



A Whole School Approach to Supporting Children and Young People's Mental Health

Journal:	<i>Journal of Public Mental Health</i>
Manuscript ID	JPMH-10-2018-0074.R2
Manuscript Type:	Brief Report
Keywords:	Mental Health, Schools, Whole-school approach

SCHOLARONE™
Manuscripts

A Whole School Approach to Supporting Children and Young People's Mental Health

Abstract

Supporting the mental health of children and young people is a global priority. The issue is not specific to England. However, evidence suggests that one in ten children and young people in England has a mental health need. This represents approximately three students in every classroom. This paper highlights the role of schools in supporting children and young people's mental health. Whilst the paper acknowledges that teachers are not trained health professionals, it is argued that a whole-school approach to mental health can support individuals in schools to remain mentally healthy. The elements of a whole-school approach are identified and discussed and some of the challenges in relation to implementation are considered. Critical to the development of a whole-school approach is the commitment from the school leadership team to promoting student and staff well-being.

Introduction

This paper focuses on children and young people's mental health and the role of schools in enabling individuals within them to be mentally healthy. It focuses specifically within the UK context, although it is acknowledged that mental health is also a global priority. It is also important to highlight that perspectives on mental health vary within and between societies, groups and individuals. For example, mental health is still stigmatised in some countries and cultural and faith values also influence perspectives on mental health.

Improving people's mental health has been identified as one of the most critical public health priorities (Kieling et al., 2011; Knifton and Quinn, 2013). Data from the UK Child and Adolescent Mental Health Survey published in 2004 estimated that 10% of children and young people aged 5-16 had a clinically diagnosable mental health problem. In 2017-18 18,870 children under the age of 11 were referred for specialist mental health support. This represents a rise of 5,183 (or by a third) since 2014-15 (BBC, 2018). Research suggests that half of all psychological disorders begin before the age of 14 years (Kessler et al., 2007), thus highlighting the need for early intervention. **However, in England waiting lists to access external support from Child and Adolescent Mental Health Services are lengthy resulting in children and young people not receiving timely intervention. In addition, strict referral criteria to access external support mean that many young people are unable to access specialist support. Thus, many do not receive early intervention and treatment for mental ill health.**

Mental health problems can reduce the likelihood of successfully completing education, securing employment, and engaging productively as a member of society, thus detrimentally impacting on life quality (Kieling et al., 2011). Worryingly, young men and boys represent the group at greatest risk of developing mental illness in one third of developed countries (World Health Organisation, 2014). According to the NSPCC approximately 1 in 6 adults in England experiences mental ill health and over 2 million children are estimated to be living with a parent who has a common mental health disorder (<https://www.nspcc.org.uk>).

The Department for Education (DfE) and the Department of Health (DoH) recently published a joint Green Paper entitled, *Transforming Children and Young People's Mental Health Provision* (December 2017). Within the Green Paper both departments express a commitment to working together to improve mental health services for children and young people, especially within the school environment. The role that schools and colleges can play is also highlighted:

There is clear evidence that schools and colleges can, and do, play a vital role in identifying mental health needs at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems

(DfE/DoH, 2017:4).

However, it is important to emphasise that teachers are not trained health professionals and cannot be expected to deliver therapeutic interventions. They can be supported to more effectively identify the signs of mental ill health and schools can reasonably be expected to develop whole-school approaches which foster a mentally healthy culture. According to the Green Paper, the two departments ‘...want to put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating’ (DfE/DoH, 2017:3). To help them do this they have committed £1.4 billion over the next five years to young people’s mental health. The Green Paper proposes that every school and college should have a Designated Senior Lead who is responsible for leading and managing mental health provision, although the scope and remit of this role is still being decided. Within the Green Paper, there are proposals to introduce Mental Health Support Teams into schools to provide support with identifying needs and providing targeted intervention. Specific risk groups are identified. These include those who are looked after, those who identify as Lesbian, Gay, Bisexual and Transgender (LGBT), those in gangs and those not in education, employment or training (DfE / DoH, 2017). According to the Green Paper ‘Children with a persistent mental health problem face unequal chances in life. This is one of the burning injustices of our time’ (DfE / DoH, 2017, p.6). It is estimated that 850,000 children and young people experience a mental health need (DfE/DoH, 2017). Currently, access to support is variable across England and, for many, the support comes too late. This can lead to devastating consequences for young people. Additionally, many children and young people do not meet the threshold criteria for a successful referral to Child and Adolescent Mental Health Services and within this context the role of schools in identifying needs early and providing early intervention is critical.

