Developing young people’s mental health awareness through education and sport: Insights from the Tackling the Blues programme

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Abstract
There is growing national and international concern about the mental health of children and young people, and in countries such as England there is now a political and policy commitment to developing whole-school approaches to mental health. This paper presents new evidence on how pupils’ mental health is being addressed in schools using learning activities associated with physical education, sport and physical activity, as part of a school-based sport- and mental health-themed programme (‘Tackling the Blues’) for pupils aged 6–16 years old in north-west England. In particular, we examine how pupil-centred learning activities have been used in weekly multi-sport activity sessions and related classroom-based workshops, and draw upon insight from 29 focus groups to explore pupils’ (n = 116) mental health awareness and associated socio-emotional learning (SEL). The learning activities led pupils to focus on the impact personal relationships with family and friends, feelings and emotions, and experiences of stress, anger and entrapment can have on mental health. It is argued that embedding socially relevant learning activities into the content, organisation and delivery of school curricula may help improve pupils’ sense of enjoyment, participation and achievement which are important for enhancing their knowledge and awareness of mental health, and developing SEL. However, we conclude that the effectiveness of whole-school approaches also depends, perhaps to a greater degree, on the wider educational systems in
which schools are located and especially the widening social, economic and health inequalities which have profound impacts on child development, educational and other outcomes, and mental health.

Keywords
Focus groups, mental health, mental illness, pupil voice, whole-school approaches

Introduction
Over the last two decades in particular, there has been growing national and international concern about the mental health of children and young people (CYP). This concern has often focused on the prevalence of poor mental health and clinically diagnosed mental illness (e.g. NHS Digital, 2018; PHE, 2016; Royal Colleges of Paediatrics and Child Health, 2020), self-harm and suicide (Office for National Statistics, 2019; World Health Organization, 2019), and how these are connected to widening social and health inequalities, which impact child development (Marmot, 2015; Marmot et al., 2010, 2020; Wilkinson and Pickett, 2010, 2018). Indeed, there is now a ‘widespread perception that children and young people today are more troubled than previous generations’ (NHS Digital, 2018: 8) and that the alleged crisis in school mental health is ‘out of control’ (Hazell, 2019).

It is against this backdrop that increasing emphasis has been placed upon prevention and early intervention in educational and public health policy, and especially the role schools are believed to play in the promotion of mental health (DH, 2015; PHE, 2015; Royal Colleges of Paediatrics and Child Health, 2020; Walker et al., 2019). For example, in England, the Children and Young People’s Mental Health and Wellbeing Taskforce made a series of recommendations on school-based mental health in its 2015 report, Future in Mind (DH, 2015), and outlined a national commitment – endorsed by PHE (2015) – to ‘encouraging schools to continue to develop whole school approaches to promoting mental health and wellbeing’ (DH, 2015: 19). Two years later, in 2017, the British Government published its green paper, Transforming Children and Young People’s Mental Health Provision (DH and DfE, 2017), followed by a set of proposals arising from it (DH and DfE, 2018), which reinforced the government’s commitment to expanding the role of schools in supporting the mental health of CYP.

The importance of developing a whole-school approach to (mental) health promotion in England is also reflected in the 2019 Office for Standards in Education, Children’s Services and Skills (Ofsted) inspection framework. This now requires schools to be judged in relation to the support they give to pupils’ personal development, including their resilience, confidence and independence, and their knowledge of how to keep physically and mentally healthy (Ofsted, 2019). One of the ways in which schools are expected to contribute to pupils’ mental health is through subjects including physical education (PE), and the various physical activities and sports in which CYP engage as part of PE, the wider curriculum and extra-curricular activities (Department for Education et al., 2019). This is perhaps unsurprising, since the alleged role of PE in health promotion has a long and well-established history in many countries (Cale, 2020; Cale and Harris, 2013; Harris et al., 2018), and there now exist health-based models of PE and health-oriented rationales for the subject in England (Cale, 2020; Green et al., 2018; Harris et al., 2018) and elsewhere (Lawson, 2018; Røset, 2019; Røset et al., 2020). The view that PE is an important part of
whole-school approaches to health promotion was reinforced most recently in the 2020 Health Position paper of the Association for Physical Education (2020: 7), which argued that:

High quality physical education contributes to a whole school approach to promoting healthy lifestyles through the physical learning context that it provides for every child. Health and well-being should be viewed holistically to comprise physical, psychological/mental and social aspects of health which contribute to people’s quality of life.

Notwithstanding the prevailing policy context and concern with whole-school health promotion, there currently exists little evidence on how pupils’ mental health is being addressed in schools using learning activities associated with PE, sport and physical activity. In this paper, we begin to fill this gap in knowledge by presenting new empirical evidence of how a school-based sport- and mental health-themed programme (‘Tackling the Blues’ (TtB)) has been used to develop pupils’ (aged 6–16 years) mental health awareness, including through social and emotional learning (SEL). We discuss how pupil-centred learning activities have been used as part of weekly multi-sport activity sessions and related classroom-based workshops, and draw upon insight from focus groups to explore pupils’ awareness of, and learning about, mental health.

**School-based mental health programmes**

As concerns about the mental health of CYP have grown, there has been a corresponding increase in the international use of school-based approaches, interventions and programmes which address two overlapping areas of school practice (O’Reilly et al., 2018; Weare, 2015; Weare and Nind, 2011). Although often referred to differently, these areas of practice typically address SEL and mental health problems (Weare, 2015). SEL is often used to refer to a state of positive mental health and wellness, and associated feelings including confidence, optimism, resilience, self-worth and self-control, and having a sense of meaning, purpose and supportive social relationships. Most programmes that address SEL are universally provided for all pupils, regardless of their perceived needs, and adopt a prevention and promotion approach intended to prevent the development of mental health problems through the proactive development of skills, competencies and strategies which promote emotional and social well-being (Lendrum et al., 2013; O’Reilly et al., 2018; Weare, 2015). Targeted programmes (including TtB) focusing on clinically diagnosed mental health problems (e.g. depression and anxiety), social and emotional challenges (e.g. behavioural problems) and other difficulties (e.g. stress, burnout and attainment difficulties) experienced by pupils and staff are also common and are delivered alongside, or in the absence of, more universal programmes (Lendrum et al., 2013; Weare, 2015).

