LEEDS BECKETT UNIVERSITY

Mental Health in Schools

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We have a rich collection of papers presented in this issue of the Mental Health in Schools Working Paper Series and I would like to thank all the authors. It is refreshing to read about all the innovations which are taking place in schools to support children and young people's mental health.

As this volume goes to press Ofsted is currently in consultation with stakeholders about the focus of the new inspection framework for schools. We will monitor this closely to see if young people's mental health will be given greater priority during school inspections. Concerns have been expressed that a greater focus on wellbeing in schools will detract the focus away from academic standards. We do not perceive a tension. We believe that a greater focus on student wellbeing will drive up academic standards because positive wellbeing enables students to learn more effectively.

The government's response to the consultation on the Green Paper for mental health has been published. Little has changed since the publication of the Green paper back in December 2017. It will be interesting to monitor policy developments over the next few weeks and months in this area. Meanwhile, for teachers and school leaders it is business as usual as they continue to wonderfully support students on a daily basis who demonstrate a wide range of mental health needs.

Earlier this month the Carnegie Centre of Excellence for Mental Health in Schools presented its research at an international conference on School Mental Health in Las Vegas. The conference brought together delegates from all over the world from across a wide range of roles, including school leaders, teachers, health professionals, social workers and policy makers. It was clear that there is an international commitment to supporting children and young people's mental health. It was also evident that educators from across the world are experiencing similar challenges to those that are experienced in England.

I hope you enjoy reading this collection of papers.

Professor Jonathan Glazzard

CBT Application in the Treatment of Anxiety, Depression and Poor Sleep Patterns, with introduction of Art Therapy, in a School Setting.

Sharon Goldstone, Deputy Safeguarding Lead – Mental Health Officer, Chingford Foundation School

Introduction

The aim of this case study is to examine the application of Cognitive Behviour Therapy when working with a student with anxiety, depression and poor sleep patterns.

The first process in this case study contains background information about the student. Following on, a brief discussion of the theoretical framework of CBT used. The next process looks at how information about the student's past and present problems are gathered to form an assessment, and how this guide and structures the type of interventions used. This provides a goal towards resolving the student's problems using interventions specifically used in the treatment of anxiety. This case study will also demonstrate the importance of developing a collaborative therapeutic relationship throughout sessions and a decision to involve the student's Father in some of the sessions. Finally, a follow-up and conclusion of this case study will reflect critically on the observation of the student and mentor/therapist during therapy. For example, what went well/ what could have been done differently, how successful the therapies were in achieving the student's goals, and what the student felt was most helpful about CBT; along with any professional development issues that need to be addressed.

Background Information

For reasons of confidentiality, the student will be referred to by a pseudonym "Alice"

In year 7, Alice received external support from the Children and Adolescent Mental Health Service to address anxiety, depression and sleeping disorder via her GP. This was stepped down to School in year 8, when it was referred to in-school mentoring/therapy.

3 months later, mentoring with student and meetings with parents confirmed anxiety levels had deteriorated which resulted in panic attacks, compounded when in large crowds, with erratic sleeping pattern and lack of self-confidence. Blood tests through the GP identified low vitamin D levels and Valupak Vitamin D medication was prescribed. Alice's mood deteriorated further, and she reported having suicidal thoughts. The case was subsequently re-stepped up to CAMHS, where student attended 1:1 and group sessions addressing anxiety and sleep disturbance. Attendance improved, and student worked through most of her year 9 schooling satisfactorily.

By the beginning of year 10, Alice's attendance had dropped again and student was re-referred to School in-house mentoring/therapy for further support. Alice had become depressed, socially disengaged and inactive, resulting in her spending considerable time listening to her negative thoughts and ruminating about her perceived failings.

By this time, I had completed by Degree in Education: Children & Wellbeing and further training in areas of Mental Health including Cognitive Behaviour Therapy, Art Therapy and had also become a qualified Mental Health First Aider and learnt strategies to create a mentally healthy school community. I was therefore able to practice these additional skills in School and consequently, began seeing Alice and her Father together on some occasions,

to target important parental behaviors associated with the development and maintenance of the students' problematic behavior.

CBT Theory of Anxiety

The crucial component of CBT therapy is to challenge/change negative thoughts, assumptions, and core beliefs, (unhelpful patterns) with more functional/thought-feeling-behaviour (helpful patterns). In terms of Alice's external environment, there are many potentially important influences including her school, peers, family, social and cultural context. The most important influence on a young person is the parent/carers and there has been an increasing recognition of the benefit of involving parents in child-focused CBT. Siddaway et, al., (2013)

During Further assessment an understanding of important family beliefs was gained, along with understanding of systemic structure and context within which the problems presented and parental behavior which may have encouraged and reinforced Alice's difficulties. Although a parent can play many roles, in this piece of work the Father participated in some of the same treatment sessions as Alice and received CBT to address his own problems and acquire new skills, to address family or personal difficulties that contribute to the onset and maintenance of the student's difficulties.

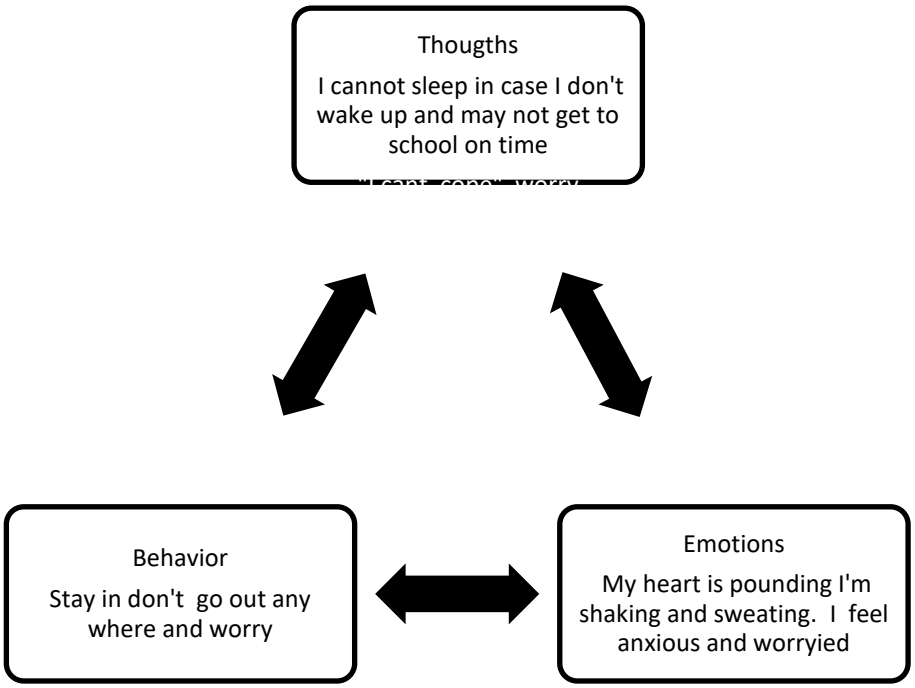
Inevitably Alice will experience future problems and setbacks and encounter situations when old pattern of difficulties return. One aim therefore was to maintain Alice's confidence and encourage reflection about how she coped with previous situations and what she found helpful should her difficulties return.

Assessment and Formulation

Alice told the following story: For some time, she has been experiencing anxiety, and having problems sleeping, resulting in lack of concentration levels at school or falling asleep on the desk, which had led to her school refusal. Having listened empathically and showing genuine concern, I asked Alice to describe what she meant by being anxious and how long she has had problems sleeping. Alice replied when she gets anxious, she can't think straight, her head is fuzzy, she gets confused, finds it difficult to talk and her words become muddled. Following on, and to enable a deeper understanding and insight of Alice's problems, I asked if she would describe (in as much detail) a resent example of her anxiety to me? Alice told me, that recently she had arrived at school late and been given a detention which caused her embarrassment and frustration that others would think she had no respect for school rules, which she said she did have, but she just could not get up on time due to not getting to sleep till 1.00am most nights.

The cycle continued, and as a consequence of all these worries, Alice continued to not sleep well, and was finding it hard to motivate herself to attend school at all. As I listened I observed she was becoming more and more agitated, and physical changes in her appearance were observed e.g., her face was becoming flushed, her right leg had started to shake, and her speech had become muddled. Not wishing to distress Alice any further, I thanked her for putting her trust in me, and allowing me to experience her distress. I asked her if we could further explore the problems she was experiencing (in relation to CBT) and identify ways (goals) towards resolving them. Alice agreed this would be helpful and we drew up a diagram of Alice's unhelpful thinking/behavioral patterns and physical symptoms.

Figure 1: demonstrating Alice's physical and cognitive cycle of anxiety and worry.



Form the information gathered during Alice's assessment, it was important to explore and ascertain further, why and when she was experiencing this anxiety. There are a lot of unique interventions of CBT in the "toolbox" model Tolin (2007) therefore, it is important to investigate what would help her and what may not, through guided discovery, collaboration and investigating all possible solutions, to challenge and change Alice's negative biases, core believes and physical difficulties for more helpful ones.

