

# SHINE

Schools Health and Wellbeing  
Improvement Research Network

## Example High School Health and Wellbeing School Report

### Findings from the 2018 Health Behaviour in School-aged Children (HBSC) Study



**hbsc**  
HEALTH BEHAVIOUR IN  
SCHOOL-AGED CHILDREN  
SCOTLAND

MRC/CSO Social and Public Health Sciences Unit





## Important note about this report

This report is an example of the school-level reports provided to SHINE member schools. The data are not taken from any single school but instead are the average values for a random selection of secondary schools from across Scotland who took part in the 2017/18 Health Behaviour in School-aged Children (HBSC) Survey. Similarly the Regional Improvement Collaborative (RIC) level data are the average of 3 different RICs and are not the values for any actual RIC.

If you would like to know more about the Scottish Schools Health and Wellbeing Improvement Research Network (SHINE) or register your school to become a member, please see the contact information on the final page of this report or visit <https://www.gla.ac.uk/shine/>

## Acknowledgements

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We also wish to thank the Health Behaviour in School-aged Children (HBSC) Survey team and all Scottish schools who took part in the 2017/18 HBSC Survey. The HBSC study in Scotland is funded by NHS Health Scotland. We thank both NHS Health Scotland and Education Scotland for their support for the SHINE network.

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## Table of contents

<b>Introduction</b>	<b>6</b>
<b>How to read the data in your report</b>	<b>7</b>
Bar charts	8
Histogram	9
Bullet graphs	10
<b>Mental Health and Wellbeing</b>	<b>11</b>
Life satisfaction	12
Feeling left out	12
Self-confidence	13
Happiness	13
Body image	14
Stress	15
Mental Wellbeing	16
WHO-5 Well-being Index	16
Who can help?	17
How can your school support mental wellbeing?	18
<b>General Health</b>	<b>20</b>
Self-reported health	21
Health complaints	21
<b>Sleep</b>	<b>22</b>
Amount of sleep on schooldays and weekends/holidays	23
Who can help?	24
How can your school support healthy sleep?	25
<b>Electronic Media Use</b>	<b>26</b>
Screen time	27
Intensity of electronic media communication	28
Preference for online social interaction	30
Who can help?	32
<b>Bullying and Discrimination</b>	<b>33</b>
Bullying and cyberbullying others at school	34
Bullying victimisation	34
Cyberbullying victimisation	34
Types of bullying behaviour	35
Perceived unfair discrimination	36
Who can help?	37
<b>Eating Habits</b>	<b>38</b>
Eating habits - healthy and junk food	39
Breakfast	40
Family meals	40
Who can help?	41
How can your school support healthy eating?	42

<b>Physical Activity</b>	<b>43</b>
Physical activity	44
Time spent in natural open spaces in summer	45
Active travel to/from school	45
Who can help?	47
How can your school support physical activity?	48
<b>Substance Use</b>	<b>49</b>
Alcohol use	50
Smoking	50
Cannabis use	51
Who can help?	52
How can your school help to reduce substance use?	53
<b>Relationships and Support</b>	<b>54</b>
Family communication	55
Family support	56
Peer support	56
Trusted adult	57
Who can help?	58
<b>School Environment</b>	<b>59</b>
Stress of schoolwork	60
Parental and school expectations	61
Teacher and pupil support	61
School engagement	62
Who can help?	63
<b>References</b>	<b>64</b>
<b>Contact details</b>	<b>72</b>

## Introduction

Welcome to your Scottish Schools Health and Wellbeing Improvement Research Network (SHINE) school report. Within the report you will find a range of data from the 2017/18 Health Behaviour in School-aged Children (HBSC) Survey in which you participated. HBSC takes a broad perspective, gathering information on wide-ranging aspects of young people's health and wellbeing as well as the social contexts in which they are growing up. The HBSC Cross-National Study began in 1983 and has now grown to include 49 countries and regions in Europe and North America. The 2017/18 HBSC survey was carried out in over 200 schools (primary and secondary) from across Scotland.

The target population of the HBSC study is young people attending school, aged 11, 13 and 15 years. These age groups were selected because it is during these years that important stages of development occur, i.e., the onset of adolescence, the challenge of physical and emotional changes during early adolescence and the middle teenage years, when important life and career decisions are being made. HBSC is a school-based survey administered to a nationally-representative sample of pupils from each age group.

We use this data to report on the following health topics:

- Mental Health and wellbeing
- General health
- Sleep
- Electronic Media Use
- Bullying and discrimination
- Eating habits
- Physical activity
- Substance use
- Relationships and support
- School environment

As well as the data, we have included notes and research evidence along with suggested resources and ways in which your school community can help promote pupil health and wellbeing. We hope you will find the report useful in reviewing the health and wellbeing of your pupils, and in identifying key targets for health improvement action planning in your school.

The report is confidential, and only provided to your school SHINE representative. However, we would strongly encourage you to share the report with your students, staff and parents.

**If you have any queries relating to the report, please contact Dawn Haughton, the SHINE Network Manager on 0141 353 76500 or [Dawn.Haughton@glasgow.ac.uk](mailto:Dawn.Haughton@glasgow.ac.uk)**

## How to read the data in your report

Results are shown for your school's HBSC data in several different kinds of charts, sometimes by gender, with Regional Improvement Collaborative (RIC) averages shown for comparison. These averages come from all schools in your RIC who took part in the 2017/18 Health Behaviour in School-aged Children (HBSC) Survey. When reading a chart, remember that differences between the regional averages and school data may be accounted for by different school contexts across the region. For example children in a rural area may be less likely to walk to school than those in a city. You should also remember that even if your school value is higher or lower than the regional average this does not necessarily mean that the difference is statistically significant.

**Remember: not all children will have answered every question in the survey.**

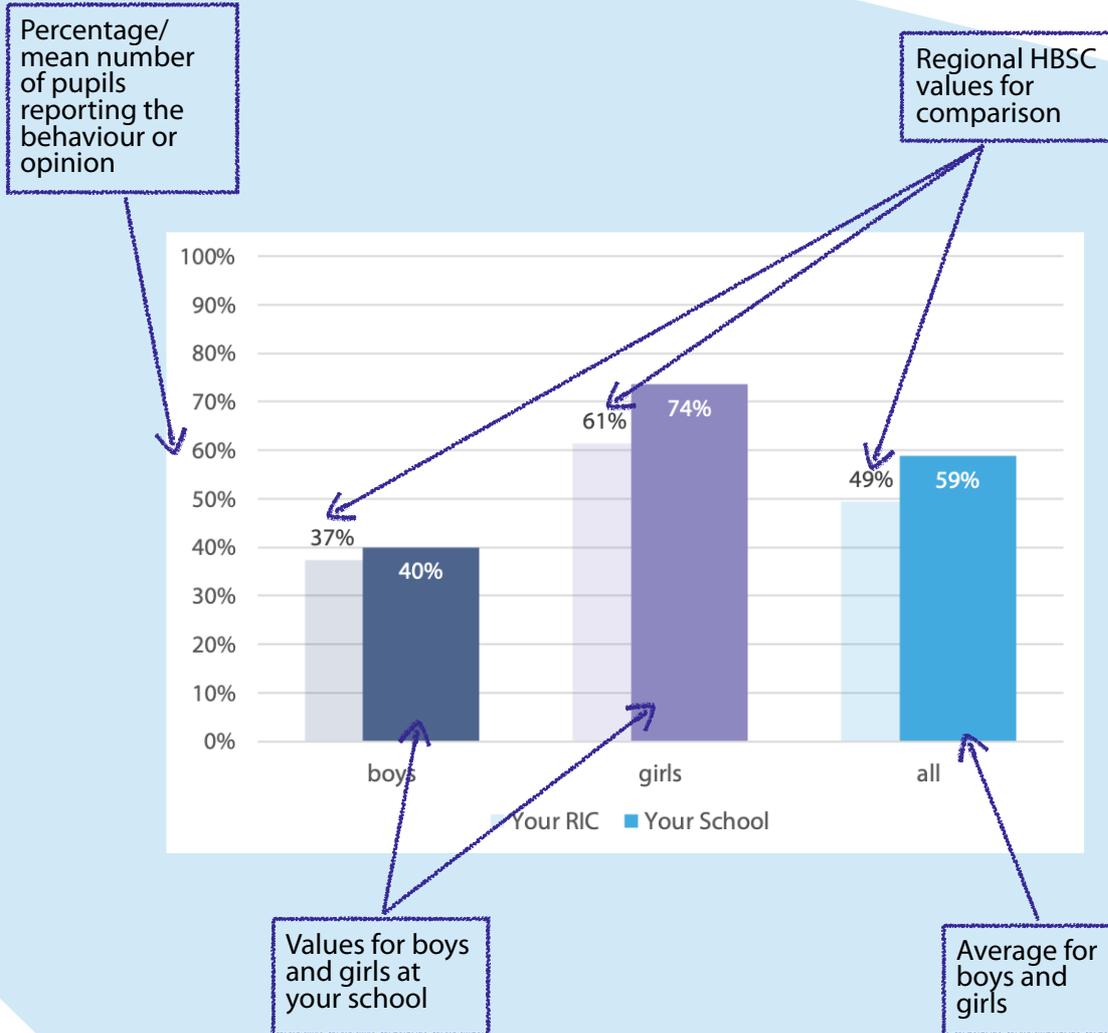
**Your school returned HBSC responses for x pupils in S2 and S4.**

Data from your school are shown for boys and girls separately provided at least 7 boys or 7 girls have answered the question. If fewer than 7 boys and/or girls have answered, then only combined data are shown. If fewer than 15 responses were returned from your school for a particular measure, data for the year group at the level of Regional Improvement Collaboratives are shown instead.

Full details about the HBSC questions included in the report are available in your folder in the members' area of our website, accessible by using the link and password provided to you by the SHINE manager.

Scottish Education Regional Improvement Collaboratives		
Northern Alliance	Aberdeen City Aberdeenshire Argyll & Bute Comhairle nan Eilean Siar	Highland Moray Orkney Islands Shetland Islands
Tayside Collaborative	Angus Dundee City Perth & Kinross	
The West Partnership	East Dunbartonshire East Renfrewshire Glasgow City Inverclyde	North Lanarkshire Renfrewshire South Lanarkshire West Dunbartonshire
South West Collaborative	East Ayrshire North Ayrshire South Ayrshire Dumfries & Galloway	
South East Collaborative	Edinburgh City East Lothian Fife Midlothian Scottish Borders	
Forth Valley & West Lothian Collaborative	Clackmannanshire Falkirk Stirling West Lothian	

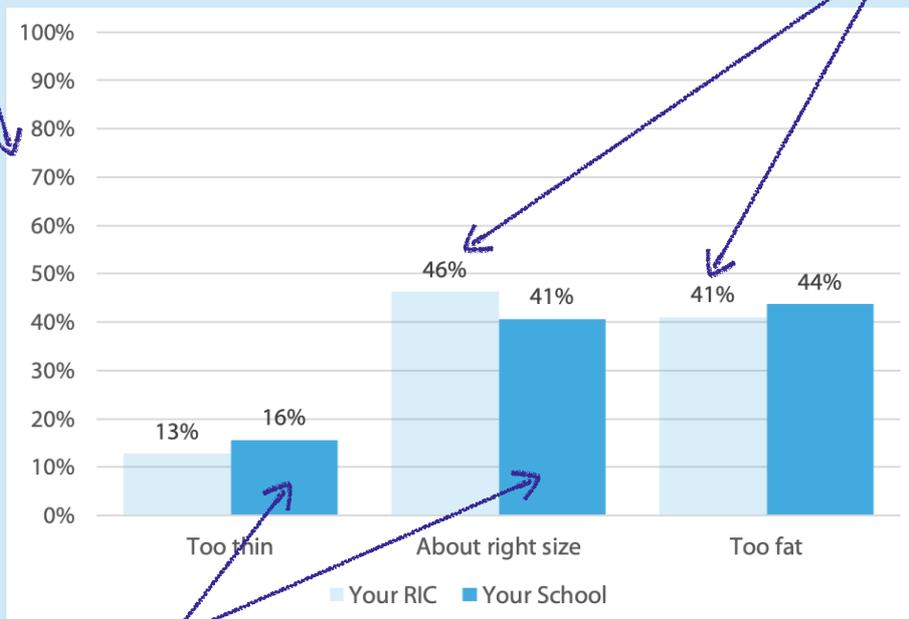
**Bar charts**



## Histogram

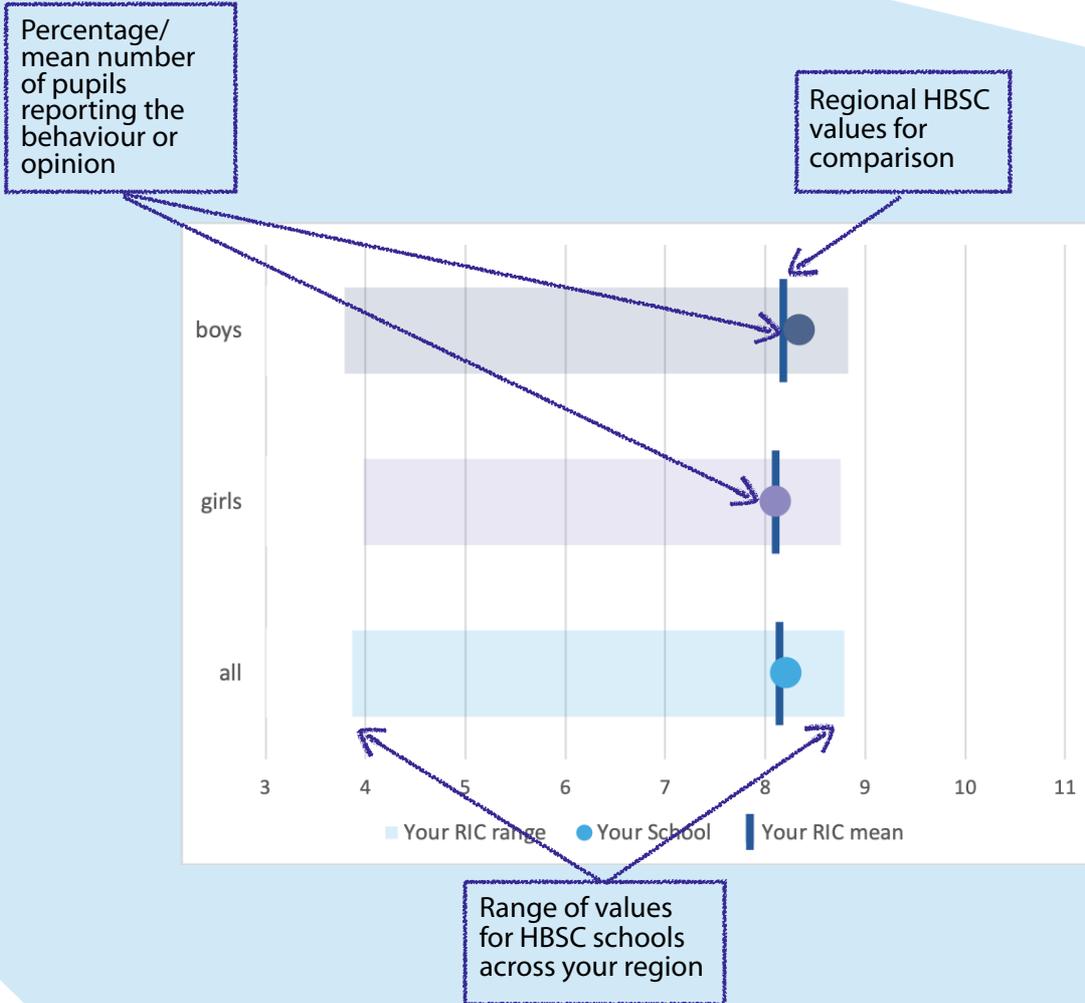
Percentage/  
mean number  
of pupils  
reporting the  
behaviour or  
opinion

Regional HBSC  
values for  
comparison



Values for each  
response option  
for pupils in your  
school

## Bullet Graphs



## Mental Health and Wellbeing

This chapter presents data on mental health and wellbeing, and includes the following measures:

- Life satisfaction
- Feeling left out
- Self-confidence
- Happiness
- Body image
- Stress
- Mental wellbeing
- WHO-5 Well-being Index

Mental wellbeing is a key aspect of health in young people. The World Health Organisation defines mental health as “a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” ([https://www.who.int/features/factfiles/mental\\_health/en/](https://www.who.int/features/factfiles/mental_health/en/))

Wellbeing may therefore be thought of as being broader than just the absence of mental ill-health. It incorporates many components, such as stress, self-confidence, self-esteem, social isolation, body image, life satisfaction and happiness. Together these factors can have an effect on academic and social development<sup>1</sup>, leading to impacts on health, employment and social outcomes in adult life.<sup>2-4</sup>

In Scotland mental health and wellbeing are at the heart of policies such as Getting It Right For Every Child (GIRFEC). In recent years levels of mental wellbeing among young people have been declining in Scotland<sup>5</sup>, and wellbeing is consistently lower for adolescent girls than for adolescent boys.<sup>6</sup>

Some of the most important influences on wellbeing have been found to be health behaviours:

- Sleeping and eating well are strongly related to good mental wellbeing<sup>7</sup>
- Physical activity, bullying and amount of screen time also affect wellbeing, though less strongly<sup>7</sup>

The school environment also plays a key role, with perceived academic ability, teacher support and school satisfaction linked to levels of life satisfaction and happiness.<sup>8,9</sup>

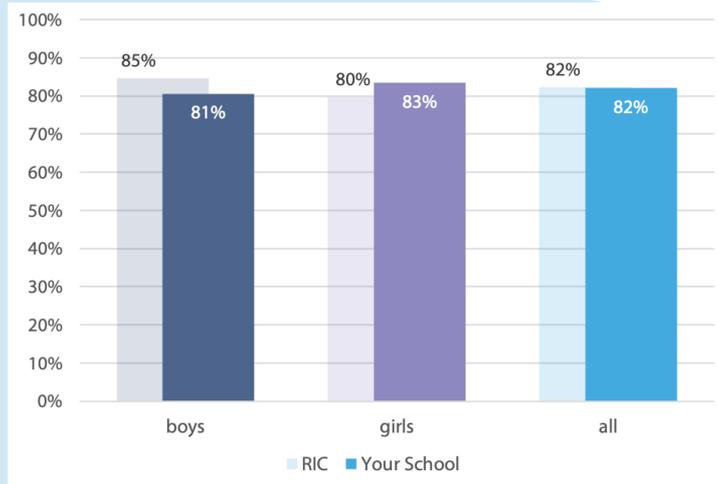
Adolescents are particularly vulnerable to the effects of poor mental wellbeing. The social isolation it can lead to results in children missing out on chances to make friends and share experiences with their peers which would help develop their social skills, and so continues the cycle of isolation making them more vulnerable to bullying and making it harder to build their self-esteem.<sup>10</sup>

The Health Behaviour in School-aged Children (HBSC) Survey contains several different measures relating to mental health and wellbeing. Broad measures of mental wellbeing are included alongside questions which focus on specific aspects of wellbeing such as stress, self-confidence, happiness and body image.

