Comprehensive school physical activity program components and their effects on physical activity promotion
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Welcome to the second issue for 2018. We receive articles from many parts of the world and some do not make it into the journal. This is mainly due to our focus on young people and, although we do not specify an age range, most published articles are about those between the ages of 5-20 years old. There are exceptions and the Editor welcomes your contribution.

This issue continues with the proud tradition of independent publishing and offers an eclectic mix. The journal, published since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readers, in the UK, come from a broad background and include: primary, secondary and further education teachers, university staff, and health-care professionals working in education and health settings. Readers outside of the UK share similar backgrounds. The journal is also read by those who commission and carry out health education programmes in school and college.

Articles focus on recent health education initiatives, relevant research findings, materials and strategies for education and health-related behaviour data.

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A series of short reports showing SHEU data with some Internet links to relevant websites. Topics so far include: Water - Enjoy lessons - Birth control services - Sleep - Smoking - Teachers' expectations - Fitness - Visiting the Doctor - Fruit Veg 5-a-day - Beer and Lager - Good News about Young People - Self-esteem.

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Over the past thirty years, obesity levels among American and Canadian youth have risen from 5.6% and 5% respectively to 17.5% and 13% (Carroll, Navaneelan, Bryan, Ogden, & Centers for Disease Control, 2015). Obese children are at risk of becoming obese adults with the potential of suffering from a variety of health consequences such as elevated blood pressure and cholesterol, psychological stress, and abnormal glucose tolerance (Carroll et al., 2015). Physical activity is an important element to increase the health and well-being of school-aged children. Scientific evidence suggests that healthier students are often better learners and physical activity can in fact improve academic success, therefore, it is recommended that children receive a minimum of 60 minutes of moderate to vigorous physical activity daily in order to achieve health related benefits (Elliot, Erwin, Hall, & Castelli, 2013). While physical education may still be the best opportunity for youth to learn the skills and knowledge to develop positive physical activity habits, unfortunately, an increase in physical education time often requires increases in funded legislation (Elliot et al., 2013). Aside from funding, priority for instructional time is often granted towards academic courses, decreasing the amount of time available for physical education and physical activity at school (Ennis, 2006). The Centers for Disease Control and Prevention and SHAPE America have suggested that schools implement Comprehensive School Physical Activity Programming as a solution to the lack of childhood physical activity (Brusseau & Hannon, 2015). A Comprehensive School Physical Activity Program is a systematic, multi-dimensional approach by which schools maximize opportunities for students to become more physically active in order to allow children to meet the recommended daily sixty minutes of physical activity requirements while developing the knowledge, skills and confidence to enjoy physical activity throughout their lifetime (Brusseau & Hannon, 2015). Comprehensive School Physical Activity Programs consist of five major components (see Figure 1 p. 34); quality physical education, physical activity before and after school, physical activity during school, staff involvement, and family and community engagement (Erwin, Beighle, Carson, & Castelli, 2013). Throughout this article, an in-depth analysis will be examined on each of the five components of a Comprehensive School Physical Activity Program, as well as requirements and recommendations to successfully implement different components in order to ensure establishment and longevity of a program and avoid potential roadblocks.

Components of a Comprehensive School Physical Activity Program

Brusseau and Hannon (2015) believe there are two main goals for a Comprehensive School Physical Activity Program (CSPAP); the first is to provide a variety of school based physical activities in order to enable students to participate in 60 minutes of physical activity each day. The second goal is to provide coordination among the Comprehensive School Physical Activity Programming components to maximize understanding, practice, and application of the knowledge and skills learned in physical education in order for all students to become
physically educated and well equipped for a lifetime of physical activity participation. As stated in the second goal, coordination of each of the components of the CSPAP is integral in order for children to meet the daily requirements of physical activity.

**Quality Physical Education**

The first of the five components is quality physical education. Quality physical education within a CSPAP should provide students with adequate opportunities to learn through meaningful content and appropriate instruction (Erwin et al., 2013). Physical education teachers hold the responsibility for providing students with the knowledge, skills, and confidence needed to engage in physically active lifestyles (Elliot et al., 2013). Quality physical education should also be guided by national physical education and physical activity standards through a developmentally appropriate, student-centered approach. The focus of quality physical education should be physical activity and health, with children being active for at least 50% of class time (Brusseau & Hannon, 2015).

**Physical Activity Before and After School**

The second component of a CSPAP is physical activity opportunities before and after school. Before and after school physical activity opportunities are “promising venues for increasing students’ overall physical activities levels” (Elliot et al., 2013, p. 11). Physical activity before and after school allows students to work towards recommended daily physical activity requirements while practicing what they have learned in physical education with the hopes to identify activities they enjoy and may potentially engage in long term (Brusseau & Hannon, 2015). Physical activity before and after school may include intramural activities that encompass numerous physical activities including sports, individual activities, and classes or lessons such as dance. Physical activity before and after school may also include physical activity clubs with a recreational focus within a non-competitive atmosphere. Finally physical activity before and after school may be additionally offered through interscholastic sports, youth sports within the community, as well as before and after school programming (Elliot et al., 2013).

**Physical Activity during School**

Along with quality physical education, students need additional physical activity opportunities throughout the school day to help meet recommendations of sixty minutes of daily physical activity (Elliot et al., 2013). The third component of a CSPAP is physical activity during the school day. The Centers for Disease Control and Prevention classifies physical activity during
the school day into two categories; classroom physical activity and recess or drop-ins (Erwin et al., 2013). Classroom physical activity is characterized as a physical activity break that may be led by a generalist teacher and is typically conducted within the teaching space or classroom, and tied to academic content (Erwin et al., 2013). There are two goals to these activities, which include taking a break from academic rigor to reset students’ attention to learning tasks following movements, and to teach academic content through movement (Erwin et al., 2013). Recess consists of a scheduled period allocated for students to have a break from academics and allows students to be social and active with their peers. In elementary schools recess should be provided daily for a minimum of twenty minutes in an unstructured, free play environment allowing students the opportunity to be creative and imaginative at their own pace in a safe play space (Erwin et al., 2013). Recess can also be offered at the secondary level in the form of various physical activity options known as drop in activities, providing students and faculty opportunities to engage in exciting and interesting movements (Erwin et al., 2013).

**Staff Involvement**

Staff play a crucial role towards the success of a CSPAP within a school (Brusseau & Hannon, 2015). Elliot stated, “Staff involvement in a comprehensive school physical activity program includes both programs incorporated by school staff to increase the physical activity levels of students, and programs incorporated to increase the physical activity levels of school staff members” (Elliot et al., 2013, p. 12). Besides assisting in planning and supervision of a CSPAP, it is recommended that staff members of their given schools also participate in physical activities as well. It is believed that focusing on the staff’s health is just as important as students’ health within a CSPAP (Erwin et al., 2013). Staff involvement within a CSPAP can also include staff members providing opportunities for staff and students to be active in such activities as intramurals and physical activity clubs. Staff members may also show support by acting as physically active role models for students (Elliot et al., 2013).

**Family and Community Engagement**

The final component of a CSPAP is family and community engagement. Cipriani, Richardson, and Roberts (2012) explained that daily family routines help establish norms, influence behavioral patterns and help shape more ‘typical’ lifestyles for children. They continue by explaining what children learn at home often transfers to other aspects of life. Cipriani et al. (2012) also mention when children observe the lifestyles and behaviors of those in their communities, they begin to familiarize with such lifestyles, therefore the community may be as equally influential on a child as their family may be. One could argue that, for physical educators, seeking ways to get families and communities involved in children’s physical activity lifestyle in crucial towards regular physical participation of youth. “Family and community involvement means including family and community members in school activities related to physical education and physical activity. That entails making connections between the school and community to create and support physical activity opportunities” (Cipriani et al., 2012, p. 20). Erwin et al. (2013) stated that community partners can serve as a valuable resource to physical activity promotion in youth, explaining that partners can range from an individual person to large organizations, universities, corporations, health departments, foundations, faith-based groups, and parks and recreation. Establishing such partnerships may provide a number of resources, including expertise, funding, volunteers, facilities and trainings that may support of possibly extend current school physical activity programs.

