# 10 Steps
## to a
## mentally healthy
## school

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# 10 Steps to a mentally healthy school

## INTRODUCTION

Children and young people are facing more pressures than ever before. There is a mental health crisis in our classrooms. 3 children in every classroom have a diagnosable mental disorder and 90% of school leaders have reported an increase in the last 5 years in the number of students experiencing anxiety, stress, low mood or depression.

Mental wellbeing describes a person's mental state - how they are feeling and how well they are able to cope with day-to-day life. Indeed, short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some students and their families. Other students may experience more serious and longer lasting difficulties and when a problem is particularly severe, persistent over time or when a number of difficulties are experienced at the same time, we may then describe the student as experiencing mental health problems.

Based on years of experience and using the most recent DFE guidance, this document will give you insights and strategies for taking a whole school approach to developing a mentally healthy school. Some of the commentary in this document is designed to challenge your thinking and provide an opportunity to reflect on whether what we are doing day after day in schools needs to be changed. None of the content constitutes medical advice and guidance nor should it replace accessing expert mental health support.

## LEADING MENTAL HEALTH IN YOUR SCHOOL

The subject of Mental Health should be approached and led in the same way as any other subject in the curriculum. To succeed, you will need a passionate and knowledgeable subject leader, supportive Head Teacher and a budget.

## 10 STEPS TO A MENTALLY HEALTHY SCHOOL

1 Great leadership and school ethos towards promoting good mental health and resilience

2 Great subject knowledge and training for staff

3 Safe spaces and walk in rooms

4 Confident conversations about suicide

5 Skilled and confident class teachers and form tutors who can understand and support

6 Ensuring interventions and practice follow the 30% / 70% rule of prevention - courses before crisis

7 Tracking and screening all students for Mental Health so we know who is vulnerable before crisis.

8 Good curriculum consistently taught, including Personal Social Health Education (PSHE) and Relationship and Sex Education (RSE) which deals with managing feelings, problem solving and resilience

9 Stigma reducing activities

10 Staff well-being, including supervision for frontline DSL's

Hello!

I'm a strong advocate of placing prevention at the heart of every school, integrating mental wellbeing within the curriculum, school culture and systems. Through this work, students have the opportunity to learn skills and techniques to cope with modern day pressures alongside their academic studies.

I have written this for you in the hope that it will support you in your journey to taking a whole school approach to mental health. In my experience this phrase is used a lot, but not often understood how we actually achieve it. Over the last 10 years I have worked with and transformed 100's of primary and secondary schools. I've identified that there are usually two problems facing schools and school leaders:

1    Schools have an ad-hoc approach to mental health issues and find themselves reacting to crises and fire-fighting with issues

2    Schools have lots of ideas and know where they want to be with their schools' mental health, they just don't know where to start or how to get there

If your school fits into both or either of these categories, then this document is for you. The ideas, guidelines and strategies are aligned to evidence based practice and the most up to date guidance. It will give you specific recommendations to follow so that you can make an impact straight away, including links to free resources. I hope you find it useful.

If after reading this document you want to find out more or want further support and guidance through my consultancy or training please do get in touch via email or by visiting my website.

Warm regards

Anna Bateman
Founder
Halcyon Education Ltd

# Great leadership and school ethos towards promoting good mental health and resilience

Any initiative around mental health in schools must have complete commitment and support from the Head if it is to succeed. This may seem obvious, but in my experience, without it the whole school approach does not sustain for very long nor does it have a lasting impact. Once the Head is on board, it is equally important to appoint a mental health lead. Engage a great strategic leader who is passionate about mental health.

Lots of schools I work with have both a strategic and operational lead (particularly in large schools and Secondaries) similar to the Designated Safeguarding Lead (DSL) model. We know the new mental health lead role in schools will not become a statutory role, and schools will be incentivised by the DFE through training and support to adopt this role. However, roll out of the training will take some time, with the DFE taking over 5 years (possibly starting some time in 2019/2020).

There is a question over who should adopt the strategic head role? Should the mental health lead sit within the SENCO role, Safeguarding or somewhere else? Best practice is to approach this as a new Mental Health lead role. However, it's more likely, given the current climate, that this role will need to be absorbed by a DSL or SENCO. Be aware, plan carefully and be clear that this role should focus on taking a whole school approach to mental health, not just dealing with issues once they have arisen.

### SCHOOL DEVELOPMENT PLAN

Getting your plans onto the school development plan at an early stage is really important as this ensures that the resources and senior leadership backing is there for the sustainability and depth to which your whole school approach will go.

In order to know where best to start, you will need to gain an understanding of your starting point. This would usually be carried out in the form of an audit. Finding out from the pastoral team, senior leaders, teachers and pupils what the current picture is, forms a fundamental part of your planning. In my experience, an audit, which includes student conferencing and/or a questionnaire, provides an accurate picture. Choose a random selection of mixed age, mixed vulnerability to do this. If you choose the school council you will usually get text book answers. If you can use an external person, colleague or governor to do this, then even better.

For advice on the best audit tools, see the resources section at the end.

Once you have a baseline understanding of the school's position, including curriculum, systems and processes, ethos and student voice, write an action plan which will sit within your school's development plan.

One of two things often happens when writing an action plan.

1    The aims are not specific enough nor measurable, so ensure they are SMART (specific, measurable, achievable, relevant and time based).

2    The school tries to take on doing too much too soon and then gets despondent.

If the actions are on the school development plan then they should be reported to the governors. It is important the Governing body understands the strategic direction of the school's planning.

Great leadership and school ethos towards promoting good mental health and resilience

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## YOU NEED A PLUS, A MINUS AND AN EQUAL

Where possible, don't tackle the whole school approach alone.

"To become great, you need someone better you can learn from (+), someone lesser you can teach (-), & someone equal that can challenge you (=)."- Ken Shamrock, martial arts legend. Find a school you can support and teach, a school you can learn from

and a school that is equal to yours and will challenge you. This does not mean within the context of an OFSTED category rating. In my experience 'Requires Improvement' schools have the most amazing pastoral and mental health support systems and approach.