Having informed Alice how factors of anxiety can escalate and maintain the condition, i.e. behavioural responses, thought control attempts and emotional symptoms, thereby maintaining the vicious cycle, I asked her if it would be helpful to draw a diagram of the problems she was experiencing (together) to focus on her goals towards resolving her difficulties, and to provide evidence of any changes. Alice agreed, and from the information gathered during her formulation she was able to recognise her levels of anxiety worsen when her Father (who was sometimes crippled by episodes of depression) has a depression attack, which causes her to have feelings of overwhelming responsibility. In addition, I asked Alice if she had experienced anxiety when she was younger and drew her attention to the thought that some individuals use worry to block more distressing thoughts; a type of cognitive-emotional avoidance. Alice went quite for a moment where upon (hesitantly) she told me, that when she was about ten she was called home from school as her Father was very ill. She went on to tell me, she wasn't quite sure what it was her Father was ill with, but she thinks it may have been a nervous break-down, as he didn't work after the incident and his mood changed towards the family. Sensing Alice was finding recalling her past emotionally difficult to talk about, I reassured her she was in a safe place and had nothing to fear and empathically asked her if she wanted to proceed. Alice said yes, she hadn't spoken about the incident ever before, and that it was possible her anxiety may have started when her Father's mood had changed towards her. With genuine concern, I asked Alice what she meant by change. She replied that her Father would get upset and shout at her if she wasn't on time and she had become very anxious about being late for anything. Form what Alice had told me about her past and present difficulties, together we were able to draw up a list of goals and coping strategies for helping her resolve her unhelpful thoughts and physical

symptoms. Alice's short-term goal was reducing her physical symptoms and improving her sleeping patterns, by introducing relaxation exercises; midterm goals involved raising Alice's self –esteem and confidence levels, for Alice to gain control of her thoughts and emotions; with long term goals for the future set at gaining more independence e.g. going to college and finding a job.

CBT interventions and key therapeutic issues arising in the course of therapy, including the introduction of Art Therapy.

The general focus of CBT interventions employed during this case study were on changing Alice's negative unhelpful patterns for more helpful positive thinking and behaviour patterns and teaching her new coping strategies towards reducing symptoms of anxiety and raising confidence levels towards achieving her goals.

The CBT interventions specifically used in the treatment of anxiety, depression and poor sleep during this case study included: -

The student keeping a thoughts diary to document when and where she experienced thoughts and feelings in a situation, which she found very difficult to express in words alone, but when encouraged to use images and symbols to help tell her story, there was a break through.

We consequently did some art therapy together using structured patterns from Zentangle Art to increase focus and creativity and explore what was going on inside. Emotions including annoyance, concern, regret and remorse were also examined to uncover their effects on Alice's behavior and choices. This experience appeared to increase her sense of personal wellbeing.

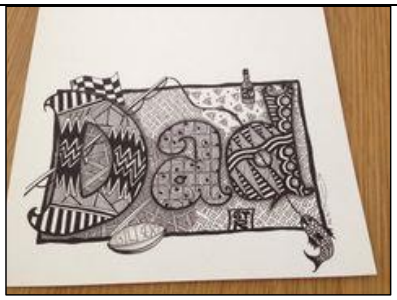
The repetitive strokes used in Zentangling had a calming effect and encouraged moment to moment awareness in a similar way to mindfulness.

It is far easier for a student to open and share their world, when they have something to occupy them like art.

Alice was then able to recognize her thoughts, record her daily feelings and consider her actions through expressing herself in this way. She reflected it had also taught her to own mistakes, as when she made a misplaced line in her drawing, she learnt how to incorporate this into her overall pattern, instead of erasing it and use this metaphor in her everyday life – nothing is ever perfect, but how you adjust to mistakes is important.

This improved her focus during the day, and sleep patterns at night too.

Some of student's Zentangle Art



I also introduced Alice to 3-minute mindfulness meditations using an App called Headspace, which she practiced in my office in the mornings and just prior to sleeping at night.

The key aspects of the process in terms of collaborative work between Alice and her Father involved: -

A parent sheet containing information about how parents can help their children and used the acronym SUPPORT to highlight the following key issues: -

- S – Show Alice how to be successful
- U – Understand that she has a problem and needs your help
- P – Patient approach
- P – Prompt her to try
- O – Observe what she does
- R – Reward and praise her efforts
- T – Talk about what she does

These written summaries provide a permanent reminder, which I referred to at later dates for discussion.

In view of the significant association between Alice and her Father's anxiety, several CBT interventions were tried, aimed at reducing her Father's own anxiety i.e. helping him to: -

- Identify his own anxious feelings and specific anxiety response
- Recognise the effects of his own behavior on Alice
- Replace his anxiety-increasing thoughts with more helpful anxiety reducing thoughts
- Face and overcome his own fears and challenges
- Model courageous behavior and helpful skills

Alice's Father was encouraged to reinforce Alice's positive behavior in different ways including the use of verbal praise and tangible rewards, which led to Alice being rewarded with a new laptop for her effort.

A card-sorting game was also used to provide a useful method of communication to distinguish between thoughts, feelings and situations. The Olympic Games provided a source of familiar images that were used to highlight different feelings before and after the sports events and possible unhelpful or helpful thoughts which took place around them. Pictures were used as a library of visual prompts to engage in the discussion. This game was psychoeducational and helped Alice and her Father to examine links in the different piles of cards.

The theme of many sessions was around improving sleeping patterns and during a joint home visit with the Student Social worker, it was identified that much of Alice's sleep disturbance was caused because of cramped conditions in which the family lived. This led to the Student Social Worker working with the family briefly to check their benefits were up to date, thus alleviating any unnecessary stress put on them. A relaxing night time routine was later put in place along with the introduction of controlled breathing exercises, as a quick method to help regain control over negative thoughts during the night and offer an option for relaxation. This routine included: -

- Have a quiet 'wind down' time before going to bed.
- A warm drink or a bath
- A comfortable room (not too hot or cold)
- To retire to bed before Parents to fall asleep first with less likelihood of being disturbed
- Leave the light on if it helps
- If woken up at night, to try reading a chapter of a book for a few minutes to settle down again.

On critical refection, at this time, I felt I was becoming the authoritative figure and lecturing Alice. Although, she never displayed any visual signs of resistance, or confusion, (having reassured me that she understood the rational of CBT) I however, (and due to Alice's sensitive personality) sensed she was being polite and being overly compliant to please me.

Ending /follow – UP

Alice's attendance fluctuated on a continuum of School Refusal Behaviour based on attendance including: -

- Repeated late, in a.m., but with some attendance
- Episodic absences
- Repeated absences
- Completely absent for brief periods of time
- Completely absent for an extended period or over school years

Haarman (2015). Her current attendance is 64%. With the security of knowing she has a reduced timetable and has the option of arriving at 10.00am every day, she does not have the anxiety of arriving at school late for registration and being given a detention. For this reason, she is able to continue with relaxation interventions and go to sleep more easily. Alice successfully achieved 10 10 GCSE's.

Alice no longer suffers from feeling sick in her stomach, her body feeling hot and being agitated. CBT has shown to be an effective therapy in reducing the physical and psychological symptoms in students experiencing anxiety and poor sleep patterns. However, caution should be taken when considering these results as other factors could also contribute to the success of the therapy e.g., the therapeutic relationship between the student and myself; buying into the belief that it will help and completing relevant assignments alongside her Father.

The introduction of Art Therapy gave Alice opportunities to talk about her pictures and their significance. Drawing pictures based on themes and discussing the pictures promotes self-reflection and brain stimulation that takes place outside of the conscious mind. Blomdahl (2013).

During the last session Alice was asked if she would give me feedback on how helpful she thought CBT had been towards reaching her goals and resolving her problems? e.g., what went well and what didn't. On refection, Alice informed me, although during the early session's she found it difficult to understand the importance of the thought diaries set for homework but felt the introduction of art therapy greatly helped her achieve her goals. She was able to overcome the difficulties she was experiencing, and it had been well worth the struggle. Furthermore, she recognized her unhelpful thinking patterns and biases were unrealistic, and changed them for more realistic helpful patterns, which gave her more confidence and a more positive outlook on life.

Alice further commented she found the relaxation exercises very helpful in providing practical strategies for relieving her feelings of anxiety. On refection, I was aware that some of the difficulties Alice was experiencing (with her homework, completing her thoughts diary) may also have been due to my lack of experience and practice skills of CBT and that I should have dealt with this dilemma differently, and taken more time to explain the process of CBT more clearly, at a pace that was more sensitive to her cognitive abilities. I was however delighted that by trialing polytherapy with this student, she was able to benefit from a variety of interventions and outcomes. Furthermore, I would have benefited from discussing these difficulties with a supervisor to help eliminate them. On further reflection, I am pleased Alice and her Father have benefited from CBT, and I reminded her that she could obtain further CBT sessions if she felt she needed to after she left school (for relapse prevention).

