Education Policy and mental weakness: a response to a mental health crisis

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Educationalists have been concerned with the labelling and treatment of children with mental health difficulties in the education system in England for some time (Timimi 2002; Jull 2008; Harwood and Allan 2014; Cole 2015). These concerns have centred on the role of policy in 'othering' such students as deviant learners. The unprecedented number of children suffering from mental illnesses, has forced policymakers to address children's mental health difficulties. This has involved the identification of a sub-set of the school population experiencing 'less-severe' mental health issues, to be addressed through a suite of policy interventions delivered by whole-school approaches, but targeted towards children situated as mentally 'weak'. Drawing upon a Foucauldian theory of governmentality that addresses children's behavioural motivations (Rose 1989; Millar and Rose 1990; Foucault 2001; 2008; Popkewitz 2012) an in-depth analysis of a number of educational policy initiatives related to mental health, is conducted, that it is argued are fundamentally flawed. This analysis is followed by a discussion of the performative culture of High Stakes Testing in contributing to children's mental health difficulties. Here it is argued that a narrative of mental weakness serves to justify a neoliberal rationality towards the treatment of children for whom the performative logic assumed to motivate all learners, fails.

Keywords: mental health; high stakes testing; Foucault; school children

Introduction

The issue of children's mental health has become a growing concern in recent decades, with figures indicating that one in four people now experience mental health problems (MIND 2017) and that young people are disproportionally affected, particularly those from lower socio-economic backgrounds. It is now suggested that mental illness starts early in life, with over half of mental health problems emerging by the age of 14, and 75% by age 24 (Kessler et al. 2005; Mental Health Foundation 2017). Three children in

every classroom in England are said to suffer from a diagnosable mental health condition and the number of hospital admissions for 0-17 year olds who have self-harmed increased by over 50% from 2009/10 to 2014/15 (Thorley 2016).

The scale of mental illness among young people in the UK has prompted recent governments into raising the issue. In her speech on the 'hidden injustice' of mental illness, Prime Minister Theresa May has recognised the significance of the problem:

> 'What I am announcing are the first steps in our plan to transform the way we deal with mental illness in this country at every stage of a person's life: not in our hospitals, but in our classrooms, at work and in our communities…This starts with ensuring that children and young people get the help and support they need and deserve – because we know that mental illness too often starts in childhood and that when left untreated, can blight lives, and become entrenched'
>
> (May 2017).

The first steps in responding to a mental health crisis in children and young people, according to the Prime Minister, is to provide, 'mental health first aid training and new trials to look at how to strengthen the links between schools and local NHS mental health staff' (May 2017). Such a measure is indicative of a broader policy shift towards increasing attention devoted to school-based interventions for mental, emotional, and behavioural problems (Hoagwood et al., 2007; Reinke et al., 2011; Stormont, Reinke, and Herman, 2010; Thorley 2016). It also illustrates a growing emphasis upon the role of teachers and practitioners to identify mental health problems. As Reinke et al. (2011) have noted, 'schools provide excellent settings for targeting children's mental health, their academic performance, and the important connection between them' (1).

This paper addresses the question of whether the policies that the government has enacted with respect to mental illness in education, are adequate to the challenges that we now confront. Central to government policies is a set of assumptions that relate

to the performative culture of the neo-liberal educational market. Addressing mental illness from the government's perspective is to ameliorate the consequences of this culture, which it will be argued is a causal factor in triggering and indeed labelling mental illness. It will be apparent that the alternative understanding of the policy approach to mental illness that we articulate, runs counter to the best interests of children. The paper is developed as follows: we start with an outline of government policy assumptions with respect to mental illness, and in particular its notion of 'less severe' problems, which we argue are deconstructed in terms of mental weakness. We then situate these within the context of a performative culture, using the work of Michel Foucault as an analytic guide. This is followed by an account of the educational practices that seek to ameliorate the risks of mental illness, especially amongst students assumed to be mentally weak. These include: policy guidelines with respect to schools' assessment and monitoring of children's mental health needs, Circle Time, peer support schemes, and Mindfulness training. It is argued that these are flawed. We then turn to the key source of anxiety and insecurity that gives expression to the performative culture, which it is argued generates mental health problems for some students: high stakes testing.

Policy responses to mental illness: from the exclusionary to the universal

The contentious role of mental health discourses within educational policy is not new in relation to children identified with Special Educational Needs, in the form of Behavioural, Social and Emotional Difficulties (BESD). These are defined in policy terms as students who are variously:

> 'withdrawn and isolated, disruptive or disturbing, hyperactive and lacking concentration [with] immature social skills, presenting challenging behaviour arising from other complex needs' (DfE 2008, 87).

More recently, the language of behavioural deviance has changed with the new SEND Code of Practice (DfEa 2014). Here the categorisation has been revised from BESD to 'Social, Emotional and Mental Health Difficulties' (SEMHD). The naming and labelling of emotional, behavioural and now *mental* states as a form of ill-health, is noteworthy for as Engelhardt (1975) first observed, it involves a professional commitment to an intervention (137). Accordingly, debates have centred upon the possible over-reach of medical diagnoses of problematic behaviour (Timimi 2002; Rose 2005; Jull 2008, Cole 2015). Examples of behavioural conditions that have incited controversy, include that of Disruptive Mood Dysregulation Disorder (DMDD) a new addition to the latest diagnostic manual (DSM5) and characterised as 'temper outbursts…that are grossly out of proportion in intensity or duration to the situation'(APA 2013, 2). Leading psychiatrist and head of the taskforce for the previous diagnostic manual, Allen Frances, has argued that this is an unnecessarily medicalised approach towards what is essentially normal childhood behaviour, that effectively, 'turns temper tantrums into a mental disorder' (Frances 2012). Attention Deficit Hyperactivity Disorder (ADHD), is another controversial behavioural disorder, which is characterised by an excessive presentation of hyperactivity, impulsiveness and inattentiveness. Researchers have found that the incidence of ADHD has been disproportionally concentrated in boys within western societies, with diagnoses steadily increasing over time (Singh 2008; Timimi et al. 2004). It is now argued to be the leading childhood disorder globally to be medically treated (Scheffler et al. 2007, in Harwood and Allan 2014). Critics have argued that such increases in behavioural disorders are evidence of the 'medicalisation of childhood' in the West (e.g. Rafalovich 2013; Rose 2005; Timimi 2010) where children whose behaviour doesn't fit the cultural expectations of middle-class schooling are defined as disordered and pathological. One

leading biologist in Britain, Stephen Rose, (2005) has pointed to the dearth of medical evidence in support of ADHD, in arguing that it would be better approached, 'not as a disorder but as a cultural construct in a society that seeks to relocate problems from the social to the individual' (256).