# 2

# Great subject knowledge and training for staff

## IDENTIFYING GOOD MENTAL HEALTH

A good starting point is to understand what good mental health looks and feels like so that we can recognise when it exists, and more importantly, when it doesn't. Our mental wellbeing is dynamic. It can change from moment to moment, day to day, month to month or year to year. Being receptive to the signs that all is not well is important if we are to help and support pupils and students when they need it the most.

If you have good mental wellbeing you are able to:

- feel relatively confident in yourself and have positive self-esteem
- feel and express a range of emotions
- build and maintain good relationships with others
- feel engaged with the world around you
- live and work productively
- cope with the stresses of daily life
- adapt and manage in times of change and uncertainty

Just like leading any other area of the curriculum, subject knowledge around mental and emotional well-being is crucial. It ensures that your school can create a curriculum, design assemblies and deliver projects that meet the needs of pupils, and match the ethos and values of the school. When you and your key staff know the subject well you can innovate, create and support other teachers.

## GETTING STARTED

Identify which key staff will be trained to take on the role of mental health support in school. Source good quality external support including advice and training and embark on a programme to improve mental health skills. This could be someone within your multi-academy trust,

6

Great subject knowledge and training for staff

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another school or an external company/organisation. I recommend attending a Mental Health First Aid course or other mental health training to improve your knowledge. If budgets are stretched do read books, blogs, TES articles or search YouTube. There is a wealth of material available offering information and support. The website set up by the Royals and Heads Together is an excellent resource for free information www.mentallyhealthyschools.org.uk/

### ALL-INCLUSIVE TRAINING

Once you have improved the knowledge of key staff and mental health leads, part of your forward planning should be to share that knowledge across the school to all teachers and form teachers. This is absolutely crucial to avoid what is often known as a knowledge silo, where the few staff who are trained (pastoral team) are often overwhelmed and exhausted, and unable to provide the level of support to maintain a mentally healthy school. It's crucial that teaching staff and those closest to the students have the knowledge and understanding of how to identify issues as and when they arise, and the confidence to know how to intervene appropriately. Sometimes this can be through a process of drip-feeding new information to class teachers and form teachers, through briefings, newsletters for staff and twilight sessions to ensure they are up to date with new knowledge.

### RESILIENCE

'When we shape environments for our most vulnerable children, we make them much more likely to overcome adversity and continue his/her normal development and in turn, help all children'. (Ungar, 2014)

It's important for staff to understand how our environment can shape and improve resilience for our most vulnerable pupils.

Resilience has its basis in developing problem solving skills, perseverance and bouncing back. They are the characteristics needed for coping and thriving in the face of adversity.



**EQUALITY**        **EQUITY**
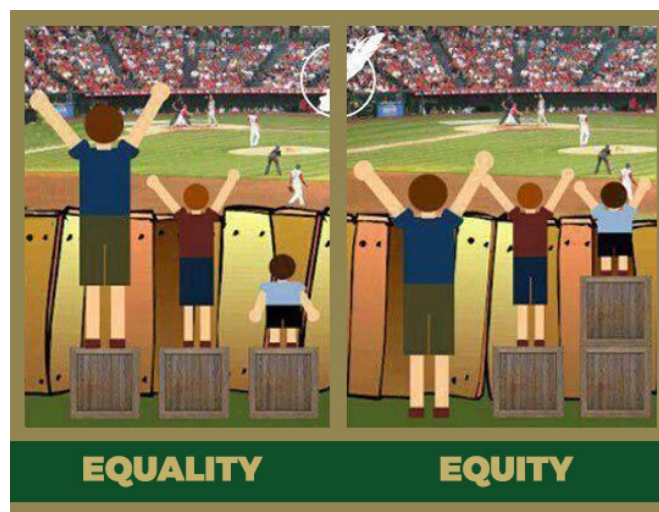
While we cannot remove or fix some of the challenges that our children or young people are dealing with, we can shape their environment to create greater resilience.

As the graphic here shows, some children will always need more building blocks than others. What does each of those building blocks contain in your school? Having a laugh, knowing that someone is holding them in mind, showing them what success looks like or helping them manage their feelings?

### Links

For more about resilience, take a look at both the Young Minds and Boing Boing website for information on resilience and a resilience based approach.

youngminds.org.uk/resources/school-resources/academic-resilience-resources

www.boingboing.org.uk

Take a look at the new guidance from the DFE, '*Mental Health and Behaviour in Schools*' November 2018. Page 14 and 15 outline the risk and protective factors as follows:

**Table 1: Risk and protective factors that are believed to be associated with mental health outcomes**

| | Risk Factors | Protective Factors |
|---|---|---|
| **In the child** | • Genetic influences<br>• Low IQ and learning disabilities<br>• Specific development delay or neuro-diversity<br>• Communication difficulties<br>• Difficult temperament<br>• Physical illness<br>• Academic failure<br>• Low self-esteem | • Secure attachment experience<br>• Outgoing temperament as an infant<br>• Good communication skills, sociability<br>• Being a planner and having a belief in control<br>• Humour<br>• A positive attitude<br>• Experiences of success and achievement<br>• Faith or spirituality<br>• Capacity to reflect |
| **In the family** | • Overt parental conflict including domestic violence<br>• Family breakdown (including where children are taken into care or adopted)<br>• Inconsistent or unclear discipline<br>• Hostile and rejecting relationships<br>• Failure to adapt to a child's changing needs<br>• Physical, sexual, emotional abuse, or neglect<br>• Parental psychiatric illness<br>• Parental criminality, alcoholism or personality disorder<br>• Death and loss – including loss of friendship | • At least one good parent-child relationship (or one supportive adult)<br>• Affection<br>• Clear, consistent discipline<br>• Support for education<br>• Supportive long term relationship or the absence of severe discord |

