

## **Title:** The evolution of mental health in schools: where next?

**Key words:** Schools, Mental Health

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### **Abstract**

The current agenda for mental health in schools is considered in relation to the evolution of the concept of mental health and how it has been iterated in schools in the UK. From *heilapedagogy* in Germany in the early part of the twentieth century through to progressive schooling, this paper presents a timeline and considers the influence of education pioneers. Wall's (1955) landmark book *Education and Mental Health* described a whole school approach, however, developments in the latter part of the twentieth century saw a move towards a targeted behavioural approach. The curriculum development for Social and Emotional Aspects of Learning (SEAL) are discussed and the consolidation of current policy drivers for mental health are examined. In light of COVID19, it is argued that we will need to see more innovative bridges between home and school, with schools acting as hubs supporting the mental health of children and their families.

### **The Current context of MH in schools**

The increase in concern about mental health in children and young people has been spurred by a raft of policy initiatives of recent years which have laid emphasis on how schools should engage with the challenge of supporting children's mental health. The Department for Education published *Mental Health and Behaviour in Schools* (DfE, 2014) which made a case for re-thinking how we might review what we think of as children behaving badly, arguing that bad behaviour might be an indicator that the child is experiencing mental health distress. In January 2017, the Prime Minister announced comprehensive measures to strengthen links between schools and local NHS mental health staff, with every secondary school offered mental health first aid training. The publication of the government's Green Paper on Child and Adolescent Mental Health (04.12.2017) was noteworthy insofar as it departmentally co-authored by the secretaries of state for Health and Education. This joint initiative was an effort to build bridges, join up intelligence and share resources, though arguably it also further distanced the providence of schools from teachers.

The Education Select Committee (November 14, 2017), which generated the green paper was a case in point in regard to the alienated voice of teachers. Convened to gather stakeholder evidence about children's mental health, all of the twelve expert witnesses drew attention to the central role that schools can play in addressing the challenge of mental health. But notably, none of the experts giving evidence were teachers. The strategic approach to mental health interventions in schools has been delivered in an ad-hoc manner, with confusion about evidence of efficacy and quality (Ecclestone & Rawdin, 2016). Only 30% of OFSTED reports mention mental health and a review of CAMHS highlighted the fragmented nature of services, and the on-going difficulties young people experience in accessing appropriate support (CQC, 2017). Nevertheless, the UK government pressed ahead with, *Transforming Children and Adolescent Mental Health Provision* (DoH & DfE, 2017) which extended mental health provision in schools and stated that all schools by 2025 will have a mental health lead. The concern with mental health in schools has been framed by some in terms of a concept of therapeutisation, or 'therapeutic education' (Aldenmyr & Olson, 2016) and there has been a rise in the number of arenas of practice and practitioners (Ecclestone & Brunila, 2015). But there is confusion about terminology, concept have been poorly defined, and arguably there has been a focus on deficits rather than potential (Gordon & O'Toole, 2015).

This paper sets out a timely critical review of the concept of mental health in schools, and how the concept of children's psychological well-being and mental health has evolved over

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3 the last century or so. We intentionally draw attention to the fact that mental health is not a  
4 new challenge, but rather something that schools and pioneering educators have been  
5 concerned with for more than a century. And we will see that that the concept has not been  
6 fixed. In considering the precedents, it is noteworthy that the term ‘mental health’ in relation  
7 to schools was first considered by an educator, WD Wall in the 1950s. In looking to what we  
8 might learn from history, we examine the implications for current policy and practice, with an  
9 eye on the implications of COVID19.  
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### 12 **Approaching history**

13 Historical reflection has an important function, as Zufiaurre has argued, from the development  
14 of schooling from the Renaissance to Reformation and the modern massification of schooling,  
15 it is; “useful to return to past circumstances and, in the process, clarify perceptions of the  
16 future” (2007, p.139). Brass likewise points to the necessity of historicising; “...largely taken-  
17 for-granted representations of English teaching to get a different sense of what might be at  
18 stake...pedagogical practices with ‘larger’ goals, such as the cultural, economic, and civic  
19 health of individuals and the population”. (2011, p.154). According to McCulloch (2011)  
20 researching the history of education is a story of many struggles, the struggle for equality,  
21 social progress, reform and ideology, and so in the same vein the study of the history of  
22 education itself becomes a struggle too; “The history of education is neither itself a ‘ghost’ nor  
23 a ‘shadow’, nor something in between, and yet it is struggling to survive and prosper in a  
24 changing world” (McCulloch, 2011, p.111).  
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27 Habermas argues that the role of historical re-construction potentiates consciousness-  
28 raising; “historicism marks the dissolution of the unity of history (*Geschichte*) and narrative  
29 (*Historie*) and the abolition of historical processes that we experience as living traditions”  
30 (1988, p.17). In other words, organised compulsions can be subverted by the study of history  
31 where there is a sphere of subjective freedom to be found away from the weight of instantiated  
32 practices, that is, historical reconstruction can weaken the blindness of traditional adherence.  
33 However, Habermas also points to way in which historicism is not always necessarily advanced  
34 in the service of change, rather new light can be thrown on the value of convention and  
35 tradition; “historicism contributes to a situation in which behaviour steering traditions  
36 determine, or could determine, the self-understanding of modern societies, and could do so not  
37 naively but with the clarity of historically enlightened consciousness” (ibid., p.19).  
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40 Anchored in the works of those historians of education who have closely examined the  
41 work of such pioneers (cf. Barrow, 1978; Bridgeland, 1971; Rusk & Scotland, 1979), this paper  
42 sets out to examine a history of an idea, rather than the biography of any pioneer, that is to say,  
43 a collective biography privileges ideas ahead of leaders, blending epistemological and  
44 interpretative methods in a way that helpfully cuts across disciplinary fields (Roberts, 2002).  
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### 48 **Schooling and mental health in the first half of the 20<sup>th</sup> Century (Montessori, Aichorn, 49 Neill, Isaacs, A. Freud)**