The universal and targeted approaches to school-based mental health are now common across Europe and in countries including Australia and the US (Kuosmanen et al., 2019; Lendrum et al., 2013; O’Reilly et al., 2018), and there is now strong evidence which supports their positive impact on the promotion of mental health and SEL (Durlak et al., 2011; Kuosmanen et al., 2019; Lendrum et al., 2013; O’Connor et al., 2018; Stirling and Emery, 2016). In particular, the findings of many studies have consistently found that, when implemented effectively, multi-component whole-school approaches that are well-embedded into school practice are those which have been shown to most effectively promote mental health and SEL (e.g. Banerjee et al., 2014; Barry et al., 2017; Durlak et al., 2011; O’Reilly et al., 2018; Weare, 2015; Weare and Nind, 2011). For example, Barry et al. (2017) conducted a rapid evidence review of 26 reviews on the effectiveness of interventions related to parenting, preschool, school and community-based programmes
intended to enhance social and emotional skills development for CYP. They concluded that ‘school-based universal programmes have reported consistent positive effects on a range of social and emotional well-being outcomes for students including: targeted social and emotional skills, self-confidence, attitudes towards self, others and school and enhanced positive social behaviours’ (Barry et al., 2017: 435–436). In England, although implementation challenges (especially in secondary schools) related to programme complexity, staff views and other school-level constraints have been documented (e.g. Banerjee et al., 2014; Lendrum et al., 2013; O’Reilly et al., 2018), whole-school approaches to mental health and SEL have been shown to have positive impacts on: academic learning, pupil and staff well-being, prevention and reduction in mental health problems (including clinically diagnosed mental illness), social and emotional skill development, and school behaviour (Stirling and Emery, 2016; Weare, 2015).

Young people’s experiences of mental health and PE

Notwithstanding the rapid growth of whole-school mental health and SEL programmes, much of the evidence supporting their effectiveness has been generated by standardised measures as part of well-controlled research investigations (Brown and Dixon, 2020; Clarke et al., 2015; O’Reilly et al., 2018). Rather less attention has been paid to the views and experiences of the pupils involved in those programmes, and it has been claimed that more qualitative work ‘needs to include the “child’s voice”, to be child-centred and respect children’s rights’ (O’Reilly et al., 2018: 659), including through the methods and activities used (Mannay, 2016; Mannay et al., 2019). Including the voices of CYP is regarded as essential for the co-development of (school-based) mental health programmes and for maximising their potential effectiveness (Clarke et al., 2015; MacSweeney et al., 2019; O’Reilly et al., 2018), and also because it helps provide greater insight into pupils’ lived experiences than standardised measures often used in experimental designs.

The benefits of exploring perceptions and experiences of mental health among CYP are clear from previous studies, which have identified important socio-cultural and temporal variations by gender, age, culture and other intersecting identity characteristics. Overall, however, research with school-aged pupils has found that mental health is sometimes conflated with, and reduced to, mental illness (Rose et al., 2007; Svirydzenka et al., 2014), and is frequently associated with cognitive functioning of the brain, and emotions and feelings (e.g. anger, entrapment), which are distinct from physical health (Brown and Dixon, 2020; Johansson et al., 2007; Roose and John, 2003; Svirydzenka et al., 2014). Pupils’ conceptions of good mental health have been associated with happiness, supportive and trusting relationships with family and friends, and positive living circumstances, with mental illness often perceived as occurring in the absence of these (Brown and Dixon, 2020; Johansson et al., 2007; Svirydzenka et al., 2014). In addition, pupils have recognised that individual lifestyle (e.g. exercise, diet, rest) and personal management strategies (e.g. stress and emotion management) are important indicators of mental health (Svirydzenka et al., 2014), with physical appearance and being ‘good-looking’ and body confident frequently emphasised by girls and older boys (Johansson et al., 2007).

In the PE context, studies of pupils’ perceptions of health over the last 30 years or so have disproportionately focused on physical health, though the implications of practices in PE for mental health have been acknowledged (often indirectly). For example, it has been argued that the close monitoring and surveillance of pupils’ lifestyles, including through weighing and measuring practices, fitness testing regimes and a preoccupation with body weight and diet, may lower self-esteem and exacerbate body image concerns and disordered eating (e.g. Cale and Harris, 2013;
Evans et al., 2008; Harris et al., 2018; Rich et al., 2020; Røset et al., 2020). Where pupils have discussed mental health in PE research, this has often been in relation to having a healthy mind, not experiencing stress and the cognitive functioning and academic performance benefits of physical activity acquired through PE (e.g. Harris et al., 2018; Røset, 2019; Røset et al., 2020).

