



CARNEGIE SCHOOL OF EDUCATION

CARNEGIE CENTRE  
OF EXCELLENCE FOR  
MENTAL HEALTH IN  
SCHOOLS

Minds  
Ahead

# MENTAL HEALTH INSIGHTS WORKING PAPER

July 2023



## EDITORIAL

The Carnegie Centre of Excellence for mental health in schools was launched in 2017. Over the years, we have grown a mental health and wellbeing lead community now made up of over 1400 members.

Our community is free to join and open to all school mental health and wellbeing leads or colleagues in schools and further education colleges, who have strategic responsibility for mental health and wellbeing.

Our vision is to develop a community that supports and empowers school-based colleagues who are committed to strengthening mental health and wellbeing for their whole school communities.

For this July 2023 edition, we have asked the community to submit case studies about supporting anxiety amongst children and young people to illustrate best practice & sharing of ideas.

We know If a child is feeling anxious, we should not ignore their feelings or dismiss their concerns. As Educational professionals we also know we should try to help them to find ways to cope with their anxiety.

Different schools will have different strategies in place to support young people with Anxiety. Some common strategies that schools may use include providing reasonable adjustments to help students with Anxiety succeed in the classroom & providing support and resources to teachers, parents and caregivers

But what does this look like in practice?

create a safe and supportive environment for students.

But what does this look like in practice?

This can include providing counselling services for students who need them.

But how are schools facilitating and financing this support?

Schools can also help students learn how to cope with anxiety?

But when and what and how are they teaching this?

I am delighted that we have some very insightful case studies for both primary & secondary settings. An enlightening Think Piece on the role of digital innovation in supporting anxiety amongst young people and most up to date findings, produced by the award-winning digital platform YouHQ, from their 2023 research on Anxiety surveying nearly 1,500 young people.

Note: For future editions we will have different themes as we intend to continue to produce case studies to shine a light on best practice.

In every edition, along with case studies we welcome Think Pieces and any Research conducted about how we can change culture & reframe our thinking and approaches in supporting the mental wellbeing for our students/ staff and parents

Guest Editor

Clare Erasmus

Designated Mental Health Lead Advisor

Educator and Author of The Mental Health and Wellbeing Handbook for Schools:

Transforming Mental Health Support On A Budget - May 2019 Jessica Kingsley Publishers

and The Designated Mental Health Lead Planner: A Guide and Checklist for the School Year

- Aug. 2021 Jessica Kingsley Publishers

# Contents

Research: youHQ- Unveiling the Rising Levels of Anxiety in 11-18 Year-Olds by Jez Belas

Case Study: Emotional & Wellbeing Toy Library and Play Therapy by Anju Patel

Case Study: Wellbeing intervention for pupils exhibiting a range of anxiety difficulties by Sandra Wooll and Elizabeth Curran

Case Study: Anxiety in Schools by Purvi Gandhi

Case Study: Supporting students' growing Anxiety around sexual harassment and abuse in school: A Code of Ethics by Lauren Howard

Think Piece: Digital Innovation to Support Student Mental Health by Nicola Harvey

# youHQ: Research unveiling the Rising Levels of Anxiety in 11-18 Year-Olds

## Introduction

When I co-founded [youHQ](#) with my friends from Exeter University (Exercise and Sports Science Degree, St Luke's Campus 2000-2003), we couldn't have predicted the global pandemic, war in Ukraine, economic collapse and scary advancements in technology. I was becoming increasingly aware (working as a teacher at the time) that poor mental health was a growing concern and that schools had a fantastic opportunity to have a positive impact. Fast forward three and a half years and our app is being used in nearly 50 schools with 35,000 students. Working in this area, I've kept a close eye on any reports concerning the wellbeing and mental health of young people and the word **anxiety** comes through as one of the major feelings alongside our own independent work.

As part of our digital wellbeing and personal development platform, we decided to delve a little deeper into the current anxiety situation, examine the contributing factors, and discuss the implications of this concerning trend and the potential ways forward on the mental wellbeing of young people in our user schools, the UK and beyond.

## Prevalence of Anxiety Amongst Adolescents

Anxiety disorders have become increasingly common in the UK affecting overall wellbeing and daily functioning. According to a survey conducted by the National Health Service in 2022, approximately **16% of young people aged 11-18** are diagnosed with an anxiety disorder. This alarming statistic reveals a substantial increase compared to previous years, signifying a pressing need to address this issue effectively. This particular statistic doesn't consider the number of young people just below the threshold who also suffer with significant anxiety.

Add to this huge waiting times for the NHS' Childrens and Mental Health Services (CAMHS) - nearly **70,000 adolescents on wait lists (109% increase since 2019)** and **over 44% having to wait more than a month** to be seen. The reality is that this waiting time is measured as early assessment or screening and that by the time any treatment is engaged with, this increases dramatically (there are reports of well over a year).