**Successfully Implementing a Comprehensive School Physical Activity Program**

While a CSPAP consists of many valuable components to increase positive physical activity behaviors for youth, successful implementation of the components in crucial in order to guarantee establishment and longevity of a CSPAP. Establishing a CSPAP may require one to find ways to meet complex needs and barriers that may exist for the school in which the program serves. A CSPAP must reflect the social, emotional, and cultural needs of its students, their families, and communities in order to engage physical activity participation (Brusseau & Hannon, 2015). The Centers for Disease Control and Prevention suggested that in order
to increase physical activity opportunities in schools, they need to be coordinated, well planned, executed, and evaluated throughout the school and reach beyond the school and into the community in which it serves. (Brusseau & Hannon, 2015). The following sections provide suggestions and strategies to strategically and successfully implement a CSPAP within a school in order to avoid potential roadblocks many of the components may present.

**The Role of Quality Physical Education**

At the heart of a CSPAP is quality physical education, as it is the primary setting for establishing students with the knowledge, skills and positive attitudes to become regular, skillful participants in physical activity (Chen, Hypnar, Mason, & Zalmout, 2014). The core feature of quality physical education consists of both meaningful content and appropriate instruction taught by a qualified, trained physical education specialist (Chen et al., 2014). Currently, only 30% of school districts in the United States required licensed or credentialed Physical Education teachers while only 14% of school districts required ongoing training for physical education teachers (Centers for Disease Control and Prevention, 2014).

Quality physical education can be measured through four essential dimensions; task design, task presentation, management, and instructional response (Chen et al., 2014). Chen et al. (2014) conducted a study investigating what role quality physical education provides towards increasing the amount of time kids spent physically active. Nine elementary physical education teachers as well as fourth and fifth grade students from nine different schools were examined over a two year period to measure what effect quality physical education had on students’ physical activity levels. The physical activity behaviors of the students were assessed using a daily physical activity log under the supervision of a teacher to track their amount of participation in daily physical activity. To assess the quality of instructional practices, the teachers were observed over 63 lessons throughout the two-year period coded with the ‘Assessing Quality Teaching Rubric’. The rubric served as a tool designed as an observational rubric to assess the teachers’ quality instructional practices, which consisted of the four dimensions previously listed. The results of the study indicated that quality physical education significantly contributed to the students’ daily increase in physical activity minutes in school (see Figure 2 below). It also revealed that the four essential teacher dimensions were significant contributors to students’ daily physical activity levels outside of school (see Figure 3, p. 37).

This study implies, “that the significant contribution of the high-level of quality instruction practices to students’ daily PA behaviors might be associated with the notion that the key features of quality physical education teaching helped students gain knowledge, skills, and dispositions needed to participate in sports, games, dances, and physical activities” (Chen et al, 2014, p. 603). It is evident

![Figure 2 - Mean Daily Physical Activity Minutes in Schools of the Two Years by Gender (Chen et al., 2014)](image-url)
that simply having a physical education program within a CSPAP cannot guarantee increased physical activity behaviors; instead, it must be a program of high quality, delivered with meaningful and appropriate task design, task presentation, management, and instructional responses.

Delegating Responsibilities within a Comprehensive School Physical Activity Program

It is recommended that implementation of a CSPAP is highlighted by the need to identify a leader within the school community who can motivate, activate, and coordinate others to assume various physical activity promotion roles (Wester, Beets, Weaver, Vazou, & Russ, 2015). Throughout the implementation of Comprehensive School Physical Activity Programs, physical education teachers and physical education programs have typically been delegated the responsibility to lead a CSPAP. While physical education teachers are usually the logical individual to be a physical activity leader of such a program, it is largely unknown whether placing the expectations on a physical education teacher will actually create the most effective and sustainable way to increase daily physical activity in today’s youth (Webster et al., 2015). Webster et al. (2015) explained that there are many expectations a CSPAP leader must meet to properly perform their duties. These include building a recommended competency base through extensive professional preparation, increasing external accountability for the preparation and implementation of the program, building evidence that preparation does in fact lead to effective and sustainable change, and reducing the possible reluctance of physical education teachers to implement such programming. Webster et al. (2015) suggested that, in order to create sustainability of a CSPAP, partnerships must be created through three strategies; community based participatory research (CBPR), communities of practice (CoP), and service learning (SL) (see Figure 4, p. 38).

Community based participatory research acts as a possible solution to helping CSPAP leaders and other school community members overcome implementation barriers by the formation of strong partnerships between potential change agents with school communities and researchers from local colleges and universities (Webster et al., 2015). By forming these partnerships, localized knowledge and perspectives can be bridged to empirical knowledge and expertise. CBPR begins with a specific research topic that holds importance to the community with the aim of combining knowledge with action and achieving social change to promote health incomes (Webster et al., 2015). Webster et al. (2015) also explained that previous research has found that CBPR can be an effective strategy for increasing physical activity during afterschool programs.
Communities of practice are defined as “a group of people who share a common concern, a set of problems, or interest in a topic and who come together to fulfill both individual and group goals” (Webster et al., 2015, p. 193). A CoP may be beneficial in the context of building and sustaining a CSPAP for physical education teachers since they often work in isolation from other teachers in their school. A CoP has the ability to increase physical education teachers’ level of interaction with other teachers and administrators to build interest, provide support, and monitor other aspects of program implementation. In addition, a CoP may also connect physical education teachers from other schools to share ideas and strategies for successful implementation of a CoP (Webster et al., 2015).

Bringle and Clayton stated, “service learning involves the integration of academic material, relevant community-based service activities, and critical reflection in a reciprocal partnership that engages students, faculty/staff, and community members to achieve academic, civic, and personal learning objectives as well as to achieve public purposes” (Webster et al., 2015, p. 195). Service learning has the ability to bring additional support externally to schools that can increase the capacity of their internal resources, while at the same time alleviate the pressure and workloads placed on school professionals such as physical education teachers who may be overworked or under-resourced (Webster et al., 2015). Schools that are in close proximity to post-secondary institutions should be able to rely, in part, on service learning based physical activity promotion to increase physical activity engagement among school communities. This may include having preservice physical education teachers offer extracurricular physical activity programs at schools or preservice classroom teachers to academic classrooms to provide various methods of physical activity breaks (Webster et al., 2015).

Similarly, hiring a physical activity leader may promote successful implementation of a CSPAP. Brusseau, Hannon, and Burns (2016) conducted a study to examine what effect comprehensive physical activity programs within schools had on school day physical activity and health related fitness for children in low income families. 1460 school-aged children from three low-income elementary schools participated in a twelve-week
intervention of a CSPAP within their respective schools. Importantly noted, the schools hired a physical activity leader who had the responsibility of working with personnel from each school in order to improve physical activity infrastructure and promote physical activity during the school day. In addition, physical education classes were taught one day per week for fifty minutes by a separate physical education professional. The focus of the CSPAP was to provide training and assistance to improve the quality of physical education, recess, physical activity before and after school, as well as classroom based physical activity opportunities (see Figure 5 below). In addition to improving physical education classes, physical activity opportunities were offered throughout the school day and were integrated into classroom lessons and classroom activity breaks. Following the twelve-week intervention, results indicated that students were more physically active throughout the school day and experienced many health-related benefits due to their increase in physical activity levels.

As increased attention has been given towards CSPAPs as a feasible path toward more active schools, the conceptualization of long term outcomes should be prioritized (Webster et al., 2015). In order for successful implementation of a CSPAP, one must consider delegating responsibilities among a number of stakeholders and/or physical activity leaders to guarantee a greater chance of success and continuity of a program. One would agree that the responsibility of implementing a CSPAP cannot lie solely on one individual; specifically the physical education teacher. Finally, Webster et al. (2015) stated internal and external variables should be examined to identify modifiable pieces for the promotion of physical activity.