Some critics have gone so far as to claim that the unprecedented rise in diagnoses of behavioural disorders is an 'epidemic', justifying the application of medical and behavioural interventions in the name of children's (particularly boys) development (Timimi et al. 2004). While the dangers of medicalising BESD have been widely argued, it has been suggested that such a focus obscures a concern with the way that diagnostic labels narrow the normalization of schooling and childhood (Harwood and Allan 2014). This points towards the implication of schools in constructing and validating particular types of learners (Youdell 2011). Educationalists have approached this debate from the perspective of educational inclusion, in voicing concern that children with BESD diagnoses of mental ill-health risk being excluded (Cole 2015). This issue has incited much public and media attention (BBC 2006; Weale 2017) with a recent study from the Institute for Public Policy Research highlighting that, 'half of all children expelled from school are suffering from a recognised mental health problem' (Weale 2017). The educational exclusion of children with mental health difficulties, however, is a complex issue, for as Cole (2015) notes:

> '[I]nclusion is multi-dimensional and multi-layered. A child can experience differing degrees and types of inclusion/exclusion while remaining in an educational establishment (mainstream or special). The child might be 'excluded' in terms of being placed for a time in a special class or on-site exclusion room (which might be called an 'Inclusion Room') or part-time in a nurture group.' (12).

'In-school' forms of exclusion demand particular attention given that the majority of

children identified with SEN are within mainstream schooling[1]. As a key initiative for responding to BESD that involves exclusion from the classroom, 'nurture groups' (Ofsted 2011; DfE 2016) involve the targeted removal of children with behavioural 'difficulties' from mainstream classes, in order to, 'provide routines and developmental strategies to improve poor personal organisation, self-control and awareness' (Ecclestone and Hayes 2009, 36). Critics have argued that such policies are primarily motivated by the perceived negative impact upon school/cohort attainment in national assessments (Norwich 2014; Slee 2013) and are ultimately concerned, 'less about addressing an identified SEN than about simply getting rid of problem students, which the schools find difficult to serve' (Jull 2008, 14). More recently, Allan and Youdell (2017) have provided a convincing account of the policy logic that appears to sanction the educational exclusion of children with SEMHD. In their analysis of the latest SEND Code of practice (DfEa2014) they identify a shift in policy and governance, in constructing what they call an 'empty architecture' that 'mandates a series of required systems, actions, practices and timelines but simultaneously ghosts its own content' (72). In such a framework, specific directives are sidestepped alongside the medicalised or diagnostic labels constitutive of the special educational needs alluded to, but never spelled out. Allan and Youdell link this to austerity cuts to public services, in which the onus of responsibility is moved from central government to the local authority and those charged with delivering the services to meet children's needs. The vagueness in definition of 'disorders' fulfils a useful function in mobilising the categorisation of need from those of the child (DfEa2014 86-87) to those of other children in mainstream education and Further Education (DfEa 2014, 175-177). This accounts for the Code's

[1] However, the numbers of children without SEN statements have dropped from 17.9% in Jan 2014 to 15.4% in Jan 2015 (DfE 2015, 3) following the changes in classificatory criteria

loosening grip on 'inclusionary' practices, and legitimises the separation of children with SEMHD from their peers within mainstream education.

It has been argued that the educational theories of BESD are hard to operationalise given their emphasis upon the complexity of need (Edwards and Biesta 2014). One theory that has proved an exception is that of 'Psychopathlogy' in exploring the role of education in the exclusion of children with BESD (Harwood and Allan 2014). This refers to 'the range of medical disorders used in schools and education and to the discourses and practices tied to psychopathology that allow significant proportions of children and young people to be identified and treated as mentally ill'(Harwood and Allan 2014, 1). In discussing the operation of psychopathology, Harwood and Allan highlight the way that diagnostic labels have been viewed by educators as a rational and legitimate way for parents and schools to acquire educational resources, as well as noting the dangers invoked where labels become shorthand for associated behaviours that have become inculcated into popular discourse, not least by educators themselves.

The theoretical power of 'psychopathology' is in foregrounding the early years of pre-school and entry into the primary schooling, where nurseries and schools are tasked to identify and act upon mental illness as part of their scrutiny of children's school-readiness (Harwood and Allan 2014). As children progress through the educational system, however, the policy optimism with which to redress mental illness is replaced with a concern over the potential of young people to disrupt further and higher education. These analyses are highly instructive in explaining the way that medicine has become part of the fabric of schooling.

Our paper is similarly concerned about ways in which a neoliberal ethic has

been applied to the mental health crisis in schools. Our argument, however, is that a distinct policy approach has emerged, towards children classified as having 'less severe' mental health needs, to be treated through whole-school responsive strategies. Weare (2010) has observed the rise in policy approaches that reflect a 'salutogenic' (as opposed to a 'pathogenic') conception, in replacing a focus upon mental health problems with one that designs actions to promote wellbeing and health. We argue that in so doing, policy positions a sub-set of children with mental health difficulties as presenting a fundamentally 'weak' mental disposition to learn. This reflects an encroachment in the object of schooling beyond merely what children learn, to include how they learn and think.

School governmentality and mental illness: recalibrating students' psyches

In his first major work Madness and Civilisation, Foucault (1961) analysed the evolving social and political meaning of mental illness from the middle-ages to the modern period starting in the late 18th century. He argued that the latter policy turn in the conceptualisation, medicalisation and treatment of mental illness reflected a political objective of protecting the rest of society through the confinement and surveillance enabled through institutional 'care'. Understanding mental illness as a disease to be cured justified the subjection of those deemed mentally ill to the psychological expertise of professionals, and also contained the threat to morality and rationality that they posed to the social order and the institutions of the family, forms of state government and law enforcement, and the social stratification of the labour market and society. Further attempts to use diagnoses of madness for political ends have been observed throughout the 20th century. Within Nazi-Germany 300,000 people were sterilised and 100,000 killed out of purported concern for the 'burden on the state' of the mentally ill and disabled (Birley 2000, 13). Psychiatry has also been abused in the Soviet Union in the

1970s and 80s where approximately one third of people incarcerated within psychiatric hospitals were political dissidents (Voren 2010, 33). More recently, similar practices have been used to punish members of Falun Gong within the People's Republic of China at the turn of the century (Hausman 2004). While these are all extreme examples of state social control through the pretext of and mechanisms for treating mental illness, we argue that mental illness is also seen as a social problem to be corrected in contemporary English policymaking, because it is a threat to the neoliberal education system. Accordingly, the state mechanisms for treating it have evolved from a strategy of exclusion, with schools now operating on the front line in utilising preventative as well as responsive mechanisms to address children's mental functioning.

