



Mental Health

Parent information session
22/3/2019



Mental Health Champions

- *Melissa Fisher (11-16)*



Steve Cropper (Post 16)



Mental Health First Aiders

Stephenson Building:

Rebecca Whelan
Melissa Fisher
Lynsey Thornton
Sheree Sutcliffe
Claire Richardson
Claire Aylott
Angela Nottingham

Walker Building:

Vicky Calder
Karen Fowler
Gary Wiseman

North Shore Hub:

Shawn Appleton

Sheraton Building:

Kathryn Thompson
Steve Cropper
Nicola Bingham
Karen Ditchburn

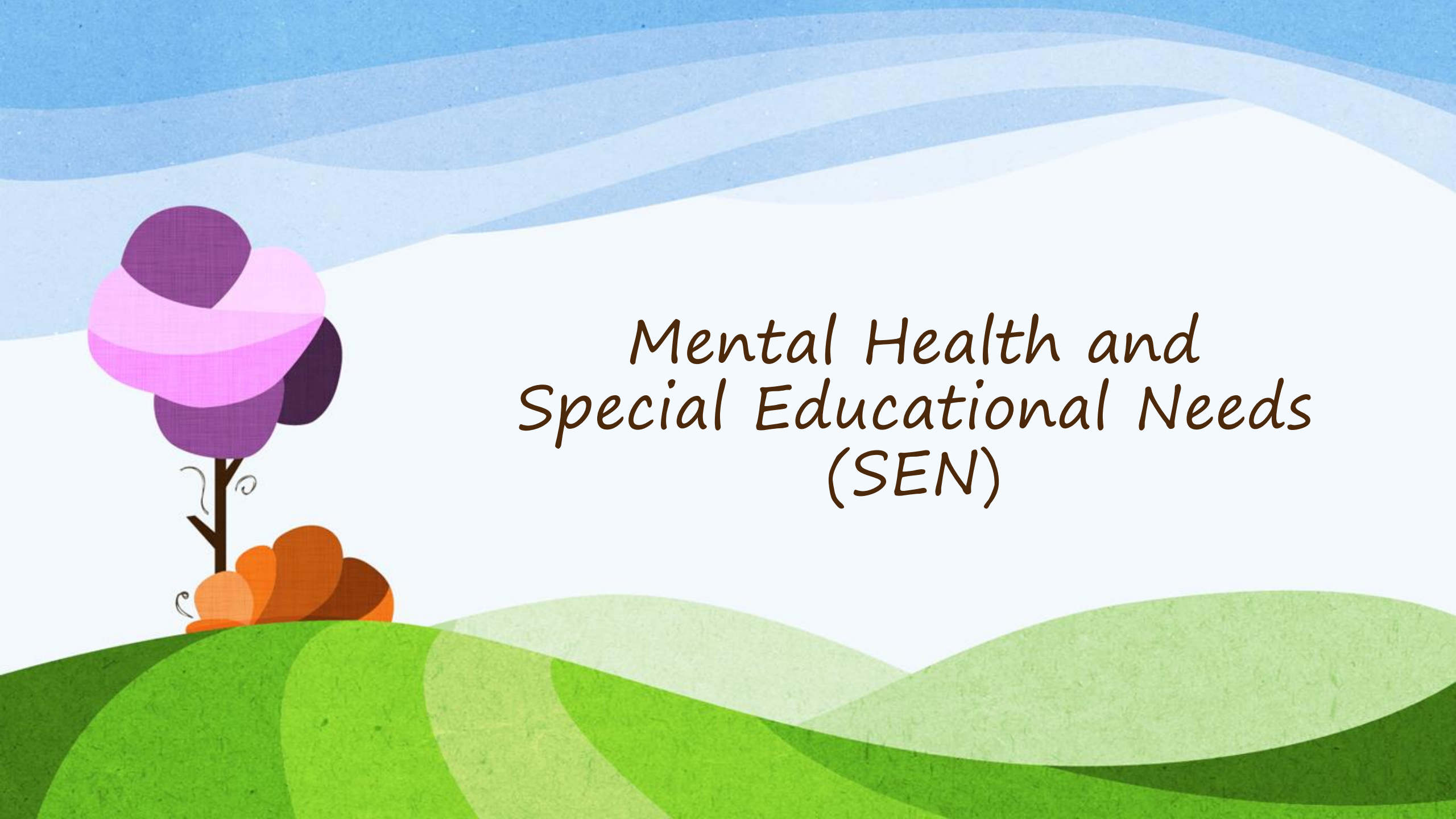


How do we promote Positive Health and Wellbeing?



- ✓ Positive Mental Health Policy (2018)
- ✓ Mental Health and Wellbeing Plans – (identified students)
- ✓ Individual student Risk Assessments (All)
- ✓ Annual Health and Wellbeing surveys (All)
- ✓ Mental Health Pathway CPD professional learning (staff)
- ✓ Referral to professional help and support (identified students)
- ✓ Mental Health Charter (coming April 2019)





*Mental Health and
Special Educational Needs
(SEN)*

Mental Health and SEN

- Between 25 – 40% of people with Learning Disabilities will experience episodes of poor mental health
- 36% of young people diagnosed with a psychiatric disorder have SEN compared to 8% who did not
- Of these people, 33% of them were likely to be on the autistic spectrum

Stress and
Anxiety

Depression

Eating Disorders

Self Harm

Gender/sexuality



Stress and Anxiety

When childhood anxiety is heightened, it's natural for parents to go into protection mode. Parents may attempt to solve problems for the child, help their child avoid triggers of anxiety, and try to create a worry-free lifestyle but this isn't helpful as stressful situations are a part of life that everyone needs to learn to deal with. Parents can not protect their children from experiencing anxiety . What they can do is help them learn to manage anxiety and equip them with coping skills.

Signs of stress and/or anxiety

- Crying
- Heavy fast breathing
- Restlessness
- Loss of sleep
