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## Are teachers ready to teach mental health lessons?

Listen

Teachers giving lessons on mental health need to tread carefully - and be aware of potential triggers, says Gemma Corby



While the media and parents have been focusing on the sex education elements of the new relationships and sex curriculum, teachers could have been forgiven for eyeing their new statutory responsibilities around mental health with more concern. While it's true that teachers have been stepping into a mental health first-responder role for some time, the increased obligations of the new curriculum to help protect against mental health challenges represent a shift from where the role of the school has traditionally been.

What the curriculum asks for is, at times, very complex: "pupils should know how to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health" and "pupils should know how to recognise the early signs of mental wellbeing concerns". These are items not likely to be covered easily in a 45-minute lesson last thing on a Friday. Many adults would struggle to do those things.

So how should teachers approach this section of the curriculum?

The advice seems to be: very carefully. The issue is not necessarily that the information that needs to be relayed is complex (though some of it is); rather, the biggest problems come in the delivery of that information.

The PSHE Association has published guidance to support teachers with the teaching of the new curriculum (see page 38), acknowledging that it is not straightforward. It recommends training for teachers to ensure a cautious approach: "Schools should access training and support before teaching the more challenging areas of mental health and emotional wellbeing ... schools should work on the principle 'first do no harm'".

However, if training is not accessed – and some schools may argue they can't afford it – will teachers do more harm than good?

### **Mental health support**

Not necessarily. Tamsin Ford, professor of child and adolescent psychiatry at the University of Cambridge, says the chances of teachers doing harm are small if the curriculum is delivered thoughtfully. For example, knowing your students and their potential trigger points well is essential. Even if you don't know everyone's full history (and let's face it: most of the time you will not), she says, teachers will have an instinct for content areas that could potentially trigger a harmful reaction.

"It is important for teachers to have a critical eye and to be able to identify the topics that might be more sensitive for vulnerable children," Ford says.

Even if teachers take precautions, though, some argue that issues will arise naturally during the teaching of these areas.

"The framework emphasises the option for pupils to have alternative provision for some topic areas where sensitivities may be known. However, there will be many young people who haven't been identified," argues Rose Webb, a former RE and PSHE teacher and social, emotional and mental health specialist at the organisation Thrive. "It sometimes isn't until these things are touched on in curriculum content that things come to light."

Schools need to be ready for these moments, argues Jenny Barksfield, principal subject specialist and deputy CEO at the PSHE Association. "PSHE works in tandem with – but is discrete from – pastoral systems and individual interventions, which need to be in place to deal with issues as they arise," she says. "Clear referral processes will help teachers to know what to do if such issues come to light."

If those processes are in place, and teachers are empowered to adapt content to suit what they know about those in their class, the advice is that many problems can be avoided. Is there then any general advice about how the curriculum should be delivered?

The statutory guidance advises being factual, rather than dramatic. This is something that Lisa Andrews, director of PSHE at Framingham Earl High School in Norfolk, relates to. "A big worry is that teachers may think that the best way to teach emotional health is to use emotive

resources, which draw a reaction, but this can be very upsetting when used in a large classroom situation," she says.

Trying to shock your class into a discussion, or drawing on your own traumatic experiences, is unlikely to be productive. The advice is to keep things very clear and focus on the accuracy of the information conveyed. That will require teachers to do their homework, says Tara Porter, a clinical psychologist and Tes columnist.

"One thing that strikes me about working both in health and education is how much less education is driven by research," she says. "It would worry me if teachers used too much of their own personal experience in assuming what is good for others."

To ensure a research-informed approach, leaders are going to have to give staff teaching these modules enough time to get clued up. And part of that process takes us back to training.

Courses like Mental Health First Aider (MHFA) are available. Kimbolton School in Cambridgeshire has put all staff who teach about mental health and emotional wellbeing through the course. It covers in-depth information about mental health, a guide to spotting triggers and signs, and tutoring on interpersonal skills.

But it is not cheap. Kimbolton, an independent co-educational school for pupils aged 4-18, offers 16 spaces a year to any staff, including support staff, who want the qualification. However, as the MHFA training costs roughly £125 to £300 per person (depending on location and duration), it is unlikely that state schools will be able to offer it to more than just a handful of key staff. Given this financial restriction, Ford thinks that the government should provide this training as part of initial teacher training.

But would all this training, being mindful of trigger topics, keeping it factual and aiming to be research-informed mean a successful programme of mental health education?

It depends what you deem to be successful. While these lessons are important, no one should be expecting this kind of education to reduce dramatically the number of mental health challenges in schools, according to Porter. This approach should be seen as one spoke of a whole range of interventions and, even then, schools should be realistic about the outcomes they target.

"It is not going to be the answer to the mental health crisis," she says. "Generally, teaching about a topic does not have very great concordance with changes in behaviour. For example, we all know sleep and eating [well] are good for mental wellbeing but try getting a teenager to be motivated to go to bed when they are on their phone.

"Even as adults, we engage in all sorts of behaviours which we know are bad for us. Knowledge, sadly, doesn't equal action."

*Gemma Corby is a freelance writer and former Sendco. She tweets at [@gemma\\_e\\_corby](https://twitter.com/gemma_e_corby)*

*This article originally appeared in the 14 February 2020 issue under the headline "Are teachers really ready to teach mental health?"*



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