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Mental Health in Schools

Whole School Approaches

**Minds
Ahead**

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Mental Health Green Paper 2017

INTRODUCTION

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Yesterday (4.12.17) the Government has outlined its proposals for improving mental health provision in children and young people in its Green Paper, *Transforming Children and Young People's Mental Health Provision*. The Government's determination to address mental health issues in children and young people is commendable and should be applauded. The proposals in the Green Paper represent a political commitment to a very important issue.

The Prime Minister is determined to correct, in her words, the 'historic injustice' of unfair discrimination and poor treatment of people with mental health needs. Support for children and young people in schools and colleges is inconsistent and waiting times to access specialist services are too long. One in ten young people have a diagnosable mental health condition and children with mental health problems face unequal life chances. Half of problems are established before the age of 14.

The proposals in the Green Paper outline a three-pillared approach for addressing mental health needs in children and young people. It is proposed that the three pillars will be rolled out to a fifth to a quarter of the country by the end of 2022-23.

Firstly, it is proposed that a '*Designated Senior Leader*' for children and young people's mental health should be appointed in every school. These designated leaders will focus on establishing whole-school approaches which will promote good mental health in children and young people. This is a significant role in schools and it will ensure that students, staff, parents and external agencies have a point of contact should this be needed. Training will be provided to the designated leaders to ensure that they have the knowledge to effectively identify and support children with mental health needs. Early intervention can prevent problems from escalating and schools and colleges play a vital role in identification, intervention and referral. The proposals highlight that the school environment provides a more acceptable and non-stigmatising context for interventions but at the same time it can present triggers for difficulties such as social anxiety. The designated leader will play an important role in deconstructing the school environment to reduce possible triggers for poor mental health and in cascading training to all staff.

Secondly, it is proposed that *Mental Health Support Teams* will be established to improve the link between schools and local health services. The Mental Health Support Teams will work closely with schools to develop approaches to early intervention and they will deliver evidence-based interventions, including Cognitive Behaviour Therapy, to children and young people with mild to moderate mental health needs. They will provide extra capacity for early intervention and on-going help. Their work will be managed jointly by schools and the NHS.

Thirdly, there is a proposal to introduce four week waiting times for children and young people who need access to specialist mental health services. Current service provision is at crisis point; Child and Adolescent Mental Health Services (CAMHS) are over-stretched, resulting in extremely long waiting lists and strict referral criteria. This results in the help often coming too late or young people not receiving any form of help.

It is proposed that all children and young people will be taught about mental health and wellbeing through Relationships and Sex Education (RSE) and Personal, Health and Social Education (PHSE). However, the importance of integrating mental health across the full breadth of the curriculum is not addressed in the Green Paper and this should be given due consideration. For example, subjects such as music, art, drama, English, religious education and history can make important contributions towards mental health. Additionally, the importance of providing children and young people with an *inclusive* sex and relationships education (SRE) curriculum is vital in promoting good mental health. This is also not acknowledged in the Green Paper, although there is acknowledgement in the paper about the link between LGBT and mental health. Schools should ensure that SRE addresses the spectrum of gender and sexual identities so that children and young people feel included and we hope that this will be addressed in the subsequent White Paper.

It is proposed that new research will be funded, including research in how best to support vulnerable families. The government plans to commission further research into interventions that support parents to improve attachment relationships.

The role of initial teacher training in supporting new teachers to more effectively identify mental health problems and provide appropriate forms of support is highlighted. Additionally, a working group of social media and digital sector companies will be established to explore how to keep children and young people safe on line.

A 12-week consultation period follows the publication of the Green Paper. Whilst we welcome the proposals, we have concerns that the role of the assessment system in

contributing to poor mental health in children and young people is not explicitly acknowledged in the Green Paper. The role of terminal examinations in contributing to test anxiety warrants further consideration. In addition, the marginalisation of a broad and balanced curriculum and recent changes to the curriculum also warrants discussion. We also have concerns that the proposals, if rolled out, will not reach all children and young people with 75%-80% not receiving the support they need by the end of 2022-23.

The Carnegie Centre of Excellence for Mental Health in Schools

The Carnegie Centre of Excellence for Mental Health in Schools was established in the Carnegie School of Education at Leeds Beckett University in 2017. It was the first national Centre of its kind to be developed in a university. It is supported by Nicky Morgan MP who serves on the Advisory Board. Working in partnership with *Minds Ahead*, the Centre has established a Quality Mark which is an accreditation of the mental health provision within schools and colleges. Through a process of auditing current provision, schools and colleges then enhance provision further to work towards the accreditation. Over 100 educational institutions are currently working towards the Quality Mark. The Centre has also established a suite of professional development courses for teachers and school leaders. It launches its development programme for school mental health leads, in Leeds on 26th January 2018. We deliver mental health awareness training to trainee teachers on undergraduate and postgraduate initial teacher training programmes and we are leading research into LGBT and mental health. The Centre has established a Master's degree in the leadership of mental health in schools which commences in September 2018. The Centre also generates research into whole school approaches for mental health and delivers programmes of professional development to trainee teachers.

This volume

The collection of papers in this first volume demonstrate that schools and other organisations are already undertaking a significant amount of work to improve children and young people's mental health. The papers reflect a variety of practices across a range of contexts. We believe that a standardised approach is neither possible nor desirable and we welcome a variety of approaches. This volume illuminates some of the issues in relation to children and young people's mental health and offers practical approaches for addressing these.

Initial impact and young people's views on a PSHE mental health teaching programme

Dr Bianca Finger-Berry

Executive Summary (MA in Advanced Social Work, Dissertation)

The purpose of this study was to consider the initial impact of teaching programme, 'Teaching about mental health and emotional well-being' (PSHE Association 2016) as viewed by young people. Its aim was to explore the effect on young people's behaviours and views in relation to their mental health, help-seeking behaviour and their views on the teaching programme itself.

