Brightcore Wellbeing & Safeguarding Consultancy

www.brightcoreconsultancy.com

Ollie Welsby

Effective education around mental health and wellbeing: more than just a few weeks of PSHE

Keeping Children Safe in Education (Sept. 2019)

- "culture of vigilance"

- "welfare is promoted"

- Timely and appropriate safeguarding action is taken"

Department for Education

Keeping children safe in education

Statutory guidance for schools and colleges

Part one: Information for all school and college staff

September 2019

Specific Safeguarding Issues

Keeping Children Safe in Education (Sept. 2019) identifies a number of specific safeguarding issues and links to further information about each issue:

- Children missing education
- Children missing from home/care
- Child Sexual Exploitation (CSE)
- Domestic violence
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender-based violence/ violence against women and girls (VAWG)
- Hate
- Missing children & adults
- E-Safety
- Mental health

- Private fostering
- Preventing radicalisation
- Sexting
- Teenage relationship abuse
- Trafficking
- Children and the Court System
- Children with Family members in prison
- County Lines
- Homelessness
- Peer-on-Peer Abuse
- Sexual Violence and Sexual Harassment
- Up-skirting

Inspecting safeguarding in early years, education and skills settings

Guidance for inspectors carrying out inspections under the education inspection framework from September 2019

Published: May 2019; updated September 2019
Reference no: 190014

Section 8: Definition of safeguarding

- In relation to children and young people, safeguarding and promoting their welfare is defined in 'Working together to safeguard children' as:

- protecting children from maltreatment

- preventing impairment of children's health or development

- ensuring that children grow up in circumstances consistent with the provision of safe and effective care

- taking action to enable *all* children to have the best outcomes

Section 11: Safeguarding also relates to broader aspects of care and education, including:

- children's and learners' health and safety and well-being, including their mental health

- meeting the needs of children who have special educational needs or disabilities and medical conditions

- intimate care and emotional well-being

- online safety and associated issues

Section 13: Signs of successful safeguarding arrangements

13.1

- There is a strong, robust and proactive response from adults working with children and learners that reduces the risk of harm or actual harm to them.

Section 13 Signs of successful safeguarding arrangements

13.10

- Any risks associated with children and learners offending, misusing drugs or alcohol, self-harming, going missing, being vulnerable to radicalisation or being sexually exploited are known by the adults who care for them and shared with the local authority children's social care service or other relevant agency. There are plans and help in place that are reducing the risk of harm or actual harm and there is evidence that the impact of these risks is being minimised.

Mental Health awareness training for all staff?

Mental illness comes under the SEND Code of Practice (2015)

SEND Code of Practice – Four Areas of Need:

1. Communication and interaction difficulties
2. Cognition and learning needs
3. Social, emotional and mental health difficulties
4. Sensory and/or physical needs

But it also a Safeguarding issue…

Working Together to Safeguard Children (DfE 2018)

Safeguarding is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable **all** children to have the best outcomes

The Education aspect of Safeguarding is crucial – are we as teachers and schools taking action and providing young people with **all** they need to have the best outcomes?

Safeguarding also relates to broader aspects of care and education, including:

- children's and learners' health and safety and well-being, including their mental health

HM Government

Working Together to Safeguard Children

A guide to inter-agency working to safeguard and promote the welfare of children

2018

Are mental health problems on the rise for children and young people in our schools?

- Yes? – what's your rationale / evidence?

- No? – what's your rationale / evidence?

No absolutes

Maximum mental wellbeing/fitness

The continuum . . .

A person with a diagnosis of a serious mental illness but who copes well and has positive mental health

A person with no mental illness or disorder and positive mental health

Severe diagnosis

STIGMA STIGMA STIGMA

No diagnosis

A person with a diagnosis of a serious mental illness and who has poor mental health

A person with no diagnosed mental illness or disorder but who has poor mental health
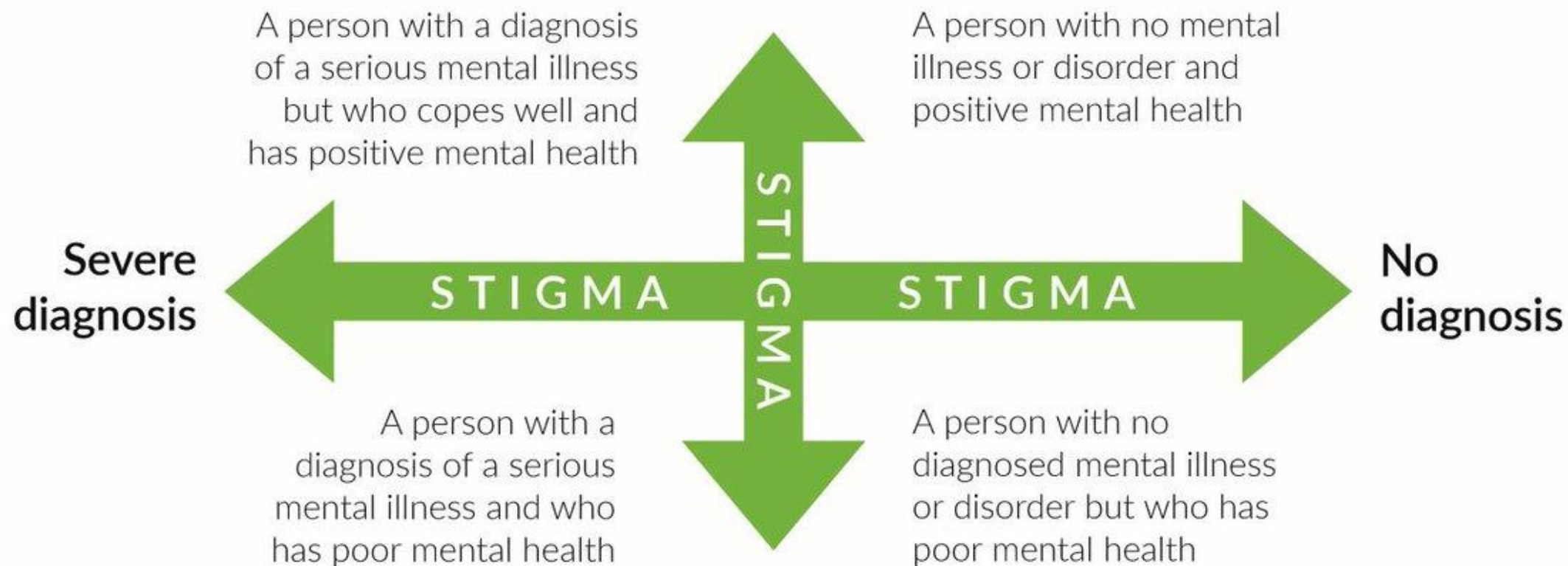
Minimum mental wellbeing/fitness

MHFA England

Mental Health of Children and Young People in England, 2017: Summary of key findings – (NHS Digital - November 2018)

One in eight 5 to 19 year olds had a mental disorder in 2017

One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.
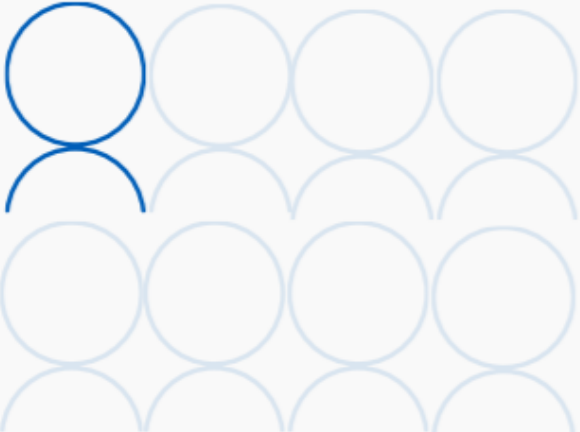
One in twenty (5.0%) 5 to 19 year olds met the criteria for two or more individual mental disorders at the time of the interview.
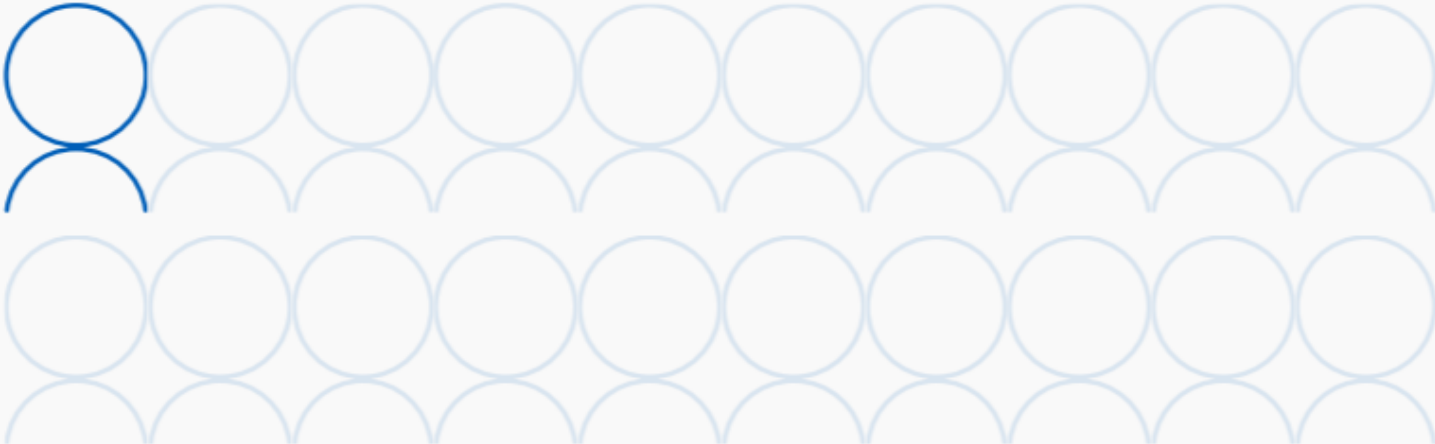
Mental disorders were identified according to International Classification of Diseases (ICD-10) standardised diagnostic criteria, using the Development and Well-Being Assessment (DAWBA). To count as a disorder, symptoms had to cause significant distress to the child or impair their functioning. All cases were reviewed by clinically trained raters.