One of the most explicit systematic studies of the relationship between PE and mental health has been conducted in Norway (Røset, 2019; Røset et al., 2020). Reflecting the dominant themes identifiable in research on pupils’ meaningful experiences of PE and youth sport (Beni et al., 2017), it revealed how pupils (especially boys) regarded PE as an important mental break from ‘normal’ academic work and the performative pressures they experienced during grading because it enabled them to socialise with friends. Whether PE was perceived as beneficial or not for mental health also depended on whether pupils enjoyed the subject, whether they felt they had the necessary sporting competence and mastery of skills to enjoy the activities provided, and whether pupils were able to successfully negotiate the publicly visible nature of PE in which their bodies, performances and identities are continuously judged and accorded social status by others (Røset, 2019; Røset et al., 2020). Significantly, however, even though the pupils in this study felt PE was a potentially important context for mental health promotion, it was the physical health benefits of PE which were perceived as the formal justification for the subject. This may be partly reflective of the lack of parity of esteem which exists between physical and mental health generally and long-standing concerns about the legitimation and inclusion of the subject in the curriculum alongside other professional status concerns (Cale, 2020; Røset et al., 2020). According to Harris et al. (2018: 418), the dominance of physical health practices in pupils’ (and, indeed, teachers’) perceptions is reflective of the fact that ‘young people’s knowledge and understanding of health, fitness and physical activity concepts has developed little in recent decades’. In this regard, they claim ‘as well as recognising that physical activity contributes to “physical” health, all young people should be aware of and experience its psychological and social benefits’ (Harris et al., 2018: 419) through PE-for-health practices. To this we might also add that a better understanding of mental health alongside other dimensions of health is important if the intention is to provide pupils with learning opportunities to develop a holistic understanding of their health and well-being through PE and other parts of the curriculum.

Research methods

Participants and settings

This paper draws upon evidence from an ongoing sport- and education-based mental health programme, TtB, which since its launch in January 2015 has been delivered by Edge Hill University and Everton in the Community (the official charity of Everton Football Club) to 885 6–16-year-olds (410 males; 475 females) attending 21 primary and secondary schools in Liverpool, Lancashire and Sefton (north-west England). The participating pupils are identified by their school as having a diagnosed mental illness (indicated by their use of services including Child and Adolescent Mental Health Services), or as displaying behaviours or symptoms which are associated with poor mental health and which might lead to the diagnosis of mental illness if the pupil was accessing specialist mental health services (see Jones et al., 2019). The schools are located in some of the most socially deprived local authorities in England based on the 2015 Indices of Multiple Deprivation (IMD)1 (Department for Communities and Local Government, 2015). The average IMD rank of the 11 junior and primary schools so far involved in TtB has been 7531 and ranged
from 22,861 (the least deprived) to 737 (the most deprived). The number of pupils attending the schools ranged from 184 to 393. In the 10 secondary schools, the average IMD rank has been 11,212 (range 2379 to 22,861) and the number of pupils attending the schools ranged from 720 to 1653. The data presented in this paper are derived from 392 pupils who engaged in the programme between September 2016 and July 2018.

Learning activities and engagement methods

All TtB sessions are one-hour long, include up to 20 pupils (male and female) at any one time, and are delivered weekly in each school by mental health-trained student mentors and a Programme Coordinator. The precise timing of sessions varies depending on the school and they do not replace timetabled PE sessions, but always occur during curricular and extra-curricular time throughout the school year in England (typically October to July). On average, pupils engage in a minimum of 25 sessions annually and consent to participate in the programme and/or research associated with it is obtained (verbally and written) from pupils, parents/guardians and the school at the start of each year.

Each session is dedicated to a particular mental health theme (e.g. coping, stress, resilience, feelings and emotions) and/or condition (e.g. anxiety, depression), which is explored via a peer-led multi-sport activity session (emphasising qualities including teamwork, cooperation, respect) delivered in available school facilities (e.g. sports hall, playground, gymnasium, fields). Learning from the multi-sport session is further explored in a linked classroom-based workshop delivered the following week. The workshops are designed to be engaging and interactive, and pupil learning about mental health (including through SEL) is captured through the completion of task-sheets, drawings and other activities included in a programme activity booklet and associated resources. Although each workshop is based on a particular mental health theme, to centralise pupil voice and capture participants’ lived experiences as much as possible via these activities for learning (including visual activities) (Mannay, 2016; Mannay et al., 2019), pupils are encouraged to complete the activities based on their own experiences and are free to include anything else which they feel is relevant to them. Reflecting our concern with ensuring the programme and associated research are as inclusive as possible of the voices of CYP (Mannay, 2016; Mannay et al., 2019), the learning activities provide pupils ‘with alternative ways of expression and enables a deeper exploration of children’s thoughts and perceptions by not limiting children to verbal communication’ (Noonan et al., 2016: 4). In this paper, we include four task-sheets completed by all pupils, which focused on stress, coping strategies, emotions and feelings. Pupils were encouraged by programme staff to complete each task-sheet by including information relevant to the focus of the task, and were given complete free choice in what they included in their answers.

Of the 392 pupils who engaged in the programme between September 2016 and July 2018, 116 pupils (91 primary and 25 secondary) from nine schools participated in 29 focus groups (22 mixed-sex, seven single-sex) during June of each school year. The focus groups were held during a scheduled programme session, were digitally recorded and lasted 30–45 minutes. In each school, up to four focus groups were held, involving ‘pre-existing groups’ (Bloor et al., 2001: 22) of 3–5 pupils who engaged together in the programme and who, thus, comprised ‘groups in the sociological sense of having a common identity or continuing unity, shared norms, and goals’ (Merton, 1987: 555). Although participation in the focus groups depended on which pupils attended school on the days they were held, using pre-existing groups enabled pupils (individually and as a group) to interact with others to generate meaning and share and compare relevant thoughts, actions and
experiences (Bloor et al., 2001; Morgan, 2010, 2017) about a range of topics. These included: what pupils liked about the programme (e.g. multi-sport sessions, classroom workshops), the learning activities they completed (including task-sheets), perceptions and experiences of health (especially mental health), relationships with programme mentors, friends and family, and comparisons of the programme with other aspects of schooling (including PE). Encouraging interaction during discussions about these topics was particularly important for, as Morgan (2017: 412) has noted, ‘creating forms of group interaction that are equally interesting to both the researchers and the participants...is fundamental to successful focus groups’. This is, of course, not without its challenges, and a problem with which all researchers are frequently confronted is ‘that of whose voice is being spoken and, simultaneously, whose voice is being heard, particularly when research participants are children’ (Mannay, 2016: 6). Thus, although we have endeavoured to represent pupils’ voices as authentically as possible in our focus group data and supporting task-sheets, these are necessarily selective and reflective of the voices which were expressed during our research encounters and the delivery of the TtB programme.

