

# Resilient schools? The backdrop

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# Child and adolescent wellbeing

In 2017 we can estimate that one in eight (12.8%) 5 to 19 year olds had at least one recognised mental health difficulty. Rates of mental health difficulties increased with age: 5.5% of 2 to 4 year old children experienced a mental health difficulty, compared to 16.9% of 17 to 19 year olds

Despite recent increases in funding, Child and Adolescent Mental Health Services (CAMHS) reject 26% of referrals, yet still have lengthy waiting lists

Only around a quarter of young people with impactful mental health conditions access CAMHS, in reality school is the most commonly approached “service”

# Pierce et al. (2020) *Lancet Psychiatry*

- **53,351** participants (16yo+) from UK Household Longitudinal Study
- General mental health measured using questionnaire (GHQ-12)
- Baselines assessments from Jan/2014-Dec/2016
- Lockdown assessments in ~April/2020
- Overall increase in general mental distress
- Largest increase in the **young** (16–24-year-olds), **women**, **parents** of children

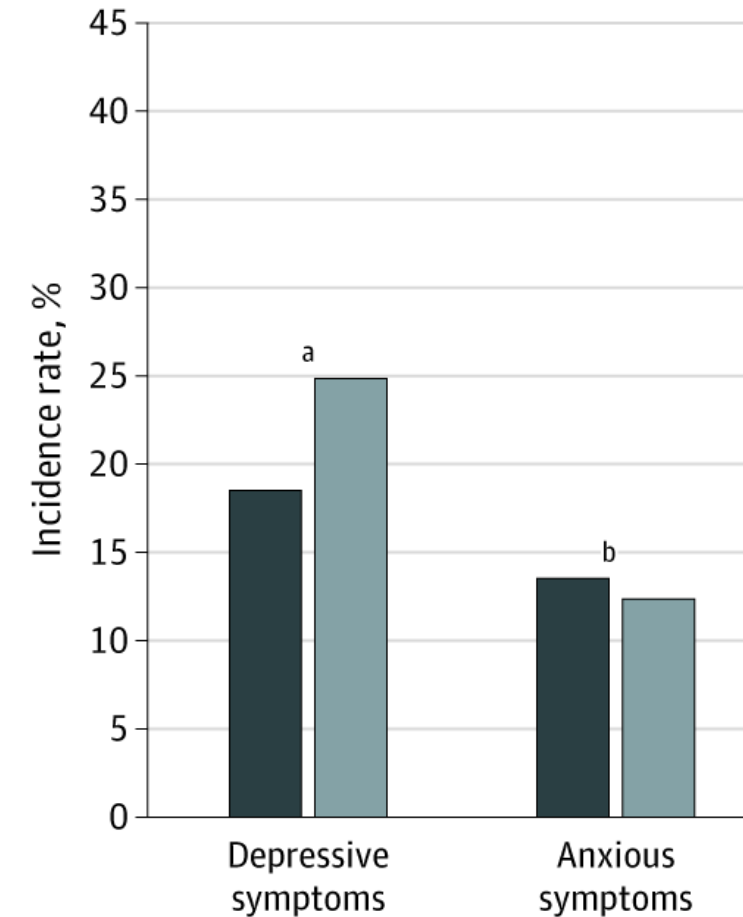
**Mental health before and during the COVID-19 pandemic:  
a longitudinal probability sample survey of the UK  
population**

Matthias Pierce, Holly Hope, Tamsin Ford, Stephani Hatch, Matthew Hotopf, Ann John, Evangelos Kontopantelis, Roger Webb, Simon Wessely,  
Sally McManus\*, Kathryn M Abel\*

*Credit for the slide – Giacomo Bignardi*

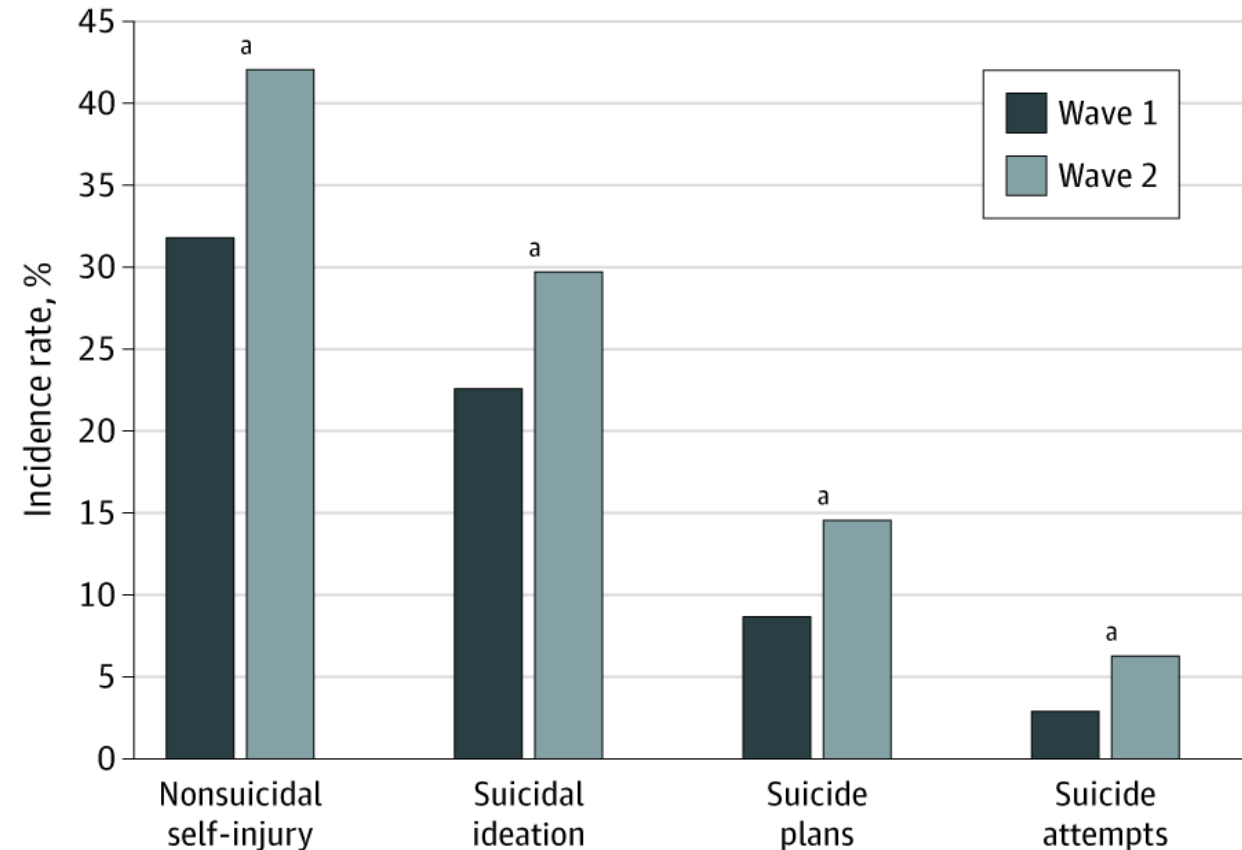
# Zhang et al. (2020) *JAMA Network Open*