## Great subject knowledge and training for staff

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| | Risk Factors | Protective Factors |
|---|---|---|
| In the school | • Bullying including online (cyber) bullying<br>• Discrimination<br>• Breakdown in or lack of positive friendships<br>• Deviant peer influences<br>• Peer pressure<br>• Peer on peer abuse<br>• Poor pupil to teacher/school staff relationships | • Clear policies on behaviour and bullying<br>• Staff behaviour policy (also known as code of conduct)<br>• 'Open door' policy for children to raise problems<br>• A whole-school approach to promoting good mental health<br>• Good pupil to teacher/school staff relationships<br>• Positive classroom management<br>• A sense of belonging<br>• Positive peer influences<br>• Positive friendships<br>• Effective safeguarding and Child Protection policies<br>• An effective early help process<br>• Understand their role in and be part of effective multi-agency working<br>• Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively |
| In the community | • Socio-economic disadvantage<br>• Homelessness<br>• Disaster, accidents, war or other overwhelming events<br>• Discrimination<br>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation<br>• Other significant life events | • Wider supportive network<br>• Good housing<br>• High standard of living<br>• High morale school with positive policies for behaviour, attitudes and anti-bullying<br>• Opportunities for valued social roles<br>• Range of sport/leisure activities |

# Safe spaces and walk in rooms

This is perhaps one of the most commonly absent support mechanisms in schools. However when I have spoken to and heard talks from children and young people about their experiences of school and mental health, they say this is the most significant part of their resilience and support.

A safe space or walk in room is somewhere that children and young people can go when they need to manage themselves or need some space from everyday school life. This can be for a variety of reasons, for example the death of a parent (sometimes this overwhelm can happen for months or years afterwards), social anxiety, management of anger impulses or impulses to self harm.

Some pupils have said going into the toilets is their safe space; others have said behind a particular bush in the playground (primary). When children and young people know there is a place they can go, it increases self regulation and management. Sometimes pupils want to speak to a member of staff privately or they may just want to be on their own. A quiet room is the ideal place.

Schools will tell me that they have the library, isolation or the special educational needs department as a safe space. Best practice is a room with a sofa/comfortable chairs/bean bags (try and avoid the cliché flowers and tissues on a table) with soothing/calm colours and good lighting. Bear in mind when some children are in crisis, they may just want to walk and talk - the side by side conversation that doesn't require eye to eye contact, do you have provision for this in your environment?

## IMPLEMENTING A SAFE SPACE PROCESS

The biggest challenge with children and young people accessing rooms is the balance between making the space available when needed, and not making it freely available so it is unnecessarily over used. Where schools that have allowed pupils to access support anytime of day, there have been challenges with good attainment. There are also schools that will not allow pupils out of class to access this support for any reason.

There is of course a balance to be had, and should be based on the knowledge of the needs and circumstances of each child and managing when pupils can access support e.g. break times, lunchtime, beginning and end of day.

Some schools I know used a brief appointment slip for when pupils wanted support in lesson times, for the more lower level mental health and emotional well-being issues. They would fill it in and within 30 minutes a member of the pastoral team would assess the need and make appropriate arrangements to talk further. The schools found that writing the problem down and passing it to a member of the pastoral team was all that was needed sometimes and that after the lesson they actually didn't want to talk anymore. Examples of this would be friendship issues, anxieties coming into school, anxieties around particular lessons, death of a pet etc.

In primary often students will ask for a safe space within their classroom, one young man told me when he felt emotional that he would hide behind the book corner to manage his emotions and when he felt overwhelmed. Let's not create an environment where students are hiding to manage their emotions, but that it is an important part of their self-management and knowing what they need and how to get it.

# Confidence to talk about suicide

There is a big concern in schools when discussing whether to talk about suicide. Schools worry that by asking students if they are having thoughts of suicide in conversation, this somehow plants the thought in their head and they are therefore more likely to go and act on it.

The opposite is actually true. Students will choose who they talk to and it won't always be a member of the pastoral team. We will often shy away from using the most appropriate language, but it is important that we do.

We spend one hour a year of our twilight training sessions on EpiPen training which is of course crucial, (according to 2017 data there about 20 deaths per year due to anaphylaxis). In 2017 there were over 6,000 deaths by suicide; how many hours of our twilight training sessions do we give to understanding and gaining confidence in talking about suicide?

This is as important in primary as it is in secondary, however the approach we take is different. Here's a great website which puts across how to have those conversations for primary: www.today.com/parents/experts-explain-how-talk-about-suicide-kids-age-t130589.

I would not suggest delivering any assemblies or whole class work on this in primary - however there is no reason why staff shouldn't have training on it (from an external expert/charity), as there will be parents and occasionally children who will talk about it. If it does crop up in a one to one conversation - the advice is to be factual, but take the lead of the child and gauge where they are developmentally and cognitively. If they are asking the question it usually means they are ready to hear an answer and we shouldn't avoid it. Sometimes starting off with open questions like 'you mentioned suicide - what have you heard about this?' is a great way to do this. In my experience of talking to staff in school, sometimes primary children will say they do not want to live anymore, but when
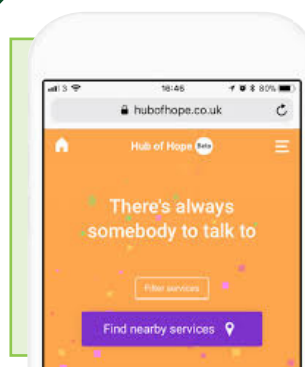
Are you or a young person you know in need of immediate help? There is a new free app to download which links you to local mental health services nearby and a direct link at the bottom to Samaritans.

the staff probe further and investigate, the child does not usually mean it in an 'ending of life way', but sometimes an expression of their distress or they may just have heard it somewhere else and are repeating it.

Papyrus papyrus-uk.org is also a great organisation with a telephone service for those with suicidal thoughts and plans and also for any staff who wish to talk through conversations they may have had. They will help you think through risk assessments and approaches to dealing with incidents of suicide or suicidal ideation (as will Samaritans and CALM).

