



Navigating the Road of Adolescence

Young People's Mental Health in the UK

How the pandemic has affected young people's ability to self-regulate socially and emotionally



Pre-pandemic data to December 2021

11-18 year olds |·····|













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Disclosure

Data was collected as part of a commercial service delivered by STEER Education which receives funds from participant schools. The author has an interest in STEER Education.

About STEER Education

STEER Education offers a trusted platform to schools that alerts staff to students who may have emerging mental health risks, but are not showing visible signs of vulnerability. Through a sophisticated online assessment twice a year, it measures and tracks early signs that students may have unhealthy thoughts about themselves and others. STEER's assessment also helps identify students who may be hiding safeguarding concerns, whether in school, outside it or both.

Founded 10 years ago STEER gives schools guidance, tailored to each student, so that they can act early and, where possible, prevent problems escalating. Since 2016, we have tracked and supported at least 150,000 students in over 250 primary and secondary schools across the state and independent sector. These include leading MATs, specialist schools and elite sports academies.

STEER's team is made up of teachers and mental health experts who understand the challenges and rewards of working with students from a wide range of backgrounds and schools.

A word from the author

When STEER started tracking the social-emotional development of a large population of young people in 2014, no one could have predicted that in six years, a global pandemic would close schools and lockdown citizens for months on end.

Hindsight is a fine thing. Of course, now, governments around the world are wishing they had had a reliable, large scale narrative of young people's social-emotional health from before that event. Without a control prior to the pandemic new data collected by studies during the pandemic can tell you relatively little about its actual impact.

Because of our unique six year data set, STEER is privileged to be able to make an almost unique contribution to the understanding of, and recovery from, the impacts of the pandemic on our young people's mental health. With our first national mental health report, we hope to shine a light on the contours of its psychological impact, to give shape to hidden risks, to identify the highest risk groups and to suggest the strategies that are likely to be most effective in the coming months and years.

There are now a growing number of studies supporting this huge effort. Some of our own findings corroborate those studies, whilst others, by peering back into state of our adolescents in school before the events of March 2020, shed important new light. We intend to provide a periodic updates from our latest data on a timely basis over the coming years, to support our collective efforts to emerge from the events of 2020-21 stronger, more resilient and more better prepared for next time.

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REPORT HIGHLIGHTS

- To date, the pandemic has had a 25 % adverse effect on students' ability to self-regulate in school
- Girls are particularly affected, with a 33% decline, whilst boys' selfregulation outside school has actually improved during the pandemic
- By the time girls reach 18, they now have more than twice the selfregulatory risks as boys of the same age
- The pandemic public exam cancellation provided a unique opportunity to measure the social-emotional impacts of public exams vs not having public exams. Data suggests that public exams have an adverse effect on student wellbeing
- Relatively stable levels of visible disruptive adolescent behaviours during the pandemic may be explained by an increase of hidden, internalised risks which are not yet visible
- Strong signals indicate that the specific long-term psychological risk from the pandemic will be pathologies driven by internalised control, particularly in girls aged 14-18
- Independent day schools saw some similar increases to state schools, but from a lower pre-pandemic baseline and to a lower extent

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GLOSSARY

Dysregulation	The event, context, incident or sustained strain which triggers an adverse fluctuation in self-regulation to a polar bias
Internalised control	A pattern of polar low self-disclosure, high trust of self and low seeking change which has a particular set of negative psychological risks
Over-regulation	Conscious, effortful and constant self and social monitoring which if sustained, can lead to sudden dysregulation
Polar bias	A steering bias which is fixed as either high or low in every situation
Seeking Change	One of the four factors student self-regulate. The degree to which a student seeks or limits change
Self-Disclosure	One of the four factors student self-regulate. The degree to which a student shares thoughts, ideas, questions, and feelings with others, or keeps them private
Self-regulation	The healthy ability to purposefully adjust how we respond in different social-emotional situations and interactions.
Steering bias	An unconscious pattern of response that shapes a student's actions, reactions, and interactions
Trust of Others	One of the four factors student self-regulate. The degree to which a student is socially-trusting or socially-questioning
Trust of Self	One of the four factors student self-regulate. The degree to which a student is self-trusting or self-questioning

