"THE IMPORTANCE OF INCREASING MENTAL HEALTH SUPPORT IN PRIMARY EDUCATION"

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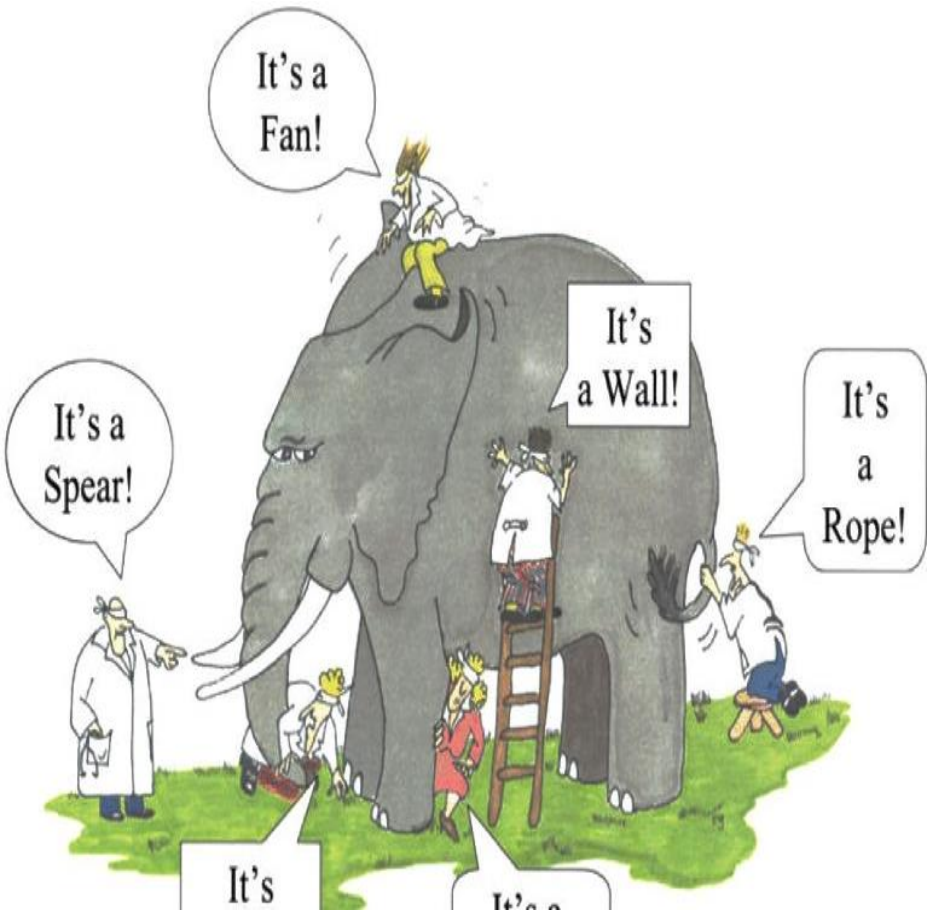
What is Mental Health?

The World Health Organization (WHO) conceptualizes mental health as a:

"state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".



Some of this is subjective:

- What does it mean to realise your abilities?
- What are 'normal stresses'?
- What does productive and fruitful mean here?
- How do you contribute to your community?

This Talk

- **Challenges and opportunities** of spotting early signs of mental health issues;
- **Voice** of the child and parents;
- **'Blame culture': '**bad' behaviour – 'lacking in resilience'; 'quiet';
- **Pressure on Teachers;**
- **Solutions?**

Example 1: Jess

Jess is an 11 year old mixed-race girl who has been suspended from her local primary school for a year, due to 'aggressive behaviour' towards staff and fellow students. Jess is an only child, who lives in a council flat with her mother, who is a single parent with mental health issues. The local Racial Equality Council, a charity that supports families from ethnic minority communities with a range of issues, including safeguarding, housing, hate crime, education, racism and mental health support, has been asked to get involved in the case, by Jess's mother who feels that she is the victim of racist bullying, triggering her 'bad' behaviour. After a number of meetings/conversations with the school, it turns out that the school has not received training in this area, and has little awareness of hate crime and racist bullying. No other services are involved, as Jess is not deemed an at-risk child, and she does not meet CAMHS thresholds.