According to the Office for National Statistics data (2014) the figure for children in England is 1 in 8 with almost 1 in 4 presenting a difficulties score which could suggest a concern:

Total difficulties score (symptoms of mental ill-health) - England		
Close to average/normal	76.7%	
Slightly raised	10.6%	
High or very high	12.7%	

Office For National Statistics: *Selected children's well-being measures by country* (2014)
https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/adhocs/005283selectedchildrenswellbeingmeasuresbycountrylatestdataavailable

Primary school years: one in ten 5 to 10 year olds had a disorder

Primary school is a major stage in early childhood.

About one in ten (9.5%) 5 to 10 year olds had at least one disorder. And about one in thirty (3.4%) met the criteria for two or more mental disorders around the time of the interview.

Behavioural disorders (5.0%) and emotional disorders (4.1%) were the most common types in this age group.

At this age, rates of emotional disorder were similar in boys (4.6%) and girls (3.6%). However, other types of disorder were more than twice as likely in boys as girls. For example, 2.6% of 5 to 10 year old boys were identified with a hyperactivity disorder, compared with 0.8% of 5 to 10 year old girls.

Among 5 to 10 year olds, boys were about twice as likely as girls to have a disorder

12.2%   **6.6%**
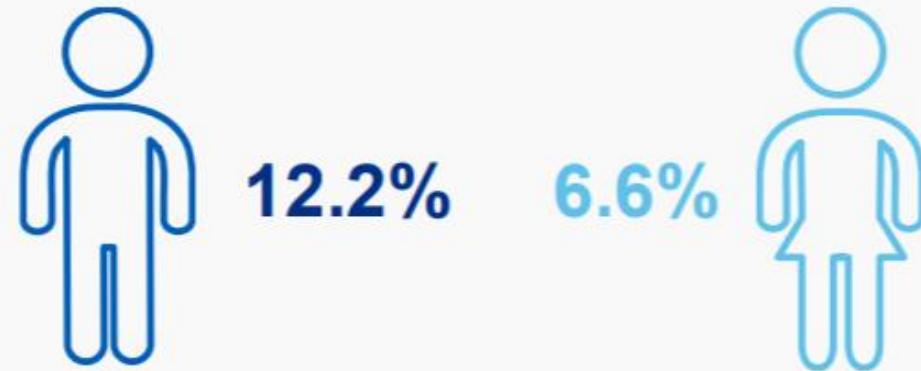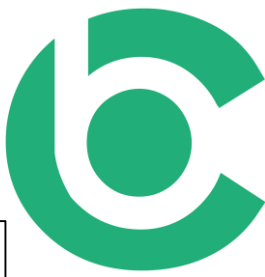
Secondary school years: one in seven 11 to 16 year olds had a disorder

The move to secondary school coincides with the start of adolescence.

About one in seven (14.4%) 11 to 16 year olds were identified with a mental disorder. And one in sixteen (6.2%) met the criteria for two or more mental disorders at the time of the interview.

Emotional disorders were the most common type at this age, present in 9.0% of 11 to 16 year olds. This was followed by behavioural disorders (6.2%).

While at this age boys and girls were equally likely to have a disorder, they tended to have different types of disorder. Girls were more likely than boys to have an emotional disorder (10.9% compared to 7.1%), while boys were more likely than girls to have a behavioural disorder (7.4%, compared with 5.0%) or a hyperactivity disorder (3.2% compared with 0.7%).

Among 11 to 16 year olds, boys and girls were equally likely to have a disorder

14.3%   **14.4%**
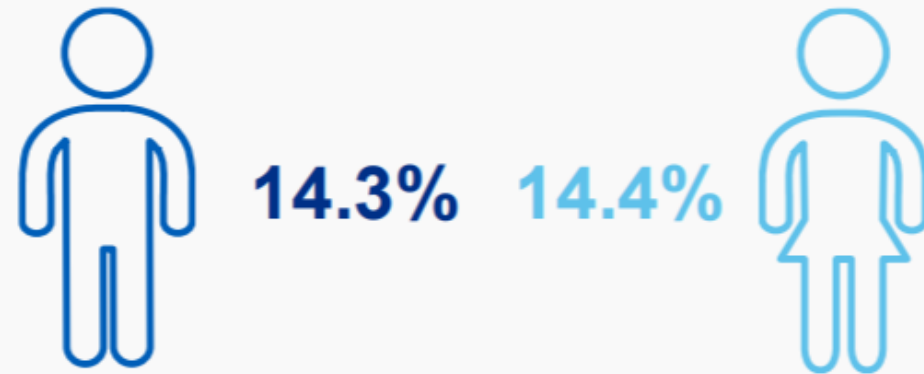
Transitioning to adulthood: one in six 17 to 19 year olds had a disorder

Adolescence is an extended period of change.

About one in six (16.9%) 17 to 19 year olds had a mental disorder. And one in sixteen (6.4%) met the criteria for more than one mental disorder at the time of the interview.

Emotional disorders were the most common type in this age group, present in 14.9% of 17 to 19 year olds. 13.1% were identified with an anxiety disorder and 4.8% with depression. The other disorder types (behavioural, hyperactivity, and other less common disorders) all had an overall prevalence of less than one in fifty at this stage.

Among boys, the likelihood of having a disorder was highest at age 11 to 16. In girls, however, the disorder rate was highest in those aged 17 to 19. These differences in the pattern of association between age and presence of disorder were due in part to differences in the types of disorder boys and girls had.

Girls aged 17 to 19 were more than twice as likely as boys that age to have a disorder

10.3%   **23.9%**

The Good Childhood Report

2019 Summary

The Children's Society

Figure 3: Trends in children's happiness with different aspects of life, UK, 2009–10 to 2016–17

Life as a whole

Mean happiness (0 to 10)

- Wave 1 2009-10: 8.17
- Wave 2 2010-11: 8.21
- Wave 3 2011-12: 8.18
- Wave 4 2012-13: 8.16
- Wave 5 2013-14: 8.09
- Wave 6 2014-15: 8.04
- Wave 7 2015-16: 8.03
- Wave 8 2016-17: 7.89

—— Mean

Confidence interval at 99%
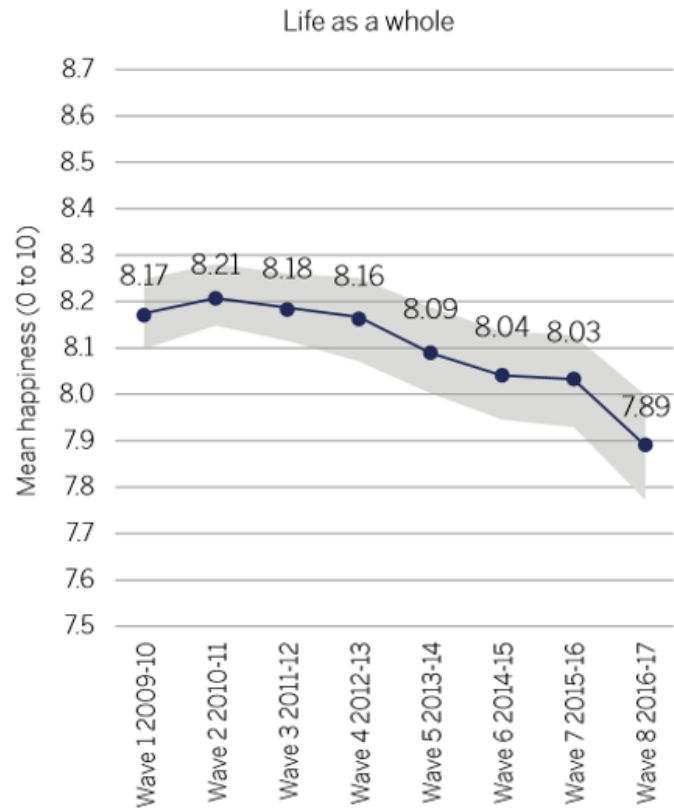
A significant decrease in happiness with **life as a whole**.

Mental health condition	2007 (%)	2014 (%)
GAD	4.4	5.9
Depression	2.3	3.3
Phobias	1.4	2.4
OCD	1.1	1.3
Panic disorder	1.1	0.6
CMD-NOS	9.0	7.8

Is the number of young people who self-harm increasing?