- 1,330 9–15 year-olds assessed twice
- Anhui Province, China
- Compared mental health in November 2019 to May 2020 (after 3 months of lockdown, when schools reopened).
- Child-report questionnaires
- Small, significant increase in **depressive** symptoms
- No statistically significant change in **anxiety** symptoms



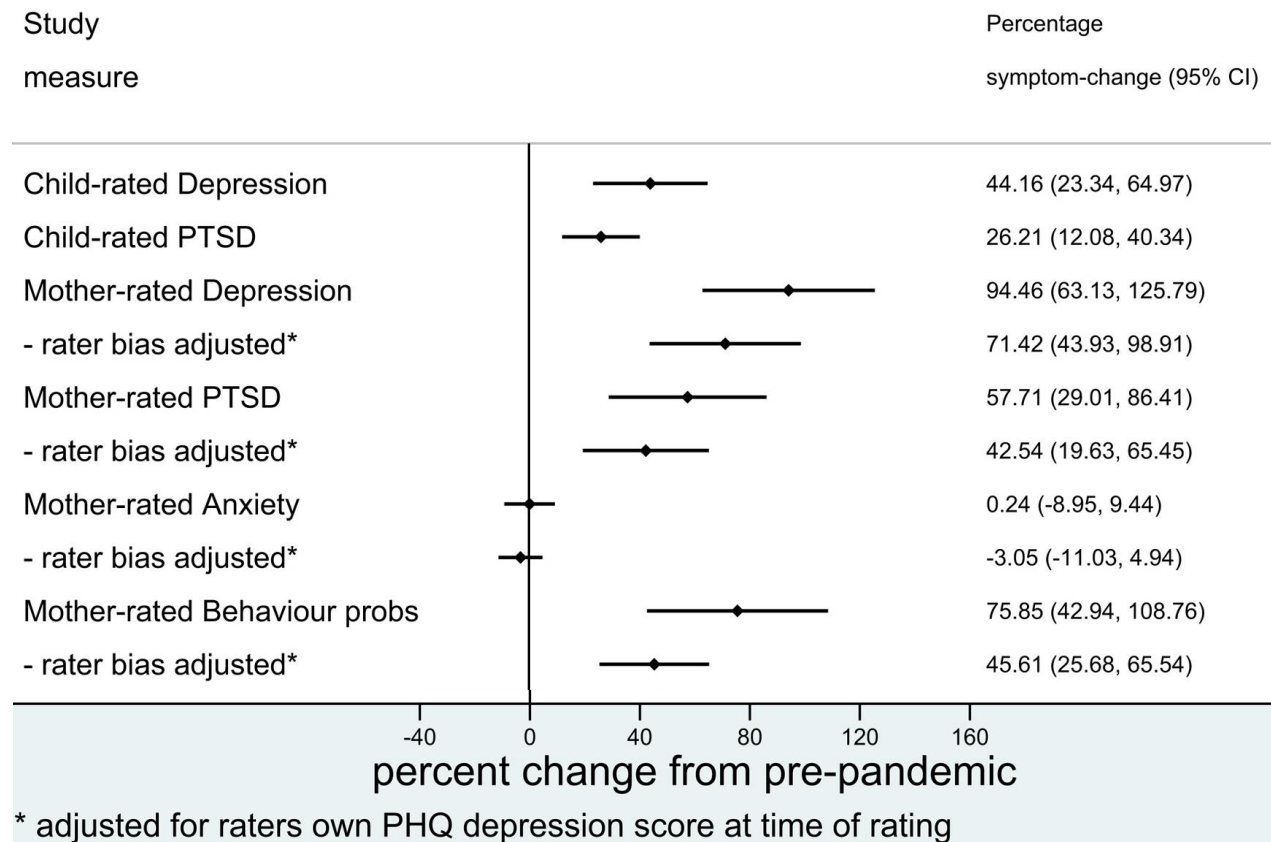
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- 1,330 9–15 year-olds assessed twice
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- Compared mental health in November 2019 to May 2020 (after 3 months of lockdown, when schools reopened).
- Child-report questionnaires
- Significant increases in **self-harm**, and in suicide **ideation, plans** and **attempts**



