

# A cluster randomised controlled trial of an intervention to improve the mental health support and training available to secondary school teachers

<b>Submission date</b> 15/01/2016	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 25/02/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 10/03/2023	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Health and Safety Executive figures show secondary school teachers have higher rates of stress, depression and anxiety compared to the general working population. Interviews with teachers have found that they often feel unsupported with regard to their own mental health needs. Failure to support them adequately is likely to lead to poor wellbeing, and more serious long-term mental disorders, poor performance at work (often called presenteeism), sickness absence and ill health. Furthermore, teachers are expected to develop supportive relationships with students, and studies have shown this is important for student mental health. However, staff report difficulties in fulfilling this role due to the lack of support for their own needs, and a lack of training. Therefore improving the mental health support and training available for teachers may equip them to provide better quality support for students, with long-term gains for student mental health and academic attainment. This study will introduce and evaluate a brief course that aims to train teachers to support their colleagues and their students to cope with mental health difficulties and access help when required. This study examines whether the intervention has an effect on teacher mental health, teacher absence rates, teacher performance at work, student mental health, student attendance, and student attainment. We also consider if it provides good value for money.

### Who can participate?

Teachers and students who are in year 8 at the beginning of the study and whose parents have not withdrawn consent.

### What does the study involve?

Participating schools are randomly allocated into two groups: the intervention group or the control group. The control group schools continue with usual practice. In the intervention group schools 8% of the staff are trained in Mental Health First Aid (MHFA) and set up a peer support service for colleagues, offering confidential listening, advice and signposting to other services. A further 7-8% of teachers are trained in schools' youth MHFA, to develop their knowledge and

skills in supporting students. MHFA is a training course that equips people to recognise the signs and symptoms of distress in others, and offer initial help and support. Before the intervention is delivered, all teachers and students in year 8 complete questionnaires to measure wellbeing and levels of depression/distress, numbers of teachers taking sickness absence, levels of presenteeism among teachers, and quality of teacher-student relationships. We also look at student attendance and attainment for the previous year. We measure these things again one year and two years later to see if there are positive changes and whether these changes are greater within the intervention group compared to the control group. We also conduct interviews and focus groups with teachers, and observations of the training sessions, to explore what happened during the training, how the peer support service is being run, and in what ways participants feel the two aspects of the intervention are useful. Finally, we calculate the cost of the intervention, and weigh this up against any benefits in terms of mental health, staff performance at work, and student attainment and attendance.

What are the possible benefits and risks of participating?

Schools that take part benefit from receiving anonymised data from their teacher questionnaires regarding wellbeing, depression, presenteeism, and stress and satisfaction at work. Some teachers in the intervention group benefit from free training. If the intervention proves effective, then participants within intervention schools benefit from improved wellbeing and reduced mental health difficulties. There is also a potential benefit to the wider society through improved performance of teachers and students, and reductions of NHS and welfare costs related to long-term mental disorders. There is a small chance that completing the questionnaires may trigger feelings of distress among individual teachers or students. We provide information containing help sources to all participants before completion of questionnaires. It is possible that staff who have received the training may attempt to support colleagues or students with a serious mental illness themselves, instead of recommending professional help. However, this is unlikely as the MHFA training covers identification of a more serious illness, and teaches trainees to consider signposting professional help for anyone they support. Finally there is potential for the peer supporters to feel overburdened with the extra responsibility of supporting their colleagues. This is assessed and recorded during the study.

Where is the study run from?

University of Bristol and Cardiff University (UK)

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

December 2015 to April 2019

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**

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**Additional identifiers****Protocol serial number**

Version 4

**Study information****Scientific Title**

A cluster randomised controlled trial of a training and peer support intervention to improve the wellbeing of secondary school teachers – the WISE (Wellbeing in Secondary Education) project

**Acronym**

WISE

**Study objectives**

Improving the emotional and mental health support available to secondary school teachers, and providing training for secondary school teachers in supporting students at risk of mental health difficulties will lead to greater teacher wellbeing, and reduced teacher depression, absence and presenteeism, and will lead to increased student wellbeing, attainment and attendance, and reduced student mental health difficulties.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

University of Bristol Faculty of Health Sciences Ethics Committee, 17/03/2016, ref: 28522

**Study design**

Cluster randomised controlled trial with embedded economic and process evaluation

**Primary study design**

Interventional

**Study type(s)**

Prevention

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

Mental health

## **Interventions**

Twelve schools will receive the intervention and a further twelve will form a comparison group and will continue with usual practice.