Data analysis

Once completed, the focus groups were transcribed verbatim and then considered alongside the four task-sheets that pupils completed as part of the learning activities undertaken in the multi-sport sessions and classroom workshops. The focus group data were subject to reflexive thematic analysis (Braun and Clarke, 2019) in which we sought to identify and explain patterns of shared meaning in pupils’ responses by drawing upon our theoretical ideas about mental health in contexts of education, PE, sport and physical activity. In this paper, we focus specifically on the responses pupils gave to questions about the learning activities (including task-sheets) in which they engaged and the themes we developed from reading and re-reading the transcripts, and following the development and refinement of codes, which were clustered into candidate themes (Braun and Clarke, 2019). The two final over-arching themes that we generated and present here are: (i) coping strategies and identification of stressors in mental health management; and (ii) emotionality, feelings and relationships.

The visual data generated by the task-sheets were collected at the point of completion and included only if they were legible, with illustrative examples included below. The task-sheets ‘acted as tools of elicitation, rather than objects of analysis per se’ (Mannay et al., 2019: 53), but were considered in the analysis of focus group data to help contextualise the interpretations and experiences recalled by pupils (Mannay et al., 2019). The focus group extracts are presented with a view to capturing the individual and group meaning-making, which characterised the discussions, and to illustrate how the pupils endeavoured to share, compare and contrast their thoughts and experiences (Bloor et al., 2001; Morgan, 2010, 2017) about the mental health (and wider socio-emotional) learning activities in which they had engaged. Triangulating the data in this way enabled us to ‘expand, enhance and clarify findings from each of the separate data sources’ (Noonan et al., 2016: 5), to identify important similarities and nuances in the participants’ responses, and above all to consider what these indicate about participants’ understanding and awareness of mental health.

Findings and discussion

In this section, we explore the data generated by the task-sheets and focus groups in relation to the existing literature on coping, feelings and emotions as important aspects of mental health, before
discussing what our findings indicate about pupils’ learning in relation to mental health and its implications for developing whole-school approaches to mental health. Where extracts from the focus groups are presented, pupils’ responses are indicated by a prefix M (for males) and F (for females) and an identification number, and the interviewer is indicated by the prefix I.

Coping strategies and identification of stressors in mental health management

Jenga is used in classroom workshops to facilitate fun and engaging discussions about mental health coping strategies as pupils try to remove blocks from the Jenga tower without the tower falling. The tower is a metaphor for collections of feelings, emotions, situations or stresses that contribute to mental health. Each block has a green or red sticker, which represents a ‘positive’ or ‘negative’ feeling, which pupils provide an example of when they remove it from the tower. Pupils are also encouraged to identify how to cope with ‘negative’ emotions or stresses and maintain ‘positive’ ones, and how they can replace a ‘negative’ emotion with a more ‘positive’ one. When asked about the coping strategies they had learned about using Jenga, one group of primary school pupils said:

F4: I like when we played that Jenga one time . . . It was about coping with stress. So if you pulled out a block, and it had a green on it, it would say what would you do to cope if you were stressed, and if you pulled out a red one, it would be how would you feel.

I: OK. Why is that important, then, to understand how we can cope better with our stresses?

F5: Say if somebody’s called you a bad name or something, you can just not listen to them, not let them bug you.

Jenga was viewed positively by other pupils because it was relevant to their personal circumstances and enabled them to identify the ‘good’ and ‘bad’ things in their life which, for them, helped improve self-esteem:

M2: It helped us learn about what bad things are in each other’s life, and what good things are.

M3: And it was also being positive about each other, because we were encouraging each other that we won’t make you fall over . . .

F6: And we made this little book [a TtB workbook] that people could put comments in . . . It was for people to say nice stuff about people in each other’s book . . .

F7: And that you can higher your self-esteem. (Primary school)

The Jenga-related task-sheets further allowed pupils to identify particular emotions and stresses that they experienced, and the coping strategies they used to manage these as part of their overall personal development, which is one area on which schools in England are now judged by the education inspectorate (Ofsted, 2019). As Figure 1 indicates, pupils often identified siblings, homework, academic tests and work as key stressors, while some of the corresponding coping strategies they had learned to use were talking to others, asking for help and taking deep breaths.

The Coping Bottle group activity also helps pupils learn about developing personalised coping strategies to support mental health. This uses the metaphor of a fizzy drink bottle that contains feelings and emotions, which, when stresses and frustrations are added, shakes the bottle up, which
could lead their ‘bottle’ to explode because of the ‘fizz’ generated. The task-sheets presented in Figure 2 indicate how the Coping Bottle enabled pupils to communicate their stresses and frustrations (listed inside the bottle) and how these can be managed using self-identified coping strategies (listed outside the bottle).

One group of primary-aged pupils explained what they had learned from the Coping Bottle activity thus:

M1: You shouldn’t be scared to come and approach someone and tell them . . .

I: Why is that important, then, to not be scared?

F1: Because if some people are scared, they’ve bottled up their emotions, and then, because they’ve bottled it up, there is a chance that they could go up to someone and be mean to the other person when it’s not actually their fault, but just that you’ve had a bad day, and then that you might get into trouble for bottling that up and not telling someone . . .

