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Leading a whole school approach to positive emotional health

November 2022



Outcomes

Delegates will:

1. Develop a knowledge and understanding of mental health and their setting's transformative role
2. Glean evidence-led drivers for investing in student emotional health
3. Devise a framework/checklist to start auditing for change
4. Takeaway an implementation plan

Promoting emotional health and averting and challenging poor mental health

Best through a comprehensive whole school approach

What is mental health?

We all have mental health; positive or poor mental health . and everything in between.

Your mental health affects how you feel, think and act. In this state of **'wellbeing'**, an individual can achieve their potential, can cope with life's everyday stresses, can work productively and make contributions to their community.

It refers to your emotional, psychological, and social wellbeing. Your mental health can change daily and over time. It can be affected by a range of factors.

Mental illness

- How is this different ?

What are the key mental health challenges across the nation?

What are the key mental health challenges unique to your setting ? Knew line

Think of the demographics

Think of age specific issues

Think of the location of your setting

Challenge	Strategy	Team/person/role

Statistics

- 50% of mental health issues start before the age of 14, but only 30% of young people who need help get access to it.
- Half of mental ill health starts by age 15 and 75% develops by age 18
- About 10% of young people aged 8-15 experience a low sense of wellbeing

These statistics are compelling.

Schools have to be pivotal in promoting positive mental health

Context

- **So how did we get to this point?**
- Think of the context to the development of whole school strategies as falling into two categories:
 - societal drivers
 - developments within education and school.
- These factors are not mutually exclusive. There is overlap. If we are cognisant of the drivers, we can communicate and strengthen our mandate to undergo this important journey.

Societal drivers

- De-stigmatizing Mental Health
- The rise in referrals and diagnosis
- The Pandemic
- The Cost-of-living crisis
- Trauma informed practice/attachment-aware
- The neuroscience and neuroplasticity, known simply as 'Brain Science'.
- Trauma as a result of persistent discrimination – e.g. racism, homophobia, SEND
- Social media

Neuroscience and Trauma informed practice

Drawing on existing research and good practice

- **Attachment awareness and trauma- informed/responsive practice** is an academic field which shows the impact on brain development of early childhood experiences. Those who have experienced adversity and trauma in their early years have arrested brain development.
- This research has influenced school practice. Forcing us to think about fr reasons for students' challenging behaviour.
- We are encouraged as school leaders to review our behaviour policies and practices to move away from blame and punitive measures towards understanding context and focusing on encouraging staff and students to co-regulate.
- This is based on the principle of healthy attachments to adults.

What does this mean for schools? For your setting?

- behaviour systems
- values
- pastoral structure
- curriculum and pedagogy?

Safeguarding

- KCSiE

More statistics

- About one in six (16.9%) 17 to 19- year-olds experienced a mental disorder in 2017. Girls were over twice as likely to have a mental disorder than boys at this age (23.9% and 10.3% respectively)
- Emotional disorders were the most common type of disorder, experienced by 14.9% of 17– to 19 year-olds
- Nearly one in four (22.4%) girls experienced an emotional disorder.
- Around one in sixteen (6.4%) of 17 to 19 -year-olds experienced more than one mental disorder at the same time.

And more

- Similar rates of mental disorders were found in boys (14.3%) and girls (14.4%)
- Emotional disorders were the most common type of disorder, experienced by 9% of 11 to 16 year-olds
- Around one in seventeen (5.8%) 11 to 16 year-old children experienced more than one mental disorder at the same time.

Note that emotional disorders include anxiety disorders (characterised by fear and worry), depressive disorders (characterised by sadness, loss of interest and energy, and low self-esteem) and mania and bipolar affective disorder.

Reflection time

- How does it relate to your setting?
- Do you hold such information on your children?
- What strategies and procedures do you put in place to address such issues?

Why have a whole school approach?

Mental health is a **systemic** issue as well as an individual one

Systemic issues require **organisational** change

School leaders are best placed to achieve the right conditions for mental health and emotional wellbeing in schools

Research and government guidelines – powerful driver

These reports evaluate current school provision and make recommendations for **a more strategic and comprehensive approach.**

- The CYP mental health green paper, 2017 (revisited in 2020)
- **Recommendations:**
- 1. Schools and colleges to identify a Designated Senior Lead. Health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
- 2. The funding of Mental Health Support Teams, supervised by the NHS. Their work will be managed jointly by schools, colleges and the NHS to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.

Mental health provision in schools

- A continuum which is comprehensive

Through our
values, ethos

Raising awareness

Promoting life skills, and the building of character
the taught curriculum

policies, we can promote preventative measures and techniques.

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Mental health provision in schools

- Through this comprehensive approach, we respond to low level, temporary conditions such as examination stress, coping with transitions and maintaining positive friendships and relationships. If managed and strategically prepared for, these temporary conditions will be resolved with the whole school approaches

Why have a whole school approach?

