Self-esteem and health-risky behaviour

Dr David Regis, Research Manager at the SHIELD, recently published an article in Young Minds’ magazine, which examines the relationship between various mental health measures and a similar number of health-risky behaviours in Year 10 pupils (aged 14-15). For some pupils, we see a clear link between poor scores on mental health items and higher rates of health-risky behaviour, for example... Smoking is found more commonly amongst young people who are anxious.

Self-esteem is an important concept for health education, not just because it is part of mental health, but because many professionals believe that positive self-esteem may make young people less tempted to experiment with health-risky behaviours, and less susceptible to peer pressure. The results tell us that the story about self-esteem is more complex...

It may come as a disappointment to see that high self-esteem scores seem to be associated with just as much smoking and drug use as low scores. It can be worse than this: we noted elsewhere (Balding 1995, Balding 1999, Balding 2000) that young people who have tried cannabis actually score slightly higher on self-esteem than their peers. Our interpretation of this finding is that more secure, confident young people who have an active social life are more likely both to get a high self-esteem score and to find opportunities to take cannabis. This is supported in the table above by the finding that shy young people are much less likely to have tried illicit drugs, or misbehaved with legal substances... It may be that there is nothing wrong with the self-esteem of young risk-takers, and that their friends find a mutually supportive social group which we would not want to disturb...

It may be the case that problematically low self-esteem may lead in some cases to problem drug use. This may fit some people’s judgment that all drug use is problematic, and so any use of drugs is evidence of some deficit in adolescent. But the results argue that, whatever the morality of experimentation with drugs by adolescents, it does not appear to be driven by social inadequacy — for most of them, quite the reverse.


The NHSS co-ordinator for Hartlepool describes the development of her role, the application of the HRBQ and the positive experiences from the schools in the area.

Jackie Edwards is a PE and National Healthy Schools Standard co-ordinator for Hartlepool.

Jackie Edwards talks to Anne Wise

Working towards the NHSS - a co-ordinator’s perspective

“I’ve been so impressed with the positive attitudes from schools working towards NHSS and how they see the role of PSHE.”

How did you become the National Health School Standard (NHSS) co-ordinator for Hartlepool?

I was originally a part-time PE and Sports Development co-ordinator for Hartlepool. I was based with the Literacy, Numeracy and Early Years Co-ordinators who enabled me to work closely with them. I believe that PE and PSHE can be an effective tool in raising standards across the curriculum. I decided to apply for the post of NHSS Co-ordinator for several reasons. I was enthusiastic to support schools in developing the whole school healthy school approach, I believed that schools knew and respected me and I had some experience of teaching PSHE both at primary and secondary schools and with post 16 students. I thought that the post was strategic and it needed someone with an education and health background. Admittedly, at that time my education knowledge was limited, but since then I have worked on this area of professional development. I took up the post in December 1999 working two separate posts and contracts and I do find the posts complement each other.

How do you go about improving your knowledge of Health Education?

I have attended conferences on health education, not specifically so I can train teachers but so that I am aware of any new initiatives, with QCA requirement for schools and what statutory policies schools need to have in place. My role is very much a strategic one because health education is such a wide topic to cover. To try to become an expert in all areas would be counter-productive so it has been a question of making sure that schools have access to appropriate external agencies to deliver those areas, which I can’t. How do you enable schools to access these requirements and policies?

Schools already recognise that these areas need to be developed. Raising awareness of, for example, new PSHE guidelines is important. My feeling is that there are only so many hours in a day that teachers can actually offer to teach or be trained and I think that the one of the most positive aspects of the NHSS is the whole school approach - we have to look at the health of teachers and make sure that they are being catered for. One of the real focuses in the NHSS is to ensure that it is not over burdening teachers and that it is actually supporting the good practice they are already doing. It is trying to ensure that, where there is a need for extra training, it is developed in a way that benefits the whole school community. Where there any opposition when you first went into schools?

No - as we are a small authority we started in the schools that already had a local award, those that were working towards it, and those that had not had any input at all. We also needed a general mix of social and economic backgrounds. We did not include special need schools for a number of reasons, which were made clear at the time. I approached 7 schools; one decided to join the second phase, as it was in their development plan, so 6 came on-board - 1 secondary and 5 primary. I can honestly say...
The HRBQ addressed issues relevant to the NHSS and the HRBQ were included delivery and training for teachers. Schools have used the results to set themselves targets within the standard.

What other sources of information have you found helpful?

The ‘Whole school - healthy school’ book (produced by the Health Education Authority) is a very useful tool. There is a lot more material being produced by the HEA and NHSS - initially to begin with there wasn’t that much. The HRBQ was ahead of the game very early on because it related to the themes within the NHSS and I think now a lot of documentation that is coming out is referring to the themes of the NHSS. Initially there wasn’t that much around - but the ‘Whole school - healthy school’ was very good for us particularly on some of the auditing material for schools.

What other documentation or support resources would you want?

