



## Part B

# Level 2 Certificate in Understanding Children and Young People's Mental Health





**European Union**  
European  
Social Fund

**Disclaimer:**

This resource uses real life case studies where specifically stated and referenced. All other references to individuals, groups and companies contained within these resources are fictitious.

## **Level 2 Certificate in Understanding Children and Young People's Mental Health**

### **Welcome to this Level 2 Certificate in Understanding Children and Young People's Mental Health.**

We hope you find all of the information contained in this resource pack interesting and informative. The content in this workbook, and the further study you will carry out on your own, should not only help you pass your assessments with ease, but also help you to improve your critical thinking and personal judgement regarding the topics in question. This will stand you in good stead for applying this knowledge throughout your personal and/or professional life.

#### **Unit 3: Living with childhood mental health conditions**

#### **Unit 4: Understand how to minimise the risk of mental health concerns in children and young people**



This learning resource and the assessment questions are compatible with the TQUK qualification. (A complete list of the learning outcomes can be found on the last page of this resource.)

As you start to read through each page you will be able to make notes and comments on things you have learnt or may want to revisit at a later stage.

At the end of each unit, you will be asked to go to your assessments and answer the relevant questions. Once you have answered the questions, go to the next unit and continue studying until all of the assessments have been completed.

Please make sure that you set aside enough time to read each section carefully, making notes and completing all of the activities. This will allow you to gain a better understanding of the subject content and will help you to answer all of the assessment questions accurately.

**Good luck with your study. Now let's begin!**

## Stop and Think Key

Throughout your learning, you will be asked to complete activities to help with your English and maths skills and to allow you to stretch and challenge yourself in relation to understanding children and young people's mental health, and your role in relation to this. These activities are designed to encourage your development throughout the course and to allow you to extend your key knowledge as you progress through the course.



### Stop and Think: English

Whenever you see this icon, there will be an activity which encourages you to demonstrate your English skills. Completing these activities will allow you to practice literacy components and may stretch you beyond your existing skills which will then improve your general abilities.



### Stop and Think: Maths

Whenever you see this icon, there will be an activity which encourages you to demonstrate your maths skills. These activities will help you with your personal and professional development. Completing these activities will allow you to practice mathematical components and may stretch you beyond your existing skills which will then improve your general abilities.



### Stop and Think: Stretch and challenge yourself

Whenever you see this icon, there will be an activity which encourages you to stretch and challenge yourself in relation to understanding children and young people's mental health, and your role in relation to this. These activities will help you with your personal and professional development and allow you to think about certain situations and scenarios in more detail.



### Stop and Think: Behaviours and attitudes

Whenever you see this icon, there will be an activity which encourages you to consider your own behaviours and attitudes in relation to understanding children and young people's mental health, and your role in relation to this. These activities will help you with your personal and professional development and will help you to evaluate the skills you already have, and think about how you approach various situations in daily life.



### Key Fact: British Values

You will also come across this British Values icon throughout the course. Whenever you see this, it represents an area of learning that emphasises British Values. Your understanding of these values is crucial as you look to grow and develop as a member of your wider community.

## Differentiation Key



### Remembering and recalling key learning

This involves recalling or remembering key information which you should have learnt up to this point of your journey.



### Application

This provides you with an opportunity to practice or apply your new learning to work related or life related case studies and scenarios. This is about bringing your learning to life and get you to think how you would use this learning in your current or future workplace.



### Developing depth

This provides you with an opportunity to think harder about what you have learnt up to this point. Activities will require you to think critically about concepts and topics in the aim to form opinions and develop your capability to analyse, question and make informed judgements.



## **Unit 3: Living with childhood mental health conditions**

### **Welcome to Unit 3.**

This unit has **three** sections. These are:

**Section 1: Understand how to support the mental well-being of a child or young person**

**Section 2: Understand how living with a mental health condition impacts upon a child or young person**

**Section 3: Understand how to access or provide support to a child or young person who is experiencing a mental health concern**

### **Section 1: Understand how to support the mental well-being of a child or young person**

Upon completion of this section, you will be able to:

- Define discrimination, prejudice, stigma, and stereotyping (1.1)
- Identify unsupportive or negative phrases used by communities to describe those living with mental health condition (1.2)
- Explain how victimisation of children and young people may have negative implications on their condition (1.3)
- Describe how perceptions of children or young people's mental health can be influenced by communities, social media and the news (1.4)
- Explain how mental health diagnosis in children and young people may be influenced by beliefs and attitudes. (1.5)





## What do you know?

Before you start this unit, it is important that you take some time to think about what you already know in relation to understanding children and young people's mental health. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 4. You can then write out your answer in full for question 5.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

**1 – Not confident at all    2 – A little confident    3 – Confident**  
**4 – Very confident        5 – Confident enough to share my knowledge with others**

<b>1.</b>	How confident are you in your knowledge of prejudice, discrimination, stigma and stereotyping?	
<b>2.</b>	How confident are you on how victimisation can have negative implications on a child or young person's condition?	
<b>3.</b>	How confident are you in your knowledge of stress and the effect it can have?	
<b>4.</b>	How confident are you in your knowledge on the issues a mental health concern could have on a child or young person's day-to-day life and education?	
<b>5.</b>	What are you hoping to learn from this unit?	

There is some important terminology associated with people's understanding of and attitudes towards mental health. This section will begin by looking at these terms in more depth.

**A** **Introductory Activity**



**What do these words mean to you?  
Make notes in the space below.**

**Prejudice is:**

**Discrimination is:**

**Stigma is:**

**Stereotyping is:**





## Discrimination, prejudice, stigma and stereotyping

Discrimination, prejudice and stigma are closely related terms that affect people with mental health problems in a negative way. Unfortunately, stigmatising attitudes are common and widely held, based on the stereotyped or prejudiced opinions expressed by people who often know very little about mental illness.

**Stigmatisation:** Stigmatisation is the action of describing a person negatively, based on their mental health concern, illness, or disability. Individuals can also self-stigmatise, which means that they come to believe the negative labels attached to them, and this often increases feelings of shame and hopelessness about their condition.

**Prejudice:** Prejudice is when someone forms an opinion without knowing and understanding the relevant facts. Prejudice can stir up fear and emotional responses that in turn make the situation worse for the people being stereotyped. Stigmatisation and prejudice often lead to discrimination. This is the behaviour resulting from the negative stereotyping of stigmatisation.

**Discrimination:** Discrimination means being treated unfairly because of who or what you are, and in many cases, is against the law. The law that protects people from discrimination is called the Equality Act 2010 which says that people cannot be discriminated against for their protected characteristics.

This Act may protect people with mental ill health even if they do not see themselves as having a 'disability'. The Equality Act 2010 defines a disability as a 'physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities'.

There is often a stigma attached to the term mental illness, and to the settings in which people are treated for their conditions. Stigma then arises associated with the place or sometimes the treatment itself.



### Key Fact

**In a foreword to the Future in Mind report, the government makes clear that it is crucial to 'make it much easier for a child or young person to seek help and support in non-stigmatised settings.'**

**Source: *Future in mind; Promoting, protecting and improving our children and young people's mental health and well-being***

## Stereotyping

Stereotyping means labelling or categorising a group of people based simply on what they look like or how they behave in certain situations. Most people do this from time to time, but it can lead to assumptions about people, when in fact, they know very little about them. This then leads to a 'them' and 'us' mentality, and results in prejudice, discrimination, and inequality.

Stereotyping can lead to:

- Groups of people being oppressed by others in control
- Exploitation of other groups of people
- Denial of people's rights
- Stereotyped groups being pushed to the margins of society
- People beginning to believe in their stereotype and starting to live up to it.