We recently conducted our own research into reported anxiety levels in a number of our user schools using the [Generalised Anxiety Disorder Assessment survey \(GAD 7\)](#). Nearly 1,500

students took the survey across 4 countries over a 2-week period. It asks students 7 questions on potential feelings and emotions linked to anxiety. Students answer with “not at all, several days, more than half the days or nearly every day.” Not at all = 0 points, nearly every day = 3 points. A maximum of 21 points can be scored with a minimum of 0.

Our results showed an average score of **7.68 (Mild Anxiety)** with the following breakdown of average scores:

- **14%** of students reported **severe** anxiety (15-21)
- **23%** of students reported **moderate** anxiety (10-14)
- **26%** of students reported **mild** anxiety (5-9)
- **37%** of students reported **minimal** anxiety (0-4)

Whilst it is positive and promising to see the highest bracket recorded was minimal anxiety, it's worrying to think that a large school (2,000 students) could have between 200-300 students suffering and struggling with severe anxiety. In fact, **206 students** surveyed reported severe anxiety scores.

The nature of Anxiety and how it manifests makes it very difficult to track and monitor with many able to effectively mask it. The question that scored the highest in our study was “Over the last two weeks how often have you been bothered by feeling easily annoyed or irritated?”. Being curious, I wonder if links can be made to instant gratification (promoted with continued issues surrounding social media and ‘scrolling’), lack of training in resilience or the inability to cope with perceived failure and/or the general rigours of everyday life?

### **Contributing Factors**

Looking at the various reports (Department for Education, Endurio and the Mental Health apps Global Market Report) a number of contributing factors can be identified:

a) Academic Pressure: Students in the UK face immense academic pressure, driven by expectations to excel in exams and secure a promising future. The anxiety-inducing education system, coupled with high-stakes examinations such as GCSEs and A-levels, places a significant burden on young minds.

- According to a study conducted by the Mental Health Foundation, **68% of 14-21** year-olds in the UK felt **anxious about exams** and academic performance.

- The Prince's Trust Youth Index 2021 revealed that **48% of young people in the UK** believed that **pressure to succeed academically** had negatively impacted their mental health.
- The Endurio report into Pupil Learning Experience and Wellbeing Review identified those schools with outstanding Ofsted reports correlated with lower scores on feeling well/very well (**43% compared with 50%** in 'Good Schools').

b) Social Media and Cyberbullying: The pervasive influence of social media platforms has almost certainly amplified anxiety levels. Constant exposure to carefully curated highlight reels of other people's lives, coupled with cyberbullying, creates a toxic environment for mental wellbeing.

- A study published in the journal Computers in Human Behaviour found a positive correlation between excessive social media use and symptoms of anxiety and depression in adolescents.
- The UK's National Society for the Prevention of Cruelty to Children (NSPCC) reported a **77% increase** in counselling sessions related to cyberbullying in 2021.

c) Socioeconomic Factors: Socioeconomic disparities contribute significantly to anxiety levels among 11-18 year-olds. Financial instability, housing insecurity, and limited access to resources can intensify stress and anxiety in vulnerable populations.

- The Children's Society's Good Childhood Report 2021 highlighted that children from low-income families were more likely to experience anxiety than their peers from higher-income households.
- According to research from the Education Policy Institute, students eligible for free school meals were twice as likely to have mental health issues, including anxiety.

d) Peer Pressure and Identity Formation: Adolescents often face immense pressure to conform to societal norms, navigate peer relationships, and develop their identities, which can fuel anxiety and stress.

- A survey conducted by the Mental Health Foundation found that **47% of 18-24** year-olds in the UK experienced anxiety due to concerns about fitting in socially.
- The Centre for Mental Health estimated that **50% of mental health problems in adulthood are established by age 14**, highlighting the critical role adolescence plays in shaping mental well-being.

Our own ongoing research surveying around **35,000 students** has identified **sleep** as one of the major contributing factors towards low mood and emotions associated with anxiousness. Students are asked to choose 'attributes' associated with mood scores between 1 (I feel awful) and 5 (I feel great). If a student selects 1 or 2 out of 5 then these scores are classified as 'low mood'. Sleep is by far the most popular attributor for perceived low mood across our schools and the most popular request for workshops and education. Interestingly, the research surrounding the impact of good and bad sleep has grown significantly in research years due to the ever-changing nature of human behaviour and its effects on sleep patterns and wellbeing.

### **Addressing the Issue**

a) Education and Awareness: It's all well and good to ask Schools and educational institutions to push the importance of mental health and raise awareness about anxiety disorders. For this to succeed, the Department for Education must prioritise this with governance and funding to support schools or it will likely become a postcode lottery situation. The nature of the role of teachers is changing with a greater emphasis on pastoral care. That needs to be built into training at a qualification level and nurtured for those already qualified. Equipping everyone to be good enough and championing those that can excel and lead in this area is vital.

In our own work, we've noticed that teaching culture and space starts at the top but is present at every level of teaching. How can PSHE be elevated to be as important as Maths, English or Science? Is this realistic?

b) Accessible Mental Health Services: It is crucial to ensure that adolescents have access to appropriate mental health services. It seems this is a tough challenge and where innovation and technology can help. A recent study done by [leso Health](#) using a combination of typed messaging and Ai to support the mental health services in adults is one such example that could be used in schools in the future. This technology can also be leveraged to grow more effective communication between all appropriate bodies. It's important to note that not everyone needs 'the kitchen sink' thrown at them! Proportionate support that moves beyond the metaphorical sticky plasters and keeping people alive is clearly a necessity, not a luxury.

c) Promoting Emotional Resilience: Teaching coping mechanisms, stress management techniques, and emotional resilience skills can empower adolescents to navigate anxiety more effectively. This can be achieved through workshops, peer support programs, and



extracurricular activities and should also be a genuine part of the foundational ethos of schools. We have begun to partner and branch out into this area, [see youHQ live for more information.](#)

d) **Balancing Academic Pressure:** Educational reforms that focus on promoting holistic development rather than solely emphasising academic achievement can alleviate anxiety levels. Encouraging a healthy work-life balance, fostering a growth mindset, and providing avenues for creative expression.

e) **Generalised Principles and Individualised Support:** Schools should start with highlighting and educating young people on the foundations and pillars of health (Sleep, Exercise, Nutrition, Connection and Relaxation). If this was made a priority in education then imagine the impact of CAMHS. By then layering in the different learning styles, motivations and abilities of students and providing support and differentiation to cater to these needs, we would see real change for the better.

f) **Encourage Creative Expression:** Promote activities that allow students to express themselves creatively, such as art, sport, music, drama, dance or writing. These outlets provide a means of self-expression, physical catharsis and mental stress relief.

g) **Reducing Exam Stress:** Yes, Implement strategies to minimise exam stress could help. Let's be bold though - the system is currently failing a large number of students. Schools (in the UK for certain) place too much emphasis on academic value added as the number one KPI for success (league tables, Ofsted inspections). This translates into high stress for staff and students. A culture of individuality, passion and opportunities must be explored and valued. As a parent of neuro-diverse children myself, I see first hand the crippling effects of our traditional academic system on my children. I imagine there are many parents and teachers out there that would agree that a more personalised approach to learning would allow more young people to thrive and less to suffer the effects of anxiety.

## **Conclusion**

Over the last three years, we've experienced wonderful stories working with schools who've taken a brave, bold and progressive stance on mental health and wellbeing in their school(s). Whether they've bought our digital platform for the whole school, specific year groups, for those students that are perceived to really need it, or been in touch for extra support, advice and training, we've listened, watched and read countless positive examples

of young people benefiting from passionate intention on behalf of their staff and school to reduce anxiety and improve wellbeing.

We've heard of students feeling lonely at home, recording a low mood during a routine mood check-in, thinking no more of it only to receive a video call from their whole class leaving them feeling valued, cared for and seen.

We've delivered workshops and seminars to schools on the pillars of health, the importance of self-care and the impact on wellbeing and mental health. The live feedback from staff and students has been overwhelmingly positive.

We've surveyed and interviewed staff who have been able to unearth struggling students they weren't previously aware of or picked up on potentially serious issues sooner and managed to implement effective strategies before the issue grew to something more sinister.

The connection here is that all these examples come from schools taking the reins and ploughing ahead with a targeted strategy to support their community. Schools must get back to putting human beings first and numbers and data second. This backed by government policy will bring genuine change and far better outcomes for their key stakeholders.

*Jez Belas is a former PE Teacher and Director of Sport turned Engagement Director and Co-Founder of UK-based wellbeing and personal development brand [youHQ](#). Alongside 3 of his friends from University, Jez and the team have been on a mission working with schools globally to highlight those in need and inspire everyone to succeed. Jez has a particular interest in bridging the gap between physical and mental health, especially in young people. Jez works with school leaders using the youHQ digital platform to help young people develop the skills they need to flourish in our dynamic, modern world.*

Twitter: [@youhqforschools](#)

LinkedIn: <https://www.linkedin.com/company/youhqforschools>

# **Case Study**

## **Emotional & Wellbeing Toy Library and Play Therapy**

### **Name of person leading and their role:**

Mrs Anju Patel, year 2 class teacher/ PHSE Manager, Community and Extra Curricular Manager

### **Type of school:**

Nursery & Infant School, Grange Park Infant & Nursery School

### **Key Stage focused on:**

Early Years, foundation stage & Key Stage One

### **Theme of the invention:**

1. Toy Home/ School Library: To support the children's emotional/mental health and overall wellbeing by allowing them to access a range of educational, fun toys and reading books to take home and share with their families.
  