In 2017, **5,821** suicides were recorded in Great Britain. Of these, **75%** were male and **25%** were female.

Between 2003 and 2013, **18,220** people with mental health problems took their own life in the UK.

Suicide is the **most common cause of death** for men aged 20-49 years in England and Wales.

**One person in fifteen** had made a suicide attempt at some point in their life.

www.mentalhealth.org.uk/statistics/mental-health-statistics-suicide

**5**

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# Skilled and confident class teachers and form teachers

This section also relates well to section 2 and is possibly the most controversial section of this document.

Those adults closest to the students everyday should be the ones with the most skill and knowledge in understanding the students in their class/form well.

Picture your most vulnerable child and then imagine meeting them 25 years from now. What would give you an indication of how successful they had become? Happy, engaging, well-dressed, clean, friendly, confident? We used to call these 'soft skills'. Most of these attributes are actually based around their social and emotional literacy. What's the reason we don't prioritise these 'soft skills'? Many schools are operating as if we are still in the industrial age. The educational approach then was to churn out compliant, well educated people, who don't ask a lot of questions or need to use their creativity.

We are however, in the information age and according to Daniel Priestly, we are on the cusp of the entrepreneurial age. A revolution of creativity and entrepreneurial change where children and young people can create, impact and make money from their own bedroom. (Read Daniel Priestly's Entrepreneur Revolution). They have unbelievable amounts of knowledge at their fingertips. They can watch and learn through connection, creativity and gain knowledge fast. Society is moving away from this need to remember knowledge, do what we are told without question and the formal teaching practice of you listen while I tell.

Consider the time students need and our priorities as a school to teach the attributes of creativity and problem solving as part of their learning.

Finally, for this section, it is important to say that sharing some vulnerability information with teaching staff and form tutors is important. In my experience, what typically happens is, a member of the pastoral team will say that a child is vulnerable yet share no

further information. This means very little, if anything to the staff, so when children are behaving in a particular way, they are unsure what their 'vulnerability' is and whether their behaviour is because of something else. Indeed in the latest guidance from the DFE, Mental Health and Behaviour in Schools (Nov 2018), reference is made to the statutory duty that schools have to promote the welfare of their pupils, which includes: preventing impairment of children's health or development, and taking action to enable all children to have the best outcomes. (Keeping Children Safe in Education (KCSIE) statutory guidance).

assets.publishing.service.gov.uk/government/uploads/ system/uploads/attachment_data/file/741314/ Keeping_Children_Safe_in_Education__3_ September_2018_14.09.18.pdf

It follows therefore that staff with a greater understanding of a child's vulnerability and context are more empathetic, tolerant and are able to form good, helpful relationships with their students. One secondary school for example shared information relating to particular students who had suicidal ideation (thinking about or planning suicide) with form tutors. The form tutors' responses were with total empathy and they spoke to these particular students with understanding, wisdom and consideration for their position.

A primary school shared with staff headline information about all the vulnerable pupils in their school, explaining what type of behaviour they may see in the child, with these challenges in their life.

**It goes without saying here that if at any point sharing information about a child would put them in further harm and at significant risk, then it should not be shared. Furthermore, if the child or their parent has requested that particular information is not to be shared, then their wishes must be respected.**

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# 70/30 rule. Why prevention is important.

Reflect on your plans, do they follow the 70/30 prevention rule? (I created this rule but it's a great one!) Almost all of the schools I have worked with feel like they are firefighting with the volume and complexity of mental health issues being presented. Some of this is often because schools are waiting (unintentionally) for crisis before systems kick in. One example that crops up in every secondary school is exam anxiety. We know this is a pressure for our year 11's, so let's teach all students how to manage exams and exam anxiety from year 7 (end of year exams is a great opportunity for this). Introducing Mindfulness lessons in year 11 is too late!!

Below are some examples of what the 70/30 rule might look like. If we continue to wait for pupils to present

## Prevention is crucial!

**We know that 50% of mental health problems are established by age 14 and 75% by age 24**

*Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005)*

their mental health issues before we do something, we are fuelling the crisis management problem. That is why a counsellor or CAHMS worker in school is not the only solution to the mental health crisis we are facing. The longer the mental health issue remains, the more entrenched it can become and the more difficult it is to overcome and recover without help.

**70% mental health and emotional well-being activity prevention**

- Curriculum (e.g. mental health awareness, resilience, mindfulness, PSHE, SEAL, PATHS)
- Staff training (ongoing/business as usual), including suicide awareness training
- Supervision for key staff (DSL's/pastoral team)
- Clear processes and a vulnerability map for early identification across the school, including at KS transitions
- Clear processes for referral and support
- Youth Voice (youth led well-being team) and associated activities
- Good behaviour, aspiration and relationships (reflected in school values)
- Parental mental health awareness and workshops
- Stigma reducing activities such as assemblies, posters, culture of 'it's OK not to be OK'.

**30% reactive activities, likely to be your most resource intensive activities**

- School Counsellor/Place2Be/in school 1:1 support sessions
- CAHMS/specialist services
- Resilience/targeted groups run weekly
- Safe Space/Walk in Room
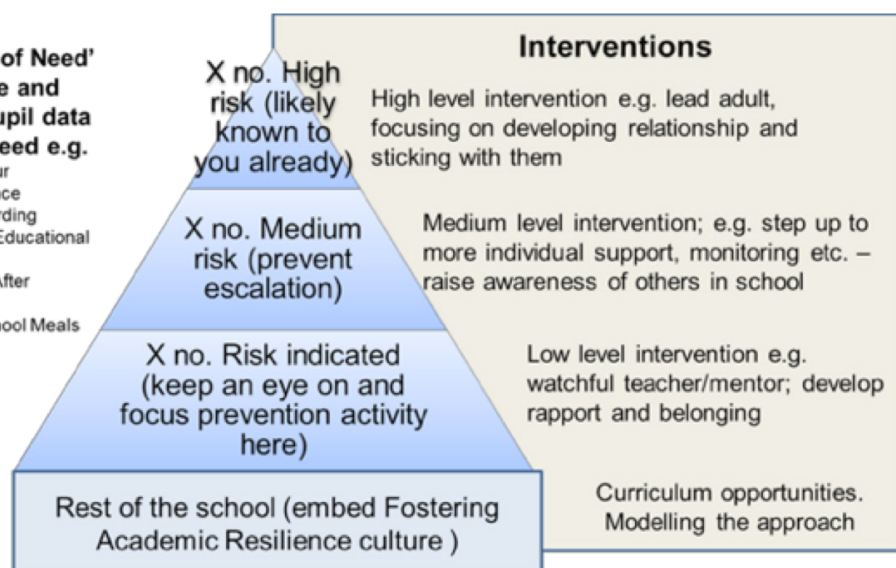- Individual support plans and mental health risk assessments