### Key Fact: British Values



**Stereotyping leads to prejudice, discrimination, stigma, prejudice and inequality.**

**Discrimination, in the form of stigma, prevents people from being treated fairly in the workplace and in their communities, and deters people in distress from seeking help when they are in need. In Britain, complete social equality has not yet been achieved, there are still inequalities relating to the distribution of wealth, differences of social status and other factors of society. Nevertheless, the pursuit of a more equal society has been the aim of successive British governments and other organisations that support equality and diversity. This aim is supported by laws to promote equality and outlaw discrimination, such as the Equality Act 2010.**

**The Equality Act 2010 is one important law that underpins British Values. Living under the rule of law protects individual citizens and is essential for their well-being and safety.**

## How social and cultural attitudes towards mental health have changed over time

Attitudes and approaches towards mental health and illness have changed a great deal in recent history in the UK, although there is still a long way to go.

It is evident that mental illness in children and young people was misunderstood in the late nineteenth and early twentieth centuries. The Children's Society records show that the attitudes at the time were far from sympathetic, and children who would be identified as having learning difficulties were simply sent to an asylum where conditions were poor, and the rules were strict.

The letter below, dated in 1917, from the doctor who examined a child, shows how the language used would not be considered acceptable at all in modern times.

*Dear Mrs De Gruchy,*

*I am of opinion that the little girl Gertie [surname] from St. Cadoc's Home Caerle on whom I saw today is of defective intellect – and not likely to profit from the training given at St. Cadoc's Home.*

*From the statement of the Matron of the Home it appears that the child has a very deficient moral sense in the matter of truthfulness and honesty and I think her example may have an evil influence on the other children in the Home.*

*Both on this account and on her own I think she would be much better placed in an institution for mentally deficient children where the training and discipline would be more suitable to her case.*

*Yours sincerely,  
Wm. F. Nelis MD  
Med Supt. [Medical Superintendent]*

**Source: [www.hiddenlives.org.uk/blog/tag/asylums/](http://www.hiddenlives.org.uk/blog/tag/asylums/)**

At that time, the Children's Society was called the 'Waifs and Strays Society'. Today this letter, and the terminology used within it, is viewed with horror. As strange as it may seem, in many cases the first asylums were in fact a step forward and were originally intended to be humanitarian places. However, much of this good intention was lost due to inadequate staffing and a lack of any real understanding about mental health and ill health.

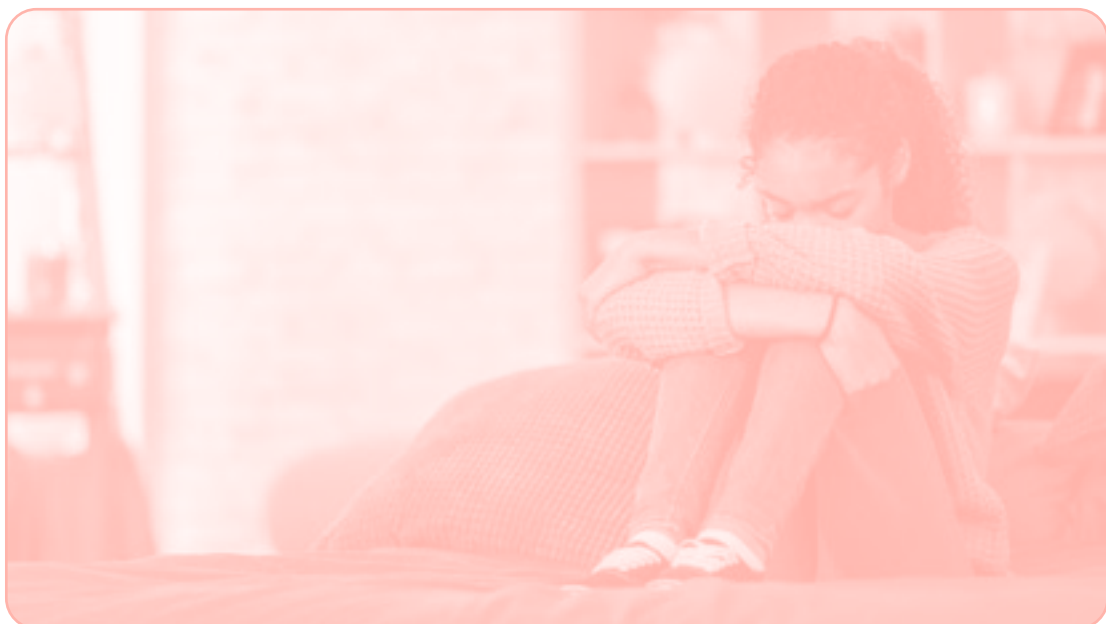
Whilst children have always experienced behaviour that challenges and mental health conditions, these have, in centuries past, been treated as moral problems deserving punishment or simply designating the child to the role of 'village idiot'. The intervention of doctors in the form of child psychiatry did not begin until after the First World War in **1918**, and most of the practice in child psychiatry was developed in the last century. The term 'child psychiatry' was not used until the **1930s**.

In **1948**, the NHS was responsible for over 100 asylums or mental institutions, where padded cells and straitjackets were commonplace. Throughout the 1950s, 60s and 70s, however, a series of laws and initiatives were gradually introduced that helped to reduce the stigma somewhat and improve the care for those with mental illnesses. The 1959 Mental Health Act aimed to 'normalise' mental health and bring more care into the community. This Act also defined the term mental disorder as distinct from mental disability for the first time.

During the **1960s**, attitudes continued to move against putting patients with mental ill health in large, isolated hospitals. Psychiatrists questioned some of the traditional treatments for mental illness such as Electroconvulsive Therapy (ECT), that had to be carried out in a hospital. The introduction of medicinal drugs to treat a person's mental state also meant that patients could be more easily treated outside of an institution.

Another significant development around this time was the growth of patients' rights and civil rights movements, and the increase in charities which championed them. This made it more difficult for people with mental health problems to be put into institutions.

In the **1970s**, the effectiveness of large psychiatric hospitals was increasingly questioned and steadily discredited. The new district general hospitals, which provided some psychiatric services, contributed to the reduction in the number of beds in mental hospitals from 150,000 in the mid-1950s to 80,000 by 1975.



The **1980s** saw the introduction of legislation which would give the mentally ill more rights. The Mental Health Act 1983 set out the rights of people admitted to mental hospitals, allowing them to appeal against committal.

Around this time, concerns were being expressed about care in the community following a series of killings by people with mental health problems. This prompted a government inquiry into community care, led by Sir Roy Griffiths. His report *Community Care: Agenda for Action* (The Griffiths Report) **1988** led to the introduction of The National Health Service and Community Care Act 1990 to ensure that individuals in the community were not at risk, nor a risk to others.

More recently, the National Health Service and Community Care Act 1990 states that it is a duty for local authorities to assess people for social care and support. This is to ensure that people who need community care services or other types of support get the services they need and are entitled to. Patients have their needs and circumstances assessed and the results determine whether care or social services will be provided.

The **2014** Care Act has replaced some sections of the NHS and Community Care Act relating to the assessment of needs. This Act was the most significant piece of legislation relating to the safety and care of adults since the establishment of the welfare state.

Community care ensures people in need of long-term care are now able to live either in their own home, with adequate support, or in a residential home setting.



### **STOP AND THINK!**



**Spend some time looking further into the ways attitudes to mental health have changed over time. You may find it helpful to speak to older generations about this, watch older films relating to mental health, or carry out research online.**

**Make notes in the space below.**

## Time to Change

'Time to Change is England's biggest movement to break the taboo around mental health and get us all talking about it.'