In order to understand this policy shift it is helpful to apply a Foucauldian logic with respects to the broader operation of state apparatus, through his concept of govern*mentality*. As the name suggests, this form of governance operates upon individual mental functioning. It is a way of achieving behavioural change through the targeting and readjustment of the psyche. Nicolas Rose has argued that this policy strategy first emerged in the post-war period in the UK and reflected a fundamental shift in the relationship between the state and the individual, which he named 'governing at a distance' (1989; Millar and Rose 1990). This confers to 'the actual mechanisms through which authorities of various sorts have sought to shape, normalize and instrumentalise the conduct, thought, decisions and aspirations of others in order to achieve the objectives they consider desirable' (Miller and Rose 1990, 8). This is predicated upon an understanding of the human psyche as the object of state sanctioned methods of social control. Here there are two key assumptions that underpin this policy conceptualisation; firstly that the individual's psychological condition is amenable to alteration, and secondly, that it is an ethical project to attempt such corrective action in

order to align the individual's behaviour with prescribed social goals (Rose 1989, x). Rose (1989) argues that this has given rise to a 'new form of expertise, an expertise of subjectivity…[concerned with] classifying and measuring the psyche, in predicting its vicissitudes, in diagnosing the causes of its troubles and prescribing the remedies' (2). The use of statistics can be seen to play a vital part here, in rendering the characteristics of the population visible. This is necessary in firstly, calculating the parameters of a population's distinctiveness on any given behavioural or performative axis, through, 'transcribing attributes and their codified forms, enabling them to be accumulated, summated, averaged and normalised' (Rose 1989, 7).

Thomas Popkewitz (2012) has argued that the seductive power of statistics rests on their ability to 'project fairness and impartiality' where numbers are seen as 'excluding judgement and mitigating subjectivity' (169). This is merely a veneer of objectivity, he claims, so far as it justifies what he calls the fabrication of 'human kinds'; cultural templates of normative personhood. In the governing of schooling, Popkewitz points to 'fabrication' as the key mechanism that directs pedagogic intervention, through the creation and 'invention' of idealised versions of teacher and learner. These confer the 'rules and standards' by which desired ends can be achieved and measured (173). He gives the examples of, 'children's ages and school grades, the measuring of children's growth and development, achievement testing [and] league tables of schools' (169).

The crucial point that Popkewitz raises is that the imposition of numerical standards according to which children are grouped and measured, is not just a process of documentation, it is fundamentally programmatic, in order to assert and direct change, to set targets, and the machinery to measure progress against these; 'programmes…are devised to act on the child, with schemes for remediation and paths of rectification'

(174). This accords with Rose's (1989) account of population measurement as an aspiration, 'to calibrate the individual in relation to that population' (7). We can see this most clearly reflected in the education system through the introduction of mandatory national standardised assessment tests (SATs) following the 1988 Education Reform Act. At its inception, SATs testing was in order to measure the variable achievements of children in the core subjects across the nation. By 1998 national testing became programmatic, in setting benchmark achievement standards to which local authorities, schools, teachers and children have become increasingly accountable.

Intrinsic to the success of 'governing at a distance' is that compliance is not achieved through coercion. It achieves its success through targeting individual subjectivity, in rendering people, 'amenable to having things done to them- and doing things to themselves' (Rose 1989, 8) through willing submission. This is made possible through the individual, 'actively seeking to shape and manage his or her own life in order to maximise its returns in terms of success and achievement' (Millar and Rose 1990, 26). Govern*mentality* performs the double trick of, firstly, achieving individual accountability for performance outcomes, and secondly, instilling the narrative that the route to changing outcomes is to improve one's psychological approach towards them. Foucault (2008) has termed this model of human rationality, 'homo-economicus' in applying Becker's (1976) work on the economics of human capital theory to an economics of human behaviour that provides part of the intellectual basis for neo-liberal policy formation. As a citizen who operates within a neoliberal economic market, homo-economicus is, 'an entrepreneur of himself' who produces and consumes 'his own satisfaction' (Foucault 2008, 226). This 'production' is pursued for self-interest, which is the fundamental characterisation of human motivation and calculation assumed by policymakers to explain an individual's actions within a market based economy.

Rose argues that the self-improvement model continues throughout the lifespan through the normalisation of psychological expertise into everyday functioning, and the naturalisation of the ideology that there will be times in which every person should succumb to the 'expert knowledge' of 'accredited and skilled persons professing neutrality and efficacy' (Millar and Rose 1990, 28). For school children this requires an amenability to the psychological expertise of not only professional psychologists, but also of public sector workers including social workers, probation officers, school counsellors (3) and arguably now, teachers themselves.

So how is mental functioning deciphered for the 'homo-economicus' school child, as the route to improved learning outcomes? According to Danziger (1997), it is the child's *motivation* to learn, which was first harnessed in the emergence of mass schooling. On this theoretical basis, the child's inner thought and daily learning experiences became the object of administration. Following this logic, the policy architecture relating to education can be understood, in which all significant relationships, including educational outcomes and school rankings, can be quantified and monetised. In this framework a key assumption is that we are 'entrepreneurs' of ourselves (Foucault 2008, 226). This forms the centrepiece of neo-liberal policy with respect to primary and secondary schooling: the state theory of learning (Lauder, Brown, Dillabough and Halsey, 2006; Lauder 2009), which is:

> 'A highly regulated system in which performance can be measured quantitatively by test results. The attendant theory of motivation is that teachers and pupils will be driven to improve against the state determined performance targets'
>
> (Lauder 2009, 200).

For the 'homo-economicus' school child, the state theory of learning instils recognition that test and exam results are the key to a positional advantage in higher education and the labour market. Where performance is not in line with state measured targets s/he

will acknowledge personal motivation and approach to learning as the mechanism to improve. Schools, teachers and students are judged by the way they 'buy in' to this system: it is when students deviate by not achieving the stipulated outcomes in terms of the behaviour concordant with academic success, that policies designed to induce conformity to the goals defined by the state theory of learning are brought to bear. While the incentives and sanctions for schools, teachers and the general student body are different, the approach is one based on the assumption that all pursue financial reward as entrepreneurs of themselves, since schools and teachers stand, in principle, to lose students and income if they perform badly (e.g. Ball 2000; 2003; 2013).

While Foucault's ideas have been convincingly applied to the performative ideals of contemporary educational policymaking (Ball 2012; 2013), we argue that the current policy treatment of schools' involvement in the mental health crisis reflect a ratcheting up in state intrusion into psychic functioning, and an extension in the reach of performative metrics in the way we come to know students and what we expect from them. This reflects a narrowed definition of *appropriate* learner against a notion of *inappropriate* learner. As Popkewitz (2012) observes:

> 'The standards of assessment embody cultural theses about who the child is and should be, and who is not that child. The production of human kinds in schools entails a simultaneous process of exclusion and abjection embodied in the impulse for inclusion' (183).