INTRODUCTION AND METHODS

1. Introduction to the STEER Tracking Programme



The STEER Tracking programme was launched in the UK in 2014 and has taken twice or thrice yearly data assessment collections each year since. The programme includes schools who use STEER's online tool STEER Tracking (formerly called AS Tracking) to provide proactive whole school mental health safeguarding. Participant schools pay an annual licence fee for this service. The number of participant schools has grown since launch and currently includes more than 250 schools globally of which around 200 are in the UK. Annual retention in the programme is over 90%. The programme includes state schools and both day and boarding schools in the independent sector. The majority of schools are co-ed, though some are single sex. Data released in STEER's published reports always only relates to the day school population.

Schools conduct a twice/yearly student assessment regime in which students from the age of 8 (year 3) up to 18 (year 13) participate. Schools track all pupils not just those already identified as at risk, disadvantaged or some existing categorisation. Laptops, iPads and mobile devices may be used via browser or an AS Tracking app. The assessment on average takes pupils less than 10 minutes to complete and is conducted in highly consistent conditions, providing high-quality data. Access provision is made allowing all students in mainstream education to access the assessment. More than 150,000 students have participated in the programme to date. STEER provides schools with a chronological narrative of the data development of each student in the programme from their entry to exit. At the age of 16, in year 11, students are given access to their own data and training to understand it. A separate follow-on programme, USTEER, is provided for students in Year 12 and 13 to continue self-tracking in a personal and professional capacity beyond school if they choose.

2. Data sample

Data included in this report was gathered from schools for year 7-13 students. 92 UK mainstream secondary schools were included in the pre-lockdown sample (data collected from 2018-March 2020), with an assessed student population n > 15,000. The March 2020- December 2021 sample included 20 schools (13 state and seven co-ed independent day). Not all schools contributed data at each assessment round during the pandemic. The minimum number of schools during pandemic assessments was fourteen. The minimum student population size at any one assessment round was n= 6,370. No single school contributed more than 15% of the total assessed cohort population in any one assessment round.

The sample included 51% girls, 49% boys. Schools self-selected to participate as part of a commercial programme offered by STEER Education to track and improve student self-regulation. In-school student cohorts were selected to be tracked by schools according to time and financial resources. STEER did not specify specific groups to track over others to any school. State academies reflected a wide diversity of affluence if measured against FSM data. No particular experimental design in school cohort selection was used.



3. Data collection method

Data for this report was collected in 10 rounds: October 2018, February 2019, October 2019, February 2020, April-July 2020 (lockdown), Sept-October 2020 (post lockdown school return), November-December 2020 (second half of term), March-April 2021, May-June 2021, October-December 2021.

Students completed the STEER Tracking assessment at each assessment round. The STEER Tracking assessment was developed over a 15 year period to overcome the problems associated with student welfare self-reports. ⁱ The principle advance within STEER Tracking is the measurement not of a student's direct perception of their own wellbeing/welfare via direct item questions, but by measuring the student's pattern of affective-social biases: *self-regulation* ⁱⁱ Measuring self-regulation involves a novel and unusual assessment process, which students find both accessible, often enjoyable, and has been shown to provide accurate insight into data otherwise not available from students.ⁱⁱⁱ STEER's development research programme from 2012-15 showed that patterns of self-regulation correlate 82% with specific wellbeing and welfare risks.^{iv}

4. Data model



The ability to self-regulate is a critical developmental skill underpinning mental health, social competencies and the ability to access learning.[×] It relates to executive function, metacognition, social priming and cognitive biasing. Self-regulation is expected to improve over maturation but can be adversely affected by events in a child's life. The STEER assessment measures patterns of bias in the four factors which when become entrenched and iterated reduce the ability of a child to respond appropriately to the situation around them. The ability to self-regulate is also contingent upon the 'effect of the road' on which a child drives. School is a road, home is another road. Contexts such as home and school have a quantifiable impact on the biases a child develops. Tracking the changes in a student's self-regulation, therefore, exhibited both in school and outside, can give an indication of adverse but hidden changes in those environments, and have often highlighted unknown safeguarding concerns.