50 To an extent, education has been concerned with pastoral, welfare matters and curing souls  
51 across the nineteenth, twentieth and into the twenty first century (Brass, 2011). Zufiaurre talks  
52 about a period from the Renaissance where the transition of didactic teaching of religious  
53 dogma has been superseded by a modern curriculum concerned with fostering self-learning;  
54 “The German idea of *Bildung* (personal self-realisation)” (2007, p145). Bridgeland’s (1971)  
55 review of the nineteenth century pre-cursors to schooling troubled children begins with Francis  
56 Galton’s influence in establishing the first child guidance at University College, London in the  
57 1880s. Bain’s (1895) book, *Studies in Childhood* shaped a new field of educational psychology  
58 and Cyril Burt tackled the question of delinquency and schooling. Progressive schools in  
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3 Britain began to take shape, for example in the late 19th century, schools for secondary age  
4 children such as Bedales (1893) and King Alfred School (1897), founded as alternatives to  
5 harsh disciplinary traditions of public schools (Skidelsky, 1969). Along a similar trajectory in  
6 Italy, influenced by the theories of Friedrich Froebel, Maria Montessori (1909) developed an  
7 approach which sought an alternative approach to learning and discipline, and it is with Maria  
8 Montessori that the idea of mental health in schools, in the twentieth century, is rooted.  
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### 10 11 *Maria Montessori*

12 Montessori (1909) was interested in the ‘psychological moment’ when a child’s development  
13 (age 3-6 years) yielded an appetite for learning. The first woman to graduate in medicine from  
14 the University of Rome, Montessori joined the staff of the psychiatric clinic working with  
15 children with disabilities, and then later with children who lacked education living in the  
16 poorest quarters of Rome. Montessori sought to equip teachers with new knowledge; “To sum  
17 up the situation briefly, anthropology and psychology have never devoted themselves to the  
18 question of educating children in schools”. (Montessori, 1909, p.4). Guido Baccelli, the  
19 Minister of Education, asked Montessori to develop a course of lecture for teachers and this  
20 soon developed into the State Orthophrenic School, which Montessori directed for more than  
21 two years. As critical of the traditional methods of disciplining behaviour by physical  
22 punishment, as she was of the use of mechanical braces to straighten out curvature of the spine,  
23 Montessori developed a holistic overview of physical and mental deficiency arguing that the  
24 challenge was chiefly an educational one, rather than medical.  
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27 Montessori’s work quickly became influential and well known as the Montessori  
28 method, and she travelled to Paris and London to talk about her ideas, and gathered enthusiastic  
29 followers. However, by 1920 her luminosity was dimming, overshadowed by the new influence  
30 of depth-psychology and psychoanalysis which was set to profoundly shape education for the  
31 next thirty years (Rusk & Scotland, 1979).  
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### 34 *August Aichorn*

35 August Aichorn was trained as an elementary school teacher in Austria and in 1918, following  
36 the First World War, he was given the responsibility for setting developing educational centres  
37 for juvenile delinquents in Lower Austria. The evolution of this work was described in his  
38 landmark book *Wayward Youth* (Aichorn, 1925). In his foreword to the book, Freud  
39 commented on the challenge of; “influencing the dissocial adolescent by means of education”  
40 (1925, p.vi). Freud did not underestimate the scale of this educational challenge and quipped:  
41 “In my youth, I accepted it as a byword that the three impossible professions are teaching,  
42 healing and governing, and I appreciate the great social value of the work which attracts my  
43 co-workers in the pedagogical field” [Freud, 1925, p.v]. From the outset Aichorn (1925)  
44 considered his focus to be that of remedial education that might arise in circumstances often in  
45 situation of an emergency where orthodox educational methods had not succeeded in helping  
46 the child or youth attain a level of social capabilities commensurate with their age. Aichorn’s  
47 assertion was that even if the presentation of the child was such that that one might ordinarily  
48 turn to a physician or therapist, he stressed the importance of the role of the educator. *Wayward*  
49 *Youth* offered a narrative log of the philosophy of the new school, and the children there who  
50 were often angry, occasionally violent and consistently bringing with them life stories of prior  
51 trauma.  
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55 Aichorn’s core principle was that of reparation: “From the very beginning we felt  
56 intuitively that above all we must see that the boys and girls from fourteen to eighteen had a  
57 good time. We did not treat them as dissocial or criminal individuals from whom society  
58 needed protection; they were human beings who had found life to hard, whose antagonism to  
59 society was justified, and for whom an environment must be created in which they could feel  
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3 comfortable... Without really knowing what we were doing we worked out what might be  
4 called a practical psychology of reconciliation". (1925, p.149-150). This new approach  
5 Aichorn posited as a contrast to the conventional approach of other schools of the day which,  
6 instead of the friendliness and kindness, were borne from; "an attitude of stern moralism and  
7 revenge". (1925, p.150). Aichorn mapped out the very basic practicalities of providing children  
8 with a drawer or a box, a place that for the first time they could consider their own. For some  
9 of these children, simply the experience of having food on the table was unfamiliar. These  
10 elements of providing homeliness led to the staff being perceived in a position of loco-parentis,  
11 so it was with a psychoanalytic eye on transference phenomena that Aichorn approached the  
12 emotional task of re-parenting.