In this way the 'abject' or deviant student is rendered through a kind of 'double gesture': on the one hand to articulate the threat that obstructs the goals of schooling, and on the other, through engendering public fear towards the deviant 'human kind', who is depicted as both endangered and dangerous (185). We see this as clearly evident in the role of schooling for the types of mental health problems understood as mental weakness, situated as saveable by the education system. By 'weak' we mean those who

are not deemed to have the appropriate psychological condition necessary to achieve in school, according to state metrics of performativity. Schools' treatment of this type of mental functioning is fundamentally different to their approach towards those siphoned off for external intervention, through the application of SEMHD labels (DfE 2014a). The distinct shift in policy treatment towards those with weak mental dispositions is that schools themselves can provide the apparatus for remediation through the application of universal (as opposed to targeted) interventions. Popkewitz (2012) has argued that while universal policies may project an aspiration of equality, it is not 'all children' who are the focus but rather, 'the child who does not fit into that space and whose characteristics and qualities are feared as dangers and dangerous' (186). We believe that the current education policy approach to mental illness is one in which children's psychological state is identified as harmful to their own learning, as well as that of others. While mental health is rendered in terms of readiness-to-learn, mental illness is presented on a spectrum of severity such that if schools intervene early enough, children's mental functioning can be corrected. This may explain policymakers' weakening faith in the power of schools to ameliorate mental illness, as children progress into further and higher education (Harwood and Allan 2014). We define mental weakness as that point up to which schools can enact psychological adjustment, before mental problems become disordered and clinical. To speak of 'weakness' confers a fragility of psyche, but one that is not yet broken. Using Rose's concept of govern*mentality* it is possible to identify three components in the ways in which schools are implicated in responding to the mental health needs of these children; firstly in the conceptualisation of mental illness alongside the normative definition of mental health; secondly with respects to the measurement and identification of those students classified as 'weak'; and thirdly with

respects to the interventions that are brought to bear in re-calibrating students in order to be ready to perform (in tests) in school.

The policy conception of mental illness as a malleable character weakness

It is important to consider the policy discourse by which mental health and mental illness are understood as these form the two key points that are aligned through the programmatic direction of sanctioned intervention. The way that mental health is conceptualised in policy terms reflects the litmus test by which children are considered as deviant in being positioned, 'outside of the normative centre of subject, learner and subject hood' (Youdell 2006, 126). In the key document *Mental Health and behaviour in schools* (DfE 2016a) policy guidance distinguishes between, 'a clinically diagnosed mental health disorder' and 'less severe problems' (4). This distinction is important, as schools' role towards the two groups is discrete. For those with more severe needs, schools should, 'identify and support pupils [and] help them make appropriate referrals to specialist agencies'. Alternatively, schools should, 'identify and address those with less severe problems at an early stage and build their resilience' (ibid). Through differentiating between those mental health disorders that require specialist support, and those which can be addressed in school, we can see the two key principles of Rose's governmentality to operate; the categorisation of a group inside the total population of mental illness, and the intention to re-calibrate the mental functioning of children in this category, as a key purpose of the educational endeavour. We can also see this distinction reflected in the typography provided for the, 'mental health problems in children and young people' identified in the school guidance document (DfE 2016a). These appear in the following order; 'emotional disorders', 'conduct disorders', 'hyperkinectic disorders', 'developmental disorders', 'attachment disorders', and lastly, ' "other mental health problems"…[including] eating disorders, habit disorders, post-

traumatic stress syndromes; somatic disorders and psychotic disorders' (34). This references only nine of the nineteen categories listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The selection and ordering of these illnesses may in part reflect the prevalence of different mental illnesses in the UK. For example, at the bottom of the list 'Psychotic disorders' account for only 0.7 per cent of people (MIND 2017). However, the first category 'emotional disorders' does not appear in DSM 5, although the three exemplar problems listed, 'phobia, anxiety states and depression' account for about 20 per cent of the population (MIND 2017). We may therefore question the logic of collapsing these three illnesses into one non-clinically labelled 'mental problem' defined in terms of emotionality. The conflation of a psychological problem with an emotional one, signals its transience and amenability to personal control and alteration. This is further underlined in the definition of 'less severe' mental problems as 'mild and transitory challenges' distinct from 'serious and longer lasting' disorders (DfE 2016a, 35):

> 'When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are described as having mental health disorders' (ibid).

This analysis highlights that 'less serious' mental health problems are not of a fundamentally different order to clinical disorders, but rather that there is a point beyond which schools alone cannot remediate.

The distinction between those mental problems that schools can attempt to address and those for which they should not, is also supported in health policy for schools carried out by Public Health England (PHE 2015). This report distinguished between 'mental disorders' and non-clinically diagnosed problems such as parental separation or death, bullying and self-harm (5). The purpose of the guidance for school

leaders is to provide key actions in support of a 'whole school approach to promoting emotional health and wellbeing' based on the premise that it 'influences [children's] cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood' (PHE 2015, 4).

In isolating a group of 'less severe' mental problems that are positioned by policymakers as saveable through schooling, it is necessary to consider the policy formulation of mental health to which children's mental states are recalibrated. This borrows from the World Health Organisation definition and is deciphered in terms of readiness to learn:

> 'A state of wellbeing in which every individual recognises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community' (DfE 2016b, 8).

More in-depth scrutiny, however, reveals a particular formulation of well-being that is advanced through the Conservative government's former Education Secretary Nicky Morgan, in laying out her vision for 'character education' or rather, 'the development of character and mental wellbeing'. Underpinning the conflation of these two concepts is an assumption that mental illness, and its antithesis, 'wellbeing', is determined in the relative strength or weakness of individual cognitive processing. In her opening speech for the character symposium at Floreat School, Morgan goes on to define precisely what she means by a 'developed' or strong character in school children:

> 'Consider for a moment the student who reads aloud for the first time and gets tongue tied - will they rush to do it again without encouragement? What about another who is asked to recite times tables in front of their class and gets stuck - will they fall over themselves to repeat the exercise? Probably not. But with character comes the confidence and determination not to be beaten. It's that attitude that says "dust yourself off and try again"'
>
> (Morgan 2016).

Implicit in this account is an understanding that a 'healthy' mental approach in the face of stress and anxiety is a hardened or stronger disposition to coping. This is also reflected in a more recent symposium of character education chaired by Morgan, on the importance of, 'training and development in equipping teachers to help instil characteristics in their pupils such as drive, grit and optimism' (WEFKS 2017). The more precise policy formulation of 'good character' is the term 'resilience' as, 'key to promoting children's mental health' (DfE 2016a, 8). There are several components to the policy concept of resilience, each of which can be seen to be self-directed and individually nurtured; 'Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem solving approaches' (DfE 2016a, 8). We argue that this objective signifies a key policy shift that extends the remit of schooling beyond that of knowledge generation and into the realm of psychological functioning. The character attribute of 'resilience' is clearly signalled as a requirement for children's readiness-to-learn and to achieve academically; 'in order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy' (DfE 2016a, 6). Indeed, the former Conservative education minister was at pains to highlight this association:

> 'One of the other myths I'm keen to dispel is that character education, and academic attainment are mutually exclusive. Far from it. For me, they are 2 sides of the same coin'
>
> (Morgan 2016).

In examining the discourse through which school children are guided towards mental wellbeing, it is evident that 'resilience' is conceptualised as the route to higher achievement. Indeed this assumption is born out in the literature that considers the circumstances whereby children at risk of school failure achieve success against the

odds (Nettles et al. 2000; Elias 2009). In their review of the literature on childhood resilience, Howard et al. (1999) provide a definition concordant with key theorists in the field:

> '[Resilience is the] quality in children who though exposed to significant stress and adversity in their lives do not succumb to the school failure, substance abuse, mental health and juvenile delinquency problems they are at great risk of experiencing'
>
> (Liquanti 1992, 2, in Howard et al. 1999, 310).

