PRIMARY TEACHING

EDITED BY

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LEARNING
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IN PRIMARY
SCHOOLS
TODAY

SAGE | **Learning Matters**

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WHY DO TEACHERS NEED TO KNOW ABOUT CHILD MENTAL HEALTH?

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Today, organisations are recognising an increasing prevalence of mental health problems in school-aged children and consequently, governments are expressing greater commitment to tackling this issue. There is a greater emphasis now on promoting positive mental health, preventing the development of conditions and treating mental illness. Schools are at the forefront of addressing the issue. In this chapter, Sarah, Michelle and Khalid focus on some of the core issues related to child mental health, and introduce key concepts and ideas for the field. This introduction to mental health and illness in primary-aged school children provides a foundation information guide for teachers new to this issue.

- WHY IS CHILDREN'S MENTAL HEALTH RELEVANT TO TEACHERS?

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KEY WORDS

- Adults
- Children
- Diagnosis
- Difficulties
- Experiencing
- Health
- Mental health
- Mental illness
- Problem
- Professional
- Resilience
- School
- Support
- Teacher
- Well-being

WHY IS CHILDREN'S MENTAL HEALTH RELEVANT TO TEACHERS?

Children's mental health has attracted increasing attention from policy makers and the media worldwide. In the UK, it is generally accepted that 10% of children and young people, one in three in an average sized classroom, have a diagnosable mental health difficulty and that the likelihood of the onset of a mental health condition increases as the child gets older (Green *et al.*, 2005). An estimated 50% of adults with mental health difficulties reported that they first experienced these before the age of 15 years old (Kessler *et al*, 2005). Collaboration between the Department of Health and Social Care and the Department for Education (2017) recognises that preventive action and early intervention are important measures to reduce the number of children and subsequently adults from experiencing mental health difficulties.

Figure 32.1 The prevalence of mental health issues in children and young people

(Source: Mental Health Foundation: www.mentalhealth.org.uk)

Children and young people spend a considerable amount of their time in school, which places schools in a strong position to support holistic development (Humphrey and Wigelsworth, 2016). One of the statutory roles of a teacher is to provide a curriculum which

promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society

(DfE, 2014)

Internationally, and especially in the UK, schools are being positioned at the forefront of supporting mental health (Weare, 2010; DoH and DfE, 2017) which recognises that academic attainment can work in harmony with mental health development. Research has shown that children with good mental health achieve better outcomes in school, which ultimately promotes better life outcomes (Public Health England, 2014).

A recent DoH and DfE, 2017 Green Paper advocates that teachers have a responsibility to promote positive mental health while also having skills to identify signs of mental ill-health and know what to do to offer support. It is, therefore, important that teachers develop a knowledge and understanding of mental health in relation to children.

WHAT IS MENTAL HEALTH AND MENTAL ILLNESS?

● ─── **CRITICAL QUESTION** ───

How you would define the term 'mental health'? What words come to mind?

'Mental health' is a complex term and there are no universally agreed definitions. Typically, when the term is considered, people often conflate health and illness. For example, when asked to define mental health, often people describe mental ill health, for example, depression and anxiety, which may mean being mentally healthy is forgotten about (Pilgrim, 2017).

● ─── **CRITICAL QUESTION** ───

What does it mean to be in 'good mental health'?

This is especially true when asking children and young people to define mental health (Bone *et al.*, 2015), as they often use quite negative terminology (O'Reilly *et al.*, 2009; Rose *et al.*, 2007). However, the differentiation between being mentally healthy and mentally unwell is an important one.

The World Health Organisation (WHO) define mental health as:

> *Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.*
>
> (WHO, 2014)

This stance promotes the positive aspects of having good mental health.

