Mental Health Workshop January 2018

Aims

- Mental health in schools
- Mental health issues in childhood
- Feltonfleet's Mental Health Strategy

Moving forward - 2018-2019

- Programme of expert speakers: anxiety and eating disorders
- Mindfulness for Parents
- Mental Health & Social Media
- Strategies Session: Sharing good practice

Beyond 2020 Pupil Development

'An environment conducive to MINDFULNESS and positive MENTAL HEALTH that provides time for pupils to relax, reflect and grow in resilience and flexibility'



TARGET

In response to the growing number of cases of children with emerging mental health issues from as young as 7. In line with a national trend.
Since that time we have developed and launched a whole school MHS, that includes staff training, curriculum time for learning about mental health and strategies to build good mental health practices and parental programme.



'Mental health is a state of well being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community'



We teach our young people to look after their physical bodies and encourage positive habits essential to physical development and long-term health. We intervene early if we identify a physical concern/problem.



Following developments in health care and mental health there is a global movement in schools to develop provision for identifying issues early. Schools are **not expected to be experts** but to show an awareness of mental health issues so that early intervention is possible. Just as we would intervene early with a physical illness.



We live busy lives with multiple competitors for our attention



Children are naturally curious and tend to live in the moment. However, their lives are also busy. Like us they get tired, easily distracted and restless. **They have lots to do but very little time just to 'be**'.

They juggle lot of balls socially and emotionally at home and at school. Add to that everything they have to learn, any needs they might have, and it inevitably, at different points and stages, becomes too much. On their own they struggle to find the **pause** button. They need help to find ways to learn to self-regulate and seek help if and when needed.

Healthy stress a natural part of life in childhood and adult life necessary to grow and develop.

PROBLEM: Healthy stress can be displaced by toxic stress when life's demands consistently outpace our ability to cope with those demands.



Fight, flight or fright mode

Short attention span

Feel failure, anxiety and despair

Find it hard to regulate emotions and therefore manage relationships at home and school

Derails healthy emotional development

Why is early help essential?

One in ten children aged between 5 and 16 years (three in every classroom) has a mental health problem, and many continue to have these problems into adulthood.

50% of all mental ill health starts before the age of 14 years, and 75% has developed by the age of 18.

Rates of depression and anxiety in young people have increased by 70% in the past 25 years.

It is vital that teachers get more support and training to help with mental health problems as it is one of the biggest issues our country is facing today. Mental Health First Aid (MFHA) will soon be compulsory training for all teachers.





RISK factors & PROTECTIVE factors

Risk Factors

- * Genetic influences
- * Learning difficulties
- * Social and communication difficulties (ASD & ADHD)
- * Family breakdown
- * Parental conflict or trauma **Domestic violence**
- * Inconsistent discipline
- * Parental psychiatric illness or addictions
- * Death and bereavement
- * School culture that does not promote positive mental health
- * Bullying
- * Discrimination
- * Other overwhelming events

Protective Factors

- * Good communication skills
- * Positive relationship with a parent, secure attachment
- * Absence of trauma
- * Clear and consistent discipline
- * Humour, problem solving
- * Positive attitude/mindset
- * Experience of success and achievement
- * Mindfulness reflection
- * School culture where there is strong pastoral care framework & promotion of good mental health
- * Open door policy
- * Anti-bullying culture
- * Positive classroom management
- * Belonging within a peer group

What are the mental health conditions affecting children?

Mental Health Issues in Childhood



MHFA courses cover the following:

Anxiety Disorders

Depression

Eating Disorders

Autistic Spectrum Disorders*

ADHD
(Attention Deficit Hyperactivity*
Disorder)

Anxiety Disorders



Characterised by excessive worry or fear.

Anxiety is a form of stress and is experienced in different ways.

Anxiety mainly relates to worry about what <u>might</u> happenworrying excessively about things going wrong or feeling like you're in some kind of danger. This **impairs** social interaction and <u>ability to cope</u> with every day situations.

Anxiety disorders are among the most common mental health conditions.

There are many different types of anxiety disorders, with different symptoms:

- Generalised anxiety affects a range of everyday experiences
- Separation anxiety Being separated from a parent/loved one
- Phobia anxiety about a particular situation or thing
- Social anxiety fear of social situations

One common trait — prolonged, intense anxiety that is out of proportion to the present situation and affects a person's daily life and happiness. This often leads to panic attacks. The physical symptoms are shortness of breath, nausea, sleeplessness, restlessness and irritability.