What is mental health?

The World Health Organisation (2014) defines mental health as:

...a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

It is important to acknowledge that mental health exists along a continuum which ranges from being mentally healthy to being mentally ill. Thus, mental health is more than the absence of mental illness (Keyes, 2002). The World Health Organization (2013, p. 6) has stressed that ‘there is no health without mental health’. Thus, one’s mental health is an essential element of being healthy, alongside their physical and social health.

The inter-relationship between physical, social and psychological wellbeing has long been established in the literature, although the relationship between mental health and wellbeing is sometimes unclear. For example, in some studies wellbeing is viewed as a component of mental health (Hanlon & Carlisle, 2013; Huppert, 2005; Keyes, 2005) but in other publications mental health is viewed as a component of overall wellbeing (Lehtinen, Ozamiz, Underwood and Weiss, 2005; World Health Organization, 1946). It is generally accepted that the different components of wellbeing are not mutually exclusive in that they support each other. Common attributes of wellbeing in children and adolescents include self-esteem, subjective wellbeing, quality of life, and psychological resilience (Lubans et al., 2016). Additional attributes may also include confidence and motivation.

Risk and protective factors

The problem is not unique to England, or even the UK and the causes of mental ill health are multi-faceted:

A growing body of evidence, mainly from high-income countries, has shown that there is a strong socioeconomic gradient in mental health, with people of lower socioeconomic status having a higher likelihood of developing and experiencing mental health problems. In other words, social inequalities in society are strongly linked to mental health inequalities.

(Mental Health Foundation, 2016: 57)

Thus, socio-economic disadvantage acts as a psychosocial stressor and can have a detrimental impact on young people's mental health and wellbeing. It reduces the ability of young people to participate in activities with their peers. It is also associated with worse parental mental health, which is, in turn, a strong risk factor for poor child mental health and wellbeing (Education Policy Institute, 2018). Additionally, adverse childhood experiences, have a known and significant effect on children and young people's mental health. These include trauma, poor attachment, parental alcohol and drug abuse, domestic violence, neglect and abuse (House of Commons, 2018). School factors also play a role. Evidence suggests that young people who are excluded from school or in alternative provision are more likely to have a mental health need than children not in alternative provision (IPPR, 2017). Children in schools are likely to be excluded for persistent disruptive behaviour, physical violence and verbal abuse (IPPR, 2017) but the experience of exclusion can result in the development of mental ill health. High-stakes exams can also have adverse effects on young people's mental health and wellbeing (House of Commons, 2018). Additionally, lack of curriculum choice, particularly in secondary school, can increase stress and reduce self-esteem (House of Commons, 2018). Protective factors such as nurturing, stable family relationships and other social relationships can mitigate against risk factors. Positive relationships with parents, peers and teachers can strengthen resilience to adversity but they might not be sufficient to compensate. Mental ill health is also evident across individuals from a range of social backgrounds.

Common mental health needs in adolescents include anxiety, stress, depression, self-harm, substance misuse, conduct disorders and eating disorders. This is an illustrative rather than exhaustive list. Young people lead very different lives to previous generations and this may account for the apparent increase in young people with mental health needs. For example, many young people now live their lives online. Research suggests that excessive internet use can have a detrimental impact on life satisfaction (OECD, 2016). The Office for National Statistics has also found an association between longer time spent on social media and mental health problems; young people who engage with social networking sites for three or more hours per day experience more symptoms of mental ill health compared to those who spend no time on social networking sites (ONS, 2015). Research suggests that young people who are heavy users of social media are more likely to report poor mental health, including psychological distress (RSPH, 2017) than those who use it less frequently. The relationship between social media use and low body-esteem has been established in the literature (British Youth Council, 2017). Additionally, 70% of young people have experienced cyberbullying and 37% of young people experience it frequently (RSPH, 2017). Whilst social media can facilitate numerous benefits, including the benefits of peer interaction, access to information and advice, it can also facilitate direct exposure to a range of risks, including content which is dangerous and life-threatening. Examples include exposure to content which promotes self-harm and suicide.

