

From Mental Health to Mental Wellness

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Reclaiming the Middle Ground for School Children

Across the UK, record numbers of pupils are now identified as struggling with mental health problems.

The latest NHS data show that around **one in five** children aged 8-16 years have a *probable mental disorder* — a figure that has almost doubled in just over a decade.

Yet while headlines often focus on the growing “crisis” of children’s mental health, the deeper issue may lie in how we’ve come to define the problem. We’ve become fluent in the language of *illness*, but less so in the language of *wellbeing*.

The challenge for schools, parents, and professionals is not only to respond to distress, but to cultivate **mental wellness** — the proactive development of resilience, confidence, and emotional balance that allows young people to thrive, not just survive.

Two Sides of the Same Coin

“Mental health” and “mental illness” are often used interchangeably, but they are not the same.

Mental health describes a continuum that ranges from illness at one end to wellness at the other.

A child may not have a diagnosed condition and yet still feel anxious, disengaged, or lost.

Conversely, a young person managing ADHD or anxiety may still experience mental wellness if they have tools for self-regulation, social support, and a sense of purpose.

Whereas **mental health problems** are defined by impairment or distress, **mental wellness** is defined by adaptability, connection, and meaning. It's the difference between *fighting symptoms* and *building strengths*.

Why This Matters in Schools

Schools have become the front line of children's mental health.

Teachers now spend increasing amounts of time dealing with anxiety, self-esteem issues, or behavioural fallout linked to stress. Many feel under-trained and over-stretched.

The current model is largely **reactive** — responding once something has gone wrong.

Wellness, by contrast, is **preventative**. It doesn't require a diagnosis or referral; it's woven into the daily experience of learning and belonging.

A mentally well child can:

- regulate emotions and recover from setbacks;
- focus attention and engage meaningfully in class;
- communicate needs without fear of shame or failure;
- feel part of a community that values them.

These qualities aren't just desirable — they are protective.

Children who feel emotionally supported are more resilient to academic pressure, peer conflict, and social media stress.

They are also more likely to achieve, attend regularly, and form healthy identities.

The Risk of Over-Pathologising

While it's vital that children with genuine mental health needs receive timely help, we also need to guard against the growing **pathologising of normal emotional experience**.

Feeling sad after a friendship breakup, nervous before an exam, or restless in class are not necessarily signs of disorder — they are part of growing up.

When every uncomfortable emotion is labelled as illness, we risk teaching children that struggle equals failure, and that relief must come from outside themselves.

A wellness perspective restores balance: it recognises that emotions are information, not enemies.

By helping children notice, name, and navigate their states — rather than fear them — we strengthen the psychological muscles that prevent long-term distress.

From Intervention to Education

Schools that successfully promote wellness don't rely solely on counsellors or crisis teams.

They embed emotional literacy, peer support, and self-regulation throughout the school culture.

Examples include:

- **Morning “check-ins”** where pupils name their emotional state and a goal for the day;
- **Mindful movement or breathing breaks** between lessons to reset attention;
- **Peer mentoring programmes** that normalise help-seeking;
- **Solution-focused conversations** that ask “What's working?” instead of “What's wrong?”

Such small practices accumulate powerfully.

They signal that emotional awareness is not a “specialist subject” but part of everyday learning.

A Ferguson Solutions Method Perspective

The Ferguson Solutions Method views mental wellness as a trainable skill — one that combines emotional regulation, cognitive reframing, and a sense of personal agency.

In school settings, this translates into three interlocking principles:

1. **State Regulation:**

Teaching pupils how to calm, focus, and energise themselves — through breathing, body awareness, movement, and reframing.

(“What do you need right now to feel ready to learn?”)

2. **Solution-Focused Language:**

Encouraging teachers to shift from problem-saturated talk (“Why can’t you?”) to outcome-oriented dialogue (“What would it look like if you could?”).

This cultivates hope and self-direction.

3. **Collaborative Empowerment:**

Positioning staff and pupils as co-learners in wellbeing.

The adult’s role is not to “fix” emotions but to help children discover *how* to manage them.

This approach builds bridges between therapy, coaching, and classroom practice — enabling schools to become **wellness ecosystems** rather than mental health triage centres.

Reclaiming the Middle Ground

If we continue to equate “mental health” solely with “mental illness,” we will keep designing systems that wait for children to break before offering support.

A shift toward mental wellness reframes the narrative:

- from *diagnosing* to *developing*,
- from *treating* to *teaching*,
- from *rescuing* to *resourcing*.

In this middle ground, children are not passive recipients of care but active participants in their own growth.

They learn that emotions can be managed, confidence can be rebuilt, and wellbeing can be cultivated — just like literacy or numeracy.

Closing Thought

Mental health gets a child back on their feet; mental wellness helps them learn to walk forward with purpose.

If schools can teach young people to read, write, and reason, they can also teach them to regulate, relate, and reframe.

That's how we move from managing crisis to nurturing potential — the very essence of mental wellness education.



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