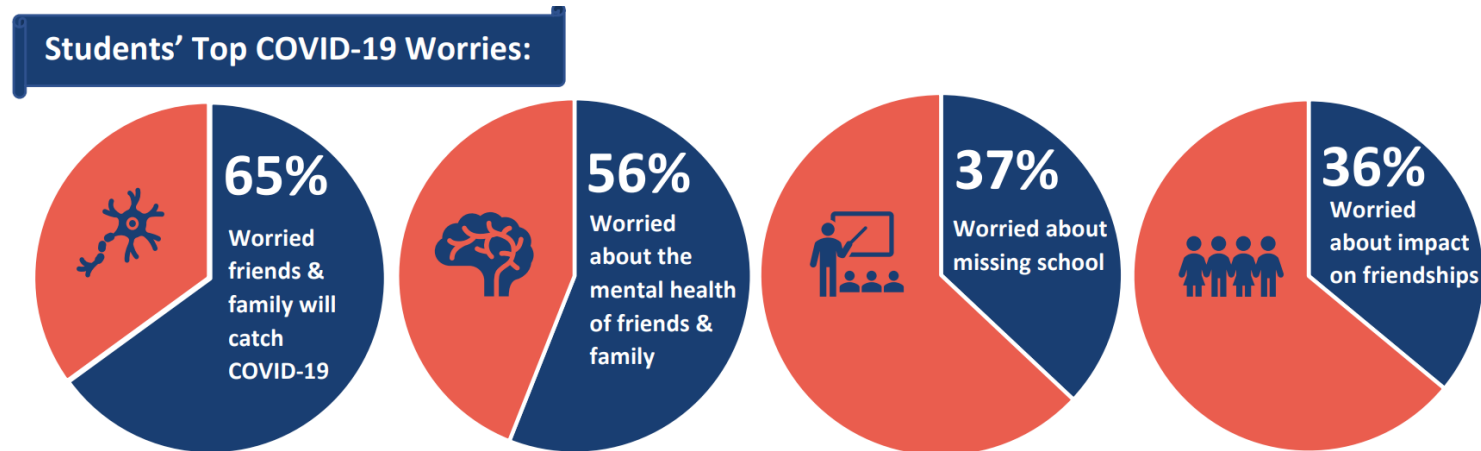
# Wright et al. (2021) *JCPP Advances*

- 202 11–12-year-olds assessed twice
- UK sample
- Compared mental health in ~July/2020 to ~5 months previously
- Mixture of parent and child reported questionnaires
- Significant increases in **depression, PTSD, and behavioural problems**
- No change in anxiety symptoms



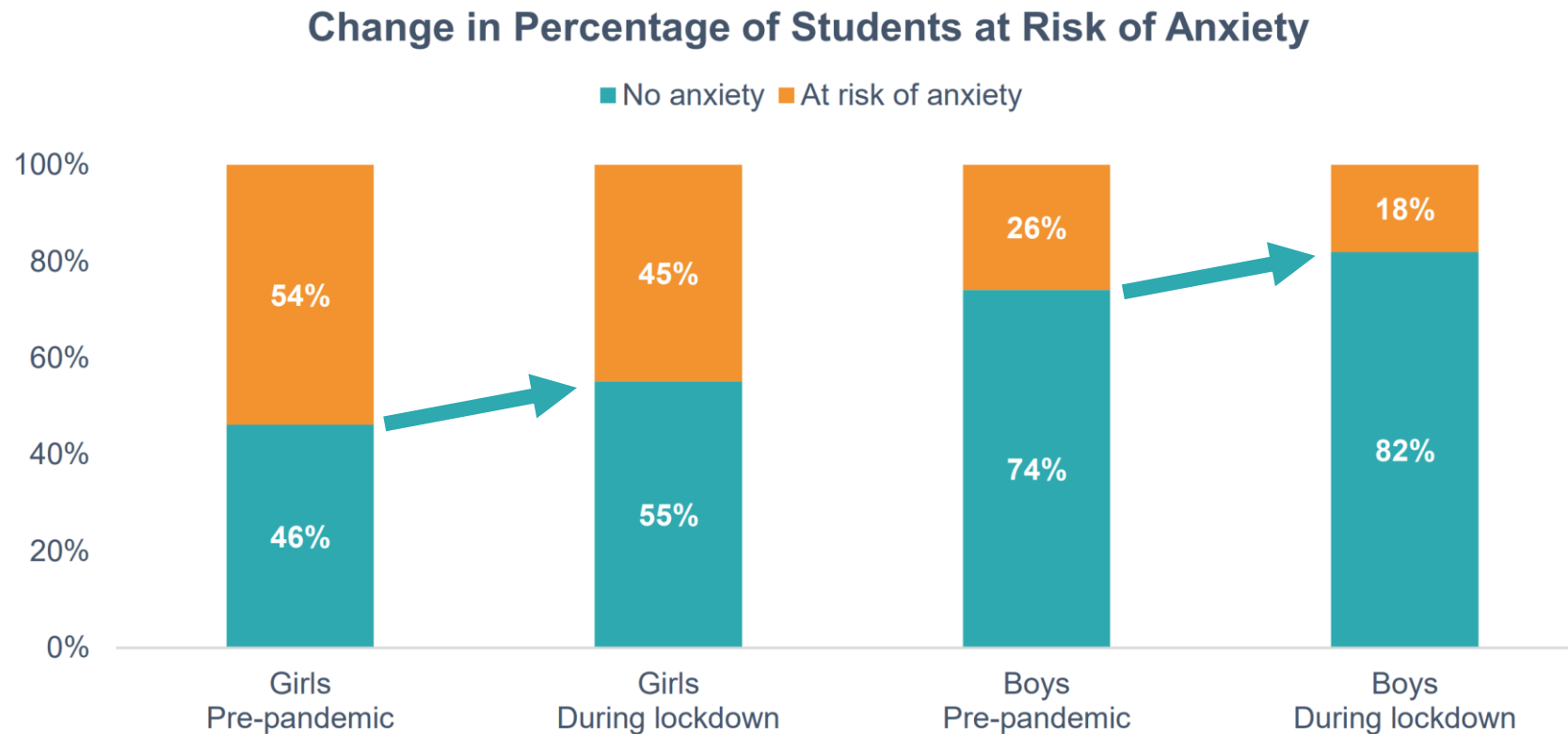
# Widnall et al. (2021) *NIHR Report*

- ~700 Year 9 students (13-14 years old), from 17 schools
- South-West of England
- April/May 2020 responses compared to October 2019
- Self-report questionnaire measures