**Source: Chris Kilvington; Rethink Mental Illness; Siblings conference 2013**

The Time to Change Campaign began in 2007 and has since reached millions of people across England, changing and improving attitudes towards mental health problems. This is called a 'social movement', and spreads by making it easier for people to talk about mental health problems and develop a better understanding of how they affect people's lives. Recent surveys show that attitudes, awareness, and understanding are improving with a shift of 9.6% change to more positive attitudes being indicated. This means that approximately 4.1 million people have developed a more positive approach and attitude towards mental illness.

This campaign is run by organisations such as the national charities Mind and Rethink Mental Illness and is funded by the Big Lottery, Comic Relief, and the Department of Health. The campaign supports communities, schools, and workplaces to be more open and to talk about mental health problems and to make sure that people can challenge negative attitudes, discrimination, and prejudice.

The main changes noted by the Attitudes to Mental Illness 2014 Research Report, Prepared for Time to Change April 2015 show that attitudes towards mental illness are more favourable than they were in 2008, which is encouraging. There appears now to be a greater understanding of the causes and effects of mental illness, and there is no doubt that some high-profile support for this topic has had a positive effect. Members of the UK Royal Family, for example, lead a charitable organisation that brings together organisations and people with long-standing experience with mental health, to look at how to change the way society talks about and deals with mental health issues, and how to change this for the better.

The Duchess of Cambridge is a strong advocate of children's mental health and emotional well-being and has brought the public's attention to this topic on several occasions. She recognises that some of the issues facing children, such as addiction and poverty, can have a lasting impact if they remain unaddressed.

**R**

### **Further Research: Time to Change**

**More details on the findings from Time to Change surveys can be seen by visiting the following link.**

***[www.time-to-change.org.uk/research-reports-publications/campaign](http://www.time-to-change.org.uk/research-reports-publications/campaign)***

**Make notes in the space below.**

**i**

### **Key Fact**

**Research commissioned by Time to Change shows that 27% of young people with mental health problems under the age of 25 say that the discrimination they face as a result has also made them give up on their life's ambitions.**



## Negative implications of victimisation

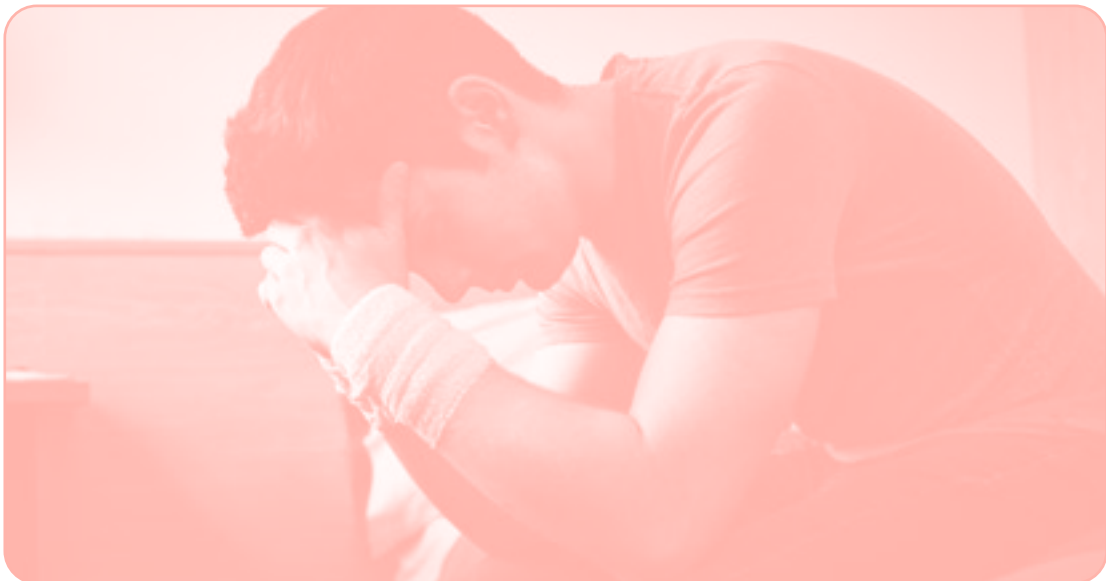
Bullying, including cyber bullying, has a significant impact on mental health and well-being in the short-term. The victims of bullying are excluded from their peer groups, resulting in loneliness and social isolation. Withdrawal and low self-esteem often follow, sometimes leading to depression. The bullies themselves and those who witness the bullying are also affected.



### Key Fact

**A recent study found that college student victims of cyber bullying scored higher than matched controls on measures of depression, anxiety, phobic anxiety and paranoia.**

**Source: Schenk A.M., Fremouw W.J.: *Prevalence, Psychological Impact, and Coping of Cyberbully Victims Among College Students***



Other studies of the victims of cyber bullying have indicated an increased risk of depression and physical symptoms such as headaches, abdominal pain, insomnia, behavioural difficulties and alcohol consumption.

Victims experience lack of acceptance in their peer groups, which results in loneliness and social isolation. The young person's consequent social withdrawal is likely to lead to low self-esteem and depression. Bullies are also at risk. They are more likely than non-bullies to engage in a range of maladaptive and antisocial behaviours, and they are at risk of alcohol and drug dependency; like victims, they have an increased risk of depression and suicidal ideation.



A Public Health analysis of cyber bullying in 2014 also found that:

'17.9% of all young people surveyed aged 11-15 years old had experienced cyber bullying in the two months before the survey. Girls appeared to be at a significantly greater risk of cyber bullying, as distinct from more traditional types of bullying, and the risk of being a victim of cyber bullying appears to increase with age for both boys and girls'.

**Source: *Cyber bullying: An analysis of data from the Health Behaviour in School aged Children (HBSC) survey for England, 2014***

A further report published in 2014 by Public Health England analysing the well-being of adolescent girls found that:

'Among girls, those with the lowest life satisfaction were found to be more likely to have both consumed alcohol in the last month and ever been drunk (consumed alcohol to excess), and ten times as likely to report having smoked tobacco in the last month as those with the highest life satisfaction. They were also more likely to report having ever used cannabis, having had sex, and being involved in physical fighting'.

**Source: *Well-being of adolescent girls: An analysis of data from the Health Behaviour in School aged Children (HBSC) survey for England, 2014***



### Key Fact: British Values



**Children and young people may be cyber bullied as a result of a protected characteristic such as their race or sexuality. It is important to respect people's differences. Lack of respect for others can lead to discrimination, exploitation and the denial of people's rights.**

## How perceptions of children or young people's mental health can be influenced by communities and the media

Many children and young people with mental illnesses can become isolated and have low self-esteem. Their condition is made worse by the stigma associated with the words 'mental illness' or 'mental disorder' and the lack of understanding and discrimination they can face on a daily basis. This can be from society in general but also from peer groups, friends, family, people in schools and colleges, and employers, and nearly 9 out of 10 people report that stigma and discrimination have a negative effect on their lives and well-being.

The effects of discrimination and stigma can be just as harmful as the illness itself, making it more difficult to ask for help and talk openly with friends, family and employers. Young people with mental health problems may also be bullied because of their illness, which can affect their education and self-esteem with knock-on effects for the rest of their lives. Their ability to concentrate at school is affected and their achievement suffers. These negative social and cultural attitudes prevent young people from taking part in everyday activities, making friends and a host of other ordinary things that others take for granted.

Children with mental health problems may also be at greater risk of physical health problems, for example, they are more likely to smoke.