During our penultimate session together, Alice told me she had decided to apply to study 3 AS Exams in the local 6th form College and she gave me a note reading "The reason I have decided to study Psychology at College is because I have an interest in how the mind works. Dealing with my own problems of anxiety and bad sleeping over the years, helping my Dad with his depression, as well as discussing this with the Careers Adviser you arranged for me has made me want to learn more and help others like you have helped me and my Father. Thank you".

** She completed her College Application Form and invited me to accompany her to her interview. I felt very humbled to see her answer questions and be very honest about her journey. She was successful in gaining a place on her chosen subject.

Conclusion

The aim of this study was to examine the application of CBT in relation to working with a student experiencing anxiety, depression and sleeping disorder. Form the evidence provided from the results of the CBT intervention implemented in this case study i.e., increased attendance (from a school refuser to 64%) more relaxed attitude and improved relationship between student and Father, CBT plus some art therapy has been shown to be

a successful in helping Alice reach her goals and in resolving her difficulties. Moreover, there is good evidence to suggest that CBT plays an important preventative role in relation to mental illness: by preventing less serious problems from becoming more serious, and by helping people to maintain reasonably good levels of mental health. Not only to identify unhelpful thinking and behaviour patterns, but for providing strategies toward changing unhelpful patterns for more helpful positive patterns (Beck, Rush, Shaw & Emery, 1979; Padesky, 1996). In addition, through maintaining a therapeutic relationship with the Student and her Father containing; empathic listening, trust, and genuine concern, this intervention has shown to be most successful in helping Alice find coping strategies for reducing her symptoms of anxiety. From a practical point of view, although at the beginning I found it difficult to implement the process of a weekly agenda. On reflection, the problem I was experiencing may have been due to my lack of experience in the application of agenda setting. However, as the sessions went on, I started to gain more confidence in the application of both agenda setting and encouraging homework. In addition, I found the process of agenda setting helpful for focusing and concentrating on what was important throughout sessions (instead of diverting) and preventing therapy session from being aimless or taking on a ruminative quality, which could have ended up reinforcing Alice's unhelpful thinking and behaviour patterns. I have learned that CBT is a most effective therapy in enabling a student to be able to identify, reflect on, and come up with alternatives to unhelpful thinking, but to an end, not as an end. From a personal perspective the main issue I experienced was implementing thought diaries, and deciding which interventions to employ during therapy, due to the many choices of intervention available within the "tool box" of CBT, and which interventions were relevant for identifying Alice's key problems? However, after reviewing Alice's learning style, i.e., a step at a time, the therapeutic relationship was maintained, and the problems appear to be resolved. These issues have highlighted weaknesses I need to address. I need to practice and gain more experience in the application of CBT skills and Art Therapy. In addition, I need to think more about what I was doing, and why I was doing it, rather than just thinking about using techniques and strategies. With appropriate supervision in place, I would gain more confidence within myself, increase my own self-awareness and gain an even better insight into a situation. In addition, more practice of questioning techniques and their use in the therapeutic process has the potential to benefit my treatment outcomes and professional status.

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Changing mindset: Badly behaved or emotionally strained?

Christine Raymont-Hall

Background

Three years ago we had high levels of fixed term exclusions, a largely ineffective 'Behaviour Referral Unit', and very much a reactionary behaviour system. The saying 'do we build a sturdy fence at the top of a cliff to prevent people falling off or provide an ambulance at the bottom to pick up the victims?' encapsulated perfectly how we were lining up our ambulances.

At this point we started to shift our focus towards fences and over the past 2 years we have restructured and redeveloped our whole school and pastoral systems. The results initially were stark in terms of the culture and ethos around the school but it has also highlighted a much more interesting and pertinent point. In virtually every case of what we formally deemed as 'poorly behaved' there was a bigger underlying trigger. Yes, this may not seem like rocket science, but once we started to unpick some of these triggers the behaviour in a lot of cases changed.

What did we do? Some examples

Inclusion panel

Initially we instigated our own inclusion panel. This drew together all in-house pastoral support and any external professionals we could lay our hands on such as the police, EWO, Educational Psychologists, LA representatives, CAHMS, Targeted youth. Houses could raise students with the aim of putting together a joined up plan of support. This was the first step and probably the biggest step because unwittingly over a very small period of time house staff went from raising their naughty behavioural kids to raising their vulnerable kids.

Rebrand the 'Behaviour Reflection Unit' into the 'Reflection Centre'

Rather than being the place of no return where you were sent when all else failed the unit was rebranded as a place for early intervention, for keeping kids in lessons, and for supporting students with their emotional triggers to allow them to do so.

Pastoral restructure, growth, and professionalism

Emotional need is complex, and in order to be proactive as a pastoral team you need to have a highly trained team of experts in their field who understand emotional triggers and have buy in to a proactive system. It is not about offering excuses for poor behaviour but explanations for it. If an explanation can be sought early, so can a solution.

Mindfulness for all

More recently over the past 12 months we have implemented this to every student through strategies such as meditation during CLL, yoga in PE, Mindfulness days, and a focus during

transition and all parent engagement evenings. Ultimately, what works for some works for all.

Creating a structure that could pick up incidents quickly

We moved from a traditional ‘house’ system with a Head of House (middle leader) and a support member of staff overseeing 260 students to a ‘small school’ system with a Head of School (SLT), Deputy Head of School (SLT) and three members of support staff overseeing 350 students. This meant that there was a team of non-teaching staff who could pick up issues quickly and more importantly, pick up any signs to prevent any issues from happening to begin with. This team of five has grown to know all of the students in their ‘small school’ and their families very well over the past year.

What have we learnt?

In a nutshell? Behaviour in most instances, particularly amongst the most vulnerable, is a bi-product, a result of emotional strain caused by a whole multitude of complex factors. If you can build a team that can focus upon these emotional and mental triggers then two things happen. Firstly poor behaviour events drop dramatically. Secondly, when behaviour events do occur there is an understanding by all significant parties (parents, pupils, staff) that this needs to be addressed but more importantly there is a strong bond and trust between these parties to ensure that it doesn’t derail the good work being done to support the emotional triggers.

Over the past 3 years we have part stumbled upon, and part recognised the need for a major emphasis as a community, not just a school on positive mental health. Even though we have made great strides forward in this field, personally it does feel like we are still only scratching the surface.

Nourish to Flourish:
a Charter for Well-being at Surbiton High School

David Williams

"Education needs to be more than just the accumulation of knowledge, whether scientific, technical, historical, or whatever. It should really be education in how to be." [1]

The tree above brings together how Surbiton High nourishes its pupils to flourish. At its base is the notion of PERMA[2]: the development of positive emotions, engagement, relationships, meaning and accomplishment. With these roots in place we strive to help our children to realise their strengths and to form positive habits which, in time, will allow them to grow and flourish.

By the time our pupils leave Surbiton High Senior School, they will have been encouraged, inspired and empowered to achieve their very best. A great education challenges young people beyond the confines of their studies. We acknowledge that academic results are just one aspect of the rich tapestry of the education on offer in our School. We aim to maximise pupil well-being by using a framework that is understood by staff, pupils and parents alike. It builds upon the core principles of what we all need in order to flourish and it sits at the heart of everything that we do.

[1] Ricard, M & Revel, J-F (1999) *The Monk and the Philosopher,* Schocken Books
[2] Seligman, M (2011) *Flourish: A New Understanding of Happiness and Wellbeing,* Nicholas Brealey Publishing

We believe passionately that every child is an individual and a 'one-size education' does not fit all. To this end, we strive to deliver first-class educational provision that celebrates the individual. We help all our pupils to achieve their potential by getting to know them. We celebrate the achievements of all, in whatever fields of endeavour, and we acknowledge that every individual has their own personal hurdles to jump over. There is no such thing as a typical Surbiton pupil.

The role of the tutor and deputy tutor at Surbiton is of paramount importance in nourishing the pupils so that they are continually flourishing. Our tutor teams empower the pupils to take strategic responsibility of their own learning. They act as a trusted mentors and coaches as well as providing structure, stability and routine. Through morning tutor time, PSHE and the one-to-one conversations programme (which incorporates pupil collaboration in setting and reviewing targets), tutors model the learning habits of noticing and listening. They encourage the pupils to take personal responsibility and to be increasingly accountable for their own learning and development, becoming less dependent on extrinsic motivation and more interdependent through intrinsic motivation and self-reliance.