Background

This project was designed following a local review of the circumstances of children who had taken their own lives. The review recommended that mental health teaching in schools should be explored as part of the suicide prevention strategy. Mental health of young people, especially in respect of schools, has received a particular focus in the last few years. Various guidance documents, published by the government and other organisations in the last few years (Department of Education 2016; Stirling and Emery 2016; Education and Health Committees 2017; NatCen Social Research & the National Children's Bureau Research and Policy Team 2017), and mental health first aid training (MHFA England) for schools staff was recommended by the government in 2016 and is being made available for every secondary school (Prime Minister's Office 2017). The Children's Commissioner in her briefing this October about children's mental healthcare in England is explicit about the role of schools in her recommendations:

'All schools should:

- Establish a positive environment which promotes children's wellbeing
- Teach children of all ages about mental health and well-being
- Have a lead professional and a clear mental health policy'

(Children's Commissioner 2017)

Concerns about the stark difference between the proportion of young people estimated to have mental health problems, about 11.5% of young people aged 11-16 years (Nationwide Survey of young people's mental health), and young people receiving support from child and

adolescent mental health services (CAMHS), 1.8%/1.9% in 2016-2017 (5-17-year-olds) in our local area, was highlighted in this report (Children's Commissioner 2017).

There is some limited evidence that mental health teaching programmes have the potential to have a positive impact on young people's understanding of mental health (Naylor, Cowie et al. 2009) and increasing help-seeking intentions and behaviours.

There is mixed evidence of the effectiveness of school based suicide prevention programmes. A systematic review of 11 programmes by Ploeg et al. (in De Silva, Parker et al. 2013), evidence mapping in suicide and self-harm, found that whilst programmes demonstrated improvements in attitude and knowledge in relation to suicide, some also resulted in negative outcomes, in particular in relation to males who had made a previous suicide attempt. One programme, The Youth Aware of Mental Health programme, which was one of the interventions in the SEYLE (Saving and Empowering Young Lives in Europe) randomized controlled trial, showed a significant and sustainable decrease in suicide attempts (Wasserman, Hoven et al. 2015).

The 2016 progress report on preventing suicide in England (Community, Mental health and 7 Day Services 2016) recommends the programme 'teaching about mental health and emotional well-being', which was developed by the PSHE Association with funding from the government as a suicide prevention activity.

Methodology

The PSHE teaching programme: 'Teaching about mental health and emotional well-being' (PSHE Association 2016) was chosen for this study, as the YAM teaching programme was not accessible due to extensive training requirements, and the PSHE Association programme was freely available, and also endorsed by the UK government. A training event was organised for school staff which was delivered by the PSHE Association, and two schools volunteered to deliver the teaching programme and take part in this study. The aim of this study was to find out the initial impact by asking young people, and surveys were conducted in form of an online questionnaire, administered by the schools, before and after teaching of the PSHE mental health and well-being programme. Participants involved 60 Year 9 students (School A) and 175 Year 9 students (School B) at the beginning, and 56 Year 9 students (School B) and 129 Year 9 and Year 10 students (School B) at the end of the programme. Young people had an opportunity to make themselves known if they needed additional help, and a small number of young people were identified after the first questionnaire as needing follow-up due to

requests, or concerns about their mental health and the support available to them. Data analysis was performed using descriptive statistics. Qualitative data from open ended questions was analysed using thematic analysis.

Key findings

Whilst acknowledging that this study only involved two schools, and a limited number of young people, the results from the questionnaires indicate that the PSHE teaching programme can make a difference in relation to several factors. Also, young people were very positive about the programme, over two thirds said that they found it quite helpful or very helpful to learn about mental health, and 87% (School A) and 92% (School B) were of the opinion that other students should also learn about mental health through this teaching programme. Young people were overwhelmingly positive about the programme, with comments such as *'The teaching programme was good and it helped me to understand about mental health'* and *'I liked it since it raised awareness of mental health problems and how to deal with them'*, and *'I think we should learn more about this'*.

1. Young people's knowledge about mental health

Young people's perception about their knowledge of mental health increased after the teaching programme. In both schools, fewer children reported that they knew nothing or a little about the teaching programme, significantly more young people reported that they knew quite a bit, and a few young people reported that they knew a lot about mental health. Burns and Rapee point out that recognising mental health problems in oneself can be an important precursor to accessing help:

'The most important reason to raise adolescent mental health literacy is to increase the likelihood that young people can access the most appropriate help when needed.'
(2006).

Young people also commented on this: *'I think it is very helpful to know this information if you ever go through it or you could help a friend'*.

2. Mental health as a taboo subject

The teaching programme had a positive effect on the proportion of young people who talked about mental health with others. Young people discussed mental health issues more with their friends, and they also shared their own mental health issues more with others (parents,

friends, school, brother/sister), in particular with school and friends. Also, fewer children said that they didn't have mental health difficulties to share. Young people also commented on this: *'I like it because it will help people get help and feel like they are not the only one'*.

3. Help-seeking behaviour

Given the discrepancy between the number of children who have a diagnosable mental health problem and the children accessing CAMHS services (Children's Commissioner 2017), it was important to explore young people's help seeking behaviour.

Other than GP and CAMHS, which were very low numbers to begin with, young people's access to support increased in all other areas, and some quite significantly (parents, friends, school). Also, the percentage of children that said that they hadn't accessed any help, or where the question was not applicable, decreased. Help-seeking behaviour is an extremely important factor to consider when thinking about increasing young people's uptake of more formal offers of help. 'Young people need to be encouraged to seek help early and from appropriate sources' (Rickwood, Deane et al. 2005). At this moment in time the survey could not show whether the teaching programme has any effect on professional sources of support. However, given that the number of young people with mental health difficulties far exceeds the capacity of mental health services, informal support through peers, parents and school will continue to play a pivotal role in supporting the mental health and emotional well-being of young people.

Young people also talked about how it could increase help-seeking behaviour: *'I think it's good to talk about mental health and well-being because you can always go and see someone and get help to get through it'*.