## How the media can influence attitudes towards mental health

Many studies have found that the media, in all its forms, can and does have a significant effect on our views and opinions on mental health and illness. People with mental health issues are often depicted as dangerous or violent and unpredictable. News stories often sensationalise the violent acts of a person with mental health problems without necessarily providing all of the background and circumstances.

The linking of stereotypes with mental health conditions in the media adds to the development of fears and misunderstandings.

The tabloid newspapers regularly use words such as 'psycho' and 'bonkers', which shows a lack of sensitivity to people with mental illness. This encourages the public to believe that schizophrenia, in particular, is dangerous, and that it is acceptable to fear and ridicule mental illness.

Due to a potential lack of knowledge and the influence of stereotypes in the media, the general public tend to view the mentally ill as unpredictable, responsible for their bizarre beliefs and behaviour, incapable of rational thought, and probably dangerous. The result of these beliefs and attitudes is that the mentally ill can be socially excluded and isolated.

Some research carried out in 2010 by SHIFT, the Department of Health-funded programme to tackle the stigma of mental illness, and the Broadcasting and Creative Industries Disability Network, gave lots of examples of negative terminology being used in popular TV drama and of stereotypical behaviours being portrayed by characters. They found that 63% of the references to mental illness in dialogues were unsympathetic or flippant and included terms like 'crackpot' and 'psycho' with 45% of programmes portraying mentally ill people as dangerous. Shameless, Emmerdale and EastEnders were amongst the shows looked at in the report.

The full report is available at [www.shiftwellness.net](http://www.shiftwellness.net).

More recently in television, however, there have been examples of more sensitively handled mental health issues, and the stigma around mental health problems has become a major theme in some storylines.



## STOP AND THINK!



### Remembering and recalling key learning

**Pick one of the following shows or films and research the differing opinions on its presentation of/effect on mental health.**

- **Love Island**
- **The Jeremy Kyle Show**
- **Joker (2019)**
- **One Flew Over the Cuckoo's Nest (1975).**

**Make notes on your findings in the space below.**



### **Application**

**Research into statistics relating to mental health in the media and plot a graph to demonstrate changing attitudes over time.**



### **Developing depth**

**Can you spot any trends? Has there been an overall increase or decrease in positive representation of mental health?**

**Make notes in the space below.**

## Celebrities and mental illness

Some celebrities have opened up about their own mental health problems:

- **Stephen Fry, Mel Gibson, Catherine Zeta-Jones** – bipolar disorder
- **David Beckham** – Obsessive Compulsive Disorder (OCD)
- **Emma Thompson** – depression
- **Johnny Depp** – anxiety.

If people know that celebrities are experiencing mental health problems, they are more likely to open up about their own problems.



Another keen advocate of mental health awareness in the media is The Duchess of Cambridge. Her ongoing work in this sector, particularly in relation to children and young people, aims to open up the conversation surrounding mental health in schools and aid those in need to access the appropriate help and support.

In January 2018, The Duchess of Cambridge launched the 'Mentally Healthy Schools' initiative in partnership with the charity 'Heads Together'.



### Key Fact

**'Mentally Healthy Schools' is described as "a free and easy to use website for schools, drawing together reliable and practical resources to improve awareness, knowledge and confidence in promoting and supporting pupils' mental health."**

**Source: <https://www.headstogether.org.uk/schools/>**

## Mentally Healthy Schools

Previously, many teachers and staff have struggled to access the resources necessary to support the young people in their care with any mental health problems they may be experiencing, whether due to a lack of age-appropriate materials or an uncertainty surrounding the accuracy of the information available.

However, 'Mentally Healthy Schools' brings all of this information together in a way that is easy for both staff and children to understand and relate to, helping to put in place the support that children require in order to both understand what they are experiencing and access the appropriate help.

**R**

### Further Research: 'Mentally Healthy Schools'

**Pick one of the mental health issues from the link below and spend some time researching it.**

***[www.mentallyhealthyschools.org.uk/mental-health-needs/](http://www.mentallyhealthyschools.org.uk/mental-health-needs/)***

***[www.mentallyhealthyschools.org.uk/risks-and-protective-factors/bullying-and-cyberbullying/](http://www.mentallyhealthyschools.org.uk/risks-and-protective-factors/bullying-and-cyberbullying/)***

**Make notes in the box below.**

**Now visit the link below to make additional notes on the Equality Act 2010 guidance.**

***[www.gov.uk/guidance/equality-act-2010-guidance](http://www.gov.uk/guidance/equality-act-2010-guidance)***



## **STOP AND THINK!**



### **Remembering and recalling key learning**

Use the research you carried out on your chosen issue to answer the following questions:

- **How common is this mental health issue in children?**
- **Is it often overlooked or misdiagnosed?**
- **Is it represented in the media? If so, how?**
- **Do you think children with this issue are at risk of stereotyping, prejudice, discrimination or stigma?**
- **How do you think this issue could affect children into adulthood?**



### **Application**

**Provide examples of stereotyping or stigma you have come across.**



### **Developing depth**

**Research statistics in relation to your chosen mental health issue. Create a report detailing the statistics and trends you have found. Are these trends what you expected?**

## How discrimination can affect the mental health of children and young people

Children and young people might feel they would be stigmatised, excluded and discriminated against because of a problem and so be reluctant to disclose it to anyone.

This in turn would deprive them of support, lead to the illness becoming worse and lessening the possibility of recovery.

In addition, if a child or young person is not able or willing to tell someone how they are feeling and what has happened to them, this could lead to care providers thinking that levels of care could be reduced.

Research from Time to Change shows that one of the tragic consequences of the discrimination and stigma attached to mental illness is that many young people feel so hopeless that they want to end their life. 26% of those surveyed felt this way. Many also said that the discrimination they face makes them give up on their ambitions in life too, and the Time to Change project has since launched anti-stigma work in schools and communities to try to combat this sad and shocking situation.

Read the real-life case study on the right to see how discrimination affected Nikki from the age of just 13.





C

**Case Study: Nikki**

**'My story begins at the age of 13, when I first realised that something just wasn't quite right; I'd never heard of depression or anxiety because those words weren't as common back then as they are now...but I'd heard of 'nutters' and 'freaks'. I'd seen people at school who were shunned because they were 'weird', and I was fiercely determined not to let that happen to me, so I kept my mouth shut.'**

**'Even when my father was diagnosed, I watched as one by one, close family and friends – people he'd dedicated his life to – disappeared from our lives after they found out he had depression. This reinforced my desire to keep my issues to myself, and I did... for ten years. I essentially led a double life back then; in public, I was happy and carefree just like everyone else, and at home I would disappear into my room and cry for hours. When I made my third suicide attempt at the age of 23, unlike the previous attempts I had actually wanted to die...when I woke up, I realised that I really needed help and I went to see my GP. Since that day I slowly but surely worked on my recovery, but I never told anyone else – until the 7th of June, 2011.'**

**Extract from Nikki's story.**

**Source: *Time to Change*; [www.time-to-change.org.uk](http://www.time-to-change.org.uk)**



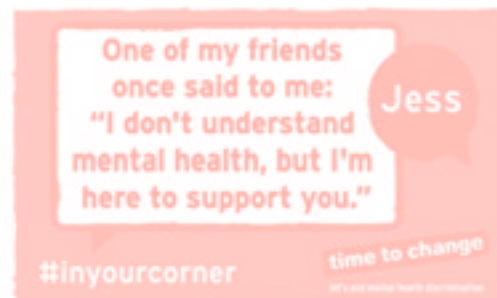
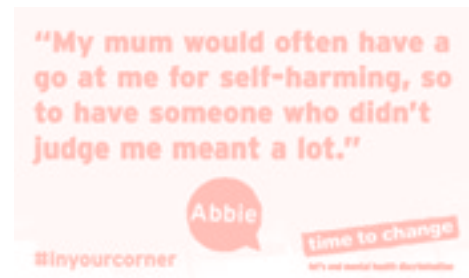
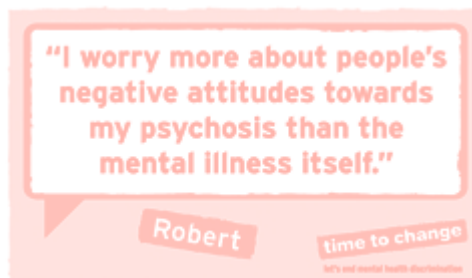
Even more worryingly, children looked after in care are statistically more likely to have mental health problems and struggle to resolve them. This in turn puts them at further risk of instability and uncertainty in their already disadvantaged and disrupted life.