- The UK has the highest self-harm rate of any country in Europe with estimates of 400 in 100,000 people who self-harm.
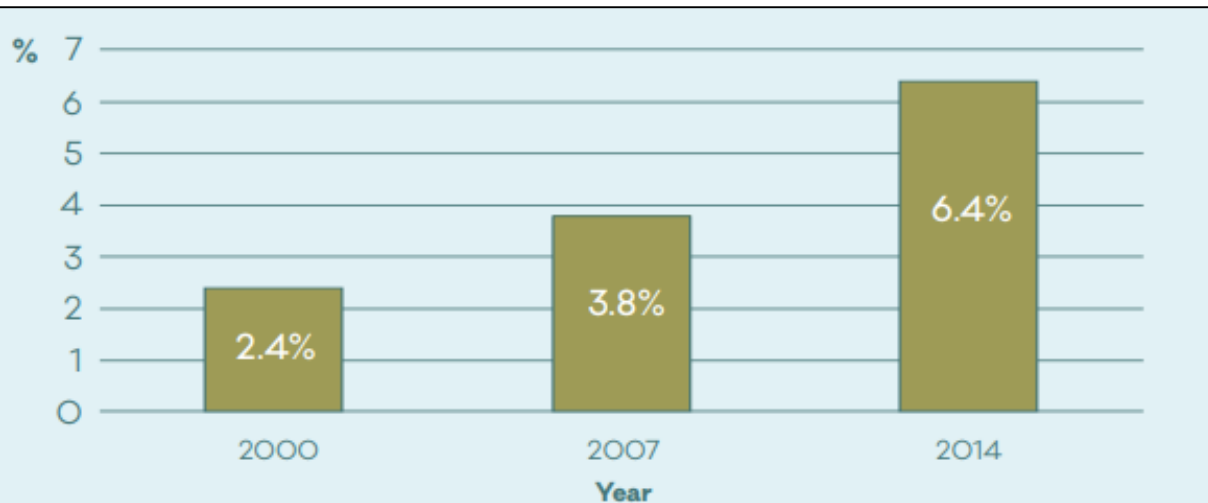
Figure 1h: Percentage of people who have self-harmed

McManus, S., Hassiotis, A., Jenkins, R., Dennis, M., Aznar, C., & Appleby, L. (2016). Chapter 12: Suicidal thoughts, suicide attempts, and self-harm. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.

BBC NEWS — Health

Fifth of 14-year-old girls in UK 'have self-harmed'

By Alex Therrien
Health reporter, BBC News

29 August 2018

Katie Houghton says she self-harmed as a teenager to "try and take control of feeling out of control"

More than a fifth of 14-year-old girls in the UK said they had self-harmed, a report suggests.

Figure 8: Proportion of 11 to 16 year olds with any mental disorder by gross weekly household income
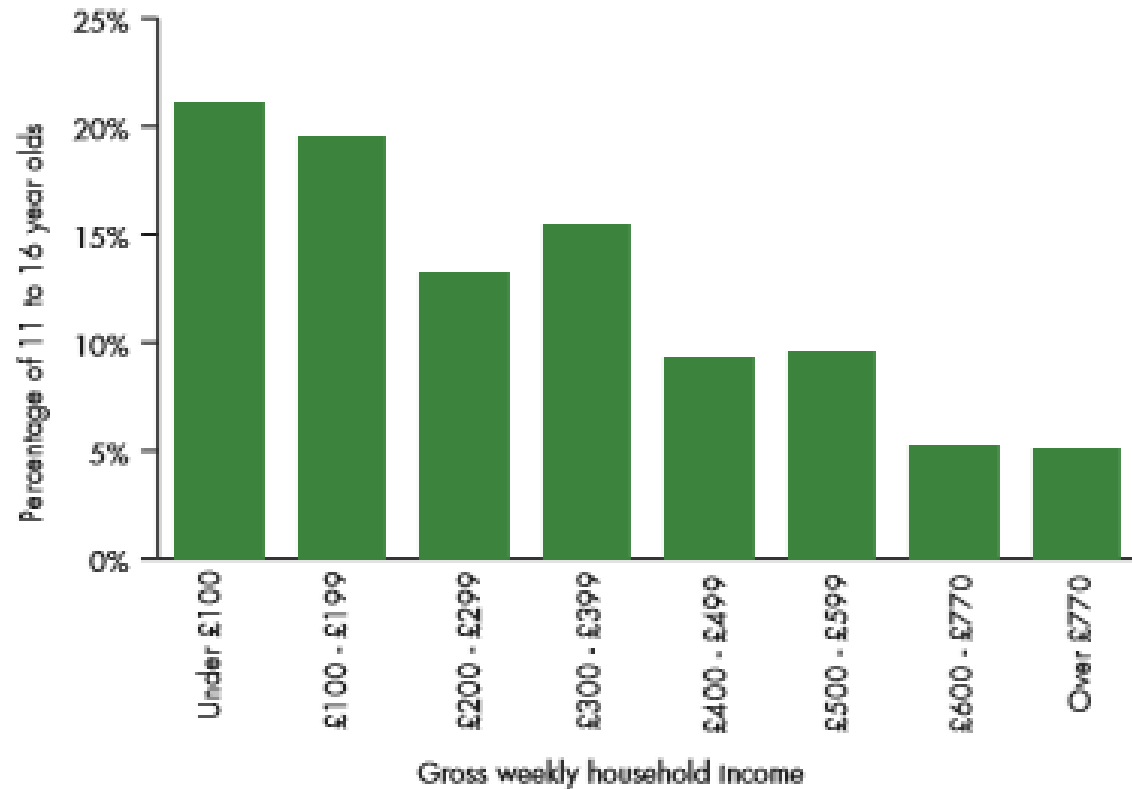
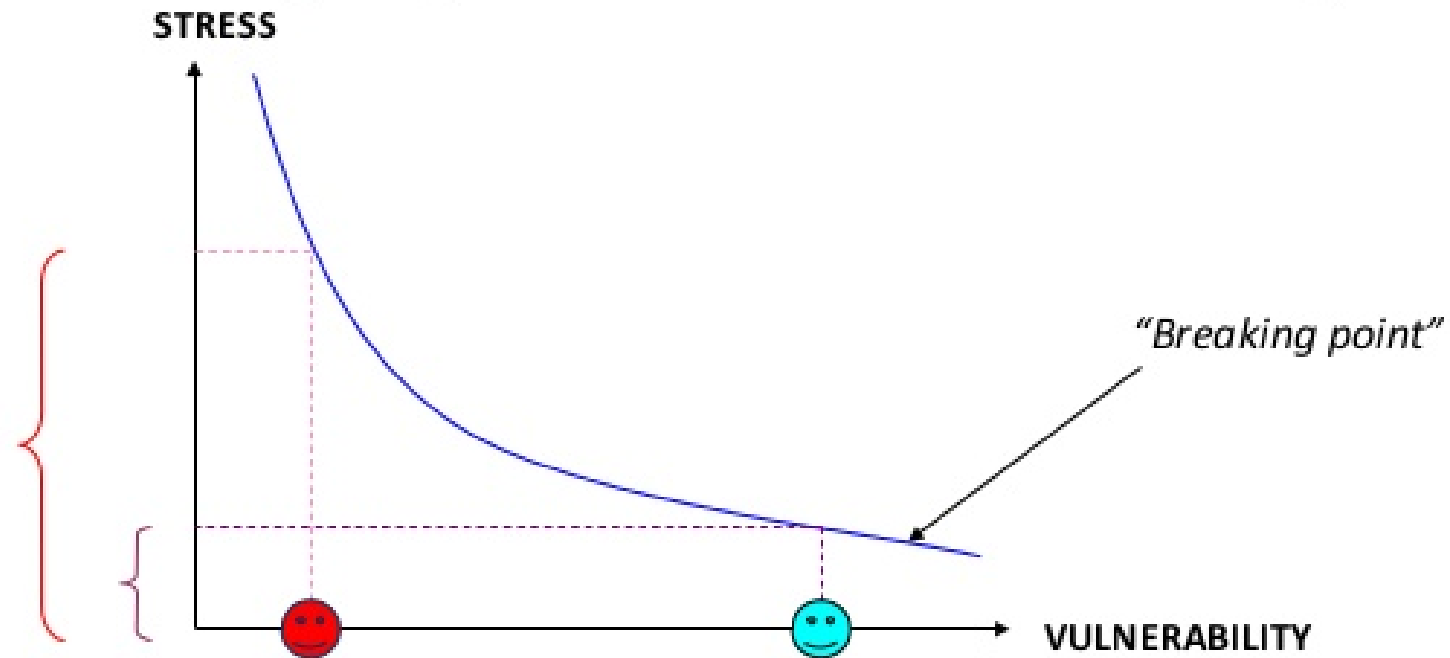**Figure 3:** Prevalence of poor mental health by age
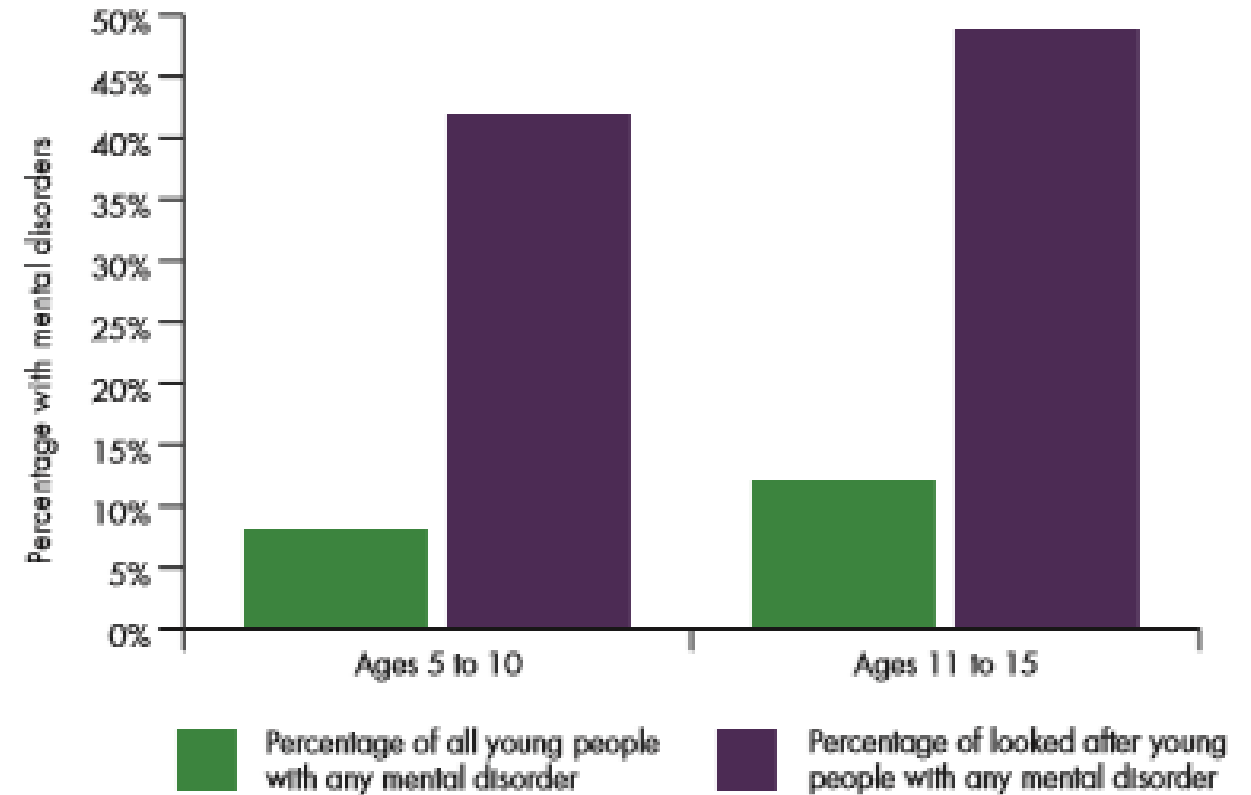
Source: Localis 'a healthy state of mind'(2017)