Depression



Is characterised by feelings of sadness or low mood that **persist over a period of time** and are accompanied by irritability, apathy, hopelessness, low self-esteem, feelings of guilt, difficulty with relationships and sleeplessness. (Correlation between rates of depression/anxiety and social media which is influential in shaping personal identity.)

If a young person is unable to function at school and has lost interest in things they were previously interested in, that is a major sign, so is increasing social isolation. These are signs that low mood is causing significant impairment.

Eating Disorders



Eating disorders are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour.

A child with an eating disorder may focus excessively on their weight and shape, leading them to make unhealthy choices about food with damaging results to their mental and physical health.

Anorexia Nervosa - refusal to eat fear of weight gain

Bulimia Nervosa - binge eating followed by purging

Obsessive Compulsive Disorders

Young people with OCD are compelled to repeat illogical behaviour for fear of what will happen. The fear triggers intense distressing feelings.

The anxiety is alleviated by rigid and time consuming counting, washing, checking, tapping, repeating words etc... which traps an individual in a cycle of obsessions and compulsions.





Autistic Spectrum Disorder

ASD is a term used to describe a number of symptoms and behaviours which affect the way in which a group of people **experience**, **understand** and **react to** the world around them.

It's an umbrella term which includes autism and Asperger syndrome. ASD is not a learning disability but some people with autism can **also** have a learning support need ranging from those requiring minimal support to integrate fully and lead an active life through to those requiring lifelong, specialist support.

People with ASD traits:



- Find non-verbal communications difficult to understand
- Interpret situations and language literally
- Have difficulty developing and understanding relationships
- Prefer routines and sameness
- Have repetitive behaviours, interests, or activities
- Hyper- or hypo-reactivity to sensory input

When undiagnosed ASD can significantly impair social functioning and the development of relationships and therefore an individual's mental health. (Although with appropriate support this need not be the case.)



ASD and Mental Health

Schools can be extremely challenging places for children with ASD traits. They are busy, social places with lots of stimulus. Most experience sensory overload which they internalise or externalise.

Pupils, staff and parents often find it difficult to manage the response and behaviour of children with ASD. It can be challenging and frustrating if we do not understand the root cause of **presenting** behaviours.

But we have a responsibility to take the time to understand the **presenting behaviours** of children and seek to implement strategies to support them.



If support is not integrated it can lead to social isolation, impairment and heightened anxiety which in the long term has a big impact on the mental health of a child.

A child with ASD either survives or thrives in a school.

When an individual's need is assessed, communicated and understood it means that appropriate and consistent strategies can be put in place, which Staff and a child can own and integrate.

ADHD -Attention Deficit Hyperactivity Disorder.

No such thing as a child with ADHD. A child is a child. A child may show certain ADHD traits.

- A developmental disorder
- Pervasive –affecting more than one setting
- Enduring- difficulties beyond childhood
- Neurological condition

Present before age 12 and is more prevalent in boys than girls.

ADHD TRAITS

Genetic influences are very strong

Several changes in the DNA of chromosomes are now known to be associated with ADHD, these changes are in the genes that control specific neurotransmitters especially dopamine

Inattention	Hyperactivity	Impulsivity
 Does not pay attention 	• Fidgets	 Talks excessively†
 Avoids sustained effort 	 Leaves seat in class 	Blurts out answers
 Doesn't seem to listen 	 Runs/climbs excessively 	 Cannot await turn
when spoken to	 Cannot play/work quietly 	Interrupts others
 Fails to finish tasks/ 	Always 'on the go'	 Intrudes on others
assignments	 Talks excessively* 	
 Can't organise 		
 Loses things, 'forgetful 		

ADHD is characterised by a persistent pattern of inattention and/ or hyperactivity-**impulsivity** that interferes with social functioning and development. Essential that appropriate strategies are employed to safeguard against impact on mental health.

Mental Health First Aid

Anxiety Disorders



Child Development

Fear and anxiety is a natural response, useful in helping us to avoid dangerous situations and motivating us to solve everyday problems.

- * 1st year loud noises, separation from parent
- * Pre-school animals, the dark, imaginary creatures
- * School age school, separation from family, injury, social fears
- * Adolescence interpersonal fears, appearance, school, safety

Generally fears peak at around 11 and decline with age.