## How beliefs and attitudes influence diagnosis for others

For the child or young person, the diagnosis can mean a feeling of being labelled and growing up thinking that there is something fundamentally wrong with them. A diagnosis can also mean that the child's behaviour is viewed only from that perspective and no other influences or causes are considered. People see only the diagnosis and not the person.

In the UK for example, around 5% of school aged children are thought to have ADHD, but children and young people living in poorer circumstances are four times more likely to be diagnosed with this condition.

On the other hand, diagnosis can provide a useful framework to improve understanding of the experience of mental distress, and in this way, can be a relief. The child or young person may feel that the diagnosis will enable them to receive more support and understanding from family and friends.



It's clear from the quotes above that what others say, do and think plays a key role in helping or hindering someone with mental ill health.

**R**

### **Further Research: Time to Change**

**On a positive note, data released in 2014 by Time to Change about public attitudes towards mental illness showed that:**

**'There have been notable attitudinal improvements. For example, 83% of people now agree that 'no one has the right to exclude people with a mental illness from their neighbourhood', whereas only 74% agreed in 2008.'**

**You can find out more about these changes over time by visiting the following website.**

***[www.mind.org.uk/news-campaigns/news/latest-results-from-national-study-show-public-attitudes-towards-mental-illness-are-moving-in-the-right-direction/](http://www.mind.org.uk/news-campaigns/news/latest-results-from-national-study-show-public-attitudes-towards-mental-illness-are-moving-in-the-right-direction/)***

**Make notes in the space below.**

## For others

People with mental ill health say that the social stigma attached to mental ill health and the resulting discrimination they experience can make their difficulties worse.

Society in general holds stereotyped views of mental ill health and its effects, and much of the stigma and discrimination arises from deeply ingrained cultural attitudes that are passed on from generation to generation. Reporting in the media can worsen this problem, as mental illness is often linked with violent, dangerous, or criminal behaviours. A picture is often portrayed of a person who is unable to live a normal life, and this is far from the case.

The national voluntary sector campaign Time to Change aims to change these stereotypes by changing public attitudes. There are numerous stories on the Time to Change website that people have shared in the hope that they will help others to see that difficulties can be overcome.

Many of these are about how different cultural backgrounds impact upon the way mental ill health is treated, and many illustrate how different attitudes in society can help or hinder the person's recovery.

There are various ways in which the media can stigmatise mental ill health, including:

- Using medical terminology incorrectly
- Using victimising language such as 'suffering with' or 'affected by' a mental illness
- Glamourising reports of celebrity suicides
- Mocking or trivialising mental illness
- Using outdated or inappropriate terms such as 'lunatic', 'mental patient' or 'psycho'.

The impact of the media on the psychosocial development of children can be profound, and negative portrayals by the media can encourage stereotyping and negative attitudes in children from an early age.



**R**

**Further Research: Media and mental health**

**Access the link below and watch the video about the media's approach to the portrayal of mental health problems and how important it is to do this with sensitivity.**

**[youtu.be/mPDodeTQ2GA](https://youtu.be/mPDodeTQ2GA)**

**Make notes in the space below.**

**Beliefs and mental illness**

Religious beliefs may sometimes lead people to believe that their god or gods may punish them in some way for showing symptoms of mental ill health and being diagnosed with a particular condition. Some beliefs and practices may appear disturbed to people from different cultures or to health professionals and this can affect the diagnosis a person receives.

For example, if an individual said they heard the voice of their dead ancestors or reported that they had been abducted by aliens, the reaction and judgements of others, including health professionals, may differ depending on the country they live in. If a mental health practitioner and their patient come from different cultures and backgrounds, it can occasionally be difficult to distinguish between a different cultural way of thinking and behaving and a mental health condition.

Some research carried out in North West London in 2010 explored attitudes towards mental illness in the South Asian communities there. The report, produced in November that year, found that there were deeply rooted misunderstandings of mental ill health that had passed through generations. There was no doubt that people had experienced stigma and discrimination as a result of mental ill health and several possible explanations for this were revealed by the research.

'They have a fixed psychology, [it's] how they've been raised, how the community behaves. You do not discuss anything around mental illness because it's a no-go area.'

'The close family try to keep it within closed doors; they don't really want the wider community to know about it. I think they feel it's something to be ashamed of.'

'People are afraid [of mental ill health], they are afraid they might become contaminated or tarnished with the same brush. They think there is no need to go to the doctor – the doctor won't do anything.'

**Source: *Family Matters: A report into attitudes towards mental health problems in the South Asian community in Harrow, North West London: November 2010***

Mental illness can be seen in some cultures through a religious or spiritual framework, where such illnesses bring shame and stigma to a family and are taboo subjects as a result. A diagnosis is that these cases may well make the situation worse for the child or young person.

A diagnosis can be experienced positively, as a way of giving the problem a name, or negatively, as a way of labelling the child or young person. In either case, the families may be very wary of telling others about the diagnosis in case they are excluded socially as a result.

A psychiatric diagnosis of a mental health condition or disorder can, however, bring some benefits to the family or carers of the child or young person. In certain cases, the formal diagnosis may mean entitlement to additional help, support and benefits that may ease the burden on a family.

Diagnosis could provide a helpful framework for individuals to understand and be able to explain their experiences of mental distress. Some participants described the experience of receiving a diagnosis as 'a relief' to finally know what was 'wrong with them'. They felt that a diagnosis helped to legitimise their experience of mental distress and it enabled them to gain more support and understanding from family and friends. Diagnosis also provided a means for people to externalise their experiences rather than feeling they were personally responsible for them. It was helpful for them to understand their distressing experiences as being a product of an illness that was something separate from the self.

For some families, it can be a relief to have a name for the mental health problems their child is experiencing. The diagnosis helps them to explain why the child behaves as they do.

### **Let's Summarise!**

**Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.**

**1. What is meant by the following terms?**

**Stereotyping:**

**Discrimination:**

**Prejudice:**

**Stigma:**

**2. The media have very little influence on our attitudes to mental illness.**

True     False

**3. Societal attitudes to and understanding of mental health and illness have improved over the years.**

True     False

**A**

### **Extend your learning: Society and mental health**

**In modern society, people with different characteristics are becoming much more widely accepted, as we come to realise that no two people are the same. However, stereotyping, discrimination, prejudice, and stigma still exist and still greatly affect people all over the world.**

**Spend some time researching the different ways a modern society can affect a young person's mental health, considering culture, disability, age, race, sex, and any other factors you can think of.**

**Make notes in the space below**



**Congratulations, you have now completed Section 1.**



## Section 2: Understand how living with a mental health condition impacts upon a child or young person

Upon completion of this section you will be able to:

- Explain how the effect of stress can be positive and negative (2.1)
- Explain the effect of depression and low mood on a child or young person (2.2)
- List potential issues mental health concerns could have on a child or young person in the present or future. (2.3, 3.1)

**A**

### Introductory Activity



**What are some of the benefits of stress?**

**Make notes in the space below.**

**What are some of the disadvantages of stress?**

**Make notes in the space below.**

## How the effect of stress can be positive and negative

People usually think of stress as being something that should be avoided. However, not all stress is bad for you.