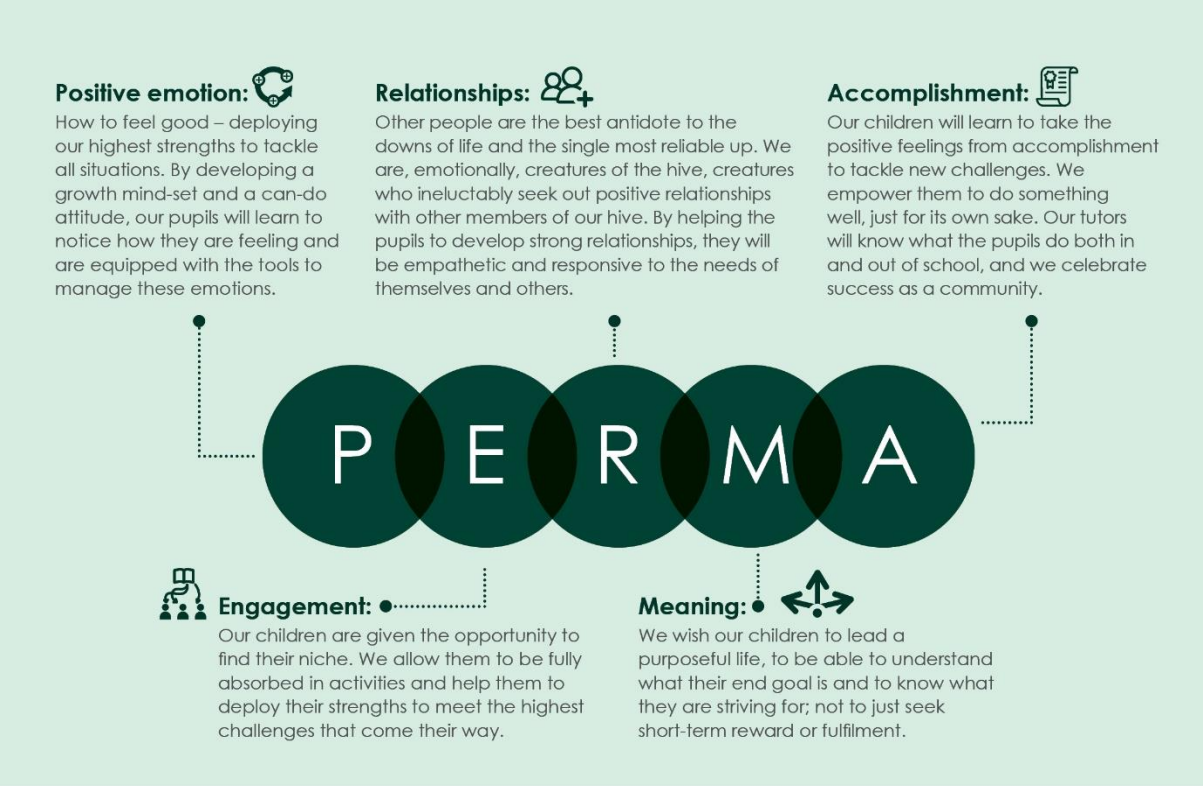
Building life-long habits

'Lasting change happens when a change becomes a habit'[3]. Through our holistic approach to School life we give the pupils the chance to find their niche. Our teachers and tutors ensure that they set high expectations and challenge themselves. We help our pupils to form positive habits, be these habits of mind, learning, behaviour or speech. By helping every individual within our community to build strong positive habits, we help to increase resilience.

How is well-being protected at Surbiton High?

Well-being cannot exist simply as an abstract concept: it is a combination of feeling good as well as actually experiencing a sense of meaning, being engaged, having good relationships, and accomplishing our goals. At Surbiton, we concentrate upon, and develop, five key elements to well-being and they sit at the heart of all that we do. This is our PERMA Flourishing Framework.

[3] Fox Eades, J (2008) *Celebrating Strengths: Building Strength-Based Schools,* CAPP Press



Positive emotion

We see positive emotions as 'resource builders'. We acknowledge that they have a long-lasting effect on our personal growth and development. Our PSHE programme ensures that our pupils are equipped to understand their emotions and how they affect their well-being. They develop their ability to name emotions and associate physical and mental symptoms with particular feelings and moods, both in themselves and others. Rather than 'fight or flight', we encourage our pupils to problem solve; to think of alternatives, use their strengths and remain optimistic when faced with difficulties.

Engagement

We all work best when we are challenged. Through building learning habits and challenging our pupils to involve themselves in School life, children at Surbiton High learn what it feels like to be fully absorbed in what they are doing, to be what others would call engrossed or 'in the zone'. They learn to see the value in stretch and challenge but not to reach levels of panic. Our extensive co-curricular programme and first-class teaching gives everyone the opportunity to follow their dreams and passions. Through the careful monitoring of their academic and co-curricular lives and, crucially, by talking to them, we help them to know when they are working at capacity. We never underestimate the importance and value of a brilliant tutor in helping the pupils to cope.

Relationships

To be human is to relate. To be a flourishing human is to relate positively. We seek to envelope our pupils in the relationships that promote such positivity and foster lifelong development of themselves within our social worlds. This means nurturing them with love and care as well as teaching and modelling how to communicate appropriately, how to collaborate, to be assertive, flexible and empathetic. Our pupils learn to interact and to develop their physical as well as digital relationships, using these daily interactions as opportunities to strengthen their own self-worth and of those around them. Fostering positive relationships connects pupils to their School community and to their learning. 'It is teachers

who have created positive teacher student relationships that are more likely to have the above average effects on student achievement'[4].

Meaning

Surbiton has a strong sense of community, based on core beliefs and values and a motto of 'May love always lead us'. Our House system brings pupils from across the year groups together and we are proud of the inspirational women that the Houses in the Senior School are named after. Our staff and pupils take pride in the fact that they part of this community and we expect them to wear their uniform with pride and to be our best ambassadors.

Our children recognise that they are part of something bigger than just themselves. Through our charitable work, our pupils are able to make a difference to others. Focusing away from the self, helps to ensure that our pupils do not exaggerate every minor incident in their lives. They have the opportunity to feel part of a community. Encouraging empathy and further strengthening our charitable endeavours, they are empowered to add meaning to their lives. We highlight the importance of spirituality through thought-provoking and mindful assemblies and moments of reflection.

Accomplishment

We actively seek to instil in our pupils a real and meaningful sense of what it feels like to achieve and how this is directly influenced by the effort that is applied. We understand that true determination to succeed comes from intrinsic desire rather than extrinsic reward. Therefore, we actively seek to explore our pupils' individualities, offering them tailored opportunities to immerse and excite. Through this, Surbiton pupils can accomplish in areas that they are passionate about and then use this positivity to then tackle the challenges they face elsewhere. Self-esteem is key to empowering young people to having a go. If they know how great it feels to accomplish worthwhile goals, they will strive for that feeling again.

Building coping skills to flourish

We see flourishing as 'life going well'; it is a sense that you feel like you are winning, even if things are hard. We recognise that we all face different challenges but to flourish, our pupils must feel good and perform effectively.

We challenge the pupils to keep things in perspective and to be able to laugh at themselves. To see setbacks for what they are: another opportunity to learn. Through the learning power language and tools, along with our work on emotional well-being, we encourage the pupils not to see one poor test, or missing out on selection in the School play as a failure, but to see it for what it is; an experience and something to learn from. We encourage our pupils to keep a healthy sense of perspective. We do not compare our pupils against one another but celebrate the individuality in everyone.

Using the 'PERMA' Flourishing Framework, we help to identify areas of strength and areas for development within every pupil. We encourage our staff talk to our pupils and their parents. Through our one-to-one tutor conversations programme, target setting, mentoring and PSHE programme we help the pupils to identify what they need to flourish.

Once identified, we put in place mechanisms and opportunities that ensure pupils are able to flourish. Our pupils have the opportunity to be immersed in a first-class education. Be it through the teaching and learning, co-curricular, PSHE, sport, music programmes or our outreach work, our pupils will learn the greatest of lessons in resilience: 'to know what to do when they don't know what to do'[5]. They will be engaged in School life, get to feel a sense of

[4] Hattie, J (2009) *Visible Learning,* Routledge

[5] Wadsworth, B (2004) *Piaget's Theory of Cognitive and Affective Development,* Longman, Fifth Edition

accomplishment, develop positive emotion, build strong relationships and find meaning in what they do.

A first-class personalised education

By the time our girls and boys leave us, they will have developed into confident, articulate, literate, caring and self-aware young women and men. They will have had the opportunity to find what they are good at and to nurture their talents. They will have made life-long friendships. They will be ready for the next stage in their careers, be it a new Senior School for the boys leaving at the end of Year 6, or University and the world of work for the pupils leaving the Sixth Form.

The path that they will have travelled may not have been the same as their friends and will not always have been smooth. Along with celebrated accomplishment, there will have been disappointments along the way. Crucially, however, these will have been managed and learned from. Our children will leave us safe in the knowledge that they are prepared for whatever challenges lie ahead and that they ‘know what to do, even when they don’t know what to do’.

Shifting the Focus: Mental Health in Primary School

Eleanor England

The purpose of my research was to examine how, as a school, we could build capacity to improve and sustain the mental health and wellbeing of staff and children. Within this overarching remit I focused particularly on groups of children who would otherwise be 'missed' by current systems and provision within school and beyond.

Having taught at the school for 19 years before taking being appointed as Headteacher in 2016, I had a very clear vision of how to move the school forward. The Government's Green Paper 'Transforming Children and Young People's Mental Health Provision (2017) coincided with this vision –putting schools at the heart of early intervention in order to prevent problems escalating. This paper gave me the backing I needed to prioritise mental health and wellbeing with governors, staff parents and children.