**Providing Professional Development for Teachers to Promote Physical Activity in Youth**

As previously stated, it is important that within a CSPAP, students are physically active throughout the school day outside of physical education class to promote healthy physical activity behaviors (Elliot et al., 2013), meaning that classroom teachers may also play an important role in promoting and engaging students in physical activity. An intervention strategy towards working with schools to increase physical activity and healthy living for youth.”
students may be accomplished by implementing ongoing, embedded comprehensive professional development with both physical education teachers and classroom teachers focusing on helping teachers change behaviors (Kulinna, 2012). Kulinna’s (2012) study had the intent to determine if students’ physical activity levels and Body Mass Index (BMI) were maintained or improved over a year long, professional development program involving both classroom and physical education teachers teaching healthy and active content. The participants of this study included 320 indigenous youth from all grade levels. Thirty-one teachers from ten schools taught the students in either the intervention group or the controlled group. The teachers in the intervention group had received roughly 35 hours of professional development focused on physical activity and healthy living. Throughout the year, the intervention students were given physical activity breaks during regular classroom instruction with support from physical education teachers as well as being taught multiple lessons related to healthy living and physical activity. Classroom teachers were provided with a variety of resources to promote physical activity during physical activity breaks. In addition, during physical education class, students were taught lessons based on the ‘Dynamic Physical Education Curriculum Model’. The control group participated in physical education class but received no teaching or intervention of physical activity and healthy living from their classroom teachers. Results showed there were favorable changes in the students from the intervention group in regards to physical activity patterns as a result of a year-long teacher change intervention compared to the students of the control group. Students of the intervention group also participated more regularly in physical activity compared to the students of the control group. Of particular significance in the results was that teachers were able to see students’ physical activity increasing, which may have persuaded them to integrate more physical activity into their programs the following school year.

Kulinna (2012) explained that the results of this study are quite significant because of the fact that school-based interventions are both logical and cost effective methods of changing children’s health behaviors, but unfortunately, most educators often know little about how to implement or assess such programs. One would agree that within a CSPAP, providing adequate professional development for both physical education teachers and classroom teachers would increase the opportunity for students to be physically active during the school day both in physical education class and in the classroom. In conclusion, increasing comprehensive professional development towards physical activity and healthy living for teachers results in positive physical activity behaviors for students to live active and healthy lives strengthening staff involvement and increasing physical activity during school in a CSPAP.

**Conclusion**

With the increase in obesity levels of today’s youth, it is imperative that children become more physically active (Carroll et al., 2015). In order to make children achieve 60 minutes of daily physical activity (Elliot et al., 2013), one would argue that strategic planning and programming for physical activity must be implemented. Comprehensive School Physical Activity Programs have the ability to assist physical education teachers in making youth more physically active and improve academic performance through quality physical education, physical activity before and after school, physical activity during school, staff involvement, and family and community engagement (Erwin et al., 2013). In order to guarantee establishment and longevity of a CSPAP, one must consider strategic and thorough implementation and attention to each component of a CSPAP such as the importance of quality physical education, the delegation of responsibilities within a program, and investing in professional development for the teachers responsible for increasing positive physical activity behaviors of students.

**References**


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**Education and Health**

The journal, published by SHEU since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readership is worldwide and in the UK include: primary; secondary and further education teachers; university staff and health-care professionals working in education and health settings. The journal is online and open access, continues the proud tradition of independent publishing and offers an eclectic mix of articles.

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“The (SHEU survey) helped us to prioritise where we needed to be in terms of PSHE education. We delivered assemblies based on the evidence as well as curriculum development, and dealt with whole school issues – particularly in regard to pastoral care. The answers received to the question on the survey Who are you most likely to approach if you needed help worried staff as teacher was not a popular answer. Subsequently the staff asked themselves why this had happened and what needed to be done to address the issue. There was more emphasis on wider aspects of PSHE education delivery, which needed more attention. To summarise, the (SHEU survey) allows the PSHE department to assess the impact of teaching and learning and modify future lessons accordingly. It allows our school to look at whole school issues such as the extent to which the pastoral care system is meeting the needs of our pupils. It helps us to do need analysis of our pupils. It helps to provide important evidence for SEF / the extent to which we are meeting wellbeing indicators / National Healthy School standards.”  Secondary School Head

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**Education and Health Archive**

Each issue of the journal, published since 1983, is available via the archive. There are several simple indices that help to identify articles by keywords; year/issue number; author surname and article title. It can be seen that some contributors have had a number of articles published and there are a range of topics that have been covered over the years. Sometimes a contributor will update their article or develop points raised by another contributor. The pages on the website, that have been provided for the Education and Health journal, usually have the highest number of ‘reads’ across all pages on this Internet site.
In recent years, a large body of literature has highlighted numerous health concerns in regards to students of the higher education population, with a large focus on people’s experiences of mental health problems. As such, research has found large numbers of university students to have experienced mental health problems, with the numbers said to be progressively increasing (Castillo & Schwartz, 2013). Research has also found mental health problems within this sample to be increasing in severity, this being additionally reflected in the considerable number of students who seek help from counselling services within these institutions (Hunt & Eisenberg, 2010). In particular, university students are significantly at risk from developing mental health issues, argued to be partly due to the distress of moving away from home, the extensive studying which is a part of university living (Sarokhani et al., 2013), as well as academic stress which students experience (Agolla & Ongori, 2009). Whilst university can be pleasurable for some, it can also be perceived as a stressful life event for students (Wong, Brower, & Zucker, 2011), whereby maintaining good grades, forming social bonds, living away from home, as well as having to contemplate about the future can precipitate feelings of anxiety (Buchanan, 2012), depression (Adewuya, Ola, Alaba, Mapayi, & Oginini, 2006), and suicidality (Duane, Stewart, & Bridgeland, 2003). As part of this, students who suffer from symptoms of depression are more likely to be classed as at risk from suicidality (Izadinia, Amiri, Jahromi, & Hamidi, 2010).

The umbrella term of ‘suicidality’ can be defined as any form of suicide-related ideations, behaviours and intent, which each increase the risk of death by suicidal circumstances (O’Dea, Wan, Batterham, Calear, Paris & Christensen, 2015). The word ‘suicidality’ encompasses the main aspects of what is involved within a suicidal death (Meyer et al., 2010). Firstly, suicidal ideation, also more commonly known as suicidal feelings, can be defined as thoughts regarding the ending of one’s life. Differing from this, suicidal behaviours involve acts of self-harm, with the view of ending one’s life (Goldsmith, Pellmar, Kleinman, & Bunney, 2002). Suicidality has more recently been described as a continuum, which begins with suicidal thoughts and, in some cases, ends with a suicide attempt (Baca-Garcia et al., 2011). Suicidal beliefs are recognised as early symptoms of future suicidal behaviours, and are ultimately known to play a central part in the attempt of suicide (Gili-Planas, Bennasar, Ferrer-Perez, & Bernardo-Arroyo, 2001). Although early research suggests that most people who have thoughts of suicide do not go on to make suicidal attempts (Gliatto & Rai, 1999), a more recent study found that 50% of planned suicide attempts tended to occur within a year of having previous suicidal feelings (Joe, Canetto, & Romer, 2008). In similar argument, Gili-Planas et al. (2001) believe that suicidal ideation is the first step to suicide, and further research suggests that such ideation increases an individual’s risk of death by suicidal method (McAuliffe, 2002).

A broad range of research suggests that suicide is the most leading cause of death within university student based samples (Schwartz, 2006), indicating that university students are significantly more at risk from death by suicidal circumstances. In regards to the empirical
evidence, numerous recent studies have found suicidal thoughts to be particularly common in university students (Eisenberg, Gollust, Golberstein, & Hefner, 2007). Furthermore, Wilcox et al. (2010) found that during university years, 12% of a student sample expressed suicidal ideation, with 2.6% of them having experienced repetitive suicidal thoughts. More recently, the American College Health Association (2011) reported that 3.7% of university students had considered suicide in the last 12 months, with 2.9% of the sample expressing self-harm behaviours such as cutting or burning. Taking these findings into account, it seems crucial to understand the development of such suicidality in university students in view of preventing future death by suicide (Garlow et al., 2008).