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# Tracking and screening students. Graduated response to dealing with mental health

**The Pyramid of Need**

Lots of schools assess their ability to impact on mental health and the impact of pastoral support on behaviour and attainment data. We know from the early evidence of 30,000 secondary students in the Headstart project that issues with mental health present more as behavioural difficulties in boys and more as emotional difficulties in girls (unsurprising - but it is good to have some data to acknowledge this).

**'Pyramid of Need' – score and collate pupil data to map need e.g.**
- Behaviour
- Attendance
- Safeguarding
- Special Educational Needs
- Looked After Children
- Free School Meals
- EAL

**X no. High risk (likely known to you already)**

**X no. Medium risk (prevent escalation)**

**X no. Risk indicated (keep an eye on and focus prevention activity here)**

**Rest of the school (embed Fostering Academic Resilience culture )**

**Interventions**

High level intervention e.g. lead adult, focusing on developing relationship and sticking with them

Medium level intervention; e.g. step up to more individual support, monitoring etc. – raise awareness of others in school

Low level intervention e.g. watchful teacher/mentor; develop rapport and belonging

Curriculum opportunities. Modelling the approach

We can start to see that if we are only using behaviour and attainment data to assess well-being, that there will be predominately one set of children and young people that are being largely excluded from measurement of the effectiveness of interventions (i.e. girls). As you would track students safeguarding vulnerability, you can also track vulnerability to mental health and emotional well-being issues. Let me introduce you to the Pyramid of Need (actually it is a triangle!)

Using this model, which again is freely available from Young Minds, you can look at the whole school. When I start this piece of work with my schools, it usually starts in year 7 for secondary and years 5 and 6 for primary. You will need to collate all the data you have (see on the left) about the students. I do additional screening with the schools using Adverse Childhood Experiences (ACE's) data and the 3 houses as part of screening. You can complete this with all the students in class, or within small groups, be aware that this can sometime provoke strong emotions in students and ensure there is enough support in the classroom to support this.

You will then put the entire year group within this pyramid and you may even want to put a colour

next to it. Red to the top layer, amber to the next and green to the bottom.

Each academic year/cohort will look different within each layer of the pyramid. Consider strengthening the offer you provide at the base of the pyramid (green) - this is where your 70% preventative activities come in. For the next layer of students (amber), depending on the needs identified you may need to offer some small group courses or 1:1's on particular challenges of that group.

For example, this could be managing anxiety, a resilience group (team building and confidence building activities) a physical activity group of some kind, mindfulness (one school did this within photography), identifying 5 staff you can go to, access to the walk-in room on an 'as needed' basis for a week. At the top of the pyramid, it is about ensuring that there is lots of support already in place around the basics and good relationships, including good, clear processes for referral to external services.

## Tracking and screening students. Graduated response to dealing with mental health



I'd advise you map all this onto a spreadsheet or onto your safeguarding system as an additional column. This gives you the opportunity to track what 'interventions' the students have experienced and whether they are working. This should be reviewed every half term.

I recommend this website for accessing evidence based tools for all well-being and mental health interventions and whole school well-being measurements and which are most suitable for different age groups: www.corc. uk.net/outcome-experience-measures
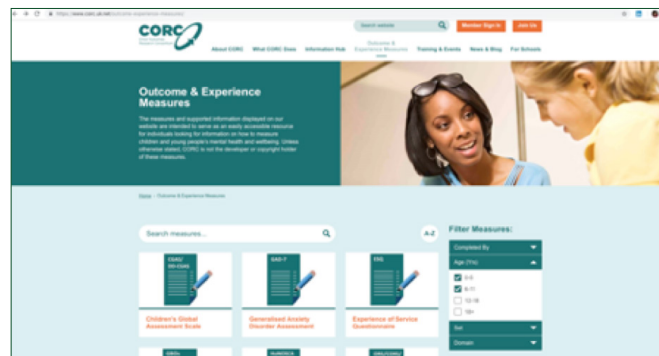
### THE THREE HOUSES

The Three Houses tool provides schools with some rich information relating to students contexts, their here and now worries, their resilience factors (house in the middle) and their dreams for the future. It also provides

some great information for the school prevention approach. For example one school found that there were some consistent worries about fire. So the school were able to put in some prevention work through 'stop drop and roll assemblies' and lessons to support children's fears around this.

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**The Three Houses**

Adapted from *Signs of Safety* by Andrew Turnell and Susie Essex (2006) and available as a download from www.halcyon. education/downloads/ signs-of-safety.pdf.