4. Components of a helpful PSHE teaching programme

Young people helpfully gave many interesting comments about their view of the teaching programme. Where students gave negative comments, they related to having supply teachers who did not actively teach the programme, *'teacher hasn't been here for a while so we haven't learnt a lot since he left, we just tend to repeat lessons'*. It is important that this teaching programme is taught by a consistent teacher, who is able to have a positive relationship with the students. As with any teaching programme such as this, students enjoy being taught by teachers who show understanding, are caring and attentive: *'Teacher is very good and cares a lot about the students'*. The behaviour of other students was also sometimes a problem: *'I don't like how people see it as a joke' or 'my class was quite roudy'*. It is also important that teachers deliver this programme in an engaging way, especially over time. Some students

commented that over time it got boring, '*it was useful up to a point but then it just got a bit boring*'. It would be important to ensure that students are actively involved in this learning. When delivering a teaching programme such as this, schools need to be mindful of young people with mental health difficulties, as they might find it difficult during lessons. It is important to give young people the opportunity to identify themselves before the teaching programme without others knowing, so that support can be offered. Even though the opportunity was offered, some young people experienced difficulties with some of the sessions: '*It feels like the teachers are aiming it at you when you have had some of the problems talked about even if they aren't.*'

Conclusion

Young people in this small-scale study expressed clearly that they want to learn about mental health and they recommended that this PSHE teaching programme should be taught to their peers. There is some indication that the teaching programme increases young people's knowledge about mental health, and it contributes to young people talking about mental health in general, making it less of a taboo subject. It has shown to have a positive impact on young people's help-seeking behaviour in relation to informal sources such as friends, parents and school. Anyone implementing this programme needs to consider that it is best delivered by consistent staff who are approachable and caring. Young people need to be prepared for the lessons, in particular those who are known to be experiencing mental health difficulties. Consideration needs to be given to follow up lessons to embed the learning, and it is likely that the best way to approaching the implementation of this teaching programme would be as part of a whole school approach to mental health and emotional well-being.

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The Resilience Centre: Teacher Wellbeing Project

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Education, and teacher wellbeing in particular, is a serious contemporary Australian social issue, with ranging implications across educational policy, psychological science, and mental

health for modern Australians. Between 2001 and 2016 the number of teaching staff in government and non-government sectors rose 20% (Australian Bureau of Statistics, 2012). Teaching is one of the highest occupational burnout professions with a 20% average turnover rate in three years, and almost 50% over five years, across Australia, America and the UK. This literature review seeks to discuss the pertinent factors that relate directly to teacher wellbeing, as it relates to student educational outcomes. Factors relating to wellbeing include: the quality and quantity of their social relationships in the workplace, including relationships to students, other teachers, and administration; their positive evaluations and attitudes; and their ability to address and manage instances of occupational stress. Research suggests there is a significant positive relationship between teacher wellbeing and SAT results, with an average of 8% increase in academic performance per dimension of teacher wellbeing increase (Briner & Dewberry, 2007). In our review of the literature, we have attempted to best link teacher wellbeing outcomes back through the lens of four of the seven Resilience model factors: skill, education, peer, and work.

We hypothesised that teacher wellbeing will be predicted by the quality and quantity of their social relationships in the workplace, including their relationships with students, other teachers and other staff members in the school environment.

This hypothesis draws strongly upon the *Friends Factor* of The *Resilience Doughnut*. The friends factor within The Resilience Doughnut has identified that an individual's ability to maintain successful and meaningful friendships are able to achieve increased resilience negative emotions stemming from experiences or trauma (Worsley, 2015).

Throughout our literature review the most prominent factor related to teacher wellbeing was the quality and quantity of their pro-social relationships in the workplace (Hargreaves, 2000). Relationships with students was most often cited as the greatest source of enjoyment, motivation, and core reason for staying in their job amongst teachers (Baumeister & Leary, 1995; Hargreaves, 2000).

Spilt, Koomen and Thijs (2011) argue that teacher-student relationships can have observable impacts upon the teacher's professional and personal sense of identity, which in turn contributes to their wellbeing. This study further identified through self-report that a focus on teacher wellbeing promoted student educational outcomes, with an overwhelming 94% of teachers responding as 'agreed' or 'strongly agreed'. This is in direct support of the hypothesis as it suggests that some forms of relationships experienced by teachers may have an observable impact upon student educational outcomes.

The primary component of the *friends factor* of *The Resilience Doughnut*, is the supportive role of friends and a support network (Worsley, 2015; Hjemdal, Mossige, Stefansen & Von Soest, 2010). Social support, a key benefit stemming through developed relationships in a workplace environment, is identified as an important factor in individuals' ability to cope with situations that may disturb wellbeing in a professional context (Aelterman, Engels, Van Petegem & Pierre Verhaeghe, 2007).

The resilience model relies on a series of factors which form the basis of individual resilience to stressors. Teachers themselves are care-seekers in the sense that they gain considerable emotional security from their relationships with their students, thus demonstrating a basic psychological need for relatedness with their students, and acts as a pervasive source of motivation, that can explain the importance of personal relationships within the classroom for teachers (Baumeister & Leary, 1995). This suggests that the relationship between teachers and their students could fulfil the role of the *friends factor* of *The Resilience Doughnut*.

When particular factors of resilience from the resilience model are not met there is less basis. Frustration when basic relational needs are not met, undermines positive wellbeing. Thus following this notion, teacher's relational experiences with individual students are predictive of their wellbeing (Spilt et al., 2011). Teachers internalise experiences with students in schemas of relationships that guide their emotional responses to daily interactions (Spilt et al., 2011).

Relationships between teachers and students can be developed by mutual respect and pro-social values, shared interest in subject material, 'atmosphere of learning', sharing of troubles/concerns, questions asked, recognition and reward of achievement, openness, caring, interdependence, mutual needs met, and clear and concise classroom culture (Noble et al., 2008; Roffey, 2012). Social capital is a key determinant of the development of teacher-student relationships. Social capital is defined by Pretty and Ward (2001) as the networks of relationships among people who live and work in a group that enable effectiveness. In the context of school life, the quality of social connections is the primary influence on the facilitation of social capital. More social capital leads to trust and reciprocity, creating a bidirectional feedback loop between teachers and students, leading to enhanced attainment of long and short-term goals and enhanced personal relationships (Roffey, 2012). Social capital can be developed in the circumstances of high expectations creating communal identity (expectancy effects), participation in decision making processes (especially those

that affect them), meaning and purpose in works organisational structure and the knowledge of how one's contribution affects the whole (Roffey, 2012).

Positive evaluations and attitudes of teachers are hypothesised to increase the resilience and wellbeing of teachers. Optimal teacher wellbeing is a sustainable state, characterised by predominantly positive feelings and attitudes, positive relationships, resilience, self-optimisation, and a high level of satisfaction with learning experiences (Noble et al 2008). In a UK study, teaching was ranked 2/26 on physical health, 2/26 on psychological wellbeing, 6/26 on job satisfaction on stress inducing jobs (Johnson, 2005). There are several key positive environmental factors which can be found within teaching environments.

Worsley (2015) explores *The Resilience Doughnut* as being likewise composed of a strength-based approach to resilience. The recognition of the positive attributions and factors of resilience available to teachers within their environments could form their basis of resilience in order to promote their wellbeing.

