

# Supporting secondary school staff in mental health: the WISE (Wellbeing in Secondary Education) study

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<b>Registration date</b> 28/09/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 10/10/2016	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

School staff, in particular teachers, are consistently shown to have a higher risk of developing problems with stress levels, depression and anxiety compared to the general working population. If these problems are not treated, then this could lead to poor performance at work (presenteeism), sickness absence, and even poor health after retirement. In addition, school staff often report that they feel ill-equipped to support vulnerable students, due to the lack of support for their own mental wellbeing and training in mental health issues. This study is going to look at a secondary school program which involves training staff with Mental Health First Aid (MHFA) so they can provide confidential peer support service for colleagues to use at when stressed or distressed, and youth MHFA training, so that they are able to recognise signs of distress in students and provide initial support. The aim of this study is to investigate the feasibility of implementing this program to see whether a future larger study looking at its effectiveness would be possible.

### Who can participate?

All staff working at participating schools and attending students who are in year 8 and 9 at the start of the study.

### What does the study involve?

Participating schools are randomly allocated to one of two groups. In the first group, all staff are invited to nominate colleagues that they feel would be good peer supporters. Eight-ten staff are then attend a two day standard MHFA training course and become a staff peer supporter. In addition, up to 20 staff who did not take part in the other training also receive MHFA training to support students. In the first group, schools continue with their usual practice in terms of staff support and training. At the start of the study and then one year later, students and staff at schools in both groups complete a range of questionnaires to measure their mental wellbeing. In addition, the acceptability of the training programs are assessed by interviewing the staff that take part.

What are the possible benefits and risks of participating?

Participating schools benefit from receiving information about the wellbeing and mental health of their students and staff (data is anonymous). Schools who receive the MHFA training may also benefit as the training could lead to improved mental wellbeing among teachers and students. There are no notable risks involved with participating.

Where is the study run from?

The study is run from University of Bristol and takes place in six mainstream secondary schools in England (UK)

When is the study starting and how long is it expected to run for?

April 2012 to May 2015

Who is funding the study?

National Institute for Health Research (UK)

Who is the main contact?

Dr Judi Kidger  
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## Contact information

### Type(s)

Scientific

### Contact name

Dr Judi Kidger

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## Additional identifiers

### Protocol serial number

version 5

## Study information

### Scientific Title

Development of an intervention to improve mental health support and training for secondary school staff – a pilot cluster randomised controlled trial

## **Acronym**

WISE

## **Study objectives**

The aim of this study is to assess the feasibility and acceptability of an intervention that provides mental health support and training for secondary school staff.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

University of Bristol's Faculty of Medicine and Dentistry Ethics Committee, 24/10/2012, ref: 111280

## **Study design**

Single-centre pilot cluster randomised controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Prevention

## **Health condition(s) or problem(s) studied**

Mental health and wellbeing

## **Interventions**

Participating schools are paired according to free school meal eligibility (FSM) as a proxy for socioeconomic catchment area – a school was coded as high FSM if the percentage of students eligible was above the national average, and low if the percentage eligible was below this national average. The schools within each pair were randomly allocated to one of two groups, using a computerised programme, by a statistician blinded to the actual school identities or any information about them.

Group 1 (intervention schools) received:

1. Staff peer support service: All staff in the intervention schools are invited to nominate colleagues whom they consider would make good peer supporters, via a confidential, anonymous written questionnaire. A list of the 8-10 staff with the most nominations is compiled, ensuring a mixture of gender, years of experience and teaching/non-teaching role. Those on the list are invited to attend the two day standard MHFA training and become a staff peer supporter. Standard MHFA training equips participants to recognise the signs and symptoms of common mental health problems in others, and to provide advice and support in accessing help where appropriate. The program is delivered in training facilities away from the school premises, and cover was provided for teaching staff. Following the training, participants set up a confidential staff peer support service for all colleagues to access as and when required, with the aim of providing a listening ear and signposting to other services as appropriate. Peer support teams are provided with guidelines regarding confidentiality, advertising the service,

support for the peer supporters, communication with the research team, and practical considerations such as where support would be provided.

