more prevalent in college-aged girls at 23.9%.¹⁴ LGBTQ children, children living in low-income households, and white British children are also at a higher risk of developing mental disorders.¹⁵

¹⁰ Kessler RC, Petukhova M, Sampson NA, Zaslavsky AM, Wittchen H-U. Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *Int J Methods Psychiatr Res* 2012; 21: 169–84

¹¹ WHO (2003). *Caring for children and adolescents with mental disorders: Setting WHO directions*. [online] Geneva: World Health Organization. Available at: http://www.who.int/mental_health/media/en/785.pdf

¹² Sarginson, Jane & Webb, Roger & Stocks, Susan & Esmail, Aneez & Garg, Shruti & Ashcroft, Darren. (2017). Temporal trends in antidepressant prescribing to children in UK primary care, 2000 – 2015. *Journal of Affective Disorders*. 210. 10.1016/j.jad.2016.12.047.

¹³ NHS Digital (2018). *Mental Health of Children and Young People in England, 2017. Summary of key findings*. Available at <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>.

¹⁴ NHS Digital (2018). *Mental Health of Children and Young People in England, 2017. Summary of key findings*. Available at <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>.

¹⁵ NHS Digital (2018). *Mental Health of Children and Young People in England, 2017. Summary of key findings*. Available at <https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>.

Given this context, psychologists and medical health practitioners warned early on that school closures and social isolation could have a disproportionate impact on the mental health of adolescents and children.^{16 17 18}

2.2 Impact of the coronavirus pandemic

There is a robust literature showing that, across the UK population, mental health has significantly deteriorated due to the coronavirus pandemic because people have experienced an economic shock, increased social isolation, and a serious health threat.¹⁹ However, research into the specific impacts of the pandemic on adolescents' mental health is more limited and varied. In this section, we include research on the mental health impacts of previous pandemics on young people, as well as more general findings on the impacts of social isolation. We go on to review specific findings on the impact of the 2020 UK lockdown on young people's mental health.

2.2.1 Previous research on the impacts of isolation and quarantine

Social distancing and school closures have resulted in vastly reduced social contacts. A recent Lancet article argued that this was likely to have a disproportionate impact on the mental health of adolescents (10 - 24 years) compared to younger students and adults, given that peer relationships are particularly important at this age.²⁰ Indeed, existing evidence shows that adolescents typically spend more time with their peers than with their family²¹ and are more sensitive to peer acceptance, rejection, and approval than adults and children.^{22 23}

¹⁶ Loades, ME., Chatburn, E., Higson-Sweeney, N., et al. (2020) Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *J Am Acad Child Adolesc Psychiatry*. 2020. doi: 10.1016/j.jaac.2020.05.009

¹⁷ Wang, G., Zhang, Y., Zhao, J., Zhang, J. and Jiang, F. (2020) Mitigate the effects of home confinement on children during the COVID-19 outbreak. *The Lancet*, 395(10228), pp.945-947. doi: 10.1016/S0140-6736(20)30547-X

¹⁸ Loades, ME., Chatburn, E., Higson-Sweeney, N., et al. (2020) Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *J Am Acad Child Adolesc Psychiatry*. 2020. doi: 10.1016/j.jaac.2020.05.009

¹⁹ Pierce, M. et al (July 2020), Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population, *The Lancet Psychiatry* [https://doi.org/10.1016/S2215-0366\(20\)30308-4](https://doi.org/10.1016/S2215-0366(20)30308-4)

²⁰ Orben, A., Tomova, L. and Blakemore, S.J., 2020. The effects of social deprivation on adolescent development and mental health. *The Lancet Child & Adolescent Health*.

²¹ Lam CB, McHale SM, Crouter AC. Time with peers from middle childhood to late adolescence: developmental course and adjustment correlates. *Child Dev* 2014; 85: 1677–93.

²² 1 Sebastian CL, Tan GCY, Roiser JP, Viding E, Dumontheil I, Blakemore S-J. Developmental influences on the neural bases of responses to social rejection: implications of social neuroscience for education. *Neuroimage* 2011; 57: 686–94.

²³ Somerville LH. Special issue on the teenage brain: Sensitivity to social evaluation. *Curr Dir Psychol Sci* 2013; 22: 121–27.

²⁴ High quality peer relationships during adolescence have also been shown to protect against mental health problems and strengthen resilience.²⁵

Evidence on the specific impact of social isolation on adolescents' mental health is less conclusive but, according to one systematic review, loneliness is associated with future mental health problems up to nine years later. The strongest association is with depression.²⁶

²⁷ However, we should be cautious about directly applying the results of this review to the current cohort of UK students; the existing evidence was largely in the context of subjective social isolation, rather than the enforced isolation which adolescents experienced during the 2020 lockdown. The studies also lacked the potential exacerbating factor of an uncertain but dangerous threat to health.

There is, however, a small existing literature on the impact of quarantines on young people within the context of former health crises, which generally finds a substantial negative impact on mental health. One study reported on mental health and social isolation in the context of different infections including H1N1, SARS, and avian flu.²⁸ Parents reported on their child's experiences of quarantine and isolation via an online survey. One third of parents whose children had experienced self-containment measures said their child had started using mental health services because of their experiences. Another study looked at the impact of quarantines during an outbreak of highly infectious equine influenza in Australia.²⁹ It found that young people (aged 16 - 24) were the age group most likely to suffer negative psychological impacts following quarantine, and that mean post-traumatic stress scores were four times higher in children who had been quarantined than in those who were not quarantined.