## Life Satisfaction

To measure life satisfaction, the HBSC uses the ‘Cantril Ladder’. This shows a ladder with rungs numbered from 0 (‘worst possible life’) to 10 (‘best possible life’). Pupils were asked to mark where on the ladder they feel they stand at the moment. Here we show the proportion of pupils who reported having high life satisfaction (gave a rating of 6 or more).

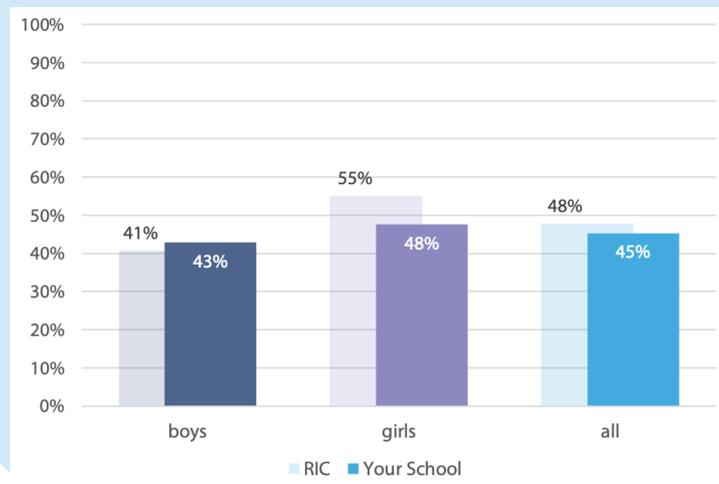
Figure 1: Percentage of S2 and S4 pupils who report high life satisfaction



## Feeling left out

Pupils were asked “how often do you feel left out of things?” Social isolation in childhood and adolescence can have a serious effect on wellbeing, and can be difficult to change.

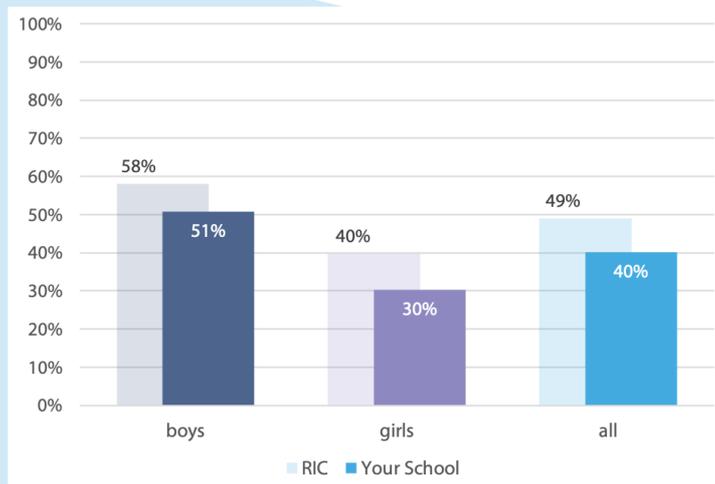
Figure 2: Percentage of S2 and S4 pupils who report they “sometimes” or “always” feel left out



## Self-confidence

Pupils were asked 'how often do you feel confident in yourself?'. Here we show the proportion of pupils in your school who responded that they 'often' or 'always' feel confident.

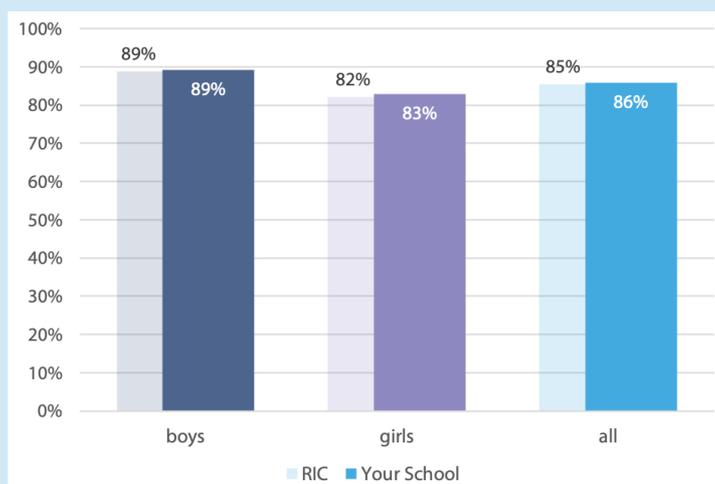
Figure 3: Percentage of S2 and S4 pupils who feel confident "often" or "always"



## Happiness

To gauge levels of happiness, pupils were asked "In general, how do you feel about your life at present?"

Figure 4: Percentage of S2 and S4 pupils who report being "quite happy" or "very happy"



## Body Image

The body image question in the HBSC survey measures body dissatisfaction related to self-perceived body size. Research shows that there is often a discrepancy between adolescents' perceptions of their body size and their actual weight status. However, regardless of weight status, poor body image is linked to stress, depression and unhealthy eating behaviours, and recent HBSC findings suggest that these links are becoming stronger.<sup>12</sup> Working with families to improve parental communication has been shown to be an effective way to reduce body dissatisfaction in adolescents.<sup>3</sup>

Figure 5a: 'Do you think your body is...?' - S2 and S4 boys

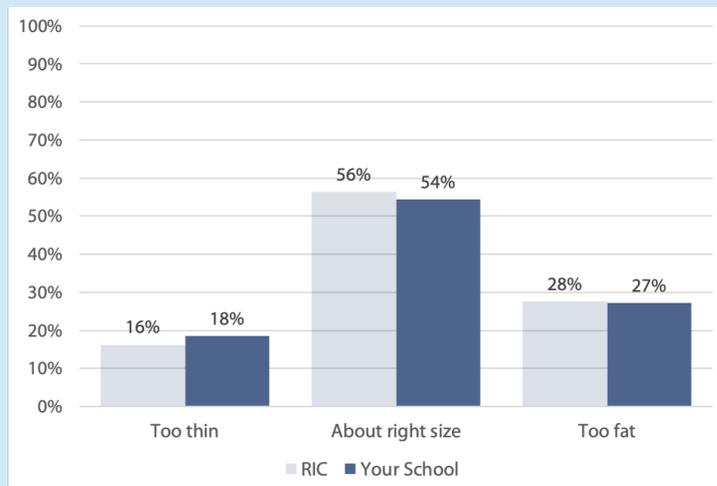


Figure 5b: 'Do you think your body is...?' - S2 and S4 girls

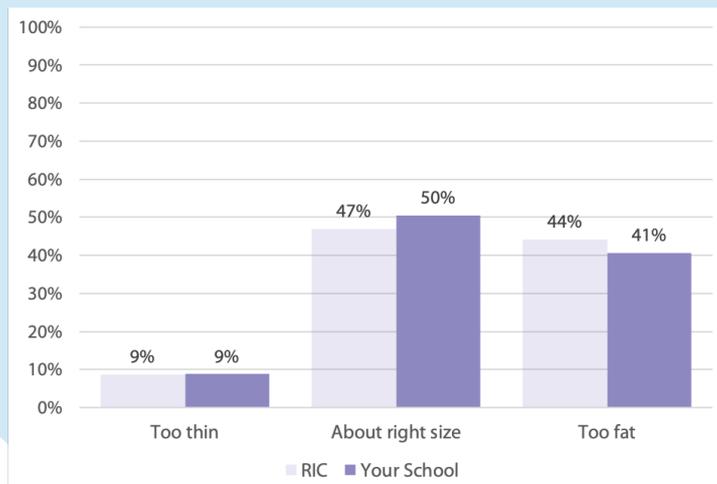
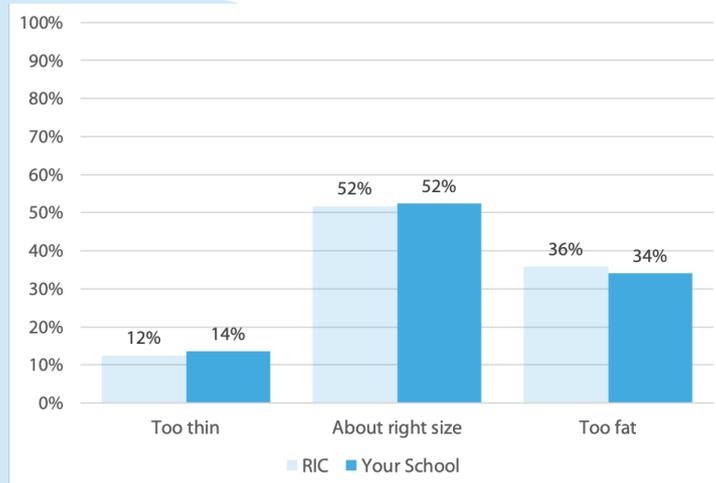


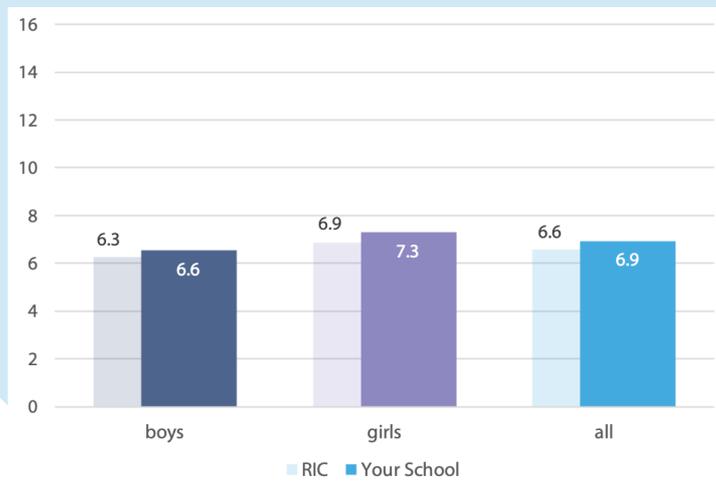
Figure 5c: 'Do you think your body is...?' - S2 and S4 all pupils



## Stress

The Cohen Perceived Stress Scale has four questions about how pupils feel they are coping with problems and whether they feel in control of their life. The questions ask about experiences over the last month, and scores can range from 0 (no stress) to 16 (high stress). Mean scores for Scottish HBSC schools ranged from 3-9.

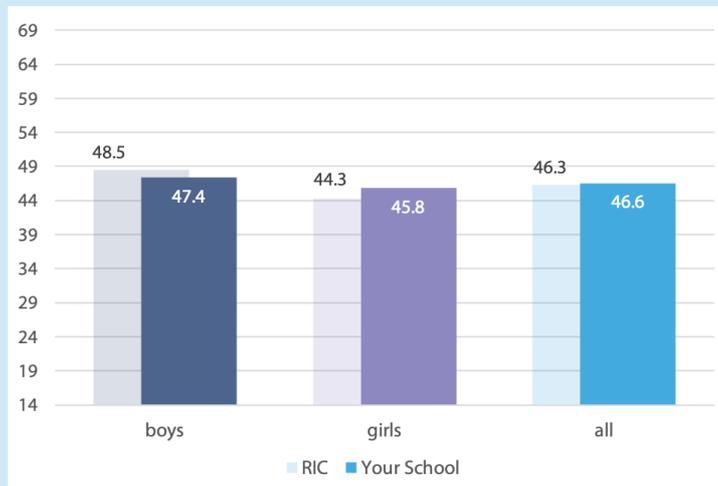
Figure 6: Mean score on the Perceived Stress Scale - S2 and S4 pupils



## Mental Wellbeing

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was developed to enable the monitoring of mental wellbeing and for the evaluation of projects and policies which aim to improve mental wellbeing. WEMWBS includes 14 questions which ask how pupils have been feeling over the past two weeks. Possible scores range from 14 to 70 with higher scores indicating better wellbeing. Results from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) in 2010 to 2015, suggests a drop in WEMWBS scores for 13 and 15 year old girls over time, though the differences are relatively small.<sup>5</sup> The most noticeable declining trend was for 15 year old girls.

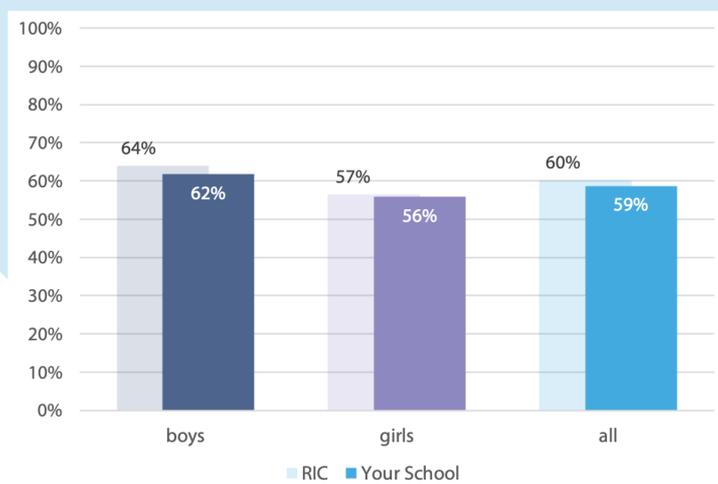
Figure 7: Mean score on the WEMWBS scale - S2 and S4 pupils



## WHO-5 Well-being Index

The WHO-5 Well-being Index is a short, self-administered questionnaire covering 5 positively worded items, related to positive mood (good spirits, relaxation), vitality (being active and waking up fresh and rested), and general interests (being interested in things). It has shown to be a reliable measure of emotional functioning. Scores of less than 50 on the WHO-5 scale indicate low mood. Here we present the percentage reporting scores of more than 50, indicating positive mood.

Figure 8: Percentage of pupils scoring more than 50 on the WHO-5 Well-being Index - S2 and S4 pupils



## Who can help?

Organisation	Description
SAMH (Scottish Association for Mental Health) <a href="http://www.samh.org.uk">www.samh.org.uk</a>	SAMH currently operates over 60 services in communities across Scotland providing services around mental health, social care, homelessness, addictions, employment services and more.
See Me Scotland <a href="http://www.seemescotland.org">www.seemescotland.org</a>	See Me is passionate about ending mental health stigma and discrimination. The See Me organisation work with individuals, groups, communities, workplaces, education, health and social care.
Childline <a href="http://www.childline.org.uk">www.childline.org.uk</a> Call 0800 1111 For Me (the Childline App for young people)	Childline is a free, confidential service for anyone under 19 in the UK to assist with any issue they are going through. Support can be accessed by telephone, e-mail and through 1-2-1 counselling.
Respectme <a href="http://www.respectme.org.uk">www.respectme.org.uk</a>	Respectme envisage a “respecting, just, equal and inclusive Scotland in which all children and young people can live free from bullying and harassment and are encouraged to reach their full potential.” Their work is driven by a focus on children’s rights.
Samaritans Scotland <a href="http://www.samaritans.org/your-community/samaritans-ireland-scotland-and-wales/samaritans-scotland">www.samaritans.org/your-community/samaritans-ireland-scotland-and-wales/samaritans-scotland</a>	Samaritans Scotland work across Scotland with a range of organisations to help reduce the number of people dying by suicide.
PAPYRUS - Prevention of Young Suicide <a href="https://papyrus-uk.org">https://papyrus-uk.org</a>	A national charity dedicated to the prevention of young suicide.
Mental Health Foundation campaign - “Mental Health in Schools : Make it Count” <a href="http://www.mentalhealth.org.uk/campaigns/mental-health-schools-make-it-count">www.mentalhealth.org.uk/campaigns/mental-health-schools-make-it-count</a>	Campaign for schools to take action on Mental Health. Links to resources and guidance.
Breathing Space <a href="http://www.breathingspace.scot">www.breathingspace.scot</a> Call : 0800 838587 For the BSL service – click on the link on the website	Breathing Space provides a free national phoneline service to address serious concerns about the mental wellbeing of people in Scotland.
Moodcafé <a href="http://www.moodcafe.co.uk">www.moodcafe.co.uk</a>	Resources for a range of mental health issues and learning disabilities developed for young people, adults and families by NHS Fife
Young Minds <a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a>	Resources and information for young people experiencing Mental Health difficulties.