Self-efficacy and workload evaluations account for more than half (54%) of the variance of teacher competency (Aelterman et al., 2007) and are found to further sustain their efforts towards pursuing children's optimal scholastic attainment (Caprara, Barbaranelli, Steca & Malone, 2006). These are key indicators that through the strength-based approach of *The Resilience Doughnut*, the *work factor* may form the basis of resilience for these teachers (Worsley, 2015). This is further explored through the identification that these teachers also exhibit enthusiasm for teaching and are more committed to their profession, and are likely to exert a positive influence on students' achievements and their own sense of efficacy (Caprara et al., 2006).

The eventual academic achievement of the students themselves is identified to be predicted by subsequent achievement as well as teachers' self efficacy beliefs, which in turn, contributed significantly to students' achievements and teacher job satisfaction, thus demonstrating a bidirectional relationship (Roffey, 2012). It stands to reason therefore that the *work factor* from the resilience model will be closely linked with student performance in the context of teacher wellbeing and resilience.

The relationships between teachers and students is a key environmental factor within the teaching environments. Mental representations at different levels of generalisation offer a window to understand how individual student-teacher relationships affect professional and personal esteem. Consistent negative evaluations of relationship theories link to habitual

appraisals of problematic student behaviour, which leads to unproductive emotional labour, compassion fatigue, and occupational burnout (Chang Davis, 2009). This could be contrasted with the identification of the long term positive attitudes towards teaching, therefore, are best accounted for by positive self-efficacy upon initiation, which is sustained long term by the profession, enthusiasm for learning, and the removal of negative relationship attributions (Roffey, 2012). Thus, an adoption of a model taking on a strength-based approach to promote positive attributions would positively impact teacher self-efficacy, in turn resilience and ultimately student performance.

Furthermore, stress is a negative emotional experience being triggered by the teacher's perception that their work situation constitutes a threat to their self-esteem or wellbeing (Kyriacou, 2001). Stress minimisation is a key predictive factor to longitudinal teacher wellbeing. Knowledge of stress minimisation strategies and techniques are important for administration and teachers alike as they predict better outcomes for students and teachers alike. Kyriacou (2001) reports that the primary sources of occupational stress for teachers stems from students who lack motivation to learn; difficulties and efforts in maintaining discipline in the classroom; confronting general time pressures and workload demands; exposure to environmental and occupational change states; the implicit evaluations and attributions of others who are relevant to the teachers' self-esteem; difficult or challenging relationships with colleagues and administration; and general exposure to poor working conditions.

Cooper and Marshall (1976) directly implicate five main sources of stress in the work environment relevant to teacher wellbeing.

Cooper and Marshall's five sources of stress;

1. Intrinsic: poor physical conditions, classroom environment, and work overload
2. Role ambiguity and role conflict
3. Career development potential: lack of security and under/over promotion. The high burnout rate is a factor also, as teachers see others around them give up and feel discouraged.
4. Relationships: Manager, and other teachers. Bullying from both students and other employees. Moreover, teachers and education employees are the largest group of callers to the UK National Workplace Bullying Advice Line (Holmes, 2005).

5. Organisational structure and climate: Involvement in decisions that affect teachers directly, including educational policy at state and federal levels.

It is important to note that occupational stress is highly variant in the teaching profession. Moreover, intrinsic stress management strategies, personality traits, or the environment can interactively influence the degree to which stressful situations are perceived, influencing on a daily basis the teacher's emotional and cognitive wellbeing. Hattie (2009), in his meta-analysis of effective education, concluded that making mistakes needs to be welcomed as part of effective learning, and necessary and expected as part of the learning environment. Schools improved academically in environments where people were not afraid to admit they had used discretion in their use of the curriculum (Hattie 2009). Just as strength acknowledgment makes for positive evaluations, mistakes must almost be acknowledged in order to learn from them; recognition was found to be favoured over punishment as purposeful to the learning process and further training (Roffey 2012).

In conclusion, the pertinent psychological research suggests that modern teacher wellbeing is best predicted by: the quality and quantity of the social relationships in the workplace, including relationships to students, other teachers, and administration; the nature of their positive evaluations and attitudes relating to their role in the workplace; and the minimisation and management of sources of stress, as listed above. The major implications of these findings are that if we want to improve the school performance and teacher wellbeing, we need to recognise this bidirectional influence they have on each other. How teachers feel on an everyday basis is likely to affect their performance, and so, in turn, the performance of those they teach (Briner & Dewberry, 2007). While we cannot directly implicate cause and effect relationships between the above factors and teacher wellbeing (Briner & Dewberry, 2007), the high reliability and direction of the correlational data is strongly indicative of bidirectional influence and multiple, layered, nested factors that affect teacher wellbeing.

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The Trauma Treadmill

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Wellbeing. What a wonderful role to undertake. A few cakes here and there, a social event and a few magazines in the staff room. Sorted. Well, not quite. In fact, undertaking the role of wellbeing for staff and pupils has been one of the most rewarding but more importantly, eye-opening experiences I've undertaken in my thirteen years of teaching and there is still such a long way to go. I've decided to write this reflective piece for a number of reasons; to support my school and others in recognising the impact our role as Well-being Leaders can have in making real changes to humans (yes, I've deliberately used that term) and to give insight in why the need for a 'trauma 'policy is essential.

We all work hard to manage the on-going challenges of work and, as the 'The White Paper for Psychological Well-being at Work' states: "In many ways, pressure at work is psychologically healthy. It provides people with an opportunity to experience a sense of challenge and achievement, both of which are important for high levels of psychological well-being."

So, what led to us realising we needed a trauma policy? An incident happened recently which led to a hospital visit for my Head. My Deputy and Pastoral Leader tried to prevent it. My Head returned that afternoon, my Deputy came back after comforting her at the hospital and my pastoral leader managed a cuppa. I think I popped down and gave her a hug. This is how it started. The treadmill of the profession meant things just carried on. A quick, how are you? In reality, the incident has actually led to many questions, mostly, 'if only I had...'. In reality, nobody could have stopped it. It happened. But what did we have in place to support our staff? Nothing. After discussions with those involved and our Well-Being Governor, it was this that has prompted us start to create a policy and in actual fact, take into account the other 'challenges' that perhaps exceed those 'healthy' ones associated with the profession.