This further underscores the appropriateness of exploring resilience as a concept that supports both academic achievement and mental health. However, while the empirical literature accords with the policy *conception* of resilience, it refutes its *treatment* of the term, specifically the assumption that resilience is an internal attribute of the individual, fostered in the formulation of character:

> '[Resilience] is not a discrete quality that children either possess or do not possess [but rather] depends on the interaction and accumulation of individual and environmental factors' (Howard et al. 2000, 310).

This may explain why the factors found to be the most conducive to the building of resilience for at-risk children attend to the social resources of parents, teachers, peers and community members (Nettles et al. 2000; Elias 2009). This failure to recognise its environmental constituents reflects the policy hijacking of the concept of resilience, the individualisation of a social property, or what Rose calls the 'engineering of the human soul…through moral entrepreneurship and the medicalization of social problems' (1989, 3). If children can be psychologically retuned to be more resilient, this infers a weakness or absence of mental hardness and capability to cope. Of fundamental importance here is in how a policy discourse of mental health is deciphered through

psychological resilience that frames the parameters of mental illness in terms of weakness. Schools' role in the policy route from mental illness to wellness is through psychologically reprogramming children towards a hardened approach to school failure and the pressures experienced in daily school life.

Schools' role in the assessment and monitoring of children's mental health needs

Once children's psychological functioning is placed as the object of policy intervention then the second step is to identify and measure children's mental health. The policy trend towards the assessment and monitoring of children's mental functioning can be traced back to New Labour's Every Child Matters (ECM) agenda in 2003 and delivered through the Social and Emotional Aspects of Learning programme (SEAL). The accompanying guidance to this programme was a DfES review into the tools to conduct an assessment of children's social and emotional competence, as a guide for teachers (Stewart-Brown and Edmunds 2003). Here 28 of 40 assessment tools were evaluated as appropriate for use in school in order to screen, profile, improve upon, and monitor progress in children's social and emotional development (10-11). While the ECM agenda was since scrapped by the Coalition government, and accordingly SEAL is no longer a policy requirement for schools in England, it is still promoted as an effective template for developing social and emotional skills (e.g. Public Health England 2015). Concurrently, policy guidance under a Conservative government has continued to promote the importance of schools' monitoring and assessing children's mental health. Here it is acknowledged that while medical professionals are responsible for a formal diagnosis of a mental health condition, schools:

> 'are well-placed to observe children day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one' (DfE 2016a 14)

In conducting such assessments teachers are pointed towards differentiated tools in which to measure children's 'mental well-being'. For children aged eight to 15 years, PHE (2015) recommends the Stirling children's wellbeing scale, developed by the Stirling Educational Psychology Service (18). For children aged 13 years and above, teachers are directed to the Warwick-Edinburgh mental wellbeing scale, and are signposted to a truncated as well as an elongated version (ibid). In assessing the mental functioning of school children, teachers are reminded that it is, 'equally important to be able to record and monitor the impact of any support that is put in place' (ibid). Here teachers are cross-referenced to the Strengths and Difficulties Questionnaire (SDQ) (DfE 2016a) in order to form, 'a judgement about whether the pupil is likely to be suffering from a mental health problem' (16). Schools are then tasked with the administration of interventions to remediate moderate, mild and potential mental health issues[2] designed to 'bolster mental health' towards more appropriate conditions of the psyche including; 'resilience', 'character and grit' and 'coping skills' (19).

Another factor to consider in schools' monitoring and assessment of mental health, is the targeting of certain sections of the population for being more likely to develop a mental health disorder. Of particular interest is the policy treatment of the 'family' influence upon children's mental health in advancing a narrative of weak parenting. PHE (2015) highlights that, '[t]he family plays a key role in influencing children and young people's emotional health and wellbeing' (20). Further insight is offered in DfE (2016a) guidance, through a table listing both risk and protective factors that are attributed to the family. This comprises a list of nine separate factors, all of which are highly derisory of parenting methods, they include; violence, lack of

[2] More serious mental health cases are directed towards specialist mental health provision (DfE 2016a, 26)

discipline, abuse, criminality and alcoholism (9). While we would not dispute that poor parenting may be a causal factor in children's mental ill-health, it is significant that none of the factors listed here allude to structural constraints upon family life such as a lack of work, illness, and financial stress. This omission is significant given that the socio-economic disadvantaged are also identified as a key group vulnerable to mental health problems (PHE 2015, 20; DfEa 2016, 15; DfE 2016b, 21).

A number of social and educational policy critics have highlighted the policy conflation between socio-economic disadvantage and weak parenting (Levitas 2005; Brown 2015), while a focus specifically upon the policy assessment of children's social and emotional functioning has been argued to, 'lead to labels and judgements about the ability of families, particularly working class families, to deal with children's emotions' (Ecclestone and Hayes 2009, 44). It has been further claimed that such strategies fit a discourse concerned with inadequate parenting, low parental aspirations and shifting the responsibility for children's psychological state onto parents (Alexander 2007).

As testimony to the entrenchment of a policy emphasis on 'resilience', mental health now forms a key component in Ofsted inspection criteria, through the insertion of 'personal development, behaviour and welfare' into the Ofsted inspection framework from September 2015. In deciphering a specific formulation of 'welfare' in terms of a resilient character, the first four indicators confer a judgement on learners' level of personal responsibility for learning. The following five indicators further concern the knowledge and behaviour to engage pro-socially in civic life. Here, the only specific allusion to mental health is subsumed within the penultimate listed indicator; 'knowledge of how to keep themselves healthy, both emotionally and physically, including through exercising and healthy eating' (Ofsted 2015, 14). While schools (and the state) may, therefore, carry the responsibility to monitor and intervene on mental

health functioning, this firmly underscores that the responsibility to remedy mental health rests on the individual child, and it is further incumbent upon schools to instil this objective. In so doing the final turn in Rose's (1989) 'government at a distance' is achieved, through co-opting children's submission to the manipulation of their mental functioning.

Policy prescribed school interventions to tackle 'less-severe' mental problems

The policy conceptualisation of a category of 'less severe' mental illnesses and their oppositional corrective, 'resilience', are operationalised in the formulation of ameliorative interventions issued through state schooling. This, we argue, is the third step in the achievement of 'government at a distance' whereby children are psychologically recalibrated (Rose 1989). The fabrications of learner that policy constructs, position children experiencing mental ill-health as outside of normative human functioning (Popkewitz 2012, 183). This legitimatises schools' application of psychological forms of adjustment where learners willingly submit their psyches to the assessment of experts in the form of peer mentors, counsellors, psychologists, educational specialists and therapists (Rose 1989). Ecclestone and Hayes (2009) have labelled these forms of state intervention as 'therapeutic education' which they define as:

> 'any activity that focuses on perceived emotional problems and which aims to make educational content and learning processes more 'emotionally engaging' (x).