- Not wanting to be alone
- Loss of appetite
- Hair loss
- Somatic symptoms – headaches or stomach aches (even if not real)

Tips for parents:

- Allow your child to worry 'out loud' and set aside time to talk through these with them and brainstorm/problem solve together. Try 'black sky' thinking with them – 'Draw a picture or write a list of the worst possible outcome if their stress/worry/anxieties all came true and then create a list of what could be done to resolve each one in turn
- Avoid 'avoidance' – avoiding triggers of anxiety won't help your child learn to cope. E.g. If your child has an anxiety of dogs, crossing the street when you see a dog or avoiding dogs altogether will only validate their anxious thoughts. It is better to 'desensitize' the anxiety over time and small steps such as looking at pictures of dogs, watching videos of friendly dogs, discussing different breeds of dogs, watching dogs at play in a park from a safe distance away, getting in touch with a 'therapy' dog handler and arranging a visit
- Write the stress or worries down – create a worry jar and physically deal with each one individually. Rip up or bin the worry once discussed
- Practise grounding techniques – breathe in for 7 and out for 12, play with bubbles to regulate breathing or sit down with your hands on your knees, take a few deep breaths and close their eyes – when calmer ask them to name 5 things they can see, 4 things they can feel, 3 things you can hear, 2 things you can smell, 1 thing they can taste

Depression



<https://www.youtube.com/watch?v=XiCrniLQGYc>

Self Harm

Self-harm is often used as a description for cutting but it is actually far more wide-ranging and can be both physical and mental. Other physical abuses can include burning, bruising, scratching, hair-pulling and even poisoning or overdosing. The mental abuse can see young people beat themselves up internally, leading to a withdrawn demeanour or depressed mood.

Why do children self harm?