Let's consider Safeguarding for example. How many of you have had a child disclose to you? Reports are taken, calls are made. It's taken out of our hands. However, some disclosures can be horrific. Making the call can be traumatic. Who then supports and listens to the person on the receiving end of the disclosure as they ponder whether they've done the right thing, whether they've done enough and whether that child will be ok tonight? Another

'challenge', completely and utterly essential but time is often needed to process and take a step back. Do we have that in place?

After discussions with staff within my school, as well as members of staff elsewhere who have experienced the above and more, a consensus of needs has arisen. What do they need? Well, they need time to come to terms with what had happened, a cup of tea in a private room, time to actually say aloud what had happened, to repeat, to clarify, to go through the 'what ifs'. To be listened to without interruption. To reflect. Or, just to sit in silence, alone. We are all different, but, we are all humans. We all need time to deal with situations. If we are not physically given time, in this rollercoaster of a job, we will not take the time. This can lead to a range of situations including anxiety or post-traumatic stress, to name a few. Early intervention steps after a trauma could make all the difference.

So, where are we going with this? Well, we have the support of our Well-being Governor. Our Governor has offered a listening ear, she has been in as soon as traumas have arisen to support. We will have a flow-chart of support which will include removal from the situation, time out, space to speak. We will follow up with impartial 'de-briefs' as well as follow up discussions in the weeks and months that follow. We will also be mirroring this for our pupils. They can experience a trauma at any time too, from an epileptic fit to a nasty fall. We need to put steps in place to support them too. This is in its early stages and no doubt will need adapting. It all depends on the individual and the 'trauma'. Back to my original point, we are all human and we all have different ways of dealing with things. But, we must deal with them.

Mental Health in Schools: system reform required

Dean Johnstone, Founder & CEO, Minds Ahead

“I was delighted to be appointed as the first mental health lead for my school. However, I have no real idea what I am doing! There is nowhere to turn for guidance and I haven’t had any training on how to lead school mental health.”

This is typically what leaders taking on responsibility for whole school mental health say when I ask them how things are going in their newly created role. This lack of professional structure is not good enough.

I established the social enterprise *Minds Ahead* to approach mental health from a school perspective because too few organisations are addressing the challenges schools are facing. Minds Ahead exists to transform the education system for the benefit of all students.

The change needed is one of culture, expectations and standards.

Schools and colleges are marvellous places with the most uplifting, inspiring, committed and driven people I know. Teachers and leaders have a strongly practical approach, relentlessly focused on what works to support their most vulnerable students. However, they are in a system which, when it comes to mental health, is not fit for purpose. System change is urgently required.

A school aged child in England is more likely to die from suicide than any other cause. We need an informed, independent and honest discussion about mental health and the role of schools. Minds Ahead are working with partners to ensure that this happens by setting up a national school mental health data institute. Without fear or favour, this will shine a light on what is happening in our education system and to shine a light on the support that is needed. Data is so powerful and has the potential to convince system leaders that wide-ranging change is needed.

The data institute will provide meaningful benchmarks to schools so that they can evaluate their outcomes against national averages, whilst also challenging local and national government and the wider public sector where necessary. To accept anything less is to tolerate failure for far too many of our children. We are seeking funding from parties interested in ensuring a true picture emerges. If you are excited by this prospect do contact me.

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Imagine a school or college without a safeguarding lead, whole staff training in safeguarding and evidence-based safeguarding guidance to refer to. Yet, this is the reality when it comes to mental health in schools and colleges. Minds Ahead is focused on rapidly changing this.

The first step is to create high quality, evidence informed professional learning and development for teachers and leaders. The Carnegie Centre of Excellence for Mental Health in Schools is the first university centre for mental health in the UK. It is a partnership between the Carnegie School of Education at Leeds Beckett University and Minds Ahead. This new national centre is the key vehicle to set the standard when it comes to quality professional development for all members of the school team. I am confident that the innovative and much needed work we are doing here will soon become accepted as the norm. The most recent initiative, the launch of the UK's first postgraduate qualification in school leadership of mental health and wellbeing, is adding to the much needed work we have already developed.

This will have a ripple effect beyond the individual school or college. Equipping leaders and governors with a solid understanding of mental health will result in a cadre of informed and confident colleagues able to support and challenge their local mental health systems. This will result in better decision making by health commissioners, thereby, transforming local mental health provision for their whole community.

High quality professional learning will make a big difference but there is also the need to ask some fundamental questions about mental health support and their fit within schools and colleges.

In October, I spoke at a Sixth Form Colleges Association event, alongside a 'College mental health officer'. Delegates were interested by the role asking what training they had undertaken and how they can hire similar for their organisation. The reality is that each school and college has created their own job description, based on local knowledge and professional contacts.

Too many schools and colleges are finding that they need additional mental health expertise only to discover that existing professional roles don't suit their context, nor meet the needs of students. There are examples of effective working between schools and mental health professionals. In all cases, these professionals come from a mental health, rather than education background. They are often employed by local mental health services or mental health charities. There is no reason for this to be the case.

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Minds Ahead are exploring options for a new professional role which will combine a solid understanding of both education and mental health practice. This role will be a school or college based mental health professional. Crucially, they will be employed within education and expected to establish links with local mental health services, rather than the other way around.

These three changes: a school mental health data institute, a university centre for quality professional development and a new professional role for schools and colleges will kick start the system reform we require when it comes to mental health in schools and colleges.

Combined, these changes will shine light on the reality of mental health within schools, challenging the system to improve; ensure quality school-focused mental health training for education professionals, leaders and governors; and will provide schools with a mental health professional who understand the realities of education and teaching.

Mind Ahead's core strategy is one of partnerships. By remaining small, niche and highly focused on the challenges of mental health in schools and colleges, Minds Ahead avoids the traps which come with scaling up operations.

We invest in setting up deep partnerships with organisations able to contribute towards a shared vision, such as our new partnership with Leeds Beckett University. These partnerships combine the strengths of both organisations, ensuring more effective responses to meet the needs of schools and colleges. It is an innovative and exciting approach which ensures accelerated results and broader impact.

If you want to know more, please contact me: dean.johnstone@mindsahead.org.uk

Getting the Culture of a School 'Right'

Liz Dawson

I have the privilege of working in a large number and range of schools, I believe that as a result I, rightly or wrongly, quickly develop a view of the kind of community I am visiting. From the moment I park my car, speaking to the receptionist to gain access to the secured grounds, the way I am greeted, taken through the safeguarding entry process, how long I am left in reception and the experience of being taken to an office or classroom for a pre-arranged meeting, I absorb signals from the associate staff, teachers, pupils and environment that feed directly into my culture-meter. That is not to say that I form a fixed opinion, the needle on my meter moves frequently throughout my visit.