We agreed to a whole school approach, with the backing of governors, to build capacity within our school through training, funding, raising awareness and most importantly a genuine commitment.

Up until 2016, the provision for mental health was limited and ranged from referrals to Healthy Young Minds (who were incredibly difficult to access) down to Teaching Assistants running social groups for individuals presenting with issues. The Local Authority provided little support and the staff reported increasing numbers of children with mental health issues, which were barriers to learning, but felt ill-equipped to address them.

My research questions were three-fold:

1. What are the current mental health issues in our school?

2. What is the current focus and provision?

3. How can we improve the mental health and wellbeing of staff and children, particularly those who would otherwise be missed?

As the new Headteacher, I was in the privileged position to affect change and empower the governors and staff to shift focus in order to make my vision a reality. Working with the Carnegie Centre of Excellence for Mental Health in Schools, funding by the Governors, enabled me to plan a methodological approach, formalise my research and develop an action plan.

Research shows that 10% of children[1] have a diagnosable mental disorder yet 70% of these children have not had appropriate intervention at a sufficiently early age[2].

90% of school leaders have reported an increase in the number of children experiencing anxiety or stress over the last 5 years. Currently, just one in four children get access to the treatment and care they need. Evidence from YoungMinds found:

- 82% of teachers said the focus on testing has become disproportionate to the overall wellbeing of their students.
- 81% of young people said they would like their school to teach them more about how to look after their mental health.

A UN study in 2013, ranked the UK 24th out of 29 for educational wellbeing and children in England and Wales were ranked 14th out of 15 countries for overall happiness with life.[3] Two-thirds of primary school children say they worry all the time about at least one thing to do with their home life or school life.[4]

Between 2011 and 2015, there was a 44% increase in referrals to specialist mental health services. [5] The same study also suggests that the average waiting time for a first appointment with CAMHS is 26 weeks and 42 weeks until the start of treatment. Furthermore, other research has suggested that there is a ten year average delay between the time young people first experience symptoms of mental health problems and when they first receive help. [6]

In reality this would potentially mean a child being on a waiting list for the whole of their primary school life and beyond.

Schools are realising that supporting children to build emotional resilience can help them cope and bounce back from adversity which can ultimately help to prevent the development of mental health problems in later life.

Research shows that parents of children with mental health problems are more likely to seek advice from a teacher rather than any other professional or service.[7] There is clear evidence that emotional wellbeing is a key indicator of academic achievement and subsequently improved outcomes in later life. The Department for Education has found that, on average, children with higher levels of emotional, behavioural, social and school wellbeing had higher levels of academic achievement and were more engaged in school. [8] A further international study by the OECD showed a correlation between emotional wellbeing and school success. [9]

Evidence clearly shows that mental health initiatives in schools can lead to significant improvements in children's mental health, social and emotional skills and reductions in classroom misbehaviour, anxiety, depression and bullying. Focussing on the wellbeing of students has also proven to be beneficial for a school's academic output. Overall, whole school approaches are most effective in promoting wellbeing and god mental health.[7] These approaches can improve staff and pupil wellbeing and have a positive impact on the prevention and mental health problems across school populations. [10]

OFSTED has also identified a strong correlation between schools that achieved a high grade for personal, social, health and economic education and those that were graded outstanding for overall effectiveness. [11] The prominence of academic attainment within increasing accountability measures, such as league tables and the OFSTED Framework, dictate the focus of school life. The NUT found 93% of teachers agreed that their own stress levels 'sometimes impact' on the way they interact with pupils, with 43% of state teachers polled planning to leave the profession in the next five years. The same survey found 84% of teachers agreed that the focus on academic targets means that social and emotional aspects of education tend to be neglected.

In June 2015, The Teacher Voice Omnibus Survey reported that two-thirds of teachers felt they lacked the appropriate training to help identify mental health issues in pupils, [12] whilst a survey of primary headteachers found that less than 40% felt confident that their staff would know how to respond if a pupil had a mental health crisis. [13]

Current Initial Teacher Training does not provide NQTs with any substantial knowledge of mental health or emotional wellbeing. Similarly, teachers' CPD does not include any mandatory training on mental health awareness. A recent analysis by the Institute for Public Policy Research of a sample of 50 OFSTED inspection reports since September 2015 shows that only 32% include an explicit reference to pupils' mental health and wellbeing.

My research process was a combination of quantitative (questionnaire) and qualitative (focus groups) methods over a period of ten months and enabled me to answer the three questions and formulate a strategic plan to build sustainable capacity within my school.

STEP ONE

STAFF MEETING (SEPTEMBER 2017)

FOCUS: TO ESTABLISH CURRENT ISSUES/AWARENESS/ATTITUDES/PROVISION

PERFORMANCE MANAGEMENT OCTOBER 2017

FIRST TARGET FOR ALL STAFF TO IDENTIFY ISSUES OF MENTAL HEALTH AND WELLBEING WITHIN THEIR CLASS

GOVERNORS' MEETING OCTOBER 2017

RAISING AWARENESS AND PROFILE OF MENTAL HEALTH AS SCHOOL FOCUS

STEP TWO

QUESTIONNAIRES WITH SAMPLE FROM YEARS 3,4,6 (JANUARY 2018)

STEP THREE

ANALYSIS OF DATA (January 2018)

STEP FOUR

IDENTIFICATION OF PUPILS CAUSING CONCERN (JANUARY 2018)

STEP FIVE

DEVELOPMENT OF ACTION PLAN (FEBRUARY 2018)

STEP SIX

TRAINING NEEDS OF STAFF (FEBRUARY 2018)

STEP SEVEN

IMPLEMENTATION OF ACTION PLAN (FEBRUARY 2018-ONGOING)

DIAGNOSTIC AUDIT SCHOOL MENTAL HEALTH AWARD (MARCH 2018)

STEP EIGHT

EVALUATION & NEXT STEPS (JUNE 2018)

Using the 14 teaching staff as the initial focus group provided initial feedback concerning attitudes related to my first research question regarding the current issues we face in school and question two – the current focus and provision we have. Over a number of staff meetings and other informal discussions I established a wide range of concerns including:

- Attachment disorder
- Early trauma effects
- ADHD
- Increasing influence of social media
- Disruptive behaviour
- Anxiety
- Stress
- Disengagement
- Staff wellbeing

Conversations with non-teaching staff and governors reinforced the concerns and increasing issues within school. Working with our SENCO and using the Provision Map I was able to identify current interventions and any referrals that had been made to outside agencies and their impact.

I then used questionnaires from 'The Wellbeing Measurement Framework for Primary Schools' with 60 children in Years 3, 4 & 6 (20% of the school)

All 60 children completed 'Me and My Feelings' and the 'Students' Life Satisfaction Scale' with Year 6 also completing the 'Student Resilience Survey'.

Following the analysis of the questionnaires, children were identified and each teacher was given this as a target group for their Performance Management. From this point I developed an action plan which identified training needs, focused work and funding needed to achieve the desired outcomes.

In March 2018, we completed the diagnostic audit for the School Mental Health Award which provided a concise overview of where our school was and what we needed to do to move forwards in terms of mental health.

During conversations with staff it became clear that improving their wellbeing would be instrumental in positively affecting the children's wellbeing. I focused on three areas that I felt, having listened to staff, would have the most impact:

1. Workload
2. Professional trust
3. Time

We had already reviewed a number of policies following the government's White Papers on workload, simplifying our Marking & Feedback Policy and planning in a collaborative way within Phases without the need for a specified format. I encourage staff not to take any work home in the holidays or at weekends and had a room redecorated and furnished to provide a quite space to work within school with a sofa to take a break and relax. Every member of staff was given a wellbeing day, which could be taken at any point during the year as a way take time out and recharge –this was very well received and went some way in showing how much I value the contribution every adult makes. School reports were simplified and each teacher was given a further day to write them at home. Over-scrutiny and lack of professional trust is reported at the main cause of stress amongst teachers and with that in mind there have been no formal lesson observations this year. I trust my staff; I know the quality of teaching that goes on every day from the outcomes and data. Children bring me their books for special reward stamps on a daily basis which gives me an informal opportunity to look at work across the school without the need for official book scrutiny, which often provides no context and has little if any impact on learning. From September we are introducing Lesson Conversations which will satisfy the need for monitoring of standards without the high stakes formality of lesson observations.

The impact of these simple initiatives has had a significant impact on staff wellbeing –they are a close, happy and supportive team; they enjoy coming to work and that is reflected in the relationships they have with our children which is key to improving wellbeing.

When analysing the children's questionnaires, children were identified in different year groups and support put in place.

<u>Rainbows</u>

There were a number of children who reported feelings connected to loss, which included bereavement, divorce and a family member with a serious illness. Five staff attended Rainbows Training –a Diocesan programme to facilitate support for children suffering from loss or bereavement. There is currently a weekly programme running for 8 children in Year 5 & 6 which has given these children an opportunity to talk, create a support network, articulate very confusing feelings and feel loved. The children have described the sessions

as: “quiet time with people who understand”; “somewhere to go when you just feel rubbish”, “a special room with all new furniture and activities that just we get to do.” Whilst we can’t put a specific measure on the impact, observations of these children in class and around school show they are happier, more confident and have improved self-esteem.

