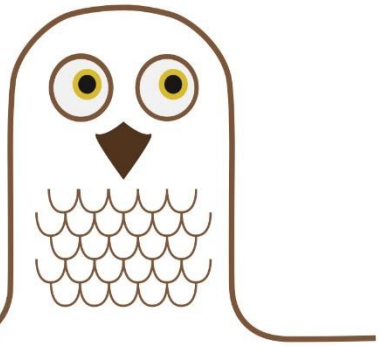
University of BRISTOL

The WISE Project

Wellbeing in Secondary Education



Summary of Findings from the Pilot Study

October 2016

Introduction

Secondary school teachers are at increased risk of stress, depression and anxiety compared to the general working population. Failure to support teachers adequately may lead to serious long-term mental disorders, poor performance at work (presenteeism), sickness absence and health-related exit from the profession. It also jeopardises student mental health, as distressed staff struggle to develop supportive relationships with students, and such relationships are protective against student depression. Further, teachers are rarely provided with training in supporting students with mental health problems, which in itself is a source of stress.

The WISE (Wellbeing in Secondary Education) pilot study tested out and evaluated the feasibility and acceptability of an intervention that aimed to increase secondary school teachers' mental health and skills in supporting students. The intervention was made up of two parts:

1. A group of staff were trained in standard Mental Health First Aid (MHFA) and then set up a confidential peer support service for colleagues
2. A second group of staff were trained in youth MHFA to improve their skills in spotting students who may be experiencing mental health difficulties, and in supporting such students

The intervention was delivered in 3 schools, while a further 3 acted as a control group.

The aim of the study was to establish:

1. Will schools, staff and students participate in a full randomised controlled trial (RCT) of the intervention?
2. Is MHFA training appropriate for the English secondary school context, and does it improve mental health knowledge and attitudes among school staff attendees?
3. Is a peer support service for school staff acceptable, feasible and sustainable, and what are the barriers and facilitators to it being effective?
4. What sample size is required for a full RCT, to show any effect on teacher wellbeing, as measured using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)?

Methods

We gathered qualitative data via focus groups and interviews to explore the acceptability of the intervention to school staff. We also collected questionnaire data from school staff and students in years 8 and 9 before and after the intervention was delivered (baseline and follow up). The following measures were included in the questionnaires:

1. Staff wellbeing (using the WEMWBS)
2. Staff depression (using the Patient Health Questionnaire [PHQ-9])
3. Staff absence and presenteeism

4. Staff knowledge and attitudes towards mental health in young people
5. Staff levels of stress and satisfaction at work
6. Extent to which staff already provided support to colleagues and to students
7. Year 8 and 9 student wellbeing (using the WEMWBS)
8. Year 8 and 9 student mental health difficulties (using the Strengths and Difficulties Questionnaire [SDQ])

Summary of the results

Feasibility of a future RCT

- The target number of schools (6) were able to be recruited and followed up for the duration of the study
- Schools accepted their allocation to either intervention or control group
- Response rates to the staff questionnaire were 59.9% at baseline and 54.7% at follow up
- Response rates to the student questionnaire were 86.6% at baseline and 87.0% at follow up
- Based on the findings from the WEMWBS scale among staff, we would need to recruit 24 schools to a full RCT to show a 3 point change in wellbeing

Summary of questionnaire findings

Data collected at baseline showed that:

- Teachers' mean wellbeing score on the WEMWBS was four points lower (indicating poorer wellbeing) than the reported general working population mean.
- 19.4% teachers had moderate to severe depression, as measured by the PHQ-9.
- Poorer teacher wellbeing was associated with finding work stressful, feeling dissatisfied with work, wanting to talk to a colleague about a problem but feeling unable, high levels of presenteeism, and being at a school that had recently or was expecting to convert to an academy.
- A moderate to severe depressive score was associated with being female, feeling dissatisfied with work, taking sickness absence over the previous month, high presenteeism, wanting to ask a colleague for help but feeling unable over the previous academic year, and working at a school with low student attendance.
- 49.5% teachers reported providing emotional support to a distressed colleague at least once a month over the previous academic year.
- 63.1% teachers reported providing emotional support to a distressed student at least once a month during the previous academic year.
- Teacher and student wellbeing scores were correlated (Spearman's rho=0.74, p=0.04), in other words the schools with higher teacher wellbeing also had higher student

wellbeing. Similarly, schools with higher teacher depression had higher student mental health difficulties (Spearman's rho=0.71, p=0.05).