2.2.2 Impact of the coronavirus pandemic in the UK

There is an emerging literature which investigates the specific impacts of the 2020 lockdown on young people in the UK. This literature is currently constrained by small sample sizes and limited representativeness of the general population, but it still gives us some indication of what colleges are currently experiencing since students returned at the start of the autumn term.

Several studies have found that young people have experienced a deterioration in their mental health during the pandemic. A survey by the Prince's Trust (n=1,022) found that 43%

²⁴ Foulkes L, Blakemore SJ. Is there heightened sensitivity to social reward in adolescence? *Curr Opin Neurobiol* 2016; 40: 81–85

²⁵ van Harmelen A-L, Kievit RA, Ioannidis K, et al. Adolescent friendships predict later resilient functioning across psychosocial domains in a healthy community cohort. *Psychol Med* 2017; 47: 2312–22.

²⁶ This rapid evidence review included 63 studies in total (n=51,576).

²⁷ Loades, ME., Chatburn, E., Higson-Sweeney, N., et al. (2020) Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *J Am Acad Child Adolesc Psychiatry*. 2020.

²⁸ G. Sprang, M. Silman Post traumatic stress disorder in parents and youth after health-related disasters *Disaster Med Public Health Prep*, 7 (1) (2013), pp. 105-110

²⁹ Taylor MR, Agho KE, Stevens GJ, Raphael B, Factors influencing psychological distress during a disease epidemic: data from Australia's first outbreak of equine influenza. *BMC Public Health*. 2008; 8: 347

of respondents (16-25 years old) reported increased anxiety levels due to the pandemic.³⁰ In April 2020, the ONS found that 42% of 16-29 year olds felt the lockdown was making their mental health worse, and that they were much more likely to feel lonely compared to other age groups.³¹ In May 2020, 32% of parents told the ONS that homeschooling was negatively impacting the mental wellbeing of their child.³² However, the ONS also found that young people's level of anxiety was less likely to be negatively impacted by coronavirus compared to other age groups. 16-29 year olds were less likely to be very worried about the effect of coronavirus on their lives than the older age groups, and 16-19 year olds reported significantly lower levels of anxiety (average score of 3.4) compared to nearly all other adult age groups (combined average score of 4.4). 16-19 year olds were also among the age groups most likely to report feeling bored (87%) and spending too much time alone (51%). Of those who did report feeling anxious, concerns about not being able to attend school/college/university and a resulting negative impact on their future life plans were the main contributing factors.

Research by the Institute for Fiscal Studies (IFS) found that young people (aged 16-24), and young women in particular, have experienced the greatest deterioration in their mental wellbeing.³³ The research team used a pre-existing longitudinal sample to model a counterfactual level of mental wellbeing in the absence of the pandemic, and then compared these projections to actual observations. However, the age bracket (16-24) used by the IFS included respondents who are substantially older than college-aged students, and therefore may be experiencing significantly different challenges to the group we are interested in.

Findings from the National Institute for Health Research (NIHR) indicate that lockdown may have had positive impacts on the mental health of some students. The study included 1,047 year 9 students across 17 schools in the South West of England.³⁴ The students had already completed a baseline survey pre-pandemic in October 2019, so researchers were able to compare a range of measures pre and post pandemic. They found that, compared to pre-pandemic, there was an overall decrease in risk of anxiety, an increase in wellbeing, and no meaningful change in risk of depression. A longitudinal study by the Co-SPACE (COVID-19: Supporting Parents, Adolescents and Children during Epidemics) initiative produced similar findings: parents reported a decrease in emotional difficulties amongst their secondary-aged children over a one-month period (30/03/2020 - 31/5/2020) during lockdown.³⁵ It may be that school closures were associated with the removal of stressors such as

³⁰ (May 2020) Young People in Lockdown, The Prince's Trust

³¹ Office for National Statistics. (2020, 22nd June). Coronavirus and the social impacts on young people in Great Britain: 3 April to 10 May 2020. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/coronavirusandthesocialimpactsoneyoungpeopleingreatbritain/3aprilto10may2020>

³² Office for National Statistics. (May 2020). Coronavirus and the social impacts on Great Britain: 7 May 2020. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/7may2020#homeschooling>

³³ Banks, J. & Xu, X. (June 2020), The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK, *Institute for Fiscal Studies*, working paper

³⁴ Widnall, E., Winstone, L., Mars, B., Haworth, C.M.A., & Kidger, J. Young People's Mental Health during the COVID-19 Pandemic: Initial findings from a secondary school survey study in South West England, 24th August 2020, NIHR School for Public Health Research.

³⁵ Pearcey, S., Shum, A., Waite, P., Patalay, P. & Creswell, C. (June 2020), 'Report 04: Changes in

bullying and academic pressures. Although Co-SPACE only included children up to the age of 16, similar dynamics may apply to college-age students.

Impact on young people with existing mental health problems

Previous literature indicates that psychiatric history is associated with psychological distress after experiencing any disaster-related trauma.^{36 37} In this section we find that emerging research on the impacts of the 2020 lockdown indicates that young people with existing mental health problems have suffered particularly badly during the pandemic.

A study by YoungMinds surveyed 2,036 young people who have searched for mental health support at some point in their lives.³⁸ 80% of respondents reported that lockdown had made their mental health worse; this was commonly linked to increased anxiety due to concerns about the impact of the virus itself, especially on family members. Respondents also reported increased loneliness, loss of motivation and purpose, and struggles with being separated from their partners.

An important impact of lockdown was that it reduced young people's ability to access mental health support: of those who were receiving support before the pandemic, 39% said they were no longer able to access it.³⁹ This was due to a range of factors, including disruptions to services as lockdown was implemented, concerns about being overheard while receiving help over the phone, and the breakdown of informal support systems such as friends and teachers. Young people who weren't receiving support before the lockdown also struggled to seek help.

Returning to school

For some students, returning to schools and colleges will represent a return to normality. Students anticipate that having their routines, support networks, and learning resources back will have a positive impact on their mental health.⁴⁰ For others, a return to in-person education is a source of anxiety.⁴¹ Students have reported concerns about their grades and

children and young people's emotional and behavioural difficulties through lockdown.', COVID-19: Supporting Parents, Adolescents and Children during Epidemics, Retrieved from:
<https://cospaceoxford.org/wp-content/uploads/2020/07/CoSPACE-Report-4-June-2020.pdf>

³⁶ Cukor J, Wyka K, Jayasinghe N et al., Prevalence and predictors of posttraumatic stress symptoms in utility workers deployed to the World Trade Center following the attacks of September 11, 2001. *Depress Anxiety*. 2011; 28: 210-217

³⁷ Alvarez J, Hunt M, Risk and resilience in canine search and rescue handlers after 9/11. *J Trauma Stress*. 2005; 18: 497-505

³⁸ YoungMinds, (August 2020), 'Coronavirus: Impact on young people with mental health needs: Survey 2: Summer 2020' Retrieved from:
<https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf>

³⁹ YoungMinds, (August 2020), 'Coronavirus: Impact on young people with mental health needs: Survey 2: Summer 2020' Retrieved from:
<https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf>

⁴⁰ YoungMinds, (August 2020), 'Coronavirus: Impact on young people with mental health needs: Survey 2: Summer 2020' Retrieved from:
<https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf>

⁴¹ YoungMinds, (August 2020), 'Coronavirus: Impact on young people with mental health needs: Survey 2: Summer 2020' Retrieved from:
<https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf>

dealing with academic pressure, while others fear becoming ill and giving the virus to family members. Colleges have a very high proportion of new starters each year, and the group joining in the Autumn 2020 term may feel unprepared due to the cancellation of transition days. Research by the NFER indicates that schools (colleges were not included in the research) also anticipate that students will require extra mental health support upon their return: 81% of teachers ranked students' emotional and mental health and well-being as a top priority in the new term, and a third intend to use catch-up funding from the government to provide extra support for students' mental health.⁴²

Further research by Co-SPACE indicates that parents of children with existing mental health problems are more concerned about the impact of a return to school: 17% of parents of children with pre-existing mental health difficulties reported that they are 'not at all' comfortable with their children returning to school compared to 4.7% of parents of children without pre-existing mental health problems.⁴³ In the next section we review the different approaches that colleges could take to support students' wellbeing as they transition back to in-person education.

⁴² Sharp, C. et al (September 2020), 'The challenges facing schools and pupils in September 2020', National Foundation for Education Research

⁴³ Shun, A., Peacey, S., Waite, P., Creswell, C., (July 2020), 'Supplementary Report 05: Parents/carers report on their own and their children's concerns about children attending school', COVID-19: Supporting Parents, Adolescents and Children during Epidemics, Retrieved from: https://cospaceoxford.org/wp-content/uploads/2020/08/Co-SPACE-supp-report05_School-concerns.pdf

3. Approaches to improving mental health in schools and colleges

3.1 Summary

Key takeaways

- Although there have been hundreds of studies and many high quality reviews of school and college-based approaches to improving mental health, the evidence on specific approaches is mixed.
- The weight of evidence in this review suggests that school and college-based therapy and mindfulness interventions do result in a reduction in depression and anxiety, at least in the short term. However, it is easy to find evidence and commentary which is at odds with this.
- There is also some evidence that counselling, exercise interventions and sleep interventions could improve students' mental health, although there is considerably less evidence on these than on therapy or mindfulness.
- One way in which schools and colleges support students' mental health is by providing referral pathways for students in need of clinical mental health treatment. At present, schools and colleges do not widely screen students to assess mental health needs. But some prominent figures have called for this and it could be an effective way of improving access to mental health treatment.

3.2 Introduction and scope

This section summarises evidence on mental health interventions that colleges could feasibly use or adapt to improve students' mental health (i.e. excluding parental, clinical or other interventions not linked to education settings). The literature in this area is vast. There are many systematic reviews and meta-analyses of school and college-based mental health interventions, containing dozens or hundreds of individual studies.

Because of time constraints, we have narrowed our scope and have only included evidence on the following:

- Interventions to tackle or prevent anxiety and depression (as these are the most common mental health disorders in the UK by some distance⁴⁴).