I: Thinking about bottling things up, what other things, then, can affect your mental health? . . .

F3: If you get scared and stuff. If you’re always worried and always just worrying about things that you don’t need to be worrying about, the best thing to do is just forget about it, and maybe even just tell someone, and maybe if they know what it is, and they’ve sorted it out, then you don’t have to worry.

Some other secondary-aged pupils also explained how they had learned to ‘open up’ to others about how they feel, rather than ‘bottling’ their emotions up, as in the following example:

**Figure 1. Jenga task-sheet.**
M4: Coping mechanisms...

M5: I don’t really think I really learnt, to be honest. I mean, I kind of knew everything from the start, to be honest...

M6: How to open up more about how I feel... Like talking to the teachers or my friends... I bottled it all up and then I exploded...

F8: Mostly, if I have a problem, I normally just don’t tell anyone, because I don’t want them to get involved.

During the Coping Bottle and Jenga activities, pupils’ focus on the impact personal relationships with family and friends, and stress, feelings and emotions can have on mental health was consistent with other studies of schooling generally (Brown and Dixon, 2020; Johansson et al., 2007; Roose and John, 2003; Svirydzenka et al., 2014) and in subjects including PE (e.g. Harris et al., 2018; Røset, 2019; Røset et al., 2020). This is important since the early identification of stressors and coping strategies have been shown to aid the mental health of CYP and their longer-term ability to cope with the gradual accumulation of stress, and other risks to mental health, which characterise the childhood and youth life-stages (Marmot et al., 2010, 2020; O’Neill and Moore, 2017). Indeed, feeling and being unable to cope effectively with various life challenges during these (and other) life-stages is associated with the development of mental illnesses including anxiety and depression, and related problems such as low self-esteem, poor body image and social isolation, especially among the most disadvantaged (Marmot et al., 2010, 2020; O’Neill and Moore, 2017; Wilkinson and Pickett, 2018). School-based coping strategies, including those...
learned through the Coping Bottle and Jenga activities can thus be important protective factors for mental health during childhood and youth. As Walker et al. (2019: 114) have noted, the ‘early years part of the life course is particularly crucial for laying the foundations for healthy development and protecting against adverse experiences’, and developing effective learning practices in relation to (mental) health is an important part of good education (Marmot et al., 2010, 2020; PHE, 2016). The development of personalised learning strategies, which help support pupils’ mental health, awareness of socio-emotional well-being, resilience and confidence (Lendrum et al., 2013; O’Reilly et al., 2018; Weare, 2015; Weare and Nind, 2011), are also now perceived to be part of the important responsibilities schools have for pupil well-being (DH and DfE, 2018; Ofsted, 2019; PHE, 2015).

**Emotionality, feelings and relationships**

Learning about the importance of communicating feelings and emotions in protecting mental health, and in treating, managing and recovering from mental illness, was further explored through a Feelings Thermometer activity. As Figure 3 demonstrates, in classroom workshops pupils are given a task-sheet to identify how, through a build-up of potentially stressful situations and associated feelings, the ‘temperature’ on the thermometer increases and can become ‘full to the top’, resulting in emotions including anger and frustration. Pupils explained how anger was related to technological matters (e.g. when a phone or iPad cannot be used), relationship challenges (e.g. with friends, family) and education-related issues (e.g. being shouted at, being required to do homework or stay after school). Conversely, positive personal relationships, especially with family, best friends and other peers (Figure 3) were central to pupils’ perceptions of happiness and mental health (Brown and Dixon, 2020; Johansson et al., 2007; Svirydzenka et al., 2014).

Although beneficial for secondary pupils, it was primary-aged pupils especially who used the Feelings Thermometer to discuss the importance to mental health of expressing and communicating feelings, and managing experiences of anger and entrapment, which has been commonly reported elsewhere (Brown and Dixon, 2019; Johansson et al., 2007; Roose and John, 2003; Svirydzenka et al., 2014). One group described how they had learned to better express their feelings using the activity thus:

F9: I found the discussions inside really good and interesting, because you can express your feelings, and it was good, like the thermometer things that we were doing, because we could remember what feelings we sometimes get, and when, and why...
F10: I like it because we have a discussion all about our feelings, and how we’re feeling when you’re here, when Tackling the Blues is here, and how we feel in class . . .

M7: The thing that I like the best is not all the games, not all the activities . . . because if we were doing them games with just any teacher really, they’d be quite good, but it wouldn’t be as fun as having you there with us, making it always fair.

Another group of primary-aged pupils explained how the Feelings Thermometer enabled them to better identify their ‘feelings’ and become less ‘angry’ given its focus on emotional regulation and management:

M8: My feelings waste a lot, because I can get very emotional . . . I just get very angry . . .

F11: My emotional feelings are nearly going . . . because I couldn’t take a joke. I was really, really, really sensitive.

I: Before Tackling the Blues?

F11: Yes.

I: And now?

F11: I can just take a joke . . .

M9: Before Tackling the Blues I’ve not noticed a lot of feelings, but now that we’re doing Tackling the Blues I’ve noticed . . . feelings a lot, because they can make you really ill just for a little tiny bit of something that’s going on in your mind can cause a lot . . . My anger, like I used to get angry all the time, and now I don’t get angry as much anymore.

A related activity that builds upon learning from the Feelings Thermometer is Emoji Bingo, which was developed as a group-based activity in response to pupils’ feedback during multi-sport sessions and linked workshops, focused on communication. One group of secondary-aged pupils commented upon the importance of learning to communicate with others through the multi-sport sessions thus:

M3: You get to play with different kinds of sports, and especially with the people you’re with, they get to communicate and participate, and tell you more stuff . . . you just really enjoy it . . .