Why have a national focus on mental health and wellbeing education in schools?

All of us who live or work with young people need good mental health literacy

96% of teachers believe they come into contact with pupils who are experiencing mental health issues.

Of these:

92% say pupils are exhibiting anxiety or panic attacks, **80%** depression and **67%** self-harm.

NASUWT | Survey of 1,359 teachers | 2018

Which is why:

Listening and talking about difficulties is valuable and supportive. Be empathic, be confident, be positive and treat young people as you would want to be treated yourself.

The direction of travel….

CHRIS RUANE MP

Chris Ruane (MP) former chair of the MAPPG of 150 MPs (and 250 staff) – successfully campaigned for Mental Health Training to be part of ITT (from Sept 2018)

The reason being:
We now have almost as many students with a diagnosable mental illness (12.8%) as FSM (12.9%) or SEND (14.4%)… yet the latter two come with considerable governmental funding.

Intervening early can make all the difference

Most young people who experience mental health issues recover fully, or are able to live with and manage them, especially if they get help early on.

In one review, schools with effective mental health programmes and interventions showed:

11% improvement in academic achievement

25% improvement in social and emotional skills

10% decrease in classroom misbehaviour, anxiety and depression

Durlak et al | The impact of enhancing students' social and emotional learning: A metaanalysis of school-based universal interventions | 2011
Mental Health Foundation | 2018

"Government, school leaders, teachers, parents and those governing or inspecting schools need to actively advocate pupil mental health and wellbeing alongside academic attainment".

tes

Resources   Jobs   Community   News   Courses   Store

News   FE news   Magazine   Back issues   Subject genius   New Teachers   Leadership   The Ledger   Membership+

olliewelsby
Edit account

Jobs
My jobs
Job alerts

Resources
Downloads
Blendspace
Author dashboard
Add resource
My shop
Tes Elements

Community
Groups
Followers
Following

Courses
Access courses

'It is time we put pupil and teacher wellbeing back at the heart of curriculum'

We would do well to revisit policies of the past – including Every Child Matters – if we are to change the culture of our schools

By Colin Harris
30 January 2018

Share this   f   t   in   ✉

In 2003, at least partly in response to the death of Victoria Climbie, we had one of the most important education policy initiatives from any government ever. Every Child Matters did what it said on the label – and aimed to do more.

Public Health England

Protecting and improving the nation's health

November 2014

The link between pupil health and wellbeing and attainment

A briefing for head teachers, governors and staff in education settings

The New Ofsted Framework: The four inspection judgments:

Quality of Education

Intent
- Curriculum design, coverage and appropriateness

Implementation
- Curriculum delivery
- Teaching (pedagogy)
- Assessment (formative and summative)

Impact
- Attainment and progress (national tests and assessments) – formerly 'pupil outcomes'
- Reading
- Destinations

Behaviour and Attitudes
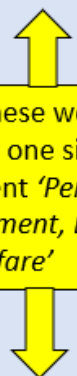- Attitudes to learning
- Behaviour
- Exclusions
- Attendance
- Bullying

Personal Development
- SMSC Development
- Fundamental British Values
- Healthy living (including wellbeing)
- Citizenship
- Equality and Diversity
- Preparation for the next stage

Leadership and management
- Vision and Ethos
- Staff Development
- Staff Wellbeing & Workload
- Off-rolling
- Governance / Oversight
- Safeguarding

There will be a **single, overall effectiveness judgement** from the four-point grading scale, including 'Outstanding'.

Ofsted
raising standards
improving lives

School inspection handbook

Handbook for inspecting schools in England under section 5 of the Education Act 2005

This handbook describes the main activities carried out during inspections of maintained schools and academies in England under section 5 of the Education Act 2005.

Published: May 2019
Reference no: 190017

Corporate member of
Plain English Campaign
Committed to clearer communication
361

"You can get all 'A's and still flunk life." Walker Percy

The Early Intervention Foundation (EIF) aims to shift support for children and families from late intervention – picking up the pieces once problems are entrenched – to early intervention.

- Local and national government in England and Wales is spending annually nearly £17 billion on picking up the pieces from damaging social issues affecting young people.

They identify five key aspects of social and emotional capability:

1. Social and Emotional Learning: Skills for Life and Work
2. Self-perceptions (self-awareness, self-direction, self-esteem and the belief that one's own actions can make a difference; motivation)
3. Self-control/self-regulation
4. Social skills, including relationship skills and communication skills
5. Resilience and coping

EARLY INTERVENTION FOUNDATION
EVIDENCE

SOCIAL AND EMOTIONAL LEARNING: SKILLS FOR LIFE AND WORK

Cabinet Office | Social Mobility & Child Poverty Commission

EDITED BY LEON FEINSTEIN, DIRECTOR OF EVIDENCE, EARLY INTERVENTION FOUNDATION

Findings of the UCL research for the EIF:

Of all of the five social and emotional skills groups considered, self-control and self-regulation matters most consistently for adult outcomes.

- Better self-regulation is strongly associated with mental well-being; good physical health and health behaviours; and socio-economic and labour market outcomes.

Self-perceptions and self-awareness, such as self-esteem and the belief that one's own actions can make a difference are also found to be important for many adult outcomes.

EARLY INTERVENTION FOUNDATION

EVIDENCE

SOCIAL AND EMOTIONAL LEARNING: SKILLS FOR LIFE AND WORK

Cabinet Office | Social Mobility & Child Poverty Commission

EDITED BY LEON FEINSTEIN, DIRECTOR OF EVIDENCE, EARLY INTERVENTION FOUNDATION

The evidence clearly suggests that emotional health in childhood matters for mental well-being as an adult.

Compared with cognitive ability assessed at the same age (10 years), social and emotional skills:

matter more for general mental well-being (such as greater life satisfaction, mental health and well-being);

matter similarly for health and health related outcomes (such as lower likelihood of obesity, smoking and drinking, and better self-rated health);

matter similarly for some socio-economic and labour market outcomes (such as higher income and wealth, being employed, and not being in social housing)

SOCIAL AND EMOTIONAL LEARNING: SKILLS FOR LIFE AND WORK

Cabinet Office | Social Mobility & Child Poverty Commission

EDITED BY LEON FEINSTEIN, DIRECTOR OF EVIDENCE, EARLY INTERVENTION FOUNDATION

The impact of cultural change:

- Individual consumption of Media
  - 'on demand' viewing / services
  - constant news,
    - separate experiences,
    - decline in delayed gratification & social reasoning

- Entitlement culture
- Life Events
- Social Media:
  - the 'Attention Economy' – Tristan Harris
  - need for 'likes'
  - Simulacra
    - communication stress & angry emails
    - lack of escape & perfect models
    - voicing anger online

REVEALING REALITY

Life on the small screen:
What children are watching and why
A report for Ofcom

January 29th 2019

Ofcom
making communications work
for everyone

Children and **parents:**
Media **use** and **attitudes** report
2018

Making
sense
Of media

Published 29 January 2019

3-4s

1% have their own smartphone, **19%** have their own tablet.

96% watch TV on a TV set, for **14h a week**.

30% watch TV on other devices, mostly on a tablet.

36% play games, for nearly **6¼h a week**.

52% go online, for nearly **9h a week**.

69% of these mostly use a tablet to go online.

32% watch TV programmes via OTT services (like Netflix, Now TV or Amazon Prime Video).

45% use YouTube, **80%** of these say they use it to watch cartoons while **40%** say funny videos or pranks.

1% have a social media profile

5-7s

5% have their own smartphone, **42%** have their own tablet.

97% watch TV on a TV set, for around **13¼h a week**.

44% watch TV on other devices, mostly on a tablet.

63% play games, for around **7½h a week**.

82% go online, for around **9½h a week**.

67% of these mostly use a tablet to go online.