It is not the child who is showing signs of challenging behaviour on the corridor or in the classroom that feeds my meter, but the responses of the children and adults around her or him. In a school which has got the culture 'right' the child is supported by others in a caring manner. The adults support the child calmly, without ego, keeping them safe and will go on to discover and attempt to address the causes, not the symptoms, way beyond my view.

In a great school in which all can thrive, individuals within the whole community interact without self-importance at the expense of others, without conceit, without bravado. Kindness and caring pervade the actions of all, and when they don't, it's noticed as an indicator that something may not be quite 'right' (that word again) and you can be sure that others will not only have the skills to recognise this but also the confidence and collective responsibility to ask, without prejudice, how they are doing, what they may like to share. It is OK to not be OK some of the time.

I have had the pleasure of working in schools where positive, smiling, can-do attitudes, going the extra mile for the students are the norm, and rightly so. However, a positive culture is not sustainable in the long term where there is a separation of the principles of wellbeing of the staff from those of the pupils. Whilst in the short-term, when opening a new school or where systems in a school need to drastically change with great pace, staff may be working even longer hours than normal (and we know how long all school staff hours can be), drawing on

their resilience and digging deeper into their tirelessness than they ever thought it possible, this is not a long-term solution and the cracks soon start to show.

When it's no longer possible to tell whether a member of staff is working late or has got up early to send an email to all staff at 3 a.m., then things are not 'right'. When you ask "Were you up late or did you get up early?" and the reply is "I didn't go to sleep, in fact I stayed in school all night" then the alarm bells should be ringing. However, when the person you are asking is the headteacher and they frequently talk to the staff about modelling expectations to colleagues and pupils, then it can be very difficult to break the upward spiral of tensions and emotions that feed into the disintegration of a school's culture. The situation is not common, but it is far from unheard of. How to come back from this is beyond the length and remit of this particular article.

The culture in a great school does not just happen, it needs to be planned for, nurtured and re-visited on a regular basis. It needs to be overtly led by the headteacher and their senior team, including the Governing Body. In a visit to a school earlier this term, I heard someone comment to the leadership team how lucky they were to work in such a great school. As the team smiled and thanked the visitor for their comments, I thought of the well-known golfing quote "The harder I practice, the luckier I get." During another recent school visit, the fire alarm sounded. Everything that the headteacher had articulated about the great culture of her school to the group of ITT students I had taken to meet her was borne out in the ten minutes we spent watching every member of her school gather and stand together on a cold, windy November morning.

All leaders, teachers, associate staff, pupils, parents and carers have a role to play in creating and maintaining the culture of a school. It should be the responsibility of every person in the community to promote the culture and to responsibly challenge themselves and others when standards and behaviours fall short of agreed expectations. If people do not feel able or are not willing to do this this, then there is always more to work on. Complacency will result in roll-back. I have seen open dialogue and consultation at all levels, led by pupils, parents as well as leaders and other staff make a massive difference to the overall culture and wellbeing of school communities. A great school culture includes a positive working environment where staff and pupils feel safe and supported to be and do their best. The worries and concerns of pupils and staff are heard, respected and taken

seriously. A comprehensive pupil and staff health and wellbeing offering supports the mental health and wellbeing of all, engaging external child or adult specialist services when needed, helping parents to understand their children's mental health and its impact on their behaviour and learning.

The school's curriculum has a significant role to play in getting the culture of a school 'right'. As a former curriculum lead and a primary and secondary governor, I have debated long and hard on many an occasion about what is the 'right' curriculum to best meet the needs of individual pupils, specific to their academic and wellbeing needs and developmental age. OfSTED and DfE accountability measures were never far from the centre of the debate. It takes great courage, when leading a school which is less than *Good*, to create a secondary curriculum that meets the needs of the pupils potentially at the expense of the best possible P8 score.

Professional development also has a key role to play. In my work as a deputy head leading teaching and learning, I tried to give staff the independence to develop their professional practice specific to their own needs. It was challenging to do so and I am not so naïve as to claim that I always got that 'right', however, I do believe that we always made expectations clear and set the bar at a high but realistic level.

Leading on from professional development are the matters of performance and capability. As a deputy new to one school, I carried out a teaching and learning audit and planned a comprehensive PD programme. It became clear that a very small number of staff needed more support to plan effective learning and to secure good progress for the pupils in their classes. Unfortunately, not all improved and it became clear that many on the staff, including leaders, were aware of this poor performance but the issue had not been addressed for many years. I asked the head about the performance management programme and where I could find the capability policy to ensure that I was working within the school's systems. To my dismay, it transpired that there was no monitoring of PM targets nor a capability policy. Staff had progressed up the main scale, onto and though UPS without any quality assurance, including these staff who were significantly underperforming. I use this as an example of where there is great scope for improving a school's systems and culture. Leadership is rarely easy, great resilience is required to address such issues; the hard-working and high performing staff can quickly become demotivated and cynical. The bottom line is the pupils in our care deserve better.

So, what are some of the indicators that subconsciously and consciously feed into the scale of my culture-meter?

To steal a phrase from the X-Factor; *in no particular order...* interactions with mutual respect between pupils and/or adults, respect for the building and wider environment (whatever the age and condition of the school building), learning spaces where happy children are engaged in meaningful activities, a generally calm atmosphere, displays celebrating success, progress and enjoyment of school-based and other activities, smartly dressed people who are proud to be a member of their school's community who live and breathe the values and ethos of their school. I have many more and you will, no doubt, wish to add your own, and it's right that you do so. Only by articulating your own values and expectations will you develop your own culture-meter. If you do, and live your professional life by it, you'll not go far 'wrong'.

Liz Dawson is a Leadership & Wellbeing Coach at Success Coaching Ltd and is the Lead Assessor for the School Mental Health Award, Carnegie Centre of Excellence for Mental Health in Schools. She is a WomenEd Regional Leader for Yorkshire and the Humber. Liz is a former Deputy Headteacher in two secondary schools and has been a local authority Leadership Consultant and SIP Manager.

“The resilient bat tried to catch the rat again and again!”: Mental Health and Well-Being Approaches in a Primary School

Kerry Hill, Head teacher of Eyres Monsell Primary School.