Anxiety disorder is different. It describes a condition that relates to severe and prolonged worry about what *might* happen, worrying excessively about things going wrong or feeling like you or your family are in some kind of danger.

Anxiety disorders **impair** social interaction and ability to cope with everyday situations.

What causes anxiety in children?

ANXIETY DISORDERS

They are among the most common mental health conditions.

Include:

Generalised Anxiety Disorder
Separation Anxiety Disorder
Social Anxiety Disorder
Obsessive Compulsive Disorder
Phobias

So what causes anxiety in children?



Medical factors

Anaemia, asthma, side effects of a medication

Genetics

Some research shows that a family history of anxiety increases likelihood

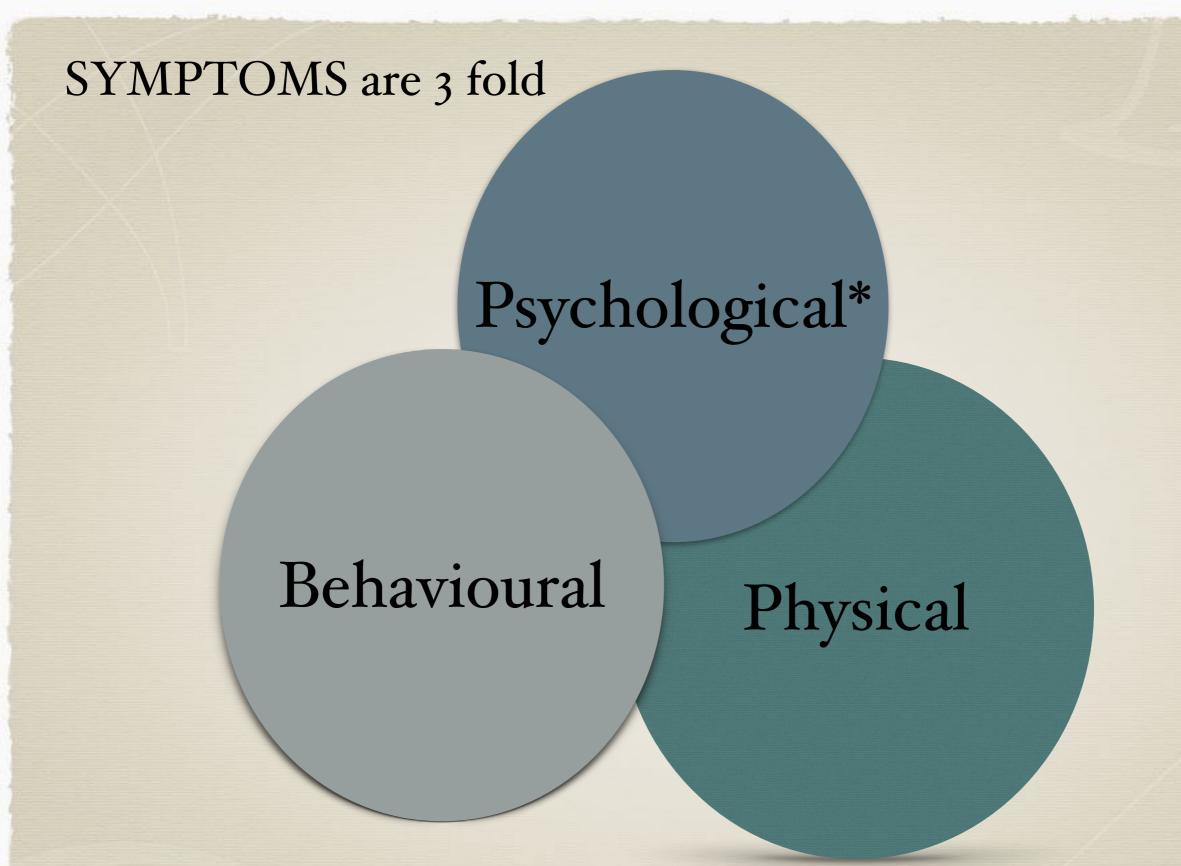
Brain chemistry

Some research shows that people with abnormal levels of certain neurotransmitters are more likely to suffer some anxiety disorders

Environmental

Trauma, bereavement, school, exams, abuse, bullying, domestic situation, divorce, expectations, social media, what others think of them

Sometimes it can be a combination of these reasons.



