Supporting children with mental ill health and related conditions

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Overview

- The importance of promoting well being in schools
- Risk factors
- Protective factors
- Identification of vulnerable children
- Engaging with mental health / health professionals
- Supporting carers/ families
- Supporting friends
- Dealing with crisis and keeping safe

An unhealthy school

"I heard lots of shouting – prefects (all white) shouting at other children (mostly Bengali) on the stairs; teachers shouting at children in the playground and in classrooms; and children shouting and swearing at each other in the playground. At playtime I found a nearly empty staff room, with just a few teachers in it smoking. I took a staff meeting that consisted mostly of moans and complaints. I took an assembly where children expected to be bored. I found classrooms where children worked individually and in silence all the time and others where noise never stopped. Staff rarely smiled and parents were anxious about entering the building."

A healthy school

"As I go round the school now, I can see many things have changed. This week I've seen children in Circle Time sorting out the problem of bullying and children celebrating their hard work in Golden Time. In the playground I've seen a member of the Friendship Squad helping a child who was hurt, and another helping Year 4 children to use conflict resolution skills to sort out a quarrel. I've seen lots of parents around the building and in classrooms. I heard an experienced teacher ask a newly qualified teacher how a lesson had gone and saw a teacher lending a book for the next staff book group. I've had smiles and greetings everywhere – in the playground, on the stairs and in classrooms. I've walked into a crowded staff room full of talk and laughter. I've seen classrooms buzzing with energy and activity. I've had lots of children showing me good work, watched a lively show-and-tell assembly and I've taken an assembly where 400 children listened spellbound to Martin Luther King's 'I have a dream' speech."

What young people say

Young people say that the things which have the biggest impact on their emotional wellbeing are:

- Having people to talk to
- Personal achievement
- Being praised
- Generally feeling positive about oneself

The key things that make them feel stressed are:

- Conflict
- Confrontation with authority
- Restriction of autonomy
- Exclusion by their peers

What young people want

- They want to feel safe – both physically and emotionally.

- They want to be able to talk to an adult of their choice in confidence. This might be a teacher – particularly if the issue is school-related, though many feel that they do not have adequate access to professionals.

- They would like to have access to advice and support when and where they need it.

Why promote emotional health

- Children need secure attachments to develop healthily and to have self esteem and positive relationships but some pupils miss out on early nurturing experiences.

- Positive everyday interactions between a teacher and a vulnerable pupil can develop a more positive view of relationships and build emotional resilience.

- Even in cases of extreme neglect, the bonds of attachment can be built through the long-term commitment of at least one securely present caregiver. Research shows this is often a teacher.

- Brain research has given us concrete evidence that emotions can hinder or promote learning.

Why promote emotional health

- An active programme promoting emotional well being can contribute and enhance the goals of the school.
- The most effective programmes aim to promote positive mental health rather than reduce problems.
  - 2 basic elements – overall school ethos and taught items.
  - Maslow's hierarchy

Those schools who have effective programmes show improvement in:
  - Teaching and learning
  - Behaviour and attendance
  - Staff recruitment and retention

NICE

Primary Education Providers:

- create an ethos and conditions that support positive behaviours for learning and for successful relationships.
- provide an emotionally secure and safe environment that prevents any form of bullying or violence.

Secondary Education Providers:

- foster an ethos that promotes mutual respect, learning and successful relationships among young people and staff. Create a culture of inclusiveness and communication that ensures all young people's concerns can be addressed (including the concerns of those who may be at particular risk of poor mental health)
- provide a safe environment which nurtures and encourages young people's sense of self-worth and self-efficacy, reduces the threat of bullying and violence and promotes positive behaviours.

Mental illness – a continuum

Optimum Mental Health

Minimal Mental Health

Minimal Mental Illness

Maximal mental illness

Whole school approach

Mindfulness

Mindfulness training has at least five broad beneficial effects, according to Felicia Huppert, Professor of Psychology of the University of Cambridge's Well-Being Institute. Specifically, mindfulness promotes:

- increased sensory awareness;
- greater cognitive control;
- enhanced regulation of emotions;
- acceptance of transient thoughts and feelings; and
- the capacity to regulate attention.