M1: When you’re inside [workshops] you get to talk and discuss. I like outside [multi-sport] better, but inside’s not bad, because you get to discuss conversations with the staff, and get along with . . . each other that you don’t know about . . .

M2: Yes. It’s a nice way to find out more about people, get to know them.

During the workshops, Emoji Bingo was a non-threatening way of enabling pupils to choose emojis that best represented how they had felt over the last week before then drawing the relevant emojis on their ‘bingo card’. Once drawn, pupils discussed with peers why they had selected their emojis, and when the emotions represented by the emojis were last felt and why. Strategies pupils could use to help maintain a ‘positive’ emoji (or emotion) and/or move from a ‘negative’ emoji to a more ‘positive’ one were then discussed. The emotions recalled by pupils were many and varied, context-dependent and indicative of the
circumstances and events recalled by pupils at particular points in time, with examples illustrated in Figure 4.

For many pupils, Emoji Bingo led them to focus on emotional literacy. This was neatly summarised by one primary-aged pupil who said that until they had engaged in the activity ‘there was emotions I didn’t even know that I could feel’. Another explained how: ‘it stopped me from being upset . . . If you don’t want to talk to someone, you can just show someone a picture of the emoji that you feel, and then they’ll think something’s wrong with you and stuff’. Emoji Bingo also enabled pupils to learn about mental health because it was enjoyable, ‘up-to-date’ and relevant to their lives, and because it is different from more traditional curricular activities, as one group of primary school pupils recalled:

F12: I like Tackling the Blues because it’s just fun, and you even do some class work, and learn about feelings and stuff.

I: OK, feelings. Do you remember the Emoji Bingo that we tried to do? . . .

M10: Ah, that was sick [good] . . .

F12: To express all your different emotions . . .

M11: Because emojis are like up-to-date, but it’s mixing in with the things that kids might not be as good talking about if you just say it boringly. It’s got to be like mixed in with something.

Another primary school group discussed how the fun and engaging nature of the activity enabled them to recognise emotions including sadness and those associated with mental illness:

F13: It’s fun and educational . . .

M12: It’s fun and games, but also helps you at the same time . . .

F13: If you have to have an illness, it can tell you how to deal with it and stuff . . .

F14: It helps you with everything . . .

M13: You learn lots of new stuff . . . Like what to do if you’re sad or something . . .
A group of secondary-aged pupils similarly explained how Emoji Bingo enabled them to identify their inner feelings and communicate how they saw (and perceived others to see) themselves:

M15: Emojis . . . you know what feelings you look [experience].

F15: To see what feelings you look . . . You pick one, like if you feel happy, you’ll get to pick one, and if you feel mixed emotions, then you’re stuck between which one you feel . . .

M16: It’s like a fifty-fifty type thing. Did you pretend you were like happy and the others like something else? . . .

M15: I find it quite hard to talk to people about my emotions.

The intrinsic (i.e. fun, enjoyment) and extrinsic (i.e. breaks from traditional ways of learning) benefits of Emoji Bingo for identifying pupils’ mental health awareness were notably similar to those viewed by Norwegian pupils as being most important for their mental health when engaging in PE (Røset, 2019; Røset et al., 2020). Embedding Emoji Bingo and other learning activities described here into the content, organisation and delivery of school curricula may, thus, help foster the development of positive, supportive classroom climates which are unthreatening and seen as conducive to maximising pupils’ sense of enjoyment, participation and achievement, which are important for mental health (Røset, 2019; Røset et al., 2020). Providing pupils with learning opportunities in whole-school approaches to mental health which enable them to feel comfortable expressing their emotions, and to exercise greater choice over how this is done using personally and socially relevant tools (such as emojis), would appear important for enhancing pupils’ knowledge and awareness of mental health, and developing SEL (Clarke et al., 2015; MacSweeney et al., 2019; O’Connor et al., 2018; O’Reilly et al., 2018). This, in turn, is important because social and behavioural problems in early childhood typically include difficulties in regulating emotions, with an internalising and stigmatising of these behaviours potentially leading to poorer mental health and mental illness (e.g. anxiety, depression, post-traumatic stress disorder) as children develop (Marmot et al., 2010, 2020; Wilkinson and Pickett, 2018). Learning about poor mental health and associated socio-emotional and behavioural difficulties at an early age, both in themselves and their peers, may also help improve pupils’ knowledge of mental health self-care and help differentiate poor mental health from those emotions and feelings experienced as part of normal child development, especially in young children.

Conclusions

The central object of this article has been to present new evidence on how pupils’ mental health is being addressed in schools using learning activities associated with PE, sport and physical activity, an area on which little is currently known. In particular, we have examined how various learning activities were used to develop pupils’ mental health awareness, and associated SEL, as part of TtB. Our data suggest that pupils were ‘likely to engage in lessons that focus on [mental health and] emotional wellbeing if they are of practical application and relevant to them’ (PHE, 2015: 11), and if they promote pupils’ voices. The learning activities delivered as part of TtB led pupils to
recognise and manage feelings and emotions, and identify strategies (e.g. problem-solving, communication, coping, conflict management) for managing impacts on their own and others’ mental health (Barry et al., 2017; Clarke et al., 2015; O’Connor et al., 2018; PHE, 2015).

Learning activities that help the proactive development of pupils’ skills, competencies and strategies essential to the promotion of mental health awareness and SEL (Barry et al., 2017; O’Connor et al., 2018; O’Reilly et al., 2018; Stirling and Emery, 2016; Weare, 2015) were also central to developing the targeted approach taken by TtB to school-based mental health. These approaches, however, are most effective only when the principles of pupil voice and curricular, teaching and learning opportunities are integrated alongside other equally important components of school practice (Banerjee et al., 2014; Barry et al., 2017; Durlak et al., 2011; O’Reilly et al., 2018; Weare, 2015; Weare and Nind, 2011). Indeed, whether the principles of pupil voice and use of learning activities in the design and delivery of all programmes, including TtB, will likely be effective depends on how these coalesce with the components of whole-school approaches, namely: school ethos and environment, leadership and management practices, staff development, working with parents and carers, targeted support and appropriate referral systems, and identifying needs and monitoring the impact of interventions (PHE, 2015).