A whole-school approach to mental health

A whole-school approach to mental health extends beyond the provision of targeted interventions to support children and young people with mental ill health. It aims to ensure that all members of the school can flourish and be mentally healthy, thus reducing the prevalence of mental ill health and the need for targeted interventions (PHE, 2015). It is proactive rather than reactive and includes aspects such as leadership and management, school culture and ethos, curriculum, student voice, staff training and wellbeing, interventions and referral (PHE, 2015).

A range of approaches have been identified as effective aspects of a whole-school approach to mental health. These include: school leaders who are committed to and prepared to drive forward the mental health agenda; ensuring that staff who work in schools are mentally healthy; providing opportunities for young people to relax, engage in physical activity and extra-curricular activities; building positive relationships with children and young people so they feel confident in talking about how they feel and asking for help; peer mentoring and the provision of school pastoral teams (DfE, 2017).

Critical to a whole-school approach to mental health is the commitment of the school senior leadership team in prioritising the well-being of staff and students. Effective school leaders recognise that there is no tension between focusing on promoting well-being and driving up academic standards (Glazzard, 2018). If staff and students are mentally healthy then they are well-placed to achieve their full potential (Glazzard, 2018). School leadership teams play an important role in establishing a positive school ethos in which students and staff can thrive (DfE, 2017; PHE, 2015). They play a crucial role in developing policies to underpin practices and in establishing universal approaches to identifying mental health needs. They also play an essential role in establishing approaches for working in partnership with students, parents and external agencies. Investment in staff development is also critical so that staff understand how to recognise the signs and symptoms of mental ill health in students.

A positive school culture is critical to a whole-school approach to mental health. Research demonstrates that the physical, social and emotional environment in the school impacts on young people's physical, emotional and mental health and wellbeing as well as impacting on academic attainment (Jamal et al., 2013). In addition, research suggests that relationships between staff and students, and between students, are critical in promoting student wellbeing and in helping to engender a sense of belonging to the school (Calear, 2010). An essential element of a whole-school approach is the commitment of the school senior leadership team in promoting the development of a positive school culture which facilitates a sense of belonging and connectedness. Whole-school behaviour policies which promote internal exclusion and/or isolation are not effective in supporting students to develop a sense of belonging and are damaging to students' mental health. In addition, behaviour policies which focus on sanctions rather than developing in students a positive sense of self are unlikely to be effective in promoting student well-being.

Providing students with opportunities to learn about mental health within the curriculum is central to the whole-school approach. This will help to de-stigmatise mental health and enable them to develop mental health literacy. It will help them to recognise the signs of mental ill health in themselves and others and enable them to understand how to support others and where to go to access advice. A carefully designed mental health curriculum should also enable students to develop resilience and learn strategies for managing stress and anxiety. The personal, social and emotional (PSE) curriculum in the school can impact positively on young people's health and wellbeing as well as providing them with the skills they need (Durlak et al., 2014; Goodman et al., 2015). An essential element of a whole-school approach to mental health is the development of a curriculum which provides children and young people with knowledge of mental health in order to improve their mental health literacy. The term mental health literacy was first introduced in 1997 by Jorm et al and is defined as 'knowledge and beliefs about mental disorders which aid their recognition, management and prevention' (Jorm, et

al, 1997). It is known that young people in particular have low levels of mental health literacy i.e. they have difficulties in identifying mental disorders and their underlying causes, risk factors, and associated protective factors, and can develop incorrect beliefs about the effectiveness of therapeutic interventions (Jorm et al, 2006; Kelly et al, 2007). Additionally, the stigma associated with mental health problems becomes apparent to people at an early age (Campos et al, 2018). However, research suggests that the attitudes of young people can be changed more easily than those of adults (Corrigan and Watson, 2007) and therefore schools can play a critical role in improving young people's mental health literacy through the introduction of curriculum programmes which are specifically designed to develop young people's knowledge about mental health and shape the development of positive attitudes towards it, thus reducing stigma. Research has demonstrated that young women have higher levels of mental health literacy than boys (Martínez-Zambrano et al, 2013). **This could be because girls may be more willing to engage in help-seeking behaviours such as seeking advice in relation to their mental health.** This highlights the need for boys to access mental health literacy programmes. We have recently conducted research with Cambridge United Community Trust on an intervention which was designed to promote students' mental health literacy through a 6-week mental health curriculum delivered by sports coaches and footballers. The programme led to statistically significant improvements in students' mental health literacy.