44% watch TV programmes via OTT services (like Netflix, Now TV or Amazon Prime Video).

70% use YouTube, **65%** of these say they use it to watch cartoons while **61%** say funny videos or pranks.

4% have a social media profile.

8-11s

35% have their own smartphone, **47%** have their own tablet.

94% watch TV on a TV set, for nearly **13h a week**.

43% watch TV on other devices, mostly on a tablet.

74% play games, for around **10h a week**.

93% go online, for around **13½h a week**.

45% of these mostly use a tablet to go online, with **24%** mostly using a mobile.

43% watch TV programmes via OTT services (like Netflix, Now TV or Amazon Prime Video).

77% use YouTube, **75%** of these say they use it to watch funny videos or pranks while **58%** say music videos.

18% have a social media profile.

40% who own a mobile are allowed to take it to bed with them, it's **28%** among tablet owners.

12-15s

83% have their own smartphone, **50%** have their own tablet.

90% watch TV on a TV set, for around **13¼h a week**.

62% watch TV on other devices, mostly on a tablet or mobile.

76% play games, for around **13¾h a week**.

99% go online, for **20½h a week**.

53% of these mostly use a mobile to go online, with **23%** mostly using a tablet.

58% watch TV programmes via OTT services (like Netflix, Now TV or Amazon Prime Video).

89% use YouTube, **74%** of these say they use it to watch funny videos or pranks with same proportion saying music videos.

69% have a social media profile.

71% who own a mobile are allowed to take it to bed with them, it's **61%** among tablet owners.

Social media use by age, and awareness of minimum age requirements, among parents whose child has relevant social media

Proportion with social media profile

% 100

50

0

Age of child
3 4 5 6 7 8 9 10 11 12 13 14 15
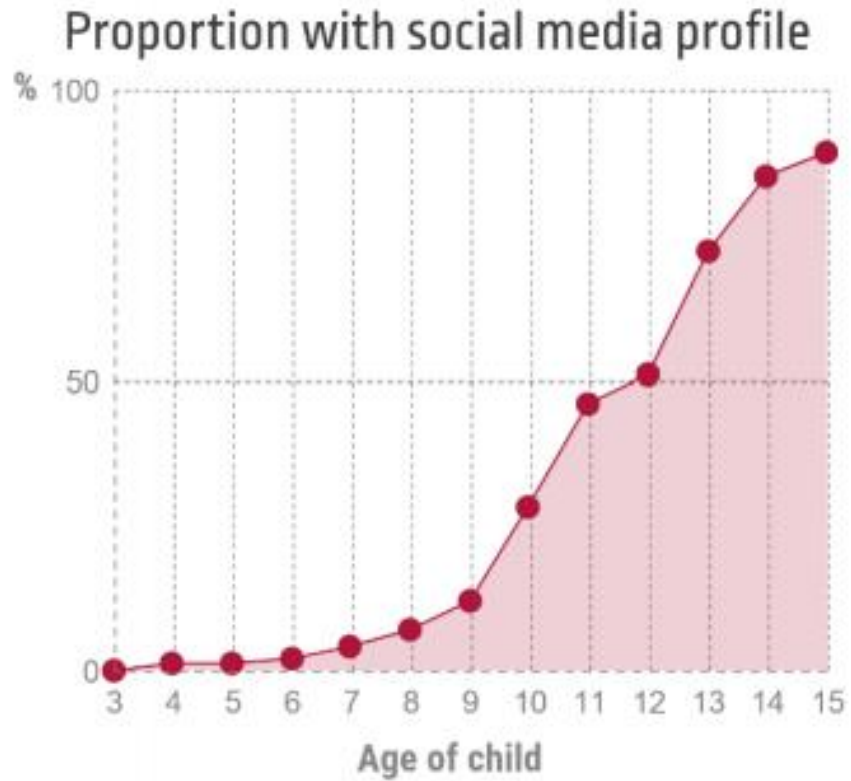
Parental awareness of minimum age (13) requirement

Facebook (inc. Messenger)
32%
38% in 2017

Instagram
28%
21% in 2017

Snapchat
21%
15% in 2017
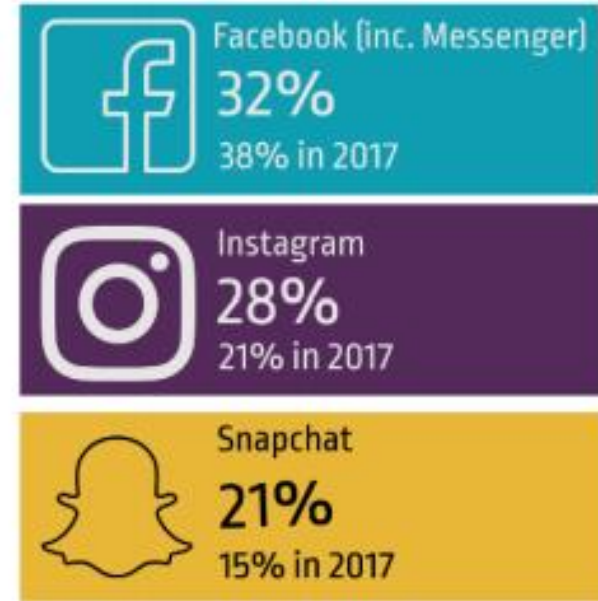
'Life in Likes' – A report by the Children's Commissioner into Social Media usage of 8-12 Year-olds

Table 1. The social media used by Year 4 and Year 5 groups, and how often children used them

	A few times a month	Once a week	Most days of the week	Daily	Multiple times a day
Year 4 Boys 8-9 year olds		Instagram, Twitter, WhatsApp	Facebook, Snapchat	Roblox	
Year 4 Girls 8-9 year olds		Instagram	WhatsApp	Musical.ly, Roblox	Snapchat
Year 5 Boys 9-10 year olds	Instagram	Twitter	Facebook	Snapchat, Musical.ly	WhatsApp
Year 5 Girls 9-10 year olds		Instagram, Musical.ly	WhatsApp, Facebook, Roblox	Snapchat	

Table 2. The social media used by Year 6 and Year 7 groups, and how often children used them

	A few times a month	Once a week	Most days of the week	Daily	Multiple times a day
Year 6 Boys 10-11 year olds			Snapchat, Musical.ly	Instagram	WhatsApp
Year 6 Girls 10-11 year olds			Roblox		Snapchat, Musical.ly, WhatsApp, Instagram
Year 7 Boys 11-12 year olds					Snapchat, Instagram, WhatsApp
Year 7 Girls 11-12 year olds				Instagram, Musical.ly	Snapchat, WhatsApp

"Most of the time, when I am not on my Xbox"

Harry, 11, Year 7

"At break time, we go into the loo that has Wi-Fi and use our phones there because there is nothing else to do"

Merran, 12, Year 7

"If you don't have designer and expensive things people will make fun of you"

Harry, 11, Year 6

"If I got a new pair of football boots I would wait and admire them for 30 minutes then post [on Instagram]"

Rowan, 10, Year 6

How far have we come since 1991? The world has changed in some ways but not in others...

1991 – initial SATs trial, linear GCSEs, Linear A levels

2019 – SATs, linear GCSEs, Linear A levels

Education:

- **1991:** very little testing (SATs introduced fully for 1992), no OFSTED (1992), Less pressure for students (& staff) on results, Free access to University.

- **2019:** better quality teaching, OFSTED, Pressure on results constant testing KS2 onwards, data / target driven education. Typical university cost = £51K (fees + Student loans)

- **Break times:** As of 2019 these have reduced on average by 45 mins/week in primary schools and 65 mins/ week in secondary schools since 1991 (with no reduction in average length of school day).

How far have we come since 1991? The world has changed in some ways but not in others...

Life for young people outside school:

1991: playing outside, reading books, playing sport, listening to music, very little media consumption. No socialising online – spending time with friends. Considerable access to part-time jobs.

2019: limited outdoor play and limited time outdoors in general (dramatic rise in obesity levels), decline in reading books (30% of UK children own no books), organized sport playing, listening to music (now primarily video streaming), high and increasing media consumption. Majority of socialising now online. Limited access to part time jobs.

UK Anti-depressant prescriptions:

- 1991 – 9 million
- 2018 – 71 million
-

Average age of first onset of depression:

- 1991 – 41
- 2018 – 14

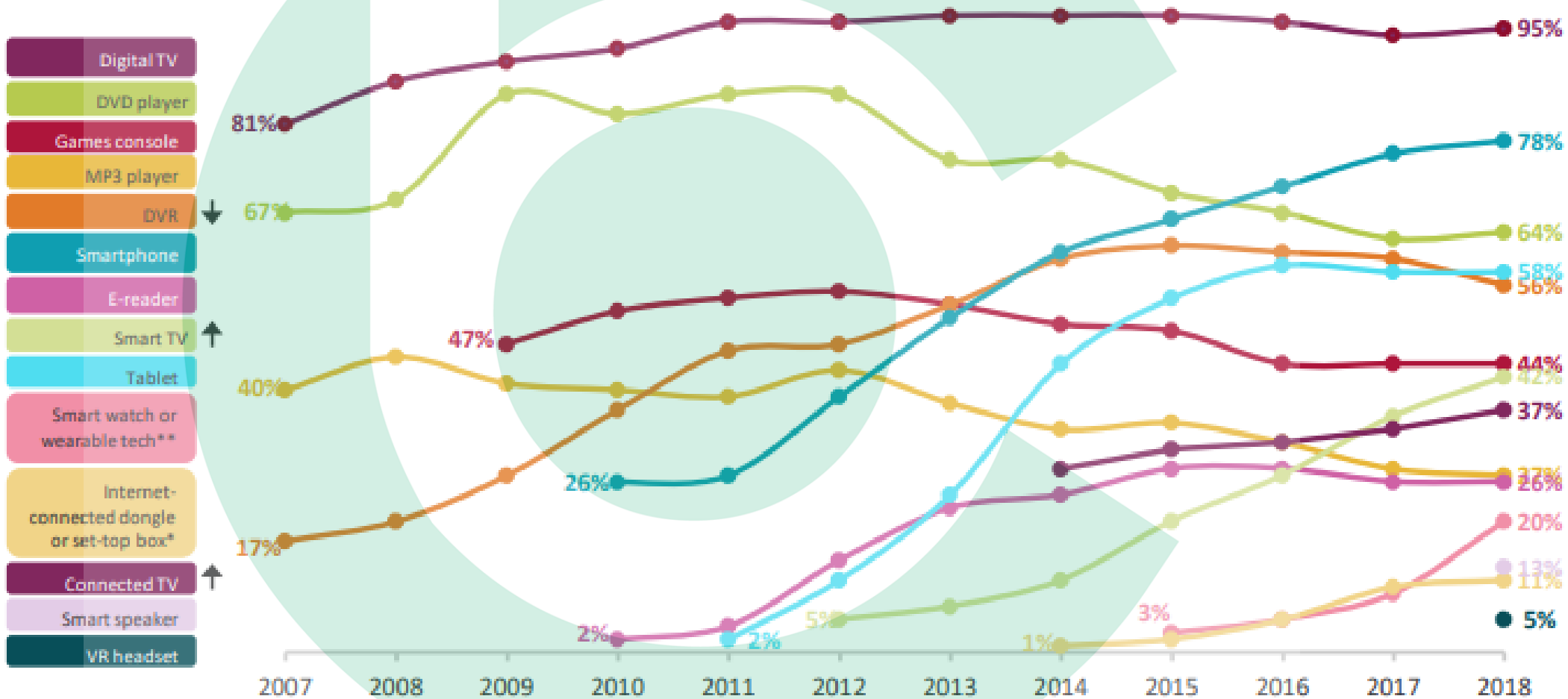We are currently prescribing 3.5x the medication to our children than we did in 1991

Behavioural problems are the biggest area of increase:

2000–2015 = 800% increase in ADHD prescriptions

The Doctor who gave up drugs (BBC)
https://www.youtube.com/watch?v=1w3QJjpwJhA

Figure 1.4: Household take-up of digital communications/ AV devices: 2007-2018

Legend:
- Digital TV
- DVD player
- Games console
- MP3 player
- DVR ↓
- Smartphone
- E-reader
- Smart TV ↑
- Tablet
- Smart watch or wearable tech**
- Internet-connected dongle or set-top box*
- Connected TV ↑
- Smart speaker
- VR headset

Data points shown: 81%, 67%, 47%, 40%, 26%, 17%, 2%, 2%, 5%, 1%, 3%, 95%, 78%, 64%, 58%, 56%, 44%, 42%, 37%, 27%, 26%, 20%, 13%, 11%, 5%

Years: 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018

Source: Ofcom Technology Tracker. Data from Quarter 1 of each year 2007-2014, then Half 1 2015-2018.

Average Daily Media Consumption (per UK citizen):
- 1991 – 20 mins
- 2011 – 1hour 30 mins
- 2018 – 3 hours 3 mins

Percentage of young people with both parents in full time employment:
- 1996 (when records began) - 62%
- 2018 – 74%

When we include work, the average UK adult now spends **8 hrs 41 mins** using media or communications devices **= more than sleeping** (8 hrs 21 mins)

Ofcom research:
www.ofcom.org.uk

Average 'Digital Quotient' score by age

As a result of growing up in the digital age, 12-15 year olds are developing fundamentally different communication habits than older generations, even compared to the advanced 16-24 age group.

Children aged 12-15 are turning away from talking on the telephone. Just 3% of their communications time is spent making voice calls, while the vast majority (94%) is text based - such as instant messaging and social networking.

The Knowledge

NEUROPLASTICITY

HOW WE USE OUR MINDS CAN CHANGE THE STRUCTURE AND FUNCTIONING OF OUR BRAINS

Professor Susan Greenfield (Neuroscientist)

"The human brain adapts to the environment and the environment is changing in an unprecedented way, so the brain may also be changing in an unprecedented way"
A brief summary of her research is this:

- From 2006 onwards, due to the vast increase in the usage of digital technologies from an early developmental age, children's brains are now developing differently than in any other previous generation (visual & motor neuron development prioritised over aural / oral development)
- Social networking sites worsen communication skills and reduce interpersonal empathy; personal identities are increasingly constructed externally and refined to perfection with the approbation of an audience as priority, an approach more suggestive of performance art than of robust personal growth.
- Obsessive gaming is leading to greater recklessness, a shorter attention span, and an increasingly aggressive disposition.
- Heavy reliance on search engines and a preference for web surfing rather than researching is resulting in agile mental processing at the expense of deep knowledge and understanding.

The development of functional Magnetic Resonance Imaging scanning (fMRI)
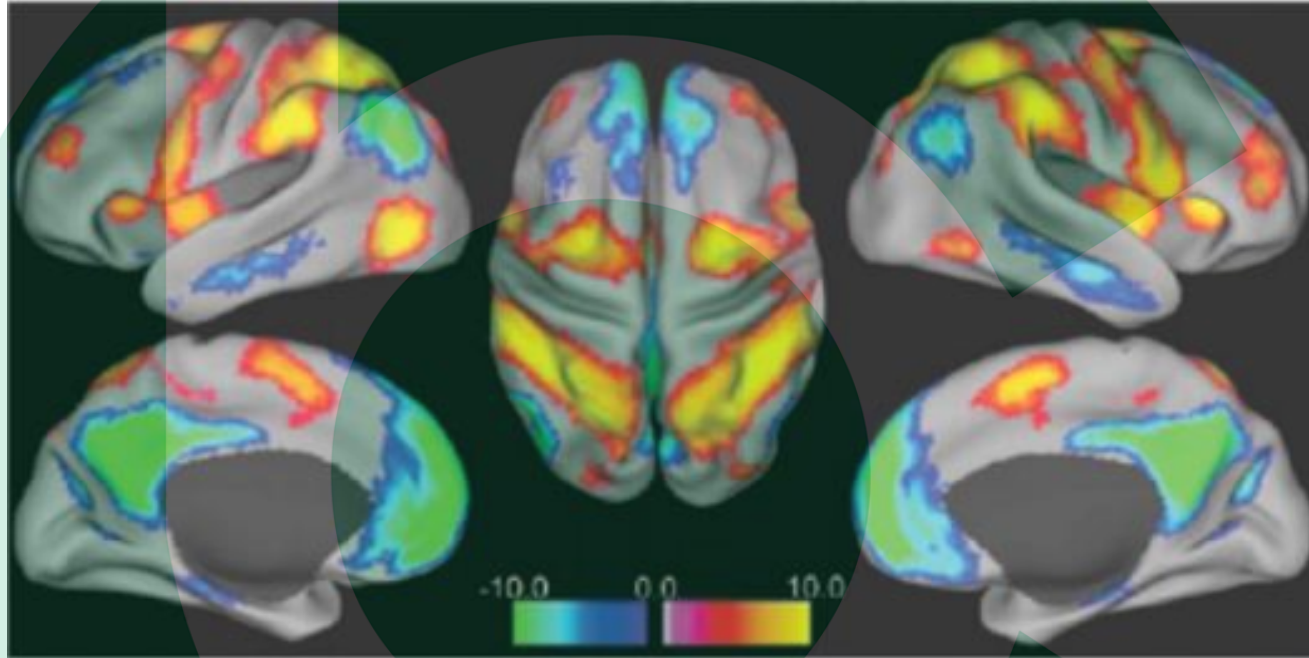
Research in 2007 (Farb et al) studied a group of 36 individuals who all performed both conceptual thinking tasks and sensing tasks whilst being scanned. The image above show the results:

The blue / green areas of the brain are those associated with conceptual thinking (or narrative self-focus) whilst the red / yellow areas are those associated with sensing r experiential self-focus).

In depression and anxiety...

THE KEY MAINTAINING FACTOR

=

PERSISTENT OVERUSE OF
THINKING MODE

▼

RUMINATION AND ATTEMPTS TO STOP

Most mental health problems are preventable and that there is considerable scope for increasing interventions that reduce the incidence of people developing mental health problems and increase the potential for sustained recovery after illness.