Ecclestone and Hayes (2009) are deeply sceptical of this policy trend which they date back to the New Labour government. They argue that this therapeutic drive feeds a diminished and fragile view of the individual learner and reflects a form of social engineering that orientates learners towards thinking critically about their own

inadequacies, as opposed to those of the educational system and wider social order. This work has since been critiqued as throwing the baby out with the bathwater, for its denigration of any concern for emotional life as, 'individualistic, anti-educational or an escape from social purpose' (West 2009, 211). We argue that it is not the policy aspiration towards children's social and emotional development that is misguided, but rather the ways that this endeavour has been operationalised, as well as the outcomes by which they are measured. We believe that the theoretical value of Ecclestone and Hayes' (2009) claims could be more tightly framed through a Foucauldian lens, in foregrounding policy efforts to address children's ability to cope with school related stress as a solution to a mental health crisis.

We will now review the key policy recommendations for schools' approach in tackling children's mental health problems through universal measures. These are; Circle Time, Peer mentoring, and Mindfulness training as a form of Cognitive Behavioural Therapy[3]. We employ a Foucauldian analysis of how such interventions have been operationalised through a narrative of mental weakness, in co-opting children's submission of their mental functioning to evaluation and remediation.

Circle Time

[3] There is an argument that Personal, Social and Health Education (PSHE) has also been seen by policymakers as a vehicle for schools to address children's mental 'weakness', given its aims to assert pro-social change upon behaviour, emotions and cognitive functioning, including the key goals of positive self-concept, self-protection, building positive relationships, resisting pressure and stress management (Weare 2004, 90). However, the case is complex given that there is divergence in the ways that PSHE is both viewed and practiced between and across primary and secondary schools.

As one of the most widely used policy recommendations for addressing children's mental health problems in primary schools (DfE 2016a, 13; PHE 2015, 34) Circle Time has been defined as:

> 'an overtly therapeutic approach to building self-esteem and developing emotional literacy for all children [through] group and pair games to help children socialise, build confidence and enjoy themselves… Games move into personal disclosures... [where children] talk about key life events, act in role plays of emotional and reactions about change, make group displays of how to make others in the class happy… and take part in listening exercises and relaxation'
>
> (Ecclestone and Hayes (2009) 28).

It has further been embraced by school leaders as a means of catering to the 'wellbeing' of children in primary school, and has even been incorporated within secondary school practice, as evidenced by a recent conference and resultant publication by 'outstanding' school leaders consortium Schools of Tomorrow (Mundy, Egersdorff and Hobbs 2014, 35-43). Ecclestone and Hayes (2009) have argued that Circle Time reflects an intrusion into children's private and social lives, and the beginning of an, 'increasingly formal 'trail' of alerting different people to a child's difficulties' (29) enabling the teacher to, 'move closer and closer to home' (31). They are also critical of its function as a platform to normalise a linguistic register concerning the disclosure of maladaptive socio-emotional functioning, including 'calming down', airing concerns and worries, and struggling with friendships (30). We argue that a narrative of enforced disclosure of problems reflects an assumption that children require teachers' support as a matter of course. This reinforces the role of schools in both strengthening children's mental functioning and emphasising children's willing submission to psychological evaluation. The role of Circle Time in effecting prosocial functioning has been observed in a number of studies, (Wooster and Caron 1982; Robinson et al. 1999; Kelly 1999).

However, Lown (2002) warns that such findings should be treated tentatively as 'the lack of clarity around such definitions of Circle Time will affect any research endeavouring to investigate outcomes' (94). This is supported in Canney and Byrne's (2006) work who found that teachers' had variable understandings of the approach, with some teachers seeing it as an economical way to convey the teacher's objectives to the whole class of students (23). Furthermore, there is a fundamental disconnect between the Circle Time objective to address the psychological functioning of those experiencing social or emotional distress, and the claims of one of its chief proponent Mosely (1998) who identified a discrete group of 'children beyond' the parameters of socio-emotional functioning appropriate for Circle Time, who require more specialist input (122). It is therefore questionable as to what extent Circle Time is currently promoted as a genuine intervention into children's welfare, and to what extent it reflects a surveillance mechanism for identifying and intervening on mental ill-health through psychological monitoring and recalibration (Rose 1989; Popkewitz 2012).

Peer support schemes

Peer support schemes as a vehicle for tackling the mental health crisis, have formed a major part of the government's strategy for school based intervention across primary and secondary schooling (DfE 2017a). They cover a range of peer-to-peer interventions including, 'peer mentoring, befriending and buddying [that can be offered] through one-to-one, group based, training, and even online forms'(4). They are endorsed in view of the positive impact upon self-esteem, confidence, social skills and behaviour found both for those supported and those delivering support (6). As a key form of peer support, the identification of 'peer mentors' have been heralded as a 'low-cost' approach to facilitating behavioural change for those at risk of mental health

problems at the secondary level (DfE 2016, 26). These are older children or previous students, who offer a point of contact for regular meetings with targeted younger students in order to 'raise aspirations' and ease anxiety (26).

In explaining the mechanisms through which such positive outcomes are attributed, the language of resilience emerges with specific reference to psychological 'coping' or:

> 'the ability to regulate emotions and behaviour in the face of stress… Coping skills that are amenable to intervention include problem solving and emotional regulation, cognitive restructuring and positive thinking' (DfE 2017a, 14).

An individualised formulation of resilience is mobilised in each of these examples in order to recalibrate students' weak mental functioning (Rose 1989, 7). In place of top-down support structures that would reflect a systemic approach to tackling student concerns, these peer level interventions reflect a targeting of individual subjectivity through the modelling of personal responsibility to address psychological unease.

Mindfulness Training for school children

Mindfulness Training is another school based intervention that has been proposed to tackle most types of mental ill-health within a group-delivered, whole-school approach (DfE 2016, 12; PHE 2015, 31). It is a form of 'mind training' that 'enables people to change the way they think and feel about their experiences, especially stressful experiences' (The Mindfulness Initiative 2017). Current estimates indicate that over 2000 teachers have been trained to deliver Mindfulness programmes in primary and secondary schools in England (MAPPG 2015, 33). The technique has been embraced by policymakers as reflected in the Mindfulness Initiative, a policy institute that emerged from a programme of mindfulness teaching in the UK Parliament. As one of their key

outputs, the Mindful Nation UK 2015, is an all-party Parliamentary Group report that sought to address the role of Mindfulness in; improving academic achievement, raising mental health, and in character building and resilience (31). The report detailed a number of policy recommendations including; the appointment of a mindfulness trained lead in each school to coordinate responses to wellbeing and mental health issues, as well as a funding stream to apply for the costs of training teachers to deliver mindfulness techniques for children as part of the DfE Character Education Grant programme investment in character education and resilience (35). These recommendations score a clear and heavy line in signposting schools' role in strengthening children's resilience to stress, as key to tackling poor mental health.

