

ASPEP/SDEP
Educational Psychology and Children and
Young People's Mental Health in Scotland (2018)
Position Paper

ASPEP The Association of Scottish Principal Educational Psychologists



Acknowledgements

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Foreword

This position paper is intended to provide a clear articulation of how Educational Psychologists conceptualise mental health, the role of Educational Psychologists in supporting mental health improvements, and the key principles that underpin Educational Psychology practice in relation to children and young people's mental health.

Improving the mental health of children and young people is an important priority for Educational Psychology in Scotland (Argyll and Bute National Action Enquiry Research Summary 2018) and is also an essential consideration in terms of how we close the poverty related attainment gap (Coleman et al., 2009; DeSocio & Hootman, 2004; Humensky et al., 2010; MacKay et al., 2009; Martin et al., 2005; Masi, 2001). ASPEP undertook national event sampling across all 32 Local Authority Educational Psychology Services in 2015 and found that a third of referrals to Educational Psychology Services, a third of all EPS research and half of all training delivered was related to mental health issues (National Event Sampling, 2015). In recent years, the majority of Educational Psychology Services have increased their role in activities that support the prevention and early intervention of mental health issues in children and young people (Education Scotland, 2017). There is an emerging and strong evidence base for the importance of the role of educational psychologists in helping to meet the needs of those young people struggling with their mental health within the education system.

Defining Mental Health

Mental health can be defined as, *“a state of well-being in which every individual realises 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. With respect to children, an emphasis is placed on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full active participation in society”*

(World Health Organisation, 2014).

As such, mental health is conceptualised not simply as the absence of mental illness, but as a wide continuum ranging from optimal wellbeing to mental ill-health.

Educational Psychologists in Scotland conceptualise mental health within a social-ecological model rather than the predominant medical model. It is recognised that mental health is influenced by a complex array of societal, social, psychological and biological factors. An individual's mental health may fluctuate over time – as with any additional support need, mental ill-health may be short- or long-term in nature, and may or may not be associated with a medically diagnosable mental illness, Education (Additional Support for Learning) (Scotland) Act 2004 (as amended).

Mental Health in Context

The World Health Organisation (2014) estimates that around 20% of the world's children and young people have mental health difficulties, with half of all mental health problems beginning before the age of 14 years. In the UK, almost a third of calls to Childline relate to mental health issues, with the top concerns being low self-esteem, self-harm, suicidal thoughts, and feelings/emotions (Bentley, O'Hagan, Raff & Bhattiet, 2016). Children and young people with emotional and mental health difficulties are more likely to have disrupted education, behavioural issues, school attendance issues, and general lower educational attainments and achievements. Mental health difficulties in childhood can also have significant consequences in later life, including anti-social and criminal behaviour, substance misuse, unemployment, social exclusion, emotional disorder and poor quality of life (Knapp & Lemmi, 2014).

The Mental Health Strategy for Scotland (2017-2017) sets out the Scottish Government's commitment to "*prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems*" (p.g.2), including for children and young people. However, it is estimated that 75% of children and young people who experience mental health difficulties are not in contact with primary care services, and that a significant proportion of mental health issues are more likely to come to light through conduct disorder and criminal justice routes than through contact with health services (Knapp & Lemmi, 2014). The Mental Health Strategy therefore aims to redress these issues by placing Education Services at the heart of the nation's mental health improvement agenda. It is recognised that the role of Education Services in preventing mental health difficulties and promoting emotional wellbeing is critical to the promotion of wellbeing outcomes and life skills for adults in future communities. If these supports are well designed, co-ordinated and targeted they can have a significant impact on the wellbeing and skills for life of children and young people. Children and young people report that they value person-centred support in their everyday community contexts comprising a mixed package of support including both teaching and support staff and onsite specialists. Nevertheless, some children and young people continue to desire access to mental health specialists' out-with school, thus avoiding the potential stigma associated with seeking support within the school context (Spratt et al., 2010; Scottish Youth Parliament, 2016).

