Welcome to HOPE Project Training
While you wait, please log in to the WiFi

• Go to www.menti.com
• Use the code 98 64 36
• Complete the questionnaire

You may want to look at and complete ACE’s questionnaire.

Understanding the Mental Wellbeing of Children & Young People: Support in Schools

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What you will gain from today

• An understanding of mental health – definitions & statistics
• An understanding of other services in relation to children’s mental health
• Signposting – when & how
• An understanding of the risks and resilience factors for children and young people
• Learn strategies for helping children and young people needing emotional support

Explain terms of reference: CAMHS/LST/CYP

• Any additional requests/needs from today?

Activity: Mental Health & Emotional Wellbeing – Who Am I?

• Give a name, age, gender, identity
• Who are their friends?
• What is going on in their life?
• What do people say about them? – at school/college; in the community; in their family; in the media?

I have a mental Health diagnosis but I am coping well, using strategies and enjoying my life

I have a mental Health diagnosis. I am not coping and I am not happy

I have no diagnosis. I am well and enjoying my life

I have no diagnosis, but I am not coping and I am not happy.
**Definition, “What is Mental Health?”**

“The capacity to live a full, productive life as well as the flexibility to deal with its ups and downs. In children and young people it is especially about the capacity to learn, enjoy friendships to meet challenges, to develop talents and capabilities.”

(Young Minds)

- Young people identified four main factors as contributing to mental health:
  - Family and Friends
  - Having people to talk to
  - Personal achievement
  - Feeling good about yourself

Young People from Muslim Pakistani backgrounds identified the family as an important source of support.

(Armstrong Hill & Seeker 1998)

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**Definition, “What is Mental Health?” cont...**

- The Mental Health Foundation says

  “If you’re in good mental health, you can make the most of your potential, cope with life and play a full part in your family, workplace, community and among friends. Some people call mental health ‘emotional health’ or ‘well-being’ and it’s just as important as good physical health.”

For the purposes of HOPE mental health includes emotional health and wellbeing and is therefore relevant to all members of the school community.

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**Children & Young People’s MH Model**

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**Getting advice: Resources and Ideas**

1. What will YOU/your school do to contribute to the “NEEDS” of CYP of ‘Getting advice’ in the doughnut?
   - Consider the digital platforms; websites/helplines; self help, national organisations
   - Where will you signpost to?

   Share ideas and resources...

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**Resources**

- Online
- In person
Why Does Mental Wellbeing Matter?

1 in 10 children and young people aged 5-16 years worldwide have a clinically diagnosable mental health disorder.

It takes an estimated 17 years for treatment options to be translated from research to practice.

Half of all adult mental health problems start before the age of 14.

Children and young people receive less than 5% of mental healthcare funding.

Only between 35-50% of people with severe mental health problems receive treatment.

The wider economic costs of mental illness in England are estimated at £105 billion each year.

70% of CYP who experience a mental health problem have not had appropriate interventions at a sufficiently early age.

75% of children & Young People with mental health disorders like depression and anxiety are not being identified or given help.

Risk Factors aka Adverse Childhood Experiences (ACE)

• Factors that increase the probability of a child developing a mental health problem
• Complex interplay between the range of risk and resilience in a child’s life
• Risk factors are cumulative

Risk Factors – Child

Genetic influences
Development delay
Learning difficulties
Communication difficulties
Difficult temperament
Physical illness, especially if chronic and/or neurological
Academic “failure”
Low self esteem (DFES 2001)

Risk Factors – School

Parental conflict/Family breakdown
Inconsistent or unclear discipline
Hostile & rejecting relationships
Failure to adapt to child’s changing developmental needs
Abuse - Physical, sexual and/or emotional
Parent with psychiatric illness/criminality, alcoholism & personality disorders
Death and loss - including loss of friendships

Risk Factors – Family

At least one good parent (carer)/child relationship
Affection
Clear, firm and consistent discipline
Support for education
Supportive long term relationship/absence of severe discord