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### The Three Houses

| **House of worries**<br>What are we worried about? | **House of good things**<br>What is working well? | **House of Dreams**<br>What needs to happen? |
|---|---|---|
| | | |

Adapted from Signs of Safety Andrew Turnell and Susie Essex (2006)

Guidance on its use is available at; www.nottinghamchildrenspartnership.co.uk/media/362110/ncc_sos_the_three-houses-assessment-tool-guidance.pdf

**8**

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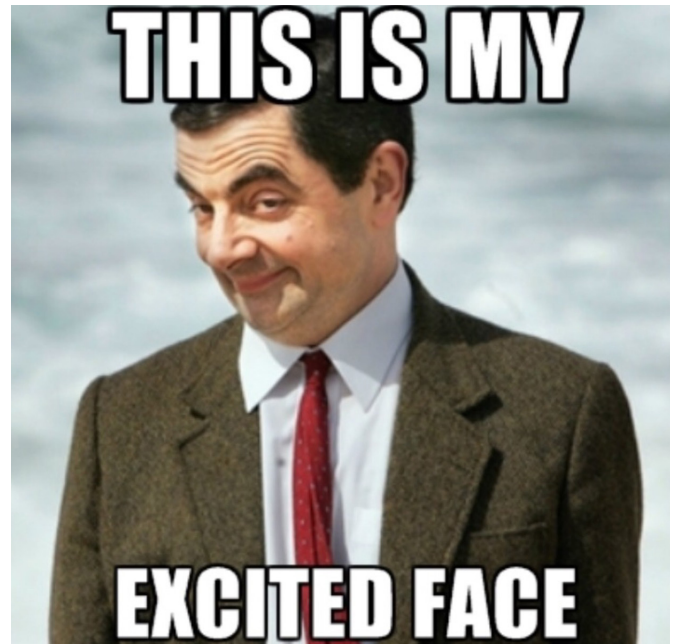### EDUCATION LTD

# Good curriculum and PSHE



All schools will teach about good physical and mental health, healthy relationships and how to stay safe on and offline. We add to this managing feelings, problem solving and resilience.

Generally, I come across ad hoc approaches to this subject across the school year. Health weeks and days which focus on mental health have their place when it comes to launching the subject and to get the attention of the whole school community, however it is just scratching the surface and will have little if any long term impact.

Drip drip is the approach, using a mental health lens throughout the curriculum. Use books, stories, current affairs, history and geography to talk about feelings, resilience, challenges and how they have been overcome, as you would with other cross curriculum projects.

Take an age appropriate approach choosing suitable language, references and terminology. For example, I don't advise assemblies or lessons on mental illness in primary. For those students who do talk about it, it is usually because someone very close to them has a mental illness and they need further knowledge to understand the condition/context. It is right in these circumstances to talk to the pupils about it, with them taking the lead with the knowledge they have.

**LANGUAGE AND COMMUNICATION**

Think about how to use an emotion coaching approach or include more emotional vocabulary in class. Understanding our emotions is crucial for good mental health, managing behaviour and problem solving.

Conceptually, this has to come first before managing behaviour. It's like trying to teach writing persuasive texts, without having taught good sentence structure or like trying to teach fractions in maths without having taught place value.

How can you enhance the problem solving skills of your class?

- Receive training on key areas of issues in school so that you can provide consistency in your response – loss/bereavement for example
- Create evidence books per class which would be used for seeing progression and monitoring greater depth

## Good curriculum and PSHE

Here is a fantastic tool which you might want to use to help children and young people think beyond the 'happy/sad' vocabulary. They also need to know that all feelings are OK. It's OK to feel angry; it's what we do following the anger that is important.

Anna Freud has two fantastic videos which could be used as a conversation starter for an assembly. One is appropriate for Secondary, The Anna Freud video clip called 'we all have mental health' and the other is aimed at younger pupils, titled 'talking mental health' primary.

www.annafreud.org/what-we-do/schools-in-mind/resources-for-schools/
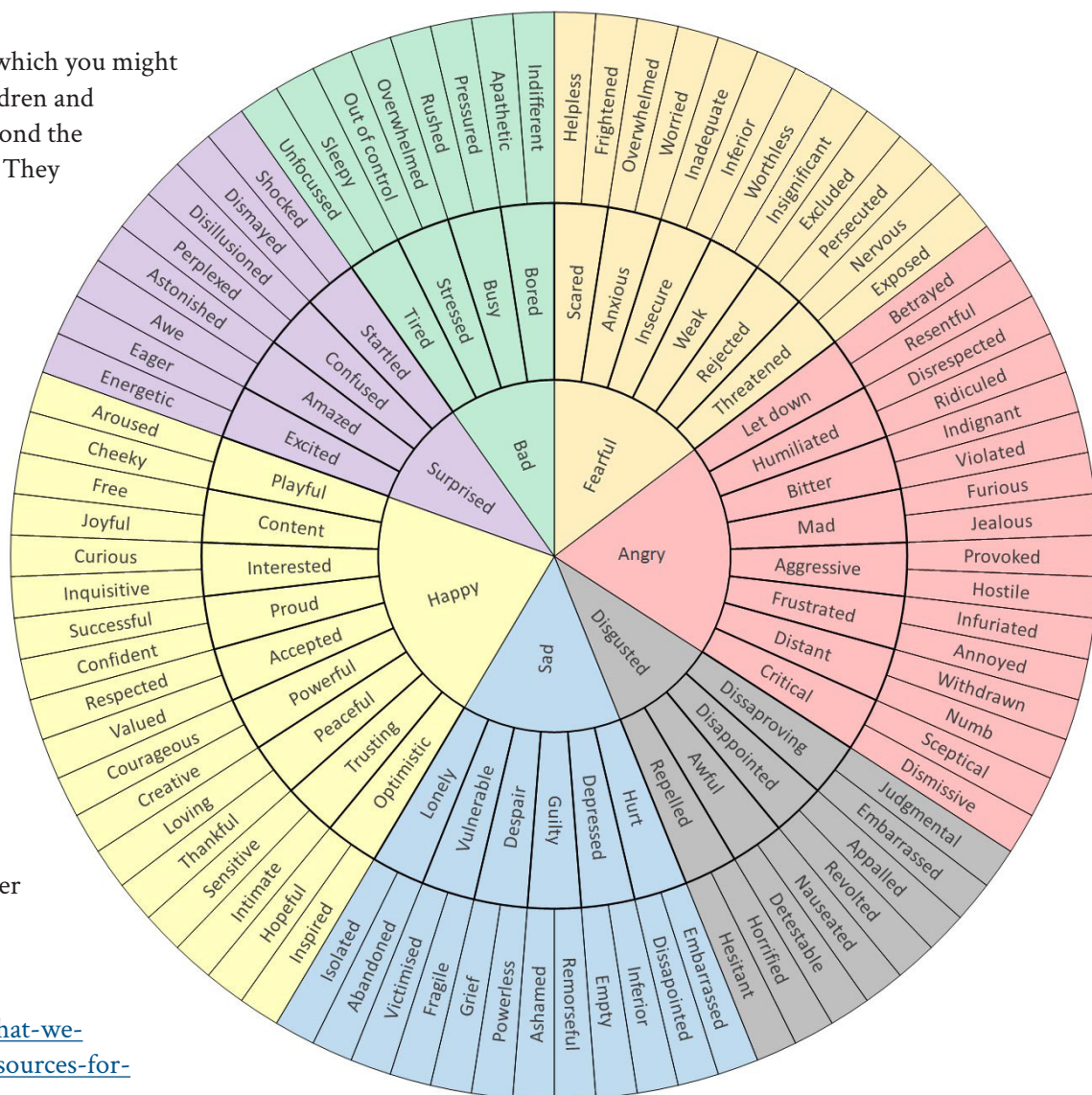
**Plutchik's wheel of emotions**

