

## **The Mental Health Treatment Gap Grand Challenge: Secondary School Grassroots Initiative Action Plan**

### **Executive Summary**

The following action plan details an academic addition to the already existing PSHE and Key Skills classes taught to secondary school students in the UK. It proposes a grassroots initiative, primarily aimed at the parents and guardians of secondary school students, designed to inform and educate about their child's mental wellbeing through the mobilisation of the student body in an interdisciplinary manner. This project seeks to identify and eliminate communication barriers present within discussions concerning the mental health of students, and aims to better educate all parties of the various stigma, myths, and warning signs associated with this area. After examining the successes and failings of attempts by other academic institutions to engage parents in discussions on the mental wellbeing of their children, this initiative was designed with those same strengths and weaknesses in mind; the former being incorporated into our own stratagem, and the latter tackled by reformed approaches that serve to compliment the already existing strengths in the modified context. A list of reliable sources may be found in the accompanying PowerPoint presentation.

### **Primary Research**

As part of the University of Exeter's *Grand Challenges* course, we were tasked with formulating a new way to address the treatment gap present in this country's mental health service. Our research was primarily conducted through online mediums, illuminated by information conveyed to us during course lectures during which experienced individuals in the field of mental health care addressed us on the issue. We initially decided to look at the commodity of mental illnesses within children, and the frequency at which the different symptoms occurred, in order to achieve a better understanding of the wider picture. The decision to investigate the younger demographic was rationalised in several ways. Firstly, children's brains are generally more receptive to new information and are as such more vulnerable than most adult minds, which is a key factor in understanding why mental illnesses tend to develop at a younger age. Also, considering the average lifespan of humans, children will be alive on average for longer than fully grown adults, and will as such have more time to make an impact with their teaching on the world, and on the next generation.

It became apparent during our research period that for the most part, primary indications of mental illnesses in individuals below the age of 21 began emerging between the ages of 11-15. Specifically, the greatest concentration of positive diagnoses for the most common mental illnesses, namely Depression and Generalised Anxiety Disorder (GAD), occurred during students' GCSE years (14-16). From here, we examined existing systems in place to aid in combating these elements, both past and present, and extrapolated data pertaining to the reasons behind their various successes and failures. It was evident that there are many projects and schemes already in place that targeted the students themselves, and several

training programmes are available, if not compulsory, for all teachers across the UK. School counsellors are also commonly available across many of these establishments, which have been shown to have a positive influence overall on the mental wellbeing of students.

Considering these existing systems, we turned our attention to 'gaps in the market'; areas that have yet to experience definitive breakthroughs. We noticed a pattern emerging that although teachers and the students themselves had many support systems in place, action plans concerning the parents of students and their involvement in their child's mental wellbeing were scarcely found. This was an alarming revelation, considering that the primary contact for most children are their parents or guardians. The inference can be made that a lack of suitable initiatives aiming to educate parents in their own child's mental wellbeing leads to miscommunication – and indeed, conversational embargoes – regarding the discussion and addressing of these important issues. Parents may feel unable or nervous approaching sensitive issues such as these, or may not realise that these are serious issues to begin with. As a result, a child may likewise feel less prepared to approach their primary point of contact to communicate their feelings, and instead turn elsewhere, having a domino effect on existing services in place, which get put under increasingly greater strain due to growth in demand. The inability to approach their parents regarding personal problems may even exacerbate the symptoms of any existing mental disorders, or even cause more to develop.

### **Plan Formulation and Proposed Objectives**

Upon investigation of the few projects in the past that had attempted to address this gap, several recurring points became apparent:

- Successes were entirely dependent on parent involvement, and without suitable incentive for parents to partake in such projects, those initiatives inevitably crumbled
- Format usually took the form of lectures or parent-teacher evenings that were, once again, highly reliant on parent attendance, and usually suffered low turnouts
- Lack of clarity regarding parental expectations regarding participation in the projects as well as attendance, in relation to the parents' external working hours
- Initiatives that began planning stages later in the academic year were rushed as a result of an already existing heavy workload, and resulted in lower success rates
- Projects needed to be formal enough to capture the attention of parents, but informal enough in nature for parents to desire attending

As a collective, we decided that based on our research, for our initiative to attain maximum success rates, the following criteria should be met:

- Aims to educate parents about the mental wellbeing of their children through mobilising the student body under academic supervision
- Should be aimed at the parents of Year 9 students (13-14 years) before the pressures of GCSEs begin so as to instil an understanding of mental health at an early stage