Risk Factors - Family

Mother is treated violently
Parental conflict/Family breakdown
Inconsistent or unclear discipline
Hostile & rejecting relationships
Failure to adapt to child’s changing developmental needs
Abuse - Physical, sexual and/or emotional
Parent with psychiatric illness/criminality, alcoholism & personality disorders
Death and loss - including loss of friendships

Resilience Factors – Child

Secure early relationships
Being female
Higher intelligence
Easy temperament when an infant
Positive attitude, problem solving approach
Good communication skills
Planner, belief in control
Humour
Religious faith, capacity to reflect

Resilience Factors – School

Clear Policies on behaviour and bullying
‘open door’ policy for children and young people to raise problems
a whole school approach to promoting good mental health
positive classroom management
a sense of belonging
positive peer influences

Resilience Factors – Family

At least one good parent (carer)/child relationship
Affection
Clear, firm and consistent discipline
Support for education
Supportive long term relationship/absence of severe discord

Resilience factors

At least one good parent (carer)/child relationship
Affection
Clear, firm and consistent discipline
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5P’s of Formulation

Risk Factors
• Genetic influences
• Development delay
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Resilience Factors
• Secure early relationships
• Being female
• Higher intelligence
• Easy temperament when an infant
• Positive attitude, problem solving approach
• Good communication skills
• Planner, belief in control
• Humour
• Religious faith, capacity to reflect

Risk Factors
• Bullying
• Discrimination
• Breakdown in or lack of positive friendships
• Deviant peer influences
• Peer pressure
• Poor pupil to teacher relationships

Resilience Factors
• Clear Policies on behaviour and bullying
• ‘Open door’ policy for children and young people to raise problems
• A whole school approach to promoting good mental health
• Positive classroom management
• A sense of belonging
• Positive peer influences

Risk Factors
• Mother is treated violently
• Parental conflict/Family breakdown
• Inconsistent or unclear discipline
• Hostile & rejecting relationships
• Failure to adapt to child’s changing developmental needs
• Abuse - Physical, sexual and/or emotional
• Parent with psychiatric illness/criminality, alcoholism & personality disorders
• Death and loss - including loss of friendships

Resilience Factors
• At least one good parent (carer)/child relationship
• Affection
• Clear, firm and consistent discipline
• Support for education
• Supportive long term relationship/absence of severe discord
Risk Factors - Environment

**Risk Factors**
- Socio-economic disadvantage
- Or too much advantage?
- Homelessness
- Disaster
- Discrimination
- Other specific life events e.g. robbery, floods, fire

**Resilience Factors**
- Wide supportive network
- Adequate housing
- High standard of living
- High morale school with positive policies for behaviour, attitude and anti-bullying
- Range of sport/leisure opportunities - BE ACTIVE!
- School with strong academic and non-academic opportunities

Activity: referring on and supporting vulnerable young people

Try completing 5P’s formulation...work together in 2’s or 3’s

What would you put in place to build resilience?

Understanding three main areas of Concern:

I. **Anxiety** (3.3% of CYP)

II. **Low mood/sadness/depression** (0.9% of CYP)

III. **Over activity** (1.5% severe ADHD aka hyperkinetic and 5.8% conduct d/o)

- To identify what can be done within schools to help ‘troubled’ young people and those who may be at risk of developing mental health problems
- To understand what helps and current evidence
- Tools to aid understanding
- To relate the learning to participants’ own work practice
- Put evidence into practice

Anxiety aka “Worries”

- Everyone experiences anxiety/worries
- “Anxiety” describe the thoughts and feelings children get when they are frightened, worried or stressed.
- Anxiety can be very useful
- Anxiety that goes on too long or happens too often can interfere with children's ability to enjoy life
- One in five young people experience regular anxiety and stress
- Anxiety can present in many ways

What is Anxiety?

Physical
- Heart races, tense muscles, dizzy

Thinking/Thoughts
- “I’m going to fail”, “I’m cracking up.”

Behaviour
- Pace, rapid speech, eat/eat more, snap/irritable

Emotional
- Tense, stressed, worried, on edge, detached, panicky

What Helps reduce Anxiety?