Finally in this section, creativity through the arts, music and physical education are a huge part of the development of mental health protective factors when thinking about the curriculum. They allow for free flow, creativity and feel good endorphins which are a crucial part of well-being. Here's a great website explaining the benefits of physical activity for maintaining good mental health

www.webmd.com/depression/guide/exercise-depression - 1

### The Goldfish Boy

Here's a great book by Lisa Thompson for upper KS2 - to year 7. This is a 'who-done it' featuring a young man called Matthew who has OCD. It's a real page turner - it has lessons to go with it too.

17
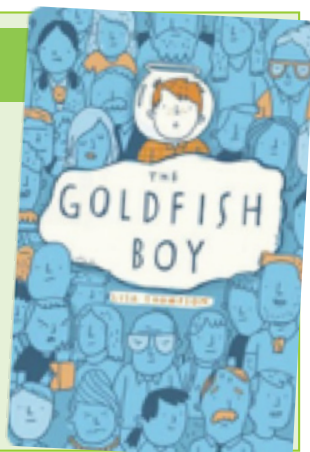
# Stigma reducing activities

Reducing stigma is fundamental to preventing mental health from escalating, particularly in relation to suicide.

It has to start with a commitment from the leadership team through modelling appropriate behaviour and language and ideally become a whole school approach through that language, school ethos and commitment.

1    A zero tolerance approach to bullying, shaming or power-based language is the basis for this. Through clear school policies, commitments on the website, newsletters and assemblies expectations around what is and what is not acceptable behaviour towards one another can be made perfectly clear.

     The most powerful assemblies for reducing stigma are assemblies co-delivered with students who may have experienced mental health issues themselves. It's so much more powerful to hear them say 'it's OK not to be OK'. I recommend these are included regularly - not just during health weeks.

     I have worked in several schools that have been challenged in this area, where we have utilised their media departments to make a 5 minute video with students in school saying 'it's OK not to be OK'.

     In primary school - it is more about using an age appropriate approach and language that young children understand, e.g. 'head is fuzzy', feel jumbly etc.

2    If you can create a culture where pupils feel able to speak up, to be able to say, I'm not OK, you're breaking down barriers that get in the way of mental wellbeing. This is especially true for boys and men. Make sure there are opportunities for them to speak out. They are not going to do this in those traditional ways of sitting in a comfy chair opposite someone else with the box of tissues and some flowers - although this works really well for some people. When working with boys'

schools, often go into the gym and chat to pupils there, they prefer the side by side conversations of a walk or in the gym.

This applies for staff too! The best schools provide an open, trusting environment in which staff can sit with the Head and talk, be listened to, and assisted in finding a way to move forward. Don't be a school where there is a risk of being 'managed out' or disclosure of struggling is seen as a weakness and then used as part of capability procedures.

In primary schools the difficulty can be more around stigma with parents. The language we use is important. Reframing or renaming parents comments about mental health into a positive and if need be reframing or naming your intentions about what type of support their child needs is a really valuable skill. Create a consistent message to parents about what you think the issues are and what potential solutions there might be. Some parents need to hear the message said in different ways over a period of time before they will engage. Be mindful, patient, and document which approaches work well so you can learn from experience over time.

3    It is essential to show empathy and have knowledge around what good mental health looks like and what mental illness may look like. Ensure your staff understand this subject well, including the common issue of attachment and trauma. It is important that empathy forms part of our commitment to young people. This includes understanding why children and young people may behave the way they do.

Stigma is a huge subject, which cannot be covered in the context of this document. If you would like to talk further around this subject, please do get in touch.

**10**

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# Staff wellbeing

The pressure on time in school is immense, intense and incredibly stressful. Schools need to be more and more creative, innovative and savvy with their time. School staff have had to become experts in understanding, managing and dealing with a range of distressing, complex cases arising daily, some very serious, and some more trivial, though at the time intense and serious. Many psychotherapists and psychologists would struggle with some of these incidents, and they have the benefit of lengthy training and supervision.

Staff dealing with these issues also are required to teach or have a line management responsibility. Often, staff at any one moment can be dealing with distressing issues and within half an hour have the pressure of teaching a class, leading an assembly or speaking to a frustrated or upset parent. This pressure can be overwhelming, is not planned for and leads to an environment where staff are being constantly reactive. There is no time to deal with issues in a measured way, or necessarily to know how to manage a situation. We need to be mindful of the toll this might take, and what can be done to support staff and give them the tools to cope.