Schooling as a contributor towards children's mental ill health

So far we have considered the treatment of mental health problems where schools have been positioned on the front line in responding to the variable perceived needs of children. In the following discussion we turn to consider the role of schooling as indeed a *contributor* towards children's mental ill-health. Here we argue that the policy misnomer that mental health realignment is the route to achieving academic excellence can in practice produce outcomes that run counter to its aims, through the machinery spawned by the 'state theory of learning' designed to measure and evaluate the success of schools, teachers and students. The chief vehicle with which we take issue is that of high stakes testing (HST) in the form of national standardised assessment tests at the end of primary school (aged 11), and General Certificate of Secondary Education (aged 16) and the consequences for schools and pupils to which these test outcomes produce. The impact of high stakes testing upon children's mental health and well-being has been given greater impetus in the UK given the tougher, more stringent changes to the

primary national curriculum from September 2014, as well as the recent changes to assessment metrics where students are now measured according to their own progression as well as school level and national benchmarks across both primary and secondary education (DfE 2017c). This has provoked significant professional concern with the impact of high stakes testing on children and young people, prompting a National Teachers Union report, which concluded:

> 'Children and young people are suffering from increasingly high levels of school-related anxiety and stress, disaffection and mental health problems. This is caused by increased pressure from tests/exams; greater awareness at younger ages of their own 'failure'; and the increased rigour and academic demands of the curriculum.'
>
> (Hutchings 2015, 5).

These findings are supported by data from the World Health Organisation (2012) and ChildLine (2014; 2015) that highlights that children and young people in England are suffering from increasingly high levels of school-related anxiety and stress, disaffection and mental health problems. A recent survey carried out by the Association for Teachers and Lectures (ATL) found that 82% of educators believed that children and young people were under more pressure now than they were 10 years ago, with 89% considering that testing and exams were the greatest causal factor (ATL 2016, 12). Some research has further indicated a direct link between the pressure to perform in the educational system and the development of suicidal thoughts and behaviour (Sharp 2013, 10; ChildLine 2014, 37) as well as self-harming (Hutchings 2015, 59).

In shining a light upon the causal link between schooling and children's poor mental health, public and professional pressure has moved the government to evaluate its position, as reflected in a recent Health and Education select committees joint inquiry into the role of education in children's mental health (2017). Here it was acknowledged that schools can play a part in creating or exacerbating mental ill health

in the form of stress and anxiety. However, it was not the performative pressure itself that was brought into question, but rather the ways that schools responded to national testing requirements, with respects to the timeframe they apply in teaching the whole curriculum, where non-core subjects often get squeezed out:

> 'If the pressure to promote academic excellence is detrimentally affecting pupils, it becomes self-defeating. Government and schools must be conscious of the stress and anxiety that they are placing on pupils and ensure that sufficient time is allowed for activities which develop life-long skills for well-being.'
>
> (Commons Select Committees 2017)

We argue that this concession does not go far enough to explain the ways in which HST impacts negatively upon mental health, and in order to more fully appreciate this it is necessary to turn to the sociological literature on the effects of testing on school children's learning orientations.

The effects of high-stakes testing on children's learning orientations

As one of the key policy mechanisms driving a neoliberal market approach to the educational system, HST has been implemented with particular intensity in the United Kingdom and the United States (Au 2008) although more recently, it has been embraced in other national contexts including Australia, and Sweden. As reflected in the 'homo-economicus' model, (Foucault 2008) the state theory of learning posits that children will be motivated to improve their performance amid competition from peers, especially where the stakes for success and failure become greater (such as the pressure to pass a test to gain admission).

The reduction of children's self -value as learners to the outcomes of their test scores, is supported by nearly twenty years of research (Reay and Wiliam 1999; Booher-Jennings 2008; Putwain et al. 2012; Silfver et al. 2016). This is particularly

concerning in the case of younger children who have been found to be more likely to make global negative self-judgements (Heyman et al. 1992). The associated pedagogies orientated towards 'teaching to the test' have been found to seriously dampen children's motivations and learner autonomy (Pollard et al. 2000) in significantly lowering self-esteem for lower attaining pupils (Harlen and Deakin Crick 2002).

The pressure that children experience concerning their performance in high stakes testing has been explained in terms of two components; the test results themselves, as well as their ability to uphold an identity as an 'appropriate test-taker' (Kasanen et al. 2003; Silfver et al. 2016, 238). The latter is important in providing a narrative by which students may variously explain and rationalise their performance, which has particular bearing in the way that teachers' explain and motivate students who 'under achieve'. Such narratives have been founded on the concept of the 'ideal pupil' by which students are evaluated and judged by teachers and students. While there is consistency in the 'ideal pupil' type as being high attaining across schools in different demographic contexts, the behavioural dimension has been shown to be variable. While schools serving low socio-economic student populations construct an idealised compliant and disciplined learner, schools serving higher socio-economic students emphasise a free thinking individual (Hempel Jorgensen 2009). These constructions have also been found to be gendered, where girls are constructed as conscientious hard workers, while boys' achievement is positioned as a product of innate ability (Walkerdine 1998; Hall et al. 2004). These constructions have been shown to weigh heavily on children whose learning orientations do not fit the models prescribed by teachers. For example, Booher-Jennings (2008) found that where girls' under-achievement was explained as a product of low self-esteem, boys' under-performance was explained by bad behaviour, leading to frustration and confusion for children whose

learning orientations matched the ideal type in behavioural terms, but not in terms of their attainment. In these contexts children who worked hard and still under achieved, struggled to maintain a positive sense of value as a learner, leading to disillusionment with school and psychological distress in learning.

These findings must be contextualised against the demographic statistics on mental illness, where it is possible to observe a correlation with learner orientations, both in terms the prevalence and nature of youth mental illness. For example, Hempel-Jorgensen's (2009) findings that children from low-SES backgrounds were more likely to experience negative learning orientations, while children from High SES backgrounds were more likely to identify positive learning orientations, are in line with ONS data (2004) showing that children from low SES backgrounds are three times more likely to experience mental health problems compared to those from professional groups (29). Furthermore, Booher-Jenning's (2008) findings that girls' negative learning orientations were attributed by teachers to low self-esteem, may be considered against the odds that girls are 75% more likely to suffer from depression and 60% more likely to suffer from anxiety (Freeman 2017). On the other hand, her findings that boys' negative learning orientations were explained by teachers as a behavioural deficit can be considered against data that shows that boys are between 3-16 times more likely to receive diagnoses of ADHD (Novik et al. 2006), an association that has been found to diminish in adulthood once children have left formal schooling (Freeman 2017). While such correlations cannot infer causality, they do suggest that the link between children's responses towards test-taking and their mental health, is a line worthy of further study.

The effects of testing upon children's learning orientations are made even more complex given the mixed messages that teachers' have been found to convey to students, where on the one hand competition is used to make comparisons between

pupils, but on the other, where children who favourably compared their test-outcomes with peers were castigated (Kasanen et al. 2003). A study by (Silfer et al. 2016) found that the testing context is perceived by children as particularly stressful because it impacts upon the child-teacher relationship, where the teacher was repositioned as a controller of children, as opposed to her more usual classroom involvement in helping and supporting students. For some children the distress caused by this confusion was unbearable, as in the case of John, a child who couldn't complete his test:

> 'He starts to cry, first silent and then louder and louder. The other children still in the room stop and stare at John who now cries despairingly… He goes on crying and explains that the test is 'really hard and really tough' and that 'you cannot even get help' (fieldnotes Silfer et al. 2016, 246).

