

Birmingham Schools Wellbeing Census 2021 Lay Summary

Why a Wellbeing Census?

The gap between levels of need and availability of resources to support for young people with mental health and wellbeing issues in school-age young people – the treatment gap - has been rapidly increasing. Long standing research shows that 50% mental health disorders emerge before age 25, and roughly 33% emerge before age 14 (Solmi et al., 2021). Schools are the ideal environment to provide educational interventions that can improve the social and emotional mental health of young people, but currently schools need support to systematically measure and appraise mental health in their schools.

The World Health Organisation defines mental health as not simply the absence of mental illness, but the fostering of wellbeing related to enable thriving individuals and populations. Mental wellbeing therefore is a practical indicator of mental health that can be used to both monitor and support young people in schools.

How we did it

In late 2020 we proposed designing a pilot an annual “wellbeing census” for primary and secondary schools in the Birmingham LEA. The aim of the pilot was to support schools to measure the mental wellbeing of their pupils systematically and longitudinally. We included two validated measures; the Warwick-Edinburgh Mental Wellbeing Scales (WEMWEBS) (Tennant et al., 2007) and the Stirling Children’s Wellbeing Scale (SCWBS) (Liddle & Carter, 2015) alongside a short measurement of school connectedness. We also measured simple demographics such as ethnicity, sex, school year, SEND status and free school meal status.

We enabled digital delivery of the census through www.Breathe-schools.co.uk a platform that allows collaborative work to take place across a regional partnership of mental health professionals and individual schools. This was part of an ongoing programme creating resources and interventions for schools via another teacher focused website www.breathe-edu.co.uk

Who was involved?

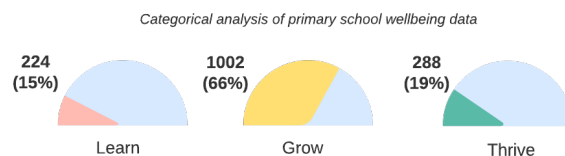
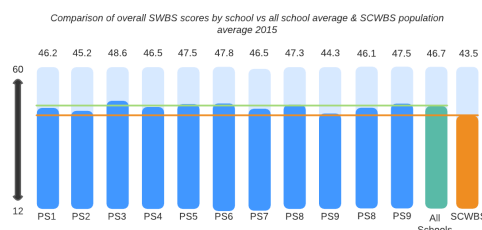
In May 2021 the initial Birmingham Wellbeing Census pilot was completed by 16 schools; 11 Primary Schools and 5 Secondary Schools. 3,437 participants completed the census which accounted for a recruitment rate of 48% of all pupils on school rolls (7,500). The results of the pilot were used to create individual wellbeing reports for the schools involved, and an overall report created to disseminate across the partnership and those involved in the wider mental health network.

What we found

In the 16 schools we found an over representation of schools from the South of Birmingham in our sample (South = 8, Northwest = 3, East = 3, Central = 2) and there was also a significant over-representation of pupils of Asian ethnicity (full ethnicity breakdowns are available) compared to Birmingham’s population statistics.

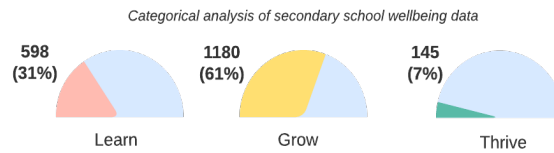
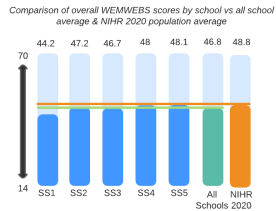
Primary Schools Mental Wellbeing

In our primary school sample, we found that overall average scores for wellbeing across schools were 46.6 this is actually higher than the 2015 SCWBS population average of 43.5 (Liddle & Carter, 2015) a difference of +3.1. Categorising our own sample data grouping scores from within 1 standard deviation from the mean we found 66% (1002) of all scores fell between 39 and 53. 15% (224) of pupils reported total SCWBS scores equal to or lower than 39 and 19% (288) of pupils reported scores equal to or higher than 54. There were no significant differences found between any demographic group for wellbeing.



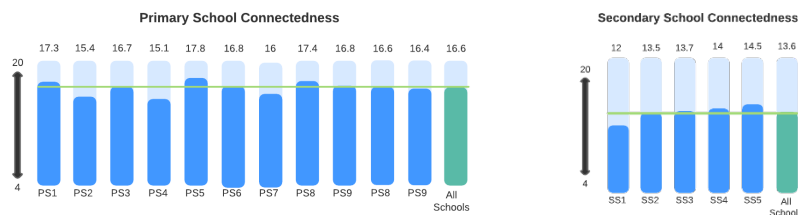
Secondary Schools Mental Wellbeing

In our secondary school sample, we found that overall average scores for wellbeing across schools were 46.8 SD = 9.2. This is just slightly lower than a recent population average found in similar sample WEMWEBS 48.8 (NIHR 2020) a difference of -1.5 and -2 respectively.



School Connectedness

School connectedness of the primary schools in our sample was very good with an overall average score of 16.5. School connectedness of the secondary schools in our sample was average with an overall average score of 13.6. This suggests that most primary pupils in our sample felt very connected and safe at their schools whilst secondary pupils felt somewhat connected and safe at school. There was a statistically significant between primary and secondary school levels of school connectedness. No significant differences were found between any demographic group for school connectedness.



What this tells us

Our findings indicate that overall and individually, primary school pupils reported slightly above average levels of wellbeing, with some primary schools reporting higher scores for wellbeing in comparison to population studies of the past. Conversely, we found that overall and individually secondary schools recorded slightly lower average levels of wellbeing in comparison to more recent population studies, suggesting more secondary support for wellbeing might be required in secondary schools. This apparent decrease in wellbeing could be related to the increased pressures and anxieties in secondary school pupils in relation to the impact of Covid-19 on youth wellbeing. There is some evidence that a related measure of wellbeing at 14 years old (life satisfaction) predicts mental illness, self-harm and even suicide risk at age 17 (The Children's Society, 2021). It therefore would be important to further understand how low wellbeing in primary school might predict low wellbeing in secondary school, and whether wellbeing remains stable or decreases for individuals over time; something that would be possible from longitudinal data that this wellbeing census could provide if established in schools.

School connectedness was markedly and significantly different between primary and secondary schools suggesting secondary school pupils feel much less connected to their schools than primary pupils. Although more data is required this would suggest a focus on school connectedness in would be beneficial to the young people in them as school connectedness has been found to be a predictor of later adolescent, academic achievement, mental illness and substance misuse (Bond et al., 2007). This again would interesting to study longitudinally as cross-sectional data is limited.

There were no significant differences found between any demographic group regarding wellbeing or school connectedness however it should be noted that our sample was not representative of Birmingham as a whole and differences may emerge with more representative data.

Conclusion

The main aim of the project was to see if we could successfully create shared wellbeing data across different schools that could then be used as a measure to inform individual school wellbeing policy and create a regional metric for ongoing comparison work. These aims were fulfilled. Even under the pressures of Covid we were able to recruit a sample of secondary and primary school pupils at similar levels to previous population studies giving us a regional metric which could inform local practice both individually for schools and regionally for the wellbeing partnership. Ongoing data collection would allow more insights into the mental wellbeing of the young people in the region.

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