Supervision, particularly for Designated Senior Leads for Safeguarding or frontline pastoral support is crucial here in being able to retain staff and support their well-being. The Quality Care Commission states, 'Clinical supervision is associated with higher levels of job satisfaction, improved retention, reduced turnover and [improved] staff effectiveness'. This is not something we are used to in schools, however I meet staff regularly who are stressed and overwhelmed and often taking these problems/cases home with them and ruminating on them in the evenings and weekends.

Supervision adopts a solution focused approach using psychological theory to support staff in a 1:1 session. As a result of this monthly or half termly one hour session, staff feel more able to be in control of their thoughts, feelings and their ability to manage the impact of difficult cases. As a matter of routine this

happens for the Police, Fire, ambulance, counselling and therapy fields - but somehow our teaching staff are invisible to the impact of trauma and traumatic events!

For whole school well-being here's a great website and some ideas by John Dabbell.
www.headteacher-update.com/best-practice-article/protecting-your-staffs-wellbeing/145302

And here are some of John Dabbell's tips for creating a healthier, happier school environment for staff:

- Cut down the meetings.
- Make fresh fruit and healthy snacks available in the staffroom.
- Promote mindfulness or contemplative practices such as yoga, reiki, meditation, emotional freedom techniques, breathing exercises, stress reduction workshops.
- Add a standing item to team meetings where people talk about wellbeing and stress as a group.
- Lunch and Learn – have a staff member share a skill/activity or invite someone into school to run a class.
- Have an area where staff can rest and have a power nap.
- Make time to exercise together such as walking, cycling and swimming.
- Empower staff through further training such as first aid, time-management, assertiveness, people-management, leadership development, self-esteem, decision-making, counselling.
- Appoint a wellbeing committee and have a wellbeing charter.
- Signpost health events and occupational health support via teaching unions.
- Have employee awards within teams.
- Set up a text messaging system across all staff to improve communications.
- Introduce a mentoring and buddy scheme.
- Staff health checks and subsidised gym membership.
- Say thank you.

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### IN THE LONGER TERM

Beyond these ideas senior leaders need to encourage and support a culture of teamwork, collaboration and information-sharing. Conflict can be avoided by treating staff equally and so ensuring fairness. It certainly pays to have regular one-to-one informal meetings in order to identify any issues early so staff can get the support they need. This also certainly helps to normalise conversations about wellbeing and mental health so there is no stigma attached.

You can consider small incentives to increase interest and participation in wellbeing ideas, celebrate successes and keep it fun and creative. You might want to think about partnerships with external resources and organisations – businesses with health-related products and services are often an untapped goldmine, for example.

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# A summary : Mental health, wellbeing and resilience in education

Leading a subject like mental health has its challenges. Influencing change with a subject that is related to our own personal values, history and thinking is sometimes difficult. Others may think that mental health and well-being has no place in school, and my experience is there will always be a handful of staff who will think that way.

This is where your ability to link mental health and resilience to improved outcomes for attainment and behaviour forms an integral part of leadership on the subject. You may want to track the data relating to Pupil Premium and those students who are most vulnerable to show impact is sometimes the way to go, so that we can evidence how impact improves outcomes for all.

The extent to which we can intervene positively in the whole well-being of a school is demonstrated in this document, though it is by no means exhaustive. Taking a whole school approach which includes individual pupils, staff, the curriculum, assemblies, extra curricular activities and parents requires work, dedication, knowledge and training. The benefits however are tangible. I've seen what difference interventions can make to the wellbeing of pupils, to their behaviour and levels of attainment. I've also witnessed the impact it has on teaching and support staff, who remain positive, motivated and able to help pupils when and where they see a need.

For me, prevention is key. Where we can build resilience, create open, trusting environments and have the freedom to talk we hold the tide of poor mental health at bay. Our young people can study, grow and thrive, and most importantly go out into the world with a 'can-do' attitude, the tools to meet the challenges they will inevitably face, and throughout it all, remain happy.

It's why I love the work that I do – the challenges are great, but the rewards are even greater.

## Resources

www.headteacher-update.com/best-practice-article/protecting-your-staffs-wellbeing/145302/
www.annafreud.org/what-we-do/schools-in-mind/resources-for-schools/
www.webmd.com/depression/guide/exercise-depression
www.corc.uk.net/outcome-experience-measures/
assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf
www.corc.uk.net/outcome-experience-measures/.
www.proceduresonline.com/peterborough/user_controlled_lcms_area/uploaded_files/houseofworries.pdf
www.mentallyhealthyschools.org.uk/
youngminds.org.uk/resources/school-resources/academic-resilience-resources/
www.boingboing.org.uk/
www.amazon.co.uk/Entrepreneur-Revolution-Develop-Entrepreneurial-Business-ebook/dp/B00B0H9RHO
www.amazon.co.uk/Goldfish-Boy-Lisa-Thompson-ebook/dp/B01MSWJ87O

www.halcyon.education

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# About Anna Bateman

I am both driven and passionate about improving schools and creating a resilient, mentally healthy ethos.

With over 24 years' experience in education as a teacher, trainer, consultant, and Interim Executive Board member, I have gained a fantastic understanding of pedagogy, school improvement, leadership and what works.

As a member of the advisory group for the Department of Education, advising them on their mental health green paper, I operate at the forefront of new initiatives and my passion is to drive these forward to the benefit of schools, school leaders and of course pupils and students.

## MENTAL HEALTH CREDENTIALS AND CPD

I am wholly committed to updating my knowledge and understanding around resilience and mental health and annually attend relevant conferences and training days. I am also:

- Accredited Facilitator for the Academic Resilience Approach (Young Minds)
- Youth Mental Health First Aid trained
- Licensed PATHS trainer (Promoting Alternative Thinking Strategies)

## ON A PERSONAL NOTE

My own mental health issues and those of a close family member affected my educational years. This gave me first hand experience of what it is like to be mentally unwell. Since then I have sought to develop my resilience and emotional well-being through reading, therapy and coaching. It is this experience coupled with a deep desire to improve the confidence and well-being of children, despite adversity, that ensures meaningful progress in all my work.