⁴⁴ McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) [Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014](#). Leeds: NHS Digital.

- Interventions which schools and colleges could feasibly implement in the coming school year (i.e. omitting strategic ‘whole school’ interventions which involve transforming an entire school or college’s approach to mental health issues).

The review below focuses on meta-analyses and systematic reviews rather than individual studies. We have focused on the evidence for older teenagers and in sixth form colleges where possible. But where it is particularly relevant, or evidence is harder to come by, the review does include studies looking at younger children and in secondary schools too.

3.3 Delivering interventions in schools and colleges

3.3.1 Therapy-based prevention programmes

What kind of programmes do schools and colleges offer?

Internationally, hundreds of different therapy-based mental health programmes have been evaluated in schools and colleges. These vary on axes including: (i) whether the intervention is universal or targeted at high-risk groups; (ii) whether the programme is delivered by internal or external staff and (iii) the specific therapeutic components of the intervention. In spite of this, there appears to be a relatively consistent approach across interventions, often based on a core of Cognitive Behavioural Therapy (CBT). A recent international review of 81 studies of preventative school-based mental health programmes (n = 31,794 participants) found that 84% were based mainly on CBT and another 6% were a blend of CBT and Interpersonal Psychotherapy (IPT).⁴⁵

The most common delivery mechanism is in small groups via weekly or fortnightly sessions. 95% of programmes in the review cited above were delivered in group format, and 70% comprised between 8 and 12 sessions.⁴⁶

A key point of difference between programmes is whether they are universal or targeted. Universal programmes are delivered to an entire school or college population (e.g. a year group), regardless of symptoms or risk status. Targeted interventions are either delivered to high-risk groups (e.g. teenage girls) or are based on an initial screening process and delivered only to students who demonstrate signs of mental distress.⁴⁷ There is some mixed evidence on which type of programme is more effective; this is discussed below.

Case Study: The Resourceful Adolescent Programme

How does it work?

⁴⁵ Werner-Seidler, A., Perry, Y., Calear, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical psychology review*, 51, 30-47.

⁴⁶ Werner-Seidler, A., Perry, Y., Calear, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical psychology review*, 51, 30-47.

⁴⁷ Werner-Seidler, A., Perry, Y., Calear, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical psychology review*, 51, 30-47.

The Resourceful Adolescent Programme (RAP) is a depression prevention programme that has been shown to be effective in Australia and New Zealand. It is based around a CBT curriculum designed for secondary school students (aged 12 - 16). The programme consists of nine modules and two booster sessions, each lasting about 50-60 minutes. The modules can be flexibly delivered to fit within the school timetable. Trained external facilitators deliver each session working alongside the class teacher.⁴⁸

How effective is it?

Public Health England has deemed RAP to be a 'promising' intervention for preventing depression in secondary school students. This is based on findings from three RCTs, of which two found a significant positive impact on depressive symptoms immediately post-intervention.⁴⁹ However, no studies have shown a sustained long-term impact and the only UK study to date found no evidence that the programme was effective.⁵⁰

How effective are these programmes?

Although these programmes have been extensively studied, with hundreds of randomised trials and multiple high quality meta-analyses, the evidence about their effectiveness remains mixed.

The weight of evidence included in this review suggests that school-based programmes do have modest positive effects on preventing depression and anxiety, at least in the short term.^{51 52 53} As an example, a meta-analysis of 81 randomised studies (n = 31,794 participants) found small average reductions for both depression (weighted effect size of $g = 0.23$) and anxiety (0.20)⁵⁴ immediately post-intervention.⁵⁵ However, a more recent systematic review and meta-analysis of 137 studies (n = 56,620 participants) found insufficient evidence to conclude that preventative programmes were effective at reducing either depression or

⁴⁸ Stallard, P., Sayal K., Phillips R., Taylor JA., Spears M., Anderson R. et al. (2012). Classroom based cognitive behavioural therapy in reducing symptoms of depression in high risk adolescents: pragmatic cluster randomised controlled trial *BMJ*; 345.

⁴⁹ Public Health England (2019). Universal approaches to improving children and young people's mental health and wellbeing.

⁵⁰ Stallard, P., Sayal K., Phillips R., Taylor JA., Spears M., Anderson R. et al. (2012). Classroom based cognitive behavioural therapy in reducing symptoms of depression in high risk adolescents: pragmatic cluster randomised controlled trial *BMJ*; 345.

⁵¹ Stockings EA, Degenhardt L, Dobbins T, et al. (2016). Preventing depression and anxiety in young people: a review of the joint efficacy of universal, selective and indicated prevention. *Psychol Med*; 46: 11–26.

⁵² Hetrick SE, Cox GR, Witt KG, Bir JJ, Merry SN. (2016). Cognitive behavioural therapy (CBT), third-wave CBT and interpersonal therapy (IPT) based interventions for preventing depression in children and adolescents. *Cochrane Database Syst Rev*; 8: CD003380.

⁵³ Johnstone KM, Kems E, Chen J. (2018). A meta-analysis of universal school-based prevention programs for anxiety and depression in children. *Clin Child Fam Psychol Rev*; 21: 466–81.

