# Universal mental health lessons in schools may do more harm than good, research suggests



It’s a Saturday afternoon, and I find myself lying on the living room floor alongside my friend’s five-year-old daughter, who excitedly recounts her experiences at school. She describes taking part in a mindfulness exercise called the "body scanner," which involves focusing on different body parts. As a psychologist with a background in mental health education, I nod in understanding, but internally, I wrestle with a troubling concern: should children be engaging in mindfulness practices at school?

On the surface, the idea of incorporating mental health lessons into the school curriculum appears promising. With rising rates of anxiety and depression among young people, and the difficulty of accessing professional help, it seems sensible to teach mental health concepts to all students. Universal interventions not only aim to empower students with knowledge and coping strategies but also sidestep the stigma attached to seeking help by integrating these lessons into a collective classroom experience. The hope is that by educating pupils early, we may mitigate future mental health challenges.

However, a deeper examination reveals a starkly contrasting reality. Recent studies indicate that universal mental health interventions in schools often fail to yield significant improvements. The majority of these studies show negligible benefits—sometimes, even an increase in mental health symptoms. Research from the My Resilience in Adolescence (Myriad) trial found no discernible advantage to broad school-based mindfulness programmes over existing mental health support systems. Involving 28,000 teenagers and 650 teachers across 100 schools, the study highlighted that while teachers reported reduced burnout and an improved school climate, students' mental health remained largely unaffected.

The implications of this research are alarming. Not only do universal mental health lessons lack efficacy, but some investigations suggest they may inadvertently exacerbate the issues they seek to address. High-quality studies have documented instances where mindfulness curricula, cognitive behavioural therapy (CBT) teachings, and related interventions have been linked to elevated psychological distress and diminished social interactions among students. Given that all English schools are now mandated to include mental health education, these findings raise urgent questions about the appropriateness and effectiveness of such initiatives.

The crux of the problem lies in the inherent diversity within classrooms. A significant portion of students do not experience mental health issues, thus being required to engage with practices that may feel irrelevant or burdensome. Feedback from qualitative studies reveals that many students perceive these lessons as disconnected from their experiences. Conversely, those grappling with substantial mental health challenges need tailored, one-on-one support rather than generalised, classroom-wide interventions. For these students, generic mental health lessons serve as a superficial solution, akin to applying a band-aid to a deep laceration.

Moreover, the classroom environment itself can complicate this issue. While some students benefit from supportive peer networks at school, others may experience bullying or loneliness, which can hinder their willingness to participate in mental health exercises. In one instance, students have expressed reluctance to engage in mindfulness practices out of fear regarding how their peers might react while they are vulnerable. The evidence suggests that without addressing these underlying social dynamics, schools may not provide a safe space for meaningful mental health work.

Nevertheless, this critique does not dismiss the potential for mental health support in educational settings entirely. Evidence shows that personalised, small-group interventions can yield positive outcomes for students who actively seek help or display signs of struggle. However, blanket lessons designed for the mass student body warrant a reevaluation. The current push for universal mental health programming stems from a genuine desire to respond to young people’s needs during a mental health crisis; however, ethical considerations compel us to reconsider continuing with a model that the evidence suggests is ineffective or even harmful.

In light of the findings, advocating for a shift towards focused guidance—directing students to appropriate resources when they need help—might be a more effective strategy. We must prioritise targeted support for those who truly require it instead of imposing generic lessons that many students find irrelevant or unhelpful.

Ultimately, we face a critical juncture in our approach to mental health education in schools. As we navigate the challenges presented by soaring mental health issues among young people, we must remain steadfast in our commitment to evidence-based practices. Ignoring the data and persisting with ineffective measures does a disservice to our students and could impede genuine progress in their well-being. When the evidence is clear and voices of young people resonate with dissatisfaction, it is our responsibility to listen and recalibrate our strategies accordingly.

### Reference Map

1. Paragraphs 1, 2, 3, 4, 5, 6, 7, 8, 9.
2. Paragraph 4.
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7. Paragraph 4.
8. Paragraphs 6, 8, 9.
9. Paragraphs 8, 9.

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3. <https://www.theguardian.com/society/2022/jul/12/mindfulness-schools-does-not-improve-mental-health-study> - A study from the My Resilience in Adolescence (Myriad) trial found that broad school-based mindfulness programs were no more effective than existing school mental health support systems. The research, involving 28,000 teenagers and 650 teachers across 100 schools, indicated that while mindfulness had a positive impact on teachers, reducing burnout and improving school climate, it did not significantly benefit students' mental health compared to standard social-emotional learning approaches.
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