As a teacher, it is important to be able to find ways to promote positive mental health and recognise any ill aspects of mental health in the children in your care. Perhaps one of the challenges to this is being able to make a distinction between what emotions a child would be expected to experience as part of normal development and when it may raise some concern. Children, just like adults, feel a range of emotions, for example, happy, sad, angry and worried. Emotions can change throughout the day and more than one emotion can be felt at any one time. Emotions can also have different levels of intensities, for example, sad might be described as gloomy, down, blue or depressed. Depending on their developmental ability, children sometimes find it difficult to articulate their emotions to others.

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The lay use of the concept 'depressed' is often muddled with the medical concept of clinical depression. Feeling depressed can mean you feel unhappy and are unable to enjoy activities. It is okay, and often natural to feel depressed sometimes, and would be a very normal response to certain life events, perhaps the death of a pet or a best friend moving school. Clinical depression is more profound however, and is a condition whereby an individual experiences the emotional state for a sustained period of time, sometimes with or without an obvious external cause, and is an emotional state that it is significantly impacting on their quality of life. The boundaries between typical and atypical mental health are not always clear-cut and to some extent are subjective, which makes it challenging to make a distinction between the two.

You may find it helpful to think of mental health as a continuum ranging from mental illness to positive mental health.

Positive Mental Health ⟷ Mental Ill Health

Figure 32.2 The mental health continuum

CRITICAL QUESTION

Think of children you have taught in your classrooms. Where might you place them on the continuum?

One of the challenges in considering children's mental health needs is they can often complain of somatic symptoms, e.g. headaches, tummy aches and feeling nauseous. Children may not have acquired the language to fully explain their emotions and cognition, which may mean they find it easier to explain the physical symptoms they are experiencing.

If a child has a positive mental health, they should have positive well-being, be thriving and be able to cope with their day-to-day demands both inside and outside of school. At the other end of the continuum a child displaying signs of mental ill-health will have low well-being, will not be thriving and struggle to cope with their daily lives. There will, of course, be children at different points on the continuum and this is changeable with many different factors affecting a child's mental health.

WHAT FACTORS IMPACT CHILDREN'S MENTAL HEALTH?

Mental health is complex and there are many factors that may impact on a child's mental health, either beneficially or detrimentally. It may be helpful to consider factors from the following perspectives:

Weerasekera (1996) proposed a useful framework for considering the mental health needs of children by taking into account four factors:

- Predisposing – factors more likely to make a child vulnerable to mental ill-health.

- Precipitating – factors that occur just before that may be a trigger to mental ill-health.

- Perpetuating – factors which increase the likelihood of mental ill-health reoccurring.

- Protective – factors which reduce the likelihood of the occurrence of mental ill-health.

Biological (genes, brain development, infection, prenatal health damage, poor nutrition)

↓↓

Psychological (personality, temperament, early trauma, neglect)

↓↓

Environmental (social contexts of home, school, community, poverty, socio-cultural expectations)
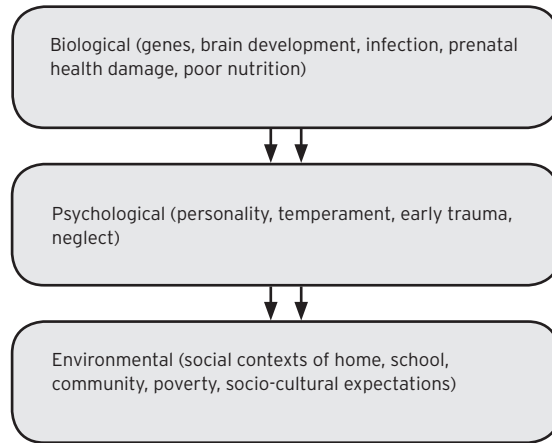
	Examples		
Factors	**Biological**	**Psychological**	**Environmental**
Predisposing	Genetics Medical condition	Learned helplessness Low self-esteem	Social deprivation Poor family relationships
Precipitating	Infection/illness	Low academic achievement	Conflicts with family/peers/teachers Bullying Abuse and/or neglect
Perpetuating	Chronic illness Disability	Repeated sense of failure at school	Ongoing conflicts Ongoing poor relationships Unresolved bullying Ongoing abuse and/or neglect
Protective	Good health Genetics	Good coping strategies School satisfaction Positive self-esteem	Positive relationships

Weerasekera acknowledged that factors impacting on a child's mental health can be within and outside of the child. Brofenbrenner's (1979) ecological systems usefully explains that a child operates in relation to the different systems they interact with. A simplified version is demonstrated in Figure 32.3.