*We cannot see into the mind of a child but we can see the physical and behavioural signs that something is wrong and a child needs help and intervention is required.



SYMPTOMS of ANXIETY



Psychological

blank
Decreased concentration
Irritability or impatience
Confusion
Nervousness
Tired, sleep disturbances
Unwanted repetitive thoughts

Physical

Palpitations - panic attacks

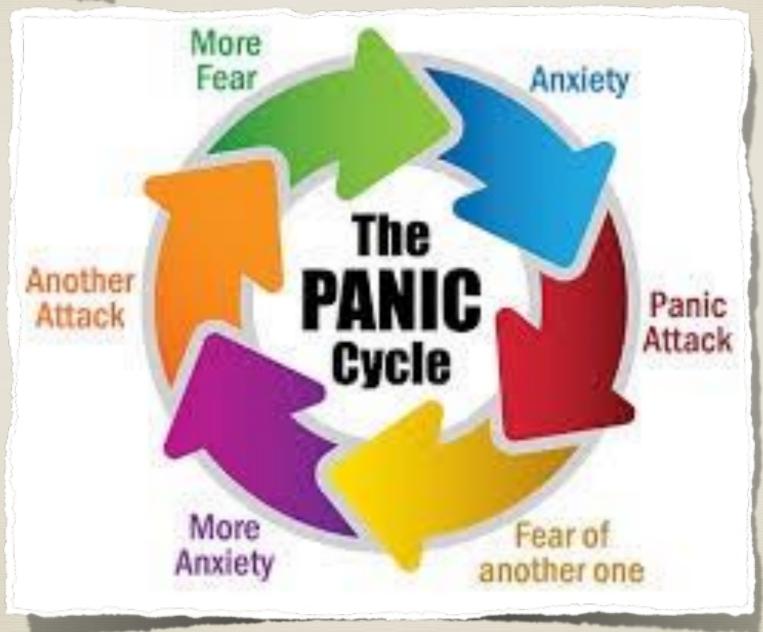
Respiratory - dizziness,
Shortness of breath,
numbness
Gastrointestinal - dry
mouth, nausea, vomiting,
diarrhoea
Muscular - aches and
pains, restless, shaking

Behavioural

Avoidance of situations
Distress in certain situations
Urges to flee and escape



PANIC ATTACKS



Anxiety attacks are triggered by different factors and situations depending on the individual child/adult.

General Anxiety Disorder - GAD

Excessive distress and worry around everyday events and responsibilities

Symptoms:

Distress mentally and physically

Tension, irritability, muscle aches and pains, difficulty concentrating, tiredness, headache, stomach ache, nausea and lightheadedness, difficulty sleeping, avoidance patterns, seeking excessive reassurance

Lack of enjoyment and avoidance of daily activities

Persists for at least 6 months



Separation Anxiety Disorder



Interferes with development of age appropriate independence
Fear something bad will happen to them or loved one when apart
Avoid being apart from parent or caregiver
Significant distress/anxiety when separated or
anticipating separation

Symptoms:

School age and experiences distress for at least 4-6 weeks
Physical symptoms: headache, stomach ache, behavioural
outbursts, crying, clinging and/or yelling
Difficulty getting to school
Misses out on social opportunities

Social Phobia

Extreme shyness. Children with social phobia show severe discomfort in one or more social setting.



They are very self-conscious and are very afraid of being scrutinised and judged.

Symptoms:

Severe anxiety in social situations for at least 6 months

Avoidance and isolation in lessons and at break times

Impacts development of identity and independence

OCD

Compulsions
Repetitive behaviours or rituals performed to relieve distress and anxiety associated with obsessions
Common themes - cleaning, washing and checking behaviours