RESULTS AND COMMENTARY

5. Pandemic bounce back or long term impacts?

- The pandemic has an average 25 % adverse effect on student's self-regulation
- Girls are particularly affected, with a 33% decline

Since the start of the pandemic, the difference between *in-school* and *out of school* polar biases amongst 11-18 year olds in the state sector has increased by 25% (Figure 1). Y7-13 Students across the UK are 25% less able to self-regulate in school than they were before the pandemic. Self-regulation is the ability to purposefully adjust how we respond in different social-emotional situations and interactions.

Data that we will discuss in sections 9 and 10 show that this is attributable to school being experienced as a less predictable environment. As a consequence, far more students are now less trusting, less likely to discuss their concerns and are more likely to show an unhealthy need for control.

Importantly, the effect is identified as school-driven; self-regulation out of school has shown volatility but has not yet declined significantly. The trend is driven by girls, who are nearly 33% more dysregulated in school, as compared to boys who are only 15% more dysregulated. This will have an adverse affect on particularly girl's wellbeing, their formation of healthy relationships and of their ability to access learning.

The data suggests that school is yet to recover as protective factor, despite the last lockdown ending in March. It is possible the damage to students' experience of school has reset their self-regulatory risks to a higher level for the long term. Any further school disruptive Covid measures should be avoided at almost all cost.





6. How boys emerged from the pandemic with better self -regulation but girls suffered

- Boys' self-regulation outside school has actually improved during the pandemic
- Girls may have been particularly affected socially and emotionally by lockdown restrictions

Perhaps surprisingly, the self-regulation of boys aged 11-18 *outside school* actually improved in all but one period of the 20 pandemic months, at times by as much as nearly 10% (Figure 2). By contrast, the self-regulation of girls aged 11-18 *outside school* deteriorated in all but one of those periods. Only at one stage- the third lockdown early 2021- did boys' self-regulation deteriorate

This suggests that whilst the pandemic in general proved to be a risk factor for girls, it may, in some regards, have created some protective factors for boys. Importantly, as per section 5, the environment of school was still a dysregulating factor for boys (an increase of 12%) during this period.



Figure 2. Showing percentage deviation from 2018 pre-pandemic levels of dysregulation *outside school* by gender. A positive deviation indicates improved self-regulation. A negative deviations indicated deteriorated self-regulation.

A number of possible explanatory factors are proposed for this gender difference which are summarised in Figure 3. Several aspects of lockdown may have better supported boys; restriction of social meetings to 1:1s may have had a positive effect on male social interacting, for example, increased openness. By contrast, wider studies have shown that girls can co-ruminate in 1:1 relationships, which increases anxiety and unhealthy thinking. Boys may socialise online through gaming, and use social media actively to message or set up tasks and activities; they could continue to do so during lockdown. Girls by contrast are more likely to engage in passive social media, scrolling and viewing material in quantity which is known to increase anxiety. In addition, non-task social interactions in groups were prevented which may have affected girls more. Finally, there is some evidence that

adult males were less concerned in general about the disease than adult women; adolescent girls may similarly have been more anxious about the disease than boys.



Figure 4. Percentage of boys v girls self-regulation in the context of school, which falls into the STEER category of high risk, before the pandemic (2018-19) and at the end of the pandemic (July-Dec 2021)

Lockdown for boys	Lockdown for girls	
 Continued task focused socialising Restricted small/ 1:1 meet ups improved quality of relating and interactions Active use of social media only (messaging etc) Less anxious about pandemic effects in general 	 Curtailed social activities Restricted small/ 1:1 meet ups increased co- rumination Passive use of social media amplified self- anxiety (browsing, scrolling) More anxious about pandemic effects in general 	

Figure 3 Hypothesised factors that may underlie different self-regulatory gender outcomes during the pandemic