# Widnall et al. (2021) *NIHR Report*

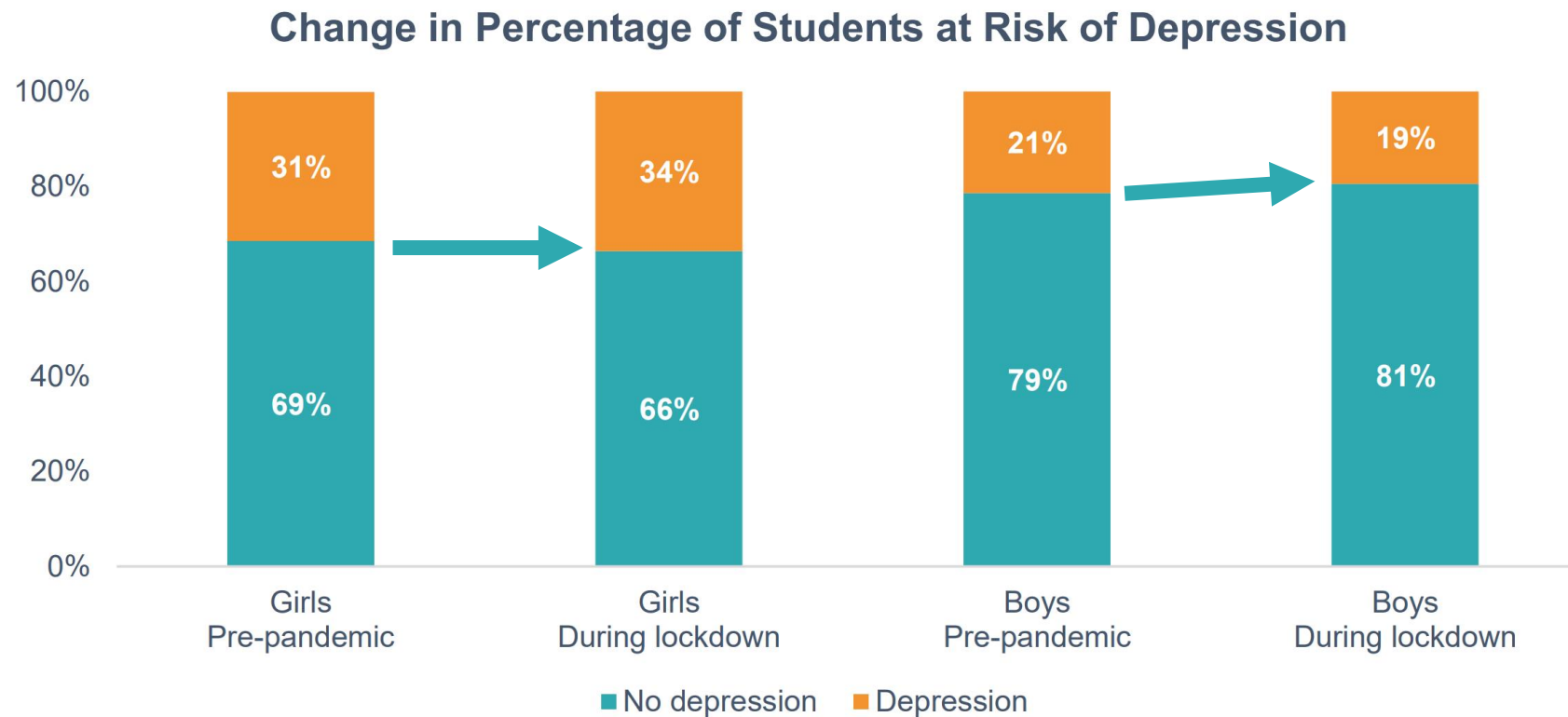
- Small **decrease** in % of students at risk of anxiety