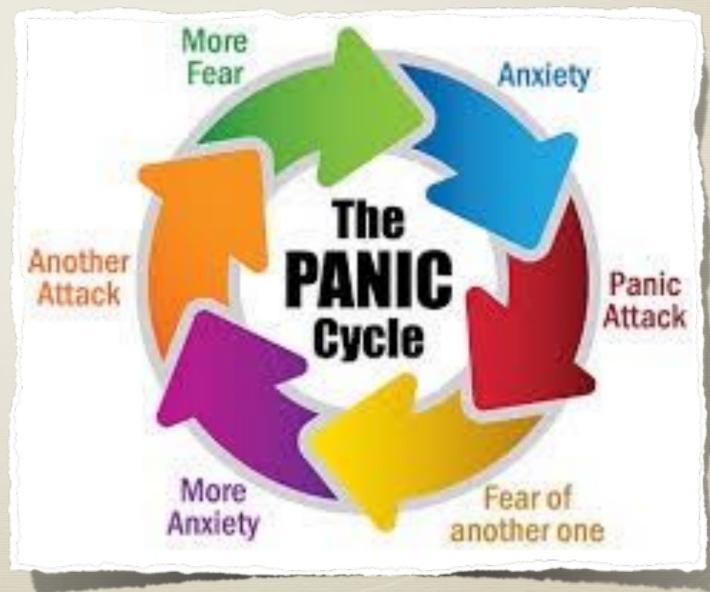


Symptoms:

Frustration and anger if OCD cannot be satisfied
Severe anxiety in social situations
Difficulty concentrating, getting out of the house, attitudes to food
Depression