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15 Aichorn noted that these boys had been brought up without affection and many having  
16 been beaten. But also he saw how these boys would speak affectionately about their pets: "...in  
17 some cases love for a human being had been entirely transferred to an animal. They would  
18 speak with great tenderness of their pets only in the next moment to threaten their comrades  
19 with violence". (1925, p.172). The approach of the staff was a combination of flexibility and  
20 kindness, and one might have expected that in such circumstances the children would respond  
21 well. However, to the contrary, Aichorn recounted that early on in the life of the school, in fact  
22 the opposite happened and that the aggressive acts became more frequent and more violent  
23 until, "...practically all the furniture in the building was destroyed, the window panes broken,  
24 the doors nearly kicked to pieces. It happened once that a boy sprang through a double window,  
25 ignoring his injuries from the broken glass. The dinner table was deserted because each one  
26 sought a corner in the play room where he crouched to devour his food." (1925, p.173). What  
27 appears to have sustained Aichorn and colleagues through this challenging phase was the  
28 understanding that the behaviour might be meaningful, that it was to be taken as a  
29 communication. In this case Aichorn and colleagues surmised that the violent behaviour might  
30 be motivated by guilt, that the boys somehow felt that they were not entitled to kindness, that  
31 it was more familiar for the children to recreate the violence of their previous experience of  
32 home. This knowledge seems to have paid dividends insofar as the staff stood firm by their  
33 principles and the yield was apparent three months into the experiment when the violence  
34 began to abate and was replaced by tears: "Our ignoring the aggression brought forth in each  
35 case violent emotion which spent itself weeping in rage" (Aichorn, 1925, p.175).

#### 36 37 38 39 40 *A.S.Neill*

41 In his 1927 book *Die Befreiung des Kindes* (translated as *Set the Children Free*), the Austrian  
42 born psychoanalyst Wittels, had provocatively demanded: "Leave your children alone. Do not  
43 educate them, because you cannot educate them. It might be better if the teachers were to write  
44 a thousand times into their copy book: I should leave the children alone instead of having the  
45 children write: 'During school sessions one is forbidden to speak'. One speaks of the century  
46 of the child. But this will begin only when the adults will understand that the children have less  
47 to learn from them than they have to learn from the children". (1927, p.14). This radical milieu,  
48 created by Freudians like Wittels and Aichorn, was the fulcrum that A.S Neill, a young teacher  
49 from Scotland, entered when he began a two year training working in progressive schools in  
50 Germany and Austria from 1922-1924. During this time Neill also underwent an analysis with  
51 Wilhelm Stekel in Vienna during, "the days of symbolism and dreams and unconscious slips  
52 of the tongue." (Neill, 1983, p.105).

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55 The influence of psychoanalysis was central to Summerhill School which Neill founded  
56 in 1921 in Suffolk, England. With the explicit proviso that whilst psychoanalytic ideas might  
57 form a theoretical basis to the work, it was never actually to be applied in practice (Neill, 1962).  
58 Neill was later drawn to the work of Wilhelm Reich, and met Reich for the first time in 1936.  
59 Although they met only on a few occasions face to face, they maintained a fulsome  
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3 correspondence for twenty years (Reich & Neill, 1982). Reich was ostracised by his colleagues  
4 as an outsider, a marxist and social reformer, and so Neill would have seen a good deal of  
5 himself in Reich. Although Neill (1962) only made a few passing references to Montessori, his  
6 interest in the physical and bodily elements of learning did seem to emanate from a similar  
7 source. Neill noted that Reich seemed to grasp the psychobiological alleviation of anxiety  
8 arising from a sense of freedom: "It was Wilhelm Reich who pointed out that, in sudden fear,  
9 we all catch our breath for a moment, and that the child who lives in fear has a life of catching  
10 its breath...and holding it. The sign of a well-reared child is his free, uninhibited breathing. It  
11 shows that he is not afraid of life". (1962, p.126).