Although the majority of research has provided a focus on how mental health distress within university students can be assessed as well as treated, recent studies have begun to investigate the predictors of the distress which some students face. For example, a study by Stamp, Crust, Swann, Perry, Clough and Marchant (2015) found mental toughness (MT) to be a significant predictor of psychological wellbeing in undergraduate university students, with higher MT levels relating to better overall wellbeing outcomes. Briefly, MT can thus be defined as a combination of positive psychological traits which assist in the ability to cope with and manage stress successfully (Clough, Earle, & Sewell, 2002). Although MT has been conceptualized in a variety of ways, a prominent approach in health psychology is the 4C’s model presented by Clough et al. (2002). This particular approach to MT involves the existence of four positive psychological variables; commitment (determination in completing tasks, despite problems which may arise), challenge (seeking opportunities and viewing them as being positive rather than threatening), control (belief that one has ability to shape their life and manage emotions), and confidence (the extent that one believes in their own ability and interpersonal circumstances). In university students and adolescents, lower levels of MT have also been previously related to the heightened onset of depressive symptoms within students in a variety of different studies (Gerber et al., 2015), suggesting that university students are an at-risk sample from developing symptoms of depression.

The purpose of the present study was to examine the extent to which MT statistically predicts suicidality in a sample of students. It was hypothesized that MT would be a significant negative predictor of suicidality after controlling for demographic variables.

Method

Participants
A sample of 166 (male n = 53, female n = 113) university students aged 19-64 (M = 27.16, SD = 9.31) from the UK universities was recruited using an online survey. The sample comprised of one foundation year student, 15 first year students, 15 second year students, 66 taught postgraduate students, and 49 research postgraduate students.

Measures

Mental Toughness
The Mental Toughness Questionnaire-18 (MTQ18; Clough et al., 2002) was used to assess MT. This short form of the MTQ48 unidimensional assessment of MT using three items from each of the six scales in the MTQ48. Responses are recorded on a five-point Likert-type scale anchored by 1 (Strongly Disagree) to 5 (Strongly Agree). The MTQ48 has been rigorously tested for factorial validity in a sample of over 8,000 (Perry, Clough, Crust, & Nicholls, 2013), demonstrating acceptable properties. Gerber et al. (2015) demonstrated a strong correlation between the MTQ18 and MTQ48 (r = .87).

Suicidality
The Suicidal Behaviors Questionnaire-Revised (SBQ-R; Osman, Bagge, Gutierrez, Konick, Kooper & Barrios, 2001) was used to measure four elements of suicidal risk; lifetime suicidal ideation and attempts, frequency of past suicidal ideation, the threat of suicidal behaviour, and thoughts about future suicidal behaviour.

Overall responses should range from 3-18, with a higher score indicating higher suicidality. Each item is worth between three and six points depending on how many choices the item has. Each item has an individual scale, and each response corresponds to a certain point value. The SBQ-R is a shortened version of the 34-item
SBQ (Linehan & Nielsen, 1981). It has previously demonstrated acceptable internal consistency reliability (α = 0.87) in adolescent and adult clinical and nonclinical samples, as well as high internal consistency within a sample of university students and good criterion-related validity (Osman et al., 2001).

**Procedure**

Following ethical approval from a UK Higher Education Institution, participants who responded to and chose to complete the online survey, created using Bristol Online Surveys (BOS), were required to follow an online link that directed them to the questionnaire. Participants completed an eligibility form prior to give informed consent. If a participant selected the ‘No’ option in regards to wishing to provide consent, they were redirected away from the online survey. Total questionnaire completion took approximately 5-10 minutes. No remuneration was offered for participation.

**Data analysis**

Descriptive statistics were used to examine missing data, outliers, and univariate normality. Omega point estimates and bootstrapped confidence intervals assessed internal consistency as recommended by Dunn, Baguley, and Brunsden, (2013). A multiple linear regression model was examined to determine the extent to which MT was predictive of suicidality. Demographic variables were controlled for by entering gender, year of study, and age into block one, with MT entered at block two.

**Results**

Preliminary analyses found no outliers in the data and there were no missing data. Descriptive statistics indicated no significant deviation from a normal distribution for MT (k-s(166) = .50, p = .20). Suicidality however, presented a positive skew (k-s(166) = .17, p < .001). Omega point estimates and confidence intervals were calculated using the MBESS package (Kelley & Lai, 2012), in R (R Development Core Team, 2012), with 1,000 bootstrap samples. MT presented good internal consistency (α = .88, SE = .014, 95% CI = .85, .91), as did suicidality (α = .86, SE = .020, 95% CI = .82, .90). Spearman’s bivariate correlation with bootstrap indicated a moderate negative correlation between MT and suicidality (rs = -.43, p < .001, 95% CI = -.55, -.30).

Descriptive data by year of study is presented in Table 1 (p. 47). A one-way ANOVA revealed significant differences by year of study for both MT (F(4,160) = 3.39, p = .011) and suicidality (F(4,160) = 4.21, p = .003). Post-hoc tests indicated that observed differences were that for MT, first year students were significantly less mentally tough than taught postgraduates (Mdiff = -8.23, p = .043, 95% CI = -16.29, -18). For suicidality, second year students scored significantly higher than third years (Mdiff = 4.25, p = .001, 95% CI = 1.22, 7.23), taught postgraduates (Mdiff = 2.95, p = .014, 95% CI = .41, 5.48), and research postgraduate students (Mdiff = 3.28, p = .006, 95% CI = .66, 5.89). An independent-samples t-test indicated that males scored slightly higher in MT (t(164) = -2.06, p = .04, Mdiff = -3.59, 95% CI = -7.22, -2.2), but there was no significant difference in suicidality (t(164) = .31, p = .76, Mdiff = .17, 95% CI = -.99, 1.26).

Multiple linear regression analyses presented an insignificant ΔR2 for model one (F(3,162) = 1.07, p = .36), which inserted gender, year of study, and age as predictors of suicidality. Model two however, which inserted MT as a predictor variable, presented a significant ΔR2 of .20 (F(4,161) = 10.97, p < .001). In total, 21.4% of variance of suicidality was accounted for. Table 2 (p. 47) presents individual coefficients from the models. MT (β = -.46, t = -6.32, p < .001) was the only statistically significant predictor of suicidality.

**Discussion**

The aim of this study was to investigate the extent to which suicidality was statistically predicted by MT in a student sample. The results confirmed that MT can be considered a predictor of suicidality, explaining 21.4% of the variance. In terms of suicidality, results also found that students within second year exhibited higher suicidality levels, a finding that it also consistent with recent research (Macaskill, 2013). This adds to the suggestion that second year of university is more psychologically challenging, due to a number of different factors that have been past discussed (Nelson et al., 2013). Moreover, this present study has extended previous research (Stamp et al., 2015) by revealing that MT is also
directly related to suicidality in university students. The present findings therefore add to the view that MT is an important resource in everyday life, relating to mental health and psychological functioning (Clough & Strycharczyk, 2012).

Although MT explained a significant amount of suicidality variance, there remains a large proportion of unexplained variance. This suggests that there are other factors that predict suicidality, apart from age, gender and year of university study. These may include previously discussed factors such as being from the LGBT community (Silenzio et al., 2007), having attachment issues (Bowlby, 1973), experiencing depression (Garlow, 2002), experiencing chronic health conditions such as HIV and cancer (Bryan & Rudd, 2005), as well as body image issues and substance abuse (du Roscoat et al., 2016). Besides this, there are also some critical implications in regards to the present study, which are worthy of being discussed. Firstly, in view of assessing students who present themselves to support services at university, it may be important to consider MT as mediating risk of suicidality. Previous research shows that having high MT helps individuals cope and manage everyday problems with students being less resilient to the demands of university education with lower MT (Gucciardi & Gordon, 2011). A low MT level can therefore mean that individuals are less able to cope with their challenges, which has shown to exhibit relations with higher risk of suicide. Due to this, and as the current findings seem to suggest that exhibiting a higher MT may protect one from suicidality, it may be important to incorporate MT training into suicide treatment programmes.