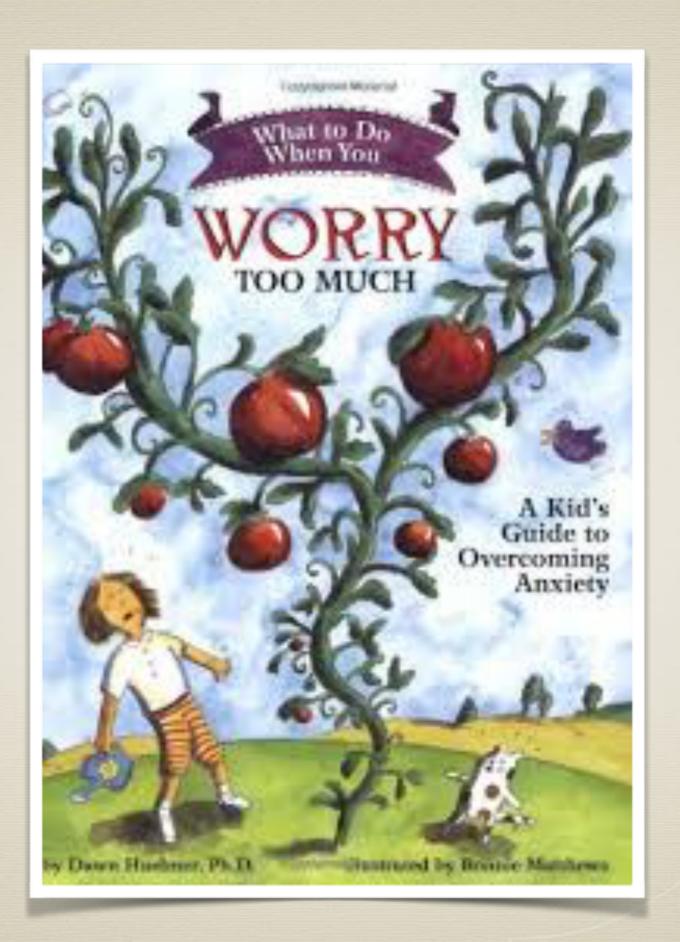


PANIC ATTACKS



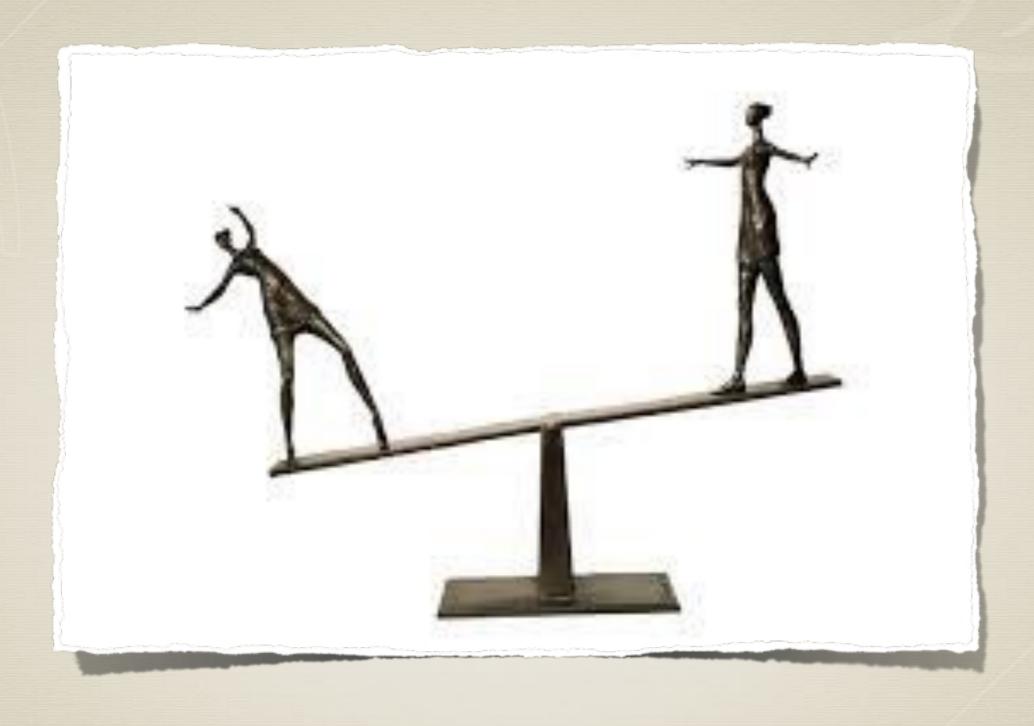
Help with a panic attack

- * Move the child to a quiet place
- * Help to calm them by slow relaxed breathing in unison with your own in and out holding for 4 seconds. (Mindfulness breathing techniques are really useful for ALL children especially those with anxiety)
- * Listen and explain they are experiencing a panic attack, that they will be okay it is not life threatening and they will soon recover
- * Assure them you will stay with them until it has passed and is over
- Excellent resource book Various exercise and activities to help children with anxiety



So what can we do? How can we build emotional resilience?

Create an emotionally intelligent school



Provide PROTECTIVE factors to balance the RISKS

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

In a school there are three basic elements:

- 1. Pastoral care and school ethos
- 2. Positive relationships with a child
- 3. Discreet mental health teaching and learning

Early help

Children are less likely to suffer from serious mental health difficulties in later life if they receive support at an early age.

This means school communities (staff, pupils and parents) need to learn about mental health issues so that we can all become better at identifying the early signs so referral for specialist help can happen much sooner.

Promoting positive mental health improves a range of positive school outcomes but it takes time, training and a commitment to working in partnership with parents.

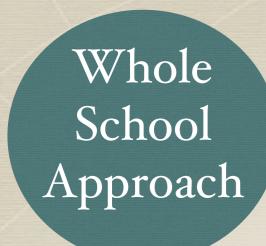
Mental Health Strategy

Aim - Promote positive mental health rather than reduce problems.

Whole School Approach

Staff Well Being
Training &
Development

Pupil Well Being & Learning Opportunities



Mental Health Policy

Sets out how we are seeking develop and maintain a supportive ethos of respect and an acceptance of emotion.

The policy has clear targets to support:

Staff Well Being
Pupil Well Being
Staff Training & Development
Curriculum Teaching & Learning
Early identification and intervention
Educating Parents (including digital devices & sleep hygiene)

Staff
Training
& Development

Our aims:

- 1. To develop Mental health literacy across the school. Staff gaining an awareness of common mental health issues
- 2. Develop staff **expertise** to design and deliver mental health programmes and support children with mental health issues

Staff roles & expertise:

DSL Team - Shelley Lance, Matt Rochford, Mandy-Burton Smith and Neil Kumar

Mental Health Lead - Sam Blewitt

Accredited Mindfulness Leaders - Amanda Wright, Elizabeth Cherry, Sarah Bray and Nil Karaca

Staff
Training
& Development

Mental Health First Aiders (MHFA)

Shelley Lance
Sam Blewitt
Amanda Wright
Elizabeth Cherry (Feb 18)
Helen Marland (Feb 18)

INSET Programme - All Staff

Mental Health - Intro training (April 17)

Anxiety disorders (Sept 17)

Autism & ADHD (Jan 18)

Depression (April 18)

Eating disorders (Sept 18)

Self-harm & suicide (Jan 19)

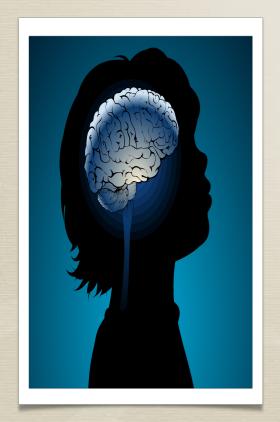
Pupil Well Being & Learning Opportunities

Our aims:

- To develop protective factors and to equip pupils and parents with the language to talk about their own and others' mental health.
- 2. Ensure pupils know how and where to get help if needed.