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13 Like Montessori, Neill had the idea that education was concerned with freedom and  
14 liberation, for Montessori it was to overcome slavery and the oppression of women, and for  
15 Neill it was self-regulation and democratic freedom. Neill also drew from Reich's ideas about  
16 social reformation through sexual revolution (Reich, 1951), and Reich's thesis foreshadowed  
17 the cultural revolution of the 1960s and this became based in Neill's attitude to sexual  
18 permissiveness evident in the emerging philosophy of Summerhill. Neill's liberal views at that  
19 time seem to have passed with little comment even among his harshest critics, for example  
20 Burrow's spent several pages criticising Neill in light of Rousseau, but only one line on Neill's  
21 attitude to sexuality; "one might counter by asking Neill how many of his ex-pupils masturbate  
22 or discuss masturbation, which is one of the activities that he seems to expect his pupils to  
23 engage in and want to talk about" (1978, p.72).

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25 Following his own experience of analysis Neill felt convinced enough to argue that it  
26 was really necessary that all teachers should be analysed. He said, "Analysis is no panacea for  
27 all ills; it has a limited scope, but it clears the ground. I think the chief merit of analysis is that  
28 it makes one understand others more easily, makes one more charitable. For these reasons  
29 alone, I strongly recommend it for teachers; for after all, their work is to understand others.  
30 The analysed teacher will cheerfully face his own attitude to children, and by facing it, improve  
31 it". (1962, p.287). Neill remained fundamentally interested in unconscious process and saw  
32 the search for the meaning behind the children's behaviour as an *a priori* of the organization.  
33 Neill was however more concerned with the sturdier task of prevention: "Some middle-class  
34 parents seek a solution in psycho-analysis...but even if analysis were more successful than it  
35 usually is, we cannot analyse the world. Curative work with individuals is a piddling business  
36 which cannot sufficiently affect the masses. The solution for humanity lies in proper rearing  
37 of the young, not curing the neurotic". (1962, p.301).

### 41 42 *Susan Isaacs*

43 Contemporaneous to the establishment of Summerhill, Susan Isaacs led the development of  
44 Malting House School in Cambridge 1924-1927. Isaacs had trained as a teacher at the  
45 University of Manchester and subsequently trained as a psychoanalyst becoming a full member  
46 of British Psychoanalytic Society in 1921 (Pines, 2004). Malting House School offered Isaacs  
47 the opportunity to blend her psychoanalytic training and experience of being a teacher. The  
48 school initially received boys aged 2 to 8 years old, and in subsequent years also girls. The  
49 children came mainly from professional and academic families, so by contrast to Montessori,  
50 Aichorn and Neill, Isaac worked with children from a different social strata. Isaacs (1930)  
51 described the ample spaces at Malting House for play both inside and outside, and a richness  
52 of resources to facilitate play, from sandpits, to climbing frames, paints and music instruments.  
53 From her observations she began to theorise the pre-social play of the children as they enacted  
54 parental roles and she noted the development of sexual curiosity, the emergence of creative and  
55 destructive tendencies manifest in emotions such as love and compassion, hate and violence  
56 (Isaacs, 1933).

Her approach was also concerned to remove punishment and invoke little by way of admonishment, though one of the consequences of this seemed to be an increase in aggression towards teachers according to Graham (2008). Isaac arranged for the psychoanalyst Melanie Klein to visit the school in order to review the practice of the teachers, and Klein subsequently recommended re-enforcing an element of 'guiding firmness' in pupil-teacher transactions (1933, p.420) For Isaacs, the child was a unique individual with the capacity for social inter-relations who should be treated 'respectfully' (1933; p.455).

Even if the Malting House experiment was an engagement with privilege, the political context of Isaac's work is no less important than Montessori's. During the First World War [1914-1918] there was a pressing need for increased provision of child care because many more women were working to support the war effort. However, even though more places were made available, there was very little increase in the actual number of nurseries in the UK. Following the war, many women began to consider the possibility of working and following careers and post war emancipation began to significantly challenge the traditional domesticity of women. On this wave of social re-definition, the 1918 Education Act empowered local authorities to provide more nurseries. However, the result of legislation did little to increase the numbers of nurseries, indeed by 1928, there were still fewer than thirty nursery schools across England (Browne, 1986). The failure of local authorities to provide nursery schools appears to have been the result of a combination of economic factors, combined with some social ambivalence about the empowerment of women.

In the years after Malting House Isaacs (1929, 1932, 1933) advanced her research, outlining a framework for schools where children could be helped to grow out of their difficulties, and this yielded an increase in impetus for nursery schools. In her book *The Children We Teach* (1932a) she outlined the way in which psychological theory could be of use to understanding children's educational attainment and social development in the context of the primary school. In 1933 she was appointed as the Head of the Department of Child Development at the University of London. This put Isaacs in a position to effect policy at a strategic and governmental level through her contact with figures such as Lord Eustace Percy and Sir Cyril Burt. A mark of her influence over the next ten years was a significant increase in the number of nurseries and by 1944, there were almost ten times more children in nursery care than there had been in the previous decade.