7. The highest risk group is now KS4 and KS5 girls

- Boys and girls follow diverging paths of self-regulatory risk as they age during adolescence
- By the time girls reach 18, they now have more than twice the self-regulatory risks as boys of the same age

At the end of the pandemic girls are nearly 33% more dysregulated *in school*, compared to boys, who are only 12% more dysregulated (Figure 4). The most vulnerable cohorts are age-specific: Girls' dysregulation rises from 17% to 27% from Y4 to Y13 (Figure 5). By contrast, over the same age range boys dysregulation halves from 20%-to just over 10%. Girls and boys follow strikingly diverging self-regulatory risk paths during adolescence. Whilst boys' risks trend generally downwards from Year 4, indicating an improvement in self-regulation as they progress through secondary school, the opposite is the case for girls. Girls' poor self-regulatory risks as boys of the same age



Figure 5. Percentage of boys v girls self-regulation categorised as at risk in the context of school, disaggregated by year group (data from July-December 2021)

As shown in Figure 6, boys' dysregulation also shows a bump between Y8 and Y11. This means that these four years Y8, Y9, Y10, Y11 and Y13 represent the highest risk groups when both genders are considered. The causal factors behind this are likely to be biological, social and environmental. The onset of puberty is a known risk factor for both girls and boys. At the same time, the widely understood shift in adolescence from one primary social audience shifting from the parental to peer, mean this period will have high levels of social and self monitoring behaviours. This conclusion is reinforced by the increase in internalisation which coincides with this age group (see Figure 7), a response to an increased perception of a hostile or uncertain social audience. Environmentally, the shift from primary to secondary school removes pastoral protective factors such as being known by your class teacher and being taught in one classroom.



Figure 6. Percentage of boys v girls self-regulation categorised as at risk in the context of school, disaggregated by year group (data from July-December 2021)

8. The negative impact of public exams on student social-emotional wellbeing

- New evidence suggests that public exams have an adverse effect on student wellbeing
- Comparison with the pandemic period where exams were cancelled has provided a unique and important snap shot into the social-emotional impacts of public exams

The data from periods before during and at the end of the pandemic also reveal a striking and potentially unique observation of the impact of public exams on student wellbeing.

Before the pandemic Figure 7 shows the percentages of students in different year groups in 2018 who were measured to be *over-regulating*. Over-regulating has been shown to be a state of effortful hypervigilance and high self and social monitoring ^{xi}. It is associated with psychological strain comes with an increased risk of a sudden dysregulation- students being unable to sustain it and engaging in unhealthy self-soothing.

Figure 7 shows how over-regulation increases steadily as children go through school from Y3-Y13. However it has particular peaks at Y11 and Y13, with dips in Y7 and 12 respectively. Y11 and 13 are public exam years, indicating that pupils over-regulate to cope with the pressure of their exam preparation years. They subsequently then 'relax' the following year (Y7 and 12).

Figure 7 Percentage of students by year group (mixed gender) who exhibited over-regulation in 2018

Data from Figure 6, showing student dysregulation mirrors this trajectory, showing peaks of dyregulation in Y10, 11 and 13- the years facing public exam years, whilst falling again in Y12. However, strikingly, this explanation is further strengthened by reference to Figure 8, which shows the same Figure 6, but taken from an earlier time period in the pandemic- March-April 2021.

Importantly, this period was one in which public exams had been cancelled and replaced by internal assessment. The strikingly different trajectory shows dysregulation peaking in Y10 and declining steeply in Y11, Y12 and Y13. Additionally, and of particular note, the pattern from Y5-Y10 is essentially unchanged from the March-April2021

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to the July-December 2021 periods. The change in risks is *only* observed in the public exam years, supporting the conclusion that it is public exams which are triggering the increase in self-regulatory and associated mental health risks.

This data provides strong evidence that public exams have a direct negative emotional effect on the wellbeing of students. This is not the same as concluding that public exams are in themselves harmful to the educational experience of students; Challenging emotional experiences can be educationally productive and useful, if scaffolded in the right way. However, it does suggest that additional and specific guidance and support should be targeted around the exam years to compensate for what is objectively a more stressful emotional experience for students. For example, schools could avoid generalised messages that 'everyone should work harder toward exams' and, instead, scaffold students to self-evaluate their own levels of pressure, focus and effort, and make regular adjustments as needed.