Jess - Continued

When schools fully opened again after the second lockdown Jess starts secondary school, but the racist incidents start again. This is addressed with the school; the school decides that these are not racist incidents and tells Jess that she needs to become more resilient. Jess starts self-harming, and again the Racial Equality Council gets involved, Jess is now also receiving support from a Child Psychologist. Jess no longer wants to attend school and is receiving home tutoring.

Example 2: Jack

Jack is a 10 year old boy (Caucasian) in the final year of primary school. He has found primary school hard and has found it difficult to settle in, since he started school at age 4. Due to his ongoing issues, his parents had asked for a psych assessment, because they thought that he may have ASD. The assessment (at age 4) suggests that Jack does not meet the threshold and no support is provided to the parents and Jack.

Jack - Continued

During the C-19 pandemic when most of his teaching and learning is online and he is expected to undertake homework tasks at home, his anxiety increases. One time he spends a whole day doing a homework task, only to find out that it was the completely wrong task – when discussing this with his classroom teacher, she indicates that she had been giving him individual support, pre-Covid, as he was not able to engage with tasks without this being explained to him individually. This was the first time the parents heard about this. When schools open again Jack no longer wants to go to school; he cries, screams and bangs his head against the wall. His parents keep him at home and involve a child psychologist; a range of tests suggest that Jack has ASD and depression.

Missed opportunities - Jess

Focus on 'bad' behaviour, ***rather than how racism may have triggered this;***

She is told that she needs to become more resilient – ***but isn't her resistance a sign of resilience?***

Transitions (early years – primary – secondary) need more attention;

Early signs: ***Picking at skin when 5 "I want to be white"***

What about Jess's voice?

Missed opportunities: Jack

Problems at age 4 ***not engaged with;***

Not meeting ***thresholds;***

Parents ***not listened to;***

Communication = lacking;

Wider issues in the family ***not engaged with;***

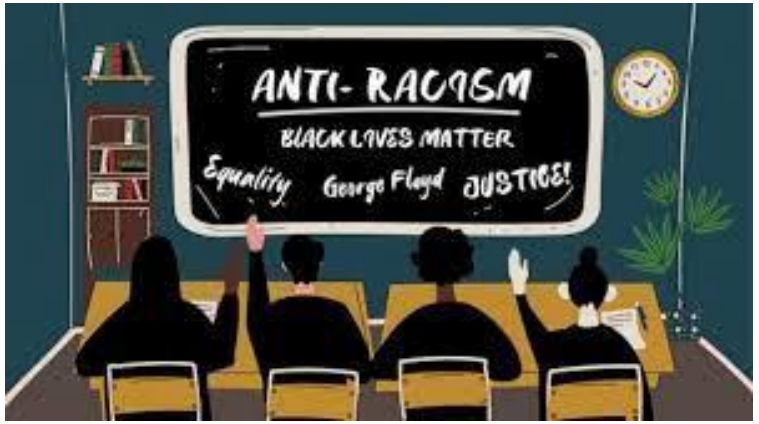
What about Jack's voice?

Early Years and Primary: *Risks & Signs*

- ***Distress to novelty*** *(behavioural inhibition, temperament), separation, emotional regulation.*
- ***Parent anxiety, depression*** *(over/under-involved/protective parenting);*
- ***Peer relationships****;*
- ***Behaviour changes*** *(e.g. withdrawn vs hyper-active);*
- ***Physical signs and symptoms*** *(e.g. belly ache).*

Risks & Signs - Continued

- *Inadequate* ***educational opportunities****.*
- ***Rejected by peers*** *and/or* ***bullying****.*
- ***Discrimination.***
- *Problems in* ***Social Interaction****.*
- ***Speech; language; vision; hearing problems****.*
- ***Major life events*** *– e.g. Covid-19.*



Impact on Families

The impact of undiagnosed and untreated mental health issues in children:

Symptoms cause poor functioning at a critical developmental time (in school, with friends and at home);

Children often fail to develop the social, functional and academic skills they need to succeed in life;

Behaviours are often 'unpleasant' and 'irritating'; and

Ultimately, children are robbed of their childhood.