In addition to providing a mental health curriculum schools should aim to provide students with a broad and rich curriculum with opportunities for curriculum choice in secondary education. This will ensure that students are able to develop their skills and knowledge in subjects that they are interested in and can experience success. An example might include opportunities for some students to learn vocational subjects, particularly if they are struggling with the traditional academic curriculum. Additionally, opportunities for discussing mental health should be integrated throughout the curriculum, particularly in the secondary phase, so that students begin to recognise that mental health is not just restricted to personal and social education lessons.

Identification of needs in schools is often unsystematic and relies on children and young people demonstrating symptoms. The students who are identified often demonstrate visible signs of mental ill health or they make a declaration of mental ill health. Students who demonstrate sudden changes in their behaviour, mood, attendance or academic profile may also become visible. However, many young people are skilled in hiding mental ill health for a variety of reasons, including shame. Delays in identifying and meeting emotional and mental health needs can **have** detrimental effects on all aspects of children and young people's lives, including their chances of reaching their potential and leading happy and healthy lives as adults (Children & Young People's Mental Health Coalition, 2012). Effective universal systems for identification of needs ensure that no student falls under the radar. We are starting to see innovation in this area in schools, with some schools adopting software packages to systematically track student' wellbeing over time. This enables senior school leaders to identify patterns and can provide information about where to target resources. Once mental health needs are identified schools should provide targeted support and develop systematic approaches for measuring the effectiveness of interventions. Other approaches to universal identification include focused conversations with each student about their own well-being at the start of each academic year or term.

Student wellbeing must be central to the school's vision and values and there should be clear policy which states how each of the elements of the whole-school approach will be enacted in practice. The learning environment should promote positive messages about mental health through displays and the leadership team should commit to a financial investment for staff training and resources to support the mental health curriculum. Investment in pastoral provision, school counselling and other services will provide an infrastructure which underpins the mental health provision. The leadership team should promote staff wellbeing in addition to student wellbeing and the development of positive relationships between pupils, staff and staff and pupils is central to the whole-school approach. However, it is critical that initiatives which promote staff well-being do not result in additional time pressures for

staff who participate in these activities. Effective approaches to promoting staff well-being go beyond the provision of relaxation techniques and initiatives to reduce workload. For staff to thrive they need to feel trusted and empowered. They need to be given agency. Mechanisms which support accountability, such as learning walks, lesson observations, book scrutiny, student progress meetings and so on should be implemented in a measured way so that they do not place an excessive burden on staff. The use of supervision for staff may be a useful approach to provide them with impartial and informal advice about their practice and the development of a coaching culture may be particularly supportive.

According to Public Health England (2015) 'Involving students in decisions that impact on them can benefit their emotional health and wellbeing by helping them to feel part of the school and wider community and to have some control over their lives' (p.14). Working in partnership with students is fundamental to a whole-school approach to mental health. Students who experience mental ill health should be given opportunities to set their own targets and review their own progress. In some schools, innovation in this area is already taking place through the development of student mental health ambassadors or champions and student wellbeing teams. We are also aware of several schools that have implemented student-led mental health conferences. In mentally healthy schools, students are consulted about the introduction of policies which may have an impact on their wellbeing. Peer mentoring schemes can provide informal support networks to young people who prefer to speak to another young person rather than to an adult. However, research on the effectiveness of peer mentoring is inconclusive, largely because a wide range of models exist, which are operationalised differently, and programmes are established to measure a variety of outcomes (Coleman et al., 2017). Programmes of peer support can range from one-to-one, group and online support. There is some evidence which points to its effectiveness (Smith and Petosa, 2016) although there is need for more research in this area. We have recently conducted research on the role of peer mentoring in physical activity for students with mental health needs. The intervention was effective leading to improvements in levels of physical activity, social confidence and ability to form relationships.

All staff in school should be provided with training on how to identify and support pupils with mental health needs. A strategic and financial commitment to professional development in mental health is essential so that education staff are empowered to support students. Mental health is everyone's business within a school and staff need to be supported not only to identify the signs of mental ill health but also to recognise how their interactions with students and colleagues can impact on mental health in both positive and detrimental ways.

Parents, carers and the wider family play an important role in influencing children and young people's emotional health and wellbeing (Stewart-Brown, 2006). Parents of children and young people with mental health needs may also have mental health needs and these needs can result in mental ill health in their children. Additionally, some parents may exert pressure on their child to succeed academically which can subsequently result in the child experiencing stress and anxiety. Parents may need support and guidance to manage their own mental health and schools can play an important role in signposting them to appropriate external services. Additionally, parents of children with mental health needs may not know how to identify the signs of mental ill health or how to support their child whilst they are experiencing mental ill health. A whole-school approach to mental health places emphasis on educating parents as well as educating students and workshops for parents on themes such as promoting their child's wellbeing can be extremely beneficial.