When a five-year-old pupil independently writes about a resilient bat as part of their writing innovation of the Three Little Pigs, you know that the time and effort embedding core values within our school has been worthwhile.

One of my earliest memories at Eyres Monsell was of two Year 3 children ripping up their Literacy books and throwing them out of an upstairs window because they didn't like the lesson. Progress, attainment and attendance were all low. Children were not able to recognise, articulate or act in an emotionally appropriate way.

Today, the school is calm and purposeful. Children display enthusiasm, motivation and engagement with their learning. Unacceptable behavioural incidents have reduced. Children play more co-operatively and have greater skills to solve their problems independently. We have happy and positive pupils that know effective strategies of cope with the ups and downs of daily life and have the language to articulate how they feel to others. Staff have learned how to support themselves, each other and our pupils so that they learn and grow together.

As a school community we embraced the primacy of an emphasis on mental health and well-being to improve pupil outcomes. We recognised that for our children to learn, they must be ready to engage with learning, be positive about themselves as learners and know how they can be successful and overcome obstacles.

“Good mental health among pupils is fundamental to their well-being and success.”

(Mental Health Behaviour Guidance, DFE, 2014)

In 2014 the government released its Mental Health Behaviour Guidance outlining the importance for schools to develop positive mental health as a vehicle to improve behaviour. This resonated with the work that our school had started and was a catalyst for further exploration of developing a variety of different mental health approaches and to instil a culture of well-being across the school.

In 2014 the school began engaging with the Values Based Education Programme (VBE) to look at ways to deepen children's engagement and readiness to learn. VBE is based upon key principles such as the importance of children learning emotional and ethical intelligence and the power of reflection. Another central strategy of VBE is the importance of adults being role models or 'mirrors' for behaviour, by demonstrating the positive relationships and the values that we wanted to encourage in our pupils.

As a result, we cultivated the Eyres Monsell six core values of:

- Resilience
- Cooperation
- Honesty
- Aspiration
- Respect
- Reflective

Our first task was to ensure the visibility of these values within the school environment. Images of the values are displayed in every area of the school, both indoors and outside, to provide constant reinforcement that anyone can achieve if they have the right attitude and mental approach.



Core values on display across the school

Next, we embedded our values in to the PSHCE curriculum and whole school assemblies so that there was explicit teaching of them and children could learn about each value and what

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it looks like in their everyday lives. The core values are now intrinsically linked to our PSHCE curriculum themes; Being in my world (co-operation), Celebrating differences (respect), Dreams and goals (aspiration), Changing me (reflection), Healthy me (resilience) and Relationships (honesty). As a school we use the 'Jigsaw' PSHCE programme which helps us to teach our pupils how to become aware of their thoughts and feelings to learn techniques of mindfulness to support self-regulation of emotions and to build resilience.

Our values were then woven through the school day. Reflection became a central feature of our schools' practice with initiatives such as "glitter bottles". After playtimes, lunchtimes or when children just require a moment to be calm and think, the glitter bottles are shaken and children sit quietly, reflecting, whilst the glitter settles. We introduced greater reflection of learning through our marking and feedback policy. After lessons, children identify which school value they have achieved. They may have been resilient on a challenging maths problem, worked co-operatively with a partner in a Science investigation or been honest about finding a task difficult. The key was providing the children with time to reflect and allow them to truly internalise the value they had displayed. This aspect has now progressed, with children now reflecting on the skills, tools or knowledge that they have used to be successful learners by writing this in their individual "learning toolboxes".

The tools I have used to be a successful learner are:	The values I have shown to be a successful learner are:
On reflection, this lesson taught me a number of skills and values? We respected each other, were honest with our knowledge, and also learnt valuable life saving skills.	<input type="checkbox"/> Aspiration <input checked="" type="checkbox"/> Cooperation <input checked="" type="checkbox"/> Respect <input checked="" type="checkbox"/> Resilience <input checked="" type="checkbox"/> Reflection

Example of a learning toolbox after a first aid lesson

Our school values underpin all school policy and shape our daily practices, forming part of the everyday expectations at Eyres Monsell. They are explicit in our behaviour management strategy, where a no shouting policy clearly shows that we respect our relationships with pupils and each other. Teaching and learning policies show the importance of reflecting on learning with dedicated daily reflect and respond time every morning, known as 'RAR'.

Children are given time to read and reflect on written feedback provided by the teacher, to enable them to improve their learning. This time to consider how successful they have been

and respond to scaffolded prompts and questions, assists them to know how they have been successful and how they can further improve.

In 2016 our work on well-being and mental health deepened, following our involvement with the Worth It Programme. Backed by the Government Mental Health Strategy, it supports practitioners to cultivate an awareness of how to support children who may be experiencing stress, anxiety and low self-esteem by helping to improve mental health and build greater resilience in children.

Two Resilience Champions (school leaders) were trained over four days to drive well-being practices in our school and to further enhance our whole school approaches to improve character building and resilience amongst pupils and staff.

The Resilience Champions introduced more ways to support vulnerable pupils, particularly those who may need extra 'TLC' as they may be experiencing a difficult family time, a family bereavement or other significant problems that may affect their emotional state. This was easily achieved through a 'TLC' board in the staffroom, which identifies pupils' (by initials) who may be experiencing mental health and well-being issues, so that staff can interact and approach the children with a greater awareness for their care. Chatter Matters boxes allow children to write down things that are worrying them or that they would like to talk about. We have an indoor 'safe space' at playtimes and lunchtimes, where children can make the choice to come in and speak to a Resilience Champion or just come for a time out if required.

We have introduced life skills sessions on a Friday afternoon, mixing children from Reception to Year 2 and Year 3 to Year 6. This gives children the opportunity to learn how to relate with older or younger peers and build relationships with a wider range of adults across the school. Children access five week cycles of activities aimed at helping them develop personal, social and emotional skills in activities that we believe are going to add value and build life-long positive behaviours through activities such as Forest schools, team building, FUNdamentals, LifeSavers money management, digital media, yoga and meditation.

The more we placed emphasis on the well-being of pupils the more we also began to recognise the need to support our staff too. In order for staff to perform to their best they need to have a positive mindset, know how to manage and handle difficult situations and

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know ways to self-regulate their own emotions and well-being. We introduced more recognitions and rewards for our staff; staff gain attendance awards and are celebrated for their successes just like our pupils.