Educational Psychology in Scotland

Educational Psychologists have a central role to play across the mental wellbeing to mental ill-health continuum. The most effective Educational Psychology Services align practice with the vision, values and aims of the council, and use robust self-evaluation to inform service developments (HM Inspectorate of Education, 2011; Education Scotland, 2017). As such, the exact nature of each service's work within the sphere of mental health will be influenced by the local context, and there will be variation in, for example, the extent to which they engage in direct therapeutic work (Wade, 2016). However, it is recognised that most Educational Psychology Services across Scotland adopt an ecological and strengths-based approach that emphasises positive relationships, agency and resilience and seeks to improve the wellbeing of children and young people through facilitating change at an individual and systems level. In all contexts, Educational Psychologists conform to the standards exemplified in The BPS

(British Psychological Society) Code of Ethics and Conduct (2018). Educational Psychologists must also be registered with the Health and Care Professions Council (HCPC) and adhere to the Standards of Proficiency for Practitioner Psychologists (2015) and Standards of conduct, performance and ethics (2012).

All Educational Psychology practice in Scotland is guided by and framed within:

- Standards in Scotland's Schools Etc. Act 2000;
- Education (Additional Support for Learning) (Scotland) Act 2004 (as amended);
- Getting It Right for Every Child (GIRFEC);
- Children and Young People Act 2014;
- Curriculum for Excellence;
- Equality Act 2010;
- National Improvement Framework in the Education Scotland Act 2016;
- Initiatives such as the Scottish Attainment Challenge and the Pupil Equity Fund.

The role of Educational Psychology in supporting children and young people's mental health

Across Scotland, the work of Educational Psychologists in supporting mental health is extensive and encompasses mainstream and specialist provision within the early years, primary and secondary sectors. Work is carried out with, or for, children and young people aged 0-24 years, parents and carers, educational establishments, education management, as well as a range of agencies, such as social work, health and the third sector. An Educational Psychologist's contribution to mental health improvement takes place at many systemic levels, including:

- Individual child and family;
- School or establishment;
- School cluster;
- Education Authority;
- Regional;
- National.

At each of these levels, Educational Psychologists deliver on 5 core functions, defined by the SEED Review of Provision of Educational Psychology Services in Scotland, 2002 (Currie Report), as:

1. Consultation

Educational Psychologists provide advice and consultation to children and families, educational establishments, partner agencies and education managers on mental health prevention and early intervention. Examples include:

- consultation models of psychology which empower people to find their own solutions to improving mental health outcomes (e.g. Wagner, 1995; 2000);
- advice on appropriate mental health support strategies for children and young people;

- signposting of appropriate services and resources;
- advice on approaches to identifying and supporting mental health needs within school systems;
- information on research evidence in relation to promoting and supporting positive mental health.

2. Assessment

Educational Psychologists support a recognition/conceptualisation of mental health and wellbeing that moves beyond the rigid application of clinical categorisation (Roffey, Williams, Greig & MacKay, 2016). They recognise that mental health is influenced by a range of factors that interact across the contexts of school, home and the community (Bronfenbrenner, 1979). As such, Educational Psychology assessment is a process that involves the gathering of information from a variety of sources in a range of settings over a period of time. It necessarily involves parents, carers, teachers, and children and young people, and encompasses cognitive, emotional, ecological and social factors. The ultimate aim of effective Educational Psychology assessment is to inform intervention. Assessment is collaborative and may be based on direct or indirect involvement with the child and by a combination of both. Educational Psychologists in Scotland operate in accordance with current practice as summarised in Educational Psychology Assessment in Scotland (2014), a joint ASPEP/SDEP position paper.