## How can your school support mental wellbeing?

Senior Leadership Team and your Local Authority can:	
<p>Make it clear to all that Wellbeing is a key focus of the school, underpinned by the priority given to it in the How Good Is Our School? 4th edition document. Actively promote and facilitate a culture of healthy values and principles, which are highlighted in the school's mission statement, key documents and daily activities.</p>	<p>Devote time and resources to "building the school community" – fostering a climate of positive engagement by encouraging participation at all levels in a range of accessible projects for the benefit of the students, families, staff and/or the local community. A shared purpose for positive outcomes, which brings people together, can have a lasting impact.</p>
<p>Ensure that all pastoral policies are in place, compliant with recent legislation and have been developed in consultation with all sectors of the school community, including students. These should be accessible to all and include the Child Protection and Safeguarding Policy, Equalities and Diversity Policy, Anti-bullying Policy, Bereavement Policy and Positive Behaviour Management Policy.</p>	<p>Ensure the PSE curriculum is up to date, reviewed regularly to be fit for purpose and staffed by teachers with the correct level of experience and training. This will facilitate the delivery of sessions in which students can discuss a range of issues relevant to their age and stage in a safe and informative environment.</p>
<p>Facilitate a safe environment in which difficult topics such as self-harm, FGM, discrimination or forced marriage/honour based violence can be discussed. National initiatives such as "Rights Respecting Schools" can provide a framework for action.</p>	

School staff can:	
<p>Ensure that registration time, class time and extra-curricular activities are all viewed and used as opportunities to get to know individual students, identify difficulties, encourage strengths and provide support if required.</p>	<p>Role model a culture of respect and trust, which celebrates diversity and actively supports those who experience difficulties.</p>
<p>Work together to develop uniform strategies across the curriculum to support students in learning how to manage emotional health, build resilience and raise self-esteem so that they can participate fully in school life. A positive code of conduct displayed in all classrooms can highlight the core values expected of everyone in the school community.</p>	<p>Organise events and activities with students which encourage citizenship, provide information and awareness of specific health issues and/or invite in external speakers to provide strategies and toolkits for students.</p>

**With the support of staff, pupils can:**

<p>Take on leadership roles to promote Pupil Voice through School Council, become Mental Health Ambassadors, or Sports Leaders to raise awareness of the importance of health and wellbeing for the student body, while encouraging other pupils to get involved in school events and worthwhile causes. Pupil assemblies, working groups and involvement in school planning can improve pupil engagement.</p>	<p>Form a review group to ensure that the range of resources to support their wellbeing is regularly refreshed and updated on notice boards, Twitter feeds, posters, providing lists of useful websites to raise awareness of where to get help if needed.</p>
<p>Confidently access Pupil Support services, safe spaces and self-refer to the school-based counsellor and other support agencies when necessary.</p>	

**Family and Community Involvement**

<p>Invite local and national agencies to speak at parents' events at the school to raise awareness of key strategies to improve health and wellbeing. Through these sessions, provide opportunities for parents/carers/staff to discuss support, access information and participate in health promoting activities.</p>	<p>Suggest that the promotion of Wellbeing is an agenda item at Parent Council/Forum meetings, so that it is discussed regularly and is recognized as a priority. This may provide a structure for parents to become involved in "building a positive community".</p>
<p>In line with "How Good is Our School?" (Indicator of highly effective practice 2.5 Family Learning), ensure that there is a clear and accessible programme of family learning events, which responds to identified needs in the school community.</p>	

## General Health

This chapter reports data on general health. It includes the following measures:

- Self-reported health
- Health complaints

General health is closely related to mental health, with stress and poor mental wellbeing sometimes causing physical symptoms.

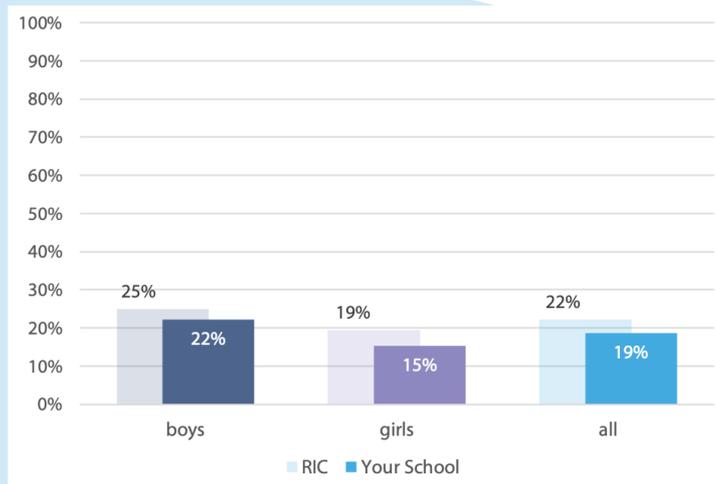
The HBSC measure of self-reported health captures a global view of health. This is close to the World Health Organisation definition of health which goes beyond simply the absence of disease or the presence of wellbeing.<sup>14</sup>

Adolescents with poor self-rated health have been found to have more health complaints, lower life satisfaction, take part in less physical activity and find it harder to make friends.<sup>15</sup> Research in Norway has found a close relationship between school-related stress and levels of school support with headache, backache, abdominal pain and dizziness.<sup>16</sup>

## Self-reported health

HBSC includes a well-established measure of self-rated health. Pupils are asked “Would you say your health is...?” with response options ‘poor’/‘fair’/‘good’/‘excellent’. Here we show the percentage of pupils who reported their health was ‘excellent’.

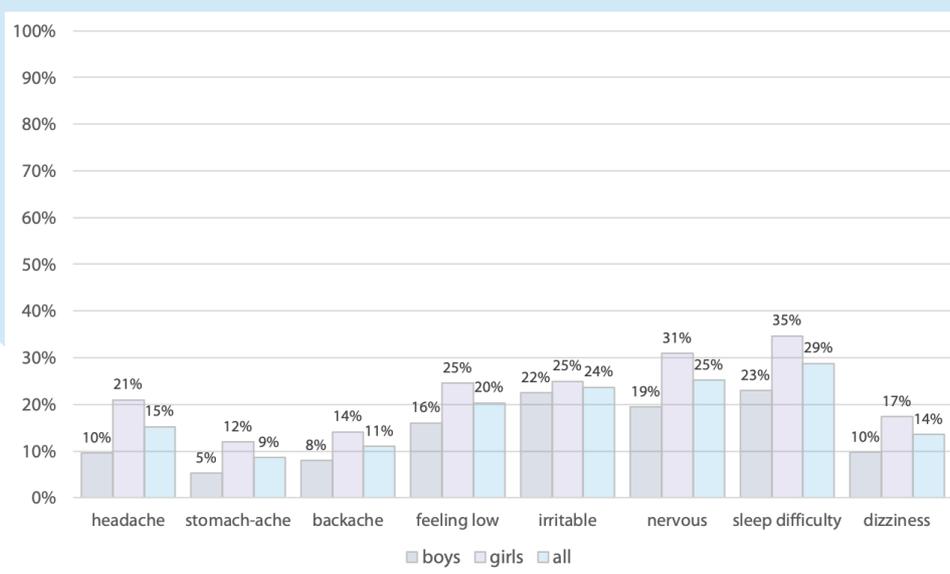
Figure 9: Percentage of S2 and S4 pupils who report their health is “excellent”



## Health complaints

Pupils were asked ‘In the last 6 months how often have you had the following...?’ and presented with a list of physical and psychological symptoms. Here we present the percentage of pupils experiencing each symptom ‘several times a week’ or more.

Figure 10: Percentage of S2 and S4 pupils experiencing specific health complaints at least several times a week (RIC)



## Sleep

This chapter reports data about sleep and includes the following measures:

- Amount of sleep on schooldays
- Amount of sleep on weekends/holidays

Sleep is a key contributor to adolescent wellbeing.<sup>7</sup> Recent research has found that longer sleep duration is associated with better emotional regulation and a healthier body composition in children aged 0-17.<sup>17-19</sup> In school-aged children, higher levels of sleep, in combination with high levels of physical activity, are associated with better cardiometabolic health.<sup>18</sup> Longer sleep duration is also associated with better academic attainment and overall wellbeing.<sup>19</sup>

A recent European study found that sleep onset difficulties have been increasing among adolescents in many countries, and that adolescents who reported more than 2 hours a day of screen time were more likely to report difficulties in getting to sleep.<sup>20</sup>

Sleep deprivation and poor sleep quality can have many short- and long-term negative effects on physical and mental health.<sup>21</sup> The quality of sleep is just as important as amount of sleep for improving wellbeing, since even managing to get the recommended hours of sleep each night will not refresh a child if the quality of the sleep is poor.<sup>22,23</sup> The Scottish #Sleepyteens project found that sleep quality is poorer for those adolescents who use social media very intensively at night-time.<sup>24</sup> Experts recommend that use of screens (phones, tablets, computers or televisions) should be avoided in the hour before planned bedtime to avoid disruption to sleep. The Royal College of Paediatrics and Child Health have recently produced a helpful set of guides for parents to help them to negotiate the right amount of screen time for their own children.<sup>25</sup>

## Amount of sleep on schooldays and weekends/holidays

Pupils were asked to estimate the time they usually go to bed and wake up on schooldays and on weekends/holidays. From this we calculated the number of hours of sleep. Current NHS recommendations are that children aged 12-17 years should aim for a minimum of 8-9 hours sleep per night.

Figure 11: Mean number of hours sleep on schooldays - S2 and S4 pupils

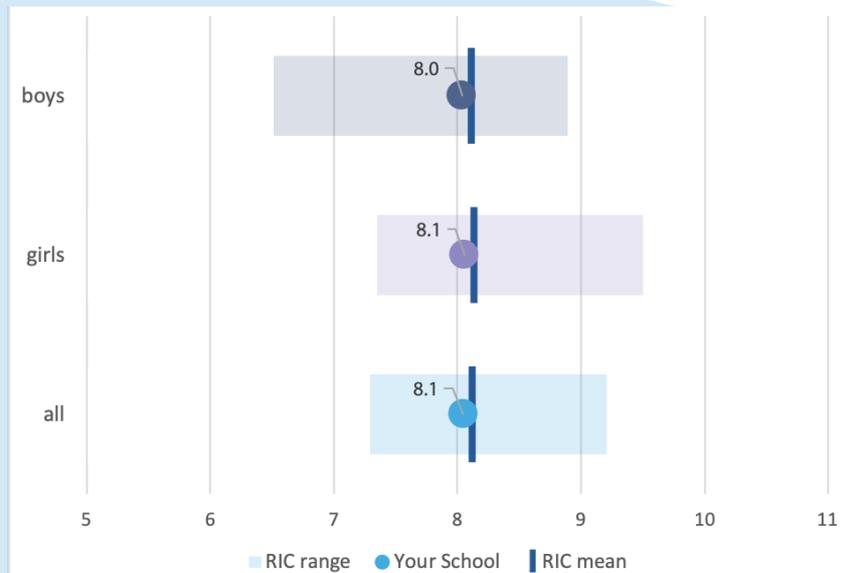
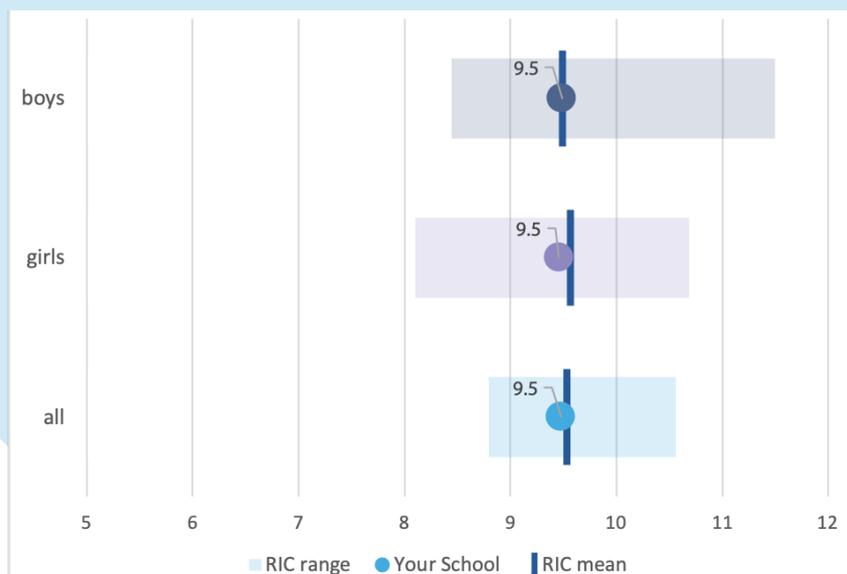


Figure 12: Mean number of hours sleep on weekends/holidays - S2 and S4 pupils



## Who can help?

Organisation	Description
<p>Sleep Scotland - Free helpline <a href="http://www.sleepscotland.org/families/">http://www.sleepscotland.org/families/</a></p> <p>To access the free helpline children, parents or carers can call 0800 138 6565, Monday to Thursday, 10am to 4pm</p>	<p>Sleep Scotland provides all families living in Scotland access to free support, thanks to a grant from The Big Lottery Fund Scotland and the Scottish Government. Parents and carers can seek tailored advice on sleep for their children, from sleepless toddlers to teenagers dealing with exam-stress and the distractions of social media.</p>
<p>The Sleep Council <a href="http://www.sleepcouncil.org.uk">www.sleepcouncil.org.uk</a> <a href="http://www.sleepcouncil.org.uk/teen-sleep">www.sleepcouncil.org.uk/teen-sleep</a></p>	<p>The Sleep Council is an advisory organisation that raises awareness of the importance of a good night's sleep to health and wellbeing and provides helpful advice and tips on how to improve sleep quality.</p>
<p>NHS Live Well <a href="https://www.nhs.uk/live-well/sleep-and-tiredness/sleep-tips-for-teenagers/">https://www.nhs.uk/live-well/sleep-and-tiredness/sleep-tips-for-teenagers/</a></p> <p><a href="https://www.nhs.uk/live-well/sleep-and-tiredness/how-much-sleep-do-kids-need/">https://www.nhs.uk/live-well/sleep-and-tiredness/how-much-sleep-do-kids-need/</a></p>	<p>Advice from the NHS on how much sleep teenagers need and tips on helping them achieve it.</p> <p>The second link provides more detail on the recommended amount of sleep needed from birth to age 16 years.</p>
<p>Royal College of Paediatrics and Child Health (RCPCH) <a href="https://www.rcpch.ac.uk/resources/health-impacts-screen-time-guide-clinicians-parents">https://www.rcpch.ac.uk/resources/health-impacts-screen-time-guide-clinicians-parents</a></p>	<p>The RCPCH has provided a set of factsheets and guidance to better help parents negotiate limits on screen time with their children.</p>

## How can your school support healthy sleep?

### Senior Leadership Team can:

Offer opportunities to staff to complete the training provided by Sleep Scotland to become a Sound Sleep Ambassador or a Sleep Counsellor, so that the school community can benefit from this additional service and access to resources.

Keep up to date with the latest research into the links between screen time, physical activity, obesity and mental health in relation to sleep and the subsequent related findings pertaining to academic attainment. This priority area can be revisited via a variety of school initiatives due to the links with other areas of health and wellbeing with consistent and clear messaging.

Consider the school day as well as the timing of particular school events and initiatives to ensure that these maximise the key messages about the importance of sleep to brain development and attainment.

### School staff can:

Ensure that sleep hygiene and routines have a prominent position in the PSE curriculum at relevant stages so that students are appropriately informed and supported on this issue.

Ensure that pastoral staff are trained to identify pupils who may be struggling with poor sleep and facilitate conversations about sound sleep with the knowledge of how best to signpost students to appropriate support.

Make links with the curriculum to teach students about the science of sleep so that myth busting and evidence-based knowledge improve student awareness and confidence.

### With the support of staff, pupils can:

Take part in peer to peer mentoring sessions to promote awareness in the school community of the consequences of not sleeping well. Designated sleep ambassadors amongst the senior pupils may help younger pupils to access the support required in a more informal environment.

Know about the possibilities and how to self-refer to a sleep counselling service to support their academic attainment and general well-being.

Take action to involve the whole school community by leading "Digital Detox" awareness campaigns or "healthy eating and fitness" campaigns, which also include key messages on how these can impact sleep and therefore academic attainment.

### Family and Community Involvement

Invite a speaker to your school, perhaps from Sleep Scotland, the Sleep Council or a researcher, who can advise parents on the importance of healthy sleep routines to improve academic attainment, general wellbeing and behaviour.

Consult parents through the Parent Council as to how best to engage with parents and students on the topic of sleep and whether there are effective ways to monitor progress in this area.

Provide tips on healthy sleep routines for parents and students via the school website or Twitter feed so that they can easily access the best up to date information.

## Electronic Media Use

This chapter reports data relating to electronic media use. It includes the following measures:

- Screen time
- Intensity of electronic media communication
- Preference for online social interaction

Although some studies have suggested that screen time and electronic media may be linked to poor mental wellbeing, the evidence is not yet clear that screen time causes poor mental wellbeing. A 2019 review of research into the impact of the use of television, computers, videos, mobile phones and other screen time found strong links between screen time and obesity, lack of exercise, depression and poor diet. However, only weak links were found between screen time and behaviour problems, low self-esteem, poor wellbeing, low educational attainment, anxiety and poor psychosocial health.<sup>16</sup>

Several studies have suggested that use of social media may have a positive effect on self-esteem, friendship closeness, social competence and empathy,<sup>26,27</sup> though other studies have found that online social interactions are only beneficial when communicating with existing friends, rather than relationships with strangers which have been created online.<sup>27,28</sup>

There are concerns that socially vulnerable adolescents may use online interaction to compensate for a lack of real-life interactions, which may put them at greater risk of developing unhealthy, compulsive use of social media.<sup>29</sup> The #Sleepyteens project in Scotland found that children who were very emotionally invested in social media and used it the most had poorer sleep quality, lower self-esteem, and higher levels of anxiety and depression.<sup>24</sup> Compulsive social media use has been linked to depression, poor sleep quality, low life satisfaction, anxiety and aggressive behaviour.<sup>30-33</sup>

The Royal College of Paediatrics and Child Health have recently produced a set of guides for parents to help them to negotiate the right amount of screen time for their own children, since evidence shows that a single blanket recommendation does not fit every family or every child.<sup>25</sup>

## Screen time

Pupils were asked to estimate how many hours a day in their free time they spend: watching TV/ DVDs/videos; playing games on a computer/console/tablet/phone; and using electronic devices for other purposes such as homework, email, messaging, surfing the internet or social media. Response options ranged from 'none at all' to '7 hours or more' a day.