Schools are often not well-prepared to support children with MH issues

WHY NOW? *Nature & Nurture*

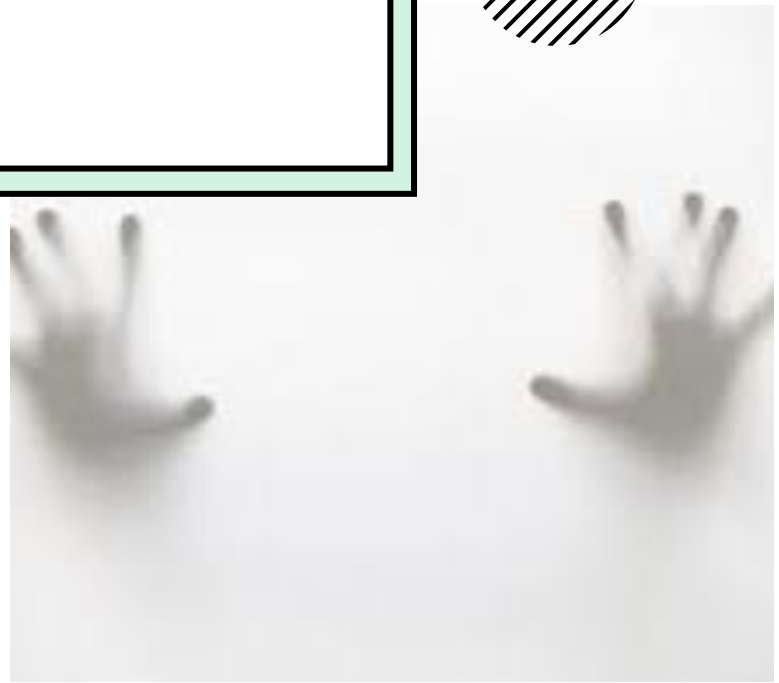
- **Increased awareness of problems of young children; gaps in provision.**
- ***Brain development research.***
- **Increased use of psychotropic medications.**
- **Problems as early as in daycare and early education settings.**
- **Emergence of *infant and early childhood mental health as a field.***
- **Importance of environment and relationships.**
- **Relationship between healthy social and emotional development and later *school success.***
- ***Covid-19 Pandemic.***

Strategies: What Works for Families

At the individual family level:

- Understand the **early stages of emotional turmoil** for families;
- Collaboration & Communication; ***designated safeguarding lead/MH support***!
- Help the family to understand **how to access MH services and supports;**
- Provide the family with **resources** – *they will want to learn more.*

What is needed



- **Increasing mental health support and opening the debate about mental health in schools can only help to reduce stigma.**

But

- ***This should also include a stronger commitment from the government to invest in improving the wider factors that impact on mental health and well-being of both children and teachers.***

Teacher Mental Health

Is it fair to put the onus on the teachers to identify and recognise symptoms, as well as having the "confidence to reassure and support a young person in distress"?

Doesn't that put quite a lot of pressure on already overworked teachers?

Mental Health & wellbeing of ***teachers***

Nearly half of the 3,000 teachers aged under 35 surveyed by the National Union of Teachers said that they expected to leave the profession within the next five years, *citing concerns about their own mental health* as one of the reasons.

A way forward

- **Joined up working, including strengthening parent-teacher/practitioner partnerships.**
- **Building resilience – 'targets'.**
- **Listening to young people, parents & teachers!**
- **More discussion needed around MH in early years (prevention/early intervention).**
- **Head of wellbeing – 'wellbeing room' – consistency.**
- ***Teacher support & workload.***

References

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