Whilst the whole-school approach offers a significant opportunity for schools to respond proactively rather than reactively to mental ill health through the creation of mentally healthy schools, school practice is often guided by school inspection frameworks. The Office for Standards in Education (OFSTED) is the inspection body for schools in England. At the time of this publication OFSTED has recently published its new draft inspection framework for schools (OFSTED, 2019). It is disappointing that the draft proposals for assessing leadership and management of the school do not

make any reference to mental health. Instead, teaching children and young people to be mentally and physically healthy through the curriculum forms part of the judgement on personal development. However, the provision of a mental health curriculum is only one aspect of the whole school approach. By omitting mental health as a crucial aspect of leadership and management there is a danger that schools will not address more strategic aspects of mental health provision, such as approaches to universal screening and partnership working with students, parents and external agencies.

The focus on raising academic standards in schools can result in mental health provision being neglected. Sadly, within culture of performativity maximising academic attainment is the key priority for schools. Thus, school leaders may feel torn between focusing on 'hard' and 'soft' outcomes for students. Ironically, the emphasis on raising academic achievement can result in young people developing mental ill health. If schools invest in mental health provision this will not only drive up academic standards, it will also improve students' overall life chances. Financial constraints to school budgets can also result in essential services such as school counselling and pastoral care being reduced or completely eradicated. However, prioritising these essential services will increase students' chances of completing their education successfully and therefore investment in these services is crucial. At a time when it is becoming increasingly difficult for schools to successfully refer children and young people to external mental health services, due to lengthy waiting lists and strict referral criteria, increasing government financial investment in school-based services is essential so that schools have the capacity to support the mental health needs of their students.

Conclusion

This article has outlined the policy context in the UK in relation to children and young people's mental health. It has addressed the risk and protective factors which can cause or mitigate against mental ill health and it has outlined the elements of a whole-school approach to mental health. Schools should be places where students can live mentally healthy lives. Schools cannot control what happens to students outside of the school environment, but they can create mentally healthy environments which enable students to thrive and be resilient to the challenges they face. The commitment or 'buy-in' from the senior school leadership team is critical to developing effective whole-school mental health provision. Effective school leaders recognise that students need to be mentally healthy to succeed academically. They recognise that there are no tensions between the drive to improve student wellbeing and the drive to raise academic standards and they understand that the focus on wellbeing or mental health is the first priority. If students are mentally healthy they are happy, confident, have a positive self-concept and are motivated. These attributes are positively correlated with student attainment. Schools which offer targeted support for individual students but also adopt universal approaches to mental health for all students are well-placed to address the mental health challenges which young people face.

Embedding a whole-school approach to mental health offers the potential to re-shape the identity of the school through prioritising the values of care, respect and empathy above the need to accelerate academic standards. The whole-school approach offers a real opportunity to create emotionally intelligent schools. Schools should develop a mental health curriculum through which children and young people can learn to recognise mental ill health in themselves and others and strategies to regulate their own emotions. Schools also play a critical role in teaching students about the role of physical activity and social connectivity in mitigating mental ill health. Developing the capacities of staff who work in schools to identify the signs and symptoms of mental ill health through high quality professional development is essential so that the needs of children and young people can be identified and addressed before they worsen. Schools play a crucial role in de-stigmatising mental health by creating a culture which enables children and young people to feel confident in talking about how

they feel. Normalising mental health through raising its profile in school will contribute to the development of a positive school culture which promotes a climate of openness, empathy and respect.