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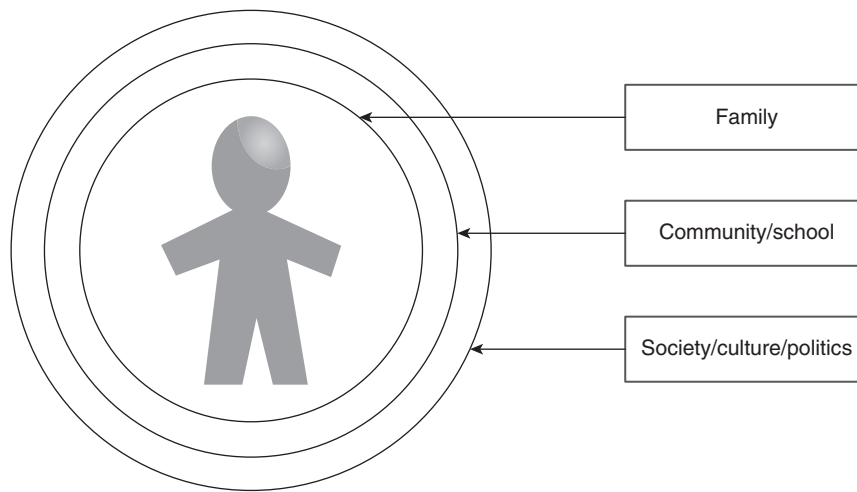
Figure 32.3 Systems of children's interaction

Factors within and outside the child reflect the elements of biopsychosocial influences and it is generally accepted that there is an interplay between biological, psychological and social factors (Wade and Halligan, 2017).

● **KEY READING**

To further develop your understanding of the factors that can impact on a child's mental health, you can refer to DfE (2016) Mental Health and Behaviour in Schools document, which provides a useful table on the risk and protective factors for child mental health. Available at:

www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

You should also note that not all children who have known risk factors that may predispose them to mental health difficulties will go on to experience these. A child's resiliency is also an important factor to consider (Rutter, 1985).

WHAT MENTAL ILL-HEALTH PROBLEMS MAY OCCUR IN PRIMARY-AGED SCHOOL CHILDREN?

Children may present with a wide range of mental health difficulties, some which occur in adults and some which are more specific to childhood. Common mental illnesses in children range from:

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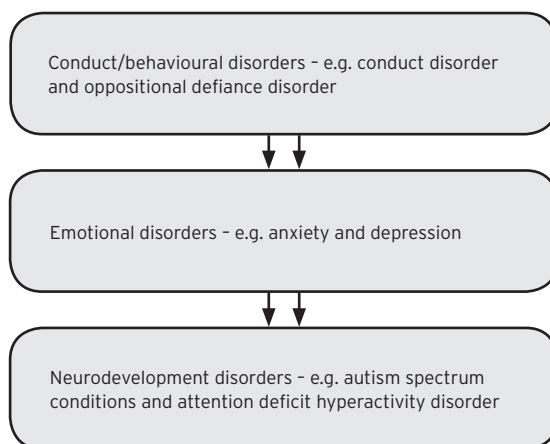
Children may present in more than one area and may have co-existing difficulties.

Other behaviours that may occur in younger children that affect mental health and reflect more emotional states, but which are not clinically recognised independently as mental illness are substance abuse, self-harm and suicidal thoughts and suicide.

In primary-aged children it has been noted that boys are more likely to experience mental illness than girls and that the likelihood of onset increases with age (Green *et al.*, 2005).