### *Anna Freud*

Among the beneficiaries of a will towards nursery school education were Anna Freud and Dorothy Burlingham who established London Nurseries between 1939-1945, reported in *Infants Without Families and Reports on the Hampstead Nurseries* (Freud, 1973). From 1941 the Hampstead Nurseries also provided a basis for a theoretical training course for nursery staff which became the foundation of the Hampstead Child Therapy Clinic which flourished under the guide of Anna Freud and was the focus of her prodigious output over the next forty years. Anna Freud's interest in the application of psychoanalysis to the task of education dated back to 1927 when she established the Hietzing School in Vienna with the help of Dorothy Burlingham, an experience which was the the grounding for her *Introduction to Psychoanalysis for Teachers* (Freud, 1931) in which she set out theories of child development arguing that schools were ideally situated to re-calibrate the effects of repressive parenting that led to neurosis and inhibition in children. Her thesis, presented initially in a series of lectures delivered to Viennese teachers, was similarly concerned to find a way of developing a system that avoided perpetuating repressive parenting, outlining a pendulum of balance between a laissez-fair approach and the role of discipline. Among the teaching school staff in Hietzing was Erik Erikson who made the bold claim; "If education earnestly seeks to rebuild on a new conscious basis of knowledge and intelligence, then it must demand radical progress to the point where

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3 clear vision results in human adjustment. Modern enlightenment can best achieve this through  
4 psychoanalysis.” (Erikson, 1935: p68).

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6 Out of this wave of interest in child development and education, a new field known as  
7 Heilpädagogik (translated as curative pedagogy) was born. The concept emanated from the  
8 work of the Education Department of the Vienna University Hospital in the 1930s but from the  
9 start it was subject to contestation, as Hoffer observed: “What we call today curative education  
10 is the precipitation of an intensive interaction between education and medicine, no wonder that  
11 the scientific character is controversial.” (1934, p.350). Originally curative education was seen  
12 as a biologically based science pertaining to abnormal childhood personality development, but  
13 the scope of influence of psychoanalysis meant that task of education was de-medicalised with  
14 a closer consideration of education pathways for the child (Tornow, 1957). The bridge between  
15 psychoanalysis and schooling education in Europe in the 1930s was sealed as an increasing  
16 number of teachers were drawn to the emerging field of child psychoanalysis (Ekstein & Motto,  
17 1964), Neill and Isaacs also, as discussed above.

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19 After fleeing from Vienna to England in 1937, Anna Freud continued in her work with  
20 children and one of her best known projects was carried out in 1945 with German Jewish children  
21 (aet 2.5 - 4 year), orphaned survivors of the Holocaust who arrived in London after they had been  
22 granted permits of entry by the Home Office (Freud & Dann, 1951). These children became  
23 known as the ‘Transporter Children’. Freud noted that a child would move through phases of  
24 play becoming increasingly co-operative; at first isolated, though self-reliant in play, before  
25 becoming more accommodating to others. Based on her observations Anna Freud began to  
26 formulate developmental stages in patterns of inter-relation as; “egocentricity to objectivity like  
27 a long stretch on the road from play to work” (1977; p.320), setting out an agenda which would  
28 shape her research for the next thirty years (Freud, 1960).

### 31 32 **Mental Health and Schools in second half of the Twentieth Century**

33 If the century of the child was to be realised, as Wittels (1927) had heralded, then arguably the  
34 focus for the battle was in the margins for inclusion with those children that presented the  
35 greatest challenge, as Montessori and others established. In Europe and the UK, Montessori  
36 schools grew in reputation with an international presence and the type of democratic  
37 therapeutic community school developed by Neill yielded a network of other democratic  
38 initiatives such as the Hawkspur experiments (Wills, 1941). The idea that education should be  
39 holistically concerned as much with feelings as facts was embedded in the writings of these  
40 education pioneers. Herein a psychoanalytic theorization of emotion appeared to be a core  
41 pedagogical underpinning, not only emotion as a response to learning material, but also as  
42 driver for self-knowledge (Tarc, 2013). We see psychoanalytic theories informing teaching  
43 practices and contributing to the advancing a wider cross cultural education system (Erikson,  
44 1950).