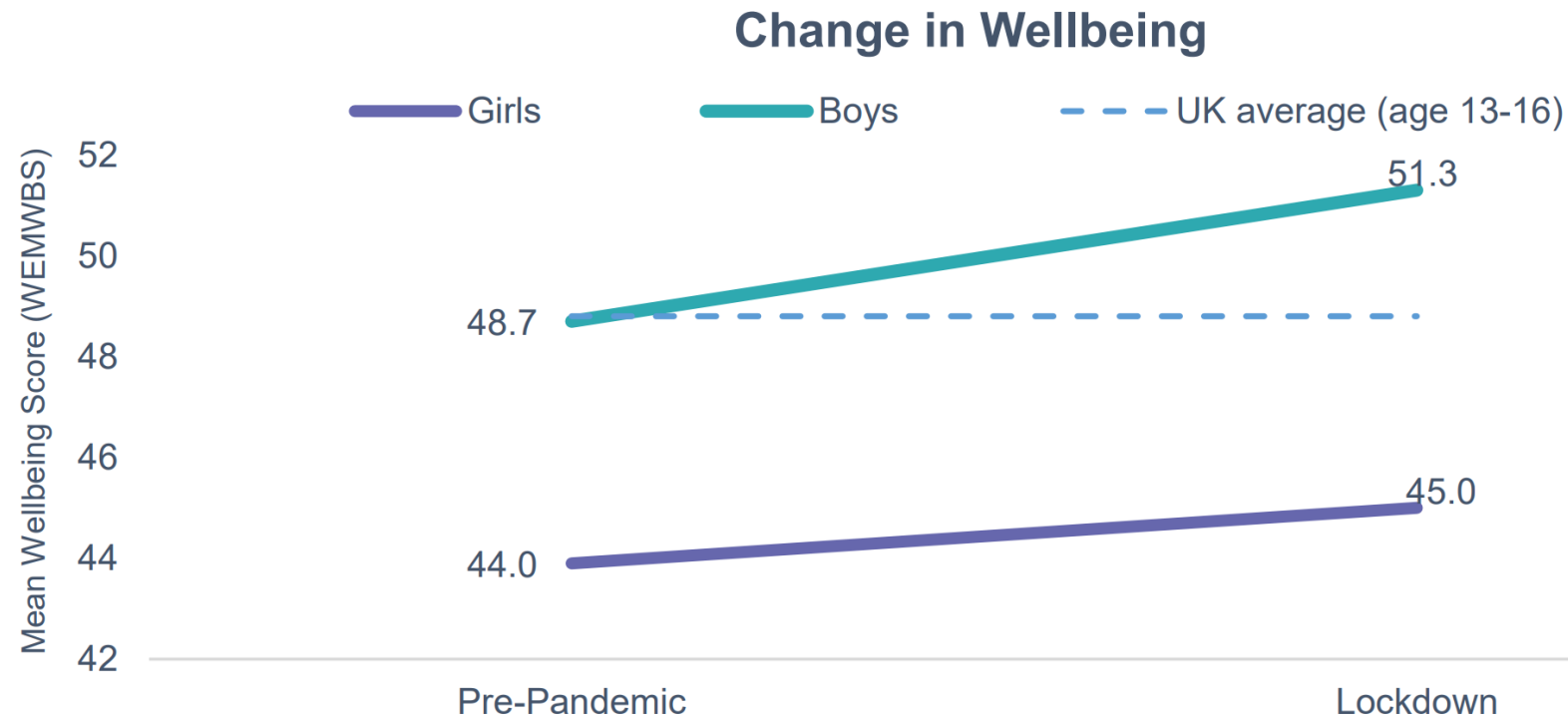
# Widnall et al. (2021) *NIHR Report*

- Little change in depression



# Widnall et al. (2021) *NIHR Report*

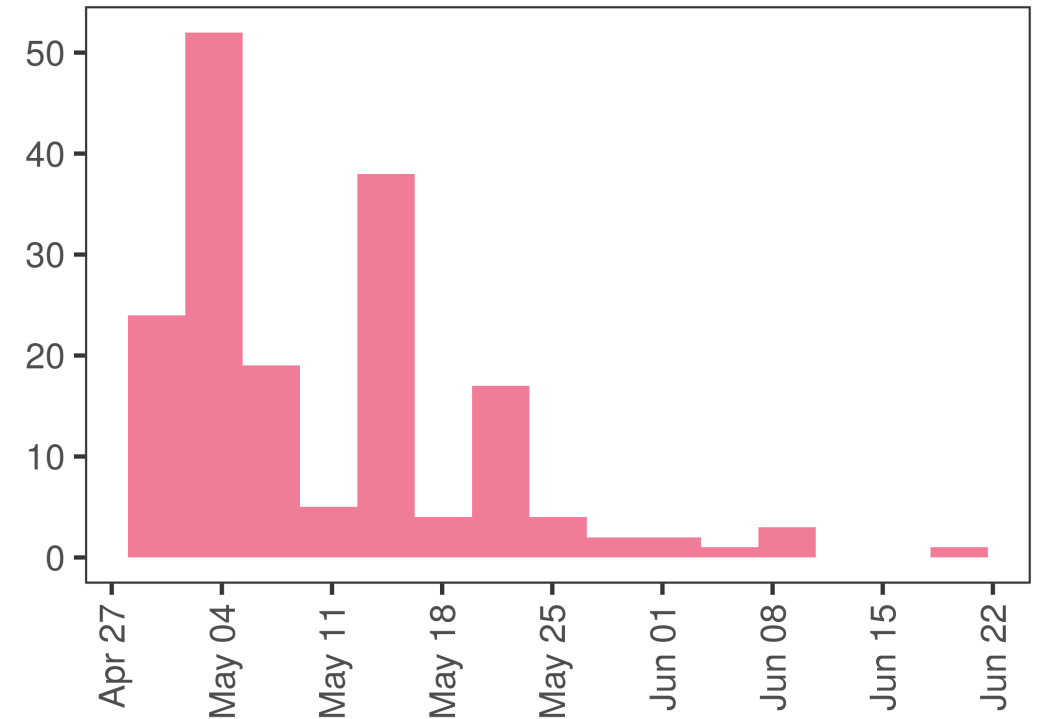
- Slight *improvement* in wellbeing



# Bignardi et al. (2020) *BMJ ADC*

- 168 parent-responses completed during lockdown
- Compared mental health assessments in 2018-2019 to June/2020
- Data collected from parents, children and teachers at baseline
- Tested for changes in: **anxiety**, **depression** and **emotional problems**