⁵⁴ For comparison, a commonly used benchmark is that effect sizes of 0.2 - 0.5 are "small", 0.5 - 0.8 are "medium" and 0.8 or above are "large", although these are only rules of thumb. See Durlak JA. (2009). How to select, calculate, and interpret effect sizes. *J Pediatr Psychol*. 2009;34(9):917-928.

⁵⁵ Werner-Seidler, A., Perry, Y., Callear, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical psychology review*, 51, 30-47.

anxiety, and highlighted high levels of heterogeneity and risk of publication bias in studies to date.⁵⁶ A relatively consistent finding in the literature is also that the impact of these programmes fades over time.⁵⁷

Findings from some (though not all) of the research to date suggests that some types of interventions are more likely to be effective than others:

- Targeted programmes tend to show larger effect sizes than universal programmes. One meta analysis of 83 trials found that targeted programmes resulted in an average effect size on depression symptoms of -0.31, compared to -0.11 for universal programmes.⁵⁸
- Programmes delivered by external staff tend to be more effective than those delivered by school staff.⁵⁹

A 2017 DfE survey found that 33% of secondary schools in England offered CBT to students, as did 27% of colleges. Given how resource intensive CBT is, this may well be an overestimate (e.g. if some schools or colleges interpret CBT as part of the offer from their school counsellor). By way of comparison, in the same survey 32% of colleges reported that they offer support groups, 38% reported that they offer peer support and 93% reported that they offered counselling.⁶⁰

3.3.2 Mindfulness

Mindfulness programmes teach participants to focus on their perceptions and emotions in the present moment, without judgment. The aim is to cultivate an attitude of acceptance in order to reduce rumination and improve emotional regulation.⁶¹

Mindfulness programmes have been used as interventions for depression and anxiety in schools and colleges. These interventions typically use a similar group-based format to the therapy-based programmes described above, and last for similar periods of time.

There is promising evidence that these programmes can reduce symptoms of depression and anxiety. A meta-analysis of 11 studies with nearly 1,500 children and adolescents found that mindfulness-based interventions reduced symptoms of poor mental health (stress,

⁵⁶ Caldwell, D.M. et al. (2019). School-based interventions to prevent anxiety and depression in children and young people: A systematic review and network meta-analysis. *The Lancet Psychiatry*, 6(12), 1011-1020.

⁵⁷ Ssegonja, R., Nystrand, C., Feldman, I., Sarkadi, A., Langenskiöld, S., & Jonsson, U. (2019). Indicated preventive interventions for depression in children and adolescents: A meta-analysis and meta-regression. *Preventive Medicine*, 118, 7–15.

⁵⁸ Hetrick SE, Cox GR, Witt KG, Bir JJ, Merry SN. (2016). Cognitive behavioural therapy (CBT), third-wave CBT and interpersonal therapy (IPT) based interventions for preventing depression in children and adolescents. *Cochrane Database Syst Rev*; 8: CD003380.

⁵⁹ Werner-Seidler, A., Perry, Y., Calear, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical psychology review*, 51, 30-47.

⁶⁰ DfE / NatCen (2017). [Supporting Mental Health in Schools and Colleges: Quantitative Survey](#).

⁶¹ Kallapiran, K., Koo, S., Kirubakaran, R., & Hancock, K. (2015). Review: Effectiveness of mindfulness in improving mental health symptoms of children and adolescents: A meta-analysis. *Child and Adolescent Mental Health*, 20(4), 182–194.

anxiety, and depression) in non-clinical populations, with effect sizes ranging from tiny to very large (0.02 to 0.96 standard deviations) depending on the intervention type and the outcome measure used.⁶² However, the authors highlighted high levels of heterogeneity across studies and evidence of probable publication bias which should limit our confidence in these findings. It is also worth noting that many of these studies do not look at long-term effects, which are likely to be lower.⁶³

Case Study: The Mindfulness in Schools Programme (MISP)

How does it work?

MISP is a set of nine scripted lessons designed to teach secondary school students how they can apply mindfulness lessons to everyday life. School staff take the training course, after which they can deliver it in their school without expert support.

How effective is it?

A controlled study of 522 young people aged 12–16 in 12 secondary schools found children who participated in the intervention reported fewer depressive symptoms post-treatment and at follow-up, as well as lower stress and greater well-being at follow-up.⁶⁴ However, this was a non-randomised study conducted by the programme designers and should be treated with caution.

3.3.3 Counselling

Counsellors in schools and colleges are a trained professional group who provide young people an opportunity to talk through their problems in a supportive environment. They usually provide support on a one-to-one basis and with a guarantee of confidentiality.⁶⁵

Counselling is one of the most widely available forms of mental health support currently available in schools and colleges. According to 2017 DfE data, 93% of colleges offered some form of counselling service (although it is important to bear in mind that this data is self-reported and interpretations of what constitutes ‘counselling’ are likely to vary).⁶⁶

Case Study: The Glasgow Counselling in Schools Project⁶⁷

⁶² Kallapiran, K., Koo, S., Kirubakaran, R., & Hancock, K. (2015). Review: Effectiveness of mindfulness in improving mental health symptoms of children and adolescents: A meta-analysis. *Child and Adolescent Mental Health*, 20(4), 182–194.