As a small, cross-sectional study, it is important to acknowledge several limitations. Firstly, there was no control for distractions, or whether or not other people were present whilst a student was completing the online survey. This poses the question as to whether social desirability may have also been an issue, something of which is considered as a significant weakness of questionnaire based research.

In regard to the present findings, it would be particularly useful for future researchers to extend these findings, by investigating further predictors of suicidality within the university population. This could then possibly lead to the creation of interventions, specifically catered to university students that can help reduce the distress that may be leading to their suicidal risk. Moreover, the impact of these interventions, especially in regards to students who present with low MT scores, could be examined for the impact they have on successfully reducing suicidality as well as increasing MT. It would therefore be useful to extend MT interventions to different contexts, rather than the already limited research that is available within the sporting arena (Sheard & Golby, 2006). Lastly, it also seems important to take a focus on second year university students and their suicidal risk, due to the fact that this paper adds to previously documented findings on the suicidality of second year university students. Within this, this specific year group could be targeted in terms of being made more aware of universities support and wellbeing services.

In summary, the present study is the first to examine an empirical link between MT and suicidality in university students. Findings supported the hypothesis that MT is a significant, negative predictor of suicidality. It is recommended that further research examines the potential of MT interventions to reduce suicidality in students and particularly target at-risk groups.

References


The (SHEU survey) helped us to prioritise where we needed to be in terms of PSHE education. We delivered assemblies based on the evidence as well as curriculum development, and dealt with whole school issues – particularly in regard to pastoral care. The answers received to the question on the survey Who are you most likely to approach if you needed help worried staff as teacher was not a popular answer. Subsequently the staff asked themselves why this had happened and what needed to be done to address the issue. There was more emphasis on wider aspects of PSHE education delivery, which needed more attention. To summarise, the (SHEU survey) allows the PSHE department to assess the impact of teaching and learning and modify future lessons accordingly. It allows our school to look at whole school issues such as the extent to which the pastoral care system is meeting the needs of our pupils. It helps us to do need analysis of our pupils. It helps to provide important evidence for SEF / the extent to which we are meeting wellbeing indicators / National Healthy School standards.”

For more details please visit http://sheu.org.uk
We have just published Young People into 2018 (Balding & Regis, 2018), which presents aggregate figures from local surveys in 2017. This report is the 32nd in a series begun in 1987, and is the first where we have a sample of more than one hundred thousand young people (100,976).

The full press release, summarising all the headlines, is on the SHEU website (SHEU, 2018), and the complete report may be obtained in PDF format by application to SHEU.

Where are the figures from?
Every year, SHEU carry out healthy lifestyle surveys with young people for local authorities and each year these surveys involve tens of thousands of young people. At the end of each calendar year, we put all the results from all the surveys together, and publish a report.

These reports contain findings from over 100 health-related behaviour questions using answers from pupils in primary and secondary schools. They tell us about what they do at home, at school, and with their friends.

What’s new?
We are always asked by journalists, what’s new? Some of the latest figures are different from those we last published in 2017, but not all the differences are new – it’s better to describe them as continuations of trends that we have seen going on for some time.

Some of the trends are unwelcome but we can point to several positive trends.
Schools working with us typically survey in even-numbered year groups: 4, 6, 8 and 10.

Continuing to increase:
- Use of computer games by 12-13yo males
- Fresh fruit on most days
- Females drinking at least a litre of water yesterday

Continuing to decrease:
- Enjoyment by 14-15yo females of physical activity
- Proportion of 14-15yo females scoring in the highest bracket of self-esteem
- Experimentation with tobacco cigarettes
- Drinking alcohol in the week before the survey
- Intending to stay in full-time education
- Use of computer games by females

Newly reported in this volume:
- Increase in reports of bullying (since 2011)
- Increase in the fear of bullying (since 2011)

Previously increasing but now steady:
- Skipping lunch
- Eating 5-a-day (portions of fruit/veg)
- Experimentation with cannabis
- 14-15yo females wanting to lose weight
- Use of computer games by males
- Enjoyment of school lessons
- Worrying about exams/tests

Previously decreasing but now steady:
- Eating crisps on most days
Pupils in these groups are aged as follows:
Year 4  8-9y
Year 6  10-11y
Year 8  12-13y
Year 10 14-15y

Below we show some trends from the last 20-30 years of collecting information from young people. The trends selected are for those questions which have remained the same or very similar over the years.

**Diet**

**Percentage aged 10-15y having nothing for breakfast, 1985-2017, by age and sex**

Skipping breakfast has stabilised across the board, and seems to be sitting at a lower level now than when we first started.

**Percentage aged 12-15y having nothing for lunch, 1985-2016, by age and sex**

Skipping lunch rose steadily until about 2008, while current levels seem fairly level. Older females are consistently the group most likely to skip breakfast or lunch.

**Percentage aged 10-15y having wholemeal bread on most days, 1999-2017, by age and sex**

Many authorities use us every other year, and so will appear and disappear from the data sets.

There are some trends in which we can see evidence of a consequent regional effect in the figures we obtain – as in the case of figures for eating wholemeal bread on most days in the middle 2000s, which shows a ‘rollercoaster’. Something of the same effect can be seen in the skipping lunch chart previously shown.

**Percentage aged 8-15y having 5 portions fruit/veg on the day before the survey, 2003-2017, by age and sex**

After an initial rise, the proportion eating 5-a-day has settled to a fairly constant level. The figures for young people in the Health Survey for England (2016) show the same shape for the trend.

**Percentage aged 10-15y wanting to lose weight, 1991-2017, by age and sex**

The proportion wanting to lose weight crept upwards from 1991 but from 1997 has shown no clear change. We know from previous work that not all those young people who say they want to lose weight actually need to, while many who are overweight express no desire to change.

**Percentage aged 10-15y eating crisps ‘on most days’, 2003-2017, by age and sex**

There was a very notable decline in eating crisps on most days from the late 1990s, but levels today are similar to those a decade ago. School tuck shop and ‘healthy snack’ policies may well have played a role here.
Bullying

Percentage aged 12-15y fearing going to school because of bullying at least sometimes, 1995-2017

We have shown these two related charts on the same horizontal axis. The proportion of young people fearing bullying and being bullied generally declined from 2005-2011, but then took a turn upwards.

This trend has not previously been reported. Face-to-face as well as online bullying must be considered.

Home and Leisure

Percentage of pupils aged 10-15y reporting living with mother and father at home 1990-2017

A long decline 1990-2005 has stabilised.

Percentage of pupils aged 10-15y who have never smoked at all, 1985-2017

The use of substances – tobacco, alcohol and cannabis – is generally in long-term decline since the middle 1990s, although cannabis use seems to have levelled off. The figures for young people in the Government’s national surveys generally show the same shapes for the trends, but they report a recent jump for cannabis (NHS Digital, 2017).

What happened in the middle 1990s, so that smoking, alcohol and cannabis use started to decline? We would like to credit the decades of dedicated and skilled work by teachers in schools, but this is not possible to prove. There may be a clue in that we can see similar declines in, for example, drug use among adults in England, reported crime in England, and indeed reported and recorded crime elsewhere, so this may be part of a much wider phenomenon. There is discussion in academic circles about the International Crime Drop (van Dijk et al., 2012), although what factors might be behind it are not yet established – at least 17 theories have been suggested.

Percentage of pupils aged 10-15y who drank last week, 1985-2017

Percentage of pupils aged 12-15y ever trying cannabis, 1987-2017, by age and sex
related question about satisfaction with life in general show just the same pattern of a fall among the females since 2008.

The reasons for this fall are not clear; the rise of online social media has been pointed to by some, but it is not possible to show a clear cause and effect. In this and previous reports, we show that young women who use social media the most or who spend the most time using screens report poorer wellbeing and more risky behaviours, but we don’t know what their wellbeing would be like without the contact that social media make possible.

### Discussion

The good news about young people’s substance use is rather offset by the concerns about their emotional wellbeing.