### Useful stress:

- Makes you more alert to danger and focuses your senses
- Can help you solve daily challenges and motivates you to reach your goals
- Can boost your memory
- Can help to strengthen the immune system – for example, stress can improve how your heart works and protect your body from infection.

### Harmful stress:

- Can weaken the immune system over a period of weeks or months and cause high blood pressure, fatigue, depression, anxiety and even heart disease
- Makes the body produce too much epinephrine which can be harmful to your heart
- Can change the arteries and how their cells are able to regenerate.

What is important is achieving a balance between, on the one hand, enjoying positive, useful stress, and on the other, having a lack of stimulation leading to boredom, or too much harmful stress leading to a feeling of being unable to cope.



## The effect of depression and low mood on a child or young person

Before looking at the effect low mood and depression can have on a child or young person, it is important to understand the difference between the two.

Low mood is characterised by feelings of worry, sadness, anxiety or frustration and many people experience this from time to time. Tiredness and feelings of low self-esteem may also accompany a low mood. All kinds of life events can leave people feeling in a low mood, including some illnesses, and relatively simple self-help remedies usually help, such as getting more sleep, and exercising and socialising more.

Depression is different from a low mood however, in that a low mood will usually lift after a short time – a few days or a couple of weeks at the most, either on its own or in response to self-help measures.

Depression on the other hand, can last a long time and be very debilitating for the person experiencing it, particularly if it is longer lasting with moderate or severe intensity. Depression may become a serious health condition that affects the young person's ability to function at school or at home.

### R

#### Further Research: Depression or low mood?

**Visit the websites below and read more about the impact of depression on young people. The Royal College of Psychiatrists produces a helpful leaflet on depression, describing how it differs from feeling sad or to feeling fed up.**

***[www.youngminds.org.uk/find-help/conditions/depression](http://www.youngminds.org.uk/find-help/conditions/depression)***

***[www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/depression-in-young-people---helping-children-to-cope-for-parents-and-carers](http://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/depression-in-young-people---helping-children-to-cope-for-parents-and-carers)***

**Make notes in the space below.**



## **STOP AND THINK!**



### **Remembering and recalling key learning**

**What are the main symptoms of depression?**



### **Application**

**How may this affect a child or young person's day-to-day life?**



### **Developing depth**

**Can you separate the symptoms and effects of childhood depression into two categories?**

## Symptoms of stress and low mood in children and young people

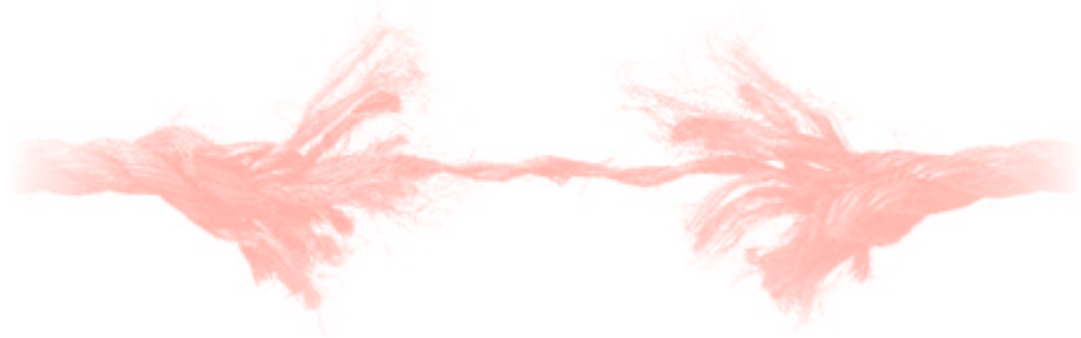
Stressed and anxious children may provide clues in their play by demonstrating a lot of fighting games with their toys and friends. Aggression and fighting in young children are usually demonstrated for a good reason.

It can be hard sometimes to separate the signs and symptoms of depression from those of the more common teenage behaviours such as being moody, irritable and grumpy.

Depression affects different people in different ways. Some of the signs of depression can include:

- Feelings of hopelessness and being self-critical
- Not wanting to do things that were previously enjoyed, and avoiding friends and social situations
- Feeling tired, withdrawn, and moody
- Being easily upset and tearful
- Sleeping more than normal and sleep disturbances
- A significant change in eating habits – either eating too much or not enough
- Neglecting personal appearance
- Feeling miserable a lot of the time
- Feeling the desire to harm yourself.

Experiencing several of these feelings over a long period of time may mean that the person is depressed.



Read Sarah's story below to see how the signs of her depression gradually came to light when she started to talk about her feelings more.

### **C** Case Study: Sarah

**'I was 15. They took me to see the doctor because they thought I was a bit down and I had started cutting. I hadn't noticed much, cutting made me feel better and I just felt they were having a bit of a go really. It was only when I started to talk more, that I started to realise how much I had changed, I used to be happy, not all the time, but I couldn't now – not like I used to. I was falling out with my teachers – they said I wasn't getting on with work and it made me cross. I was trying but I just couldn't get on with it, not like I did in Year 8 and 9. The doctor said it could be my concentration. I hadn't thought of that, I just thought I was thick. Then when he asked about other things, I started to see, I couldn't sleep properly and didn't feel like going out to play football anymore. I said it was just boring, but as I started to feel better, I did play again, and I think saying it was boring was all part of my depression. That was the same with my family, I mean you don't get on all time do you and they are still a pain sometimes now, but when I was depressed it was like we were always arguing, I just couldn't talk to them and they just wound me up. It wasn't till they talked to me and things started to change, that was when I looked back and realised how depressed I was.'**

**Source: *Mental Health and Growing Up Factsheet: Depression in children and young people: information for young people: Royal College of Psychiatrists***

### **i** Key Fact

**'Mood swings are a completely normal part of puberty. You may feel on top of the world one minute and really grumpy the next. Most people experience this when they're going through puberty. It's usually something you will grow out of.'**

**Source: [www.childline.org.uk/info-advice/you-your-body/puberty/puberty-myths](http://www.childline.org.uk/info-advice/you-your-body/puberty/puberty-myths)**

## Changes in behaviour

The effects of depression on children and young people can be far reaching and significant, and the longer the illness continues without support and treatment, the worse the impact becomes. It can easily remain undetected due to the variations in, and lack of, recognition of symptoms.

The illness is associated with relationship problems, poor performance at school, sometimes substance misuse, and in its extreme form, suicidal thoughts, self-harming and attempts at suicide.

A depressed child or young person may show some or all of the following changes in their behaviours:

- A loss of appetite or a tendency to overeat
- A lack of interest in the activities and social events the child had previously enjoyed
- Disturbed sleep patterns and sleeping too much
- Constant tiredness and exhaustion
- Problems concentrating on schoolwork and activities at home
- Expressing feelings of guilt for no reason
- The desire to harm themselves
- Lacking in self-confidence.



### STOP AND THINK!



**What are the possible short-term/long-term effects of mental ill health, using example conditions such as depression and eating disorders? You may wish to split the causes into categories and subcategories.**

**Make notes in the space below.**

## Potential issues mental health concerns could have on a child or young person in the present or future

### Short-term effects

It is widely recognised that social, physical, and emotional well-being is affected as a result of mental ill health in the short-term, often leading to longer term problems.