Figure 13a: Mean number of hours spent in each type of screen time per day - S2 and S4 boys

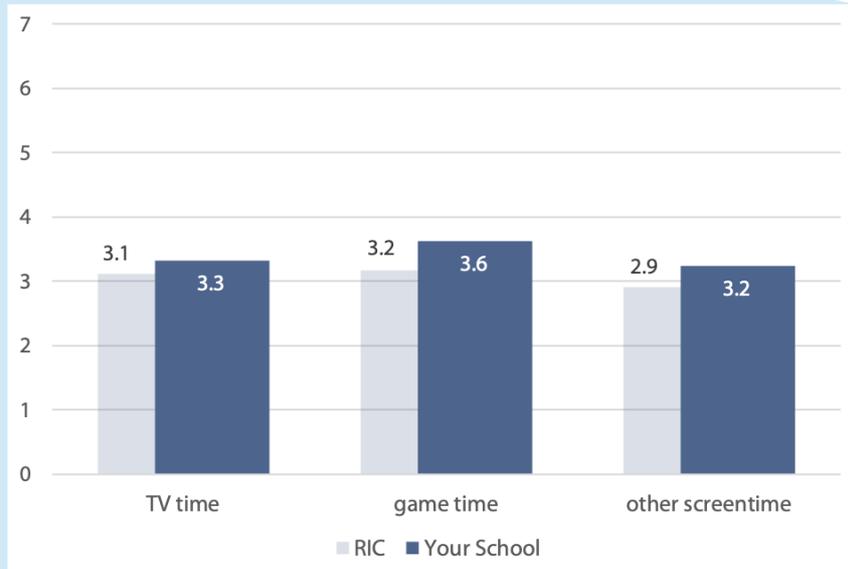


Figure 13b: Mean number of hours spent in each type of screen time per day - S2 and S4 girls

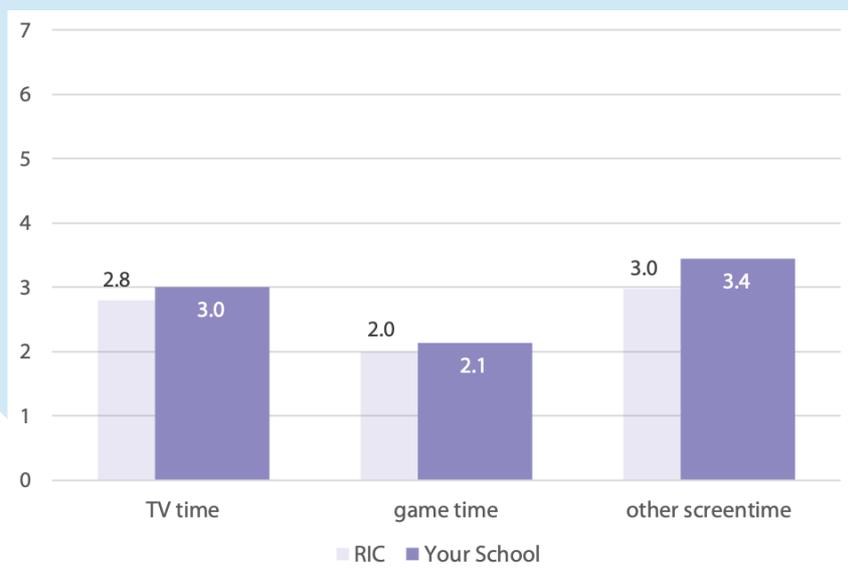
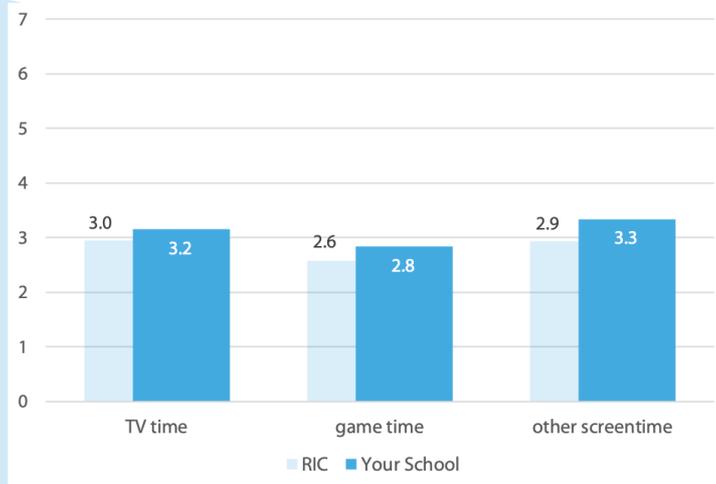


Figure 13c: Mean number of hours spent in each type of screen time per day - all S2 and S4 pupils



## Intensity of electronic media communication

Intensity of electronic media communication was measured by asking how often pupils communicate online with various groups of friends as well as other people (e.g. family members, classmates, teachers). The category 'online friendships' reflects those friends who they met online but did not know before.

Figure 14a: Percentage of pupils who report communicating online several times a day or more frequently with various groups - S2 and S4 boys

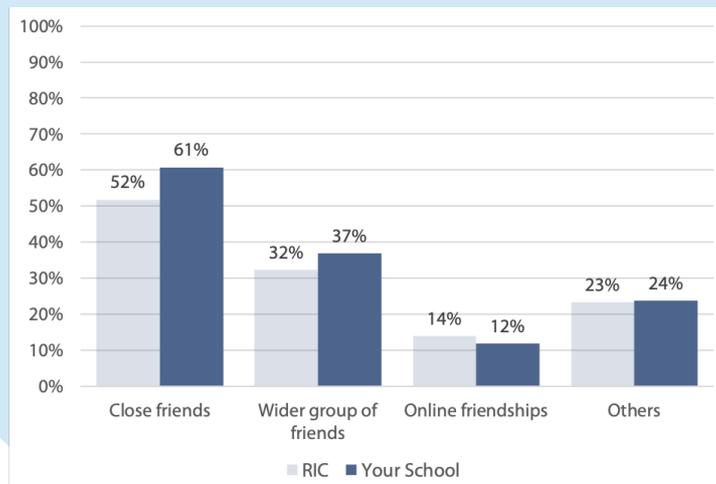


Figure 14b: Percentage of pupils who report communicating online several times a day or more frequently with various groups - S2 and S4 girls

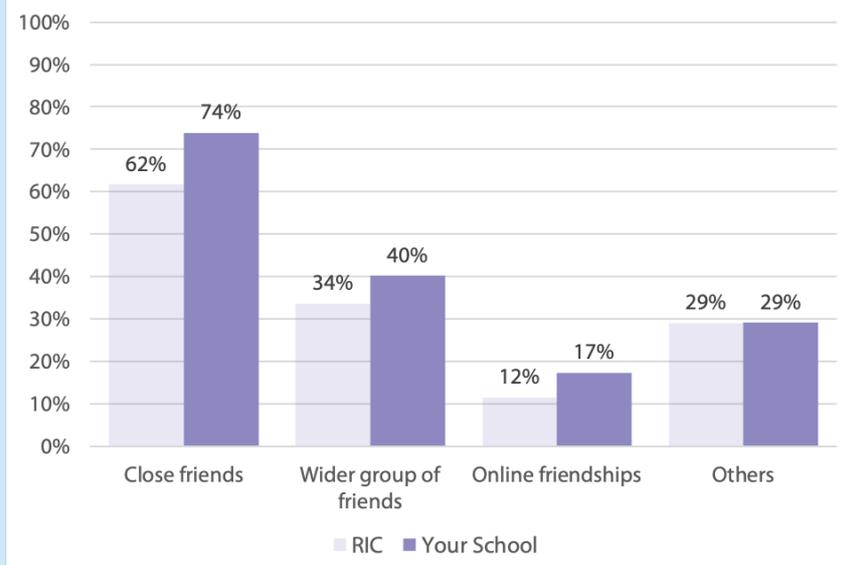
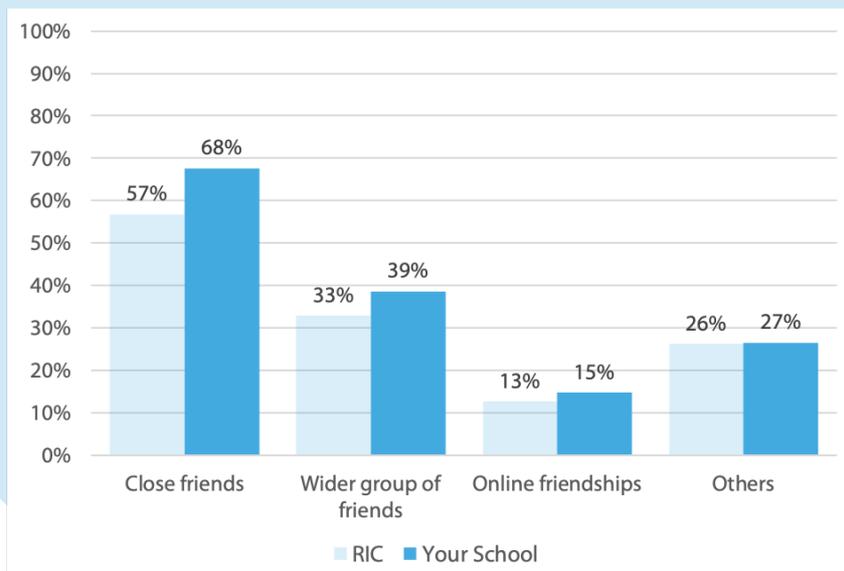


Figure 14c: Percentage of pupils who report communicating online several times a day or more frequently with various groups - all S2 and S4 pupils



## Preference for online social interaction

For this measure, pupils were asked how strongly they prefer to talk about secrets, talk about their inner feelings and talk about concerns online rather than face-to-face.

Figure 15a: Percentage who 'agree' or 'strongly agree' they prefer to share online rather than face-to-face - S2 and S4 boys

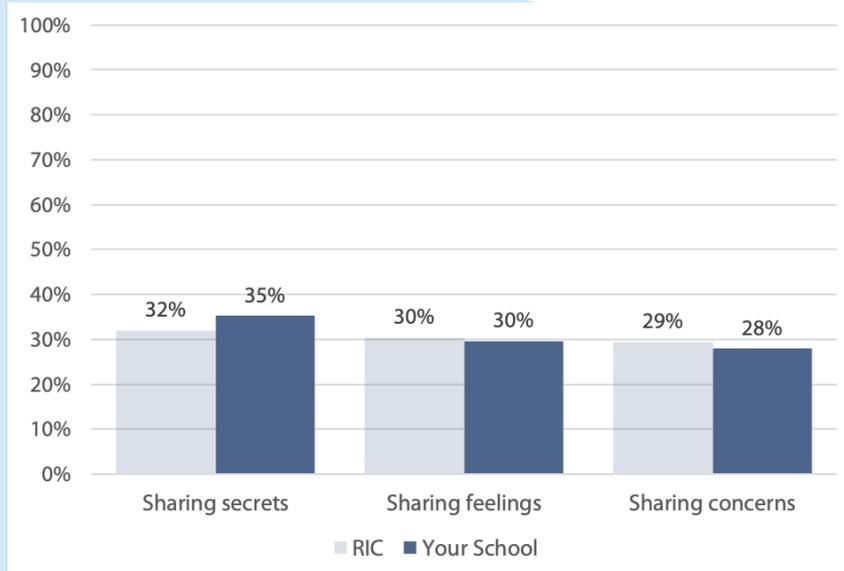


Figure 15b: Percentage who 'agree' or 'strongly agree' they prefer to share online rather than face-to-face - S2 and S4 girls

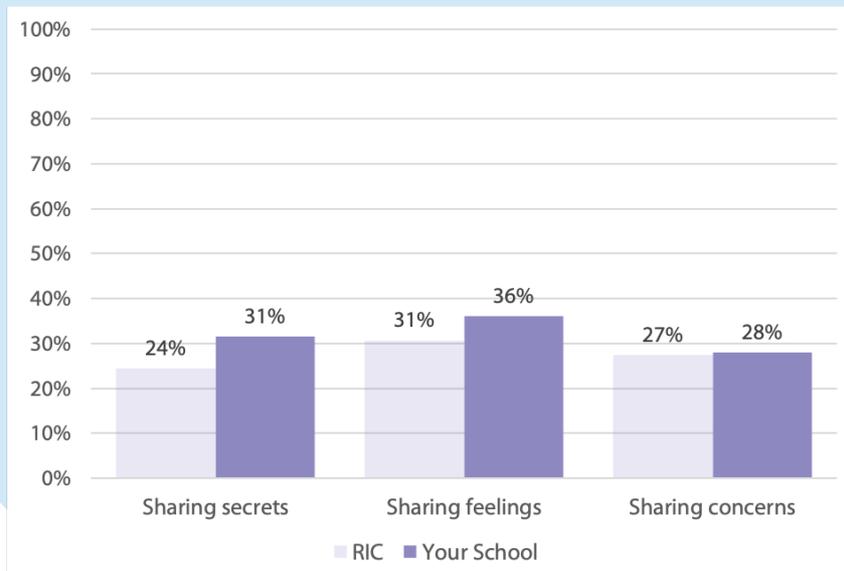
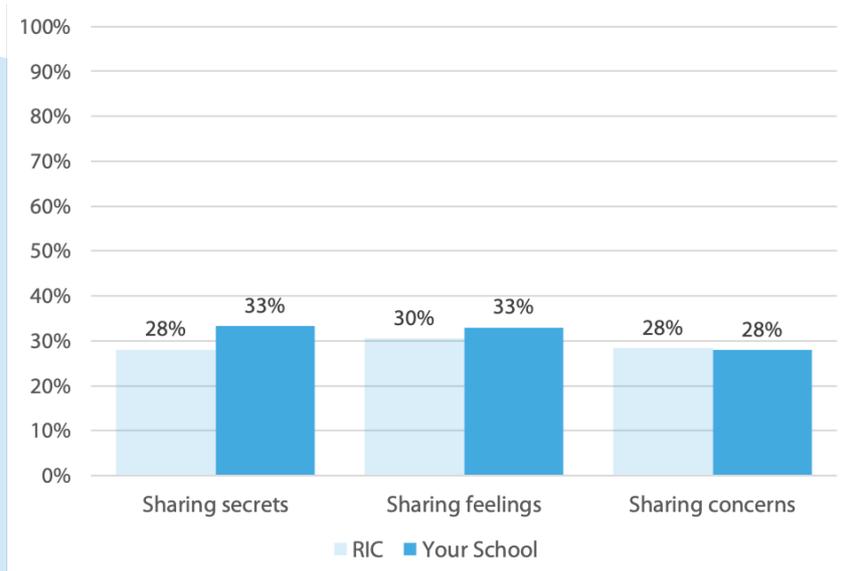


Figure 15c: Percentage who 'agree' or 'strongly agree' they prefer to share online rather than face-to-face - all S2 and S4 pupils



## Who can help?

Organisation	Description
Royal College of Paediatrics and Child Health (RCPCH) <a href="https://www.rcpch.ac.uk/resources/health-impacts-screen-time-guide-clinicians-parents">https://www.rcpch.ac.uk/resources/health-impacts-screen-time-guide-clinicians-parents</a>	The RCPCH has provided a set of factsheets and guidance to better help parents negotiate setting limits on screen time with their children.
Childnet International <a href="http://www.childnet.com">www.childnet.com</a>	Childnet International's website aims to help make the internet a safe place for children and young people and provides up-to-date information about mobiles, gaming, downloading, social networking and more.
UK Safer Internet Centre <a href="http://www.saferinternet.org.uk">www.saferinternet.org.uk</a>	UK Safer Internet Centre provides online safety tips, advice and resources to help children and young people stay safe online.
Scottish Government/Education Scotland/Parent Zone <a href="https://education.gov.scot/parentzone/my-child/Internet%20safety">https://education.gov.scot/parentzone/my-child/Internet%20safety</a>	Advice for teachers and parents on how to keep children safe on the Internet.
Thinkuknow: <a href="http://www.thinkuknow.co.uk">www.thinkuknow.co.uk</a>	The Thinkuknow site provides a range of free education resources and advice targeted at specific age groups, parents and those working with children, around keeping children safe online. (Part of CEOP)
Child Exploitation and Online Protection (CEOP) reporting: <a href="https://www.ceop.police.uk/safety-centre/">https://www.ceop.police.uk/safety-centre/</a>	Help making a report if you are worried about online sexual abuse or the way someone has been communicating online with a child.