It is not hard to imagine how such responses may be painful for teachers, especially in the face of children's confusion as to the shift in pedagogic roles that testing imposes. As an example of mental weakness that policy seeks to rectify by hardening children's approaches towards performance failure, teachers may well question whether it is John or indeed the testing culture that require rectification. Stephen Ball (2003) has coined this quandary 'values schizophrenia' in highlighting the sense of deep internal conflict caused for teachers in the pedagogic actions required to satisfy national targets. Yet the policy justification sold to teachers and students is that the ends (in terms of higher attainment outcomes) justify the means (of intensive preparation for examination). But can this narrative be duly justified? Educationalist and in-school trainer Andy Cope, has argued otherwise, in claiming that the performative culture of testing is sucking the joy out of schooling for children. He is critical of the delayed gratification model underpinning the education system, which he believes is fundamentally illusionary:

> 'Happiness is sold as the pot of gold at the end of the rainbow… Kids are told: "if you work hard in Year 11, you'll get really good results and when you get those results you'll be happy"'
>
> (Cope quoted in AFL Report 2016, 12).

Such a rationality is all the more irreconcilable for children for whom 'really good results' do not follow.

'Homo-economicus' a rational approach for motivating all students?

Understanding the effects of high stakes testing on children's well-being and mental health is complicated by findings that while some children are deeply stressed and anxious about testing, other children find them motivational (Putwain et al. 2012; Wyn et al. 2014; Silfer et al. 2016). One explanation for this can be found within a series of studies investigating the role between teaching and learning, through a focus on school children's relationships, identities and learning strategies (Pollard and Filer 1985; 1996; Pollard et al. 2003). In highlighting the importance of social context, Pollard (2007) found that children's approach to the mastery of a learning challenge was strongly associated with their performance in it (2). If all learning is about risk taking then the degree to which a child feels confident or anxious to approach the task has a strong bearing upon the likelihood of taking the leap of faith necessary to achieve it. The confidence to perform in tests may, therefore, correlate to children's assessment of their likelihood to perform well relative to others (based on past performance) as well as the consequences of their success or failure (Harlen and Deaken Crick 2002).

This theory of learning provides a significant point of contrast to the 'homo-economicus' model driving policy, where the neoliberal citizen is assumed to behave 'rationally' in the instrumental sense of being able to calculate means to ends. For school children, this concerns the pursuit of high achievement in national performance

indicators regardless of past performance. As a consequence of the pressure applied to the cost-benefit ratio, the policy assumption is that students will be motivated to demonstrate the behaviour concordant with high test results, because high achievement leads to success in the education and labour market. Central to this concept is the positioning of individual students as pursuing these ends through 'free-will' governed by rational calculation, and reinforced by the punishments and incentives that the government constructs through its policy framework (Lemke 2001, 198). Through closer inspection of the way that HST is deciphered to children who fail to attain the requisite levels, it is arguable that a more rationale response in the face of failure is to elect to buy out of the system, in constructing resistant (Willis 1977), despondent (Reay and Wiliam 1999) or ambivalent (Booher Jennings 2008; Brown 2012) learning orientations. This may explain why the culture of HST has been found to be, 'most damaging for disadvantaged pupils, pupils with Special Educational Needs and Disabilities, and pupils with low attainment' (Hutchings 2015, 5).

While the self-enterprising 'homo economicus' (Foucault 2008) may therefore explain the way that high achieving children engage with the education system, it does not work for the lower achieving, disadvantaged, or socio-emotionally disaffected children who do not succeed in the educational market. Mental illness by definition situates a maladapted or irrationally functioning psychological state that this is fundamentally in opposition to the neoliberal citizen (Rose 1989; Popkewitz 2012). The problem for policymakers is how to respond to those children who fail to be motivated within such a performative led environment, without dispelling with the rationalist approach to human motivation. The deconstruction of children's negative learning orientations in terms of weak character formation presents a policy solution to this quandary. In rendering the anxious, despondent or demotivated learner identity as

indicative of 'less-severe' mental health problems, policymakers can justify an aspiration to redress the psychological dispositions of 'inappropriate' (Popketwitz 2012, 183) learners through the various policy interventions outlined above. In this way the mental health agenda can be leveraged to instil the 'grit', 'determination' and 'coping' skills designed to deter children from giving up in the face of successive school failure, through relaying the narrative that it is children's approach to learning and test-taking that is at fault, as opposed to the tests themselves. Operationalising schools' responsibilities towards mental health through a psychological recalibration towards the goals of 'resilience' and 'responsible' character, can therefore be seen to uphold the 'homo-economicus' view of the appropriate learner.

Conclusion

This paper has analysed current education policy with respect to schools' role in responding to the 'mental health crisis' affecting children and young people. In so doing we have highlighted an implicit policy narrative that identifies a category of 'less-severe' mental illnesses, deciphered in terms of individual character weakness. This has pointed towards whole-school responsive and preventative mechanisms designed to bolster mental toughness and individual resilience as one of the chief routes by which schools can best respond to children's mental health needs. We have argued that this approach reflects an extension of the grip of neoliberal rationality in explaining educational outcomes through children's mental functioning and behaviour. This can be seen as part of a broader policy narrative that reduces social problems to individual factors (Brown 2015; Carr 2015) that has justified the extended reach of schooling in shaping how children think and feel.

As an opportunity to raise the issue of children's mental and emotional health higher up on the government's agenda, the mental health 'crisis' is a red flag to the educational system, a flag that teachers and educationalists have been waving for some time: schools themselves may be contributing factors to mental illness due to the stress and anxiety children experience towards test-taking, as well as the effects of test outcomes on their self-esteem and learning orientations. In consulting the sociological literature on children's responses to HST, it has been argued that a narrative of mental weakness fulfils a useful function in explaining the under-achievements and lack of motivation for children who fail to achieve according to national standardised performance indicators. The question posed is: In coaching children from the age of five in the art of test-taking, are schools setting children up to be mental unstable, through the substitution of rote learning and memory recall for emancipatory critical thinking?

We do not deny, as Thorley (2016) has noted, that, 'schools are well-placed to act as hubs' (4) in relation to tackling mental health in children and young people. For example, the statutory inclusion of Relationships and Sex Education at secondary level and Relationships Education at primary level, from September 2019 (DfE 2017b) offers a platform for children and young people to debate what mental health and wellbeing should consist of, given that 'healthy minds, including emotional wellbeing, resilience and mental health' (3) form one of the broad pillars upon which it should comprise. However, we are also concerned that this revised focus upon mental health and wellbeing in the context of education may reflect a further technology of governance allied to the neoliberal educational project that refuses to draw its claws from the 'homo-economicus' approach to test-taking. Our chief concern is that the mental health and well-being movement in schools should not see mental health (first and foremost) as the means to a (more highly valued) end (i.e., achievement and academic attainment),

should not too quickly seek to individualise the responsibility for mental health struggles (and coping with them), and should not turn our heads away from an opportunity to incite political change and social responsibility in relation to the ways in which the neoliberal educational model itself creates the perfect platform for a mental health crisis in young people.

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