⁶³ Kallapiran, K., Koo, S., Kirubakaran, R., & Hancock, K. (2015). Review: Effectiveness of mindfulness in improving mental health symptoms of children and adolescents: A meta-analysis. *Child and Adolescent Mental Health*, 20(4), 182–194.

⁶⁴ Kuyken, W., Weare, K., Ukoumunne, O. C., Vicary, R., Motton, N., Burnett, R., . . . Huppert, F. (2013). Effectiveness of the mindfulness in schools programme: Non-randomised controlled feasibility study. *British Journal of Psychiatry*, 203(2), 126–131.

⁶⁵ Department for Education (2016). [Counselling in schools: a blueprint for the future Departmental advice for school leaders and counsellors](#).

⁶⁶ DfE / NatCen (2017). [Supporting Mental Health in Schools and Colleges: Quantitative Survey](#).

⁶⁷ Cooper, M. (2006b). [Counselling in Schools Project Phase II: Evaluation report](#).

What is it?

The Glasgow Counselling in Schools Project was delivered in 10 Glasgow secondary schools from 2002. It was funded by the NHS Glasgow and Clyde Health Board and delivered by the Counselling Unit at the University of Strathclyde.

Students could either be referred to the service by their school's pastoral care coordinator or could self refer. Each counselling session lasted about an hour and was typically provided on a 1:1 basis.

How effective is it?

Feedback on the project from participants and teachers was very positive. Outcomes data from the project suggested that participants' psychological distress levels (as measured by the YP-CORE scale) fell by approximately 1 standard deviation on average. However, the project evaluation used a simple pre/post method which does not account for improvements in mental health which might have happened anyway. Consequently, this is likely to be a significant overestimate of the true benefits.

There is evidence to suggest that counselling can have positive effects on participants' mental health. A systematic review of 30 studies in UK schools (n = 10,830 participants) found that counselling was associated with large reductions in psychological distress (mean weighted effect size = 0.81). Participants and teachers also rated counselling services as helpful. On average, over 80% of respondents rated counselling as moderately or very helpful and among teachers surveyed, services were given a mean ranking of 8.22 on a 10-point scale of helpfulness. However, the evidence base is low quality and should be interpreted with caution. Many of the studies included in the review have relatively weak methodological approaches. For example, randomised controlled trials were not included. The review acknowledges that there is a need for more robust evaluations of counselling programmes.⁶⁸

A separate US meta-analysis of 17 counselling studies, including controlled studies, found a very large overall pooled effect size of 0.95 standard deviations across outcome measures.⁶⁹ The stronger research designs and large effect size should give us confidence in the effectiveness of these programmes. However, it is worth highlighting that the review included both counselling studies and psychotherapy studies, even though the two approaches are quite distinct. It is also worth highlighting that US counselling programmes tend to be more grounded in CBT-based methods than counselling in the UK.⁷⁰ Caution should therefore be applied with extrapolating these findings to British colleges.

⁶⁸ Cooper, M. (2009). [Counselling in UK secondary schools: A comprehensive review of audit and evaluation data. *Counselling and Psychotherapy Research*, 9, 137-150.](#)

⁶⁹ Prout, S. M., & Prout, H. T. (1998). A meta-analysis of school-based studies of counseling and psychotherapy: An update. *Journal of School Psychology*, 36(2), 121-136.

⁷⁰ Cooper, M. (2009). [Counselling in UK secondary schools: A comprehensive review of audit and evaluation data. *Counselling and Psychotherapy Research*, 9, 137-150.](#)

3.3.4 Physical activity interventions

There is a consistent and well established link between exercise and mental health benefits. In the 2014 Health Survey for England (HSE), 21% of people who had done no exercise in the past seven days had high psychological distress levels, compared to only 11% of those who had exercised.⁷¹ Further evidence comes from a 2018 meta-analysis of 49 prospective studies (n = 266,939 participants) which found that exercise was associated with approximately a 17% reduction in the risk of developing depression. The analysis found a protective effect for young people as well as adults, although the benefits appear to be larger for older age groups.⁷²

Establishing causation for associations like this is, of course, very difficult. It is plausible that this link could be accounted for by reverse causation (i.e. poor mental health discourages people from doing exercise) or that both low exercise levels and poor mental health are explained by other factors. And in line with this, the experimental evidence on children's exercise and mental health is considerably more mixed and ambiguous than the correlational evidence (though it does suggest some promising benefits).

A 2006 Cochrane meta-analysis of 16 studies of exercise interventions for young people (n = 1,191 participants aged 11 to 19; 13 studies from the US and one each from Canada, Chile and China) found that, on average, exercise interventions delivered reductions in both anxiety and depression symptoms.⁷³

- **Anxiety:** A non-significant trend (mean standardised difference of -0.48 standard deviations) in favour of the exercise group.
- **Depression:** A statistically significant difference in favour of the exercise group (standardised mean difference of -0.66 standard deviations).

The authors highlighted low methodological quality and highly heterogeneous findings in the studies included, but nonetheless concluded that there is "*a small effect in favour of exercise in reducing depression and anxiety scores in the general population of children and adolescents.*"⁷⁴ A more recent systematic review of reviews reached a similar conclusion, that "*physical activity is likely to have positive psychosocial outcomes*" for this age group.⁷⁵ One final piece of evidence, though for a younger age group, comes from a recent study of the Daily Mile - a daily 15 minute self-paced running intervention for primary schools. The study of 5463 children found that the Daily Mile resulted in a very small but statistically significant

⁷¹ NHS Digital (2015) [Health Survey for England, 2014](#).