According to the NSPCC, self-harm is not usually a suicide attempt or a cry for attention. Instead it's regarded as an extreme coping mechanism, a way for young people to release their built-up emotions and give them the feeling they can control one part of their lives. When a person self-harms, chemicals are released into the brain which can become quickly addictive. It can provide an instant hit of relief from pressure or what they perceive as negative/bad feelings. That relief is short lived and is often replaced by feelings of guilt and pressure, which reinforces the cycle.

What will cause a child to self-harm?

Emotional pain or a build up of internal pressure can be caused from so many different sources - and be fuelled by the darker side of social media. They include depression, bullying, over-expectation, abuse, grief, or general relationship difficulties with friends or family. All of the above can lead to overwhelming feelings of loneliness, sadness, anger, numbness and low self-esteem. These feed an overall feeling of a lack of control which a person looks to replace with a physical pain they can control.

Signs/symptoms of self harm

- ❑ You would think spotting physical signs would be easier than emotional signs of self-harm. But young people are often very careful to cover up scars or injuries with long-sleeve clothing or explain them away as playground accidents.
- ❑ Most often cuts, bruises and burns appear on the head, wrists, arms, thighs and chest, while some bald patches appear from a child pulling out hair.
- ❑ The emotional signs may be more noticeable but, as the NSPCC notes, do not automatically point to self-harm. These include depression, tearfulness, self-blame or becoming withdrawn and isolated.
- ❑ Physical changes may include the development of odd eating habits, sudden weight loss or gain, and among some teenagers drinking or taking drugs.

Tips for parents:

- 1. Sit down, listen and talk it over.** Over time gently explain that self-harm may offer only a temporary relief. And make it clear you can help them to deal with any of the problems that make them want to hurt themselves. If your child doesn't want to talk to you, see if there is another adult who they would be happy talking to.
- 2. Identify the causes.** Dealing with what is triggering the self-harm is more effective than simply taking away the tools of harm like scissors or razors, which a child can often easily replace. Identify the source of a young person's emotional pain as a first step. (but always ensure that potential self harm implements/weapons are removed safely and quickly and explain your reasons for doing this so they don't feel like you are allowing them to do this to themselves)
- 3. Build their confidence.** Support them in things they can do well or involve them in activities through which you can show appreciation for them.
- 4. Show your trust.** This is a hard task when your overriding instinct is to protect your child. But offering space and respecting their privacy is vital. Building up a relationship where they can come to tell you they have self-harmed is a step towards their recovery. Ensure that the injury is taken care of, but if the wounds require medical attention do not hesitate to go to the hospital as soon as possible
- 5. Speak to your child first.** Speaking to others about self-harm should be done after you speak to your child first. And only tell people who really need to know or are in a position to help you.

Self Harm tips continued...

6. Help them discover ways to cope. Developing coping techniques help many children overcome the want to self-harm, rather than any instruction to simply stop. The NSPCC recommends the following techniques:

paint, draw or scribble in red ink (maybe onto a picture/image of themselves)

hold an ice cube in your hand until it melts

write down your negative feelings then rip the paper up

ping a hair bobble or elastic band onto your wrist repeatedly

listen to music

talk to friends or family

take a bath

take a walk

watch your favourite film (even better if you can watch together)

Childline has many more [self-harm coping techniques](#).

What can school do to help?

We can put as much additional pastoral support as we can around the student – identifying trusted adults, safe space, mental wellbeing plan, regular check ins,

We can look to allocate some 1:1 in house therapy time – play, music, talk and draw

We can ask our Educational Psychologist Dr Denise McCarten to complete an assessment on your child

We can make a referral to CAMHS on your behalf, or write supporting documents to give to your GP to assist with a referral

We can refer students to Alliance (external professional counselling service) We have a long standing SLA with Alliance and currently have 3 counsellors in school each week working with students from all 3 sites

Signposting

Young Minds <https://youngminds.org>

MindEd <https://www.minded.org.uk>

NSPCC <https://www.nspcc.org.uk>

NHS <https://www.nhs.uk>

The Anna Freud National Centre for Children and Families
<https://www.annafreud.org>