Eating disorders have short-term implications for physical health, as well as affecting mental health in other ways. Changes in skin and hair health, dry mouth, tooth erosion and decay, kidney stones, constipation and brittle bones are just some of these effects.



### Key Fact

**The UK has the highest self-harm rate of any country in Europe with estimates that 400 in 100,000 people self-harm. These figures are likely to be higher, as many people who self-harm do not tell anyone about it. Self-harm can affect anyone, however, the majority of people who report self-harm are aged between 11 and 25.**

**Source: [www.childline.org.uk/info-advice/you-your-body/puberty/puberty-myths](http://www.childline.org.uk/info-advice/you-your-body/puberty/puberty-myths)**



## Long-term effects

Mental ill health beginning early in life can have profound long-term consequences, affecting the life chances of the individuals concerned in several ways.



### Key Fact

**Poor mental well-being increases the likelihood in later life of:**

- **Poor educational attainment**
- **Antisocial behaviour**
- **Drug and alcohol misuse**
- **Teenage pregnancy**
- **Mental ill health.**

**Source: [www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people](http://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people)**



## The effects of mental ill health on later life

Anxiety disorders are associated with poor educational attainment and often lower earnings in employment later in life due to having missed school on many occasions and the inability to concentrate while there.

We know that later in life, people with mental ill health are overrepresented in lower paid jobs, part-time and temporary work. Mental ill health is a common feature of people who are homeless, and more people in this group have experienced psychosis.

Without the help they need, people can feel that they have 'lost' years of their life battling against the odds with mental ill health as the quote below demonstrates:

'If I'd had the help in my teens that I finally got in my thirties, I wouldn't have lost my twenties.'

**Source: *The Five Year Forward View for Mental Health: Independent Taskforce Report February 2016***



Depression in later life is a common consequence of anxiety in childhood and adolescence.

ADHD can also lead to poorer employment prospects, as well as relationship and interpersonal difficulties.

Unsurprisingly, conduct disorders can often lead to poorer educational outcomes, a stronger likelihood of involvement with substance misuse, a higher chance of ending up in prison and even an earlier death.



You've noted the short-term physical and mental effects of eating disorders, but they can also be long-term conditions that have a more lasting impact on mental health and can contribute to an earlier death.

Read the case study below about James, who is now a Young Champion for Time to Change and works hard using his own experiences to help change the way society thinks and feels about mental health.

**C**

### **Case Study: Time to Change**

**'I'm James, I'm 25 years old, and I live in a small town just outside of Chester. I'm a Time to Change Young Champion, and that means I spend my spare time campaigning to stamp out stigma and discrimination around mental health in the UK. I became a Young Champion towards the end of last year in the midst of my struggles with my own mental health – I have struggled with anxiety for as long as I can remember, and I have been battling depression for around seven years. I was also diagnosed with ADHD and dyslexia over the last few years, which I have been learning to manage better every day.'**

**To read the rest of James' story, visit the link below.**

**Source: [www.time-to-change.org.uk/blog/why-im-campaigning-change-young-peoples-attitudes-around-mental-health](http://www.time-to-change.org.uk/blog/why-im-campaigning-change-young-peoples-attitudes-around-mental-health)**

### Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Stress and anxiety are part of our body's natural response to life events:

True     False

2. Give two examples of helpful stress, and two examples of harmful stress:

Helpful stress:

- 1.
- 2.

Harmful stress:

- 1.
- 2.

3. Give two signs of low mood, and two signs of depression:

Low mood:

- 1.
- 2.

Depression:

- 1.
- 2.

**A**

### **Extend your learning: Spot the signs**

**School is generally a difficult time for any young person, but it can often be significantly more difficult for those coping with mental ill health – such as stress or depression. Spend some time researching the effects that stress and depression can have on a child or young person's school life.**

**Make notes in the space below.**



**Congratulations, you have now completed Section 2.**

### **Section 3: Understand the impact of living with a child or young person who has a mental health condition**

Upon completion of this section you will be able to:

- Describe how a child or young person's education and career might be impacted by their mental health (3.1)
- Describe how day-to-day life might be impacted by a child or young person's mental health. (3.2)

**A**

#### **Introductory Activity**



**Think about all the media – films, television shows, social media, and articles, that you have looked at so far throughout this course. How much of it has shown how mental ill health affected the individual's family, friends and peers? Were social attitudes and cultural beliefs a factor?**

**Make notes in the space below.**

## How a child or young person's education might be impacted by their mental health

### Education

Most children and young people have goals and ambitions in life. To have the best chance of achieving these, they need to grow up to be confident and resilient, which can be difficult when they are experiencing mental ill health.

Mental ill health makes concentration and learning more difficult, and results in a lower educational attainment overall. For example, children with conduct disorders – this is when the child or young person behaves badly over a period of several months are twice as likely to leave school without qualifications. Conduct disorder is much more than ordinary mischief or adolescent rebelliousness and is when the child is repeatedly disobedient and aggressive, and seriously breaking rules at home or school.

Episodes of mental ill health can be isolating, frightening, and debilitating for children and young people, and they affect sleep patterns, eating habits and general well-being. These in turn affect the ability of the child or young person to learn and benefit from lessons and activities at school.



## Career

Many people find going to work is good for their mental health. It can help look after their mental health by providing a source of income, a sense of identity, contact and friendship with others, a steady routine and structure and opportunities to gain achievements and contribute. However, the mental health benefits of employment depend on the quality of work, as work that is low paid, insecure or poses health risks, can be damaging to mental health.

**Source:** [www.mind.org.uk/information-support/tips-for-everyday-living/workplace-mental-health/work-and-mental-health/](http://www.mind.org.uk/information-support/tips-for-everyday-living/workplace-mental-health/work-and-mental-health/)

**Source:** [www.mentalhealth.org.uk/statistics/mental-health-statistics-poverty](http://www.mentalhealth.org.uk/statistics/mental-health-statistics-poverty)

As previously discussed, if a child experiences mental health concerns, it is likely to impact their education, which reduces their chances of gaining fulfilling, well-paid employment. There is a strong link between mental health concerns and poverty; mental health concerns can lead to poverty, and poverty can lead to mental health concerns.



For an individual who does work, their job may compound mental health difficulties, further deteriorating their stability. Jobs can lead to workplace stress, poor relationships with colleagues, experiencing stigma, or being treated unfairly because of their mental health problem. If an individual experiences unfair treatment, it is likely to reduce their productivity at work and may impact their ability to retain their role. The fear of this also prevents employees discussing their mental health with employers. However, the Equality Act 2010 prevents employers from asking questions about employees' health, reducing the likelihood of organisations discriminating against any of their employees based on their physical or mental health condition.





## STOP AND THINK!



### Remembering and recalling key learning

In your own words, sum up how a child or young person's education and career could be impacted by mental ill health.



### Application

Visit the following website to look at some of the risk factors for a child or young person, in relation to mental health, and ways in which you can help minimise those risks. How beneficial do you think these suggestions are?

[www.mentalhealth.org.uk/a-to-z/c/children-and-young-people](http://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people)



### Developing depth

Put together your own plan for minimising risk factors based on what you have learned.

## How day-to-day life might be impacted by a child or young person's mental health

If a child or young person is having problems, the parents can all too often blame themselves with resulting feelings of guilt that they are in some way bad parents. This in turn makes their relationship with the child and an already physically exhausting task even more stressful and exhausting. Parents can begin to question their competence and worth as parents and feel that they have failed.