2. Training in youth MHFA: In each school, up to 20 of all staff who have not received the peer supporter training (due to overlap of content of the two courses) receive this two day training. Trained staff will continue with their usual roles within school, but will apply the MHFA learning in their day to day interactions with students; responding to signs and symptoms of distress and providing initial help and support to individuals at risk of mental health difficulties as required. Both the standard and youth MHFA courses were delivered by local, independent trainers certified by MHFA.

Group 2 (control schools): Schools continue with usual practice in terms of staff support and training. Usual practice generally includes some degree of support for students with the greatest need in the form of learning mentors and counsellors. However, most students would initially approach pastoral members of the teaching staff such as tutors for support.

Process data are collected from group 1 regarding use of the peer support service (every term) and perceptions and application of the training (1-2 months after delivery). Interviews are conducted with senior leaders in both groups regarding the importance of staff wellbeing and mental health training. Follow up questionnaires are completed by both groups six months after the training had been delivered and the peer support service set up.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

1. Acceptability of the intervention to school staff was measured through qualitative focus groups and semi-structured interviews with recipients of the intervention
2. Recruitment rate was recorded as the number of schools approached about the study that agreed to take part
3. Feasibility of the peer support service was measured as the proportion of staff recruited and trained to become peer supporters, the number of episodes of help reported by peer supporters, and the proportion of staff who reported accessing the service for support
4. Response rate was recorded as the proportion of staff that completed an outcome questionnaire at follow up

## **Key secondary outcome(s)**

Staff outcomes:

1. Staff wellbeing is measured using the Warwick Edinburgh Mental Wellbeing Scale at baseline and 1 year
2. Staff depression is measured using the Patient Health Questionnaire, 9-item scale at baseline and 1 year
3. Staff absence is measured using routine data and self-reporting at baseline and 1 year
4. Staff presenteeism is measured through self-reporting using question from the Work Productivity and Activity Impairment questionnaire at baseline and 1 year

Student outcomes:

1. Student wellbeing is measured using the Warwick Edinburgh Mental Wellbeing Scale at baseline and 1 year
2. Student psychological difficulty is measured using the Strengths and Difficulties Questionnaire at baseline and 1 year

**Completion date**

01/05/2015

## **Eligibility**

**Key inclusion criteria**

School inclusion criteria:

1. Mainstream schools
2. Non fee paying secondary schools
3. Not already receiving the intervention or something similar

Staff inclusion criteria:

All staff working in participating schools for the duration of the study

Student inclusion criteria:

1. All those in years 8 and 9 at the start of the study
2. Those whose parents have not withdrawn them from the study
3. Those who are not educated elsewhere

**Participant type(s)**

Other

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Sex**

All

**Key exclusion criteria**

Schools exclusion criteria:

1. Special schools
2. Pupil referral units
3. Fee paying
4. Do not have students in years 8 and 9
5. Already have a peer support service or MHFA training

Staff exclusion criteria:

Absence for the duration of the study

Student exclusion criteria:

1. Those not in years 8 or 9 at baseline
2. Long term absence
3. Educated elsewhere
4. Considered to have a mental capacity significantly below 12 years old
5. Have parents who have withdrawn consent

**Date of first enrolment**

01/04/2013

**Date of final enrolment**

31/05/2013

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre****University of Bristol**

Senate House

Tyndall Ave

Bristol

United Kingdom

BS8 1TH

## **Sponsor information**

**Organisation**

University of Bristol

**ROR**

<https://ror.org/0524sp257>

## **Funder(s)**

**Funder type**

Government

**Funder Name**

National Institute for Health Research

**Alternative Name(s)**

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

## Results and Publications

**Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Judi Kidger (judi.kidger@bristol.ac.uk)

**IPD sharing plan summary**

Available on request

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	06/10/2016		Yes	No
<a href="#">Participant information sheet</a>		26/09/2016	28/09/2016	No	Yes
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes