



Towards a Mentally Flourishing School



January 2016

Project Title: Towards a Mentally Flourishing School.

Keywords: Young people, collaborative, anticipatory, whole school approach, enabling, promoting, mental health and well-being, raising attainment.

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1. Summary

This project is a collaborative venture with a steering group which comprises NHS, SBC, CLD and the voluntary sector. Pupils, staff and parents are included in planning, implementation and evaluation.

This has been a three phase project with August 2015 to January 2016 identified as the third.

Four key areas are identified to focus actions:

- Positive health and wellbeing of school community.
- Education: knowledge attitudes & behaviour.
- Appropriate resources & interventions.
- Improved connections with parents & partners.

These promote the development of a positive culture and self-management with learning opportunities and staff modelling positive behaviours. This involves ensuring accessible information, support and resources whilst increasing knowledge and understanding and promoting partnership working.

Mental health is as important as physical health to children's quality of life and directly impacts their learning and development. Mental health is not simply the absence of illness. It also means having the knowledge and skills to cope with life's challenges. Pupils' families', schools and society at large benefit when schools meet the needs of the whole child by fostering social and emotional skills and identifying and preventing mental health problems early. This includes the provision and evaluation of quality social, emotional and psychological learning and training to enable the whole school community to participate in the development of a sustainable mentally healthy environment. In order to provide the adequate levels of knowledge skills and awareness required to achieve this, it is essential that school staff, external agencies, pupils' and families' have access to relevant learning and training opportunities.

2. Background

Mental health problems profoundly influence young people's lives (Scottish Government 2009) with adolescence being a pivotal time for establishing adult patterns of health. Promoting social and emotional well-being reduces young people's chances of having emotional and behavioural problems, participating in risk taking behaviours related to substance use, bullying, suicidal behaviours and sexuality (NICE 2009). Strategies aimed at meeting global health targets and

achieving many of the public health agendas should therefore focus on adolescents (Sawyer et al. 2012). WHO (2003) recommend that mental health improvement should be set within a framework with equal attention to the creation of mentally healthy environments. Specialist Community Public Health Nurses' (SCPHN's) are expected to work collaboratively to plan, implement and evaluate projects to improve health and well-being (NMC 2004).

Qualitative data from a community profile of Burnfoot in Hawick highlighted increasing concerns regarding young people's social and emotional well-being, subsequent health behaviours and difficulties in School. A recent scoping exercise of School Nursing Practice in Scotland highlighted in excess of 40% of School Nurse time is spent responding to mental health issues and anxiety (Egan 2013). Half of all mental health disorders begin before the age of 14, supporting the promotion of emotional well-being in young people to reduce incidence and protect future generations from mental illness (Mistral 2011).

Hawick High School serves Burnfoot which is one of four areas which comprise the town of Hawick. It is recognised as having the most deprived datazone (S01005382) in Scottish Borders (Scottish Index for Multiple Deprivation (SIMD) 2012). It has a rank of 279, that is, it is amongst the 5% of the most deprived areas in Scotland. Hawick's total population was 14801 in 2011 with Burnfoot comprising 3594 (Census data 2011).

1.1: Age Profile

Indicator	Burnfoot & Area	Scottish Borders	Scotland
Total population - 2011	3594	113,150	5,254,800
Total population – Children 0-15yrs - 2011	828	19,763	913,317
Total population – Working age – 16-65yrs - 2011	2117	66,183	3,299,643
Total population – Pensionable age – 65+ yrs - 2011	649	27,204	1,041,840
% Children(0-15) - 2011	23.0%	17.5%	17.6%
% Working age(16-65) – 2011	58.9%	58.5%	61.3%
% Pensionable age (65+) - 2011	18.1%	24.0%	21.1%

Source: Scottish Borders Council Community Profile for intermediate data zone S02001026: Burnfoot and area 2013.

It is evident from the table above that Burnfoot has a younger age profile than average of the Scottish Borders and Scotland. A high proportion of pupils attending Hawick High School are therefore from this deprived community.

1.2: Pupil Profile, 2011-12

Indicator	Burnfoot and Area	Scottish Borders	Scotland
% of male secondary school pupils age 16+	28.3%	29.6%	28.6%
% of female secondary school pupils age 16+	17.4%	28.6%	29.5%
% of secondary school pupils 16+	23.2%	29.1%	29.1%
% of pupils receiving free school meals, 2009	31.3%	9.6%	14.2%
% of secondary pupils with additional support needs	25.6%	12.0%	17.5%
% primary attendance rate, 2012/11	93.8%	95.9%	95.1%
% secondary attendance rate, 2010/11	85.9%	91.8%	91.4%
Exclusions per 1.000 pupils	173	44	523

Source: Scottish Neighbourhood Statistics 2013.

Pupils from Burnfoot are less likely to stay in school after they reach 16 than pupils elsewhere in the Scottish Borders and Scotland. This is more evident in the female population from Burnfoot, who are much less likely to stay on. Burnfoot pupils are three times more likely to receive free school meals and have double the likelihood of needing additional support in school than the Scottish Borders average. Attendance in Burnfoot pupils is slightly poorer than average with four times increased chances of exclusion than the Scottish Borders average, which has a generally low exclusion rate (SBC Community Profile Burnfoot and Area 2013).

1.3: Examination Results, 2011 -12

Indicator	Burnfoot and Area	Scottish Borders	Scotland
S4:% of pupils with English and maths at SCQF level 3 or above	94.5%	96.0%	93.7%
S4:% of pupils with 5 awards at SCQF level 3 and above	76.4%	93.5%	93.8%
S4:% of pupils with 5 awards at SCQF level 4 and above	52.7%	83.0%	80.2%
S4:% of pupils with 5 awards at SCQF level 5 and above	14.5%	42.8%	37.5%
S5:% of pupils with 1 award at SCQF level 6 and above	32.5%	60.9%	55.3%
S5:% of pupils with 3 awards at SCQF level 6 and above	15.0%	40.4%	32.2%
S5:% of pupils with 5 awards at SCQF level 6 and above	5.0%	16.8%	15.4%
S6:% of pupils with 1 award at SCQF level 7 and above	26.1%	30.5%	29.1%
S6:% of pupils with 3 awards at SCQF level 7 and above	52.2%	69.5%	61.8%
S6:% of pupils with 5 awards at SCQF level 7 and above	30.4%	50.7%	44.2%

Source: Scottish Neighbourhood Statistics 2013.

The above statistics show that secondary pupils resident in Burnfoot have a much lower examination attainment rate than the Scottish Borders and Scottish averages. The level of 4th year pupils gaining an equivalent credit standard grade (SCQF level 5) is poor and almost a third of the Scottish Borders rate. This demonstrates that school leavers from Burnfoot are more likely to be excluded from going on into Higher Education, even if they wanted to.

1.4: School leaver Initial Destinations, 2011-12.

Indicator	Burnfoot and Area	Scottish Borders
% Higher Education	23.4%	36.1%
% Further Education	48.9%	32.4%
% Training	0.0%	1.9%
% unemployed and seeking employment/training	14.9%	6.9%
% still in a positive destination 6 months on	80.9%	89.3%
% in other destinations 6 months on	19.1%	10.7%

Source: Scottish Neighbourhood Statistics 2013.

Borders College has a campus in Hawick and Galashiels. This makes access to Further Education more accessible and affordable than Higher Education. This may account for the higher than average percentage of uptake of this opportunity by Burnfoot school leavers. This high level of uptake implies a willingness by these school leavers to continue in education, but that they may be excluded from Higher Education due to poor examination attainment, travel, costs and social deprivation. All of Burnfoot's four datazones are within the worst 15% in Scotland for Education deprivation, which has deepened since 2009. Three are within the worst 10% in Scotland and two are within the worst 5% in Scotland (SBC Community Profile for Intermediate datazone S0200126: Burnfoot & Area 2013 and SIMD 2012).

Given the issues outlined above it seems that a strategy is required to address the promotion of young people engaging in their education, to promote attainment and better health and education outcomes. Education Scotland's publication 'Building Curriculum for Excellence through Positive Relationships and Behaviour' (The Scottish Government 2010) elucidates the steps and priorities set by the Scottish Government and Scottish Advisory Group on Behaviour in Schools (Behaviour in Schools Research, 2009). Interestingly, pupils' withdrawing from engagement in class was the only behaviour perceived as worsening in this document. This could be attributed to certain pupils having lower self-esteem and therefore limited abilities to form appropriate relationships and communicate with teachers and their peers. It describes the building of the Curriculum for Excellence (CFE) through developing positive behaviours and relationships which in turn are dependent upon social

and emotional well-being. CFE recognises that social, emotional and behavioural skills are key skills for learning.

The Behaviour in Schools Research Report (2009) also helpfully summarises that ‘The Early Years Framework’ (Scottish Government 2009) will maximise the opportunities for all children to get the best start in life, supported by parents and carers. CFE is the key delivery framework for learning. Both these frameworks are underpinned by prevention and early intervention.

It is important that Young People have good social and emotional well-being, as this not only protects their physical health but reduces their chances of having emotional and behavioural problems and participating in risk taking behaviours related to substance use, bullying, suicidal behaviours and sexuality (NICE 2009 – (National Institute for Clinical Excellence)) guidance on ‘social and emotional well-being in secondary education’). Mental health problems profoundly influence young people’s lives (Scottish Government 2009) with adolescence being a pivotal time for establishing adult patterns of health. Promoting social and emotional well-being reduces young people’s chances of having emotional and behavioural problems. WHO (2003) recommend that mental health improvement should be set within a framework with equal attention to the creation of mentally healthy environments. Improving the school environment encourages enhanced relationships between teachers and pupils, opportunities for pupil participation and responsibility and support structures for teachers have consistently shown to be associated with pupil progress. This should increase the likelihood that pupils will stay in school longer, develop a commitment for learning, thus making a critical contribution to pupil attainment.

The Scottish Government (2008) policy ‘Equally Well’ also supports curriculum development, stating that a curriculum for excellence should take a holistic approach and cover “learning in mental, social and physical health to promote resilience, confident, independent thinking and positive attitudes”. Additionally a key recommendation states that the Government should develop a community based integrated school health team approach. Adopting a whole school approach to mental health means addressing issues at multiple levels. This includes: promoting mental health for all students and staff; education, a range of initiatives to support specific needs of students, staff and their families.

3. Aims & Objectives

Overall project Aim:

Create a shared vision for a 'Mentally Flourishing School' through collaborative working to establish an innovative whole school approach to enable social, emotional and psychological well-being. In order to; promote positive behaviours, engagement in education and optimise attainment.

Objectives:

- Work collaboratively to promote staff and pupil's Social, Emotional and Psychological Well-Being.
- Enable ownership and commitment to a whole school approach.
- Promote a culture of collaborative working which ensures all stakeholders are enabled to contribute and participate.
- Facilitate the creation of a shared vision and in collaboration develop a phased action and implementation plan.

Outcomes:

- Pupils are more able to manage and appropriately seek support for their social, emotional and psychological well-being.
- Pupils and stakeholders knowledge and understanding of social, emotional and psychological well-being is increased.
- Stakeholders committed to creating an environment that supports social, emotional and psychological well-being.
- Action and implementation plan is included in the School's Improvement Plan.
- The provision of a sustainable anticipatory approach

Intended Impact:

- Greater well-being and happiness.
- Improved sense of belonging and better quality of life.
- Better levels of academic achievement.
- Reduced bullying, harassment, injury, truancy and absenteeism.
- Diminished stereotyping, prejudice, fear, anxiety, depression and loss of motivation.
- A sound foundation for positive health in adulthood.

Phase 3 activity timetable (September 2015 to January 2016):

- Senior Management Team (Hawick High), SBC and NHS Management support and commitment – maintain.
- Implementing mentally healthy workplace policy -SBC policy supporting workforce implementation plan developed and delivered by Dec 2015.
- S4 sessions, S6 Scottish Mental Health First Aid (SMFHA) & stress sessions for staff - S4, 5 & S6 sessions delivered throughout school year. Staff sessions planned July – October 2015.
- Action learning set pilot – Commencing September 2015.
- Staff engaged in process – ongoing input to Inset days and embedding implementation and review into Health and Well-being group by January 2016.
- Link intervention outcomes to GIRFEC and National Practice Model well-being indicators.
- Development of Information Board and Marketplace event (03.06.15) - Info board to be constructed and displayed by January 2016.
- Delivering standardised programmes of training - £5000 from Access to Education Grant to deliver SMFHA training for trainers and stress management sessions from August 2015 to December 2015.
- Review Health education programme – Via pupil input and Health and Well- being group: map to E's and O's.
- Engaging with parents, pupils and stakeholders – Market place Event and attendance at parent and pupil councils meetings – November 2015.
- Link to existing School and Education policies - Respectful Relationships Policy and Anti Bullying online resource (Tootoot) to be implemented and evaluated January 2016.
- Deliver Thrive programmes to targeted pupils and fourth year health and well-being course cohort.

4. Method & approaches

The project was initiated following the increasing realisation and identification of the need to promote and support the mental health and well-being of young people, which incorporates interventions and responses, but ultimately aims to provide an anticipatory approach. This led to the formation of a steering group whose first task was to ensure that this need was properly assessed and the evidence collated to support this approach. A rationale was therefore compiled which included this needs assessment, evidence and key policy drivers.

We already had community profile data which clearly highlighted the attainment challenges for the pupils and the health inequalities they faced. The next step was to conduct a psycho-social profile of the school via dissemination of a questionnaire to the school community, the WHO 2003 psycho-social environment questionnaire was used, results identified strengths and areas to improve

(appendix 1, p. 38). The collation and dissemination of this information helped raise the profile of the project. As part of this process senior management endorsement from within the education and health was required and secured to ensure commitment and sustainability.

The steering group met monthly and constructed an action, implementation and evaluation plan which was reviewed and updated at regular intervals. This has provided a steer for all our activities and ensured timelines are followed or amended and new actions are incorporated as the project has naturally evolved.

From a SCPHN perspective a practice development approach has been utilised. This aims to ensure improvement of care and patients experiences by focusing on team development to increase the knowledge and skills required to enable the transformation of culture and the context of care. This has been supported by utilising reflective leadership skills and the active collaboration and participation of managers to create ownership and sustainable change (McCormack et. al., 2004). The language used in creating our aims and objectives reflects this approach and has been vital to its success.

5. Findings

Summary of outcomes:

- Marketplace event held in school, involving statutory and voluntary agencies accessible to pupils and families. Attended by young people and parents. Increased awareness and information sharing between all partners. To become an annual event.
- Information board resources gathered with S6 pupil involvement. This will be regulated and managed by sixth year cohort in collaboration with steering group. Currently being constructed.
- Scottish Mental Health First aid sessions being delivered to pupils and staff received stress management sessions.
- External agency database constructed and available.
- Pupil Council meeting attended and new parent and pupil member on steering group.
- Staff engagement on-going via in service days and action learning set.
- Action Learning Set pilot in process. Future plan to pilot Socratic dialogue to improve relationships between staff and pupils.
- Anti-Bullying resource purchased and currently being rolled out in the school. "Tootoot" provides on line incident safeguarding tool for pupils and ensures timely responses and collation of themes.

- Ongoing stakeholder meetings (using appreciative enquiry model to promote sustainability and via ownership), next one February 2016 and Health and Well Being meetings (as part of schools improvement plan).
- Delivery of Thrive programmes – to increase pupil resilience and tailored to respond to specific event and subsequent identified health need re drug use and hospitalisation of five young people. Current programme working with fourth year pupils as part of health and well-being course to develop emotional resilience.
- LGBT regional worker has joined stakeholder group and school now committed to LGBT charter (2016) supporting progression, and sustainability, whilst building inclusion agenda and capacity building of staff and agencies working with young people.
- Presentation at ‘Young People and Emotional Health and Wellbeing group’ on 11.01.16. This short acting strategic group will utilise the project model and forthcoming evaluation report to address identified need in Borders to improve mental health and attainment of all young people.
- Health and well-being included in the schools’ improvement plan.
- Access to Education Funding – to provide training and learning opportunities to staff and pupils e.g. MHFA training.
- 2 members of stakeholder group trained in MHFA and MHFA training for trainers to ensure sustainability.
- Mentally Flourishing School accreditation criteria constructed in partnership with SBC health and well-being lead (as part of scale up and sustainability plans).
- Penumbra Youth Project Mental Health and Wellbeing Sessions and weekly drop in established.
- Project template in Teviot and Liddesdale Community Learning Plan (Appendix 2, p.45).

Scottish Mental Health First Aid Training (SMHFA):

All sixth years participated in SMHFA training this year. The data below outlines the evaluation feedback and the picture underneath depicts the participants getting their awards. It is clear from this data that the course was a positive and meaningful experience, which has clearly improved knowledge and skills base for the participating pupils. We are now including fifth year pupils in this training opportunity and this will be linked to their buddying and mentoring roles with new first year pupils.

Participant feedback:

1. Do you agree that the training course met the following learning outcomes?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am aware of the key mental health Issues in Scotland				14	9
I understand what depression is and how it affects people				10	13
I know how to ask about suicide				1	22
I can better recognise and respond appropriately to anxiety and panic disorders			1	8	14
I can better understand and respond appropriately to people with psychosis				16	6
I know how to guide people towards appropriate help				7	16

2. In what way did the course meet or not meet its learning aims (with reference to above, if possible?)

<p>The course met its aims very well</p> <p>Course met its aims</p> <p>I am more confident discussing mental health</p> <p>I am more confident in dealing with mental health issues</p> <p>I am more confident in dealing with mental health issues</p> <p>The course met its aims because I feel could be confident in the situation</p> <p>The course met its aims effectively. I am confident in using these skills on my own now</p>
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I am confident in applying mental health first aid if necessary

It taught me everything I needed to know

I am more confident in tackling mental health issues

I am more confident in helping people with mental health issues

The mental health manual was very informative and provided me with all the necessary information to be able to deal more confidently with mental health problems in the future.

I am more aware of all mental health issues and confident in dealing with the situations (it did meet its aims)

The course met its aims as I am more confident with being able to support others

The course was very informative and I have a better understanding of mental health issues

More confident in my ability to deal with these situations

More confident

I would know how to deal with mental health aid, if need be

I am more confident with dealing with mental health issues

I am more confident with dealing with mental health issues

The course met its aims and I feel confident I'd apply the techniques appropriately

It gave me a greater insight into mental health issues and how to help those who suffer from them

The course has met its aims as I now would feel confident enough to apply mental health first aid

3. What three main ways will you apply the learning from this course?

In my practice generally	2	Training others	3
In specific parts of my practice		Passing on information to others	21
In my personal life	23	To improve services	
Other, please indicate here:			
At University/profession			
Further in my career			
Future career			
To help me at university			

Support for friends/family
Help in my future career
In future careers
To help in future careers
Help me at university
To help me at university
To help in my career
To help me at university
To help others
At university
At university

4. Please tick up to three top benefits you have gained from the course:

Improved skills	17	Improved confidence	22
Improved knowledge	23	New ideas	4
New contacts/networking			
Other, please indicate here:			
To know I'm not alone			

5. What is our view of the performance of the trainer(s)? (please insert names)

Trainer 1: Haylis	Excellent	Good	Average	Poor
Presentation Skills	19	4		
Pace of the course	15	8		
Knowledge of material	22	1		
Ability to lead discussions	18	4		

Helping the group to work well together	17	6		
Encouraging individuals to participate	20	3		
Using appropriate methods to support learning	20	3		
Showing a commitment to equality and diversity	19	4		
Trainer 2: Mr. Fobister	Excellent	Good	Average	Poor
Presentation Skills	20	3		
Pace of the course	13	10		
Knowledge of material	23			
Ability to lead discussions	21	2		
Helping the group to work well together	21	2		
Encouraging individuals to participate	20	3		
Using appropriate methods to support learning	19	4		
Showing a commitment to equality and diversity	20	3		

Do you have any other comments about your trainer(s)?

<p>Very nice to work with</p> <p>Very easy to work with</p> <p>Very good teacher</p> <p>Very good to work with</p> <p>Very approachable</p> <p>Made the content interesting and informative</p>

6. Were the materials used (course handbooks, handouts, presentations, etc)....

	Excellent	Good	Average	Poor
Relevant to the course learning outcomes?	22	1		
Accessible?	21	2		
Relevant to your work/practice?	17	6		
Available in time to make use of them?	20	3		
Showing a commitment	18	4	1	

Please give us any suggestions for improvements to these materials:

<p>Make a website with all information</p>
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7. Did the planning and organisation of the training meet your expectations?

	Excellent	Good	Average	Poor
Pre-course joining instructions	16	7		
Pre-course information about training	14	9		
Accessibility of the venue	20	3		
Overall quality of the venue	17	6		

8. Please use the box below if you want to provide any other comments on the quality of this training course.

<p>Very good Made me more confident</p>

9. How did you find out about the course?

Word of mouth – manager		NHS Health Scotland Website	
Word of mouth – friend		Leaflet	
Word of mouth – colleague		Information card	
Poster		Email	
Advert			
Other, please indicate here:			
School - 23			

10. Would you be willing to take part in a follow up discussion about your feedback for this course (no more than a 30-minute interview)?

No	23
Yes	



56 Pupils from Hawick High School (2015 -2016) receiving their SMFHA awards.

Mentally Flourishing School Logo:

This logo has been designed by a sixth year pupil who has experienced mental health issues and was so enthused and motivated by participating in Mental Health First aid Training she designed a logo (as part of her advanced higher art course) for the project. This logo will also be used for accreditation purposes.



The Design Rationale:

“Creating this design was a challenge thinking about how to incorporate the sense of strength and revival using a flower but keeping it unisex at the same time this is why the colours are either cool or warm colours as they are the most neutral to genders, the colours are in gradients to show the darkness can turn into light if we really put our minds to it. A blue lotus flower symbolises revival so it fitted into the design brief very well. In front of this are the hands and the bird together showing sometimes that a helping hand is needed to allow us to fly. The bird contrasts with the lotus to draw the eye in and then outwards to the rest of the design but also to show strength and passion. The colours for the bird are the same as a phoenix, even though the bird is mythical it hold a strong symbolism of revival as it is born again out of its ashes which I find relates extremely well to mental illnesses and the sense of having to renewal. A small part of the design is the semi-colon on the hand & the quote “Your Story Is Not Over Yet”, this came from a project where people were struggling with mental health got this tattooed to remind them to never give up on their life as there is always more to come. I loved this idea along with the story behind it and really wanted to incorporate it into the design. As someone who struggles with mental illness myself, I did not want the design to be that simple because mental illness is not simple”.

Information Board:

An information board is presently in construction following pupil consultation regarding content, location and on-going up keep and review. The S6 Displays committee have taken on the responsibility of reviewing the board and updating content in consultation with the steering group. The board will have information re resources pupils can access in relation to their mental well-being and include digital resources and apps they can access for support. A group of fourth year pupils conducted an evaluation of digital resources for the board:

Please answer on a scale of 1 – 10, 1 being very bad and 10 being excellent

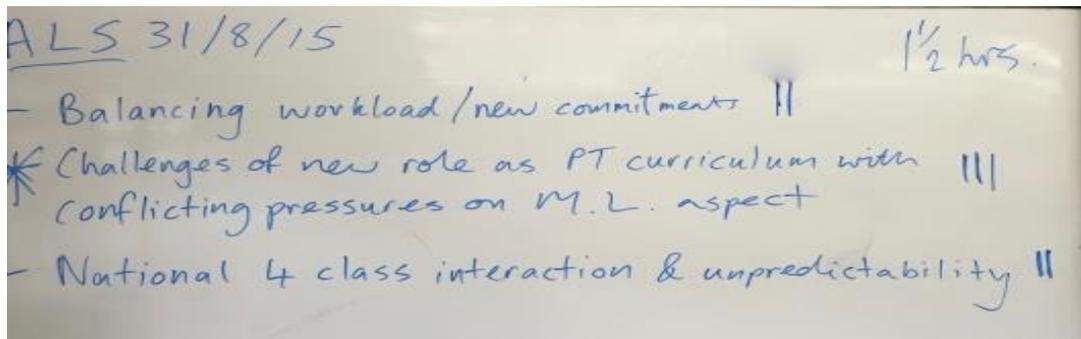
1. How easy to access were the web sites/apps etc.?
2. Were they useful?
3. Did they give you appropriate, easy to understand advice?
4. Would you use this website/app if you had similar issues as discussed?

	1	2	3	4	5	6	7	8	9	10
Question 1	-	-	-	-	-	4	2	6	3	1
Question 2	-	-	-	-	-	-	3	4	8	1
Question	-	-	-	-	1	-	5	5	3	2

3										
Question 4	All 16 of the Y/P said yes they would use these websites/apps – although all agreed they needed to be better advertised(not known) and easier to access in school(not blocked)									

Action learning Set Pilot:

As part of trying to better support the mental health and well-being of staff and to promote more positive interactions with pupils, an action learning set has been piloted with staff. This picture depicts notes taken during a session, highlighting the themes chosen to address.



SQA Wellbeing Award – (on the SCQF accreditation framework it can be awarded at National 3, 4 or 5 equivalent):

This picture depicts the interactive nature of the sessions included in the fourth year well-being award course. Feedback from pupils is gathered to inform evaluation and programme development. Social and emotional well-being is a self-contained module within this programme and utilises a toolkit entitled “Promoting Healthy Relationships in Adolescents” (both constructed by Tania Ferguson, Specialist Community Public Health Nurse - SCPHN). In 2015 an evaluation report was compiled (full report available on request) from the first delivery cohort.



The following is feedback from some pupils who participated in the social and emotional well-being module:

“We learnt about social and emotional wellbeing, healthy relationships, anger management and stress management. It was good because we got to learn a lot of different information on each of the subjects, but it could have been a bit better if we didn’t have to do so much typing and got to play games or watch things instead”

“In this course I learned about social and emotional wellbeing, health, how to solve problems, anger management, stress management and healthy relationships. I found this course interesting and helpful. I have enjoyed looking at video clips and taking part in the quiz. I would have enjoyed it even more if we played more games or something like this. The course wasn’t too long or too short.”

It was apparent that the programme was well received by participating pupils and the school. It was clear from the evaluation that, as evidence suggests, an intervention based approach is not enough to improve mental well-being. An investment is required in the whole school, which includes pupils, staff and parents, to create an environment that supports social, emotional and psychological well-being. Therefore a collaborative approach to improving social and emotional well-being will continue to be developed to improve outcomes for young people and staff. The programme will be reviewed annually to ensure its currency and evidence base.

Market Place Event 2015:

This event aimed to promote pupil, staff, members of the community and agencies awareness and knowledge of the resources available to support their health and well-being in and out of school.

Following the success of this event it is to become annual and will be moved to a bigger hall to make it more accessible to pupils.

An evaluation of the event provided the following feedback:

Question:

Are you a pupil/teacher/parent/organisational representative or other?

Answers:

3 parents, 15 organisations, 7 teachers and 39 pupils responded to the questionnaire.

Question:

Did attending the event today improve your knowledge of services available to support health and well-being? Yes/No (delete as appropriate). If No please state why:

Answers:

1 organisational representative replied no as she felt it helped her raise her awareness as she already had the knowledge.

5 pupils replied no with reasons like it was too busy and they didn't get time to see all the stalls.

All other respondents said yes.

Question:

Is your understanding of how and when to access appropriate services/information/support improved?

Answers:

1 organisational representative said no.

4 pupils said no.

All other respondents said yes.

Question:

Would you like any further information or support to understand services available to support health and well-being? Yes/No (delete as appropriate) If Yes please state what and how:

Answers:

2 teachers said yes, 1 suggested a Scottish Borders website which has all services listed. The other would like emails.

1 organisation said yes that an annual event would support networking and updating.

2 pupils asked for further information about healthy eating.

The following pictures were taken at our Market Place event:







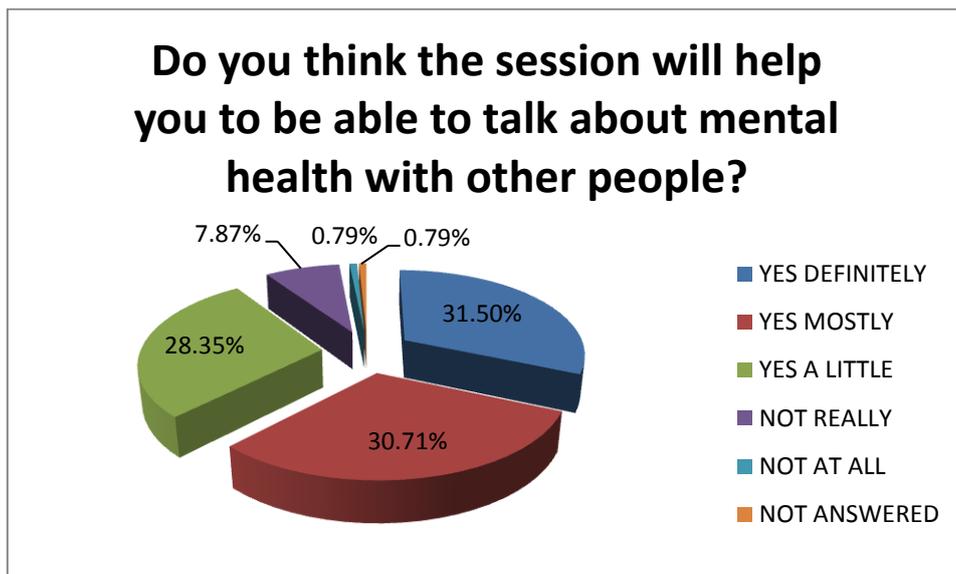
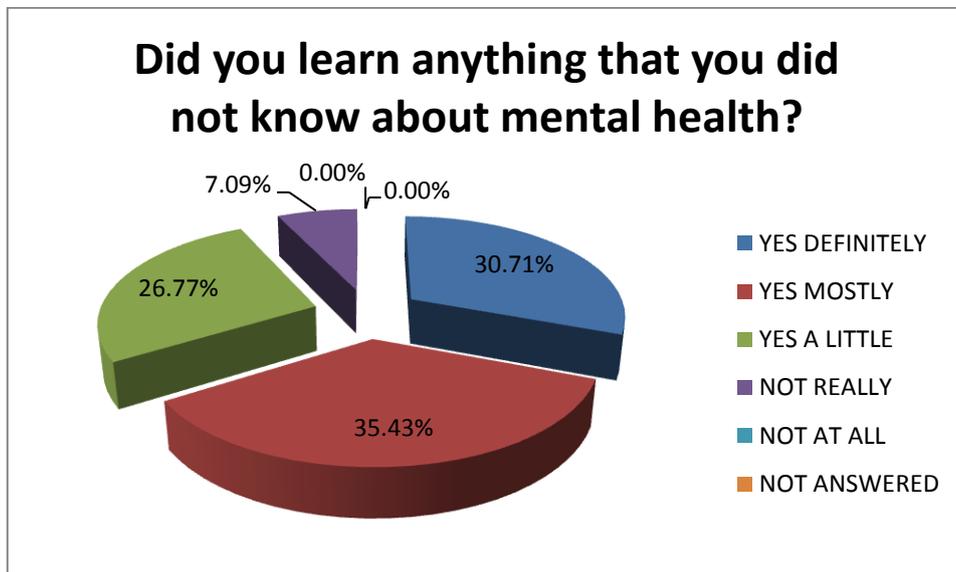
'Tootoot' anti bullying resource:

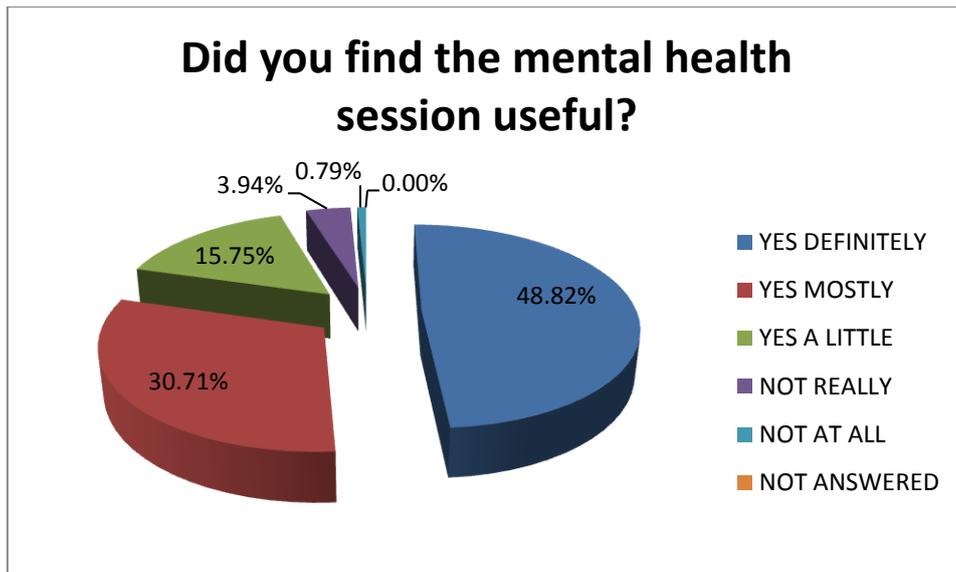
Pupils identified that bullying is a fundamental issue for them in relation to their mental health and well-being and they told us how this was dealt with needed to be improved. The school has now invested in a digital resource, accessible to all pupils to promote better responses and a reduction in bullying. The You Tube video (see hyperlink) shows pupils interviewing Mr Fobister to find out more about this resource.

http://www.youtube.com/watch?v=6cz_TmAQ5_g&sns=em

Penumbra Youth Project Mental Health and Wellbeing Sessions - Hawick High School 2015:

Feedback gathered from 4th, 5th and 6th year pupils at Hawick High School following mental health and wellbeing sessions delivered by Penumbra Youth Project.





Feedback from staff stress sessions:

Marks out of 10

Mark out of 10	0	1	2	3	4	5	6	7	8	9	10
Frequency	-	-	-	-	2	1	1	3	1	3	-

Mean score was 6.45

What did you find most helpful?

- Chunking/breaking down problems
- Finding out many people are stressed about workload/school/PC issues i.e all the same
- Talking with others about our own stressors
- Breathing exercise
- Finding out I'm not alone
- Bite size problem busting
- Sharing stressors with colleagues & discussing health risks of stress
- The fact that I have addressed that I'm feeling stressed
- Reminder to stop and think
- Not feeling like it's weak to say we get stressed
- Information & reassurance it's normal for colleagues to talk about stress

What did you find least helpful?

- I think I wanted specific answers but now I have a few things to try

- Just the fact that I've been to so many stress managing courses that there was some repetition
- Many methods of coping with stress were things I was already aware of
- Some solutions don't apply to all stressors
- Too much chat through presentation
- Not listing unhealthy activities – you said we all knew what they are, not sure I do!
- Problem list
- Only 2 sessions
- Talking through the ppt, too basic
- Is management thinking they have supported staffs good mental health when systems in school/workloads are causing the stress
- Too vague, not specific to teaching

What other information would you like, if any around this subject?

- Specific teaching examples of specifically coping with stress
- Coveys 4 quadrants, managing workloads, managers to attend and hear issues causing stress
- CBT, mindfulness, more on mental health help
- Meditation
- How to cope when my stresses are caused by other people. I plan like mad to be in control and they bugger it up nicely
- Overcoming negative group mentality
- School based plans that may help all of us
- Actually doing a relaxation exercise

Would you recommend to others?

- Two participants said no with no reason why
- Yes – reasons for recommending were:
 - Feeling of togetherness, that we work in a very stressful profession
 - Relaxing and not hasslesome or stressful
 - We must keep acknowledging that this is a tough job
 - There are more people in the same situation – it may surprise you
 - Help others identify and shrink their stressors
 - Puts problems in perspective
 - It's positive, non-judgemental, realistic, painless, practical help
 - If you do feel stressed

6. Discussion

Lessons learned, challenges and successes

The WHO psycho social profiling activity was an essential part of the process to identify the strengths and areas for action within the school, whilst raising awareness of the breadth of themes.

However as a tool it was rather unwieldy and not accessible for all members of the school community due to its size and some of the content. There were also repetitions. Overall the quality areas were meaningful and perhaps the questions could be adapted and shortened to remain comprehensive but be more meaningful as this would promote more inclusive feedback.

It was vital to have a committed and passionate steering group with a wide range of organisational and personal backgrounds. Meeting regularly and working collaboratively has ensured that the project has progressed whilst creating a sense of ownership. Regular reviews of the action and implementation plan helped keep a clear focus on our aims and objectives. Discovering the appreciative enquiry model was very helpful in creating a sense of ownership and realising and working towards future goals (hence securing sustainability).

Challenges have included capacity and competing agendas within the school and the steering group team. The continuing SCPHN role is severely challenged by the capacity of the existing School Nurse. Another challenge has been underestimating the investment required in supporting the emotional well-being of the staff within the school.

Involving pupils and parents has been a key challenge, which we continue to work on and are mindful of the need to promote inclusion of pupils and parents via consultation and evaluation whenever possible. This may become more tangible as a review of the health education resources is conducted by the health and improvement well-being group.

Key successes to date include the SMHFA training, the Marketplace event, recognition and commitment within SBC, Health and the Voluntary sector to this whole school approach and the external agency database.

Professional Development feedback from key stakeholders and members of steering group:

Tania Ferguson (SCPHN) –

Throughout this project I have expanded my knowledge and skills in relation to identifying population health needs and the means to address them whilst developing effective relationships with groups and individuals with the aim of improving health and well-being. This has included effective collaborative working and applying practice development theories. My leadership and organisational skills have developed and my ability to articulate the project action plan supported by robust evidence, aims and objectives has been important. Other key learning points include the importance of ownership to create sustainability in project working. Subsequently use of the appreciative enquiry model (Dewar 2014) has superseded plans to conduct process evaluation with

the steering group which gathered claims, concerns and issues. Further development needs that I identify are community, parent and pupil involvement in this work, i.e. working in partnership to protect the public's health and well-being from specific risks, as this has been challenging.

Haylis Smith (Acting Group Manager - Mental Health & Addictions)-

The TAMFS work in Hawick High School provided an opportunity for me to utilise the mental health improvement skills I have developed over a number of years in a co-ordinated and planned way. The work enabled me to test the theory that providing information and skills regarding mental health to the whole school population would improve mental wellbeing, moral and reduce stigma. On the whole, I believe the project provided three key professional development opportunities for me

- Data collection and analysis
- Building relationships and partnership working
- Training delivery

Data collection and analysis

I have a background in research and have always understood the need to have evidence based practice. Through the TAMFS work, I was introduced to new tools e.g. WHO Psycho-social questionnaire. Using this and survey monkey questionnaires, we were able to establish the needs of the whole school population which helped identify the need to ensure staff mental health was supported in order to ensure the best opportunity for pupil mental wellbeing, whilst I had long suspected this to be the case, the process enabled us to gather the evidence to support this and the project was adapted from the original plan in order to reflect this.

Building relationships and partnership working

I have a long established reputation for building relationships with a wide range of stakeholders. This project enabled me to build on my existing skills and establish positive working relationships with stakeholders within the learning community.

Working with the multi agency team improved my knowledge of available resources through the market place event and reinforced the need to ensure all stakeholders were involved in the process from the start.

Training delivery

I have delivered Scotland's Mental Health First Aid (SMHFA) training for the last ten years. TAMFS provided the opportunity to utilise this nationally recognised training package and adapt it to the needs of the audience delivering SMHFA to S6 pupils in one hour sessions to fit with the demands of timetabling. This opportunity developed my training skills to deliver to a younger age group and adapt the activities to ensure they were age appropriate and engaging.

In order to meet the needs of staff, I developed stress awareness/management sessions, these were developed in partnership with Psychological services and adapted to take account of the specific challenges faced by teachers.

Jill Woods (School Nurse)-

Overall the Mentally Flourishing School initiative has allowed collaborative working through Community Planning Partnerships, Community Health Partnerships and Education, enabling delivery of mental health improvement at a local level. Activities to address health inequalities and identify risk within the school aged population have been utilised.

We are aware that a mentally healthy child is one with a clear sense of identity and self-worth, with the ability to recognise and manage emotions, socialise and maintain healthy relationships. Several activities and events organised have included the Market Place event, Mental Health First Aid sessions, Wellness Recovery Action Planning and an Anti-Bullying resource, to name a few. These are being evaluated and hope to become embedded and sustained within the school, in-keeping with mental health improvement at national level.

Key learning includes that ongoing partnership working at this level will aim to promote positive mental wellbeing, reduce overall emotional ill health and improve the quality of life of these school aged children. This in turn will allow children to be the best they can be, as per GIRFEC guidelines.

Gillian Ormiston (Penumbra)-

Becoming involved in working towards a Mentally Flourishing School has supported the growth in my professional development. I have had the opportunity to work as part of a team, learning about stake holders roles, building good working relationships and developing practice with young people who have mental health concerns. I have had the opportunity to attend Scottish Mental Health First Aid in the focus to become a trainer to develop and support other stake holders in their knowledge and understanding and skills in this field.

Overall importance, is having the opportunity to be involved in a whole joint approach to supporting health on a social, emotional and psychological level. Bringing together the skills, roles and practices to support the building of a brighter future for young people and their families.

Impact of Project

The TAMFS project has started a process which can easily be sustained by the school. The project ensured that capacity to continue the work was created within the school through the Health and Wellbeing group and through training staff within to deliver SMHFA. It has also created a model that can be replicated in other schools. The project improved the mental health knowledge of S6 pupils and improved their understanding of the importance of looking after your mental health. The SMHFA sessions were well received and feedback was positive. Likewise, the stress sessions were also well received and staff identified they had improved their knowledge about how to manage their stress and look after their mental health.

The links made with the wider community resources will also be beneficial in the long run; the relationships which have been built will enable positive opportunities for partnership working in the future. This is made sustainable as the project features as an identified need and action plan within the Teviot and Liddesdale Community Learning Plan (appendix 2).

However, the work was not without its challenges. There needs to be genuine commitment from senior management and recognition for the need to ensure positive mental health is at the heart of the school culture in order for this to continue.

7. Conclusion

It is clear that the aims and objectives of the MFS project are timely, relevant, achievable and sustainable. Local and national recognition is growing of the need to better promote and respond to the mental health and well-being of young people to increase life opportunities/attainment and reduce health inequalities. This endorses the importance of continuing to progress and sustain the work achieved to date during the duration of this project.

The Scottish Executive (2015) has identified key Priorities, including emotional health and well-being, for School Nurses (SCPHNS's) to develop their assessment, interventions and targeted Support to Vulnerable Children, Young People and Families. Evidence to support the school nurse role is sparse (Campbell et al, no date; Abhyankar & MacGillivray, no date). Nevertheless there is agreement that the new refreshed and refocused role of school nursing should have a strong emphasis on public

health, the promotion of optimum health and wellbeing, and the prevention of ill-health. The MFS project clearly supports the role of the School Nurse in achieving this.

8. Dissemination

It is intended that the outcomes of the project will be disseminated at a Borders Learning Festival, to share good practice with other schools and agencies. The projects evaluation report and associated marketing resources (in construction) will be used to disseminate findings and recommendations at local and national level. This will be co-ordinated in partnership with the Young People's Emotional Health and Well-Being group and the existing steering group members. On-going dissemination and information sharing will be facilitated via local forums e.g. School Nurse Forum, Teviot and Liddesdale Community Learning Partnership and School in-service days.

9. Next steps

- On-going steering group meetings.
- Regular reviews of action and implementation plan.
- On-going outcome and process evaluation.
- Accreditation criteria establish for a MFS.
- Final evaluation report, production and dissemination.
- Develop marketing resources.
- Explore digital resource support for pupils e.g. "ayemind".
- Continue to develop promotion and commitment to staff well-being.

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11. Financial report

£1000 has been spent on the Thrive programme implementation. This has supported learning and skills development in building emotional resilience for fourth year pupils doing the health and well-being course.

£3000 is currently being spent on the construction of an evaluation report that will reflect the overall process, outcomes, key learning and recommendations. This will be used to support sustainability and for scale up within Borders Schools. This spend will include covering the costs of marketing the report and project in terms of resources e.g. poster, information booklets.

Appendix 1

Towards a Mentally Flourishing School

Hawick High School

November 2014

Process

- Data gathering
 - Staff surveys
 - Pupil surveys
- Planning
 - Multi-agency group
 - H&WB group
- Implementation
- Evaluation

Data gathering – initial findings Pupils

- Youth summit 2014 – school
 - Top three improvements pupils would like to see in 5 years
 1. No bullying/anti-bullying campaign/better ways of dealing with bullying
 2. Good, fun teachers
 3. More of a say in school, opinions listened to
 - Other conclusions/recommendations
 - Need for pupils to respect each other
 - Pro's and con's highlighted regarding speaking to guidance staff about personal issues and bullying
 - More encouragement in class and increased recognition for doing well/achievements
 - Work within and outwith school between age groups to build relationships

(Teviot & Liddesdale Learning Community, Youth Summit Report 2014, Sian Snowden & Tracey Gibson)

Data gathering – initial findings Pupils

- SHANARI indicators
- Scott can you add briefly some of the things highlighted from the work you did and presented last time which might link to the actions we are taking please

Data gathering – initial findings Staff

- Survey monkey surveys
 - Two different surveys undertaken
 - Key findings (1):
 - 96% staff felt social and emotional health is important
 - 74% stated they had a very high level of understanding; 96% felt it would be relevant to the organisation to improve understanding
 - Staff comments indicate:
 - Staff wellbeing is often missed
 - A consistent approach is needed
 - Importance of pupils receiving information/skills/knowledge
 - Usefulness of mentoring for staff

Data gathering – initial findings Staff

- Survey monkey surveys
 - Key findings (2):
 - 100% there was a lack of available support for staff experiencing stress within the school
 - 50% said they would access support if it was available
 - 85% would like training in mental health to be available for staff; 100% would like stress management training
 - Staff comments indicate that staff wellbeing should be given greater priority

Data gathering – initial findings Staff

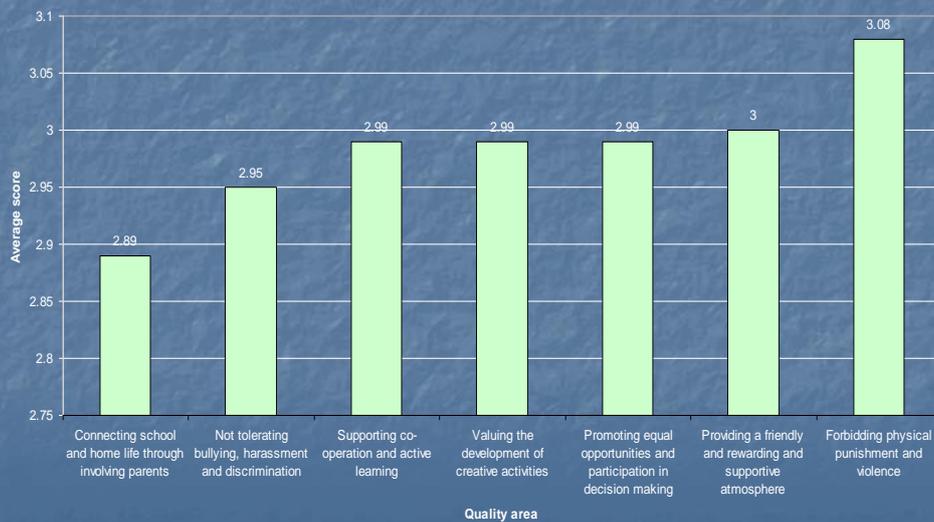
- Previous survey undertaken by Health Improvement Team in all secondary schools in Borders:
 - Need for a whole school approach to mental health & wellbeing
 - Need to understand roles and contributions of different services
 - Need for available training to foster social and emotional wellbeing

Data gathering – initial findings Staff – WHO questionnaire

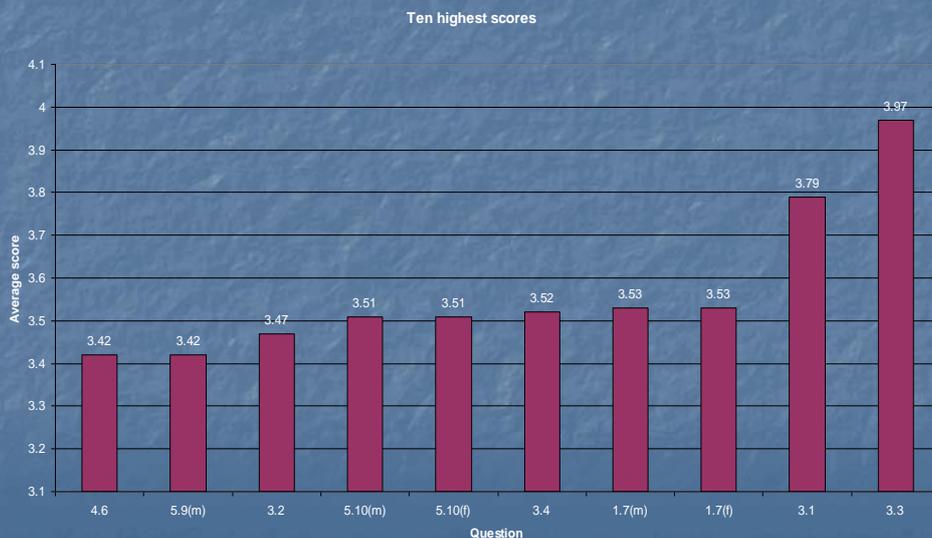
- Seven quality areas
 1. Providing a friendly, rewarding and supportive atmosphere
 2. Supporting cooperation and active learning
 3. Forbidding physical punishment and violence
 4. Not tolerating bullying, harassment and discrimination
 5. Valuing the development of creative activities
 6. Connecting school and home life through involving parents

Data gathering – initial findings Staff – WHO questionnaire

Quality area average overall scores



Data gathering – initial findings Staff – WHO questionnaire



Implementation - plan of action

- Information board – details about this work and available services
- Database – external organisations who can support school curriculum & staff skills
- Senior pupils mental health sessions – building skills and knowledge
- Market place – external organisation event
- Staff mental health sessions – in development with psychological services to be run over coming months
- Staff action learning sets – pilot to be run to test effectiveness

Gaps

- Parent involvement – better links between school and home
- Pupil voice in decision making process
- Build on respectful relationships work
- Consideration of active learning opportunities

Evaluation

- Undertake surveys
- Focus groups
- Feedback following training sessions

Final report completed by end of school year

Appendix 2

Learning Community Project Plan		Learning Community:					
Project Title:	Towards a Mentally Flourishing School	Age Range:	11-18				
Goal of project:	Establish an innovative whole school approach to enable social, emotional and psychological wellbeing and promote engagement in education						
Lead Organisation:	SBC	Partner Organisation(s):	NHS, Penumbra				
Start Date of Project :	August 2014	End Date of Project:	August 2015 (ongoing)				
Midpoint Review Date:	May 2015	End point Review Date:	August 2015				
Impact Tracking Plan:							
Situation:	Priorities:	Inputs:	Activities:	Project Outcomes:	CLD Short term Outcome	Evaluation Indicators:	
Qualitative data from a community profile highlighted increasing concerns regarding young people's social and emotional well-being, subsequent health behaviours and difficulties in School. A recent scoping exercise of School Nursing Practice in Scotland	Positive health and wellbeing of school community	What we invest/Resources	What	Who	What will have changed as a result of project	link to CLD Strategic plan Framework	How you know it is a success and the change has occurred
	Education: knowledge attitudes & behaviour Appropriate resources & interventions Improved	Time from partner agencies Access to Education Grant	Promoting a positive culture Promoting self management Learning opportunities for	TAMFS steering group Whole School	Pupils are more able to manage and appropriately seek support for their social, emotional and psychological well-being. Pupils and		Greater well-being and happiness. Improved sense of belonging and better quality of life. Better levels of academic

<p>highlighted in excess of 40% of School Nurse time is spent responding to mental health issues and anxiety (Egan 2013). Half of all mental health disorders begin before the age of 14, supporting the promotion of emotional well-being in young people to reduce incidence and protect future generations from mental illness (Mistral 2011).</p>	<p>connections with parents & partners</p>	<p>(£5000)</p>	<p>staff and pupils</p> <p>Staff model positive behaviour & attitudes</p> <p>Accessible & available information & support</p> <p>Allocation and use of resources</p> <p>Parent/carer knowledge & understanding</p> <p>Promoting partnership working & co-production</p>	<p>Health and Wellbeing staff group</p>	<p>stakeholders knowledge and understanding of social, emotional and psychological well-being is increased.</p> <p>Stakeholders committed to creating an environment that supports social, emotional and psychological well-being.</p> <p>Action and implementation plan is included in the School's Improvement Plan.</p> <p>The provision of a sustainable anticipatory approach.</p>		<p>achievement.</p> <p>Reduced bullying, harassment, injury, truancy and absenteeism.</p> <p>Diminished stereotyping, prejudice, fear, anxiety, depression and loss of motivation.</p> <p>A sound foundation for positive health in adulthood.</p>
Order of completion Guide							
1	2	5	5	4	3	6	