Most mental health problems start in childhood or adolescence.
The average age of onset:
Anxiety disorders (age 11)
Impulse-control disorders (age 11)
Depression (age 14)
Substance use disorders (age 20)
Mood disorders (age 30)

Children & young people
Mental health problems often develop early

1/8
children aged 5-16 have a diagnosable condition

1/2
of all mental health problems are established by the age of 14

3/4
of all mental health problems are established by the age of 24

Childhood and adolescence can be a time of change, transition and challenge:
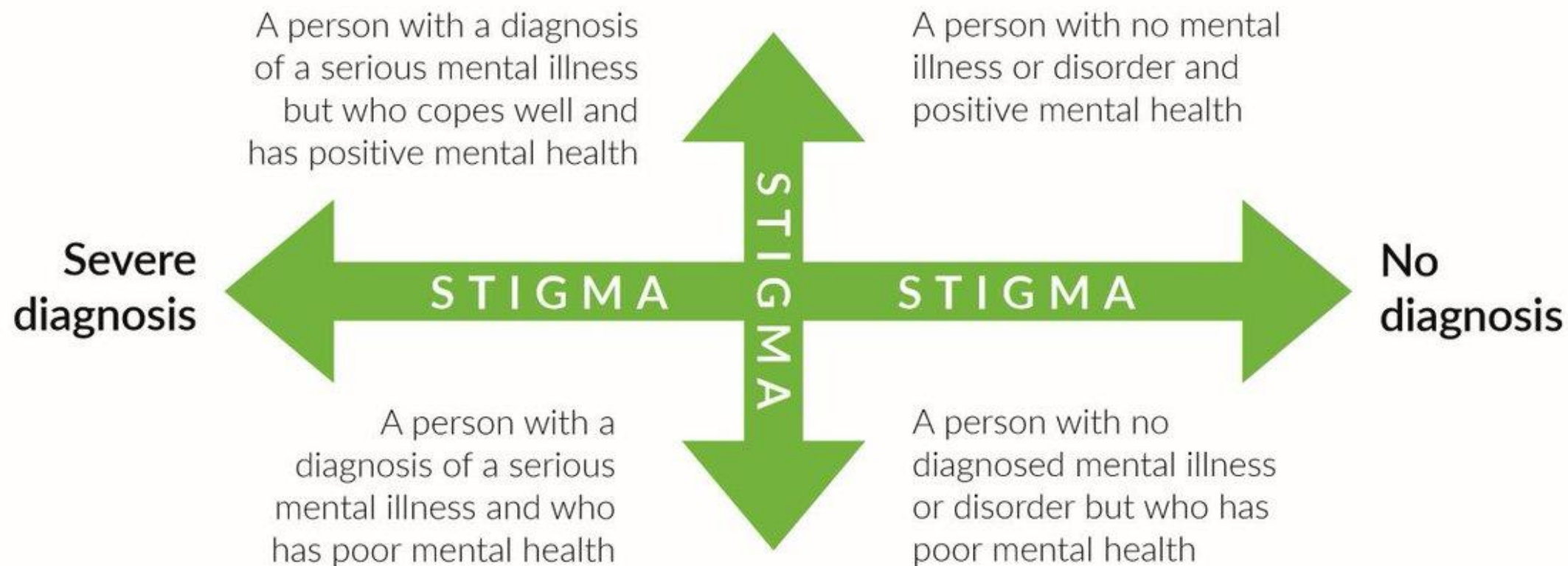
What are the key challenges?

- Starting school
- Transferring from primary to secondary school
- Changes in friendship groups
- Going through puberty
- Exam pressures
- Family changes, e.g. new siblings, divorce, bereavement, moving house
- Sexual maturation and development, including sexual orientation
- Transition to university or work
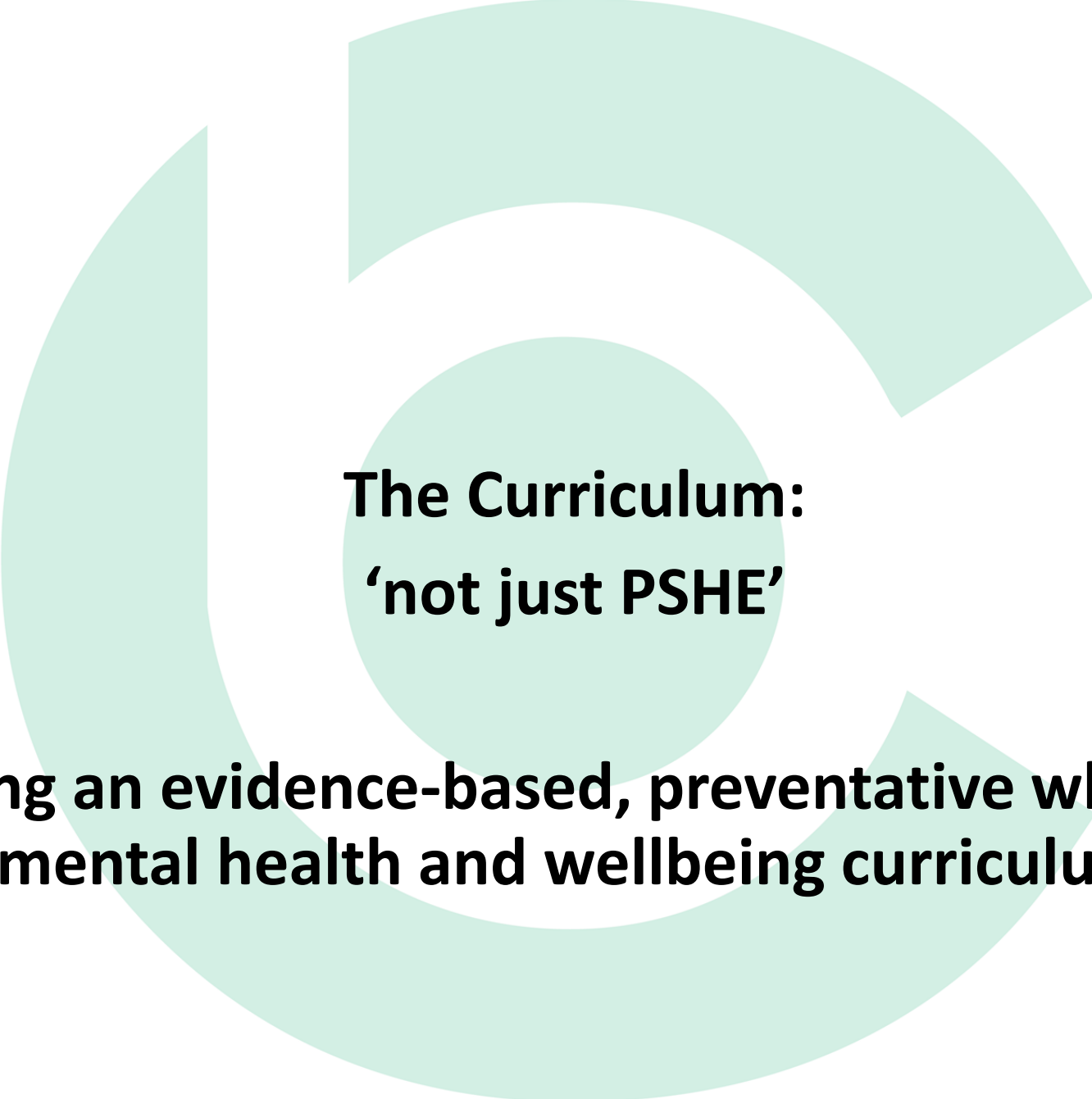
No absolutes

Maximum mental wellbeing/fitness

The continuum . . .

A person with a diagnosis of a serious mental illness but who copes well and has positive mental health

A person with no mental illness or disorder and positive mental health

Severe diagnosis

STIGMA STIGMA STIGMA

No diagnosis

A person with a diagnosis of a serious mental illness and who has poor mental health

A person with no diagnosed mental illness or disorder but who has poor mental health

Minimum mental wellbeing/fitness

MHFA England

The Curriculum:
'not just PSHE'

Developing an evidence-based, preventative whole-school mental health and wellbeing curriculum

The New Ofsted Framework: The four inspection judgments:

NEW: This was formerly *'Teaching, Learning and Assessment'* & also *'Pupil Outcomes'*

Quality of Education

Intent
- Curriculum design, coverage and appropriateness

Implementation
- Curriculum delivery
- Teaching (pedagogy)
- Assessment (formative and summative)

Impact
- Attainment and progress (national tests and assessments) – formerly 'pupil outcomes'
- Reading
- Destinations

Behaviour and Attitudes
- Attitudes to learning
- Behaviour
- Exclusions
- Attendance
- Bullying

NEW: These were formerly one single judgement *'Personal Development, Behaviour and Welfare'*

Personal Development
- SMSC Development
- Fundamental British Values
- Healthy living (including wellbeing)
- Citizenship
- Equality and Diversity
- Preparation for the next stage

Leadership and management
- Vision and Ethos
- Staff Development
- Staff Wellbeing & Workload
- Off-rolling
- Governance / Oversight
- Safeguarding

There will be a **single, overall effectiveness judgement** from the four-point grading scale, including 'Outstanding'.

1. What is the purpose of a curriculum? What are we trying to achieve?

    Happy, productive, successful young adults?...

    • We need to work backwards from that point…

    • Why *'not just PSHE'*?

2. How do you currently deliver education around mental health and wellbeing in your school?

Figures from the World Economic Forum report: [The Future of Jobs](), based on an extensive survey of 371 leading global employers, representing more than 13 million employees. The report asked chief human resources and strategy officers from leading global employers what the current economic and technological shifts mean, specifically for employment, skills and recruitment across industries and geographies.