While we recognise that there are a broad range of conditions that primary-aged children can experience, there is not room to deal with them all in this chapter, and we would encourage you to do more reading in this area. However, to introduce you to some of the common difficulties experienced in this age group, we provide a brief introduction to some of the conditions or related issues that you may come across in your daily work and how to spot indicators of a mental illness.

CONDUCT DISORDER

Conduct disorders in children present as aggressive and destructive behaviours. While it is normal for children to act out, when these behaviours become persistent and are consistently breaking societal norms and harming others, it may highlight that the child has a conduct disorder. This is more prevalent in boys than girls. Conduct disorders are often viewed as especially problematic in the school classroom, as these children can be disruptive and challenging to teach.

EMOTIONAL DISORDERS

Common emotional disorders that may occur in children are anxiety and depression. The two disorders can also co-exist.

As discussed earlier, feeling depressed can be very normal; the same applies to anxiety. Feeling worried and anxious are normal feelings and can be considered a protective factor in some situations. For example, you

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may start to feel anxious if there is a perceived threat, which may mean you adapt your behaviour in order to keep safe. Children often have typical childhood anxieties such as fear of the dark, monsters under the bed, and animals such as dogs and horses, and will typically grow out of these without causing too much distress.

Anxiety and depression become problematic when the worrying and feelings of sadness become persistent and are excessively out of proportion to the context a child is within, and it is impacting on their ability to function in their daily life. Drawing from the National Health Service (NHS, 2017a and 2017b) guidelines, the following table has been created to help you spot the indicators of anxiety and depression.

	Anxiety	Depression
Signs to notice	- finding it hard to concentrate - not sleeping, or waking in the night with bad dreams - not eating properly - quickly getting angry or irritable, and being out of control during outbursts - constantly worrying or having negative thoughts - feeling tense and fidgety, or using the toilet often - always crying - being clingy - complaining of tummy aches and feeling unwell	- sadness, or a low mood that doesn't go away - being irritable or grumpy all the time - not being interested in things they used to enjoy - feeling tired and exhausted a lot of the time - having trouble sleeping or sleeping more than usual - not being able to concentrate - interacting less with friends and family - being indecisive - not having much confidence - eating less than usual or overeating - having big changes in weight - seeming unable to relax or being more lethargic than usual - talking about feeling guilty or worthless - feeling empty or unable to feel emotions (numb) - having thoughts about suicide or self-harming - actually self-harming, for example, cutting their skin or taking on overdose

NEURODEVELOPMENT DISORDERS

AUTISM SPECTRUM CONDITIONS

These are conceptualised as autism spectrum disorder in clinical manuals, but we favour the less negative notion of 'condition'. Historically, Autistic Spectrum Condition (ASC) was characterised by a triad of impairments, which were impairments in social interaction, in communication, and the presence of

repetitive and restrictive behaviours, but recently these were integrated into two broad domains by DSM-5 (American Psychiatric Association, 2013) as:

- difficulties in social communication;

- restrictive and repetitive patterns of behaviour.

Children with an ASC may engage in ritualistic behaviours and have difficulties understanding and interpreting metaphorical language, e.g. 'it's raining cats and dogs'. Diagnosis of autism has steadily increased over the years, with ASC being the most common primary need for those children with a statement of special educational needs or an Educational Health Care Plan (EHCP) at 26.9 per cent (DfE, 2017a).

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Similarly to ASC, diagnosis of ADHD in children has also been increasing. ADHD is characterised by:

- inattentiveness;

- impulsiveness and hyperactivity.

