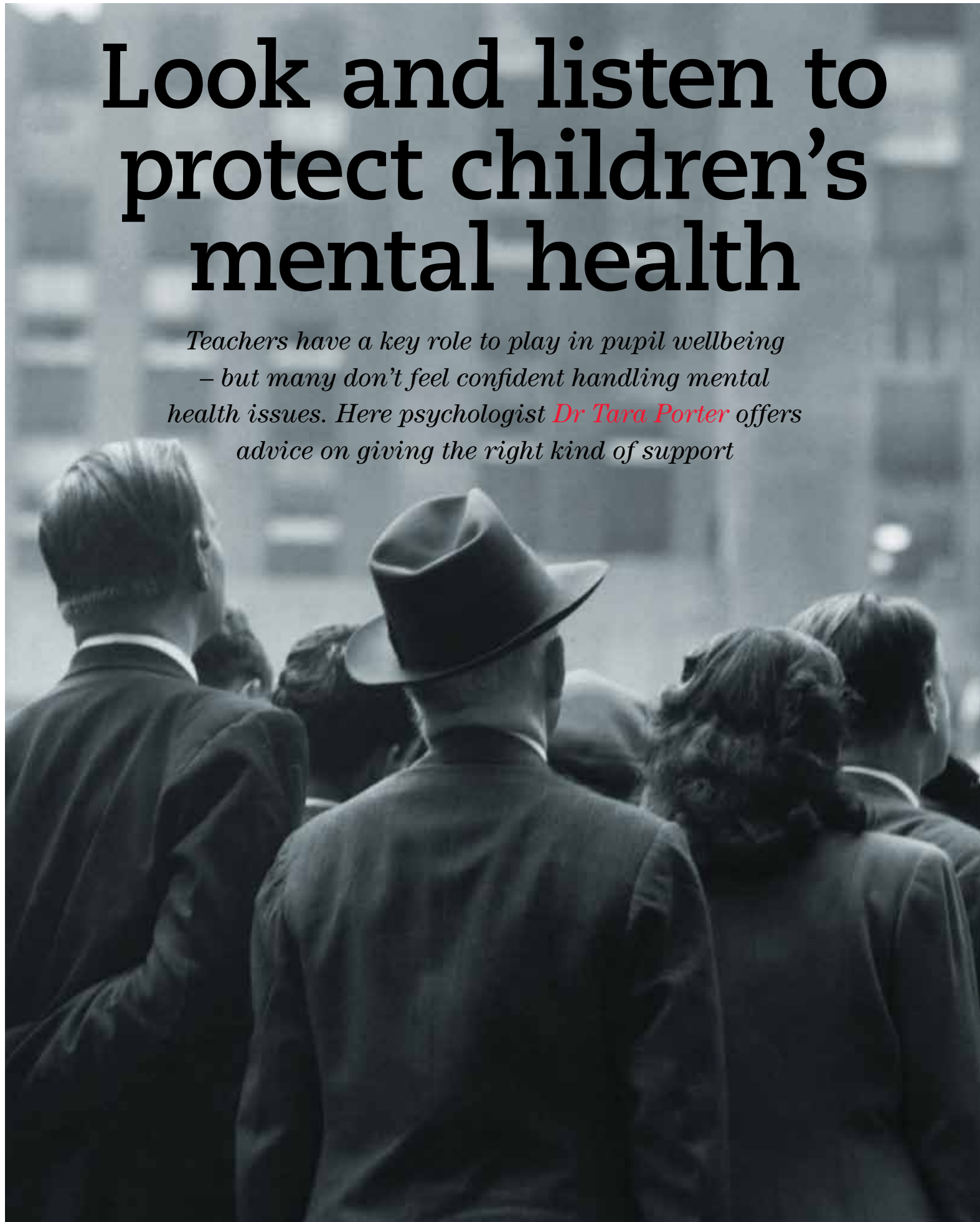


Look and listen to protect children's mental health

*Teachers have a key role to play in pupil wellbeing – but many don't feel confident handling mental health issues. Here psychologist **Dr Tara Porter** offers advice on giving the right kind of support*



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Last year, the government announced that child and adolescent mental health services (CAMHS) would be one area of increased investment among the austerity cuts: £1.25 billion is to be spent up to 2020. It sounds like a lot, but I can assure you, as someone working in CAMHS, that this money feels like a drop in the ocean.

For the first time, in January this year, the Health and Social Care Information Centre counted children as well as adults in its mental health data collection. This showed that approximately 2 per cent of under-18s were receiving mental health treatment through CAMHS or other NHS-contracted services. This is likely to be an underestimate of actual numbers, as it did not include those receiving care through school counselling, charities or privately, or those suffering in silence.

Indeed, figures from A&E indicate that the numbers of young people presenting with “psychiatric conditions” almost doubled between 2009 and 2014.