Figure 8 Data from March-April 2021, showing the percentage of boys v girls self-regulation categorised as at risk in the context of school, when public exams had been cancelled. The black line shows the combined gender scores from July- December 2021, when public exams had been reinstated.

9. Hidden students: the ticking time bomb

- A key indicator provides an explanation for why levels of visible disruptive adolescent behaviours have not yet surged during the pandemic
- The cause is related to increased hidden, internalised risks rather than that adolescents have been unaffected by the pandemic

A key question early on in the pandemic was the extent to which lockdown measures would trigger a wave of disruptive behaviour in adolescents. Whilst it is not in the remit of this report to report on wider figures for crime, drug use and violence, public data has not indicated an immediate surge of such visible disorder offences or incidences. This has led some commentators and politicians to claim either that the pandemic has not been as harmful as predicted, or that adolescents has shown resilience in bouncing back from it.

Section 6, 7 and 8 highlight a more complex picture, with different higher emerging risks for girls and boys, and at different ages. In addition, Section 5 highlights that the highest risks are contextual, related to school as a disrupted context, whilst Section 11 will highlight the impact of affluence. However, the experience of the relative invisibility of emotional fall out from the pandemic is also explained by a rise in what we call hidden or internalised risks, as opposed to externalised, visible risks.

Figure 9 shows the percentage change in students who hide their feelings, thoughts and ideas in the context of school. STEER refers to these students as being lower disclosing as opposed to being higher disclosing. Pre pandemic 6/10 girls and 5/10 boys were low disclosing. Mid pandemic 8 / 10 girls aged 11-18 had developed biases to be low disclosing in school (6/10 boys). This figure for girls has been maintained, whilst boys has returned to pre-pandemic levels of 5/10.

This indicates that adolescent psychological risks are now dominantly being driven by internalized hidden behaviours rather than externalised. Only 7% of student bias risks are now externalised, compared to 81% which are internalised (Figure 10). Internalised risks are less likely to be visible to teachers or by professional observation and are likely to go undetected. This challenges the assumption that children who are not misbehaving, acting out or externalising concerns, are thriving.

Around 40% of students who are low disclosing are *polar* low disclosing. STEER has previously reported that this is associated as a lever to drive significantly increased risks in the other three factors.^{xii} These are likely to lead to a 'ticking time bomb' outcome, where hidden concerns go undetected for too long, becoming entrenched and emerging at a later date as a more significant pathology.

The high incidence of students hiding their concerns means that new approaches are needed to detect early indicators of an epidemic of hidden risks. It challenges mental health approaches which rely on third party observation data and lack ways to detect hidden risks. Approaches such as surveys may not be accurate. Similarly, chat hubs may facilitate a kind of front stage self-presentation which is a deflection rather than a disclosure. Chat hubs also have the potential to increase co-rumination and amplification of misguided messages. This raises questions about whether they can be a useful part of the armoury of solutions for our adolescent population.

	Girls who hide their concerns at school	Boys who hide their concerns at school
Pre-pandemic	****	******
Mid Pandemic	********	*******
Late 2021	*******	******

Figure 9 The percentage of students hiding their ideas, feelings and concerns in school has grew during the pandemic, and has remained high for girls.

10. Why we will see a post pandemic surge in girls' internalised control disorders

- Strong signals indicate that the specific long-term psychological risk from the pandemic will be pathologies driven by internalised control
- These are predicted to be particularly high in girls aged 14-18

One of the most important tasks facing the UK authorities is to forecast the likely trajectory of adolescent mental health risks post pandemic. This report has provided important signals about its direction. First, section 5 indicated what looks increasingly like a structural shift for in-school poor self-regulation; we predict this is unlikely to shift back to pre-pandemic levels in the next 12-24 months. This means that additional in-school resources will be required to simply return to the pre-pandemic levels of student mental health.