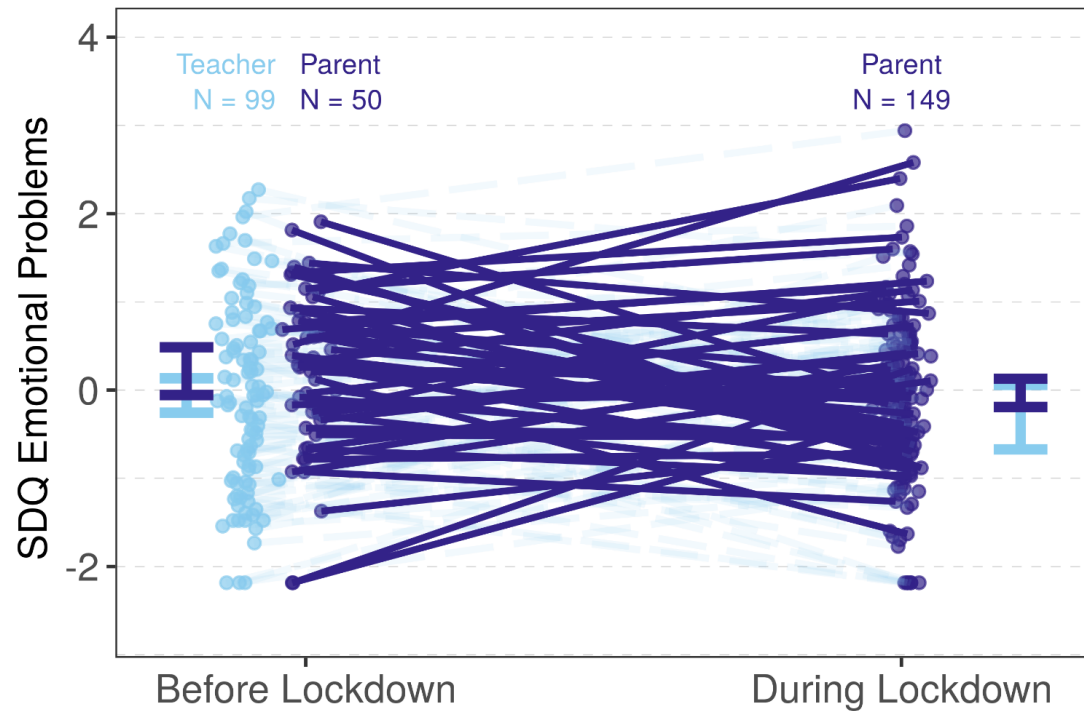
Lockdown Response Date



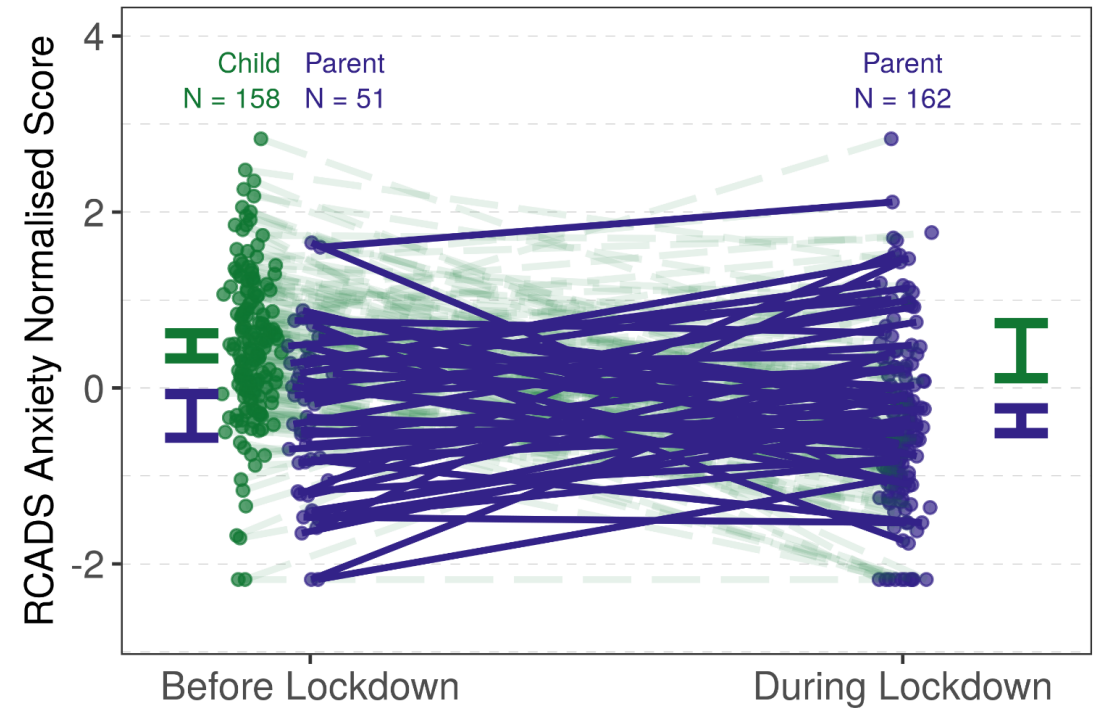
# Bignardi et al. (2020) *BMJ ADC*

- No significant changes in **emotional problems** or **anxiety** symptoms

A Emotional Problems

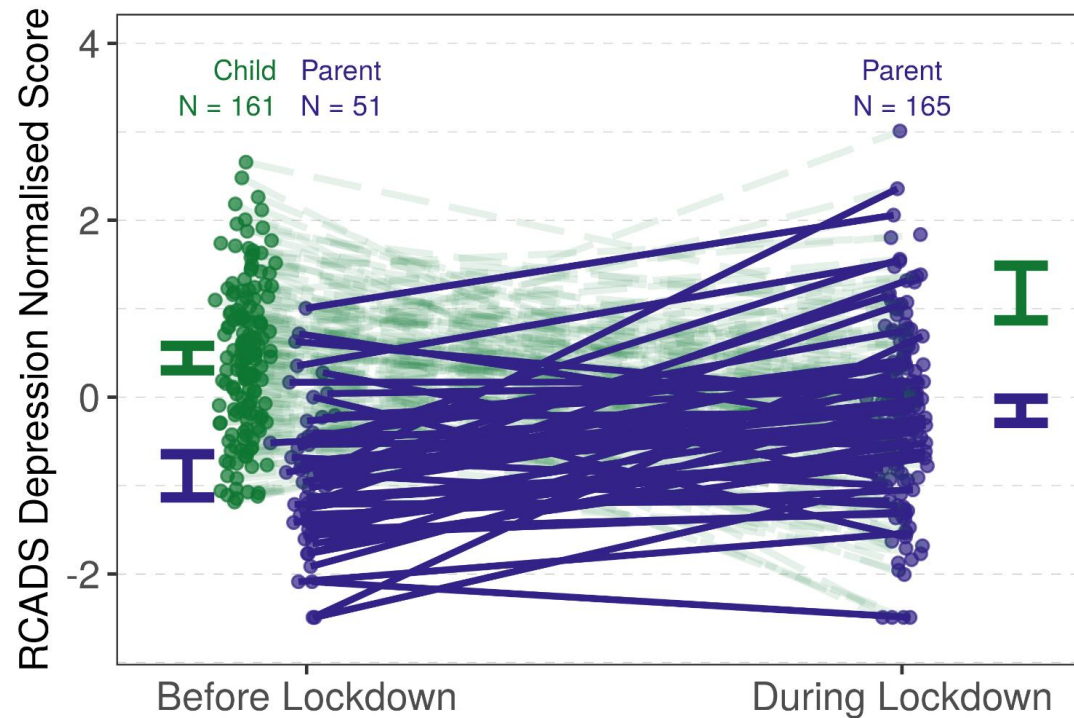


B Anxiety Symptoms



# Bignardi et al. (2020) *BMJ ADC*

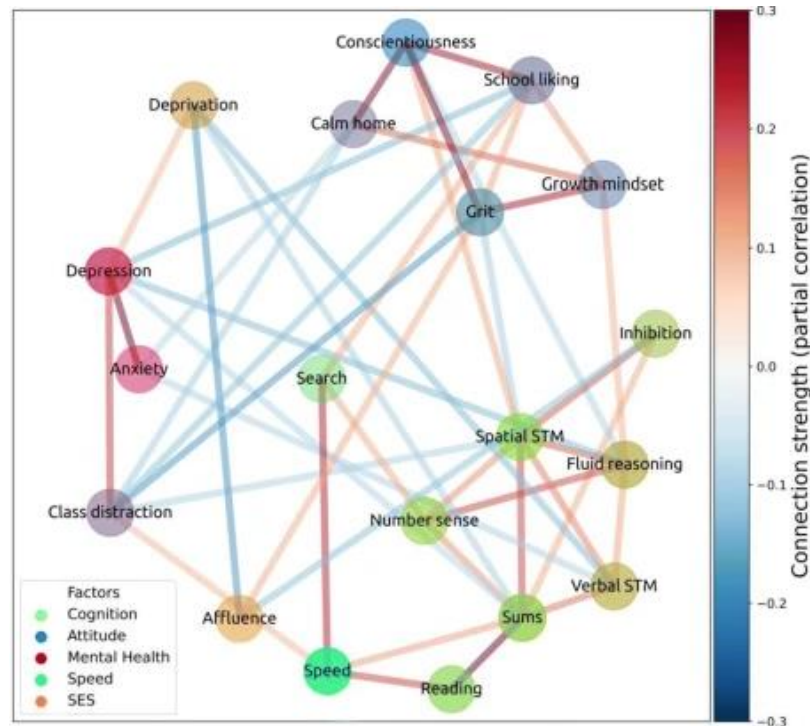
- Large, significant increase in **depression** symptoms