The effectiveness of whole-school approaches also depends, perhaps to a greater degree, on the wider educational systems in which schools are located and especially the widening social, economic and health inequalities, which characterise other aspects of the wider society and which have profound impacts on child development, educational and other outcomes, and on the mental health of individuals, communities and societies (Marmot, 2015; Marmot et al., 2010; Wilkinson and Pickett, 2018). Encouraging schools to develop institution-wide approaches to mental health may be regarded as an important part of the response to mental health concerns among CYP, but it is only one part, and failing to address the socially corrosive inequalities which beset their lives in families and wider communities will likely limit whether a sustained, whole-systems change (including through school-level developments) in the apparent mental health crisis among CYP can be effectively achieved.

Since childhood is a life-stage when interventions to disrupt social inequalities are most effective and can yield significant long-term returns on investment (Marmot et al., 2020), further research is needed on whether whole-school approaches to mental health, including through subjects such as PE and involving sport and physical activity, can contribute effectively to improved mental health outcomes among CYP. We also currently know little about which types of whole-school approaches, if any, are most effective in mitigating the effects of inequality on the mental health and PE experiences of pupils, and how unequal experiences of childhood inequality have differential impacts on pupils’ experiences of PE and other aspects of schooling. Furthermore, evidence is limited on how schools are responding to policy expectations that they will work with local communities, including mental health teams, to support pupil mental health through encouraging engagement in PE (and, by extension, sport and physical activity). Finally, as Mannay et al. (2019: 52) have noted, ‘raising the voice of children and young people… is not simply about engaging them in research and documenting their views, but also about disseminating their messages in accessible ways that can engender changes in both policy and everyday practice’. These are among the most significant issues that deserve greater attention if we are to better understand, and promote, the mental health of future generations.
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Note
1. The IMD is the official government measure of relative deprivation for small areas or neighbourhoods (known as Lower-layer Super Output areas with an average of 1500 residents each) in England. Every small area in England is ranked from 1 (most deprived area) to 32,844 (least deprived area).

References
Association for Physical Education (2020) Health Position Paper. Worcester: Association for Physical Education.
Banerjee R, Weare K and Farr W (2014) Working with ‘Social and Emotional Aspects of Learning’ (SEAL): Associations with school ethos, pupil social experiences, attendance, and attainment. British Educational Research Journal 40(4): 718–742.
Barry M, Clarke A and Dowling K (2017) Promoting social and emotional well-being in schools. Health Education 117(5): 434–451.
Beni S, Fletcher T and Ñí Chróinín D (2017) Meaningful experiences in physical education and youth sport: A review of the literature. Quest 69(3): 291–312.
Bloor M, Frankland J, Thomas M, et al. (2001) Focus Groups in Social Research. London: SAGE.
Braun V and Clarke V (2019) Reflecting on reflexive thematic analysis. Qualitative Research in Sport, Exercise and Health 11(4): 589–597.
Brown C and Dixon J (2020) ‘Push on through’: Children’s perspectives on the narratives of resilience in schools identified for intensive mental health promotion. British Educational Research Journal 46(2): 379–398.
Cale L (2020) Physical education’s journey on the road to health. Sport, Education and Society. Epub ahead of print 17 March 2020. DOI: 10.1080/13573322.2020.1740979
Cale L and Harris J (2013) ‘Every child (of every size) matters’ in physical education! Physical education’s role in childhood obesity. Sport, Education and Society 18(4): 433–452.
Clarke A, Sixsmith J and Barry M (2015) Evaluating the implementation of an emotional wellbeing programme for primary school children using participatory approaches. Health Education Journal 74(5): 578–593.
Department for Communities and Local Government (DCLG) (2015) The English Indices of Deprivation 2015. London: DCLG.
Department for Education, Department for Digital, Culture, Media and Sport, and the Department of Health and Social Care (2019) School Sport and Activity Action Plan. London: Authors.
Department of Health (DH) (2015) Future in Mind: Promoting, Protecting and Improving Our Children and Young People’s Mental Health and Wellbeing. London: DH.
Department of Health (DH) and Department for Education (DfE) (2017) Transforming Children and Young People’s Mental Health Provision: A Green Paper. London: DH/DfE.

Department of Health (DH) and Department for Education (DfE) (2018) Government Response to the Consultation on Transforming Children and Young People’s Mental Health Provision: A Green Paper and Next Steps. London: DH/DfE.

Durlak J, Weissberg R, Dymnicki A, et al. (2011) The impact of enhancing students’ social and emotional learning: A meta-analysis of school-based universal interventions. Child Development 82(1): 405–432.

Evans J, Rich E, Allwood R, et al. (2008) Education, Disordered Eating and Obesity Discourse: Fat Fabrications. London: Routledge.

Green K, Cale L and Harris J (2018) Re-imagination and re-design in physical education: Implicit and explicit models in England and Wales. In: Lawson H (ed.) Redesigning Physical Education. London: Routledge, 156–170.

Harris J, Cale L, Duncombe R, et al. (2018) Young people’s knowledge and understanding of health, fitness and physical activity: issues, divides and dilemmas. Sport, Education and Society 23(5): 407–420.