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46 However, the nomenclature associated with articulating these domains of concern for  
47 distressed children was problematic, terms like cretin and imbecile were often used, pointing  
48 towards a medical underpinning, as did the idea of curative education or Heilpädagogik, as if  
49 there was some illness that needed to be addressed (Bridgeland, 1971). In 1953 the UK  
50 Ministry of Education presented a definition pertaining to children who were in need of special  
51 forms of education, “Pupils who show evidence of emotional instability or psychological  
52 disturbance and require special educational treatment in order to effect their personal, social or  
53 educational re-adjustment.” (1953, p.269). W.D. Wall’s (1955) book *Education and Mental*  
54 *Health*, entered the debate about how to approach the questions about emotional well-being in  
55 schools. Drawn from the proceedings of a United Nations Educational, Scientific and Cultural  
56 Organization (UNESCO) conference, Wall used the term ‘Mental Health’ as an overarching  
57 moniker. There appeared to be something of new zeitgeist, see for example Morris (1955) who  
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3 referred to *Mental Health in the Classroom* with the teacher at the helm. The concept of mental  
4 illness was used generally in a psychiatric sense to talk about madness or insanity, so the idea  
5 of 'mental health' pushed towards an interesting re-framing of the emotional and psychological  
6 challenge of working with children in schools. In the preface to Wall's book, Piaget said the  
7 book was concerned with a, "Detailed study of the basic problem of co-ordination between  
8 school and home, and special attention to the general of overstrain at school." (1955, p.3).  
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10 Wall argued that nearly all Europe education systems functioned with some level of  
11 consultation and co-operation with families, and he outlined the importance of the overlap  
12 between home life and school. He argued that the cornerstone of mental health was a tripod of  
13 acceptance, understanding and not being rejected and he said that the teacher needed to not  
14 only heed the different academic and intellectual capabilities of the children, but also the  
15 variance in the organisation of the emotional drives, the capacity to tolerate frustration and so  
16 on. In the primary school Wall attached value to encounters whereby children; "recognise in  
17 themselves and in their contemporaries, impulses to lie, to steal, to be aggressive, to be  
18 'naughty', to be interested in forbidden things." (1955, p.99). In these circumstances, Wall  
19 drew attention to "powerful feelings" (1955, p.99), guilt, fear and anxiety, and while he said  
20 that discipline and adult authority were necessary conditions for moral growth, he argued that  
21 understanding was to at the healthy heart of the matter.  
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24 The second half of Wall's book was focused on secondary education where he saw  
25 there was a new dimension of engagement for pupils beyond the family where new experiences  
26 of cultural engagement could be harnessed in the classroom, "...the cinema and the rich variety  
27 of real social activities which could be made possible, as a means of providing the growing  
28 children with a multiplicity of roles which he can play and through them educating the  
29 personality and the moral character. Serious and sympathetic discussion of... the behaviour  
30 patterns and values exhibited by the films he sees, by the books he reads, and by the group with  
31 which he meets, [these are] the means by which teachers can constructively contribute to the  
32 mental health of a growing generation". (Wall, p.141). Wall summarised his vision as follows;  
33 "The school has a great responsibility for the mentally healthy development of adolescents – a  
34 responsibility it cannot discharge by concentrating upon a purely intellectual formation. Its  
35 syllabus, its methods and its organisation must take account of the striving of its pupils to  
36 achieve vocational, social, sexual and philosophic selves, of the stresses and anxieties which  
37 growing up in a modern world can impose on young people." (1955, p.162).  
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40 Arguably this was Wall's blueprint for the way in which education could be delivered  
41 in the context of the family and wider society, where mental health could be optimised. He  
42 argued that traditional lessons such geography, and literature could be rendered in terms of the  
43 lived experience of the children, bringing subjects alive with relevance to interrelationships, at  
44 home and in the playground. In this way knowledge would become active. He also believed  
45 that co-education had much to commend it where there was a social atmosphere where  
46 masculine and feminine aspects of life could be balanced. Finally, Wall made a persuasive  
47 case for the mental health support of teachers, that a school environment conducive to the  
48 mental health of the children, needed teacher themselves to be emotionally supported.  
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50 In 1958 Wall became the first editor of a new journal, *Educational Research – A Review  
51 for Teachers and All Concerned with Progress in Education* and the opening paper of the  
52 journal set the tone with a highly critical view of psychologists and their perspective on  
53 intelligence, "The need for caution is also indicated by the negative results of so many  
54 experiments...the 'new look' I am advocating does not justify a return to the old belief in  
55 formal discipline and the pre-eminence of classical education. One other pointer that emerge  
56 from investigations of pre-school children is the vital part played in intellectual development  
57 by emotional factors: there is strong evidence that the young child who is emotionally secure  
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3 in a democratic family environment is better able to develop his intellectual capacities than the  
4 child who is either over-protected or who feels rejected.” (Vernon, 1958, p.7-8).

5  
6 It would appear that Vernon’s caution about psychological approaches were not entirely  
7 heeded. Instead there was an increase in the scope of educational psychology that saw a  
8 workforce of specifically qualified practitioners as adjuncts to schooling with boundary lines  
9 between education and psychotherapy (Ekstein & Motto, 1964). There was a rise in needs  
10 based assessments, carried out by psychologists, which set out to identify and measure  
11 maladjustment and other psychological impingements to development (Dearden, 1966).  
12 Merrett (1981) contextualised the development of behaviour modification research in British  
13 school classrooms with teachers as research collaborators and summarised a large number of  
14 projects, mostly covering the period of 1975-1980, which generated knowledge about  
15 managing disruption in the classroom using reward systems and other Skinnerian behavioural  
16 approaches. Merret concluded that there could be confidence that behavioural measures  
17 deployed by teachers were helpful in bringing about positive changes in the classroom. If  
18 Wall’s book on MH and education had been intended as a design for a whole school approach,  
19 then arguably they system did not unfold as Wall might have hoped. The rise of behaviourism  
20 offered a trajectory for managing children which moved away from the more holistic agenda  
21 of psychoanalysis and the concern with emotions and relations.