The NHS (2016) describes typical indicators of ADHD, which occur at both home and school as follows:

Inattentiveness	Impulsiveness and Hyperactivity
- having a short attention span and being easily distracted - making careless mistakes – for example, in schoolwork - appearing forgetful or losing things - being unable to stick at tasks that are tedious or time-consuming - appearing to be unable to listen to or carry out instructions - constantly changing activity or task - having difficulty organising tasks	- being unable to sit still, especially in calm or quiet surroundings - constantly fidgeting - being unable to concentrate on tasks - excessive physical movement - excessive talking - being unable to wait their turn - acting without thinking - interrupting conversations - little or no sense of danger

It is important to note that ASC and ADHD may also co-exist. Children with these diagnoses are also more likely to experience symptoms of anxiety and depression, but these can be missed due to their primary classification (NHS 2017b).

SELF-HARM

The National Institute Clinical Excellence (NICE, 2004: 16) defines self-harm as:

self-poisoning or self-injury, irrespective of the apparent purpose of the act.

The DfE (2016: 49) suggests common examples of deliberate self-harm in school-age children:

include "overdosing" (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation.

Self-harm in primary age school has attracted media attention, with schools leaders reporting an increase in this type of behaviour in the primary school age range (Key, 2017). This is also reflected in admissions to A&E (Morgan *et al.*, 2017).

However, it would be more useful to consider these behaviours as 'in need of attention' with the aim of under-standing what is triggering and driving the harmful behaviours, so that the appropriate support and help can be put in place.

DIAGNOSING MENTAL ILL-HEALTH

Remember, only those qualified to do so can diagnose a mental illness. Medical professions will need to con-sider other alternatives to mental illness to rule out any underlying medical illness, which may present similar symptoms. If you do have concerns about a child's mental health, it is important that these are raised with the appropriate members of staff in school and to work in partnership with the child's parents/carers to discuss further and gain greater insight, unless there are any safeguarding concerns, which should be reported to the Designated Senior Safeguarding Lead in your school.

HOW CAN TEACHERS SUPPORT CHILDREN'S MENTAL HEALTH?

The DfE (2017b: 6) research revealed that schools felt that they could support children's mental health by:

promoting mental well-being by creating an environment where children and young people feel safe and happy;

identifying pupils' specific mental health needs;

providing mental health support for pupils with particular needs; and

referring to and/or delivering specialist therapeutic provision.
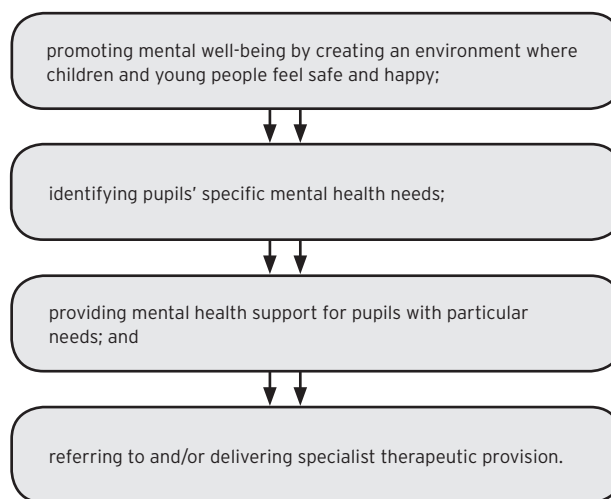
As a teacher, it is important you develop safe and trusting relationships with the children in your class to optimise their chances of thriving.

This includes providing opportunities to help develop children's social and emotional literacy.

IDENTIFYING CHILDREN'S MENTAL HEALTH NEEDS

Identifying children's mental health needs is an important aspect of classroom teaching. Fundamentally poor mental health can negatively impact on children's academic attainment and life chances (PHE, 2014).

INFO 32.1

As a teacher, you are in a prime position to notice changes to a child's behaviour and the impact that this is having at school, both academically and socially. As discussed earlier, there are indicators that may suggest that a child is experiencing mental ill health. Helpful questions to ask yourself are:

- Have you noticed a change in a child's typical behaviour? Are they acting out more or are they more withdrawn?

- How long has this change in behaviour occurred for?

- How are the behaviours impacting on the child's ability to participate fully in school (do consider academic and recreational aspects of school life)?