Counselling

A small number of children came to light through the questionnaires with more concerning issues that were having a greater impact of their lives. Knowing we wouldn’t meet thresholds for Healthy Young Minds I decided to employ a counsellor to work in school each Thursday morning. Three children have benefitted from 1:1 counselling sessions each week for anxiety and stress connected to issues mainly outside school that had a detrimental impact within school.

Further questionnaires were carried out on a focus group of Year 4 girls, identified by the original questionnaires, who presented as having low self-esteem, high levels of anxiety and disturbed sleep. Due to their exemplary behaviour in school without the initial questionnaires we would not have picked this up and this group could easily have been missed. These children are part way through an 8 week programme called Relax Kids, designed to teach skills such as meditation, massage and breathing techniques. Reports so far show an increase in confidence, self-esteem and general happiness in and out of school.

Another group was identified in Year 6 who needed support in dealing with potential bullying and worries about transition to high school. We ran a programme called Zap! which will equip them with coping strategies and ways to be resilient to peer pressure at high school.

The counsellor also worked with the parents of all these children to create a triangle of support and the end questionnaires in July showed us the hugely positive impact these sessions have had.

Pets as Therapy

We have had a PAT dog visiting school each week to work with a group of Year children who have a number of different issues including attachment disorder, early trauma, readiness to learn and difficult home lives. Research shows that reading to a trained PAT dog can have real impact as the dog provides a non-judgemental audience and lowers the child’s anxiety levels. This has been a great success and the class teacher reported sheer amazement at the reading fluency the children have developed over the past few weeks as well as the great excitement of knowing Kiera, the dog, caused when she arrived at school!

Lego Therapy

Three children and a teaching assistant have worked with a trained play therapist from our local PRU using lego as an engagement tool. The TA has now been trained to develop this with more children across school. Our SENCO has built on this and runs lunchtime Lego Club for groups of children in KS1 which has been highly successful and had a positive impact on developing oracy, turn-taking and fun!

Outdoor Learning

Our school is set within extensive grounds with a huge amount of space including our own Children's Wood and an orchard. We have invested time and money this year to develop outdoor learning and have brought in staff training to utilise our environment. Getting children out of the classroom has had a significant impact on wellbeing –the children have built camp fires, dens, cooked outdoors and participating in team building activities.

Wellbeing Hub

Whilst talking to a number of children it became clear that creating a designated area within school for wellbeing was vital and so we put in a grant bid to a national jeweller who agreed to fund a wooden pod. Thanks to a group of volunteers, parents and other local businesses, we proudly opened our Wellbeing Hub with our local MP on 6th July. This has become the heart of school and a real 'go to' place for staff and children who just need to press pause when life gets too much. Even in the few short weeks it has been open we have already witnessed the calming effect it has had on some of our most troubled children. It is a magical space and something that every school should try and create.



Our next steps…

- We are currently working towards the School Mental Health Award and are confidently aiming for Gold.
- Funding high quality CPD around mental health for all staff to give further knowledge and confidence.
- In the new academic year we will be developing an internal referral system for SEMH in a similar way to our existing SEND referral.
- We are redesigning our curriculum in order to base it on character strengths, which will run through the school each half term as a golden thread tying every subject together.
- Working with the Local Authority we have been intrinsic in forming local clusters of schools that will work together, share expertise and resources on a mental health and wellbeing agenda. The group will meet each month and discuss children from each school in the cluster in order to identify and provide the best support available. The LA have agreed to a small amount of funding which we will utilise as a group.

Prioritising SEMH is a new and welcome shift. Whilst some would say it is the responsibility of the NHS and is adding more to teachers' workload I disagree. As teachers we know children; we are in the most privileged position to earn their trust, to laugh with them, to cry with them and most of all to make sure they feel safe and loved. There have been so many changes in education recently and it often seems the direction and focus is lost. Our country needs a forward-thinking education system that puts mental health and wellbeing of children and staff at its heart; that prioritises how its young people are feeling over where the school is in the league tables; a system that recognises what an incredible job staff do and trusts them to get on with it.

Whether that happens nationally or not, that is what I will be doing in my school.

http://www.burytimes.co.uk/news/16352069.james-frith-opens-new-mental-health-and-wellbeing-hub-at-holly-mount/

References

[1] Melzer et al (2003)

[2] Children's Society (2008)

[3] Children's World Study (2014)

[4] Place2Be Survey (2017)

[5] Frith, E. Centre Forum Commission on Children and Young People's Mental Health: State of the Nation.

[6] Kessler, R.C. et al (2005)

[7] Green, H. et al Mental Health of Children and Young People in Great Britain (2004)

[8] Gutman, L. & Vorhaus, J. The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes (2012)

[9] OECD Equity and Quality in Education (2013)

[10] DfE Counselling in Schools: a blueprint for the future (2016)

[11] Public Health England: The Link between Pupil Health and Wellbeing and Attainment (2014)

[12] DfE Teacher Voice Omnibus (2015)

[13] Place2Be and NAHT Children's Mental Health Matters (2016)

Tackling Mental Health problems in Schools: Is Mindfulness the answer?

Lee Obridge

The focus of this study is to look at the current support provision for staff and students relating to Mental Health in schools. The research will investigate areas for development and a plan to implement positive change, through Mental Health awareness and successful support strategies, including signposting to support networks.

I will use the following research questions to develop my understanding and to improve mental health outcomes for students at my sample School;

1. What whole school approaches can be adopted to increase Mental Health awareness and support for staff and students?
2. Are Mindfulness techniques helpful with Mental Health?

To attempt to answer these research questions I will be adopting a mixed methods approach using action research, both quantitative and qualitative methods, use of Strengths and Difficulties Questionnaires (SDQ) pre and post intervention, and student and staff focus groups.

The sample school is a larger than average secondary school with the proportion of students from minority ethnic backgrounds is well above average and a higher than average proportion speak English as an additional language. (Ofsted, 2013)

In December 2017, the UK government published a green paper titled *Transforming Children and Young Peoples Mental Health Provision*. The highly anticipated green paper is a 50 page document outlining whole school approaches and closer working partnerships with the NHS trust. A key role identified in schools as mentioned in Section 69 p.20 “To support every school and college to identify and train a Designated Senior Lead for Mental Health…” The target is for all schools and colleges to have this training by 2025.” This is an area I am keen to explore and develop within my sample school. This research will adopt a qualitative and quantitative action research methodology. Qualitative action research will investigate the current state of mental health, whilst the quantitative research will explore the effectiveness of Mindfulness techniques to support poor mental health and support positive wellbeing. Throughout the research I will implement immediate change where possible, and provide details for future opportunities to strengthen identified areas to improve mental health support within the school.

Currently, student concerns within the school are almost always reported to the Progress Leaders (PL) specific to the students’ year group for further investigation; the PL would then consider an appropriate response for support. School support is available through Form Tutor teams and Learning Mentors. The Special Educational Needs and Disability Coordinator (SENDCO) will coordinate support for those with identified additional learning or specialist needs such as Dyslexia, speech and language therapy, visual and hearing impairments and various other health and medical needs. In most cases the SENDCO will coordinate a team of Teaching Assistants (TA) to provide individual support.

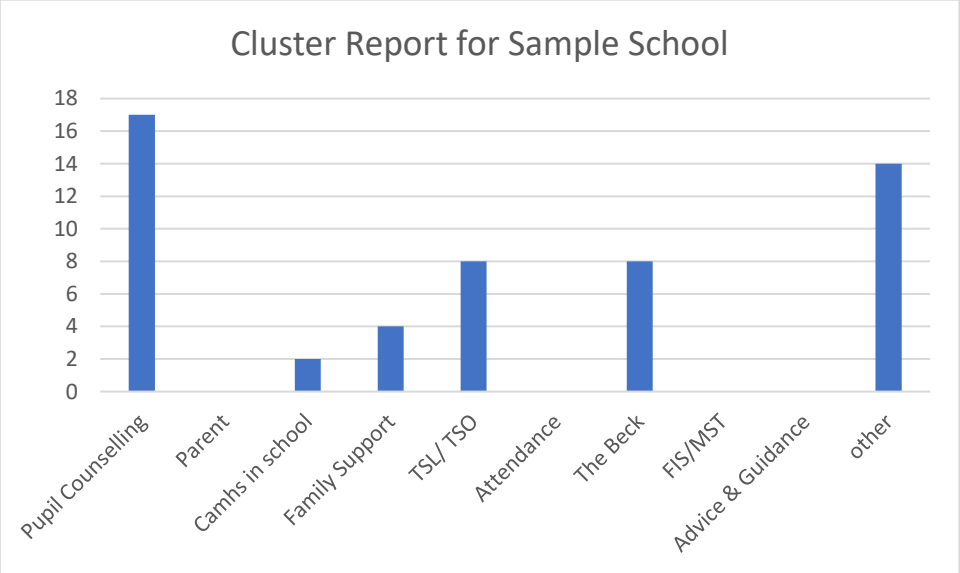
Instances that arise which require targeted specialist intervention are managed through a referral system to a Cluster support hub; examples of support could be Education Psychology Team or counselling therapy. The Cluster is an agency support hub serving three communities in the local area. This partnership comprises of 14 Primary schools and 6 High schools which makes up 20 schools in total.