### References


The young people who comprise the Hampshire and the Isle of Wight Youth Commission hold strong views on why they should be heard: “The Government should listen to the Youth Commission because we are the people that their policies will or have affected in the past. Also, we reach out to other young people who the policies will affect and can get their voices across. As much as adults know what young people need to learn and how, it is important that they listen to what is affecting young people because they are the ones experiencing PSHE and know what they feel they need a better understanding of.”

Who are the Youth Commission?

The Youth Commission are a diverse group of young people between the ages of 14 to 25yrs, taking on the key role of engaging with young people in their policing region, making sure that their voices are heard on a range of issues. These are highlighted to the Police and Crime Commissioner (PCC), the Chief Constable and our partner agencies to enable action to be taken. They cover the region of Hampshire, Isle of Wight, Portsmouth and Southampton.

Each year the Police and Crime Commissioner’s Office (PCCO) opens recruitment for young people to apply to become a Youth Commission member. Firstly, an application form needs to be fully completed and submitted, of those successful applications attendees are invited to undertake an assessment evening; then, if successful, they are selected and offered the opportunity to become a Youth Commission member. The Youth Commission started back in 2014 here in Hampshire and has had over 105 members during this time.

Also each year, the Youth Commission explore the top priorities as told to them by young people locally. The four priorities selected for this year are:

- Unhealthy relationships
- Mental health
- Cyber safety
- Hate crime

Since April 2017 the Youth Commission have gathered the views of over 3,300 young people across our region. This has formed part of the Big Conversation, a form of engagement and consultation our Youth Commission members undertake by asking young people which of the four priorities is most important to them, their thoughts and experiences of that priority and their top idea to help. The responses have been diverse and hugely insightful. It is these thoughts, experiences and ideas which enabled the Youth Commission to take action and contribute to the recent Department for Education Changes to the teaching of Sex & Relationship Education and PSHE consultation.

Call for evidence

The Department for Education put out a call for evidence in December 2017 to both young people and adults, seeking views on how the content of the subjects and how the current guidance on sex education should be updated.

The Youth Commission took this opportunity to share their thoughts and views, as they are the here and now, maturing in a world of rapid change and advancement. The Youth Commission met with our Performance and Information team here at the PCCO to undertake a coding session. The coded data included responses collated via the Big Conversation. To
read the interactive Introduction, Data Overview and Data Analysis, please visit the website.

A total of 558 responses were coded across the four priorities; 180 from unhealthy relationships, 134 from cyber safety, 151 from mental health and 93 from hate crime.

Core themes were identified in relation to the call for evidence, focusing on Sex and Relationship Education (SRE) and Personal, Social, Health and Economic Education (PSHE), then those more specific to each of the four priorities were identified. The qualitative responses were coded to allow for analysis of the data and for this to be visually represented (see below).

Data visualisation 1

What young people have told our Youth Commission

Young people have told our Youth Commission that SRE & PSHE lessons should cover how to spot the signs of unhealthy relationships (including friendships, family, friends, authority figures), when someone might need extra support (e.g. mental health, abusive relationships including family and friends), how to support perpetrators of abusive behaviours (support services, de-escalation techniques).

Currently young people feel lessons are more around the physical aspects such as contraception, sexual health and physical body
changes rather than emotional. While these areas are important to cover, young people have told us that they should also be integrated with PSHE lessons, not seen as separate as it is difficult for young people to not feel the physical, personal and emotional all together.

When discussing unhealthy relationship young people want to hear from other young people, to bring to life the advice and support being described. Having visual case studies makes the issues being talked about much more relatable.

Our Youth Commission also heard from young people that gender equality when learning about sexual relationships is important, especially around issues such as abuse, consent and rape. Hate crimes are strongly linked here with young people telling us that differences and equality and the impact of negative behaviours should be covered.

Amy, one of our current Youth Commission members stated, “I personally never heard about LGBT issues with relationships when I did PSHE throughout my 5 years at school. I believe this is really important because then it represents everyone especially for those who haven't accepted their sexuality yet which helps them feel more represented and comfortable.”

Young people want their peers to have a greater understanding of respect in relationships (partners, family, friends). A theme from the discussions was to recognise that so called ‘banter’ can be very hurtful in itself and also blur the lines of acceptability. Young people’s early experience shape their relationship expectations, so that frequent abuse, even in its direct and subtle forms, becomes the norm across their relationships.

A common theme raised was a general awareness of unhealthy relationships and mental health. It was frequently acknowledged that mental health is a wider issue, not occurring in isolation but rather linked with other issues occurring in a young person’s life, and that it is important for the community to recognise and spot the signs too. Responses indicate that a way of achieving this is to raise public awareness, for it to be normal to talk about mental health. Young people are telling us they want people to talk to. This should be via a range of options from online, text, face to face to on the phone, and for the service options to be clear and available when they need it. Anonymous reporting - like we have for our hate crime third party reporting centres here in Hampshire - was a key practical point raised.

There is also the need to address the impact of technology and social media, the effects of which can be long lasting. As technology is such a big part of everyday lives, our Youth Commission strongly believe that young people should be taught up-to-date information regarding apps and social media platforms used by young people today, and also the social and emotional strategies to keep safe and healthy.

Young people tell us they feel it is difficult for adults and professionals working with young people to understand how important social media are to young people. Advice to withdraw entirely from social media is not helpful.

Youth Commission members also feel that parents/carers should be more aware of social media and technology, and be knowledgeable on which devices do what. Young people tell our members that many parents do not know what they’re doing online, and many parents do not ask what their children are doing. Yet, many parents are using devices just as much as young people.

Technology also affects relationships, as it can enable controlling behaviours, threats and stalking. Young people need to know how to report these undesirable behaviours, where to go for support, what will happen once they have reported something, and to have practical advice and guidance.

Gender equality and gender stereotypes are a vital part of a wider social understanding, personally and professionally, especially when entering the work place.

Our Youth Commission came up with their own ideas on how these lessons should be taught: “The lessons need to be engaging and fun but still have the important messages behind them, and not just telling you all the horrible things that can happen to you. Making sure the classroom environment is relaxed and open to questions is important so people feel like they can engage and learn what they need to. Perhaps doing a Kahoot quiz which is a great way to get everyone involved and make help them remember this lesson.”

“Teachers need the appropriate training to teach this subject well but also perhaps bringing it someone from an outside source to talk about topics in PSHE would be good.”
Data sets
The data from the Big Conversation are collected from a number of engagement events across our region from Fresher’s Fayres, to Pride events and community celebration and awareness events. Youth Commission members engage with young people and adults at events to raise awareness of the work they are undertaking around their selected priorities, the campaigns they are running and the positive actions they are undertaking to address the issues as told to them by young people locally.

The data collected by the Youth Commission are recorded ready for coding and analysis by our Youth Commission members, with support of the PCCO Performance and Information team.

Youth Commission action
Our Youth Commission take an engaging and direct approach to address issues identified by young people through their consultation known as the Big Conversation. A key developmental area of this is their campaigns. These are based on the priorities that have been identified for the Recommendations Report from the previous year.

A key campaign our Youth Commission developed and led on is #GoFISH. This cyber safety campaign encourages young people to GoFISH (Find – Internet – Safety - Help). The accessibility and reliance of the internet means that increasingly young people are able to have a much bigger presence online (more so than their parents). We therefore need to try and make this environment as safe for children and young people as is the offline world. This #GoFISH campaign was recognised by the NSPCC for its great work in raising the awareness of cyber safety support.

Following on from the #GoFISH campaign and in response to feedback from the Big Conversation, the Youth Commission have been piloting a project know as Cyber Ambassadors across schools in our region. The main aim of the scheme is to skill-up a small number of pupils in each school that is taking part on key online safety issues (supported by a member of staff). These informed pupils then pass on their learning and offer helpful support to their peers.

In primary schools the scheme focuses on five cyber sea monsters that are up to no good online and need to be defeated – the monsters each represent a potential online danger. The programme uses interactive games and activities to make learning about online safety fun.