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24 The term ‘mental health’ from the 1980s became submerged, and in relation to research  
25 in schools, there appear a handful of mentions presenting passing rather than sustained debate,  
26 for example Ballard’s (1983) literature review of research into social isolation which  
27 mentioned once that the impact of peer rejection on children might be an indicator of poor  
28 mental health in adulthood. Cooper and Upton (1990) mentioned ‘mental health’ once in a  
29 paper which applied family therapy to the classroom situation, Braithwaite (1991) briefly  
30 referred to mental health in discussing bullying, and finally, Taylor, Hawkins & Brady (1991)  
31 talked briefly about mental health in terms of stress related crisis, violence and a significant  
32 up-surge in childhood suicide.

### 33 34 35 **Mental Health in schools into the new millennium**

36 Curriculum iterations and strategy focusing on how pupil well-being might be promoted and  
37 delivered were recast from 1998 in a new UK agenda under the rubric of Social and Emotional  
38 Aspects of Learning (SEAL) (Humphrey et al, 2010; Wigelsworth, Humphrey & Lendrum,  
39 2012). The implementation of the SEAL curriculum evolved over the following years, or  
40 ‘fluctuated’ as Ecclestone and Rawdin (2016, p.381) describe it, developed without co-  
41 ordination in a rather piecemeal manner (Banerjee, Weare & Farr, 2014). Nonetheless, SEAL  
42 programmes consistently generated evidence of success in terms of improvements across a  
43 range of measures from social engagement to academic performance (Cocoran, Cheung, Kim  
44 & Xie, 2018), and there was particular success where SEAL was delivered with a whole school  
45 approach (Banerjee, Weare & Farr, 2014). As Woods (2018) has discussed, SEAL as a core  
46 curriculum matter appeared to undergo a change in the UK from 2010 with an increasing focus  
47 on schools as a place for improving children’s mental health, in an agenda set out by Prime  
48 Minister Theresa May. However, instead of SEAL focusing on a general level of emotional  
49 well-being, programmes began to target children exhibiting problem behaviours, especially in  
50 schools located in areas of socio-economic disadvantage.

51  
52 Not everyone saw the increase in interest in mental health and emotions as positive  
53 turn; “A therapeutic ethos in education appears benign and empowering. Yet... it produces a  
54 diminished view of people and low expectations about people’s capacity for resilience and  
55 autonomy. One effect is to encourage an alignment between the values and activities of  
56 education and welfare. This both legitimises and extends institutional and government  
57 influence over people’s psychological and emotional states”. (Ecclestone, 2004, p.112.). This  
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3 focus on emotions was perceived, by some, to be generating a dangerous rise in therapeutic  
4 education as Ecclestone & Hayes (2010) called it, arguing that that schools had been forced  
5 into becoming overly pre-occupied with social and emotional learning, and that this emotional  
6 agenda interfered which the primary task of knowledge acquisition. The emotional terrain,  
7 they asserted, had become too dense with; “Interchangeable, ill-defined terms...emotional  
8 literacy, emotional intelligence, emotional well-being, self-esteem and mental ill-health,  
9 together with a proliferating list of disorders and syndromes” (2010, p.8). The profession of  
10 psychotherapy was singled out for particular attention, and there were concerns that  
11 psychotherapy had created an overly emotional milieu that overlooked the possibility that  
12 mental health challenges were in fact symptomatic of social pessimism perpetuating a  
13 “vulnerability zeitgeist” (Ecclestone and Rawdin, 2016, p.46).

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16 Nonetheless, there was an increase in targeted mental health interventions in schools  
17 apparent through the development of a raft of government policy and guidance, and the call for  
18 schools to employ counsellors and psychotherapists. *Mental Health and Behaviour* (DfE, 2014)  
19 argued that mental health needed to be taken into consideration when addressing behavioural  
20 challenges in some children, that is to say bad behaviour was considered as a possible indicator  
21 of a mental health need. Furthermore, mental health was increasingly described in terms of  
22 more specific disruptions, for example depression, self-harm, suicide, anxiety and eating  
23 disorder, bringing with it an assemblage of care and education and a significant pedagogical  
24 challenge that was described in terms of a new cluster of ‘Social, Emotional and Behavioural  
25 Difficulties’ (SEBD) (Severinsson, et al 2015).

26  
27 The UK government published *Transforming Children and Adolescent Mental Health*  
28 *Provision* (DoH & DfE, 2017), extending the mental health provision in schools setting out the  
29 terms for appointing a Mental Health Leads in all schools by 2025, and in the Government  
30 green paper (2018); *Mental Health: Failing a Generation*, argued that there needed to be a  
31 more cohered approach to respond to mental health challenges that face children and young  
32 people. In 2019 the Children’s Commissioner estimated that a million children needed help for  
33 a mental health problem, calculating that this amounted to around four children in every class  
34 in schools in the UK (Children’s Commissioner, 2019). The report also drew attention to the  
35 circumstances of the lives of children and young people, that 120,000 children were homeless  
36 or living in temporary accommodation.