Impact related to dose.

Positive effect on mood of teachers.

You can't teach mindfulness if you don't have the training and your own practice!

Must be in context of whole school approach.

Identifying need – who is at risk

Certain individuals or groups more at risk.

- Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems.

- Longitudinal analysis of data for 16,000 children suggested that boys with five or more risk factors were almost eleven times more likely to develop conduct disorder under the age of ten than boys with no risk factors. Girls of a similar age with five or more risk factors were nineteen times more likely to develop the disorder than those with no risk factors.

Risk factors for mental illness - in the child

- Genetic influences.
- Low IQ and learning disabilities.
- Specific developmental problems.
- Communication difficulties.
- Difficult temperament.
- Physical illness.
- Academic failure.
- Low self esteem.

Risk factors for mental illness - in the family

- Parental conflict including domestic violence.

- Family breakdown.

- Inconsistent or unclear discipline – invalidating environment.

- Hostile or rejecting relationships.

- Failure to adapt to child's changing needs.

- Physical, sexual, emotional abuse or neglect.

- Parental psychiatric illness.

- Parental criminality, alcoholism or personality disorder.

- Death and loss including loss of friendship.

Risk factors - in the community

- Socio-economic disadvantage.
- Homelessness.
- Disaster, accidents, other overwhelming events.
- Discrimination.
- Other significant life events.

Protective factors

- Seemingly against all the odds, some children exposed to significant risk factors develop into competent, confident and caring adults but there is a complex interaction between risk and protective factors.

- As social disadvantage and the number of stressful life events accumulate for children or young people, more factors that are protective are needed to act as a counterbalance.

Schools are really important in developing well being and resilience particularly where home life is less supportive.

Protective factors - in the child

- Being female (in younger children).
- Secure attachment experience.
- Outgoing temperament.
- Good communication skills, sociability.
- Being a planner and having a belief in control.
- Humour, problem solving skills and positive attitude.
- Experiences of success and achievement.
- Faith or spirituality.
- Capacity to reflect.

Protective factors - in the family

- At least one good parent-child relationship.
- Affection.
- Clear, consistent discipline.
- Support for education.
- Absence of severe discord / supportive long term relationship.

Protective factors - in the school

- Clear policies on behaviour and bullying.
- Open door policy for children and parents to raise problems.
- A whole school approach to promoting good mental health.
- Positive classroom management.
- Sense of belonging.
- Positive peer influences.

Identifying need

- Need effective use of data (behaviour, attendance, performance) and effective pastoral system.

- Identified leader within the school – usually SENCO / pastoral care head.

- Develop clear systems and processes to help staff who identify children and young people with possible mental health problems.

- Identifying those pupils at risk – know details of pupils before they enter school.

- Set up dialogue with parents so they inform you of any home change.

- Develop relationship with the child.

- Spotting behavioural problems or change in behaviour.

- SAFEGUARDING PROCESSES

Identifying need

- Once noted have clear cycle of intervention:

  - Assessment to analyse need – may not be mental illness (SDQ)
  - Plan for support , discuss with parents
  - Action to provide the plan
  - Regular review incl data

- Only medical professionals should make a diagnosis.

- If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour, notifying and working with other agencies and professionals is likely to be necessary. In all cases, early identification and intervention can significantly reduce the need for more expensive interventions or sanctions at a later stage.

  - E.g. concern sheet, small group activities for vulnerable children

Strength and difficulties questionnaire

- Parent, teacher and child (over 11) versions.

- Score normal, borderline and abnormal for the difficulties and the impact that those have on the child and others.

- If high score child may be struggling – refer for assessment.

- If conduct disorder and other mental health issue MUST refer (NICE).

Increased vulnerability

- looked after children.

- children with learning difficulties.

- children on the autism spectrum.

- children from disadvantaged backgrounds.

- Young carers.