2. School drop in lunchtime play therapy: To have the opportunity to attend adult-led drop in lunch time sessions, to access a variety of different toys/ activities while playing and sharing with other children.

### **Area of need identified in the school:**

It has been increasingly highlighted through both the children and their concerned parents, regarding the current living crisis and how it is affecting the children's well-being and levels

of Anxiety. A number of the parents are worried they are not able to provide their children with basic, quality toys and books which is leading to the children missing out on valuable learning & therapy through play and roleplay opportunities.

A number of parents have raised concerns over the increase in children using mobile device, such as mobile phones or a tablet, as well as watching a greater amount of television.

Although it is difficult to link signs of children's overall wellbeing or anxiety directly to the lack of play, there are a number of case studies to show the positive relationship between play therapy to children's overall wellbeing and mental health.

### **Desired outcomes:**

At Grange Park Infant school, we wish to provide a holistic approach towards each child. While we appreciate each child is unique, we believe the children all share many similarities, one of which is the importance of learning through play. Sadly, it is evident from home visits, parent consultants as well as the children telling the staff themselves that they are lacking the basic toys and books to support their early childhood play experiences and learning.

While we provide an enriched and stimulated curriculum, we recognised the need to introduce more play and understanding of play, throughout the school.

Play allows children to investigate, discover and display curiosity

### **Short term goals:**

We have successfully been running a 'Toy Library' since the beginning of the academic year (2023). We introduced the concept to the nursery/reception years and each term it has moved to the next year group.

The drop-in play therapy takes place during Monday, lunch times & we hope to offer this on Fridays within the summer term.

### **Long term goals:**

We hope to run the drop-in play therapy/ Toy Library throughout the whole school by the end of this academic year (22/23), so all 4 age phases will have access to the toys at different times of each school term.

Nursery (3- 4)

Reception (4-5)

Year One (5-6)

Year Two (6-7)

The drop-in play therapy is taking place during Monday, lunch times at present and we hope to offer this on Fridays within the summer term.

The lunchtime invention will also be an opportunity to encourage those children, who may have been identified through a professional adult within the school or through a parent, who are raising concerns

**Location:**

Onsite, school studio hall

**Exercise and resources used:**

A variety of different fun/ education toys, reading books, colouring books/ pencils.

Adults are available, a rota- system has been put in place to organise the toys, ensuring they are returned

Children loan the toy for a week at a time.

**How it worked & impact seen:**

So far, we have seen great success, the parents are enjoying the opportunity to borrow toys from the toy library and the children have all shared their delight and have created a wish list of the toys they will borrow on their turn.

The children seem to enjoy coming to the drop-in play sessions at lunch times, it seems to be reducing playground problems, as well as allowing the opportunity for the children (at times particular children) to come and share their thoughts and feelings in an informal setting. We have noticed a reduction in levels of anxiety and the children being more relaxed and engaged

Each week a different class from the year group has the opportunity to visit the toy library.

Each class should get at least two turns per a term. This will be enhanced by the drop-in play therapy lunchtime sessions, which is more of a causal drop-in. Children are welcome to come along, play with the toys and have a lovely chat with other children or adults should they wish.



*Mrs Anju Patel, is a year 2 class teacher/ PHSE Manager, Community and Extra Curricular Manager*

## **Case study**

# **Wellbeing intervention for pupils exhibiting a range of anxiety difficulties**

### **Name of person leading and their role in the school –**

SW- Wellbeing lead, with support from Elizabeth Curran – SENDCO.

SLT are also involved to monitor, guide and oversee support.

### **Type of school**

Mainstream primary school.

Key stage focused on (2/3/4)

Key stage 2.

### **Theme of the intervention**

Wellbeing support for pupils exhibiting a range of anxiety difficulties including social anxiety disorder, separation anxiety and a specific phobia.

### **Area of need identified in the school**

Data collected from pupil wellbeing questionnaires, ongoing observations from class teachers & discussion with parents/carers allows for individual children to be identified for wellbeing support.

### **Areas of need identified:**

social anxiety disorder – for a pupil experiencing difficulties at lunch and break times on the school playground (pupil A),

separation anxiety for a pupil finding it hard to come into school and leave their parents each morning (pupil B)

a specific phobia - a pupil is suffering with nosophobia (pupil C).

**Desired outcomes:****Short term**

1. To build a relationship with a key adult in school.
2. Discuss anxieties and link pre-, mid and post feelings to emotions.
3. Discussion to identify & try out personalised support strategies to help reduce feelings of anxiety.

**Long term**

Reduce anxiety through a range of personalised strategies that the pupil can utilise when feeling anxious.

For pupils to understand that ongoing support is available when needed (from key adults, other members of staff & outside agencies if required).

For pupils to reflect on what wellbeing means to them and how the choices we make to support our wellbeing can make a positive impact to reduce anxiety.

**Time Duration:** Typically a six week block of 1:1 intervention with the wellbeing lead, this can be extended or reduced if required.