KEY READING

You may also consider completing a Strengths and Difficulties Questionnaire, which is free to access at: www.sdqinfo.com, to support you in identifying any difficulties.

PROVIDING MENTAL HEALTH SUPPORT FOR CHILDREN WITH PARTICULAR NEEDS

To meet the mental health needs of children, most educational systems adopt a graduated/tiered approach (Weare and Nind, 2011).


Specialist

Targeted
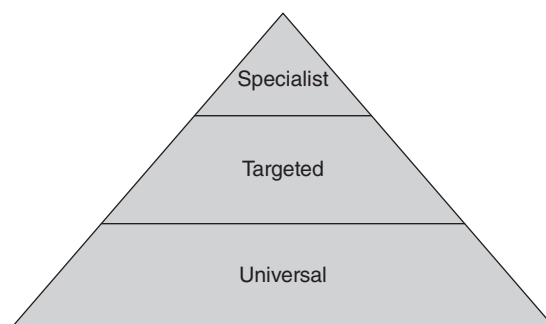
Universal

Figure 32.4 A graduated approach

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Humphrey and Wigelsworth (2016) suggested the following:

UNIVERSAL LEVEL

The mental health provision is designed to reach all children to equip them with the intra- and inter-personal skills to aid resilience and prevent the likelihood of a mental illness occurring.

TARGETED LEVEL

The mental health provision targets those children who are at risk of developing a mental illness due to presenting symptoms.

SPECIALIST LEVEL

The mental health provision is designed to support children with identified mental illnesses and will usually be designed in collaboration with the advice of more specialists services.

A recent review of universal approaches to promoting mental health in schools demonstrated that involving a

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CRITICAL QUESTION

Consider what the universal offer might be in your school. Is there a whole-school approach?

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range of people in mental health is very important, including families, communities, layers of school personnel and, most importantly, the child (O'Reilly *et al*., 2018).

One useful strategy for schools is to dedicate set time through the delivery of PSHE. The PSHE association is a useful resource for curriculum guidance and resources. Additionally, the Anna Freud National Centre for Children and Families has also produced a toolkit for primary school teaching on how to talk about mental health in schools.

Schools may also adopt particular approaches, for example:

emotional literacy programmes — peer mentoring — yoga and mindfulness
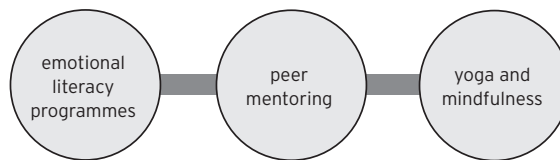
We (the authors of this chapter) are undertaking research suggesting that social media might be more positively harnessed in conjunction with schools.

For an overview of the types of interventions that may be used in schools, you may find it useful to refer to DfE (2017c) *to SEN support: A rapid evidence assessment research report (DfE, 2017c: 50–9)*. Clarke *et al*. (2015) have also provided a review of evidenced-based interventions used in UK schools to enhance social and emotional development in children and adolescents.

At the specialist level whereby children have diagnosed disorders, or you feel you need a diagnosis, schools should refer for extra support from multi-agencies.

WHO CAN SUPPORT TEACHERS IN SCHOOLS WITH CHILDREN'S MENTAL HEALTH?

There are different professionals with responsibility for supporting children's mental health needs, which range from school nurses, GPs, counsellors, clinical or educational psychologists and child psychiatrists. The government is currently investing in training mental health champions within the education environment, with the aim for all schools to have a champion by 2023 (DoH and DfE, 2017).

Schools, with agreement with the child's parents/carers, can refer to services available in their area for additional support. Referrals should clearly state the concerns about the child and how it is impacting, and evidence of support that the school has provided and what impact this has had. We offer a reflection from one of the authors of this chapter in his capacity as a child and adolescent psychiatrist in the box below on how schools can help children.

⬤ —— CLASSROOM LINK ——

What does this mean for classroom practice?