The National Children's Bureau (2020)

- Improved pupil wellbeing
- Improved staff wellbeing and retention
- Improved academic learning
- Strong link to improving school's overall effectiveness
- Development of social and emotional skills
- Prevention of MH problems
- Improved school behaviour - reduction in fights, bullying, exclusions and absence.

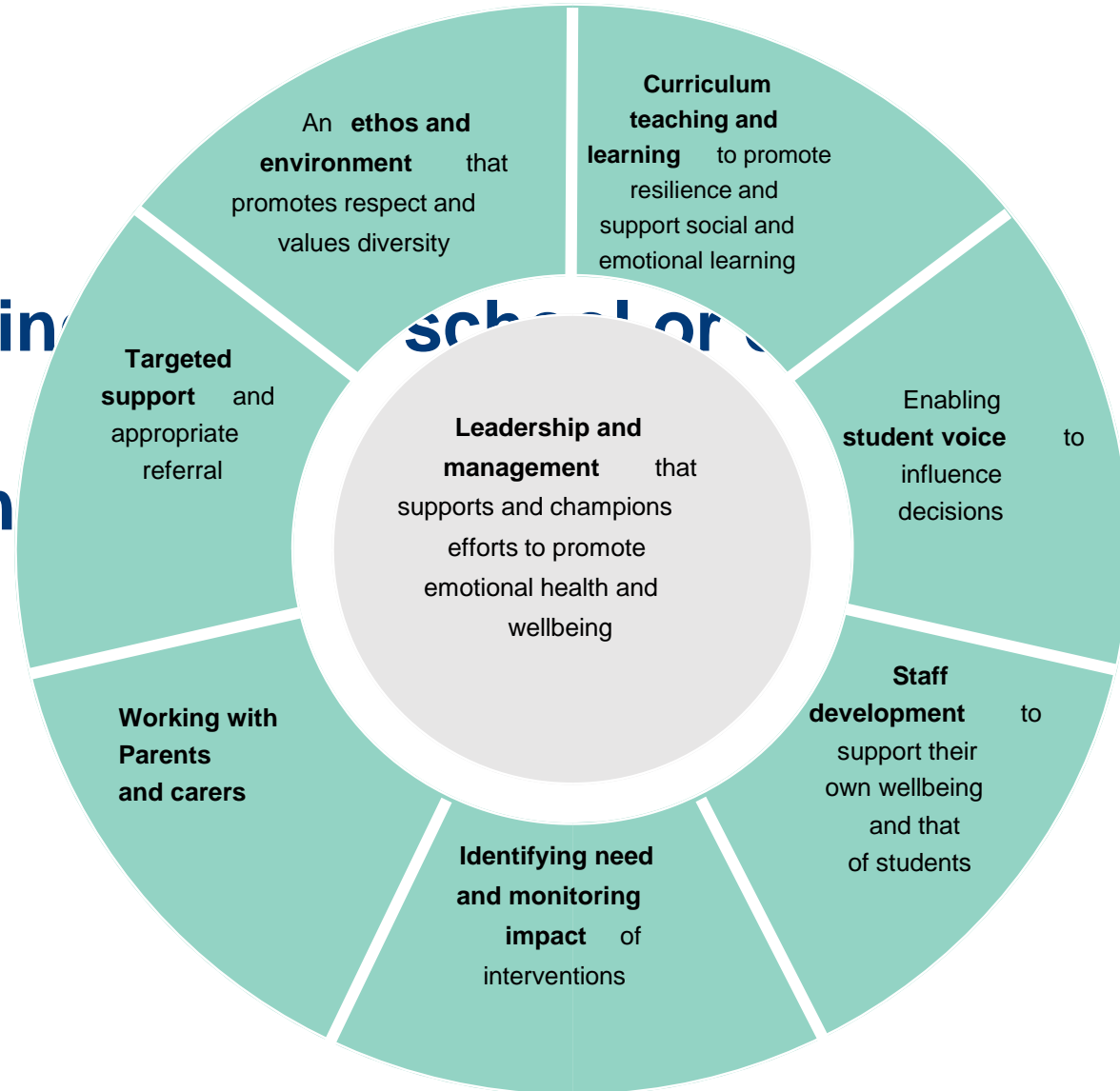


Promoting and supporting mental health and wellbeing in schools and colleges

- The key document setting out the whole school approach (2021,2022)

Promoting and supporting mental health and wellbeing in schools and colleges

Eight principles to promoting a whole school approach to mental health and wellbeing



Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils and students to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils and students about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos.

Identification: recognising emerging issues as early and accurately as possible.

Early support: helping pupils and students to access evidence informed early support and interventions.

Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

Other recommended reading and guidelines:

- Keeping children safe in education 2020
- The National Institute for Health and Care Excellence (NICE) advises that schools should be supported to adopt a comprehensive, 'whole school' approach to promoting the social and emotional wellbeing of children and young people
- Keeping children safe in education
- Supporting pupils at school with medical conditions
- Relationships and Sex Education (RSE) and Health Education
- Promoting the health and wellbeing of looked after children
- Mental health and behaviour in schools and on 'Counselling in schools



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Part 2

November 2022



Recap

- What is Mental Health?
- Why have a whole school approach?
- What is the whole school approach?
- Start thinking of unique setting and challenges

Recap

- What are the key challenges to positive emotional health in a secondary setting?
- What is 'typical' for an emerging young adult?
- What is specific to YOUR context?

Promoting and supporting mental health and wellbeing in schools and colleges

Eight principles to promoting a whole school or college approach to mental health and wellbeing



Before we address the key issues for secondary schools we must first look at what we already have in place

This audit will look at **UNIVERSAL**

Activities: curriculum, policies procedures, values setting and ethos.



Tier 1

The most vulnerable individuals
Targeted one-to-one approaches

Tier 2

Identified at risk individuals or groups
Targeted, specialised support

Tier 3

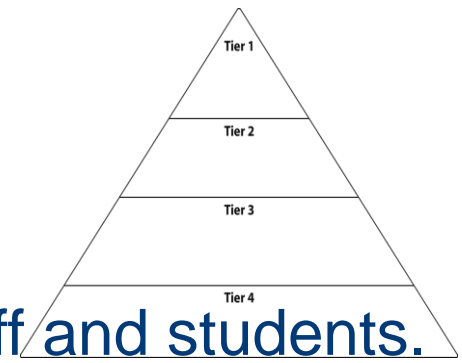
Vulnerable or at risk cohorts
Preventative measures such as classroom activities,
plays, workshops and links with organisations

Tier 4

The **pyramid** planning tool

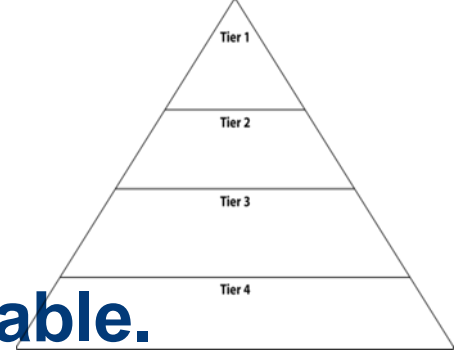
1. Print off the pyramid template. It is better to 'blow-up' to A3 size.
2. This can be a group activity carried out with the change group
3. Plot existing personnel and practices on this pyramid, using a green pen. For practices not yet in place but desired, use amber (an orange pen).

Preventative and proactive Tiers 3 and 4



- **The universal tier(Tier 4)** strategies designed to impact on all staff and students. Such as curriculum (topics), assemblies, tutoring, PSHE and raising awareness.
- Policies and practices that impact on every stakeholder such as as parents and governors. Policies such as safeguarding, wellbeing, behaviours, and online safety. Practices such as staff duties, Mental Health First Aid and staff self-care.
- **Tier 3** –preventative and targeted activity. This is cohorts of students who we know to be of higher risk and vulnerable to certain mental health and wellness challenges.
- One might target certain year groups, demographics and genders/sex. It may also be students who have a range of characteristics that renders them vulnerable to certain challenges. This may be the cohort that receives '**Early Help**'.
- Targeted activities such as friendship and relationship support for year 8, relationship and sexual health education for certain year groups exam preparation and stressed Busters for year 11 and personal and youth safety for year 9.

Reactive and responsive strategies. Tiers 1 and 2



- **Tier 2** – reacting to students already identified as being **vulnerable**.
- Not just at risk but are already known to agencies whether those be in school or external.
- Targeted to receive specialist and expert support.
- E.g. mentoring.
- Think about your existing structures. You may be doing this well. Your provision may be rich already. Think of what you can add with your orange pen.

- **Tier 1** is specialist, in house and external agencies such as CAMHS.
- Here we are talking about students who are the most vulnerable with complex emotional health needs. This is 1 to 1.
- What do you do in your school?

Think of all the staff who are central to this

Organisational change

Introducing and leading change

- Who are your key enablers?
Who are your blockers?
What systems and infrastructure and roles do you need?
Does it have to be about additional personnel or can we upskill all staff in some basic skills?

SMHL

You as the leader

SMHL – what is?

What are the necessary skills for a SMHL?