Here are the **Top 10 Skills in 2020** that these companies want from their employees and recruits:

Emotional Intelligence
Complex Problem Solving
Cognitive Flexibility
Critical Thinking
Creativity
People Management
Coordinating with others
Judgement and Decision Making
Service Orientation (actively looking to help others)
Negotiation
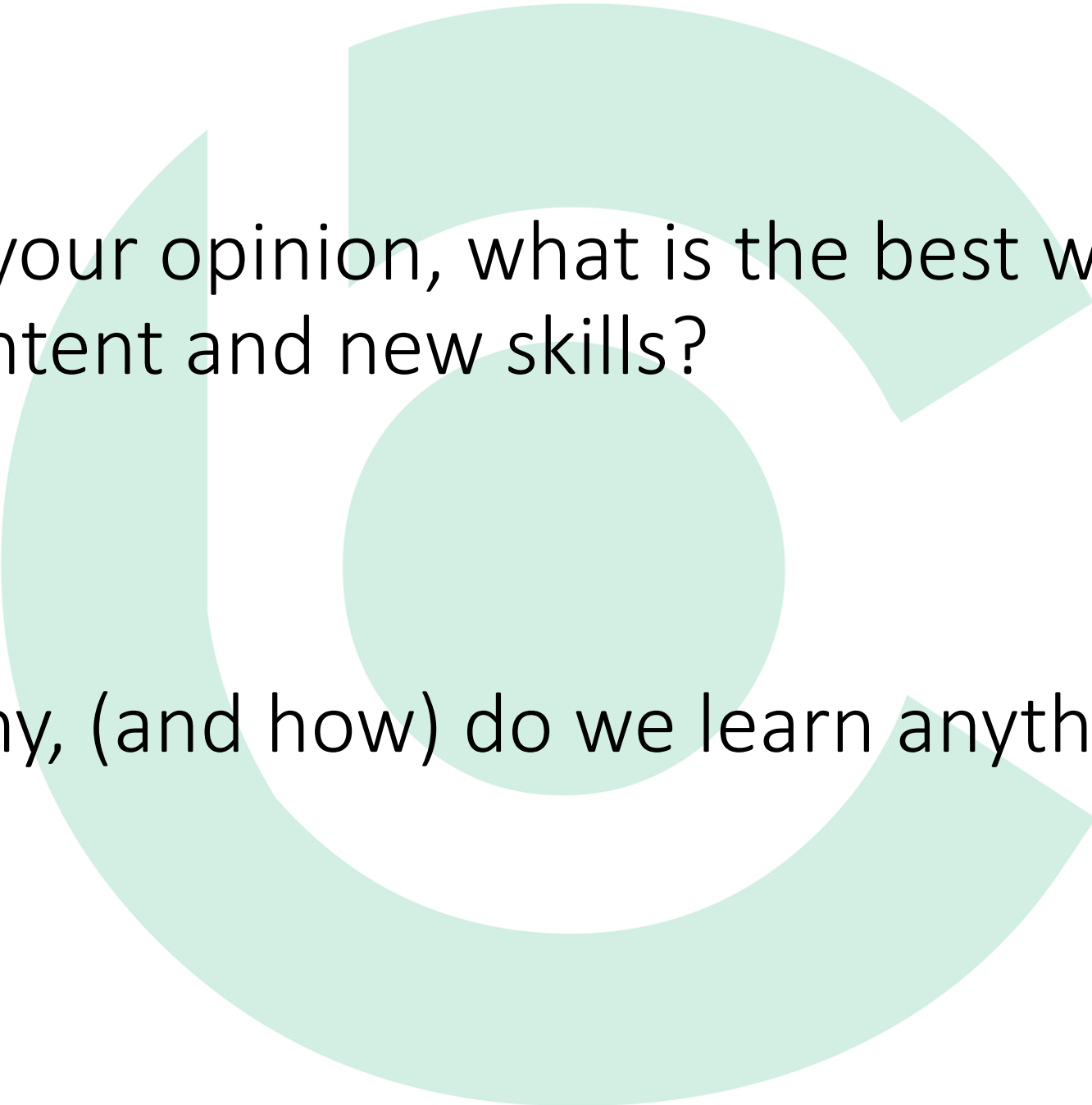
3. In your opinion, what is the best way to learn content and new skills?

4. Why, (and how) do we learn anything?

Professor Oren Ergas: '*Reconstructing Education Through Mindful Attention*'

3 foundations of experience: Attention, Time & Space

"Teaching is orienteering attention in the present moment, on purpose to content believed to be worthy."

What we teach is important, where we direct attention is fundamental

Do we direct their attention outwards or inwards?

We are directing young people's attention outwards all the time and this tells us that this is more worthy than focusing on their own experiences.
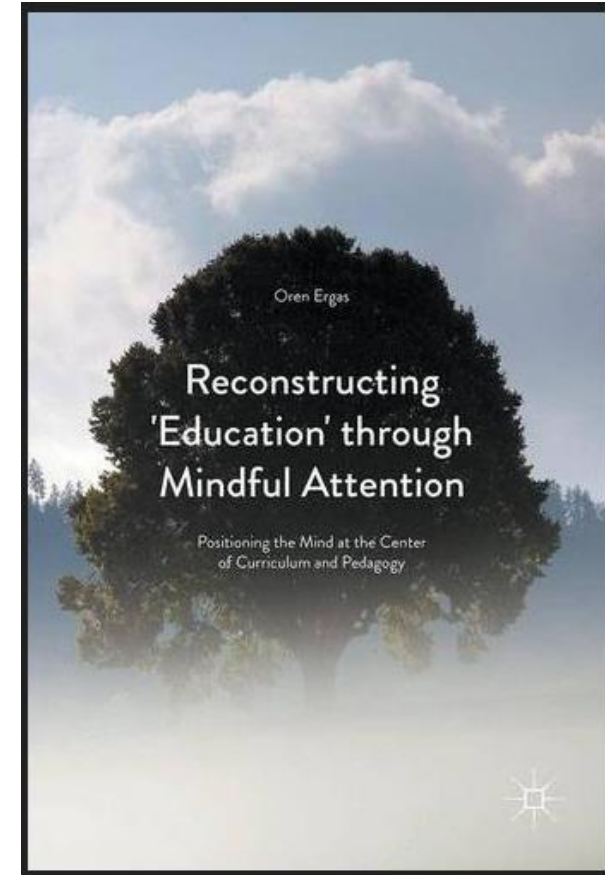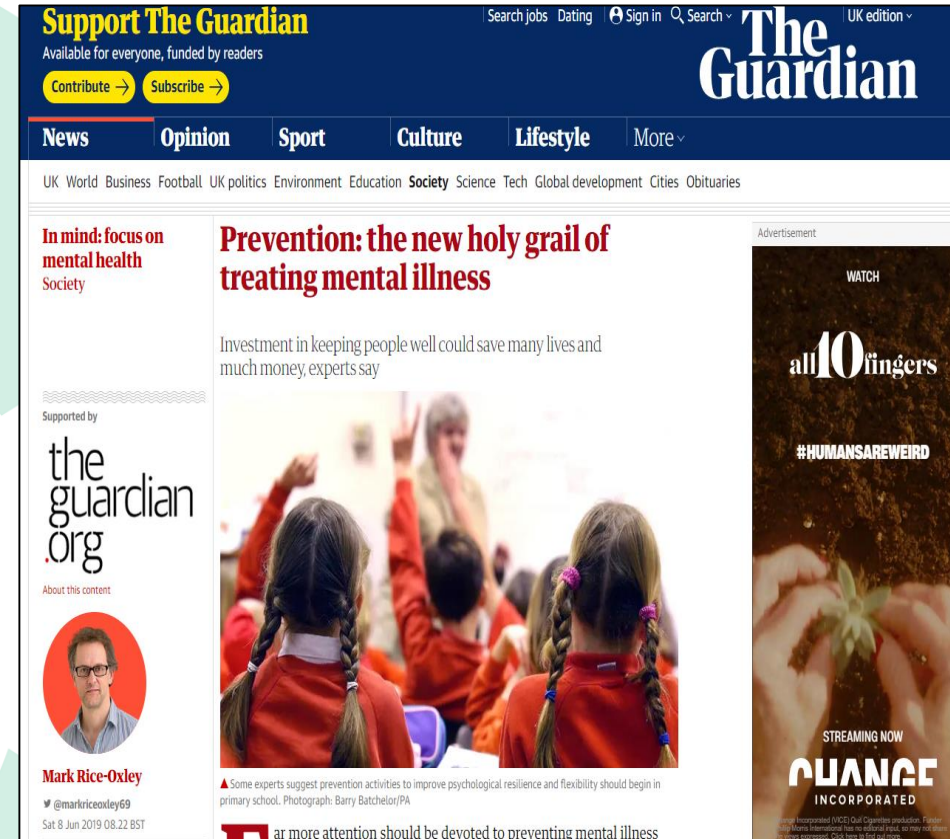
What is a preventative curriculum?

- Primary Prevention – educating the whole population

- Secondary Prevention – targeting 'at risk' groups

- Tertiary Prevention – preventing reoccurrence

- Life has highs and lows – we need to teach

CYP how to deal with lows:
- Breakdown of relationships
- Stress at work
- Financial difficulties
- Bereavement
- job insecurities
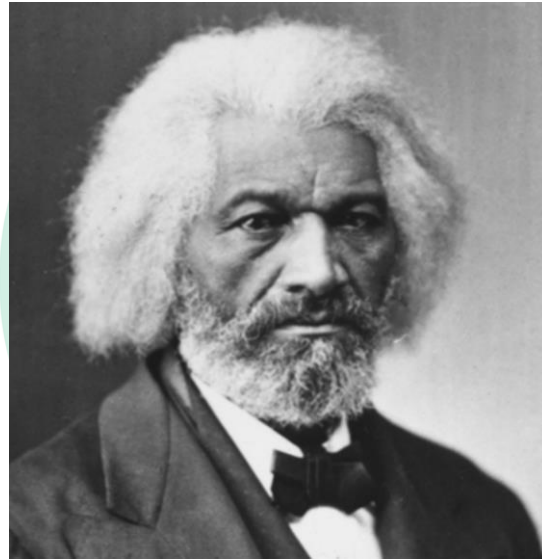- Poor health (P&M)
- Unkindness from others

- As well as teaching them how to deal with constant change

Academic Success is inextricably intertwined with physical and mental wellbeing

"It is easier to build strong children than to repair broken adults."

Frederick Douglass (1818-1895)