Data collected from staff at follow up showed:

- Very little difference in staff wellbeing, depression, absence or presenteeism between intervention and control groups. However, the sample was small (as is usual in a pilot study), and the follow up period was only 6 months.
- In the intervention schools, 31 (7.5%) questionnaire respondents had used the peer support service at their school, with 79 (18.9%) saying they would use it if they needed to.
- The peer supporters reported a mean of 3 people being supported per peer supporter every two weeks.
- The peer support service was more likely to be used by women, those with depression at baseline, those who found work stressful at baseline and those who were dissatisfied with work at baseline. There was no association between having poor wellbeing at baseline and service use.
- The commonest reason given for not using the service was not needing to (35.2% of all responses), followed by preferring to talk to other colleagues or friends (19.2%), and not knowing about it (16.7%).
- Those who received the training had greater mental health knowledge at follow up once baseline score had been adjusted for, compared to the rest of the sample.
- Those who received the training also had less stigmatising attitudes regarding depression and anxiety once baseline attitudes were adjusted for.
- Compared to untrained staff, a greater proportion of staff who had received the training had high confidence in helping a colleague, and high confidence in helping a student, once baseline confidence was adjusted for.
- A greater proportion of trained staff also said they had helped a colleague in the previous month, and had helped a student in the previous month, once baseline helping behaviour was adjusted for.

Data collected from students at follow up showed:

- Students in the intervention group had higher mean wellbeing at follow up than those in the control group, once baseline wellbeing had been adjusted for.
- Students in the intervention group had lower mean depression at follow up than those in the control group, once baseline depression had been adjusted for.

Summary of qualitative findings

Perceptions of the peer support service

- Peer supporters, key contacts and potential users of the service were unanimous in feeling that school staff had a range of work related stressors, and that supporting staff wellbeing was important:

  "I've been in this role [member of SLT] for nearly ten years now and the issues that I get people coming to me with are very diverse and I think the nature of the job is placing increasing demands on staff and that is affecting their mental wellbeing"

- Peer supporters were generally positive about the service and its ability to help colleagues:

  "We have maybe a small tool to recognise that something could actually grow into something more serious. And if we are aware, if we don't just put it under the carpet, maybe we could help that person"

- Peer supporters discussed a range of ways in which they helped colleagues, from being a sounding board through to suggesting professional help to individuals in a great deal of distress:

  "Often people just really do need somebody to listen to them and spend a little bit of time and care over what's going on for them. You don't necessarily need a resolution"

  "I suggested to her to see a GP, and it's a long-term sort of process of recovery but we had a long long chat on the phone and she could not cope anymore, she said "I cannot be in school anymore""

- Comments from peer supporters and key contacts indicated that the existence of the service had raised general awareness about mental health issues including removing the stigma around discussion, and also sent an important message of support to staff:

  " I think it sends a really big message out to staff in general, so the staff who maybe wouldn't consider using a peer supporter are walking round the school now and they're seeing posters saying a message which is we care about you, there is a network there for you if you need it"

- Peer supporters noted benefits for themselves in terms of feeling positive about making a difference, and in one case sharing the burden of supporting staff by having other colleagues who could now take on that role:

  "It has been positive for example the woman worried about her son who I talked to, when you see somebody walking lighter, their shoulders dropped, um and she's now getting the support she wanted for her son. And you think to yourself "I made a difference there""

- Some peer supporter comments indicated potential concerns about the service, including feeling that they were providing a 'tick box' exercise for senior leadership

rather than being fully supported, and a worry that there may be a negative impact on the peer supporters' own mental health:

> "she gets a lot of people come to see her, and she does a lot of WISE-ing and time is a big issue for her, because she is on a full teaching timetable so she's finding that all her break times and all her lunchtimes are taken up looking after other people, now she's not getting looked after, she's not feeding her own little soul during her lunchtime and her breaktime because she's with other people"

- There was a sense that to some extent the service formalised support that was already common among colleagues, and that often those who became peer supporters were already the 'go to' people:

> "There are people that you move towards who radiate support and then you've got the people who if you sit down next to them, it's like you get it all sucked out of you, so there's radiators and drains, and if I look at the members of staff who have been nominated for this, they're all the radiators"

- Focus groups with other staff as potential users of the service suggested that many people were supportive of the idea, and two people spoke of having used it:

> "I have a wonderful department but I didn't want to burden them with how I was feeling because when you're in a particular role you don't want to be looking like you are in a mad old flap because your job is to exude calm, so then it's important to go to somebody else isn't it?"