How?

- * High expectations with a clear support framework and help with decision-making (consequences)
- * Extended opportunities for the Pupil Voice to be heard
- * Meaningful encouragement and systems of reward
- * Discreet curriculum time: Positive Living lessons & 'Time to Stop & Think' (Mindfulness) sessions
- * Form Time with tutors and friends
- * Mental Health Workshops for Parents
- * Library resources
- * Resilience Mentors



Teaching about Mental Health

- 1. Time to Stop and Think
- 2. Positive Living units
- 3. Mental Health
- 4.MHFA

Time to Stop & Think Mindfulness

An approach and set of techniques that equip an individual with positive mental health habits and behaviours

But Mindfulness meditation is NOT:

Positive thinking

Just another relaxation technique

Going into a trance

Trying to blank your mind

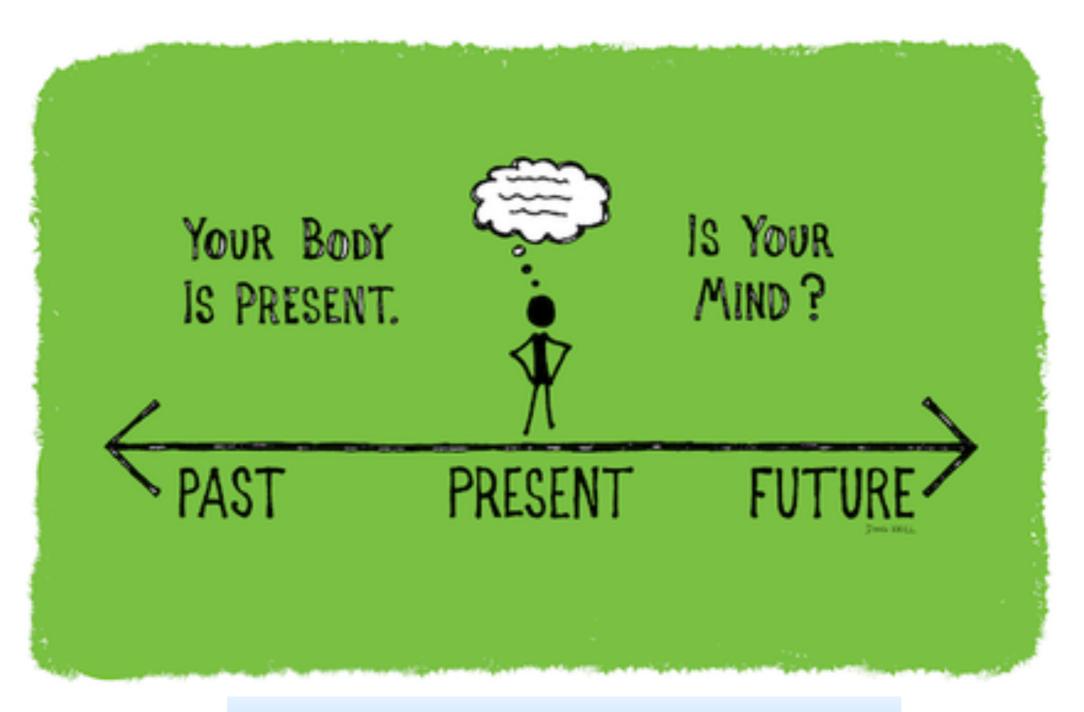
Mindfulness techniques provide the opportunity for young people to control and direct their ATTENTION through:

- Mindful breathing
- Training the attention muscle (movement, looking, listening, tasting) without immediate judgement
- Body awareness and the signals it gives
- Handling difficult feelings and worries



Mindfulness in schools is **not therapy** but is therapeutic in
giving young people a way to
deal with their life
experiences, emotions and
feelings.

It gives children PERMISSION to go 'inside' and acknowledge feelings non-judgementally so they are better equipped to respond and less likely to be impulsive.



It is about creating Head SPACE



Time to STOP and Think

(Mindfulness)

Calvi and Lower School - One session per week

Year 5 - 6 - One period (Friday 2.15-2.45pm) for ONE term on a carousel basis

Year 7 & 8 - Mental Health units in Positive Living lessons

POSITIVE LIVING LESSONS

Calvi and Lower School

Self-care and resilience

PL Curriculum: Year 5&6

What is resilience?