The Cluster support teams are divided into the following :

- Family Support
    - 3 Family support workers
- School Attendance

    - Cluster Attendance Adviser
- Childrens Centre group:
    - Centre manager
    - 4 Family Support Workers
    - 1 Play and Learning support worker
    - 1 Administrator
- Educational Psychology Service (Focussed on Year 7)
- Emotional Well-being and Mental Health
    - 3 Pupil Counsellors
    - 1 parent counsellor
    - 2 CAMHS in Schools Practitioners
    - 1 Play Therapist

Individual referrals are submitted by the school designated lead person, to the cluster Guidance and Support Team who meet regularly to discuss referrals and appropriate packages of support. As part of this research project I have provided the graph below which details the support provided to the sample school over this academic year.



Student concerns relating to Safeguarding, Child Protection, Mental Health and other student concerns are inputted onto a school software database called CPOMS. This system is used to record information and for forwarding to Designated Safeguarding Leads (DSL) it also serves to record all the key information onto an individual student profile. With the support of the DSL I have managed to capture whole school data to collate into specified categories. This has given me data set specifically relating to reported Mental Health prevalence at the sample school. I have then calculated the percentage of Mental Health prevalence against the total number of incidents recorded on CPOMS. This data will serve to highlight the current scale of the issue and aim to reduce the stigma of by discussion this figure with school staff.

Year Group	Total number of incidents reported	Percentage with Mental Health category selected
13	32	25%

12	22	50%
11	56	25%
10	75	28%
9	36	36%
8	23	22%
7	36	47%
Whole School	**233**	**33%**

The above table highlights the prevalence of Mental Health related concerns *reported and recorded* in the sample school. This figure could realistically be much higher due to a number of reasons. Due to the stigma around Mental Health it can often go unreported. The number of reported incidents recorded under the Behaviour category is also another area to consider, I believe there is a disparity between years 7 & 8 to those in years 12 and 13; 'behaviour' is more likely to be the category chosen for younger students whereas in older students poor Mental Health is reported as the cause for poor behaviour (more research is needed to explore this in greater depth). The figures above on their own mean little, without the individual stories behind the data, it could be that each reported incident relates to the same child. It is also worth noting that there is no indication of the severity of the concern, therefore more research is required to explore this in area more specifically and in more depth, this is currently outside of my capability and responsibility lies with the Designated Safeguarding Lead only. However, the data does provide some focus and a starting point on how to monitor, intervene and raise awareness in this area.

The UK government has suggested various modes of interventions in supporting adults and young people suffering with poor mental health. Two of the government's main themes refer to Cognitive Behaviour Therapy (CBT) and Mindfulness techniques.
Mindfulness is a relatively new paradigm and a growing discourse in the area of Mental health. 'Mindful Nation UK' a report by the Mindfulness All-Party Parliamentary Group (MAPPG) stated in their executive summary "In recent years there has been an explosion of interest in mindfulness with widespread media coverage, bestselling books and a remarkable uptake of online resources". (MAPPG, 2015, p.6.). A definition of mindfulness is provided by MAPPG, (p.6) "Mindfulness means paying attention to what's happening in the present moment in the mind, body and external environment, with an attitude of curiosity and kindness. It is typically cultivated by a range of simple meditation practices, which aim to bring a greater awareness of thinking, feeling and behaviour patterns, and to develop the capacity to manage these with greater skill and compassion."

Caholic and Eys (2015) refer to mindfulness-based interventions (MBIs) and cite Rempell (2012) "The past decade has seen mindfulness-based interventions (MBIs) emerge as promising interventions for children and youth in both regular settings such as schools and within clinical settings". There is an emergence of various types of MIBs such as "Mindfulness Stress Reduction, Mindfulness Based Cognitive Therapy (MBCT), MBCT program for children" there are references to other types of applications for school based approaches such as "*Learning to* BREATHE" and "*MindfulKids"* (p.2). The purpose of Caholic and Eys' research was to consider the benefits of Mindfulness based approaches to support young Children by using a program they developed called 'HAP' (Holistic Arts based Program). The findings of this action research were reported as promising, but the evidence did not entirely support this claim, so I decided to carry out my own research with the support of a Mindfulness practitioner from the Mindfulness Co-operative.

The sample cohort chosen for the Mindfulness sessions were carefully selected in consultation with the Progress Leaders of years 11, 10 and 9. After discussions with the Progress Leader of year 11 it was decided that there wasn't the time available for year 11 students to attend the group sessions as they were fully committed to the preparation and

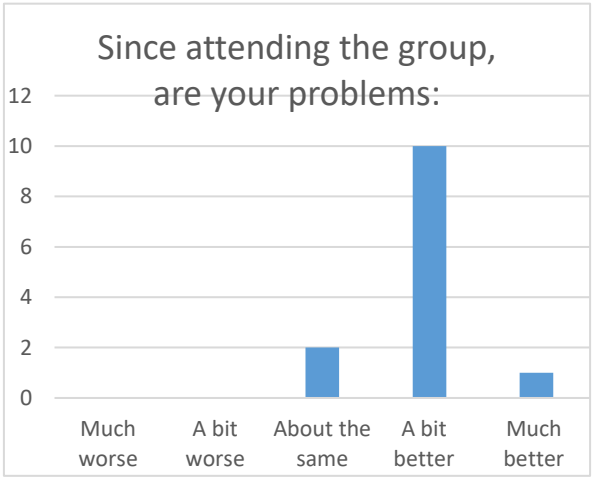
attendance of their GCSE exams. A mixture of year 10 and year 9 were given the opportunity to attend the first session to see if they would take up the offer of support on a weekly basis. Initially 22 students attended, however this number diminished to 19 after the first week and dropped further in week 6 to 12, reasons to be explained in the summary. Initially the numbers were; Year 10, 4 Male and 3 Female; Year 9, 2 Male and 10 female. This purposeful sample was selected by Progress Leaders who had prior knowledge of the students' needs and concerns.
Consent letters were sent home and only those who returned with signed parental consent could participate in the study. Week 1 students were asked to complete a pre intervention self-evaluation SDQ. This would be then followed up at the end of the sessions with a post intervention self-evaluation SDQ and any differences noted and analysed. The data has been collated and inputted into the table below.

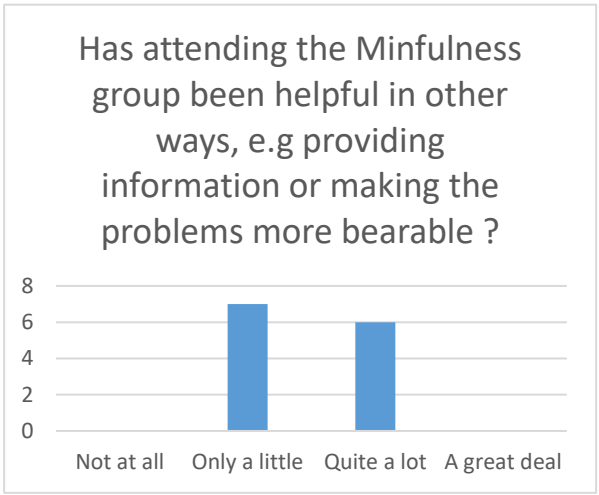
SDQ qualitative data

Self-completed		Emotional Problems Scale	Conduct problems scale	Hyperactivity scale	Peer problems scale	Prosocial scale	Total Score
Student 1	pre-intervention	9	4	5	3	7	21
	post intervention	5	5	6	2	7	18
Student 2	pre-intervention	3	1	1	4	6	9
	post intervention	2	2	3	4	10	11
Student 3	pre-intervention	5	0	6	0	6	11
	post intervention	7	0	5	1	6	13
Student 4	pre-intervention	6	2	4	5	6	17
	post intervention	8	1	3	5	8	17
Student 5	pre-intervention	5	1	7	3	8	16
	post intervention	3	1	6	5	9	15
Student 6	pre-intervention	5	1	7	2	9	15
	post intervention	6	0	4	2	10	12
Student 7	pre-intervention	5	2	1	0	8	8
	post intervention	4	3	2	0	7	9

Student 8	pre-intervention	5	0	4	1	9	10
	post intervention	8	0	3	0	10	11
Student 9	pre-intervention	6	1	3	0	7	10
	post intervention	6	2	3	0	8	11

The data above has been scored according to the SDQ scoring system which scores the answers as follows: Not True = 0, Somewhat True = 1, Certainly True = 2. The answers are scored and collated under the following categories: Emotional Problems scale, conduct problems scale, hyperactivity scale, peer problems scale and Prosocial scale. These categories have a numeric total threshold and have been colour coded according to the threshold as follows: Normal = Green, Borderline = Orange and Abnormal = Red. I have compared the post and pre questionnaire totals and those that have improved are indicated with a green arrow, maintained have an orange arrow and those that are showing a decline are indicated with a red arrow.
The arrows indicate that three students have improved, one has maintained and five are in decline. Ideally, I would have liked to see all the students indicating improvements, so initially five in decline caused a degree of discomfort to myself, as the research was designed to provide support and bring about positive change. Upon further reflection I have come to realise two key areas; 1) Mindfulness techniques are based upon the here and now. To except the reality of situations and to move forward. It could be that the students have a greater understanding of self and it reflects that in the SDQ. 2) The SDQ can vary considerably depending on what is going on at that time in a young persons' life, for example a recent friendship issue could adversely affect the scoring in all categories.
The post intervention SDQ provides an additional supplement, which I obtained from thirteen students and inputted into the table below. This provides a simple summary from the students in the way of summing up their thoughts on the usefulness of the Mindfulness intervention.