Supporting and working with parents and carers

- Involve families in life of the school – induction, workshops.
- Parent support advisor.
- Parenting courses.
- Parent advisory boards.
- Inform parents of policies.
- Family skill programme – activities building positive relationships.
- If parents can be helped to manage child's behaviour alongside school then better outcomes.
- Where parents take a consistent approach together outcome is improved.
- Confidentiality / consent – under / over 16.
- Identify parents who are struggling and refer for added support.
- Link with local resources.
- Where parents do not work with school and / or recognise the problem consider safeguarding referral.

Supporting and working with friends

- Peer mentoring.

- Facilitate questions about mental health issues where concerns about peer.

- Ask identified person what can be shared.

- Identify small group of friends to be more aware of difficulty.

- Be clear about who has responsibility.

- Address stigma.

Targeted support for more complex difficulties

- Consider whether special educational provision need to be made. Devise plan in conjunction with expert advice.

- Support and advice for teacher.

- Specific behavioural plan in class – e.g. sit in front, token reward systems.

- Additional educational support.

- Planned regular sessions in learning support with pastoral care.

- One to one or small group mental health intervention in school – counsellor (Counselling MindEd) CBT / Counselling / Play.

- Commission child psychologist.

- Referral to CAMHS.

- Know your limits!

Promoting positive behaviour

- Whole school environment addressing bullying and stigma.

- Teaching social and emotional skills in conjunction with parents.

- Individual child intervention doesn't work.

- Small group problem solving / social skills / managing feelings.

- Parents to reinforce at home.

- Combine with parent programmes – *"Incredible years programme".*

Referring to CAMHS

- Get to know local mental health resources including voluntary sector.

- Work with GPs.

- Develop relationship with CAMHS / Local authority.

- Increasingly single point of access.

- Use a clear process for identifying children in need of further support.

- Document evidence of the symptoms.

- Encourage the pupil and their parents/carers to speak to their GP.

- Work with local specialist CAMHS to make the referral process as quick and efficient as possible.

- Understand the criteria that will be used by specialist CAMHS.

- Develop a close working relationship with local specialist CAMHS.

- Consult CAMHS about the most effective things the school can do to support children whose needs aren't so severe that they require specialist CAMHS.

- Attend reviews.

- And beyond - Engage with Director of SS / Healthwatch to have input on local health and well being boards.

Crisis intervention and keeping safe

- Develop a coping / crisis plan for those at risk.
- Consider potential triggers and anticipate future challenges.
- Develop safety tools / strategies with child and parent may include:
  - A place for child to go
  - A staff member to go to
  - Time out cards
- Involve staff who need to know.
- In a crisis remain calm and patient and assess severity.
- Take suicide threats seriously.
  - Call parent / carer.
  - Identify appropriate emergency centre.
  - Last resort may need to call emergency services.
  - Support / explain to other students

- Follow up and help return to school.

Conclusion

- In order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy.

- Where severe problems occur schools should expect the child to get support elsewhere as well.

- Schools should ensure that pupils and their families participate as fully as possible in decisions and are provided with information and support.

- Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem.

- There are resources available to help school staff support good mental health and emotional wellbeing.

Conclusion continued…

- Schools should consider if their pupils would benefit from the offer of school counseling services.

- There are things that schools can do – including for all their pupils, for those showing early signs of problems and for families exposed to several risk factors – to intervene early and strengthen resilience,

- Schools can influence the health services that are commissioned locally through their local Health and Wellbeing Board

- There are national organisations offering materials, help and advice. Schools should look at what provision is available locally

Any questions?

Resources

Mental health and behaviour in schools Departmental advice for school staff

Promoting emotional health and wellbeing through the National Healthy School Standard – resources

Promoting children and young people's emotional health and wellbeing. A whole school and college approach

NICE (2013a) *Social and emotional wellbeing for children and young people*. London: National Institute for Health and Care Excellence.

www.cypmhc.org.uk/resources

www.minded.org.uk – **e-learning platform**

Resources

www.rcpsych.ac.uk **RCPsych – fact sheets**

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? (2015) Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau www.ncb.org.uk/areas-of-activity/education-and-learning/partnership-for-well-being-and-mental-health-in-schools/what-works-guidance-for-schools