Does this mean that mental health problems are on the increase among young people? It is impossible to say. It may be that the figures reflect something particularly toxic about modern life, or we may just be becoming more aware of the mental health of our young people. Either way, teachers and heads working with all children throughout the UK have a key role to play in both the prevention and identification of mental health issues, and supporting the young person to recover.

Here’s a short guide, from a CAMHS perspective, on how that might be done.

1 Tackling the root cause

In thinking about prevention of mental health problems, we would want to consider two issues: the reduction in factors that contribute towards problems, and the promotion of resilience to them.

While there are myriad different factors that impact on mental health – many outside of schools’ remit – one that comes up again and again is bullying. Anecdotally, I would say that most young people in CAMHS see bullying as one of the factors in the onset of their difficulties. I know schools work hard against bullying, but these incidents are still occurring.

In thinking about emotional resilience, Daniel Goleman’s seminal text *Emotional Intelligence* can help. He refers to four levels of emotional growth, from self-absorption; through awareness; to empathy and finally compassion. Teachers can encourage awareness, empathy and compassion in several ways: through being a role model; in seeing academic materials through these factors (eg, teaching children to consider things from other people’s perspectives); as well by incorporating specific techniques that

‘A listening ear from a valued and respected teacher can go a long way’

have been shown to improve mental health, such as mindfulness.

What about exams? After all, they are most often credited with causing stress in young people.

The argument is that children are under more academic pressure today than ever and grade inflation, combined with a globally competitive, consumeristic economy, has led to some pupils experiencing a sense of learned helplessness about their opportunities, while others are constantly striving to reach impossible standards.

My answer is simple: I would put in a personal request that teachers think hard about the “motivational” speeches they give to children at the start of Years 10, 11 and 12.

Is there any evidence that these improve motivation? I certainly know anorexics who have taken these speeches so seriously that they started to get up at 5am to study harder.

2 Identification

It can be very tricky for teachers to spot mental health issues as they don’t look like one thing, and can present in as many ways

as there are individual pupils. It is a stereotype – with some truth – that boys with mental health problems may externalise it (act out, violence), whereas girls tend to internalise (anorexia, self-harm).

While teachers have to notice the former group, it may be harder to notice or find time for the latter quiet, compliant group.

Teachers should be on the lookout for changes in behaviour for that individual pupil, and behaviour that is unusual in the context of their peers. Symptoms such as hearing voices should always be checked out by a mental health professional, but they do not always mean that the young person is suffering from psychosis. Similarly, thoughts of suicide need to be taken very seriously.

Self-harm is certainly on the increase, and while most teachers would notice cuts or burns on the arms, they should also be vigilant for young people always keeping their arms covered, even in hot weather.

3 Action

Suicidality – serious thoughts about taking one’s own life – and self-harm are understandably concerning for schools, but some responses can seem punitive to the young person; for instance, if a child is not allowed on a school trip it might make them less likely to confide again.

Teachers should not be scared of talking to a pupil with suspected mental health problems. Teachers are sometimes worried about making the situation worse, but anything said with warmth and empathy is unlikely to do so.

Encourage the young person to seek help, through the school counsellor, their GP and, of course, their parents. However, a listening ear from a valued and respected teacher, with some understanding and advice, can go a long way.

Children and adolescents often don’t have the language to explain complicated, abstract thoughts and feelings, and so they may need some help putting it into words (“Is it like this? Or that?”).

Within the limits of safeguarding, keep their confidentiality: kids often fear their teacher making reference to their difficulties in class.

Finally, don’t underestimate the importance of normal routines in recovering from a mental health disorder. Mostly, we want our patients to continue going to school and seeing their friends, and only rarely do children need a break from this. Depressed children who stay at home out of school, tend to get more depressed. But, please, please, excuse the children for their CAMHS appointments (which may be weekly). We can’t see all of them out of school hours. ●



Dr Tara Porter is a highly specialist clinical psychologist working with CAMHS for the Royal Free London NHS Foundation Trust

Teachers ‘lack understanding’

During my five years in a comprehensive secondary school, I have experienced how the issue of mental illnesses is dealt with by the school’s staff and facilities. What I’ve found is that, however well prepared and knowledgeable the school is in supporting a pupil with a mental illness, it is the understanding that is lacking.

For instance, one case of an eating disorder is not the same as another, but the school staff

would still follow the same procedure to help any student, even though this may not be applicable to them. This strict idea of what mental illnesses look like is also a problem in terms of spotting problems – someone suffering from an eating disorder does not have to look very thin.

Taking my experience as an example, it is also clear that the topic of mental illnesses is not discussed in enough depth

with students. When I became ill, I remember being in denial about having anorexia nervosa, especially because I had learned in school that it was simply a desire to be thin or to look like a model – neither of which applied in my case.

Had I known more about anorexia, I may have sought help earlier, preventing it from becoming as bad as it did. Clara Goundry is 16 and a student in London