### 37 38 39 40 **Where next?**

41 The concept of mental health in schools has evolved across time, from the work of pioneering  
42 educationalists who took a whole school approach to meeting the challenge of distressed  
43 children and young people, through to a rise in targeted psychological interventions, and then  
44 the more recent developments where mental health has come to occupy a central concern for  
45 UK schools today. The developments in the early part of the twentieth, strongly influenced by  
46 psychoanalysis, sought to develop an approach to schooling which was based on a premise that  
47 children’s distress was rooted in family, social and environmental lived experience, often in  
48 circumstances of adversity and deprivation, with teacher in a role of loco-parentis. The latter  
49 part of the twentieth century saw a mental health agenda in the UK drift away from Wall’s  
50 vision of a whole school approach, towards a partitioned needs based approach, with a rise in  
51 behavioural management and an increase in medical diagnosis accompanied by a sharp rise in  
52 pharmacological intervention (Wijlaars, et al., 2012). In the case of schooling, there was shift  
53 away from an understanding that mental ill health was something which has its roots in family  
54 and in environmental lived experience, and an emphasis on behavioural correction. The  
55 philosophy of joined up systems was helpfully re-established in the *Every Child Matters*  
56 initiative and National Service Framework for Children (DfE, 2004) in 2004 following the  
57 inquiry into the death of Victoria Climbié (DfE, 2003). And in 2004, the revised *Children Act*  
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3 established a Children's Commissioner which prioritised a focus on mental health and  
4 emotional well-being as a public health concern with an aim to cohere approaches across  
5 disciplines and government departments, and a remit to protect the rights of children as set out  
6 in the United Nations Conventions on the Rights of the Child.  
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8 It is timely to develop a body of research that examines in more depth the place of MH  
9 in schools, especially in light of COVID19, where we will need to take stock of the impact of  
10 the pandemic on schools, children, families and teachers. The challenge points to a much  
11 stronger knit between school and home, and the possibility that there will be future occasions  
12 where mass home schooling will be called for. The challenge of MH arguably needs to be a  
13 unifying expression rather, than specialist types of education (eg therapeutic education), where  
14 MH might be integrated into the everyday life of a school, for instance in the work of specialist  
15 counselling and psychotherapy practitioners who can work within the whole school staff team.  
16 Weare and Nind (2010) have argued persuasively that a multi-modal, whole-school approach  
17 is most likely to yield positive outcomes in the promotion of social and emotional skills among  
18 pupils. We know that attachment and connectedness to school has been correlated with pro-  
19 social behaviour among children and adolescents, and there is evidence also that patterns of  
20 poor peer attachment at school leads to mental health difficulties (Oldfield, et al 2016).  
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23 The MH mission of schools arguably needs to be re-framed in terms of restorative  
24 practices, nurturing well-rounded empathic citizens who are capable of managing emotions,  
25 and who are equipped with the capabilities for conflict resolution (McCluskey, et al, 2008).  
26 Conflict in this sense is not the source of adversarial engagement, but rather seen as everyday  
27 facet of creative human interaction. Elements of punitive and adversarial encounter are  
28 supplanted with a focus that builds on a core agenda of curiosity and compassion, and looks to  
29 seek out opportunities for children learn how to be in the world through their civic action, and  
30 their enactments of social responsibility. The focus shifts away from looking at those who are  
31 vulnerable, and instead pays heed to those who at risk of hurting others, and there is evidence  
32 that restorative practices can improve school environment, and enhance learning (McCluskey,  
33 et al, 2008). What needs to be held in mind is that children who are at the margins, who have  
34 been subject to poverty and inequality, who have experienced domestic violence, neglect and  
35 abuse, will present with greater challenges.  
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38 The foregoing history of draws attention to the way in which schools and practices have  
39 developed across time pointing and the precedents where there has been an inclusive whole  
40 school approach which builds a bridge between home and school, and we might think of this  
41 in terms of the school as a therapeutic community. The Children's Commissioner (2019)  
42 envisages an extended remit for schools where they become a neighbourhood hubs, staying  
43 open in evenings, weekends and throughout school holidays providing a range of activities,  
44 from sports to arts, which will be beneficial for children's learning, mental health and social  
45 skills. Hamilton (2009) has talked about extended hours schooling provision in Sweden where  
46 teachers retain responsibility for some children from 6am to 6pm. He also points to more recent  
47 efforts in the UK in regard to social inclusion for pupils on the margins and the work of the  
48 school support staff who encourage inclusion; "They may, for instance, use mobile phones to  
49 encourage disaffected pupils to get up and go to school; they visit pupils at home and they may  
50 work with pupils outside school. In this sense they are closer to the classical Greek sense of  
51 pedagogue – someone who supports a child's educational journey and who, in the process,  
52 retains a guiding role in their upbringing". (Hamilton, 2009, p.14).  
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55 During COVID19 the idea of extended schooling, as Hamilton imagines it, has been  
56 operationalised in the UK and elsewhere, re-shaping the practice of all those who work in  
57 schools who are concerned with pupil mental health and well-being. Albeit anecdotal, we have  
58 seen teachers and counsellors mobilising new skills of remote engagement, via telephone, and  
59 video calling (SKYPE or Zoom), texting and so forth. In this case there has been greater sense  
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of fluidity between home and school, and for those children who may sometimes fall under the radar out of school hours, this has brought a greater degree connectedness between home and school. Vulnerable pupils do not necessarily need to be out of school mind's eye when at home. Perhaps some these resourceful practices can be mobilised in the future post-COVID19, scaled up to greater levels of community and school engagement in the service of pupil mental health.

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