## Bullying and Discrimination

This chapter reports the following measures relating to bullying and discrimination:

- Bullying and cyberbullying others at school
- Bullying victimisation
- Cyberbullying victimisation
- Types of bullying behaviour
- Perceived unfair discrimination

Being a victim of bullying at school is linked to loneliness, depression and low self-esteem in adulthood. Victims of bullying may experience a range of problem behaviours, psychological and psychosomatic issues, anxiety, depression and even suicide.<sup>34-38</sup> The link between being bullied and poor mental health is strongest in late adolescence.<sup>39</sup>

Cyberbullying is defined as intentional behaviour aimed at harming another person or persons through computers, cell phones, and other electronic devices, and perceived as distressing by the victim.<sup>40</sup> Cyberbullying is on the increase, with some studies reporting victimisation rates as high as 53%.<sup>41</sup> The risk of being bullied online is higher for socially vulnerable adolescents suffering social anxiety or social isolation, and this group are also less capable of defending themselves online.<sup>42</sup>

A review of different types of bullying intervention programmes has identified key features which are most effective:<sup>43</sup>

- Intensive programmes (20 hours plus)
- Parent meetings
- Teacher training
- Clear disciplinary practices
- Improved playground supervision

NHS Scotland has also just produced an [evidence review](#) on what works to prevent and reduce school violence and bullying.<sup>44</sup>

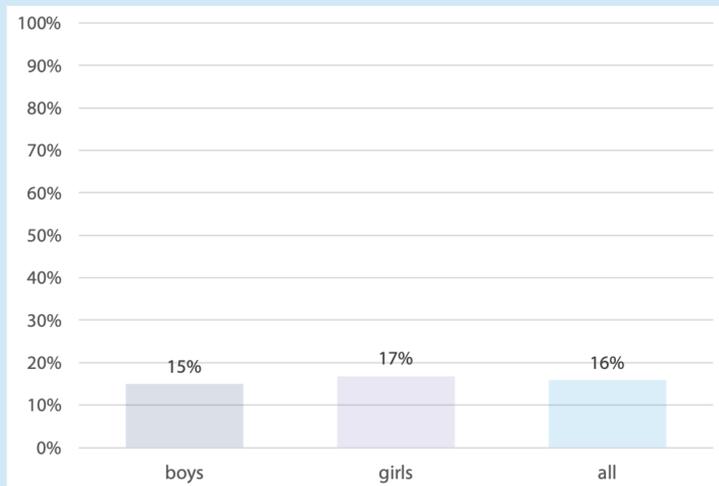
## Bullying and cyberbullying others at school

Pupils were asked how often they had bullied someone else at school in the past couple of months, both at school and online. Only a very small number of children reported they had bullied or cyberbullied others, fewer than those who reported being victims of such behaviour. In your RIC less than 5% of S2 and S4 pupils said they had taken part in bullying others at school or bullying others online.

## Bullying victimisation

Pupils were asked how often they had been the victim of bullying at school in the past couple of months. Values are presented at the RIC level due to the small rates of pupils reporting being bullied at school.

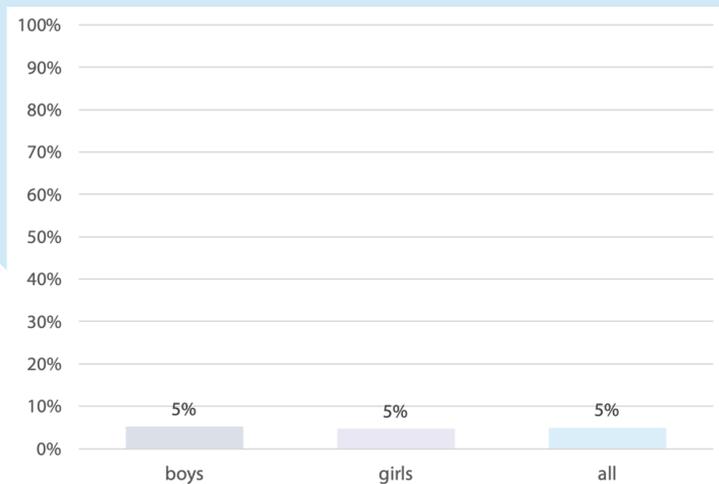
Figure 16: Percentage of S2 and S4 pupils who reported that they had been bullied at school in the past couple of months (RIC)



## Cyberbullying victimisation

Pupils were also asked how often they had been cyberbullied in the past couple of months. Again numbers were small at school level and so the results are presented at the RIC level.

Figure 17: Percentage of S2 and S4 pupils who reported that they had been cyberbullied in the past couple of months (RIC)



## Types of bullying behaviour

Pupils were asked to say how often they had experienced various types of bullying behaviour at school in the past couple of months. Only very small numbers of children reported experiencing any of these behaviours. In your RIC the most common types of bullying behaviour experienced by S2 and S4 pupils were:

- Being called names, made fun of or teased - 17.8%
- Other students told lies or rumours - 14.4%
- Being left out, excluded or ignored - 13.4%
- Being bullied because of body weight - 10%
- Other students made sexual jokes or gestures - 9.6%

## Perceived unfair discrimination

A set of questions explored whether pupils feel they are treated unfairly. These covered unfair treatment due to: where the pupil, their parents or grandparents were born; because the pupil is a boy or a girl; the amount of money their family has. For each type of perceived discrimination, they were asked how often this treatment was from teachers, other adults outside of school or pupils at school. Here we present values exploring type of discriminatory behaviour (figure 18a) and source of discriminatory behaviour (figure 18b).

Figure 18a: Percentage of S2 and S4 pupils reporting unfair treatment by type of discrimination

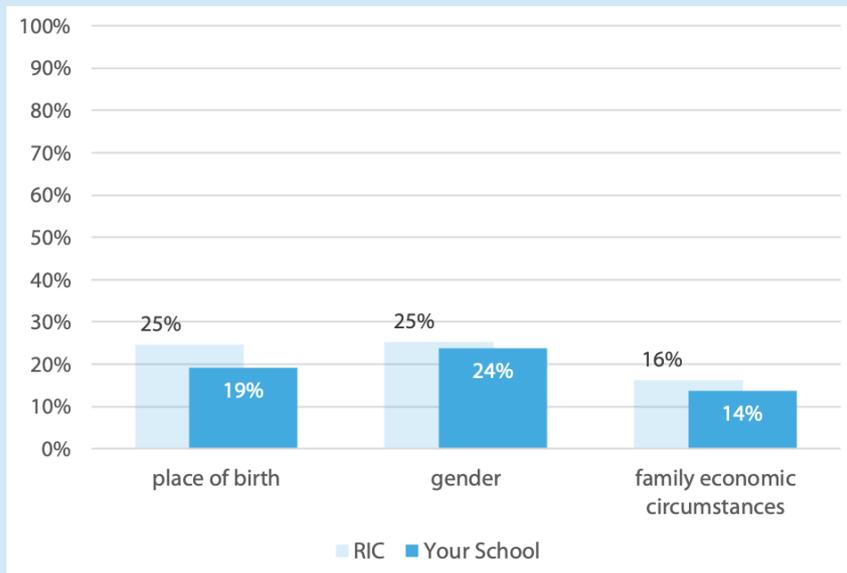
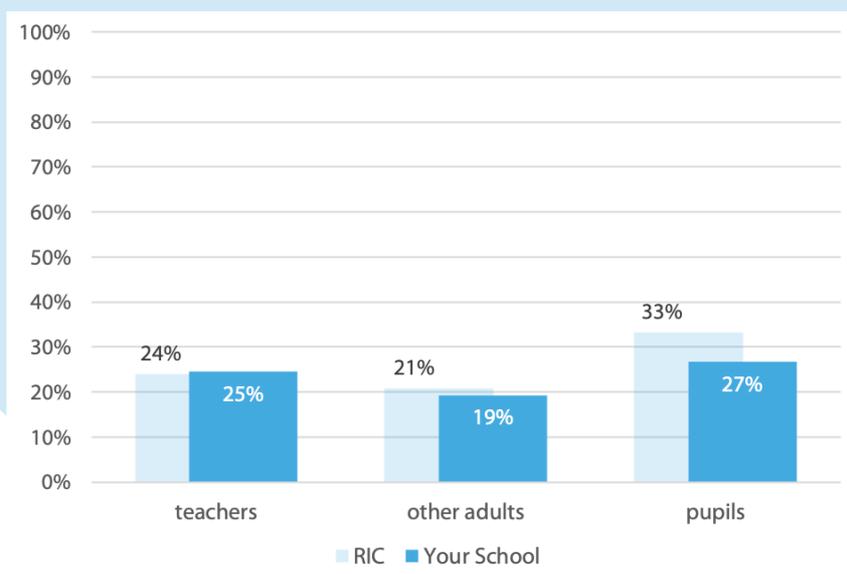


Figure 18b: Percentage of S2 and S4 pupils reporting unfair treatment by source of discrimination



## Who can help?

Organisation	Description
Respectme <a href="http://www.respectme.org.uk">www.respectme.org.uk</a>	Respectme envisage a respecting, just, equal and inclusive Scotland in which all children and young people can live free from bullying and harassment and are encouraged to reach their full potential. Their work is driven by a focus on children’s rights.
The Children and Young People’s Commissioner Scotland <a href="http://www.cyps.org.uk">www.cyps.org.uk</a>	Protecting and promoting the human rights of children and young people.
Equality and Human Rights Commission advice <a href="https://www.equalityhumanrights.com/en/advice-and-guidance/how-can-schools-use-data-prevent-and-tackle-bullying">https://www.equalityhumanrights.com/en/advice-and-guidance/how-can-schools-use-data-prevent-and-tackle-bullying</a>  ‘Using data to inform and evaluate anti-bullying strategies’ (downloadable PDF) <a href="https://www.equalityhumanrights.com/en/publication-download/using-data-inform-and-evaluate-anti-bullying-strategies">https://www.equalityhumanrights.com/en/publication-download/using-data-inform-and-evaluate-anti-bullying-strategies</a>	Each national government has its own legislation, policy and guidance around preventing and tackling bullying, keeping children safe and promoting their wellbeing. In addition, all education authorities in Scotland, must have due regard to the Public Sector Equality Duty (PSED). This means your school leadership team needs to actively consider this duty when developing your anti-bullying policy, and when gathering and reviewing evidence of bullying at your school.
UNICEF - Rights Respecting <a href="https://www.unicef.org.uk/rights-respecting-schools/resources/">https://www.unicef.org.uk/rights-respecting-schools/resources/</a>	A framework and resources for use in schools to teach children about rights.

## Eating Habits

This chapter reports data about eating habits. It includes the following measures:

- Eating habits
- Breakfast
- Family meals

Unhealthy eating has been found to be one of the biggest contributors to poor adolescent wellbeing.<sup>7</sup> Healthy diet patterns can prevent obesity, eating disorders and tooth decay, and may help prevent coronary heart disease, cancer and stroke.<sup>45,46</sup>

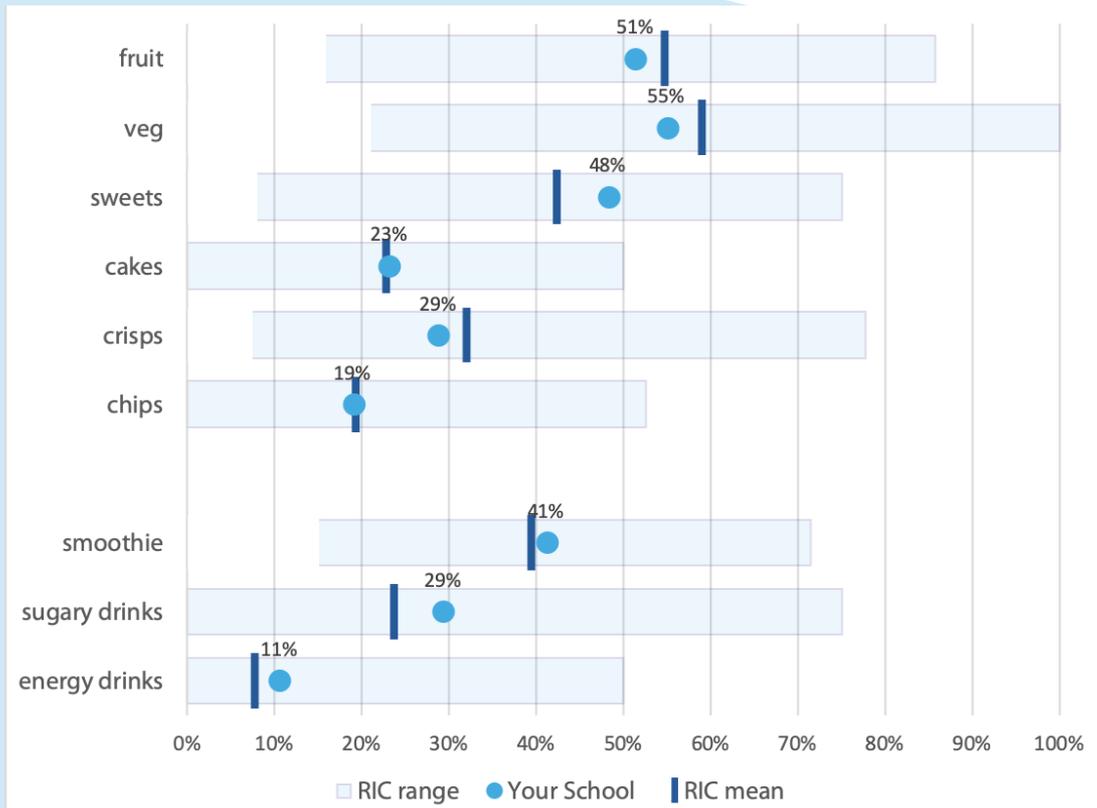
Skipping breakfast is common among young people, especially older adolescents and girls, and is linked with health-compromising behaviours.<sup>47</sup> Research shows that regularly eating breakfast is linked to better diet quality in school-aged children<sup>48-50</sup> and is linked to lower BMI and bodyweight.<sup>48,50,51</sup>

Family meals promote positive family interactions.<sup>52</sup> Regular family meals are associated with healthier diets in children and adolescents, may reduce the risk of obesity,<sup>53,54</sup> and are also linked to better mental health, lower levels of depression, stress, suicidal thoughts, and risk behaviours.<sup>55-57</sup>

## Eating habits - healthy and junk food

Pupils were asked how many days a week they ate various types of food and drink. Here we show the percentage of pupils who consumed the various types of food and drink at least '5-6 days a week'.

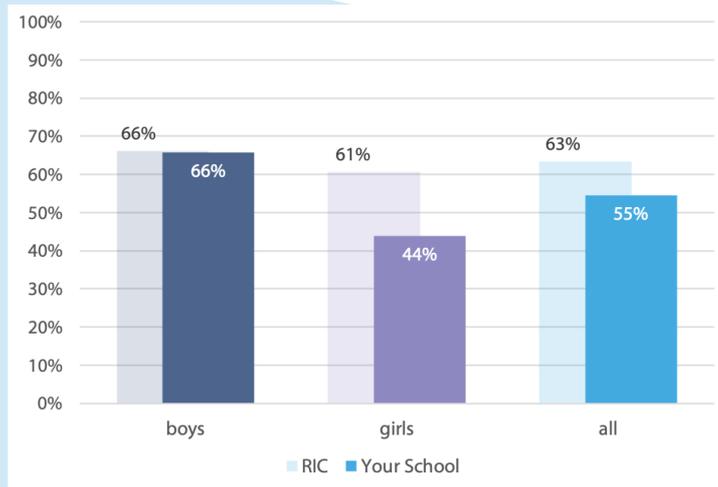
Figure 19: Percentage of S2 and S4 pupils who consume each category of food or drink on at least 5-6 days a week



## Breakfast

Pupils were asked how often they usually have breakfast on weekdays (“more than a glass of milk or fruit juice”). Here we show the percentage of pupils who report having breakfast every weekday.

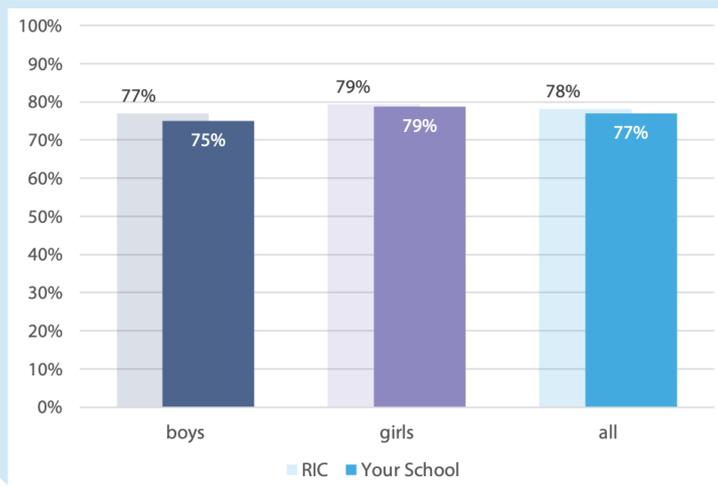
Figure 20: Percentage of S2 and S4 pupils who report eating breakfast every weekday



## Family meals

Pupils were asked “how often do you and your family usually have meals together?”. Here we report the percentage who responded that they have a family meal ‘most days’ or ‘every day’.