- Effect remains when controlling for other factors (e.g. age at assessment)



# Lockdown summary

- There are now multiple studies exploring the impact of the pandemic on child and adolescent wellbeing
- Whilst the results are mixed, the majority show that mental wellbeing worsened during lockdowns
- The most consistent finding is increases in rates of depressive symptoms

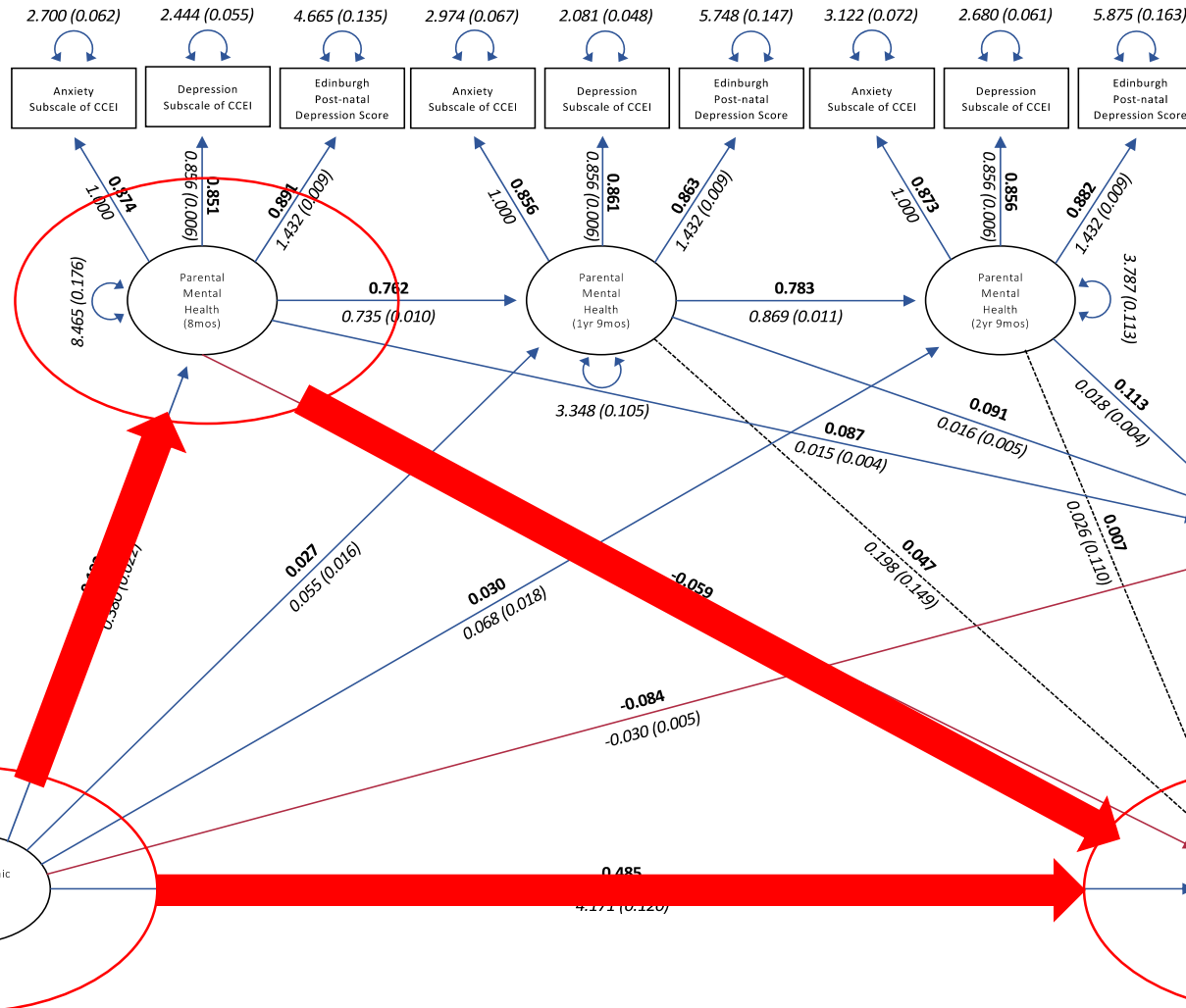
# Adversity and outcomes – relationships not always as simple as they look...