- Prevention: by appropriate handling
- NORMALISE worries
- Simple explanations and reassurance will help many CYP
- Talk to children and parents
- Guide young person through self-help e.g. http://www.selfhelpguides.nhs.uk/pdf/SelfHelp or www.readinghack.org.uk/readingwell
- Help CYP to understand their worries, put them in context
- Help CYP talk through their anxieties
- Relaxation e.g. visualisation, deep/controlled breathing, distraction
- Share concerns with colleagues/parent/carer/discuss with CAMHS (Duty worker)
Sadness, Unhappiness & Depression

- Ups and downs in mood are normal
- Mood can be affected by a whole range of issues such as stress or how well relationships are going
- Mood can be affected by events or transitions
- Depression is a term used widely to describe anything from feeling a bit fed up to a term known as clinical depression
- Clinical depression is a condition that affects ALL
  - 1 in 200 children under 12 can suffer from depression
  - 2-3 in 100 teenagers are diagnosed with depression (0.9%)
- No single identifiable trigger

Recognising the signs of Low Mood

Important to be able to recognise the signs that a young person may be becoming depressed rather than just fed-up or having a bad patch

- Appearing sad or low in mood most of the time, most days for at least several weeks
- Becoming socially withdrawn and isolated
- Loss of interest in activities
- Being tearful, upset or irritable
- Loss of confidence

Sadness/Depression

Things to think about - Risks include:

- Young people with another member of the family who has suffered from serious depression are at a higher risk.
- No response to opportunity to talk in universal setting
- Social isolation and bullying
- Low mood where other risk factors are present
- Failure to achieve goals such as passing exams
- CONSIDER WHAT WILL HELP ? - Resilience factors, who is available in the YP’s network?

Anxiety/Sadness

What you can do

- Ask and listen
- Recognise signs – use outcomes Tool for 8+ y/o’s
- Encourage activity and remain in usual daily activities
- Provide positive reinforcement
- Provide information and signpost where appropriate
- Share concerns and discuss ideas
- Contact a CAMHS specialist/team if child expressing the desire to die or suicidal thinking (contact should be made immediately) or showing several signs of serious depression and these symptoms persist for more than 4-6 weeks

Activity

- Have you ever dealt with a child or young person who was feeling sad/depressed?
  - If so, how did you deal with it?
- How might you notice signs of low mood in young people in your professional or personal life?
  - What might you do?

Over-activity/Inattention

- General information
  - Some children are naturally energetic, restless and excitable.
  - Children who have a marked difficulty with concentration/attention/overactivity may have limited learning
  - A child’s overactivity and inattention can lead to stress
  - Excessive use of electronic devices/social media leading to sleep deprivation, poor attention

Gratitude activities / Random acts of Kindness
Overactivity/Inattention or Trauma?

Things to think about:
- Many children are naturally lively
- What is the benefit of the behaviour?
- Frustrations, trauma and worries can all be shown in restless behaviours as can poor health behaviours such as too much screen time, not enough sleep, poor diet etc.
- www.youtube.com/watch?v=bBeGD00Un1A (Van der Kolk)
- www.youtube.com/watch?v=6ITcOOGp8WU (Sir Ken Robinson)
- Are basic needs being met? Consistent routines?
- SDQ for Emotional/behavioural difficulties

Overactivity / Inattention

What you can do
- Give structure and encourage routine (consistent)
- Keep structure, clear boundaries and routines
- Provide a safe classroom/school
- Give clear instructions, reduce distractions in collaboration
- Movement breaks/physical activities
- Provide positives and opportunities to succeed
- Genuine praise & acceptance all efforts
- ...catch them being good!
- Contact a CAMHS specialist/team for advice

What helps children and young people's mental health

- Adults being self aware
- Understanding and empathy
- Listen
- Accepting and acknowledging you will NOT have the answers...collaborate
- Encourage physical activities
- Be clear on expectations and check understanding
- Use tools to guide your assessment: Session Feedback/SRS
- Solution Focused approach/Setting Goals (“Learning Intention”)