In secondary schools the programme is an extension of the #GoFISH campaign it uses quizzes, activities and online tools to provide information about issues such as sexting, cyber stalking, virtual mobbing and more.

This pilot is currently being evaluated by the PCCO Performance and Information team and will be available on the PCCO website, along with the resources developed by the Youth Commission. Early indications show the positive value schools have placed upon the Cyber Ambassadors scheme and the peer focus led by young people, for young people.

The 2016-17 Youth Commission Campaign focused on Lethal Highs. The aim of the Lethal Highs campaign is to inform young people, parents and professionals who work with young people of the changes in the law relating to psychoactive substances, how it could impact them/their friends/relatives/pupils and to educate people on the consequences of taking these substances. The Youth Commission went to many youth events raising awareness of lethal highs, speaking in schools, supported living accommodation and were even recognised in Parliament for their work on Psychoactive Substances.

The Youth Commission take an active role in their work, developing resources to support their campaigns such as flyers and resources to support professionals working with young people. The Youth Commission developed a Lethal Highs board game which was sold to frontline practitioners at cost value, organisations who purchased the materials included Catch22, Youth Options and Motiv8.

A campaign currently being actively promoted by our Youth Commission is Raise a flag. This work focuses on raising awareness of unhealthy relationship’s, not just with partners but with parents, families, friends and work colleagues. An aim to raise awareness of ‘red flags’ in relationships that could be unhealthy behaviours and actions.

Again our Youth Commission go out and engage with young people locally, delivering sessions in schools and in the community. They developed ‘flag bags’, one side depicting positive behaviours and actions of a relationship and the other depicting red flags in relationships.
The (SHEU survey) helped us to prioritise where we needed to be in terms of PSHE education. We delivered assemblies based on the evidence as well as curriculum development, and dealt with whole school issues – particularly in regard to pastoral care. The answers received to the question on the survey Who are you most likely to approach if you needed help worried staff as teacher was not a popular answer. Subsequently the staff asked themselves why this had happened and what needed to be done to address the issue. There was more emphasis on wider aspects of PSHE education delivery, which needed more attention. To summarise, the (SHEU survey) allows the PSHE department to assess the impact of teaching and learning and modify future lessons accordingly. It allows our school to look at whole school issues such as the extent to which the pastoral care system is meeting the needs of our pupils. It helps us to do need analysis of our pupils. It helps to provide important evidence for SEF / the extent to which we are meeting wellbeing indicators / National Healthy School standards.”

Secondary School Head

For more details please visit http://sheu.org.uk
In 2013, I wrote an article (Springer, 2013), about the obstacles faced in the delivery of a curriculum that focused on the wellbeing of young people. At that time, I quoted NSPCC research (Harker *et al.*, 2013) and the UNICEF report on child wellbeing from the same year (UNICEF, 2013) as examples of the needs of our young people and demonstrating the importance of an educational programme that addressed those needs. I outlined the Wellbeing programme vision which I had begun at Thomas Tallis School, in order to show what I believed to be valuable in the teaching of wellbeing, as well as point to the inescapable fact that the educational institution is often at the mercy of the prevailing government agenda or individual head teacher’s philosophy. I identified five core components of our programme – the taught curriculum, student services, student voice, parental involvement, and community interest – and four key challenges – assessment, securing support, sustainability, and change management. I also stated my underlying belief about how wellbeing should to be taught, highlighting the overall structure of the programme along with its accompanying ideology. My assertion was that “a focus on wellbeing calls for nothing less than a transformation in fundamental institutional structures and a prevailing mind-set that values only what is (currently) measured.” In this, I remain unmoved.

When I began this project in 2009 a taught wellbeing curriculum was a relatively new and untested idea. We formed Wellbeing as a specialist subject, taught by specialist teachers, within dedicated curriculum time. The ideology guiding its creation and implementation was an extension of my PhD thesis (Springer, 2000), which asserted that education needed to move away from traditional and fragmentary disciplinary structures, towards more holistic and ‘transdisciplinary’ forms. In practice, this meant the creation of a single programme that worked thematically across the subject areas of Personal, Social and Health Education (PSHE), Citizenship, Careers and Religious Education (RE). I’d seen and been impressed with this structure in different contexts; in Canada in the Ontario Ministry of Education’s secondary curriculum area of Interdisciplinary Studies and in Jamaica in the Social Studies curriculum which is taught thematically (Government of Jamaica, 1998). Seeing some of my theoretical ideas put into practice in different ways made me believe that the transdisciplinary project was possible.

As outlined in *Swimming Against the Tide*, five years ago, this project was abandoned due to the prevailing national agenda and the particular vision and philosophy of education driving the school at that time. I had put a lot of time and energy and thought into the Wellbeing

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1 ‘Transdisciplinary’ is a term that I outlined first in my PhD which went beyond the usual conception of cross-disciplinarity or interdisciplinarity. It describes an idea in which subject areas do not merely work together but also take the work and skills of each other to form a new sphere of learning.

2 “In interdisciplinary studies courses, students consciously apply the concepts, methods, and language of more than one discipline to explore topics, develop skills, and solve problems. These courses are intended to reflect the linkages and interdependencies among subjects, disciplines, and courses and their attendant concepts, skills, and applications, and are more than the sum of the disciplines included” (Ontario Ministry of Education 2002, p5).

3 I also observed this in an informal non-participant observation in a Teacher International Professional Development Programme visit to Jamaica in 2006.
Curriculum and I wasn’t sure that it was going to survive, beyond being an experiment in what teaching Wellbeing to students might look like in practice. The knowledge that my original project had ended (and was unlikely to be revived) made me return to thinking about what I really wanted from the programme and how I could get that in the format I was given. The need for something that addresses the wellbeing of young people has not diminished. Indeed, with recent findings suggesting that young people’s happiness is at its lowest since 2010 (The Children’s Society, 2017) it could be argued that the need is greater than ever. This need, however, cannot be met through a sole educational programme, but rather through new educational structures.

The New Structure

Whilst much of the content and many of the structures have remained in some form, there has been a shift in the way ‘wellbeing’ is done at Tallis. This shift has been mainly in relation to what ‘wellbeing’ is and where it is located. In the first place, ‘Wellbeing’ is now ‘Guidance’. While this seemed at first to diminish the place that child wellbeing could have in the school, I have come to see it as a more accurate representation of what this area aims to achieve; a series of experiences that can help to guide a student through the different choices they have to make in life and is equally concerned with their wellbeing as their well-becoming. These experiences may be in a PSHE classroom, but they equally and often more importantly and usefully be encountered in the students’ day-to-day life within the school.

Without a specialist faculty I felt constrained. However, sometimes constraints can bring out our most creative ideas. And so, it turns out, my original concept was too limited, too compartmentalised, despite my overarching transdisciplinary ideology. I realised that the taught curriculum is not the main thing, and nor can it be in a national context in which the range of structures for organising PSHE is almost infinite, and with many schools not giving any curriculum time to it at all. We in the field have a bit obsessed with the taught side. I am not for a moment suggesting that we shouldn’t keep fighting that fight, but where the hours allocated to a subject area can come and go at the whim of a head teacher, we need to give more attention to structural change. I say this even as PSHE looks to become a statutory subject. As the evolution of Citizenship has shown, becoming statutory does not guarantee a respected place in the school curriculum. That place can only be guaranteed by creating a space within the school ethos and school structure that makes abandoning the project much harder.

So, what does the wellbeing project at Tallis look like at this point in time? The core components of the programme outlined 5 years ago – the taught curriculum (reduced from one hour a week to one hour a fortnight), student services, student voice, parental involvement and community interest – are still in place and valued and in a continual process of improvement. However, these are also (potentially) specific and discrete projects that are more subject to, what we might think of as seasonal changes in national or school policy or staffing. The main shift in this programme has been to turn our attention to more long-term and institutional structures. This falls under three main headings, each of which is more expansive than the previous; cross-curricular projects, whole school events and school ethos. The expansion of this side of the well-being programme has meant that the reduction in discrete teaching time has not translated into a diminished focus on student wellbeing.