**Location (in class/out of class/off site):**

In the dedicated wellbeing room in school.

**Time (in school/after school/):**

Timetabled sessions at least once a week for 30 minutes during the school day.

To support a pupil with separation anxiety a daily meet and greet first thing in the morning takes place allowing discussion/reflection before going to class.

**Exercises and resources used:**

Getting to know 'you' activities. Draw and talk/make and talk activities. Wellbeing reflection activities alongside activities/strategies from [www.Behappyresources.co.uk](http://www.Behappyresources.co.uk)

**Brief account of what you set up and how it worked**

Wellbeing Lead:



- reads a wellbeing referral (completed by class teacher and signed off by SLT) and phones the parent/carer to gain permission for wellbeing sessions in school.
- leads a 'getting to know you,' session to help build a relationship between her and the pupil and asks the pupil to complete a wellbeing questionnaire.
- plans & leads a series of activities to encourage the pupil to share their feelings and together they identify strategies to try to support wellbeing.

The pupil selects activities to support their wellbeing and feedback if they are successful/unsuccessful. This cycle of support can continue until successful/partially successful strategies are identified and utilised.

Post-intervention wellbeing questionnaire is completed by the pupil. Data recorded and shared with parents/class teacher/SEND/CO/SLT.

### **Impact seen:**

**Pupil A** accessed a series of 6 sessions to support playground anxiety. The pupil was observed often spending time alone at lunch and break time. Wellbeing support included discussion, re-building a circle of friends & accepting that it is ok for others to lead games. The wellbeing lead observed and encouraged group activities outside. Following sessions focused on reflection of when the pupil felt happy and comfortable with certain friends/doing certain activities. A positive impact was recorded on the pupil's end of intervention questionnaire, the class teacher is aware of the pupil's preferred peers and can continue to encourage friendships through social seating/group activities during lessons. Monitoring continues.

**Pupil B** was observed having difficulty in leaving their parents each morning. A meet and greet was set up each morning so the pupil can spend time with the Wellbeing Lead or a LSA when entering school. This continues whenever needed – over the weeks this has been happening for shorter lengths (e.g. from 30 minute discussions and breathing activities down to 5 minute check-ins before going to class. At times, a friend will buddy up with pupil B during the walk into school which can lead to reduced anxiety when leaving parents. Monitoring to continue.

**Pupil C** is suffering from nosophobia which has caused significant stress. A part time timetable was put in place for two weeks to support anxiety and allow for additional support from parents. Check ins and wellbeing sessions continued throughout. Pupil C is able to share anxieties and reflect on feelings but due to the nature of the pupil's needs CBT counselling sessions have been arranged for pupil C.

*SW is a Wellbeing lead and Elizabeth Curran the SENDCO in a Mainstream primary school.*

# Case Study

## Reframing Anxiety in Schools

### **Name of person leading and their role in the school**

Purvi Gandhi  
Head of Psychology

### **Type of School**

Independent, Secondary, Boarding

### **Key Stage**

KS3 – Year 9 students

### **Theme of the intervention**

Using Positive Psychology to support students who feel anxious.  
Classroom Strategies for General Anxiety

### **Area of need identified in the school which led to the intervention**

Concerns about anxiety among students have increased post-covid (BBC Report 2022) so there is a growing need for practical strategies that teachers can use to support students who feel anxious.

### **Desired outcomes:**

Students will be better educated about how emotions such as anxiety work. Doing so will help them to:

- normalise and reframe anxiety,
- realise the value of social support and positive relationships in managing anxiety,
- learn some specific coping skills such as deep breathing and positive self-talk.

### **Numbers involved in the intervention:**

22 Year 9 Psychology Students

### **Time Duration:**

2 lessons per week for 6 weeks.

Intervention put into place

- location: In class
- time: Timetabled lessons – 2 lessons per week over one-half term.

### **Intervention put into place**

#### Normalising and reframing anxiety

In their Psychology lessons, the students were explicitly taught about the stress response and the value of emotions, such as anxiety. The content for the lessons was developed from the work of psychologists such as Susan David, who emphasises the importance of accepting and acknowledging our emotions rather than trying to suppress or ignore them because this allows us to better navigate difficult situations and improve our overall well-being.

By teaching students to view emotions as helpful rather than harmful, they were encouraged to recognise when anxiety serves as a helpful function and when it does not.

### **The value of social support and positive relationships in creating safe environments**

Positive relationships and social support are crucial in creating safe environments that foster academic success and emotional well-being. Social support plays a crucial role in reducing anxiety, promoting resilience and mitigating the negative effects of adversity (David, 2020). The teacher cultivated positive relationships and social support in the classroom by role modelling. Showing empathy, actively listening to students, encouraging collaboration and creating a culture of inclusivity and respect (Dennis-Tiwari, 2020).