Why is resilience important?

PL Curriculum: Year 7&8

What is Mental Health?

What is Anxiety?

What is Self-Harm?

What is Depression?

What's the difference between anorexia and

bulimia?

What is bi-polar disorder?

TST and PL offer safe environments where pupils can talk and express their views freely and without judgement. It reinforces, and helps them to see, that people have different views, opinions and beliefs.

What causes <u>our</u> senior pupils to feel anxious, stressed and worried?

MEDIA

How I look

Yr 7&8
Thoughts...

SOCIAL

EXAMS (CE) rorism Not completing my prep

Being told off by parents and teachers

Being too busy i.e. Music lessons, LAMDA, Sport, prep etc. 4

Learning Objectives:

Understand what Social Media is.

Identify how Social Media can negatively affect everyone's mental health.

Reflect on Social Media's pros and cons.

Reflect on 2 different social media videos. Can Social Media be trusted?

Starter: Class Discussion

Identification of different types of social media? Which ones do the pupils use? Why?

Ex 1 – Social Media Apps

What do they do? Pros and Cons.

Ex 2 — Impact of Social Media

Introduce the list of impacts. Discuss any the pupils are unsure about. Do they agree? Disagree? Why? Class discussion.

Ex 3&4 – Social Media Dependency

2 videos which look at the effect of social media on adults and children. Similarities? Differences? Questions follow each video. Answer any questions that arise.

Can they empathise and understand the impact that social media can have upon people's mental health?

Are pupils able to identify the social media pro's and con's?

PowerPoint

Learning Booklet

Video Clips

This generation of pupils are experiencing pressures that were not around when we were at school. Social media shapes personal identity posing a risk to mental health

Instagram 'worst for young mental health'

⊙ 19 May 2017 | Health | ■

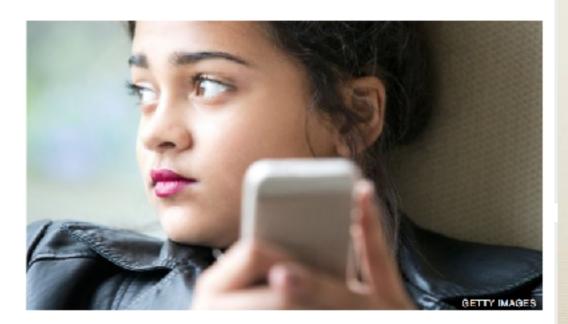












Instagram is rated as the worst social media platform when it comes to its impact on young people's mental health, a UK snapshot survey suggests.

Mental health

Facebook and Twitter 'harm young people's mental health'

Poll of 14- to 24-year-olds shows instagram, Facebook, Snapchat and Twitter increased feelings of inadequacy and anxiety





 Young people scored instagram the worst social medium for sleep, body image and fear of missing out. Englograph: Mark Mawson/Getty Images

Consider ways to develop FF as an emotionally intelligent School.

Raise pupil awareness of Mental Health Issues. Remove the stigma surrounding mental health Issues.

Stay up-to-date with Government guidance

SBL

Mental Health Lead

Facilitate a community where pupils feel safe and able to express their views.

Co-ordinate the MHFA team:
Sam Blewitt
Shelley Lance
Amanda Wright
Elizabeth Cherry
Helen Marland

Help pupils understand that they must speak out in order to receive help.

Raise
awareness of
prominent
conditions to
Staff and
parents.

Mental Health First Aid at School

- * Report concern to Form Tutor/Year Leader
- * Referral to SBL/Deputy Head
- * SBL/Deputy Head Meeting with parents
- * Support plan devised for home
- * School strategies across all areas and resources for staff
- * Specialist referral if needed
- * Ongoing monitoring of the situation

Mental Health First Aid at home

- * Listen to you child
- *Open up opportunities to talk
- * Persevere, persevere, persevere
- * Note changes in attitude, motivation and behaviour
- * Share concerns with school and involve your child (control)
- * Support plan devised for home
- * School strategies and support
- * Specialist referral if needed
- *Ongoing monitoring of the situation

Mental Health Strategy

Whole School
Approach
Staff-Pupils-Parents

Staff Well Being Training & Development

Pupil Well Being Pupil Learning Opportunities

= An emotionally intelligent school