References

- Ahmed, M. D., King, W., Ho, Y., Zazed, K., Van Niekerk, R., Jong-Young Lee, L. (2016) The adolescent age transition and the impact of physical activity on perceptions of success, self-esteem and well-being, *Journal of Physical Education and Sport (JPES)*, 16(3), Art 124, pp.776 – 784.
- BBC (14th May 2018) Sharp rise under-11s referred for mental health help, by Hannah Richardson, <http://www.bbc.co.uk/news/education-44083625> [accessed 16.06.18].
- Breslin, G., Fitzpatrick, B., Brennan, D., Shannon, S., Rafferty, R., O'Brien, W., Belton, S., Chambers, F., Haughey, T., McCullagh, D., Gormley, R., & Hanna, D. (2016), Physical activity and wellbeing of 8-9 year old children from social disadvantage: An all-Ireland approach to health, *Mental Health and Physical Activity*, 13 9-14.
- Campos, L., Dias, P., Duarte, A., Veiga, E., Camila Dias, C and Palh, F. (2013), Is It Possible to “Find Space for Mental Health” in Young People? Effectiveness of a School-Based Mental Health Literacy Promotion Program, *International Journal of Environmental Research and Public Health*, 15, 1426, 1-12.
- Calear, A L and Christensen, H (2010) Systematic Review of School-based Prevention and Early Intervention Programs for Depression. *Journal of Adolescence*, 33 (3): 429 – 38.
- Children and Young People’s Mental Health Coalition (2012) *Resilience and Results: How to Improve the Emotional and Mental Wellbeing of Children and Young People in Your School*. London: Children and Young People’s Mental Health Coalition.
- Coleman, N., Sykes, W., and Groom, C. (2017), *Peer support and children and young people’s mental health: Research review*, Department for Education.
- Corrigan, P.; Watson, A. (2007), How children stigmatize people with mental illness. *Int. J. Soc. Psychiatry*, 53, 526–546.
- Coyle, M., Gorczynski, P., & Gibson, K. (2017). “You have to be mental to jump off a board any way”: Elite divers' conceptualizations and perceptions of mental health. *Psychology of Sport and Exercise*, 29, 10-18.
- DfE/DoH (December 2017) *Transforming Children and Young People’s Mental Health Provision: a Green Paper*, Crown Copyright, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf [accessed 11.06.18].
- Durlak, J A, Weissberg, R, Dymnicki, A, Taylor, R and Schellinger K (2014) The Impact of Enhancing Students’ Social and Emotional Learning: A Meta-analysis of School-based Universal Interventions. *Child Development*, 82 (1): 405 – 32
- Education Policy Institute (2018), *Written evidence from the Education Policy Institute*, SGP0007.
- DfE (2017), *Developing a whole organisational approach*, DfE.
- Fraser-Thomas, J., & Côté, J. (2009). Understanding adolescents' positive and negative developmental experiences in sport. *The Sport Psychologist*, 23(1), 3–23.
- Glazzard, J. (2018) The Role of Schools in Supporting Children and Young People’s Mental Health. *Education and Health*, 36 (3), 83-88.

Goodman, A., Joshi, H., Nasim, B. and Tyler, C. (2015) *Social and Emotional Skills in Childhood and Their Long-term Effects on Adult Life*. London: UCL.

Hanlon, P., and Carlisle, S. (2013). Positive mental health and wellbeing: Connecting individual, social and global levels of wellbeing. In L. Knifton, & N. Quinn (Eds.). *Public mental health: Global perspectives* (pp. 3–11). Berkshire, UK: McGraw Hill.

Holt, N. (2016). *Positive youth development through sport* (2nd ed.). London: Routledge.

House of Commons (2018) *The Government's Green Paper on mental health: failing a generation*, House of Commons Education and Health and Social Care Committees.

Huppert, F. A. (2005). Positive mental health in individuals and populations. In F. A. Huppert, N. Baylis, & B. Keverne (Eds.). *The science of well-being* (pp. 307–340). Oxford, UK: Oxford University Press.

Hyndman, B., Benson, A. C., Lester, L., and Telford, A. (2017) Is there a relationship between primary school children's enjoyment of recess physical activities and health-related quality of life? A cross-sectional exploratory study, *Health Promotion Journal of Australia*, 28, 37–43.

Institute for Public Policy Research (IPPR), 2017, *Making the Difference: Breaking the Link Between School Exclusion and Social Exclusion*, IPPR.

Jamal, F., Fletcher, A., Harden, A., Wells, H., Thomas, J. and Bonell, C. (2013) *The School Environment and Student Health: A Systematic Review and Meta-Ethnography of Qualitative Research*. *BMC Public Health*, 13 (798): 1–11.

Jorm, A.; Korten, A.; Jacomb, P.; Christensen, H.; Rodgers, B.; Pollitt, P. (1997), "Mental health literacy": A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Med. J. Aust.*, 166, 182–186.