Figure 21: Percentage of S2 and S4 pupils who have a family meal ‘most’ or ‘every’ day



## Who can help?

Organisation	Description
Beat (eating disorders) <a href="https://www.beateatingdisorders.org.uk/">https://www.beateatingdisorders.org.uk/</a>	Beat help people with eating disorders and provide support for those with emotional overeating and difficulties with food, weight and shape. They provide support services such as helplines, website, self help and support groups and online support.
Resources for Schools from the British Nutrition Foundation <a href="http://www.foodafactoflife.org.uk/">http://www.foodafactoflife.org.uk/</a>	Food - a fact of life provides a wealth of free resources about healthy eating, cooking, food and farming for children and young people aged 3 to 18 years. The resources are progressive to support the curriculum throughout the UK. All resources are designed to ensure that consistent and up-to-date messages are delivered.
Government Guidelines for Healthy Eating and Promotion in Schools in Scotland <a href="https://nhsforthvalley.com/wp-content/uploads/2014/02/Healthy-Eating-in-Schools-A-guide-to-implementing-the-nutritional-requirements-for-food-and-drink-in-schools-Scotland-regulations-2008.pdf">https://nhsforthvalley.com/wp-content/uploads/2014/02/Healthy-Eating-in-Schools-A-guide-to-implementing-the-nutritional-requirements-for-food-and-drink-in-schools-Scotland-regulations-2008.pdf</a>	A guide to implementing the nutritional requirements in schools for school-aged children in Scotland.
Eco Schools Scotland – Food and the Environment Topic <a href="https://www.keepsotlandbeautiful.org/sustainable-development-education/eco-schools/ten-topics/food-and-environment/">https://www.keepsotlandbeautiful.org/sustainable-development-education/eco-schools/ten-topics/food-and-environment/</a>	Resources, information and projects that can be implemented in schools to help school-aged children learn about the production of food, making healthy choices and considering the impact of food production on the environment.

## How can your school support healthy eating?

### Senior Leadership Team and your Local Authority can:

Ensure that the school has a Healthy Lifestyles Policy, which covers healthy eating and exercise participation. The government document "Healthy Eating in Schools- A guide to implementing the nutritional requirements for food and drink in schools Scotland regulations-2008" provides some useful advice for schools (NB – an update to these regulations is currently under consultation)

### School staff can:

Ensure that the curriculum for Physical Education and Food Technology is inclusive for all, promoting a range of activities for all pupils, particularly as research shows that girls participate less in sports as they get older. Offer yoga or dance as alternatives to traditional team games.

Use the Education Scotland Health and Wellbeing Food and Health benchmarks to inform and monitor the learning experiences and outcomes of the young people in your school.

Be healthy role models in uniformly promoting the benefits of healthy eating and physical activity. Avoid using chocolate and sweets as rewards where possible.

### With the support of staff, pupils can:

Take part in campaigns to promote healthy eating, run healthy tuck shops or smoothie /juice bars to support fundraising, do sponsored walks or runs for charity fundraising. Use fun national events such as Sports Relief to involve the whole community in being active.

Use Eco Campaigns such as Fairtrade stalls, "Bring a snack without a wrapper" days as opportunities to introduce and promote healthy snack options.

### Family and Community Involvement

Work with the Parent Teacher Association to fundraise for new facilities for outdoor play, sports equipment or cooking equipment. Ensure that PTA events are in line with the school's healthy eating policy.

## Physical Activity

In this chapter we present data relating to physical activity. The chapter includes the following measures:

- Physical activity
- Time spent in natural open spaces in summer
- Active travel to/from school

The World Health Organisation recommends that children should have at least 60 minutes of moderate-to-vigorous activity every day.<sup>58</sup> The WHO guidelines also state that vigorous intensity physical activities, including those to strengthen muscle and bone, should be included on at least 3 days per week.<sup>58</sup> As well as protecting from physical health conditions, physical activity also contributes to higher life satisfaction and improved mental wellbeing.<sup>59-62</sup>

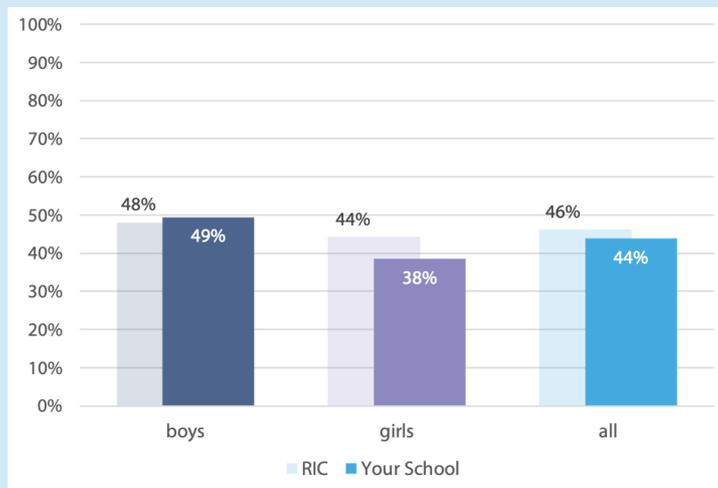
Exercise out of doors may have additional benefits. A recent review of research on the benefits of spending time out of doors found strong evidence that green space exposure has a positive effect on emotional and behavioural problems in children and adolescents. Children who spent more time out of doors were found to have fewer emotional and behavioural problems, and self-reported depressive symptoms were found to be lower in adolescents who spent more time outdoors in green spaces.<sup>63</sup>

Where walking or cycling are possible options, encouraging pupils to choose active travel to and from school can contribute significantly to higher levels of physical activity, increased fitness levels and reduced back pain.<sup>64-66</sup> When interpreting the data for your school on active travel, it is important to remember that many factors can influence the choice of travel option, e.g., perceived neighbourhood safety, distance from school and disability.<sup>67,68</sup>

## Physical activity

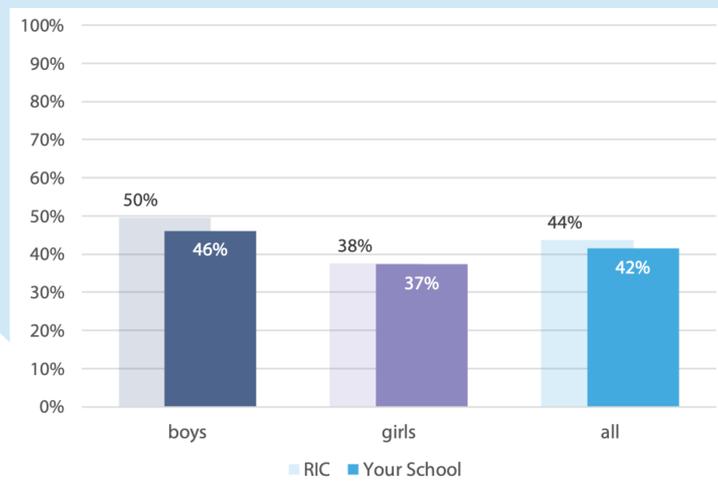
Pupils were asked two questions about the amount of exercise they usually engage in each week. The first asked, in the previous 7 days, how many days did they spend 60 minutes or more in physical activity which increased their heart rate and made them out of breath some of the time. Recommendations are that children should have at least 60 minutes of this moderate-to-vigorous level of activity every day. However, the number of children managing to reach this target was too small to report, and so we present here the percentage of pupils who participated in moderate-to-vigorous activity on at least 5 days.

Figure 22: Percentage of S2 and S4 pupils who reported taking part in 60 mins or more of moderate-to-vigorous activity on at least 5 of the previous 7 days



The second question looked at more vigorous physical activity and asked 'outside school hours how often do you usually exercise in your free time so much that you get out of breath or sweat?' Here we present the percentage of pupils who report engaging in vigorous activity at least 4 times a week.

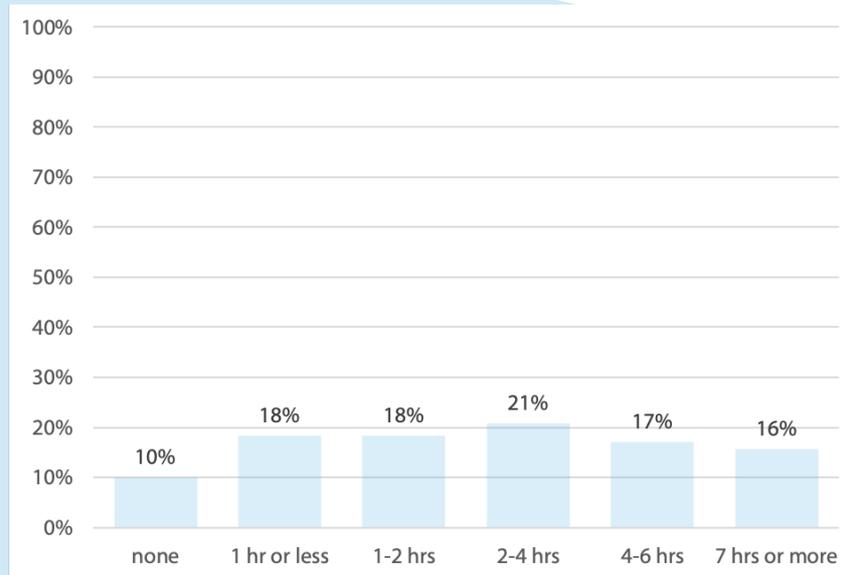
Figure 23: Percentage of S2 and S4 pupils who report that they usually engage in vigorous physical activities at least 4 times per week



## Time spent in natural open spaces in summer

Pupils were asked to think about how much time they spent in natural open spaces (e.g., parks, woods, playing fields) during the summer months. Due to small numbers in school, this is presented at the RIC level.

Figure 24: Amount of time spent in natural open spaces per week in summer (S2 and S4 pupils, RIC)



## Active travel to/from school

Pupils were asked how their journey to and from school was made on a typical schoolday. Here we show the breakdown of responses between: cycling and walking, public transport (bus, train, tram, underground or boat) and motor vehicle (car, motorcycle or moped). Travel options are unique to each school - for example cycling or walking may not be feasible for pupils at more remote schools - and for this reason we present only your school's data here without comparison to regional averages.

Figure 25a: Usual method of travel to/from school - S2 and S4 boys

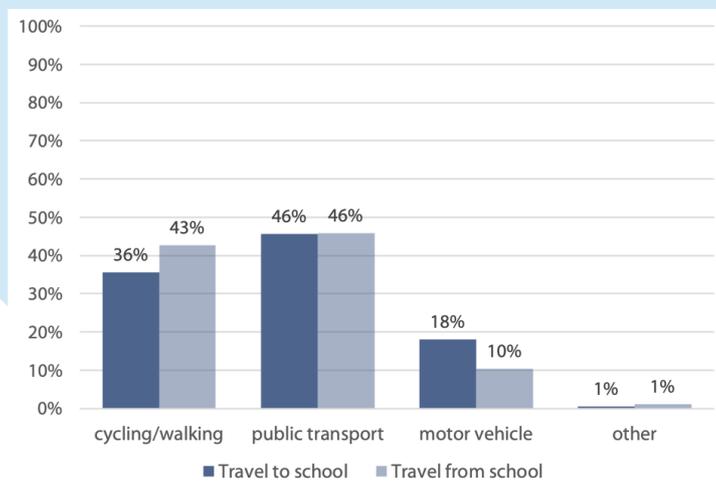


Figure 25b: Usual method of travel to/from school - S2 and S4 girls

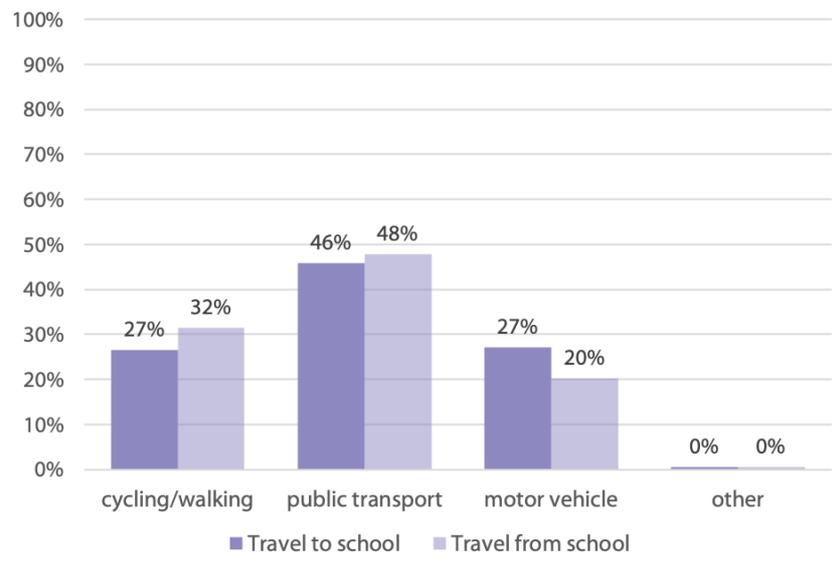
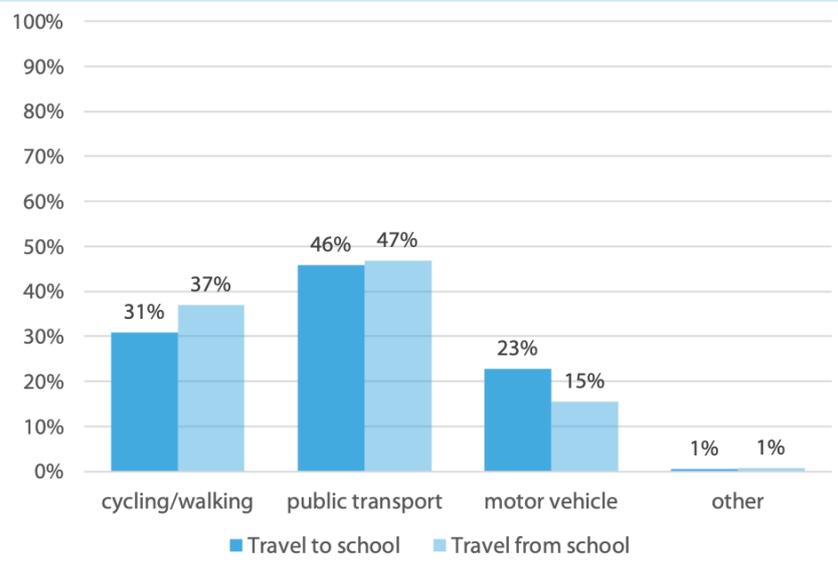


Figure 25c: Usual method of travel to/from school - S2 and S4 all pupils



## Who can help?

Organisation	Description
Eco Schools Scotland – Transport Topic <a href="https://www.keepsotlandbeautiful.org/sustainable-development-education/eco-schools/ten-topics/transport/">https://www.keepsotlandbeautiful.org/sustainable-development-education/eco-schools/ten-topics/transport/</a>	Resources and links for encouraging children to walk or cycle to school.
Sustrans <a href="https://www.sustrans.org.uk/our-services/our-expertise/travel-behaviour-change-schools/teacher-resources">https://www.sustrans.org.uk/our-services/our-expertise/travel-behaviour-change-schools/teacher-resources</a>	Resources supporting children and families to become more active through providing information about walking and cycling routes locally. Information for schools about national campaigns and activities.
Sport Scotland - schools <a href="https://sportscotland.org.uk/schools/">https://sportscotland.org.uk/schools/</a>	Resources and information for schools on how to promote physical activity for young people.
Play Scotland <a href="https://www.playscotland.org">https://www.playscotland.org</a>	Play Scotland provide a range of resources and ideas for keeping children active through play both indoors and outdoors.

## How can your school support physical activity?

### Senior Leadership Team and your Local Authority can:

Provide facilities at the school which encourage physical activity such as bike racks, climbing walls and stimulating outdoor play space. Promote “Walking bus” schemes, and the Sustrans “Safer Routes to School” for cycling.

Offer a framework for students to take part in local and national schemes such as the Duke of Edinburgh Scheme or the Scottish Schools competitions in a range of sports, in addition to the recommended 2 hours of Physical Education a week.

### School staff can:

Offer a variety of sports and activity clubs, which are accessible to a range of students; promoting physical activity, opportunities to cook and enjoy healthy food and outdoor activities to benefit from being in a green space.

Use the Education Scotland Benchmarks for Physical Education to plan a coherent curriculum to support student’s development, experiences and outcomes.

Ensure that the curriculum for Physical Education and Food Technology is inclusive for all, promoting a range of activities for all pupils, particularly as research shows that girls participate less in sports as they get older. Offer yoga or dance as alternatives to traditional team games as options.

Offer cross curricular projects which promote the concepts of healthy eating and physical activity across a range of curriculum areas such as Science, Numeracy, Literacy, Health and Wellbeing, Hospitality and Art and Design.

### With the support of staff, pupils can:

Do sponsored walks or runs for charity fundraising. Use fun national events such as Sports Relief to involve the whole community in being active.

Volunteer as Sports Leaders to support staff in running clubs/school sports events for younger pupils. This can be good for UCAS references, the volunteering section of the Duke of Edinburgh Award or to support an application to be House Captain/Class Leader.

### Family and Community Involvement

Work with the Parent Teacher Association to fundraise for new facilities for outdoor play, sports equipment or cooking equipment. Ensure that PTA events are in line with the school’s healthy eating policy.

Invite local chefs or local sports personalities/club representatives to the school to speak with parents and students, making them aware of opportunities to participate in activities locally.

Invite families and members of the local community to be involved in any school events which promote health and fitness, such as the Race for Life, Eco days ( planting food projects), team sports etc.