I’ve identified a few interactive CD’s because of ICT and the National Grid for Learning coming on-board, which I’ve sent out to schools for them to look at and assess. One of the areas for development in Hartlepools Healthy Standard would be looked by the HEA and NHSS in giving schools the opportunity to access web sites and CD’s that are appropriate for whatever they do. I have seen the latest ‘Health School Series’ books and action plans and schools are very popular because schools really welcome this kind of resource. The work sheets help schools to carry out their own surveys on healthy eating and produce their own giz charts and histograms. The school’s figures can be compared with figures from the Schools Health Education Unit’s databases i.e. how smoking links to other diseases and how 5 pieces of fruit and vegetables can lead to a healthy life. This helps to relate local figures back to classroom discussion. Resources, like the work sheets, become a very useful way of encouraging the children to participate.

What are the aims of the NHSS within Hartlepools?

If we want to quantify it, we’ve looked at 50% of schools being signed up by 2002. My ambition would be to see all schools working within the NHSS, and my role is to support them in the maintenance of it. The concept of the Standard is that it is never quite achieved, but that it is an on-going process, this in it’s nature had been to come on-board, as they don’t feel the time strain.

Did you say it’s not an achievable standard?

It’s not an achievable standard. It is a process of learning and going programme that will change as time goes on. There will be a time when the school says we have done as much as we can but it does not suddenly become a Healthy School. When I say it’s not achievable that sounds very tough but schools will be able to achieve recognition of their success through the Hartlepools Healthy School Award.

Were the schools surprised at any of the survey results?

I think some of the schools were surprised. For example, one where pupils put teachers at the bottom of the list of people they could approach as a source of support. This made them consider the delivery of some of the aspects of the PSHS. Some of the issues on drug education particularly alcohol and smoking made teachers realise the need for the topic to be introduced earlier. We have a positive education manual for schools and the schools are working for 3 years and put together a drug education programme at Key Stage I called PRIDE - Parents Rule in Drug Education. It focuses on alcohol, tobacco and self-esteem and the ability to make the informed choices. PRIDE wasn’t set up because of the questionnaire but schools have accepted it as a direct result of the questionnaire. One school said they had really focussed on healthy eating and they were still amazed at the amount of junk food that was eaten. I also think that it has focussed schools on their own school meals.

Would you repeat the questionnaire again? Yes I would like to do it again to act as a baseline to measure progress. I would like to track a group of children, as one of the primary pilot schools is a feeder into a secondary pilot school. To repeat it with the same children would then give us an idea of how far we have come. But I also think the possibility of repeating it in the same schools and comparing in three years time would give us the opportunity to evaluate what has happened.

What about the health of the whole school, including adults?

We provided a stress and time management-training programme in addition to the already established one for NQT’s. The new programme involved a health promotion specialist who tends to work with business in the workplace and is very experienced. One school has accessed it and we have now put on a couple of half-day sessions in the continuing professions development programme for next year. As yet it hasn’t been a particular target for the schools although it was a particular focus for the audit. One main issue that has arisen is that of time management and trying to make schools recognise this is not an admission of weakness. This is actually an admission of “we know we’ve got a lot to do, what we need to know is how can we organise our time to ensure we do it effectively”. I also think it comes down to the raising of self-esteem and the ability to say ‘no’ sometimes.

If you had to start all over again with the knowledge that you have now what would you do differently?

I would have looked for partnership funding right at the beginning. In the first financial year we had the good fortune that in the second year we had the same level of funding for the whole year. I would have pushed for a little bit more of a contribution from the schools. I don’t want to start beating about the financial aspects of it because it has been looked at and the DoH and DfEE have made funding available so we have to be positive about it. The other thing I would have looked at was a programme that was more consistent for the nation. When I mentioned this at national training that they did it for numeracy and literacy the response was that schools didn’t like it, so they weren’t going to do it. I actually thought because they did it for literacy and numeracy, schools expected it for this. So we have had to produce our own programme manual which is proving effective and delivering.

Have you been able to bring in other agencies in the local community to support you?

Yes, the healthy school standard is written into the work of local health promotion specialists in the Tees Health area. Many different agencies are represented on the steering group.

How have schools made use of them?

Yes - we think that schools need to make their role more formal and for them to be part of the planning process for the curriculum, and schools are very aware of this. School nurses have a lot to offer apart from their clinical duties. I’m trying to put together some training for school nurses on curriculum issues from the education department.

What kind of work have they been involved in so far with schools?

Their major involvement has been with setting up of the task groups, which are part of the NHSS. The schools are requested to establish a task group to develop a healthy schools strategy and community approach. A lot of school nurses are invited to work on the delivery, particularly on sexual health education, so they are now involved with schools accessing training for staff. Health promotion specialists have been delivering training to teachers and providing advice on policy writing. To sum up I’ve been so impressed with the enthusiasm and dedication to schools working towards NHSS and how they see the role of PSHS. It is so important to educate the whole person and encourage young people to be worthwhile citizens.