- However, a number of barriers to using the service emerged: lack of awareness about it, not wanting to discuss problems at work - either due to a concern about confidentiality or fear of being judged - a preference to go to pre-existing support networks in school, and a concern that they did not want to be a burden on the peer supporter when everyone was working under such pressure:

> "I'm sure they've been trained in such a way that confidentiality would be kept, but I wouldn't be 100% happy with that"
>
> "I know all those people are already under quite a lot of pressure, some of them have got big jobs in the school and I might think well, you know, I don't want to put them under extra pressure by someone taking up their time wanting to talk to them"

  What emerged from these discussions was that the likelihood of using the service depended on the nature of the problem, the right combination of people as supporters, and the extent to which the person needing the help had other places to turn. Time for the service to become tried and tested was also raised as an important factor.

- Some suggestions for improving the service were put forward:
  - involvement of local practitioners to ensure supervision is available for the peer supporters

- ensuring time is given to launching the peer support service at a whole staff meeting or training session, and the need for a strategy to regularly promote the service to all staff
- consideration of a safe space in which peer supporters can speak with people
- a named member of the senior leadership team to take responsibility for meeting regularly with the supporters, and bringing concerns relating to the school environment that have arisen to the attention of the rest of the senior leadership team. This would help ensure the service might be sustained; however it may also contribute to potential users' concerns about confidentiality linked to fears around performance management.

<u>MHFA Training</u>

- Both the adult and youth training was found to be useful for raising awareness, conferring new knowledge and skills, giving reassurance about current practice, providing opportunity to discuss difficulties in supporting students with colleagues and developing awareness of one's own mental health:

  "As a mixed group of staff we actually had a chance to talk and offload ourselves and there's certain things that I do know that have come up in my own life because of that discussion, sort of give yourself time"

  Adult MHFA attendee

  "For me it was that reassurance I thought OK it's what I normally do, I think I'm on the right track"

  Youth MHFA attendee

  "I'm very masculine in the way I just want to solve their problem, a kid comes in and I just want to solve it and get them out again. But the big thing out of the course was that's not the right way, because you're not going to solve it in 10 seconds, or 10 minutes"

  Youth MHFA attendee
- There was a feeling among participants that student mental health is getting worse, with pressures about exams, times of transition, friendship issues, parental conflict and self-image being listed, and youth MHFA was seen to be very relevant in that context:

  "With some courses you go on and you think "no that doesn't happen in school and that's not particularly helpful" but this is something that we all acknowledge is happening in school but we don't get enough time to address it"
- There was also a strong sense that staff are under a great deal of pressure, the main sources of which being student performance (as a reflection of their own performance), Ofsted inspections, balancing work and home life, and being able to support students. Participants were able to express how the training better equipped them to help colleagues:

"the way I listen I think is a bit different, because of the training you suddenly think oh there's something, she's not just talking to me about how her husband broke her favourite plate it's something below, there's something else there"

- Those who attended the youth MHFA felt that specialist support staff, and also experienced teaching staff, already had much of the knowledge and skills covered, but that less experienced teaching staff who were often the first to encounter students in difficulty would benefit a great deal from the course. In addition to ensuring the staff with the greatest need attended, other suggested areas for improvement included making the course shorter, and having more of a practical focus.

Future directions

The pilot study results indicated that schools would be willing to participate in a full RCT evaluating the WISE intervention, and that staff found the MHFA training and peer support service useful and acceptable. As a result of these encouraging results, a full RCT of the WISE intervention is now being funded by the National Institute for Health Research (NIHR). This large RCT will enable an examination of whether the WISE intervention improves teacher and student mental health outcomes.

Details about the full RCT can be found at:
http://www.bris.ac.uk/social-community-medicine/projects/wise/

The protocol of the full RCT has been published here:

You can find more details about the WISE pilot results in the following publications available online:
http://www.biomedcentral.com/1471-2458/16/1060
http://www.jad-journal.com/article/S0165-0327(15)30762-X/fulltext

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