Each intervention school will receive:

1. **Staff peer support service:** All staff will be invited to nominate colleagues whom they consider would make good peer supporters, via a confidential, anonymous written questionnaire. A list of those with the most nominations will be compiled, ensuring a mixture of gender, years of experience and teaching/non-teaching role. The one exclusion criterion is being a member of the senior leadership team, as pilot findings indicated that staff might not use a support service that included senior leaders due to concerns about performance management. Those on the list will be 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. It will be delivered in training facilities away from the school premises, and cover will be provided for teaching staff. Following the training, participants will 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 will be 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 will be provided. Following previous studies that have used the slightly different model of peer influence to effectively improve public health outcomes, we will aim for 8% of staff being trained as peer supporters. Peer supporters will be provided with ongoing support from the healthy schools coordinators who delivered the training in Wales, and will be supported by healthy schools teams via the usual mechanisms in England.

2. **INSET teacher training using MHFA for Schools and Colleges:** In each school, 7-8% of all teaching staff who have not received the peer supporter training (due to overlap of content of the two courses) will receive this one-day training. In our pilot study, findings suggested that teachers who have a support role but have not received prior mental health training such as tutors or heads of year would benefit the most, so this group will be targeted. The training will be delivered during in-service training time. 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.

3. **Mental health awareness raising session for all teachers:** All teaching staff will receive an hour's training during in-service training, which will introduce the intervention and focus on the importance of mental health issues in schools. A refresher session will be delivered at the start of the next academic year, in which the peer support service will be relaunched.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

Teachers' scores on the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) measured at baseline, one year later and two years later

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

The secondary outcomes will be measured at baseline, one year later (teacher outcomes only) and two years later (teacher and student outcomes):

1. Teachers' scores on the 8-item Patient Health Questionnaire (PHQ-8)
2. Teachers' self-reported absence in the previous four working weeks
3. School-level teacher absence over the previous academic year
4. Teacher self-reported presenteeism over the previous four working weeks
5. Year 10 students' scores on the WEMWBS
6. Year 10 student total scores on the Strengths and Difficulties Questionnaire (SDQ) self-report version
7. School-level student attainment in statutory exams
8. School-level student attendance over the previous academic year

## **Completion date**

30/04/2019

## **Eligibility**

### **Key inclusion criteria**

The unit of randomisation is schools. The inclusion criteria are all state mainstream secondary schools within the relevant local authorities that did not take part in the pilot. Within participating schools, all teachers are eligible for inclusion, and all students who are in year 8 at the beginning of the study, whose parents have not withdrawn consent.

### **Participant type(s)**

Healthy volunteer

### **Healthy volunteers allowed**

No

### **Age group**

Mixed

### **Sex**

All

### **Total final enrolment**

25

### **Key exclusion criteria**

For schools:

1. Fee paying schools
2. Special schools (e.g., for those with learning disabilities)
3. Pupil referral units
4. Schools that were pilot schools
5. Schools already participating in other, similarly intensive, research studies (healthy schools teams will advise on this)
6. Schools already delivering MHFA training

For teachers: anyone who does not consent.

For students: anyone who is not in year 8, anyone who does not consent, and anyone whose parents have withdrawn consent.

**Date of first enrolment**

29/03/2016

**Date of final enrolment**

30/06/2016

## **Locations**

**Countries of recruitment**

United Kingdom

England

Wales

**Study participating centre**

**University of Bristol**

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**Study participating centre**

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## **Sponsor information**

**Organisation**

University of Bristol (UK)

**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

## **Funder Name**

Public Health Wales

## **Funder Name**

Public Health England

## **Alternative Name(s)**

PHE

## **Funding Body Type**

Government organisation

## **Funding Body Subtype**

National government

## **Location**

United Kingdom

## **Funder Name**

Bristol City Council

# Results and Publications

## Individual participant data (IPD) sharing plan

Not provided at registration.

## IPD sharing plan summary

Stored in repository

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	Process evaluation	26/08/2020	02/09/2020	Yes	No
<a href="#">Results article</a>		11/11/2021	12/11/2021	Yes	No
<a href="#">Results article</a>		01/11/2021	10/03/2023	Yes	No
<a href="#">Protocol article</a>	protocol	18/10/2016		Yes	No
<a href="#">Protocol article</a>	Process evaluation	04/05/2018	10/03/2023	Yes	No