For example, the teacher used questions such as “What does success look like for you and how can we work together to find it for you?” to help anxious students focus on realistic and achievable goals for themselves while knowing that they were supported. Such questions targeted intervention on student need and created an environment where successes, no matter how big or small, were recognised.

### **Teaching coping strategies**

Students were taught to seek support when needed, and they were taught to develop coping strategies such as deep breathing and mindfulness practice. Positive self-talk was also encouraged, for example, students were encouraged to say that they ‘feel anxious’ rather than they ‘are anxious’, allowing them to distance themselves slightly from anxiety and consider the feelings as temporary, not a fixed part of their identity. This strategy was adapted from Dennis-Tiwari (2020) who also found that mindfulness can help reduce anxiety because individuals become more aware of their thoughts and emotions so that they can develop greater resilience in the face of stress.

The school provided sources of support (local external agencies and online sources) for students and teachers to have access.

**Impact seen:**

All 22 students reported benefiting from the intervention.

Out of 22 students, 3 reached out to their form tutors and asked for support. This showed that students were seeking help when they felt that they needed it.

2 out of 22 have continued using mindfulness apps as a part of their routine suggesting that they were using the teaching of positive psychology to enhance their mental health.

Purvi Gandhi is an experienced teacher and mental health advocate. With over 20 years of teaching Psychology after serving as a practising clinician, Purvi brings a unique blend of expertise to the field. Purvi is dedicated to enhancing well-being in schools and fostering positive learning environments. She has mentored new teachers, run INSET sessions, and led initiatives to promote mental health awareness. Purvi has published a chapter on leadership during the pandemic and is currently writing a book that aims to provide classroom strategies aimed at enhancing student mental health.

Twitter: @ V1Gandhi

# **Case Study**

## **Supporting students' growing Anxiety around sexual harassment and abuse in school:**

### **A Code of Ethics**

#### **Name of person leading and their role in the school**

Lauren Howard – History Teacher and PSHE & Mental Health Lead

#### **Type of school**

Secondary Academy 11-16

#### **Key Stage**

3 and 4

#### **Theme of the intervention**

Improving our universal offer for wellbeing and safeguarding through raising expectations and enabling greater student voice.

#### **Area of need identified in the school which led to the intervention**

Our school, along with thousands of others, was listed on the 'Everyone's Invited' list of schools affected by sexual harassment and abuse in schools.

#### **Desired outcomes**

Short Term

To reduce cases of reported anxiety around Sexual harassment

## Long Term

To raise awareness of the issue of sexual harassment in schools and make it clear that it is and will not be tolerated at our school.

This then developed into a higher ideal where we wanted to set a higher standard of behaviour between not only students, but teachers, parents, carers and indeed our entire community. We wanted to enable students to feel safe in school by allowing more opportunities for them to share and report their thoughts.

## **Numbers involved in the intervention**

Directly involved me and 15 students, but then impacted all 58- students, staff, parents, carers and governors.

## **Time Duration**

1 year implementation

1 year developing

(Could easily be a shorter timescale with less disruption!)

## **Intervention put into place**

### **Impact**

What began with one email from a concerned year 9 students in the summer term of 2021 has led to root and branch reform in our school with a much stronger universal wellbeing offer and a development of our school's safeguarding response to the reports of sexual harassment in schools.

I received this email from one of my students who was asking what the school was doing in response to our name being present on the ['Everyone's Invited' list](#). In turn I asked our SLT and the answer was a resounding "nothing yet". Well, this student and I agreed that this wasn't good enough, so we would do something.

Firstly, I created some lessons to be included in the PSHE curriculum and spoke to the Assistant Head about doing an assembly to raise awareness. So, we came up with a plan of attack which is outlined below:

We assembled a willing group of students to lead the project and who would also act as a focus group for ideas. We resisted naming the group for some time, but after some lovely students started referring to it as 'rape club', and after a short time as 'consent crew', we finally landed on 'Ethics Committee' as it's more impact driven.

This group created one student and one parent survey to assess the scale, or the perceived scale of the issue.

To highlight this and raise awareness they created a [protest video](#). This was originally born out of the fact we weren't having in person assemblies due to COVID, but it was a blessing as this video was incredibly powerful and reached more people more regularly. It includes national statistics provided in the Department of Education report, which said that:

- 24% of female students and 4% of male students, have been subject to unwanted touching of a physical nature in school;
- that 37% of female students and 6% of male students have experienced some form of sexual harassment in schools;
- that 31% of female students;
- 1% of male students had reported receiving messages of a sexual nature;
- and that LGBTQ+ students were more vulnerable to harassment in schools.

The rest and majority of the video involved around 30 volunteer students in various places around school saying phrases such as, "you need to know about consent", "if it's not a yes, it's a no", "it's not ok to make anyone feel less valued", "it's not ok to make jokes about it", "it's not a normal part of growing up", "you need to call your friends out", "you need to call out anyone in our community that falls short". The point of the video was to highlight that it was the responsibility of everyone to do better for everyone.