Cross-curricular Projects

We have a number of schemes of work in which PSHCE works alongside other faculty areas. This strategy helps to claw back time for the PSHCE curriculum, which is often extremely limited, and was one of the things that I was most worried about in the move to the new structure. Some examples of this method of working have been; The Anne Frank Schools Programme⁴ (on the theme of anti-discrimination with History), Learning from Kenya (on the theme of identity and globalization with Geography), Playdagogy⁵ (a sports-based disability awareness-raising programme with PE), and Story Jam⁶ (learning key personal skills

⁴ This is a national programme available to schools. For more information see https://annefrank.org.uk/education/schools-programme/
⁵ An international project through PLAY international and Cambridge House. For more information see http://playdagogy.org/en and http://chi1889.org/blog/2016/playdagogy-shorthlisted-social-innovation-award-beyond-sport-awards-2016/
⁶ A London-based group. For more information see https://storyjamjar.com/the-galloping-horse-tour/
through story-telling with English). Most of these kinds of projects also enlist the help of external agencies and this results in a greater level of engagement from non-specialist staff, as well as contributing to the expansion of the numbers of people students interact with.

There are justified criticisms levelled at cross-curricular work, with many people of the belief that it is merely a way to do nothing at all. This fear however, is not an inevitable outcome of a transdisciplinary programme. With sufficient buy-in, efficient organisation and good PR it actually works exceptionally well and is really what we should be aiming for. We are currently trying to prepare students for a new world and new global and personal challenges. The most significant global and local problems of the modern age need access to all areas of knowledge for their solution. We need specialists, of course. But specialists who have a broad knowledge of their context and an understanding that what they do will not remain in their limited sphere. A discrete subject is perhaps the easy option when really we should be expanding the reach of child wellbeing into all areas of education.

**Whole School Events**

With a reduction in set curriculum time we also decided to implement whole school drop-down days. These are not unusual in schools and I have experienced them in many institutions. Although the general idea of suspending the usual curriculum and doing work on a particular theme remains, our ‘drop-down days’ are different for a few important reasons.

The first is in the name – Community Days. We named them this in order to move away from the idea that we were just rearranging the day and in order to focus on the idea working together as a community in cross-disciplinary, cross-age ways. The days are promoted as strengthening our community and (as with the change from Wellbeing to Guidance) the new labelling has been significant. Another difference is in their structure. We hold three Community Days around the same time each year and each day has its own flavour and added name.

The first Community Day is called Tallis Choices and works as a more traditional ‘drop-down day’ with year groups attending a range of different workshops on a rota. The workshops are related to the needs of each particular year group and linked to the whole school Tallis Habits and Tallis Character (discussed in further detail in the next section) with students returning to their tutor groups at the end of the day to reflect on the sessions they have attended and how they fit into their personal and school life.

The second day of the years works through subject areas and is called Tallis Citizens. The timetable remains the same throughout the day, except for an injected tutorial at the end of the day. All lessons for that day are linked to a particular theme which changes annually, such as protest or globalisation or spirituality. As students go to each lesson their plenary task is the same; to fill in a ‘passport’ which has them reflect on the theme and its links again to habits of mind and moral character traits.

The final community day of the year is called Tallis Voices and is designed to hear what students have to say about a particular theme, rather than give them information or teach them about something specific. The day is structured in vertical groups with students working in mixed age groups on a school-wide project.

The Community Days were our starting point for ensuring that child wellbeing (and well-becoming) were sited across the school, in all subject areas and with all members of staff. We have built on the success of these days and now also have a bespoke work inspiration programme called Dream Bigger, an annual Democracy week in which we hold mock elections related to whatever is happening locally or nationally and a Careers Week where subject areas incorporate careers information into their usual lessons.

Due to initiatives such as these, students are used to encountering a range of personal and civic development issues across all aspects of school life.

**School Ethos**

Thomas Tallis is unusual in that its mission is expressed in a deep commitment to some specific human values. We believe that creativity is crucial for young people’s development so it runs through all our disciplines and we have a long history of engaging young people in design thinking, problem-finding and solving, and working with expert practitioners from outside school.

Our deep commitment to these ideals has resulted in two signature movements within
school - Tallis Habits and **Tallis Character**. Together, these form the academic and moral character of the school respectively and frame all the work that we do. The formation of Tallis Character in particular was the result of wanting to find a way to encompass and develop the wide variety of experiences and activities that students could have access to and to encourage a community in which our behaviour and relationships were guided by a set of core moral values. Over the course of three years, we established five core values – our Tallis Character traits – in consultation with staff, students and parents and it has become central to all of the work that we do around student development and wellbeing. Over the last two years this has been added to with a new Community Framework. The Community Framework is both practical and visionary in that it is a planning document for the development of the Tallis Community (both in school and with the wider local community) as well as a vision of the kind of community we want students to create and be a part of. It has also meant that a number of ‘wellbeing’ projects have been undertaken this year by many different members of staff, including themes such as supporting transgender students, engaging students as care ambassadors, working with local businesses and courses for parents.

All of this is underpinned through our holistic and whole-school Inclusion Framework. This framework highlights three areas – safeguarding, learning and wellbeing – that are seen not just as the preserve of targeted groups but as a universal entitlement for all students. This strong and significant piece of work, developed in consultation with key staff and delivered as a part of whole staff training, serves to ensure that student wellbeing and well-becoming remains a core aspect of our work, regardless of where or if it retains a formal curriculum space.

The impressive thing about the new structure of ‘wellbeing’ at Thomas Tallis is in the expansion of where and by whom it is delivered, through the development of whole school strategic and operational structures. Attention to values and ethos brings people in and garners support in a way that sending out (albeit excellent) lessons to non-specialists really doesn’t (even a specialist faculty doesn’t). School ethos is what we might think of as the context that would allow something like student well-being to take a more significant place in the educational institution. Twenty years ago, the DfEE, (1998), suggested that a school’s ethos “… is reflected in the way pupils relate to each other, how pupils relate to staff, and how the school relates to the community it serves”. If the school ethos can be developed over time through the establishment of regular and valued events, and ultimately through the creation of accepted whole-school institutions, then the task of supporting students’ well-being and development does not just depend on the delivery of some infrequent lessons. These kinds of structures, that contribute to the overall ethos of the school, are much less able to shift with without significant work and potentially opposition from a large part of the school community.

**Dealing with the Challenges**

In addition to expanding the key principles of my original programme, the new conception also deals effectively with many of the challenges thrown up by the delivery of specialist programmes. The whole process of weaving something into the school ethos, from conception to consultation to development to realisation, means that issues such as change management, securing support and sustainability are naturally addressed. If you have brought the community with you as you develop a particular institution, then you will naturally have a group of people who feel invested in the outcome. Having a long-term plan (generally around 1-3 years) for the implementation of any new development means that it can be built up slowly so that people become used to the idea and are more able to incorporate it into their own educational ideology. Guidance is now not only something that is taught though a few PSHCE lessons, but is woven into the fabric of the whole school in a way that a dedicated subject area just can’t do. We have made everyone a ‘specialist’ teacher. This doesn’t mean that they don’t sometimes need specialist support (which is available) but that the whole staff has a responsibility for the

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7 Tallis Character is a set of five moral character traits – kindness, honesty, respect, fairness and optimism – which we use to guide our behaviour and relationships. These are separate from what the Jubilee Centre for Character Education calls performance traits, civic traits and intellectual traits (Jubilee Centre for Character and Virtues, 2017). Within this model, our Tallis Habits might be characterised as ‘performance traits’.
delivery of student Guidance. This has all meant that people are invested in the area to such an extent that merely ‘abandoning’ it becomes impossible.

**New Challenges?**

So, as I look back over the last five years from a more dispassionate position, it is clear that the decision to be made ought not to be whether to swim with or against a tide that is dictated by an external agenda. There are, in fact, a multitude of options available to anyone or any institution brave enough to mark out their own course. I would even go so far as to suggest that, in this modern world of fast-paced change and future uncertainty in so many things, that there is really no other way to proceed.

**References**