Section 6-9 highlight that girls will continue to be the most adversely affected, that vulnerabilities will be focused on years 9-13, with public exams as a trigger for further vulnerabilities. We also predict the rise in clinical mental health disorders will be focused narrowly on conditions relating to internalisation, and specifically internalised control.

Internalised Control is a psychological response to an anxious, uncertain environment. STEER has previously described the triggers for internalised control as a psychological strategy.^{xiii} When a person says *"I can't control what's out there"* one response is to decide *"But I can control what's in here (my thoughts, pain, food, relationships)…"*.

Internalised control has specific psychological risks for a young person, in particular when established over time. See Figure 10. These focus around self-soothing through internalised control (controlling eating, self-harm, obsessive patterns of thinking, ruminating); in times of anxiety, not reaching out for help; exerting control through self-discipline and perfectionism; becoming fixed and intractable in thinking; being drawn to co-ruminating intense relationships.

Internalised control risk behaviours

- Project a different, deflective public persona to hide concerns
- Unable or unwilling to seek help- lack of agency / intractable
- Undisclosed online attachments
- Stress related difficulties e.g. anxiety because of pressure on self
- Hidden perfectionism, unhealthy personal control
- Fixed patterns of thinking, drawn to fundamentalist versions of truth
- Internalised controlled self-soothing e.g. controlled eating, controlled behaviours, self-harm

Figure 10 A summary of internalised control behaviours

Why we are confident we will see this surge in internalised control

Internalised control results from, and is indicated by, a specific combination of the four biases that STEER measures: a lower trust in others, a lower self-disclosure and a lower seeking change. Our prediction of the surge in internalised disorders, with control particular surge in girls, is signaled by a rise in all three of these biases.

Figure 9 and 12 shows the proportion of risks which are now internalised (low disclosing); Figure 12 shows the percentage of polar low seeking change biases in school. Again, we see a sustained rise in girls from 14.7% to18.9% across the pandemic. Boys see a steep surge during the third lockdown at the start of 2021, triggered by the late decision to close schools and return to online learning, but have returned to pre pandemic levels now.

An even steeper rise in low trust of others *in school* has been observed, with an increase of 50% amongst girls in school from 13.5% pre pandemic to 21% (Figure 13).



Figure 11 Percentage of all risks measured by STEER which qualify as internalised v externalised







Figure 13 Percentage of students with polar low trust of others *in school*

11. The buffer of affluence: State v independent sector outcomes

- Independent secondary day schools saw an increase of in school polar biases of 15% since before the pandemic
 - The trend matched state schools, but from a lower pre-pandemic baseline and to a lower extent

A key concern for authorities during the pandemic has been to understand the relative impacts of lockdowns in different socio-economic groups. Whilst analysis of wider data in this field is beyond the scope of this report, the sample cohort was also compared to the wider STEER independent day UK school cohort in some measures.

UK independent day schools are fee paying schools with typically a higher budget per student available than state schools. Budgets maybe as much as three times higher in many independent schools. This allows them to teach in smaller classes, have a higher student- tutor ratio, provide a wider range of extra curricula activities and more individualized support.

Compared to the state day sector, the secondary independent day sector has seen a 15% increase in inschool polar biases compared to before the pandemic. This compares to a 25% increase in the state sector. Independent day schools have suffered a similar trend to the wider state population, but to a less extent.

Again, girls drive this independent day sector trend, in particular through an increase in girls who are polar low self-disclosing. Before the pandemic 2/10 girls aged 11-18 years were polar low self-disclosing in school; that figure rose to 3/10 girls during the pandemic and has remained around this level since despite the return of on-site school. The additional provisions of private education has mitigated the negative effect of the pandemic but not fully protected against it.

Our data also shows that, in historic terms, independent school polar biases were about 20% lower than the state sector before the pandemic. The relatives increases in polar biases due to the pandemic leaves this gap wider at the end of the pandemic than at the beginning.





Figure 12 Percentage of polar biases *in school* before the pandemic, and at the end of the pandemic, in state and independent schools.

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