Hazell W (2019) Exclusive: Schools' mental health crisis ‘out of control’. Times Educational Supplement, 9 May 2019. Available at: https://www.tes.com/news/exclusive-schools-mental-health-crisis-out-control (accessed 13 May 2020).

Johansson A, Brunberg E and Eriksson C (2007) Adolescent girls’ and boys’ perceptions of mental health. Journal of Youth Studies 10(2): 183–202.

Jones J, O’Keeffe H and Smith A (2019) Tackling the Blues: A sport and education based mental health programme for children and young people. In: Breslin G and Leavey G (eds) Mental Health and Well-Being Interventions in Sport: A Case Study Analysis. London: Routledge, 91–106.

Kuosmanen T, Clarke A and Barry M (2019) Promoting adolescents’ mental health and wellbeing: Evidence synthesis. Journal of Public Mental Health 18(1): 73–83.

Lawson H (2018) (ed.) Redesigning Physical Education. London: Routledge.

Lendrum A, Humphrey N and Wigelsworth M (2013) Social and emotional aspects of learning (SEAL) for secondary schools: Implementation difficulties and their implications for school-based mental health promotion. Child and Adolescent Mental Health 18(3): 158–164.

MacSweeney N, Bowman S and Kelly C (2019) More than just characters in a story: Effective and meaningful involvement of young people in mental health research. Journal of Public Mental Health 18(1): 14–16.

Mannay D (2016) Visual, Narrative and Creative Research Methods. London: Routledge.

Mannay D, Hallett S, Roberts L, et al. (2019) Enabling talk and reframing messages: Working creatively with care experienced children and young people to recount and re-represent their everyday experiences. Child Care in Practice 25(1): 51–63.

Marmot M (2015) The Health Gap. London: Bloomsbury.

Marmot M, Allen J, Boyce T, et al. (2020) Health Equity in England: The Marmot Review 10 Years On. London: Institute of Health Equity.

Marmot M, Allen J, Goldblatt P, et al. (2010) Fair Society, Healthy Lives: The Marmot Review. London: Institute of Health Equity.

Merton R (1987) Focussed interviews and focus groups: Continuities and discontinuities. Public Opinion Quarterly 51(4): 550–566.

Morgan D (2010) Reconsidering the role of interaction in analysing and reporting focus groups. Qualitative Health Research 20(5): 718–722.

Morgan D (2017) Conclusions: A call for further innovations in focus groups. In: Barbour R and Morgan D (eds) A New Era in Focus Group Research. London: Palgrave Macmillan, 411–420.

NHS Digital (2018) The Mental Health of Children and Young People in England, 2017. London: Crown Copyright.

O’Connor C, Dyson J, Cowdell F, et al. (2018) Do universal school-based mental health promotion programmes improve the mental health and emotional well-being of young people? A literature review. Journal of Clinical Nursing 26: e412–e426.
Office for National Statistics (2019) *Suicides in the UK: 2018 Registrations*. London: Office for National Statistics.

O’Neill M and Moore K (2017) ‘Keeping my mind strong’: Enabling children to discuss and explore issues relating to their perceptions of positive mental health through the arts. *Journal of Research in Nursing* 21(7): 544–567.

O’Reilly L, Svirydzenka N, Adams S, et al. (2018) Review of mental health promotion interventions in schools. *Social Psychiatry and Psychiatric Epidemiology* 53(7): 647–662.

Public Health England (PHE) (2015) *Promoting Children and Young People’s Emotional Health and Well-being. A Whole School and College Approach*. London: PHE.

Public Health England (PHE) (2016) *The Mental Health of Children and Young People in England*. London: PHE.

Rich E, Monaghan L and Bombak A (2020) A discourse analysis of school girls engagement with fat pedagogy and critical health education: Rethinking the childhood ‘obesity scandal’. *Sport, Education and Society* 25(2): 127–142.

Roose G and John A (2003) A focus group investigation into young children’s understanding of mental health and their views on appropriate services for their age group. *Child, Care, Health and Development* 29(6): 545–550.

Rose D, Thomirect G, Pinford V, et al. (2007) 250 labels used to stigmatisate people with mental health. *BMC Health Services Research* 7(1): 97–103.

Roset L (2019) *Physical education and mental health: A study of Norwegian 15-year-olds*. Unpublished PhD Thesis, Innland Norway University of Applied Sciences, Elverum.

Roset L, Green K and Thurston M (2020) Norwegian youngsters’ perceptions of physical education: Exploring the implications for mental health. *Sport, Education and Society* 25(6): 618–630.

Royal Colleges of Paediatrics and Child Health (2020) *State of Child Health Report 2020*. London: Royal Colleges of Paediatrics and Child Health.

Stirling S and Emery H (2016) *A Whole School Framework for Emotional Well-Being and Mental Health*. London: National Children’s Bureau.

Svirydzenka N, Bone C and Dogra N (2014) Schoolchildren’s perspectives on the meaning of mental health. *Journal of Public Mental Health* 13(1): 4–12.

Walker I, Stansfield J, Makurah L, et al. (2019) Delivering national public mental health. *Journal of Public Mental Health* 18(2): 112–123.

Weare K (2015) *What Works in Promoting Social and Emotional Well-Being and Responding to Mental Health Problems in Schools?* London: National Children’s Bureau.

Weare K and Nind M (2011) Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International* 26(S1): i29–i61.

Wilkinson R and Pickett K (2010) *The Spirit Level: Why Equality is Better for Everyone*. London: Penguin.

Wilkinson R and Pickett K (2018) *The Inner Level: How More Equal Societies Reduce Stress, Restore Sanity and Improve Everyone’s Well-Being*. London: Allen Lane.

World Health Organization (2019) *Suicide Data*. Available at: https://www.who.int/mental_health/prevention/suicide/suicideprevent/en/ (accessed 13 May 2020).

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