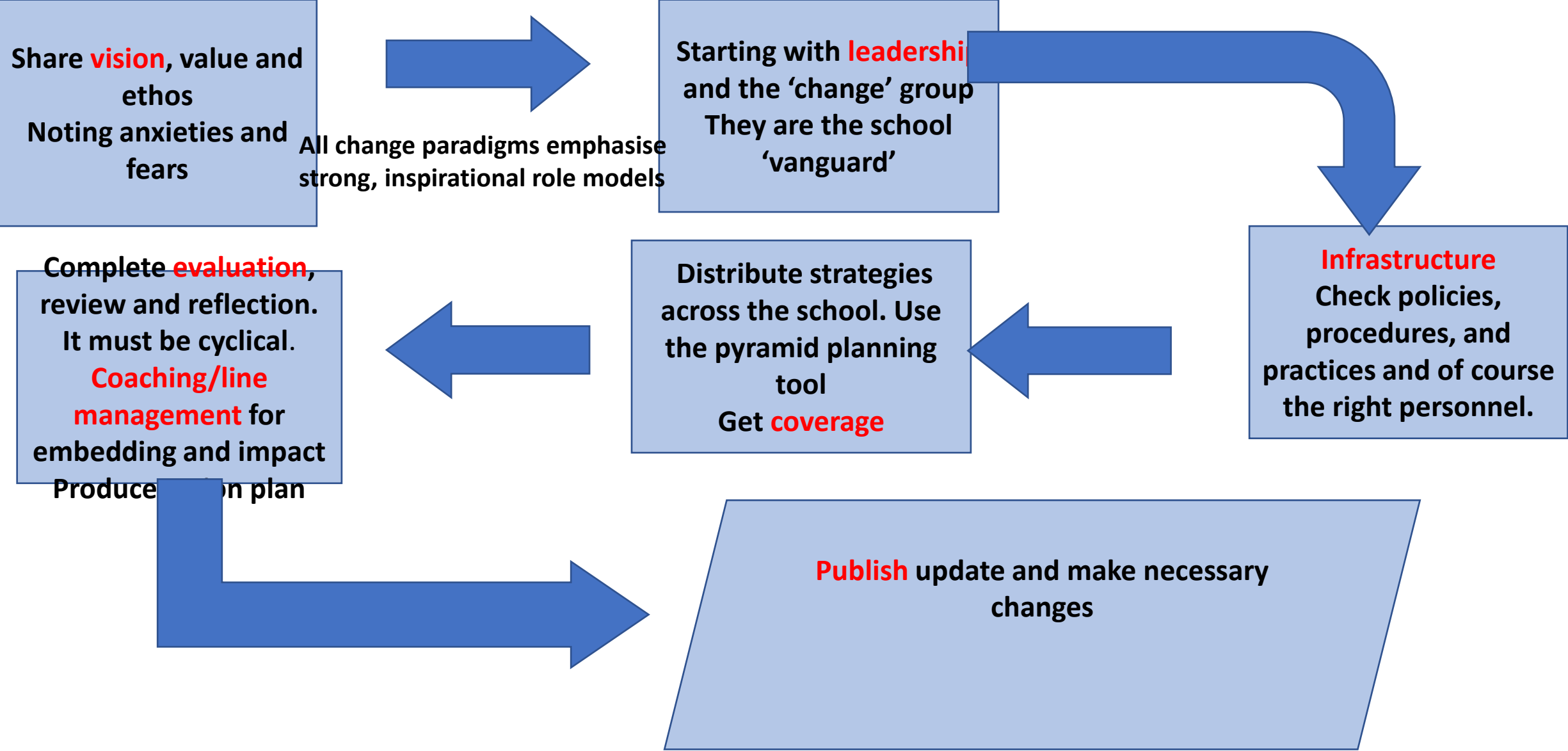
How strong is your knowledge and understanding?

SMHL/LEADERSHIP **SELF** AUDIT

Look at the following areas. How ready are you to assume this role? Who do you need to work with closely? **RAG**

- **Leadership** - skills and strategic, infrastructure
- **Staff development and training**
- **Ethos and values**
- **Curriculum** - what is taught and how
- **Stakeholders** – Parents, governors and the community

Mental health and wellbeing: Whole School Approaches



Call to action

- There must be **senior leadership** support, not just ‘buy-in’ but leadership. They must be role models, demonstrating strong ethics and philosophy with charisma
- There must be a compelling **vision** taking time to take onboard people’s fears and anxieties about change this stage may take some time and the strength of the SMHL will be seen as they have some difficult conversations
- There must be an **infrastructure** to carry the changes forward
- Finally, there must be a culture of **reflection** and **evaluation**
- There has to be a published update reporting to key stakeholders. This can be expressed as a quantifiable action plan.

- **The National Childrens Bureau**

- ‘What works?’ Wellbeing in schools guidance
- Self-assessment and improvement tool for school leaders
- Whole school framework supporting resources
- Wellbeing Award for Schools

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Tailor-made training and professional development

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