I was and am still exceptionally proud of the bravery of these students in standing up so publically for what's right in order to make change. They are an inspiration to our other students.



I then did some research for what we could actually do to make long lasting change, and discovered many businesses that had to confront similar issues had created a Code of Ethics. Something that would require a higher standard of behaviour than our Code of Conduct and that would include all stakeholders and not just children. So we took suggestions from all tutor groups and edited, discussed and re-edited until we finalised our schools' Code of Ethics, which is:

*We will respect each other's boundaries.*

*People of all genders, races, ethnicities, sexualities, religions and status will be treated with equal respect.*

*We will not comment about other people's looks, even if it seems harmless.*

*We appreciate and value all members of our diverse community.*

*We will accept when we have acted in a way that contradicts this Code of Ethics, we will apologise and will find a way to make amends.*

*When you see something, say something.*

*We will hold ourselves and each other to the Code of Ethics.*

This was then presented to SLT, is in student and staff planners, is on a wall in our entrance hall and is on an A3 poster in every room.

We have since used this as a springboard to fundraise for Refuge and Beat, to introduce Active Bystander training across the school, to create some awareness training booklets for incidents that fall short of the Code of Ethics such as racism etc, to introduce an anonymous reporting system called Tootoot which students can access via a school app or webpage. Don't panic – there is a function for an administrator to remove anonymity in the case of safeguarding concerns! Not only has this increased the amount students are reporting, but it has also gained heightened importance as it has allowed friends to more confidently ask for help if their friend is self-harming and they don't know what to do, without it being obvious that they spoke to school staff. As well as this it has enabled students to more freely report incidents of racism, homophobia, transphobia, their own wellbeing concerns particularly if they are too anxious to ask for help face to face and for students to be less concerned about the reaction from other students when they report.

Wonderfully, our school's response to this one issue around Anxiety & growing Sexual Harassment has now become a response to all issues and has helped reduce a barrier between staff and students, and has helped us regain their trust and build relationships that mean that our school is safe. The biggest mark of success was when one of our students told an OFSTED inspector that "it's ok to be different at this school."

*Lauren Howard is a History teacher who has been working in Suffolk for 10 years. For much of this time she has developed an interest in mental health provision in schools; initially acting as mental health champion and first aider, and now as mental health lead. Lauren facilitates in school support as well as ensuring this is supported by a rich and engaging curriculum in PSHE, as she is also subject leader of PSHE and Careers. She has also completed a Master's in Education focusing on hope in education and the impact and effect of homework.*

*Further contributions from Lauren can be found on her school's website at <https://www.stourvalleycommunityschool.org/svcs-wellbeing>*



# Code of Ethics

- . We will respect each other's boundaries.
- . People of all genders, races, sexualities, ages and status' will be treated with equal respect.
  - . We will not comment about other people's looks, even if it seems harmless.
- . We appreciate and value all members of our diverse community.
- . We will accept when we have acted in a way that contradicts this Code of Ethics, we will apologise and will find a way to make amends.
  - . When you see something, say something.
- . We will all hold ourselves and each other to the Code of Ethics.

Collaboratively produced in 2021 by students at Stour Valley Community School.  
Refined, presented and led by the Ethics Committee

# Think Piece

## Digital Innovation to Support Student Mental Health

Children and young people continue to experience unprecedented change in the classroom. We are currently in the post-pandemic era with students still in 'catch up' mode after the lockdowns, teachers are striking, and there is a cost-of-living crisis.

Due to the levels of uncertainty, research from NAHT and Place2Be report a notable increase in mental health conditions in schools, including a significant increase in student anxiety; attention difficulties and low self-esteem.

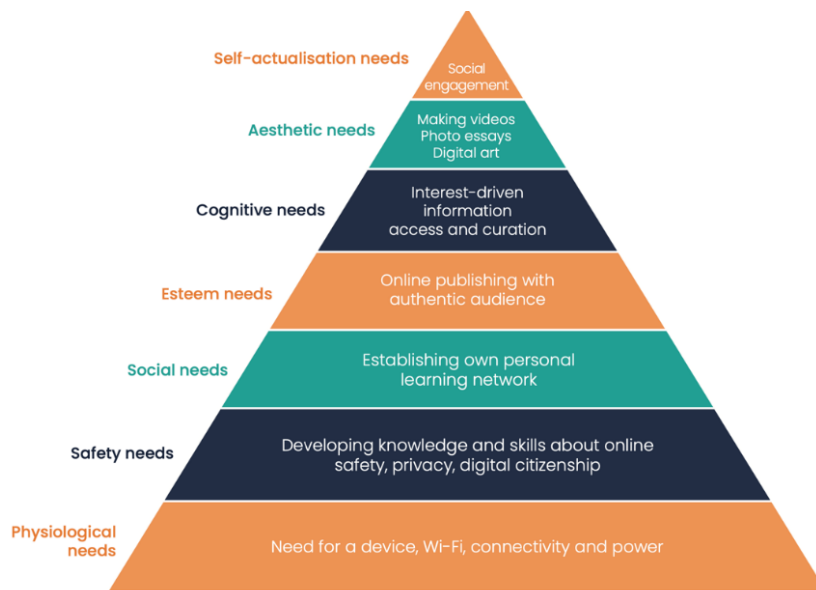
The [Green Paper](#) for Transforming Children & Young People's Mental Health, recommended mental health support teams in education, but a study from Young Minds, states 40% of young people said there was no access to counselling support in their schools, and only 27% shared they had a one-to-one conversation with a teacher or another member of staff for wellbeing support.