Links between deprivation and maths (sums) both direct and via mental health

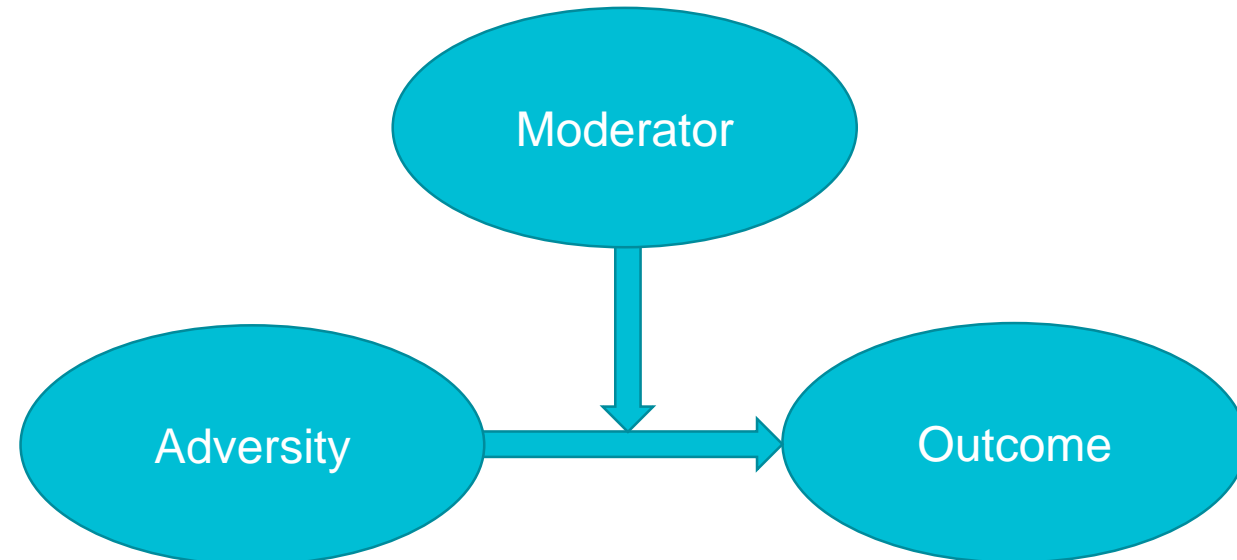
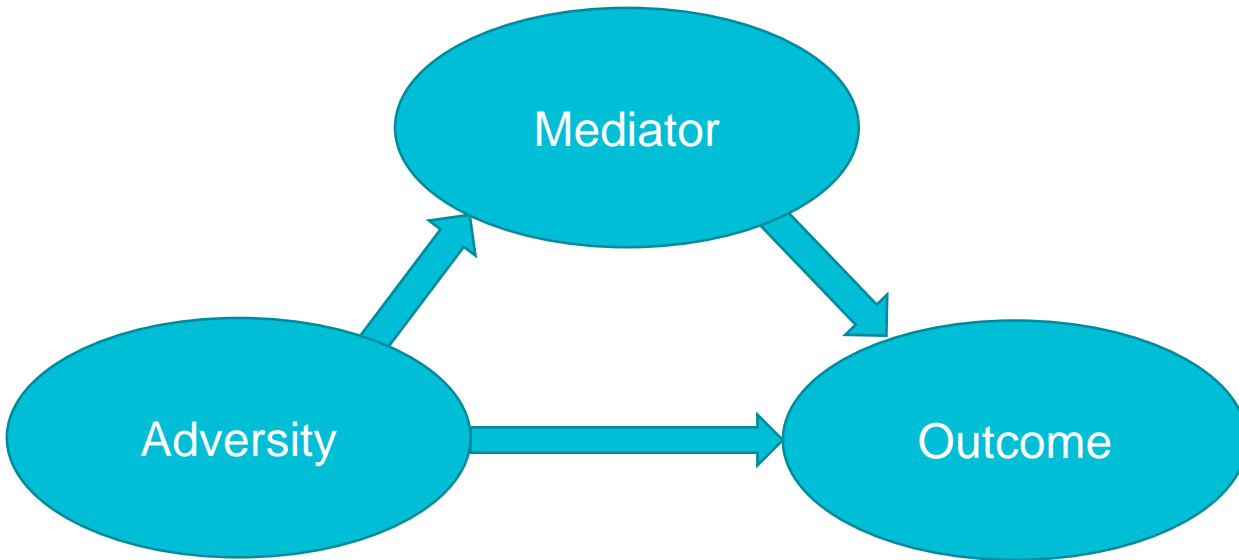
Links between deprivation and affluence and reading are all indirect...

# Adversity and outcomes – relationships not always as simple as they look...



Links between socio-economic status and cognitive development are not all direct...





# Resilience

- If relationships are not always direct then what factors can alter the impact of an adversity on mental health?
- Is that resilience?
- If so, how do we measure it?
- What factors will promote resilience and can we enhance these factors?