Our most recent initiative has been the introduction of staff well-being workshops led by an external well-being coach. This focused on staff learning strategies to help them manage stresses and situations both within their professional and personal lives. A staff 'Shout Out' board allows colleagues to publically celebrate each other's accomplishments. Recently, all teachers have been trained in Yoga and Meditation through Mini Me Yoga. This has resulted in the symbiotic development of both staff and pupils' mental health and well-being.

By improving the mental health of our pupils and more recently our staff, we have positively affected the chances of our pupils reaching their potential. In 2017, we were one of the top three most improved schools in Leicester City for our end of Key Stage 2 outcomes.

On reflection, the key strategies that we have used to develop mental health and well-being are:

- Ensure the whole school community understands the aims / values and benefits of what you are trying to achieve.
- Engage with national initiatives to support implementation of key strategies.
- Embed core values as part of your everyday practice and curriculum.
- Encourage the development of staff well-being to promote pupil well-being as 'mirrors'.
- Establish a named leader to promote and drive mental health approaches.
- Experiment with different approaches – as long as they support your central aim!

In an ever-changing educational landscape, taking these little moments to reflect, talk and support each other, really is making a long-lasting difference and creating 'resilient bats'.

Links to programmes mentioned above:

<https://www.jigsawpshe.com/#welcome-to-jigsaw-pshe>

<http://www.valuesbasededucation.com/>

<http://www.worth-itprojects.co.uk/>

Social Media and Mental Health

Jonathan Glazzard

In this article I focus on the impact of social media on children and young people's mental health, drawing on the research of Emily Frith (Frith, 2017). I consider the positive and negative impacts of social media and identify some recommendations for addressing the pertinent issues.

Children and young people increasingly live their lives through technology. As digital natives they have grown up within the digital revolution. Consequently, they view technology as an essential tool which they use for a variety of purposes.

According to Frith's research over a third of teenagers aged 15 in the UK are 'extreme internet users', i.e. they spend more than 6 hours on a typical weekend day on the internet. Additionally, a third of people in the UK were aged 6 years or younger when they first used the internet (Frith, 2017). In 2015 the overwhelming majority (94.8%) of those aged 15 used social media before and after school (Frith, 2017).

Social media has now been around for at least a decade and its popularity is shared across young people and adults. Young people use Facebook, Snapchat and Instagram for various purposes, but we know what their use of social media is becoming increasingly private (Frith, 2017). For example, they tend to access the technology in private spaces such as bedrooms, and the increasing popularity of instant messaging has resulted in online discussions taking place in private groups. Consequently, parents and teachers may not be aware of the online activities which take place.

Social media use is beneficial to children and young people and it should not automatically be viewed as being detrimental to their development. For example, social media can facilitate access to knowledge which can have a positive impact on academic development. Young people may use social media to complete homework tasks or to clarify subject-specific misconceptions. We know that young people value the social benefits of collaborating online and we also know that they may use social media for accessing specific forms of information or support (Frith, 2017). They may use social media to develop their identity as a young person. Additionally, social media can reduce social isolation for those who live long distances away from friends.

However, despite the benefits of social media there are risks which need to be considered seriously. Lilley, Ball and Vernon (2014) reported that online trolling was experienced by

40% of their participants. Spending too much time online can create social isolation by restricting face-to-face interaction. Additionally, young people who spend too long online can experience sleep deprivation and poor sleep quality (Woods and Scott, 2016), which can then impact detrimentally on their concentration and behaviour when they are in school. We also know from the PISA research (2015) that the longer people spend on-line, they more likely they are to experience cyberbullying and we know that social media use can impact detrimentally on children and young people's mental health, particularly for girls (Frith, 2015). Similarly, the OECD has found that excessive internet use can have a negative effect on wellbeing and the Office for National Statistics found that the longer people spend online, this result is a negative effect on mental health. There are specific issues in relation to the growth in the popularity of 'selfies' and the increasing prevalence of photoshopped images of celebrities and other idealised images of beauty which results in body surveillance and lower body esteem (Frith, 2017; Tiggermann and Slater, 2014). Research has found that girls experience a more negative mood after viewing Facebook compared to exposure to body-neutral websites (Fardouly, et al, 2015). Exposure to harmful content on line and the risks associated with sharing too much information with others can result in vulnerability. An example of this is the increase in websites which promote self-harm resulting in its normalisation (Daine et al, 2013).

Bullying through social media is different from traditional face-to-face bullying in that the harmful content is permanently available for others to see and, for the victim, this can result in repeated exposure to the content which can cause psychological distress. Additionally, the harmful content reaches a much larger audience due to the repeated sharing of that content which can result in further psychological distress for the victim. We know that young people are more upset by cyberbullying than exposure to online sexual content, but we also know that girls tend to be more upset about exposure to both than boys (Frith, 2017).

Responding to cyberbullying and exposure to harmful content online can be done through individuals blocking perpetrators of abuse or through parents restricting access to digital content. However, blocking access to digital content can restrict the development of digital skills (Frith, 2017) which are so vital in today's digital world. They have a right to access the benefits of being online. In 2014 primary schools introduced an e-safety curriculum but more needs to be done to build digital resilience in young people so that they are not psychologically damaged through their screen-based lifestyles. Further research is required on digital resilience (What it is? How to promote it?) and a curriculum for digital resilience

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needs to be developed across all key stages so that children and young people can live productive and fulfilling online lives.

Tackling online bullying and researching its impact on the mental health of children and young people is a priority area for the Carnegie Centre of Excellence for Mental Health in Schools. This national Centre is a collaboration between the Carnegie School of Education at Leeds Beckett University and *Minds Ahead*, a newly established social enterprise. The Centre was established in 2017 to strengthen the mental health of the next generation by supporting schools to make a positive change at all levels of the UK's education system. Through research, teacher professional development and the development of a quality framework for mental health in schools, the Centre promotes a whole school approach to mental health. The Centre has also established the first Masters degree in leading mental health in schools.

We live in a technological society and whilst this opens exciting opportunities for knowledge sharing and collaboration, we must recognise and take seriously the associated risks of online abuse. We must also recognise the psychological effects of these risks on children and young people and be proactive both in protecting them from harm and educating them about self-protection.

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Thank you to all those who have contributed to this volume. If you are interested in contributing an article to the next volume please contact j.glazzard@leedsbeckett.ac.uk