## Substance Use

This chapter presents the following measures relating to substance use:

- Alcohol use
- Smoking
- Cannabis use

The use of smoking, alcohol and drugs by school pupils and the impact on their health is a key area of concern, though data from the Scottish HBSC and the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) show encouraging downward trends in tobacco and alcohol use among Scottish adolescents. A recent report from the international HBSC study showed that over time adolescents across a large part of Europe are drinking less than they used to.<sup>69</sup>

Nonetheless, frequent and excessive drinking is associated with a range of problems such as future alcohol and drug use, academic problems, risky sexual behaviour, and various physical and emotional problems.<sup>70-74</sup> Similarly, early drug use is predictive of dropping out of school, unsafe sex and delinquent behaviours.<sup>75</sup>

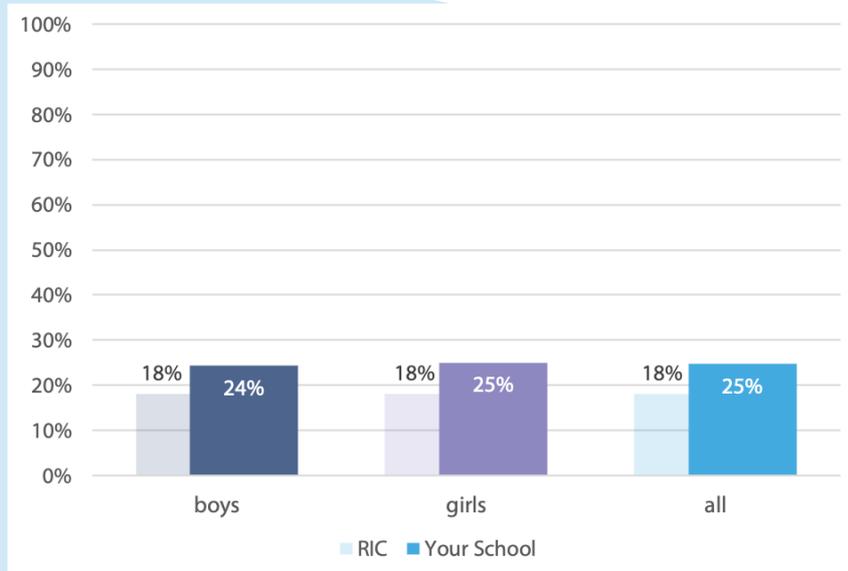
School environment factors have been shown to be crucial in reducing smoking amongst pupils. Research has shown that exposure to teachers smoking on school grounds is linked to higher smoking among older adolescents.<sup>76</sup> A zero-tolerance approach to smoking in school, both for pupils and staff, has been found to be effective in reducing tobacco use in adolescents.<sup>77</sup>

Identifying with media messages and peer pressure are shown to be risk factors for substance use in adolescence. The ability to think critically about media messages and good parental influences have both been shown to reduce substance use.<sup>78</sup>

## Alcohol use

Pupils were asked if they had ever had so much alcohol that they were drunk. Here we present the data for those who reported they had been drunk at least once in their lifetime.

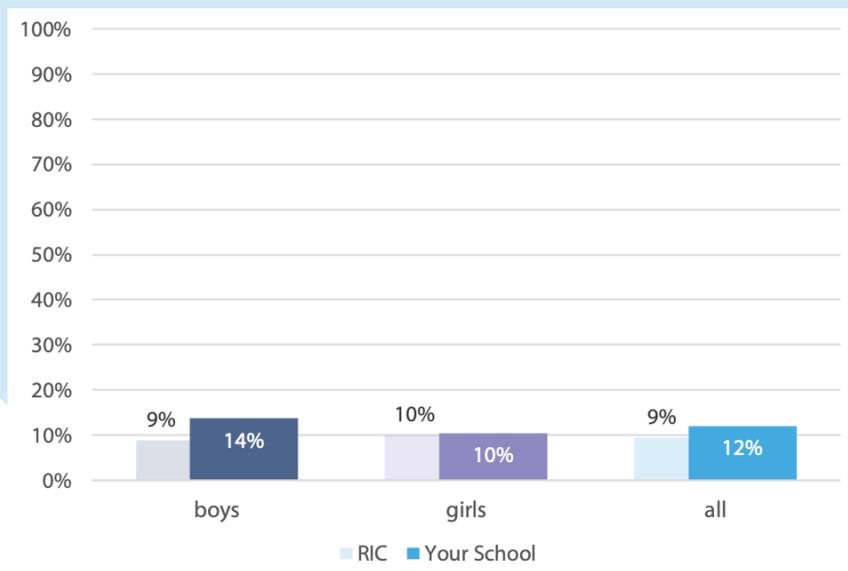
Figure 26: Percentage of S2 and S4 pupils who said they had been drunk at least once in their lifetime



## Smoking

Pupils were asked if they had ever smoked tobacco in their lifetime.

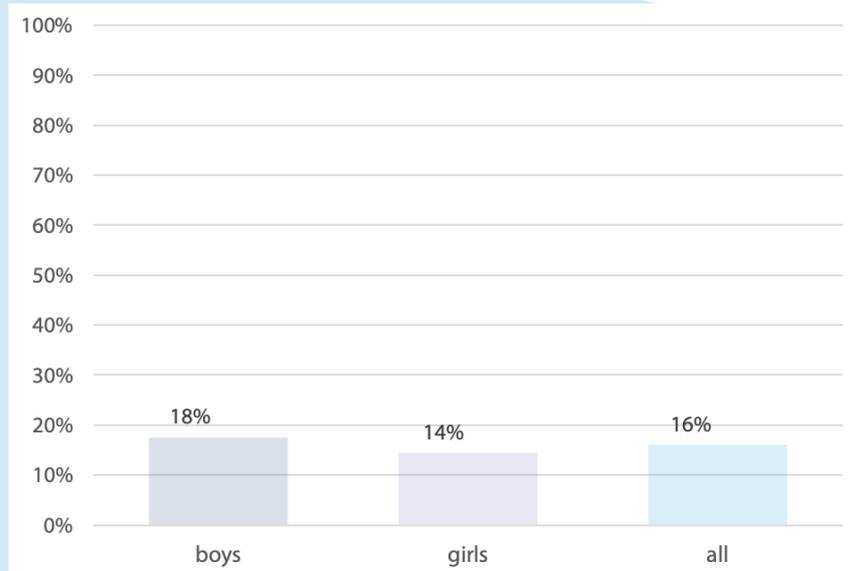
Figure 27: Percentage of S2 and S4 pupils who said they had ever smoked tobacco



## Cannabis use

In addition to alcohol and tobacco use, S4 pupils were also asked whether they had ever taken cannabis. Due to small numbers, this is presented at RIC level only.

Figure 28: Percentage of S4 pupils who said they had ever taken cannabis (RIC)



## Who can help?

Organisation	Description
Alcohol Focus Scotland <a href="https://www.alcohol-focus-scotland.org.uk/">https://www.alcohol-focus-scotland.org.uk/</a>	AFS want to reduce the impact of alcohol on individuals, families, communities and Scotland as a whole, through the implementation of effective alcohol control policies and legislation. Searching the 'resource' section brings up fact sheets about adolescent drinking.
ADEPIS (The Alcohol and Drug Education and Prevention Information Service) <a href="http://mentor-adepis.org">http://mentor-adepis.org</a>  Planning effective Drug and Substance use education <a href="http://mentor-adepis.org/planning-effective-education/">http://mentor-adepis.org/planning-effective-education/</a>	The Alcohol and Drug Education and Prevention Information Service (ADEPIS) was established by the prevention charity Mentor UK to share information and resources with schools and practitioners working in drug and alcohol prevention.
Talk to Frank <a href="https://www.talktofrank.com/">https://www.talktofrank.com/</a>	Talk to Frank offers a comprehensive set of information on drugs, alcohol and tobacco, including where to get help, support centres and helplines
ASH Scotland - Children, young people and families <a href="https://www.ashscotland.org.uk/what-we-do/children-young-people-and-tobacco/">https://www.ashscotland.org.uk/what-we-do/children-young-people-and-tobacco/</a>	Action on Smoking and Health (ASH) Scotland is the independent Scottish charity taking action to reduce the harm caused by tobacco. Their vision is that everyone has the right to good health and to live free from the harm and inequality caused by smoking.
Drink wise age well <a href="https://drinkwiseagewell.org.uk/">https://drinkwiseagewell.org.uk/</a>	Support centre based in Glasgow. Information and advice for those affected by harmful alcohol intake. (Primarily aimed at adults, but may be useful for adolescents and their carers too)

## How can your school help to reduce substance use?

### Senior Leadership Team and your Local Authority can:

Ensure that it is clear to all visitors that the school is a smoke-free site and have appropriate policies in place which make it clear to students and parents the consequences of substance misuse either during the school day, at a school event or on a school trip.

Ensure that information about the dangers of substance misuse and where to go for support, if affected, is displayed clearly in an area of the school where students pass regularly. This can be a designated Health and Wellbeing Notice board in a central area or a specific health and wellbeing feed on Twitter/Facebook or a section of the school website.

Liaise with local agencies such as the NHS and police to ensure that account is taken of the local context of the school – be aware of issues in the community which may impact on the students at the school.

### School staff can:

Ensure that the PSE curriculum which includes substance misuse is progressive, responding to the age of the students, so that it is broader than the basic message to simply avoid unhealthy choices. Develop the progression to discuss and provide information about different drugs, legal aspects, dangers of addiction, links with other PSE topics such as mental health, peer pressure, sexual health and careers. Respond to the school community, if there is a sports academy within the school, allow time to discuss the dangers of the use of steroids in sport.

Involve local services in the delivery of this PSE block. The school's community police officer might work with pupils to ensure that the legal situation is represented and facts & figures are up to date for students and relevant to their local area. An NHS worker may give a different perspective on the health consequences.

Know how to respond to and have information/support available for students whose lives are affected by substance misuse in their families and communities.

### With the support of staff, pupils can:

Deliver assemblies or organise events to raise awareness of the effects of substance misuse and unhealthy lifestyles choices on young people and the community. Peer education sessions can be followed up in smaller group interactions and school initiatives.

Learn more about the reasoning behind the restrictions on certain substances through other curriculum areas beyond PSE– looking at the statistics associated with substance misuse through a focus on numeracy, the effects of substance misuse on the body in biology or perhaps debate the legal parameters of substance misuse to develop literacy skills.

### Family and Community Involvement

Invite local and national agencies who can run information sessions at the school for parents and students to facilitate awareness and support in the school community on issues such as substance misuse and internet safety.

Ensure that initiatives taken by the school to promote awareness of substance misuse and how to take action if required are reported in the local press/social media and /or celebrated in the local community.

Ensure that local businesses near the school who sell cigarettes, tobacco and alcohol know how and who to contact at the school if they have concerns that students are attempting to access these products illegally.

## Relationships and Support

This chapter is about relationships and support, and includes the following measures:

- Family communication
- Family support
- Peer support
- Trusted adult

Supportive family relationships are vital for adolescent development, socialisation, health and wellbeing.<sup>79,80</sup> Good support leads to improved mental health and better educational outcomes.<sup>81,82</sup> Family support reduces risky health behaviours in adolescents.<sup>83</sup> It provides a buffer against adverse life events and bullying, especially for girls.<sup>84</sup> Developing such resilience and reducing distress in childhood are crucial to promoting mental wellbeing and reducing health-harming behaviours.<sup>85</sup>

Family communication is also important for health, wellbeing and life satisfaction.<sup>86</sup> Studies have shown that family communication is important for reducing risk behaviours such as illegal substance use, smoking, drinking, early sexual behaviour and suicidal behaviour.<sup>87-89</sup>

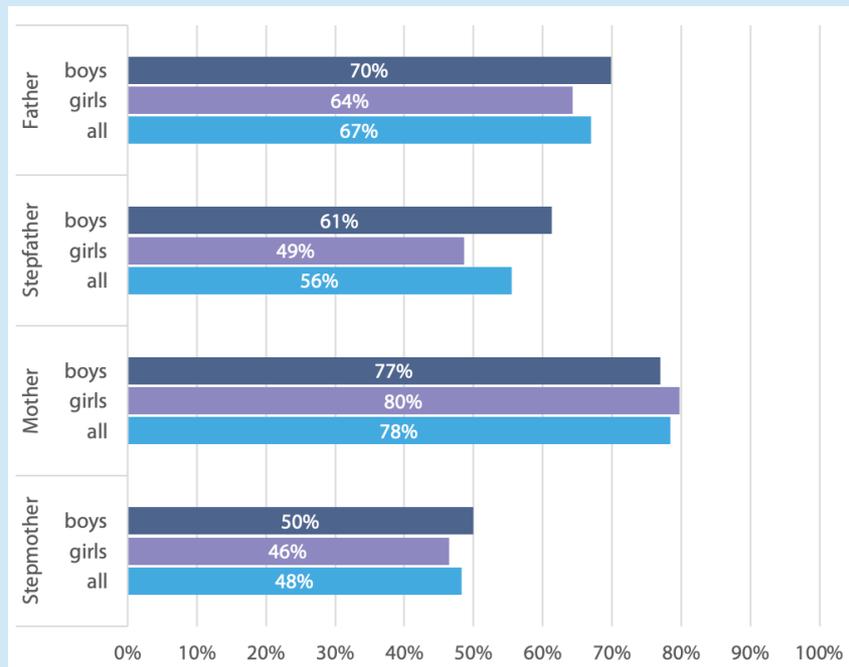
Another important strand of support is that offered by peers, which is also linked to better health and wellbeing in adolescents.<sup>90</sup> Friendship support from classmates has a positive effect on mental wellbeing by helping to boost self-efficacy and building a sense of school community.<sup>91</sup>

The negative effects of adverse childhood experiences on mental and physical health across the life-span can be greatly reduced by having the support of a trusted adult in childhood.<sup>85</sup> A recent review by NHS Scotland demonstrates the importance of having a trusted adult, with young people consistently reporting that having a trusted adult can help with educational attainment, optimism, self-efficacy and in reducing internalising symptoms such as depression and anxiety.<sup>92</sup> The NHS review also includes discussion of the barriers and facilitators of forming positive trusted adult relationships.

## Family communication

The HBSC Survey asks pupils about how easy they find it to communicate with the parents and step-parents they have contact with. Here we present the proportion of children who reported communication as 'easy' or 'very easy' for each type of parent rather than 'difficult' or 'very difficult'. We did not include responses where the child does not have contact with, or does not have, eg, a stepmother.

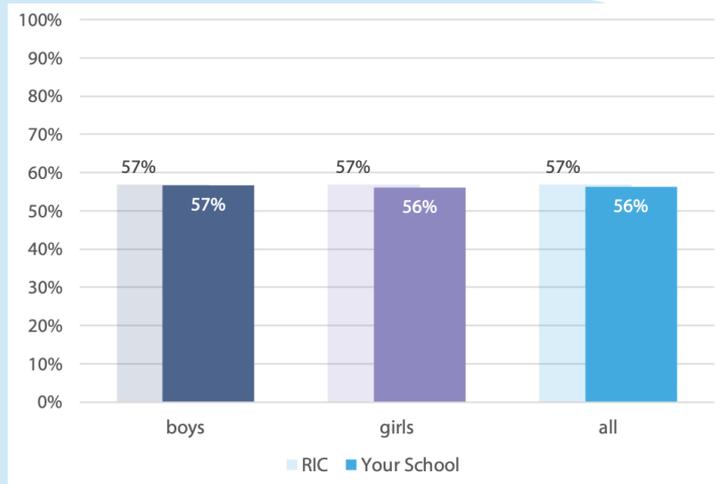
Figure 29: Percentage of S2 and S4 pupils who report finding family communication easy with each type of parental figure



## Family support

The HBSC Survey includes the Family Support Scale. This consists of four questions about how much support the child feels they get from their family, for example listening to their problems and help with making decisions. Here we show the percentage of children whose scores indicate high family support.

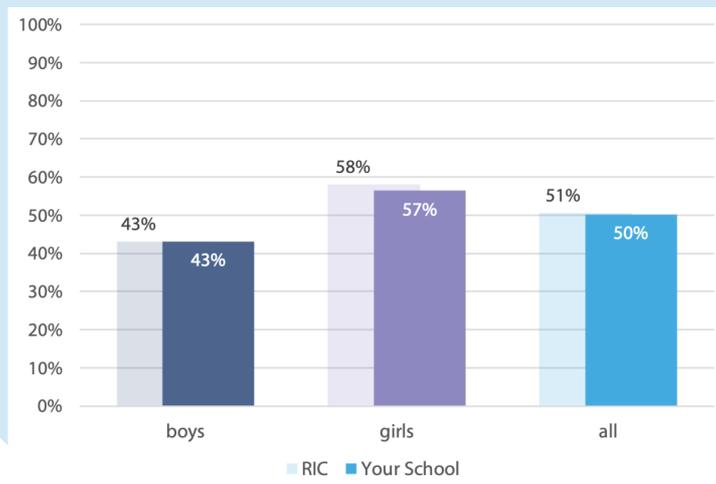
Figure 30: Percentage of S2 and S4 pupils who report having high family support



## Peer support

The Peer Support Scale is similar to the Family Support Scale above. Questions ask about how easy pupils find it to talk to friends about their problems and get support and help from them when they need it.

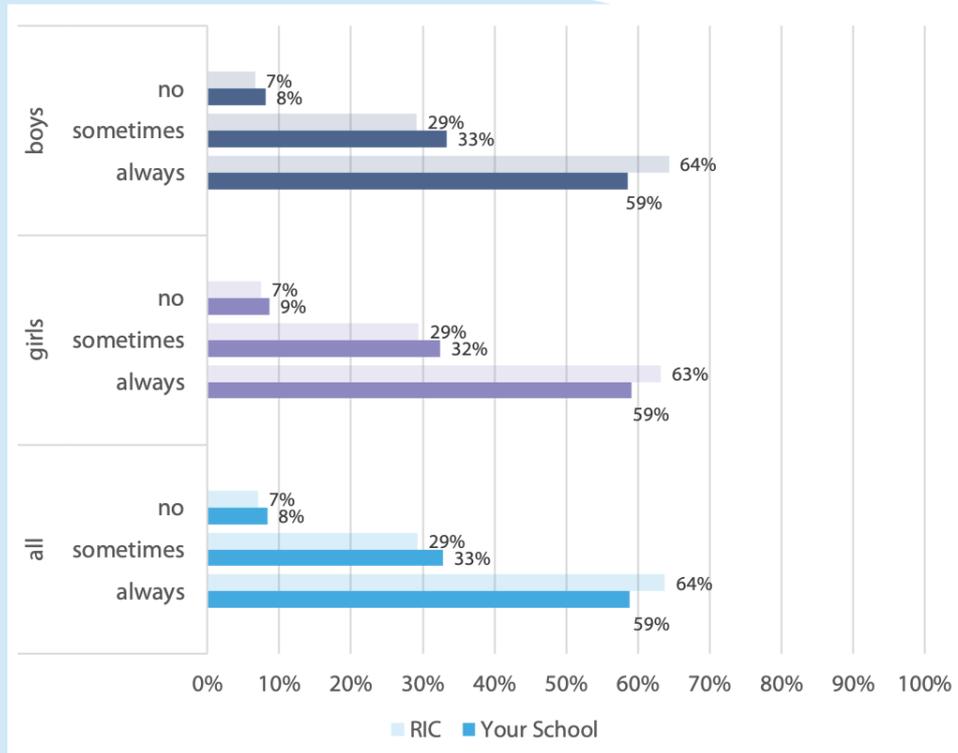
Figure 31: Percentage of S2 and S4 pupils who report having high peer support



## Trusted adult

Pupils were asked 'do you have an adult in your life who you can trust and talk to about any personal problems?'