⁷² Schuch, F. B., Vancampfort, D., Firth, J., Rosenbaum, S., Ward, P. B., Silva, E. S., ... & Fleck, M. P. (2018). Physical activity and incident depression: a meta-analysis of prospective cohort studies. *American Journal of Psychiatry*, 175(7), 631-648.

⁷³ Larun L, Nordheim LV, Ekeland E, et al. (2006). Exercise in prevention and treatment of anxiety and depression among children and young people. *Cochrane Database Syst Rev* 2006; 3.

⁷⁴ Larun L, Nordheim LV, Ekeland E, et al. (2006). Exercise in prevention and treatment of anxiety and depression among children and young people. *Cochrane Database Syst Rev* 2006; 3.

⁷⁵ Biddle SJ, Asare M. (2011) Physical activity and mental health in children and adolescents: a review of reviews. *Br J Sports Med*.45(11):886-895.

(effect size 0.06) improvement in wellbeing compared to both intensive exercise and no exercise.⁷⁶

3.3.5 Improving sleep

The evidence on sleep and mental health is similar to the picture for physical exercise. There is good quality evidence of a link between poor sleep and poor psychological wellbeing in both adults⁷⁷ and teenagers⁷⁸, but disentangling causation is challenging.

A number of systematic reviews and meta-analyses have found that cognitive-behavioral therapy for insomnia (CBT-I) improves both sleep and mental health for both adults and teenagers.⁷⁹ ⁸⁰ However, these interventions tend to be targeted at people who meet diagnostic criteria for insomnia and it is challenging to find evidence about universal school-based interventions to improve mental health.

A recent BIT article on prevention in mental health concluded that, in spite of the shortage of evidence on universal interventions, on balance sleep interventions were worth further investment.⁸¹ In a school or college context this might include support and guidance on developing positive sleep habits (e.g. sleep routines, regular exercise and creating positive physical environments to facilitate sleep).⁸²

3.4 Improving access to treatment

This section focuses on approaches that colleges could use to help students with mental health conditions access clinical treatment. There appears to be considerably less evidence on this than on the preventative approaches discussed above.

3.4.1 Screening

The data suggests that most schools and colleges identify students in need of mental health treatment in ad hoc ways. According to a 2017 DfE survey, the most common method for identifying mental health needs was impromptu identification by members of staff (used by 82% of schools and colleges). By contrast, only a minority used screening to identify mental health needs. Among secondary institutions, 32% used targeted screening and only 13%

⁷⁶ Booth, J.N., Chesham, R.A., Brooks, N.E. et al. (2020). A citizen science study of short physical activity breaks at school: improvements in cognition and wellbeing with self-paced activity. *BMC Med* 18, 62.

⁷⁷ Champion, J. (2019). *Public mental health: Evidence, practice and commissioning*. Royal Society for Public Health.

⁷⁸ Kalak N, Lemola S, Brand S et al (2014). Sleep duration and subjective psychological well-being in adolescence: a longitudinal study in Switzerland and Norway. *Neuropsychiatr Dis Treat*. 10:1199-1207.

⁷⁹ Trauer, J. M., Qian, M. Y., Doyle, J. S., Rajaratnam, S. M., & Cunnington, D. (2015). Cognitive behavioral therapy for chronic insomnia: A systematic review and meta-analysis. *Annals of Internal Medicine*, 163, 191–204.

⁸⁰ Blake, M. J., Sheeber, L. B., Youssef, G., Raniti, M., & Allen, N. B. (2017). Systematic review and meta-analysis of adolescent cognitive-behavioral sleep interventions. *Clinical Child and Family Psychology Review*, 20, 227–249.

⁸¹ BIT (2019). *A behavioural perspective on prevention in mental health: A thinkpiece by the Behavioural Insights Team*.

⁸² NICE guidance (last updated 2018) [Depression in adults: recognition and management](#).

used universal screening (although a larger proportion - 68% - assessed mental health needs alongside SEN or similar assessments).⁸³

There have been some prominent public calls for more widespread mental health screening in schools and colleges. A 2013 opinion article in the *BMJ* called for a national screening programme in schools to identify mental health needs earlier, improve access to treatment and save money.⁸⁴ The piece pointed out that screening is widespread and relatively uncontroversial for early identification of physical health conditions. Likewise, a 2014 piece in the *Lancet* concluded that screening in schools and colleges was worthwhile, so long as it was based on informed consent and delivered by properly trained staff.⁸⁵ This chimes well with the recommendation from the U.S. Preventive Services Task Force of screening for major depressive disorder in primary care settings for adolescents aged 12 - 18 (though not for younger age groups).⁸⁶ There is some evidence that these approaches can be beneficial. A 2006 systematic review and meta-analysis of eight studies (largely from the US) concluded that, on average, the evidence suggested 31 students needed to be screened in order to lead to one successfully treated case of depression and that on balance screening was a promising approach.⁸⁷