- Plan should include several incentives on both social and educational levels to ensure greatest possible turnout and parent involvement
- Should culminate in an isolated event taking place either on an evening or a weekend with few long-term commitments to secure the greatest likelihood of parent turnout and active participation
- The active involvement of all three focus groups (parents, students, and teachers) would be required to ensure the wider diffusion of information through mass collaboration
- Lectures and seminars should be avoided, and a further consensus was reached that most parents do not like to be directly told how to raise their child; an indirect method would be preferable in this context
- Project should take the form of a yearly, recurring event, coinciding it with some form of national holiday or health-related event at a fixed time of the year to make both planning and execution as smooth as possible
- Should be a compulsory event without appearing to be a radically new initiative or appearing to be inherently out-of-place in order to avoid alienating individuals who are supportive of the current systems in place
- Would utilise as many existing, successful resources as possible to create a secure foundation for the initiative's future development

### **SOLUTION: Proposal Outline**

With this action plan, we propose a grassroots initiative designed to be implemented within the existing PSHE/Key Skills compulsory classes. Once a year, during Mental Health Awareness Week in May, every Year 9 student will partake in a mandatory showcase of their own work themed around different mental illnesses, situations pertaining to their effects, and combating stigma associated with them. Students would be placed into groups, and within those teams, they would be given the freedom to express their research through any kind of creative or informative means. Participation would be mandatory, but their input would take whatever form they were comfortable with. For example, for those groups choosing to enact a performance, students who are less comfortable with public speaking would instead assist in the creation of the script or of the costumes. Some ideas include, but are not limited, to:

- Acting out scenarios related to the social impacts of suffering from mental illnesses
- Creating and performing a piece of music
- Creative writing and recital
- Planning and producing a series of artworks
- Pupils who prefer sports or science subjects could formulate physical projects to detail the effects mental illnesses have on the body and the ways in which these can be combated through healthy living
- Designing an informative computer-based app
- Planning and creating various foods themed around different mental illnesses

This would culminate in a yearly showcase whereby the students' works are all put on display for parents to come and view. Complimentary light refreshments or a buffet would be provided, as well as a raffle or auction of promises, the proceeds of which will go towards a registered mental health charity chosen by the school. Not only does this add a highly social, networking aspect to the event which would be desirable for parents to be seen at, but the variety of events being offered will appeal to a broader demographic of parents. The presence of a buffet would also be a drawing point for some. This invites the parents to learn about mental health in a kinetic environment, where their own child's projects are being displayed live. It can be argued that some adults may not wish to learn about mental health, however in most cases a parent will certainly want to view and engage with the work that their child has been doing at school.

Depending on the scale of the evening, guest speakers from mental health organisations or charities, as well as figures of local renown could even be invited to turn up and say a few words on the subject, thus increasing the likelihood of parent engagement even further. By physically giving them the opportunity to look at these different student-led projects expressed through varying forms of creative media, and experiencing the messages being conveyed regarding mental health in an environment where it is evident that other adults are also taking an active interest in the topic, it provides them with a chance to not only learn about mental wellbeing, but to proactively engage in dialogue with other individuals regarding these messages in a social environment.

If it is advertised as an event that would be desirable to attend on different levels, then attendance will be maximised. We designed and printed a leaflet that could be distributed among the parents and sent home with students, inviting them to the showcase. This details the nature of the showcase itself, and useful website links to relevant organisations and charities concerning mental wellbeing that can be followed up by parents who wish to learn more. Whilst not every parent may immediately pay attention to the leaflet, but a) their child will be actively talking about the project they are undertaking in school, b) other parents will be discussing it if it is advertised as a social event, c) if it is incorporated into the PSHE/Key Skills curriculum as a standardised event, then parents may be more willing to attend, especially if there is a raffle and buffet to compliment the showcase.

Returning to an aforementioned point, whilst the majority of parents may not appreciate being directly told how to treat or speak to their child, this showcase will present different scenarios and the appropriate solutions associated with them that may resonate personally with the viewing parent. This would be reinforced by the presence of other adults in a social environment, and the guest speakers present at the event. Donation boxes would be strategically placed around the showcase belonging to whichever charity the school decides to support, and parents could make donations at their own discretion, or follow links placed on posters around the event to donation pages where this could be done online.

In preparation for the showcase itself, students would plan in advance during PSHE/Key Skills classes, as well as attending afterschool sessions to work as a team on their projects. This mode of learning already incorporates the learning aims of these subjects: communication, teamwork, organisational skills, problem solving, highlighting current affairs, and interdisciplinary learning. Opinions on the existing PSHE/Key Skills curriculum has seen a highly mixed response, but this is a sure-fire way of actively engaging students, teachers, and parents in an event that is designed by the students, with their research, understanding, and own experiences of mental illness expressed through a means of their own choosing.

Guest speakers from charities and mental health organisations could be called in during lesson times to instruct students in the various aspects of mental wellbeing, and depending on the projects being planned, local experts could be called in to advise students on how to shape their projects. Following the showcase, students would complete a self-reflective form detailing questions such as how they believe their project went, what they would change or maintain next time, and whether or not they believe their projects conveyed the desired message and why.

