The Importance of School Culture in Supporting Student Mental Health Following the COVID-19 Pandemic: Insights from a Qualitative Study

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Abstract: Background: Evidence suggests that mental health (MH) issues in children and young people (CYP) in the UK are on the rise. Of particular concern is data that indicates that the pandemic, together with the impact of school closures, have accentuated already pronounced inequalities; children from families on low incomes or from black and minority ethnic groups are reportedly more likely to have been adversely impacted. This study aimed to help identify specific support which may facilitate the building of a positive school climate and protect student mental health, particularly in the wake of school closures following the pandemic. It has important implications for integrated working between schools and statutory health services. Methods: The research comprised of three parts; scoping, case studies, and a stakeholder workshop to explore and consolidate results. The scoping phase included a literature review alongside interviews with a range of stakeholders from government, academia, and the third sector. Case studies were then conducted in two London state schools. Results: Our research identified how student MH was being impacted by a range of factors located at different system levels, both internal to the school and in the wider community. School climate, relating both to a shared system of beliefs and values, as well as broader factors including style of leadership, teaching, discipline, safety, and relationships -all played a role in the experience of school life and, consequently, the MH of both students and staff. Participants highlighted the importance of a whole school approach and ensuring that support for student MH was not separated from academic achievement, as well as the importance of identifying and applying universal measuring systems to establish levels of MH need. Our findings suggest that a school's climate is influenced by the style and strength of its leadership, while this school climate - together with mechanisms put in place to respond to MH needs (both statutory and non-statutory) - plays a key role in supporting student MH. Implications: Schools in England have a responsibility to decide on the nature of MH support provided for their students, and there is no requirement for them to report centrally on the form this provision takes. The reality on the ground, as our study suggests, is that MH provision varies significantly between schools, particularly in relation to 'lower' levels of need which are not covered by statutory requirements. A valid concern may be that in the huge raft of possible options schools have to support CYP wellbeing, too much is left to chance. Work to support schools in rebuilding their cultures post-lockdowns must include the means to identify and promote appropriate tools and techniques to facilitate regular measurement of student MH. This will help establish both the scale of the problem and monitor the effectiveness of the response. A strong vision from a school's leadership team that emphasises the importance of student wellbeing, running alongside (but not overshadowed by) academic attainment, should help shape a school climate to promote beneficial MH outcomes. The sector should also be provided with support to improve the consistency and efficacy of MH provision in schools across the country.

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