There are some clear potential downsides to screening in schools and colleges. These include the risk of stigmatising children (especially if targeted approaches are used), the burden on institutions and staff and the risk of false identification (either positive or negative).⁸⁸ A recent report by the Royal Society's Data Evaluation and Learning for Viral Epidemics (DELVE) initiative called for widespread anonymised mental health screening in schools to gather data on the prevalence of mental health conditions post-lockdown, but stopped short of calling for screening to identify treatment need for individuals.⁸⁹ However, there is at least some evidence of parental support for a more widespread screening approach, at least for a younger age group. A 2018 UK survey of parents of primary school children (n = 260) found that 82% felt screening for mental health problems would be helpful, compared to 13% who felt it would be harmful.⁹⁰

3.4.2 Increasing referrals to mental health treatment

One way in which colleges could potentially support students' mental health is by encouraging self-referrals to treatment. A BIT article on mental health prevention

⁸³ DfE / NatCen (2017). [Supporting Mental Health in Schools and Colleges: Quantitative Survey](#).

⁸⁴ Williams, S. N. (2013). Bring in universal mental health checks in schools. *BMJ*, 347(sep24 2), f5478–f5478.

⁸⁵ Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*, 1(5), 377–387.

⁸⁶ U.S. Preventive Services Task Force (2016). [Screening for Depression in Children and Adolescents: Recommendation Statement](#). *Am Fam Physician*. Mar 15;93(6):506-508.

⁸⁷ Cuijpers, P., van Straten, A., Smits, N., & Smit, F. (2006). Screening and early psychological intervention for depression in schools. *European Child & Adolescent Psychiatry*, 15(5), 300–307.

⁸⁸ Williams, S. N. (2013). Bring in universal mental health checks in schools. *BMJ*, 347(sep24 2), f5478–f5478.

⁸⁹ The DELVE Initiative (24 July 2020). [Balancing the Risks of Pupils Returning to Schools](#).

⁹⁰ Sonesson, E., Childs-Fegredo, J., Anderson, J.K. et al. Acceptability of screening for mental health difficulties in primary schools: a survey of UK parents. *BMC Public Health* 18, 1404 (2018).

recommended a number of ways in which health and governmental services could do this (for adults)⁹¹:

- Reduce stigma through interventions such as social norm messaging or the use of social networks to encourage identification and help-seeking
- Ensure that self-referral to services is available and advertised
- Support individuals who are referred to services to maintain engagement, for example through maintaining regular contact with people on the waiting list
- Make identification of symptoms easy through the use of short screening tools that can be self-administered discreetly e.g. online
- Avoid the need for people to go through their GP or other healthcare professional to access support, and ensure that self-referral to services is available and publicised
- Provide people with clear information on the benefits of different treatment options

However, we have not been able to find any evidence on the use of these approaches in education contexts. We could draw on BIT's learnings from previous work on encouraging service uptake here, although they may be speculative in this context.

One consideration here is that Child and Adolescent Mental Health Services (CAMHS) are already very overstretched. As of 2017, the average waiting time from referral to treatment was 12 weeks and in some areas as high as 100 weeks.⁹² The CBT programmes currently available typically last between 10 and 16 weeks, meaning that the barrier to entry can be high. Although shorter CBT programmes for adolescents have been developed, they are not currently widely available.⁹³ While increasing referrals to treatment is clearly beneficial overall, capacity will therefore likely remain a barrier for young people seeking treatment.

⁹¹ BIT (2019). A behavioural perspective on prevention in mental health: A thinkpiece by the Behavioural Insights Team.

⁹² Department of Health and Department for Education (2017). Transforming Children and Young People's Mental Health Provision: a Green Paper.

⁹³ Taylor, L., Waite, P., Halldorsson, B. et al. (2019). Protocol for a randomised controlled feasibility study examining the efficacy of brief cognitive therapy for the Treatment of Anxiety Disorders in Adolescents (TAD-A). *Trials* 20, 240.

4. Conclusion

This rapid evidence review has explored young people's mental health in the context of the ongoing coronavirus pandemic. Some of our key findings are:

- Emerging evidence suggests that the impact of the pandemic on teenagers' mental health may not have been as severe as anticipated. Some studies have found severe impacts, but others have found that this group's mental health has either suffered less than adults or, in one study, even *improved* during the pandemic. Overall, research findings in this area are mixed and vary considerably depending on the specific age group in question. Although the weight of evidence suggests that college-aged young people's mental health has deteriorated as a result of the pandemic, it is still too early to draw firm conclusions.
- The evidence on school and college-based mental health interventions is also mixed. But some approaches, particularly school-based CBT and mindfulness programmes, do seem to reduce anxiety and depression, at least in the short term. There is also some promising evidence that school and college-based counselling, exercise and sleep interventions could help improve mental health for this group.
- One way in which colleges support students' mental health is by providing effective referral pathways to clinical treatment. Most schools and colleges do not currently screen students for mental health needs, but some prominent academics and clinicians have called for this and it could be a potentially effective approach.

Our findings in this review will inform two follow-up research activities in September and October 2020: (1) a survey of sixth form college staff and (2) qualitative telephone interviews with staff and students. The final output from the project will be a published paper with evidence-based activity ideas that colleges can implement themselves to support students' mental health.