Should students feel affected by any of the issues raised during the project, the resident school nurse and school counsellor will be instructed to make periodic announcements throughout the week during morning form or assembly time, to inform pupils that their doors are open for visits to discuss these issues. Teachers and the school nurse will be monitoring activities during their ordinary working hours as well. Regarding the preparatory time scale, we suggest either taking one compulsory week out of the Year 9 student timetable in order to assist the students in preparing for this showcase. Alternatively, preparation could be spread out over a few weeks before the event, but teachers would need to ensure that students were completing planned stages of their projects, or keeping to a work timetable with definable goals designed by the students themselves.

The time taken to prepare for the mental health showcase should not be described as time taken out of the teaching curriculum, because it would be a compulsory part of that same curriculum. After all, this is in fact an expansion or modification to an already existing area of academic study. It also provides students with valuable understanding and personal growth that will have a direct impact on their social lives, educational experience, and family environment that will result in them becoming more rounded individuals equipped with a skillset applicable to many real situations.

### **Financing**

In this section, we detail some of the potential areas of the initiative that may require additional funding. Whilst it is realistically impossible to accurately cite or predict any costs in firm figures due to the many variables (student population size, school location, resources

already available, fluctuation in raw material costs, etc.) we would nevertheless suggest that the following aspects should be considered and budgeted for:

- Raw materials for the student projects based on the nature of their work
- Initial investment in food and refreshments for the charity buffet
- Hiring of guest speakers during the preparatory stage and at the showcase
- Printing costs for advertising the event and student worksheets
- Payment of teachers to supervise the preparatory PSHE sessions (although this will be part of their normal day shift at school and costs for this will therefore have been factored in beforehand)
- Hiring of a public space to hold the showcase if the school does not have access to a large enough area within which to operate

After conducting investigations into the resources currently available to projects of this nature, however, we have identified a wide pool of schemes that provide grants upon successful applications. Such initiatives are able to provide more than enough to cover these costs. Examples include, but are not limited, to:

- Time to Change Support for Mental Health Events (VCAT); offer up to £500 to cover the expenses of small groups or organisations holding events to raise awareness about mental health problems
- NHS Trust and local authority funds; there have recently been proposals by the NHS Trust to establish links with Time to Change in order to pool resources
- Comic Relief will fund up to £10,000 upon successful application for initiatives that fit this action plan's criteria
- The Big Lottery Award For All programme has distributed grants ranging between £300-£10,000 in the past for a wide variety of community-based projects

We would also advise to take stock of the following resources to see what is already available to the schools who undertake this action plan:

- Find out which mental health charities are most prevalent in the area; guest speakers from will often attend public events for no monetary gain if the event in question is helping to raise money towards that specific charity
- Mobilise the community's skills in assisting with projects in return for offering to list their name among the school's shortlist of "Generous Contributors Towards Academic Life" released at the end of the academic year – think about alternative rewards such as this rather than monetary output, as such forms of commemoration are effective
- Get students to bake their own goods to display at the charity buffet; many students actively enjoy contributing in such a manner towards school-run events, and could even be incorporated as one potential output of a student group's project for the showcase in a number of ways, especially if they choose to express their findings through food technology sessions

- Equipment for most student projects may already be available on the school premises; costumes for acting, musical instruments for performance, sports equipment and writing equipment should all be readily available in most schools, else the students themselves should be encouraged to bring in items from home to assist

### **Overall Objectives and Outcomes**

The two main areas where we plan to see proactive outcomes to this project lie at home with the families of the students, and in the students themselves through the knowledge and skills they acquire. By confronting parents in an indirect, non-hostile manner regarding the proper ways to identify and approach children struggling with mental illnesses, we hope to increase communication between the child and their primary point of contact, and improve parental understanding regarding the seriousness of the issue at hand. By feeling more prepared to discuss their feelings with parents without judgement, and working on improving attitudes within a safe environment through methods such as mindfulness, there will be less pressure on external mental health services in terms of demand, thus freeing them up to address individuals who require help at a more frequent rate. This increment of lessening demand may be minor at first, but will see huge payoffs in the long term.

Parents can then go on to advise their own children upon further research regarding the proper ways to address mental illnesses, and how to more efficiently combat their effects. Additionally, through engaging with mental health awareness using the Key Skills in a creative and productive manner within a group dynamic, students will be breaking down the stigma associated with suffering from a mental illness, removing the communication barrier still present within modern society, and providing them with important life skills that will improve their social lives (including empathetic engagement), working lives (as improved mental wellbeing has been proven to have a direct impact on the performance of individuals in academic and workplace environments), and family environment; all of which result in happier, more proactive and productive students and parents.

A showcase brings together the local communities in a highly engaging manner, whilst highlighting the connection between academic platforms and mental wellbeing in terms of wider society. By incorporating the event within Mental Health Awareness Week, we can expect greater awareness to be made regarding the key aspects of mental wellbeing, and ways in which ill health can be combated. We aim to pitch this modification to the curriculum to our local parliamentary representative in order to hopefully see some form of pilot implementation in a local secondary school to see its effects. If successful, we would then intend to push for a country-wide implementation of this scheme.