Jorm, A.F.; Barney, L.J.; Christensen, H.; Highet, N.J.; Kelly, C.M.; Kitchener, B.A. (2006) Research on mental health literacy: What we know and what we still need to know. *Aust. N. Z. J. Psychiatry*, 40, 3–5.

Kelly, C.M.; Jorm, A.F.; Wright, A. (2007), Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *Med. J. Aust.*, 187, 26–30.

Kessler, R. C., Angermeyer, M., Anthony, J. C., De Graaf, R. O. N., Demyttenaere, K., Gasquet, I., ... Kawakami, N. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 6(3), 168–176.

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43, 207–222.

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73(3), 539–548.

Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., ... Rahman, A. (2011). Child and adolescent mental health worldwide: Evidence for action. *The Lancet*, 378, 1515–1525.

Knifton, L., and Quinn, N. (2013). *Public mental health: Global perspectives*. Berkshire, UK: McGraw Hill.

Lehtinen, V., Ozamiz, A., Underwood, L., and Weiss, M. (2005). The intrinsic value of mental health. In H. Herrman, S. Saxena, & R. Moodie (Eds.). *Promoting mental health: Concepts, emerging evidence, practice* (pp. 46–58). Geneva, Switzerland: World Health Organization Press.

Lubans, D., Richards, J., Hillman, C., Faulkner, G., Beauchamp, M., Nilsson, M., ... Biddle, S. (2016). Physical activity for cognitive and mental health in youth: A systematic review of mechanisms. *Pediatrics*, e20161642.

Martínez-Zambrano, F.; García-Morales, E.; García-Franco, M.; Miguel, J.; Villellas, R.; Pascual, G.; Arenas, O.; Ochoa, S. (2013), Intervention for reducing stigma: Assessing the influence of gender and knowledge. *World J. Psychiatry*, 3, 18–24.

McMahon, E., Corcoran, P., and O'Regan, G., et al (2017) Physical activity in European adolescents and associations with anxiety, depression and well-being, *European Child & Adolescent Psychiatry*, 26 (1): 111-122.

Mental Health Foundation (MHF). (2016). *Fundamental Facts About Mental Health 2016*. Mental Health Foundation: London.

OECD (2016), PISA 2015 Results Students' Well-being, Volume 111 <http://www.oecd.org/edu/pisa-2015-results-volume-iii9789264273856-en.htm>

Office for Standards in Education (Ofsted) (2019), *The Education Inspection Framework*, Ofsted.

Office for National Statistics (ONS) (2015), *Measuring National Well-being: Insights into children's mental health and well-being*. [Accessed April 18] <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-20>.

Public Health England (PHE) (2015) *Promoting Children and Young People's Emotional Health and Wellbeing: A Whole School and College Approach* . London: PHE .

Royal Society for Public Health (RSPH) (2017), #StatusOfMind Social media and young people's mental health and wellbeing, Royal Society for Public Health.

Smith, L.H., and Petosa, R.L. (2016), A Structured Peer-Mentoring Method for Physical Activity Behavior Change Among Adolescents, *The Journal of School Nursing*, 2016, Vol. 32(5) 315-323.

Stewart- Brown , S (2006) What is the Evidence on School Health Promotion in Improving Health or Preventing Disease and, Specifically, What is the Effectiveness of the Health Promoting schools Approach? Copenhagen : WHO Regional Office for Europe .

Swann, C., Telentac, J., Draper, G., Liddle, S., Fogarty, A., Hurley, D., Vella, S., (2015), Youth sport as a context for supporting mental health: Adolescent male perspectives, *Psychology of Sport & Exercise* 35, 55–64

World Health Organisation (WHO), (2014), *Mental Health: a state of well-being*, http://www.who.int/features/factfiles/mental_health/en/ [accessed 08.08.18].

World Health Organization (1946). *Constitution of the world health organization*. [Retrieved from http://www.who.int/governance/eb/who_constitution_en.pdf].

World Health Organization (2013). *Mental health action plan 2013–2020*. Geneva, Switzerland: Author.

Yun Wu, X., Hui Han, L., Zhang, J. H., Luo, S., Hu, J. W. & Sun, K. (2017) The influence of physical activity, sedentary behaviour on health-related quality of life among the general population of children and adolescents: A systematic review, *PLoS ONE* 12 (11): e0187668; November 9th, 2017. <https://doi.org/10.1371/journal.pone.0187668>

Journal of Public Mental Health