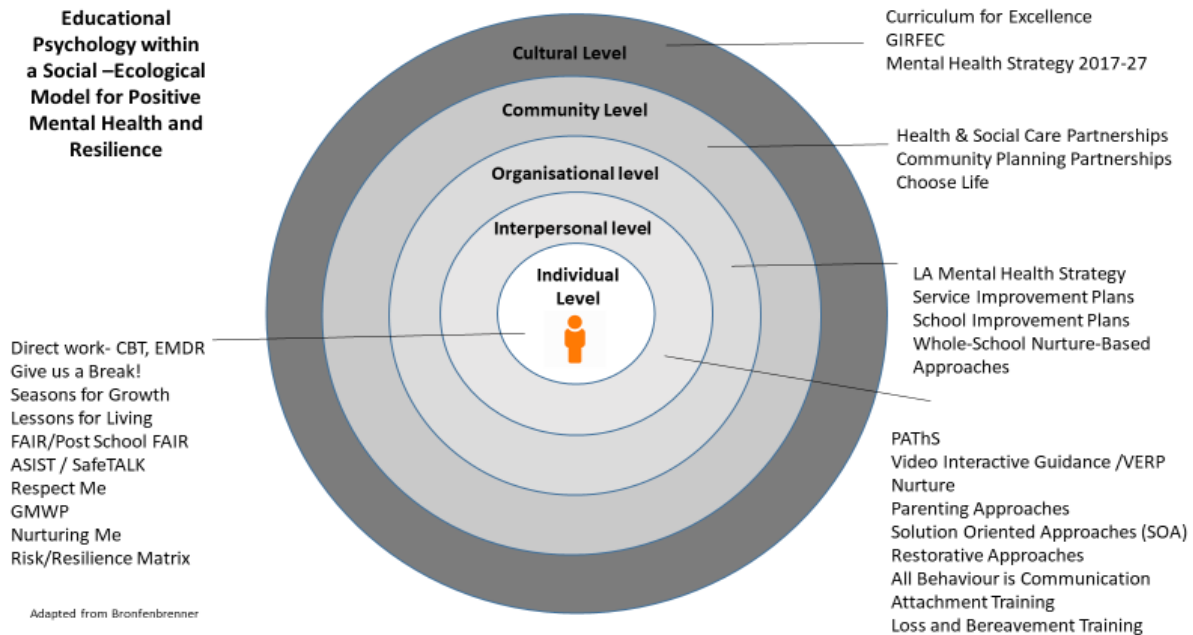
3. Intervention

All Educational Psychologists are committed to drawing on psychological theory and research to develop sustainable and inclusive interventions:

- Universal practices and systems that support the positive mental health of all children and young people, and
- Targeted interventions for children and young people experiencing, or at risk of, mental ill-health.

This balance of universal and targeted approaches to supporting mental health in schools aligns with current research evidence (Weare & Nind, 2011). Educational Psychologists offer a wide range of evidence-informed interventions designed to support the mental health of individuals, or groups of children and young people. All intervention methods are based on best practice and conform to the British Psychological Society's Code of Ethics and Conduct. Interventions are carefully planned and implemented on the basis of agreed action plans. They are designed to be effective but also minimal, unobtrusive, efficient and equitable, and should co-ordinate with work being undertaken by colleagues from other agencies. Figure 1 gives some examples of interventions that EPS across Scotland may be involved in delivering within the context of a social-ecological model of mental health and development.

Figure 1



4. Training

Educational Psychologists aim to build capacity across all aspects of the Education system to promote good mental health and respond effectively to mental ill-health. They play a role in developing and delivering professional learning opportunities for education leaders and practitioners as well as partner agencies. This ranges from bespoke support to implement, embed and evaluate whole establishment practices and systems that support mental health in a sustainable and inclusive way, to training on evidence-based intervention programmes for targeted populations. Some examples of training delivered by EPS include nurture and attachment, understanding all behaviour is communication, Cognitive Behavioural Therapy (CBT) approaches, developing resilience, national training programmes such as Scotland’s Mental Health First Aid (Adult and Young People courses), ASIST and What’s the Harm (often delivered in partnership with other agencies such as Health Improvement), mindfulness approaches, solution oriented approaches and restorative practices.

5. Research

Training in research methodologies, and data collection and analysis is an important strand of all psychology disciplines. Educational Psychology training has a specific focus on research in complex, real world settings for which medical models of research are often inappropriate. As practitioner-researchers Educational Psychologists are therefore in a key position to:

- evaluate the content, process and impact of mental health and wellbeing interventions in education;
- assess the quality of evidence that underpins school-based mental health and wellbeing interventions and practices;
- interpret research evidence to help inform educational policy and strategy,

- support other professionals to reflect on, explore and evaluate new ideas around improving mental health and wellbeing.

Examples of EPS research in mental health are included in the Educational Psychology National Action Enquiry Professional Development Programme 2017 and can be found on the National Improvement Hub:

<https://education.gov.scot/improvement>

Conclusion

Educational Psychologists are uniquely placed to support the mental health and wellbeing of children and young people in Scotland. They adopt a social-ecological approach to conceptualising and supporting the mental health and wellbeing needs of children and young people within our education system. They are embedded within and across all levels from the early years through to post-school, and engage in a continuum of practice ranging from direct involvement with individual children and young people experiencing mental health difficulties, to helping shape strategic policy-making which fosters resilience and wellbeing in all children and young people. They are committed to partnership working, with key agencies such as CAMHS, Social Work and the Third Sector, to develop systems and multi-agency pathways that co-ordinate support for children and young people's mental health and wellbeing. They are 'change agents' (Roffey 2015); contextualised, applied psychologists whose core functions articulate extremely well with the Mental Health Strategy for Scotland 2017-2027.

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