Figure 32: 'Do you have an adult you can trust and talk to?' (S2 and S4 pupils)



## Who can help?

Organisation	Description
Carerstrust Scotland <a href="http://www.carers.org/country/carers-trust-scotland">www.carers.org/country/carers-trust-scotland</a>	Carers Trust Scotland is the largest provider of comprehensive support services for carers in Scotland.
Disrespect Nobody <a href="https://www.disrespectnobody.co.uk/">https://www.disrespectnobody.co.uk/</a> <a href="https://www.disrespectnobody.co.uk/need-help/">https://www.disrespectnobody.co.uk/need-help/</a>	The Disrespect Nobody campaign provides information, resources and helplines. Topics include sexting, relationship abuse, consent, pornography and harassment. Links are provided to organisations where young people can seek help with honour-based violence, female genital mutilation, emotional abuse, forced marriage, relationship abuse, sexual assault, consent, physical abuse, financial abuse, sexting, pornography and rape.
Brook <a href="https://www.brook.org.uk/">https://www.brook.org.uk/</a>	An information and advice service offering free, confidential sexual health services and advice. There are resources, leaflets, posters and a list of sex and relationships information topics.
LGBT Youth Scotland <a href="https://www.lgbtyouth.org.uk">https://www.lgbtyouth.org.uk</a> <a href="https://www.lgbtyouth.org.uk/national-programmes/schools-and-teachers/">https://www.lgbtyouth.org.uk/national-programmes/schools-and-teachers/</a>	LGBT Youth Scotland provides advice and support for young people and their families around LGBTI+ issues, as well as guidance for schools on making schools more LGBTI+ inclusive.
Stonewall Scotland <a href="https://www.stonewallscotland.org.uk/">https://www.stonewallscotland.org.uk/</a>	Information and support for all in the LGBT community.
Thinkuknow: <a href="http://www.thinkuknow.co.uk">www.thinkuknow.co.uk</a>	The Thinkuknow site provides a range of free education resources and advice targeted at specific age groups, parents and those working with children, around keeping children safe online. (Part of CEOP)
Child Exploitation and Online Protection (CEOP) reporting: <a href="https://www.ceop.police.uk/safety-centre/">https://www.ceop.police.uk/safety-centre/</a>	Help making a report if you are worried about online sexual abuse or the way someone has been communicating online with a child.
NSPCC (National Society for the Prevention of Cruelty to Children) <a href="https://www.nspcc.org.uk/">https://www.nspcc.org.uk/</a>	A national charity providing advice, information and helplines designed to keep children safe, prevent abuse and provide support.
NHS Health Scotland <a href="http://www.healthscotland.scot/media/2325/the-relationship-between-a-trusted-adult-and-adolescent-health-outcomes_6588.pdf">http://www.healthscotland.scot/media/2325/the-relationship-between-a-trusted-adult-and-adolescent-health-outcomes_6588.pdf</a>	A recent review from NHS Health Scotland discussing the positive outcomes of having a trusted adult, along with discussion of the barriers and facilitators to making the relationship work.
Rape Crisis Scotland <a href="https://www.rapecrisisScotland.org.uk/">https://www.rapecrisisScotland.org.uk/</a>	Rape Crisis Scotland provides a national rape crisis helpline and email support for anyone affected by sexual violence, no matter when or how it happened.

## School Environment

This chapter reports data relating to the school environment and includes the following measures:

- Stress of schoolwork
- Parental and school expectations
- Teacher and pupil support
- School engagement

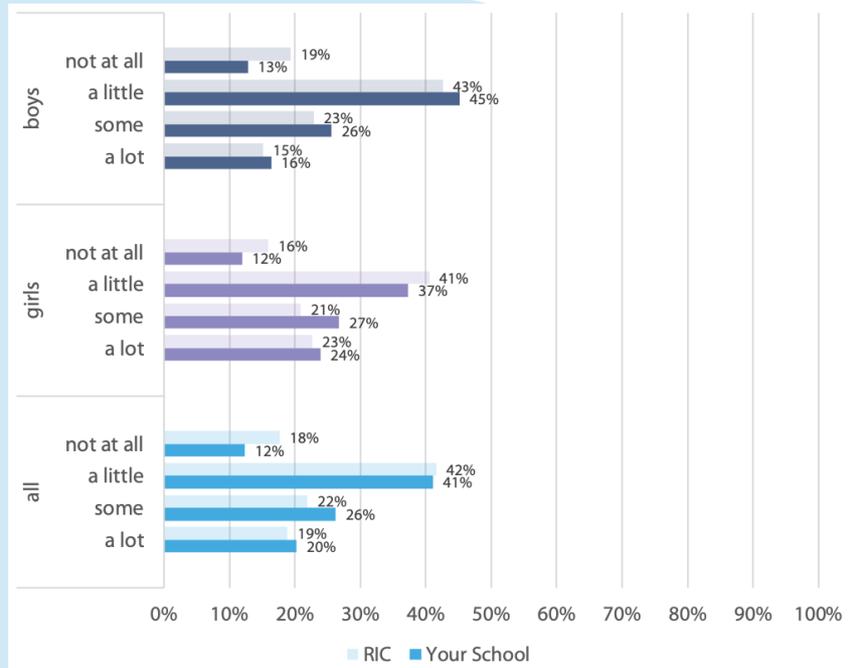
The school environment has many effects on pupil wellbeing and a positive school experience can bring many benefits in terms of both health and education. Students who feel they are able to handle their work, have good teacher support and are satisfied with school are more likely to report high life satisfaction.<sup>9</sup> Good teacher support is linked to better mental health and lower use of alcohol, cigarettes and cannabis,<sup>93-96</sup> and the positive link between teacher support and emotional wellbeing has been shown to be strong regardless of pupil demographics or perceived school performance.<sup>97</sup> High classmate support is also linked to improved mental health,<sup>98</sup> lower drunkenness, and for males is linked to lower rates of smoking.<sup>99</sup>

In contrast, high levels of school pressure are associated with higher levels of risky behaviour and poorer mental health.<sup>100-102</sup> For young adolescents in high-stress school environments, increased academic expectations can lead to them having higher stress levels and poorer academic performance as they get older.<sup>3</sup> Low school satisfaction is linked to compromising health behaviours such as smoking, alcohol and cannabis use, and gambling,<sup>103,104</sup> as well as poorer self-rated health and increased physical and psychological symptoms.<sup>105,106</sup>

## Stress of schoolwork

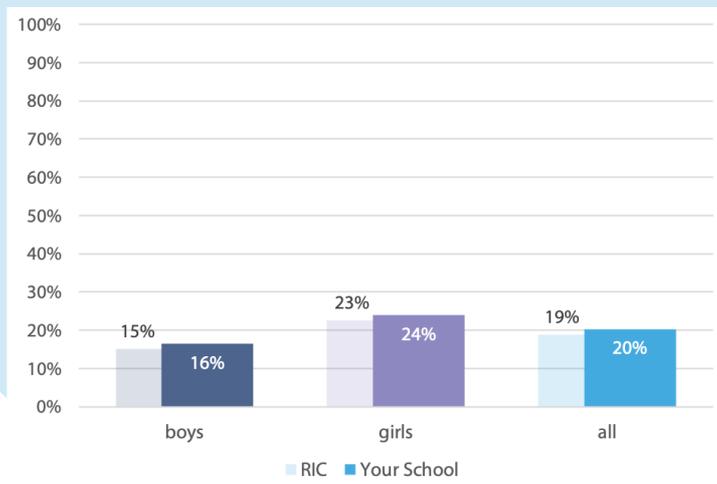
Pupils were asked how pressured they feel about the schoolwork they have to do. Below is the range of responses from S2 and S4 pupils in your school (figure 33a).

Figure 33a: 'How pressured do you feel by the schoolwork you have to do?' (S2 and S4 pupils)



The percentage of pupils in your school who reported "a lot" of stress is shown in figure 33b.

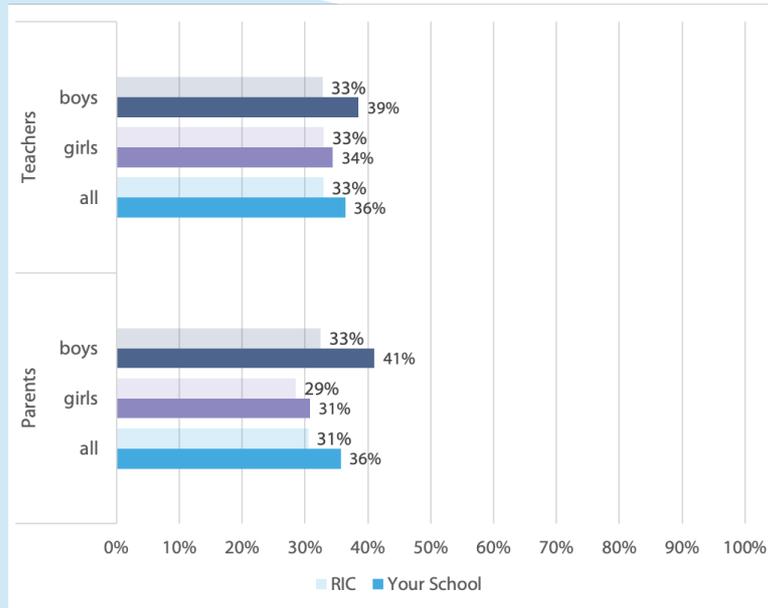
Figure 33b: Percentage of S2 and S4 pupils reporting they feel 'a lot' of pressure from schoolwork



## Parental and school expectations

Pupils were asked to rate the extent to which they agreed that their teachers and parents expect too much of them at school.

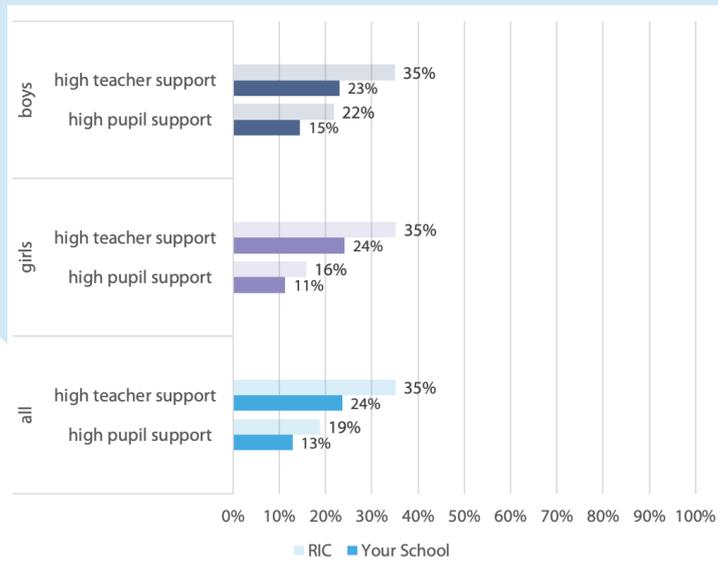
Figure 34: 'My teachers/parents expect too much of me at school'  
Percentage who agree/strongly agree (S2 and S4 pupils)



## Teacher and pupil support

Pupils were asked to rate how much their teachers accept and care about them as a person, and how much they trust their teachers. They were also asked to rate how much other pupils accept them, how kind and helpful they are and whether the pupils in their classes enjoy being together. Below we show the percentage of pupils who reported having high support from teachers and from pupils.

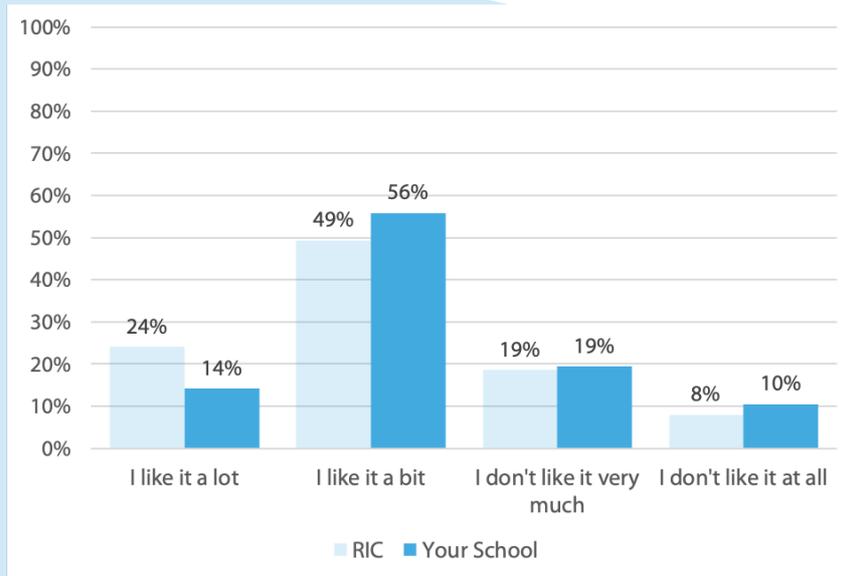
Figure 35: Percentage of S2 and S4 pupils reporting high levels of support from teachers and pupils



## School engagement

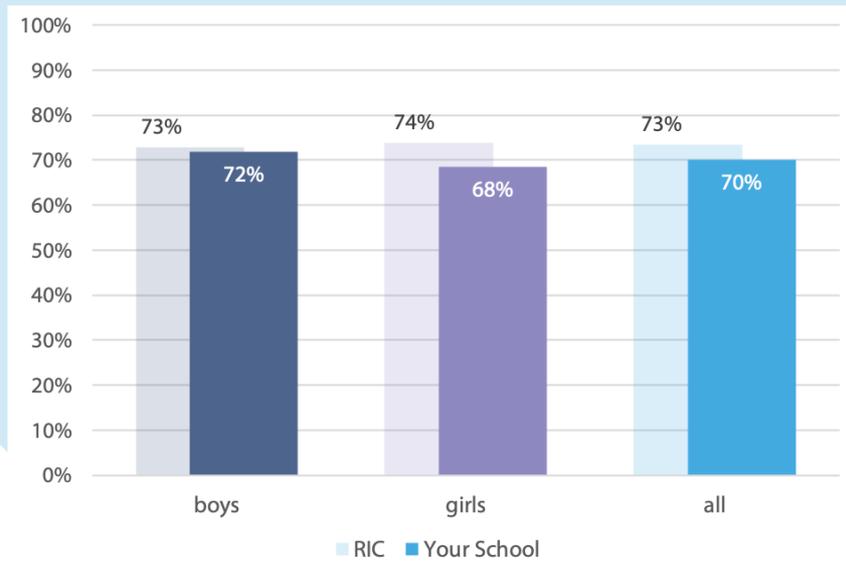
As a measure of school engagement, pupils were simply asked how much they like school at present.

Figure 36a: 'How do you feel about school at present?' - S2 and S4 pupils



The percentage of pupils in your school who like school (either 'a bit' or 'a lot') is shown in figure 36b

Figure 36b: Percentage of S2 and S4 pupils who like school 'a bit' or 'a lot'



## Who can help?

Organisation	Description
NHS Scotland (Coping with exam stress) <a href="https://www.nhsinform.scot/healthy-living/mental-wellbeing/stress/coping-with-exam-stress">https://www.nhsinform.scot/healthy-living/mental-wellbeing/stress/coping-with-exam-stress</a>	Information for parents/carers on how to support children when they are coping with exam stress.
NSPCC (coping with exam stress) <a href="https://www.nspcc.org.uk/what-we-do/news-opinion/exam-stress-overwhelming-for-thousands-of-children/">https://www.nspcc.org.uk/what-we-do/news-opinion/exam-stress-overwhelming-for-thousands-of-children/</a>	Advice and information on coping with exam stress.
Eco Schools Scotland – School Grounds <a href="https://www.keepsotlandbeautiful.org/sustainable-development-education/eco-schools/ten-topics/school-grounds/">https://www.keepsotlandbeautiful.org/sustainable-development-education/eco-schools/ten-topics/school-grounds/</a>	Recent research by Learning Through Landscapes finds that well designed school grounds can improve behaviour, reduce bullying and cut vandalism. Improving your school’s outdoor space enhances pupils’ self-esteem and improves both attainment and attitudes towards learning. Eco Schools offer practical advice to schools on how to make the most of their school grounds to support student wellbeing.

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Print versions of the report include an illustration here. This was developed from the Scottish National Performance Framework. The illustrations are drawn by Linda Hunter for her children and their classmates, with design input from her children Izzy (8) Ellie (6) and their friends Elsa (7) and Mairi (4). The panels illustrate people and places they know and stories and songs they share together. They are all very happy that other people are enjoying what they created together. You can download copies to colour in at:

<https://nationalperformance.gov.scot/npf-big-picture-illustration>

**For more information about SHINE**

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