This has been a very small scale project and had mixed responses. Of the students that dropped out of the program they said that "it felt awkward and a bit weird", "I didn't like sitting around in a circle", "it's just not me", "it's a bit boring". These comments are useful to understand areas for future development, but for some they found it was helpful to them "I liked the *beditation**, I use it every night it helps me get to sleep", "I quite liked meeting up as

a group". So there are benefits to some students, but it by no means a one size fits all. This area will be further developed through the school mentor who has recently completed a mindfulness training programme.

*Beditation is a mobile phone application for night-time meditation to help with sleep problems.

During this research I have been looking at other areas of the school in relation to Mental Health and wellbeing and have detailed these below.

Whole school Initiatives undertaken during this research

- Impact Meeting with School Governor to discuss Mental Health approaches
- Mental Health First Aid (MHFA) Youth (x2 Learning Mentors trained)
- Mental Health First Aid (MHFA) Adult (x1 Learning Mentor trained)
- Introduction to Cognitive Behaviour Therapy (2 day course) (x1 staff trained)
- 10 week Mindfulness course delivered by Mindfulness practitioner
- System of monitoring referrals to the Cluster
- 4 days Mindfulness training (Learning Mentor)
- PIXL School Mental Health Ambassador Training (x4 year 8 students x2 staff)
- Appointed Mental Health and Wellbeing Lead Governor
- Learning Mentor Job description changed to have a designated mentor for Mental Health
- Analysis of CPOM data to build a picture of Mental Health prevalence
- Completion of Carnegie Centre of Excellence for Mental Health in Schools Development Programme for School Mental Health Lead

Initiatives ongoing

- Working towards Carnegie Centre of Excellence for Mental Health in Schools Award
- Working towards Accredited Metal Health and Wellbeing Lead Governor E-Module.
- Working towards MindMate Champion status
- Application for Heathy Schools status
- Developing the role of student Mental Health Ambassadors
- Whole school Training day on Mental Health promotion and awareness. (planned for 28th September 2018).
- Creating a wellbeing area for students in the Learning Resource Centre

Next steps

- Developing a Whole School Mental Health policy/Guidance document
- Presentation to Governors, Leadership Team, Positive Behaviour Forum.
- System for monitoring and supporting staff and evaluating impact.
- Launch an LGBTQ group in the next academic year
- Developing a staff and student wellbeing area
- Develop individual Mental Health care plans
- Develop a designated area on the web-site for parent/carers signposting for support including recognition of warning signs

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Emotional wellbeing - a whole school priority

Emma Wilson-Downes

It seems that mental health and emotional wellbeing is in every educational publication and every news website I look on recently. That's fantastic, because for far too long, some schools have not valued emotional wellbeing as being as important as exam results. The

Government Green Paper has made us all re-evaluate our position in supporting children with mental ill health, and rightly so, but we need to do more than this to make our schools emotionally healthy places.

Without taking a whole-school approach to promoting and prioritising mental wellness and emotional wellbeing, we are simply firefighting and not making the most of our extremely limited resources to ensure that the young people who pass through our doors each day are equipped with the skills to navigate the ups and downs of life that they will face, both as students at school, and later, as adults in the communities where we live and work.

I'm really fortunate to work in a school where the rest of the senior leadership team agree with me, and the headteacher promotes a values-led school which allows us to make provision to develop the emotional wellbeing of our students.

Our school motto, "Excellence: for each, for all" holds true, not only for academia, but also for the community as a whole. There is a real focus on the idea of community, of working towards a common good, and of helping each other to reach our potential. This sets the ethos of the school to be one where wellbeing naturally can blossom.

Within the school, we have a Student Services area, which is at the heart of our school. Our team of dedicated learning mentors work here, looking after the students, and in fact, the staff, in the school. This is our hub for all pastoral care, mental health and safeguarding. It is the site of our wellbeing area; this is a quiet and comfortable seating area, with resources available for students, and also where our wellbeing drop-in takes pace with our Mental Health First Aid team. We have an evening meeting each day, where our learning mentors meet, along with the Assistant Headteacher Student Support, to discuss students and any issues that have arisen during the day. Staff within the school are also welcome to attend, and frequently do, to discuss students, or share observations. Following this, a daily email is sent internally to teachers to update them on any students who may need extra support, so that staff are aware, usually before they even go home, of any students who may be accessing support. This allows staff to take account of the wellbeing of the students that they teach, even as they are planning their lessons, in the same way that staff take account of special educational needs. The team here also work closely with our award-winning careers team, and ensure that students are also supported in thinking about next steps. Our careers team plan work experience for all of our students from Year 10 to Year 13, as well as supporting students with finding their way into those next steps after leaving us. For some of our more vulnerable students, this may mean going with them to visits or interviews - without this support, these students may well have ended up NEET.

Within the school, the senior leadership team not only have an Assistant Headteacher for Student Support, but also a Deputy Headteacher. Together, they analyse data to look for patterns and identify areas of concern in order that targeted support can be instigated where needed, but also to plan for preventative strategies. Progress data, attendance, and behaviour data are all crucial when looking for these patterns, but equally, that soft daya that comes from tutors and teachers is invaluable. This allowed an early identification of a problem relating to exam stress amongst a particular group of students in Year 11. As a result of this, we shortlisted our most anxious Year 11 students to work with. The aim was to reduce anxiety amongst this group. We made use of OM Health and Wellbeing Consultancy, who came into school, and ran a parent workshop, along with a series of sessions focusing

on different strategies for the students. The sessions all started by introducing a tool to help students manage their stress and wellbeing, to that the students were able to build up a bank of strategies. The two school nurses running the sessions also introduced some CBT techniques, along with giving the students an understanding of why we experience stress and how the brain reacts to stress. Immediately following this, the group reported a 60% boost in confidence, and a 20% reduction in the effects of stress. These benefits, however, were far more widely felt. In previous years, we have had a room of at least 15 students sitting their GCSE exams who felt that they could not enter the main exam hall with their peers. This year, we had our highest ever number of exam concessions - 51 students from the year group of 225. However, we only had 3 students from the year group who, in the end, accessed a quiet room provision; one of these was accessing significant external mental health input, and another had extensive personal issues which occurred around the start of the exam season. The effect of reducing the effects of anxiety in the small group of students who accessed the workshop, it seems, had a wide-reaching effect in actually reducing the tendency for anxiety and stress-related panic across the entire year group.

We are also fortunate within our school to have a nurture provision. This takes the form of two classes, called the Access classes. These classes are located just off of our Student Services area, again, in the heart of the school. They are based on stage, not age, and they make provision for a wide variety of student needs. For some students, they are supported within access because they would not be able to access the academic curriculum, even in a lower ability set. For others, it is because they lack the social or emotional skills to navigate the main school curriculum. Some students may be in Access because they are struggling emotionally, or perhaps because they have a bereavement. The list of various needs that Access meets is so long that I couldn't manage to note them all here. The provision is very fluid, with some students making use of Access for a short period of time, a few weeks, perhaps, and other students retaining some Access provision throughout their whole time in school. Equally, the amount of time each week that a student spends with Access is completely individual. The provision of a small class, with one teacher and a Learning Support Assistant, means that there can be a really individual focus on meeting each student's needs, and monitoring the development of many of the soft skills that can't always be assessed by academic assessment.

Over the last few years, we have worked hard to make links with our local Primary Mental Health worker so that we can seek speedy advice where needed, and also ensure that students who have input from CAMHS have support from school that is well inTegrated with their medical care. Within our local community, we have excellent links with local counselling services, who come into school to work with our students, in small groups and on a one-to-one basis. The local youth workers also come into school to run sessions, for example, on body confidence, self-esteem and anger. Our student services area benefits from two chaplains who come in 3 to 4 days each week, to offer more support for students, but also for our staff.

We are fortunate to work in a school where the provision we have is excellent, and that we have staff who work tirelessly to make the most of the opportunities available to make our school a mentally healthy place, but it does start with a whole-school approach. Wellbeing has to be everybody's business, and it has to be at least as important as curriculum, because, after all, staff and students are human beings, and human beings who are mentally healthy will thrive and be the best that they can be - truly, excellence: for each, for all.