Over the past 3 years, there has been a significant reliance on digital technologies among young people. And today in 2023, digital mental health platforms continue to play an important role in engaging young people who may not have access to the right support.

Online platforms, social media, artificial intelligence, encrypted digital initiatives, and bespoke apps, can provide psychoeducational tools to help young people explore issues like anxiety, and normalise their mental health in a youth friendly manner.

In line with the NHS digital innovation strategy and transformation plan for a sustainable future, the NHS emphasise the need for digital technology to ['enable people to access the care they need quickly and easily, when it suits them.'](#)

Maslow's Hierarchy of Technology in Education, from Jackie Gerstein (adapted by besa and NAACE), correlates with the NHS's vision and the impact on student mental health and wellbeing.



"Maslow's Hierarchy of Technology" by Jackie Gerstein is licensed under BY-NC-ND 4.0

Gernstein's Edtech pyramid (see image) depicts how the physiological and safety needs of students form the foundation, and are built upon with other needs, including esteem and cognition – all linked to maintaining students' sense of belonging, and wellbeing in education. When these foundations are carefully put into place and progress towards the top of the pyramid, students develop **self-actualisation**. This in turn can help learners engage socially, and fulfil their potential in the digital world.

### A Blended Approach

Mental health service providers in education e.g. school counselling teams, and educational psychologists, often provide a **blended approach** with face-to-face talking therapy with digital wellbeing tools to embed the therapeutic intervention. Students are encouraged to use the school's chosen encrypted therapy platforms, alongside structured face-to-face therapy. Digital tools and platforms include [Minddistrict](#), [YouHQ](#), [Silvercloud](#), [Kooth](#) and [Tranquility](#).

The table below highlights some of the benefits and challenges of students using digital health platforms, including blended approaches.

<b>BENEFITS OF USING YOUTH DIGITAL MENTAL HEALTH PLATFORMS</b>	<b>CHALLENGES OF USING YOUTH DIGITAL MENTAL HEALTH PLATFORMS</b>
--	--

Empowers young people to learn about their own mental health needs at their own pace, at any time of the day, not just during working or school hours.	Digital poverty, reducing access to digital devices and internet connection, widening the social disparities between young people receiving the support they need.
Access to support at home, school or another convenient location. This reduces any travel time and anxieties associated with sitting in a therapist's waiting room.	Social skills and body language are not always developed, when using digital tools to express their needs, particularly when using mental health websites.
Depending on the platform, young people can access support anonymously, which they may prefer, if they feel uncomfortable disclosing conditions.	Anonymity can raise concerns connected to safeguarding, and clinical governance if a vulnerable young person shares a potentially sensitive issue putting them at risk.
Empowers young people to learn from other young people and experienced professionals about their mental health needs and explore ways to get support.	Privacy issues may become a concern when young people share content online. Young Minds created a <a href="#">helpful document highlighting online safety measures</a> .

## Moving Forwards

Digital mental health platforms in schools have numerous benefits and challenges, and if used correctly, can enable educators to track, monitor, and get support for student mental health. To embed the use of digital mental health platforms into school environments, either as a standalone feature or blended alongside other methods, there needs to be a consistent approach to:

- breaking down social barriers,
- improving accessibility,
- increasing training (and time) for educators, and
- conducting research to evaluate young peoples' outcomes.

Digital mental health within education continues to grow and thrive, with many innovative and exciting developments to come. For more information on wellbeing platforms and general guidance for your school, please talk to your head of IT and/or designated mental health lead.

## About Nicola Harvey

Nicola Harvey is a former digital mental health lead, senior teacher and pastoral lead, with a specialism in special educational needs and mental health. She has over 15 years of experience in education, and facilitates training and supervision to support educators' mental, physical and emotional health and wellbeing. Her published books, [\*Mindful Little Yogis\*](#) and [\*Self-Care Activity Book for Kids\*](#), explore the importance of integrating inclusive emotional wellbeing strategies both inside and outside of the classroom. You can find out more about Nicola, by visiting: [www.harveyheals.com](http://www.harveyheals.com) and follow her on Twitter [@HarveyHeals](https://twitter.com/HarveyHeals).