Reflection from a child psychiatrist about how schools can support children's mental health

Dr Khalid Karim, Child and Adolescent Psychiatrist

In my experience, schools play an essential role in supporting children in both primary and secondary school. It is freely accepted that there are many factors that have a considerable effect on children, including poverty, the challenges of having a parent with their own mental health problem or substance abuse problem: and how this affects the child's stability and ability to develop emotionally and behaviourally. Schools therefore have the potential to provide an alternative environment where children can be safe and nurtured, which is especially important when the child spends so much time there. Due to this close relationship, a teacher can develop a unique understanding about a child, which is hard to replicate by other professionals, and this provides opportunities to identify problems early, especially mental health problems. I have seen excellent examples of this in schools, but I am also aware that teachers are concerned about the growing numbers of children in primary school with mental health difficulties, especially anxiety. Teachers have told me that they often feel uncomfortable in dealing with mental health problems as they worry they will make it worse or are not sure how to progress, particularly if a parental difficulty underpins the issue, and this is entirely understandable. Schools as organisations need to take this area seriously in order to support the children and staff.

I have always valued the perspective of the teacher on a child and generally we agree on a way forward, but even if there are difference the child remains upmost in the consideration of all involved. As a child psychiatrist, I wish I could work closer with schools and teacher and there is clearly much we can teach each other about children – but the most important element that is common to all good outcomes for children has been good communication between the professionals. This is from your first description of your concerns right through to understanding how everyone should be working with a particular child.

● ━━ **KEY READING** ━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━

What about a teacher's mental health?

While the aim of this chapter was to explore child mental health, we acknowledge that maintaining teachers' positive mental health and well-being is of equal importance. It is well recognised that teaching can in some ways be a stressful role, and therefore inevitably has some impact on teachers. Arguably, to provide the best possible educational outcomes for children, this is best delivered by teachers who are mentally healthy.

For those of you who are interested, the Mental Health Foundation has a brief and enlightening survey for you to 'Find out your good mental health score'. Of course, this is just a short snapshot survey, but the questions prompt you to consider areas of your own mental health and can be a good starting point for thinking about good mental health. It is available at: www.mentalhealth.org.uk/your-mental-health/good-mental-health-survey

We recognise that most teachers cope well in the profession and find ways to cope with the demands and stresses of the job. However, life events, coupled with job stress, or other adverse circumstances, may for some, mean that managing can be difficult. If you are concerned about your own mental health, we would advise seeking support from your GP. Your own school or training provider should also have guidance about the support available to you as an employee/student.

● ━━ **CHAPTER SUMMARY** ━━━━━━━━━━━━━━━━━━━━━━━━━━━━━

Child mental health is a complex and multifaceted issue. In this chapter we have aimed to provide you with a brief introduction of key concepts and policies related to child mental health, how mental illness may present in primary-aged children and how schools may support children's mental health. We would encourage you to extend your knowledge and understanding by reading the key readings mentioned throughout the chapter and critically reflect on our own experiences and how you, as a teacher going forward, would like to support children's mental health. Do also remember that while teachers have been positioned at the forefront of promoting children's positive mental health and reducing ill mental health, where children's needs are complex, a multi-agency approach is required.

● ━━ **ASSIGNMENTS** ━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━

If you are writing an ITE assignment on children's mental health in schools, it will be useful for you to think through the following:

1. Is mental health in children on the increase? Why do you think this?

2. What mental health problems occur in primary-aged children? What might be the impact on classroom practice?

3. To what extent can teachers support children's mental health in schools?

Useful resources

Anna Freud Talking Mental Health Animation and Toolkit:

www.annafreud.org/what-we-do/schools-in-mind/youre-never-too-young-to-talk-mental-health/talking-mental-health-animation-teacher-toolkit/

Minded – free e-learning modules for educational professionals: www.minded.org.uk/

PSHE Association: www.pshe-association.org.uk/

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