Some children refuse to go to school for a range of reasons, one aspect of which is their mental ill health, and parents may not feel they can tell the school what's happening. Many parents will feel that they might be judged as a bad parent and as having failed to tackle the problems, or they may fear they will be prosecuted for not sending their child to school.

'Nothing prepares you for your child being affected by a mental illness. There is nothing in the parenting manuals that can help you to understand and cope with the total change that comes over someone once they are in the grips of such an illness. I can only describe it as truly shocking, terrifying...and utterly bewildering'  
- Jess's mother – extract from an anonymous blog.

**Source: *Time to Change***

## The impact of mental ill health on the family

It is common for children and young people with mental health concerns to experience behaviour that challenges. This can have an impact on family and home life, not only for the individual, but their siblings and parents too. Relationships can become fractured, routines disregarded and parents becoming socially isolated due to fear of this behaviour, when welcoming friends and other family members into their home environment. Parents may also feel embarrassed, due to the emotional and financial implications mental health conditions can have on their family.

Parents, carers and guardians may need support and advice to enable them to stay emotionally strong so that they can support the child. Family and friends may not understand and offer at best misguided advice, and at worst judgmental comments. Siblings may also struggle to understand why their sibling is unwell or not acting in their normal way. This can lead them to feelings of guilt which can lead to loneliness and isolation.

A further stress for parents and guardians can be the task of ensuring that siblings in the family do not resent the extra time and attention given to the child with the mental health problem.

It can be hard for parents to accept, but they may not always be the best people to help the child and the key role for them may be to find someone who is more experienced. Going to see a psychiatrist or other mental health professional about a child or young person's mental health difficulties, however, can in itself be a daunting experience for the parents. They may worry about not understanding what's being said and may be unsure about how exactly the health professional or psychiatrist will be able to help. Parents may not want to admit that their child has been referred to a professional or psychiatrist and some may worry that they will be judged as parents or even that their children will be taken away from them.

**R**

### **Further Research: School attendance**

**This video explains to parents the importance of being honest with the school about what is preventing the child from attending. Watch the video by following the link below for more information and make notes in the space below.**

***[youtu.be/wi5ulIYuAHI](https://youtu.be/wi5ulIYuAHI)***

## Children in the care system

The majority of children coming into care have already had to deal with negative experiences in life, including abuse and neglect. They are much more likely – over four times more likely, in fact – to struggle with mental ill health than children in the general population, and this puts them at further risk of instability and uncertainty.

All of this can lead to behaviours that can be challenging for those people caring for them and have a serious impact on those in the caring role. The caregivers face psychological and emotional challenges, as well as the challenges of dealing with the behaviours.

A recent Education Select Committee highlighted the fact that many local authorities are not picking up on children's mental health difficulties when they first enter care. The report, which reviewed foster caring, makes many observations about the impact on foster carers (and on the children themselves) of correctly matching the child to a foster family, and the provision of accurate and up-to-date information that enables children to recover from the traumatic experiences they've had and facilitates stability in other areas of life, such as the ability to develop friendships.



### Key Fact

**Poor matching and placement breakdowns are regularly cited as factors in foster carers' decisions to give up fostering.**

**Source: [publications.parliament.uk/pa/cm201719/cmselect/cmeduc/340/34006.htm](https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/340/34006.htm)**





## STOP AND THINK!



### Remembering and recalling key learning

Identify two ways in which day-to-day life might be impacted by a child or young person's mental health.

1.

2.



### Application

For the impacts you have identified above, please identify how these can affect their parents, careers and guardians and any siblings they may have.



### Developing depth

Visit the following website to look at some of the more unique issues that children in the care system face. Which issues did you expect? Which issues surprised you?

<https://learning.nspcc.org.uk>

## Future in Mind

Future in Mind recognises that a key aim of effective services for children and young people is that there should be more support for staff who work with vulnerable groups, such as children in care in the form of access to high quality mental health advice when and where it is needed.



### Key Fact

**Enhanced training for staff working with children and young people would lead to greater professional awareness of the impact of trauma, abuse or neglect on mental health.**

**Source: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)**

## Children in care

Children in care – that is children who are looked after – are more likely to get into trouble with the police and be cautioned. There are a number of reasons for this. One reason is that the trauma they've experienced has led to emotional, social and behavioural difficulties that can be hard for the carers to deal with.

Whereas in the average family home, the police would not be called if the child or young person broke things during an argument, in residential care settings this may happen if the behaviour caused whilst the young person is distressed and angry becomes difficult to cope with. In some areas, the police are working with residential care providers to reduce this occurrence, and staff may need further training and guidance in supporting the young people in different ways to prevent the offending behaviour from occurring.

**Let's Summarise!**

**Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.**

**1. Name two of the potential ways mental health concerns can impact a children or young people:**

1.

2.

**2. Give two examples of the impact on others living with a child or young person with mental health concerns:**

1.

2.



**Extend your learning:  
Mental health in everyday life**

**Spend some time thinking more broadly about what could be done to make mental health accommodations for children and young people in everyday life.**

**Make notes in the space below.**



**Congratulations, you have now completed Section 3 and Unit 3.  
Please now go to your assessment and answer Q1 – Q5d.**





### What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt in relation to children and young people's mental health. Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed.

Please use the same key to answer the first four questions and then type your answer out for question 5.

- 1 – Not confident at all    2 – A little confident    3 – Confident**  
**4 – Very confident        5 – Confident enough to share my knowledge with others**

<b>1.</b>	How confident are you in your knowledge of prejudice, discrimination, stigma, and stereotyping?	
<b>2.</b>	How confident are you on how victimisation can have negative implications on a child or young person's condition?	
<b>3.</b>	How confident are you in your knowledge of stress and the effect it can have?	
<b>4.</b>	How confident are you in your knowledge on the issues a mental health concern could have on a child or young person's day-to-day life and education?	
<b>5.</b>	How do you feel your knowledge has improved since starting this unit?	

## Further Reading

Please take your time to visit the links listed below. These will help you widen your reading for answering the assessment questions. You will need to type out the links in full into a browser in order to access them.

### Links

- [\*\*www.time-to-change.org.uk/news/mental-health-stigma-and-discrimination-harming-our-next-generation\*\*](http://www.time-to-change.org.uk/news/mental-health-stigma-and-discrimination-harming-our-next-generation)
- [\*\*learning.nspcc.org.uk/child-health-development/child-mental-health\*\*](http://learning.nspcc.org.uk/child-health-development/child-mental-health)
- [\*\*www.youtube.com/playlist?list=PLxR\\_RSzc4HpHGWzpuR4AKnaJR2SX6qISO\*\*](http://www.youtube.com/playlist?list=PLxR_RSzc4HpHGWzpuR4AKnaJR2SX6qISO)
- [\*\*www.newportacademy.com/resources/mental-health/teen-mental-health-stigma/\*\*](http://www.newportacademy.com/resources/mental-health/teen-mental-health-stigma/)
- [\*\*www.mentallyhealthyschools.org.uk/resources/\*\*](http://www.mentallyhealthyschools.org.uk/resources/)
- [\*\*nhs-digital.citizenspace.com/consultations/survey-of-the-mental-health-of-children-looked-aft/results/summary-mh-looked-after-children-survey-public-consultation.pdf\*\*](http://nhs-digital.citizenspace.com/consultations/survey-of-the-mental-health-of-children-looked-aft/results/summary-mh-looked-after-children-survey-public-consultation.pdf)

## **Unit 4: Understand how to minimise the risk of mental health concerns in children and young people**

**Welcome to Unit 4.**

This unit has **three** sections. These are:

**Section 1: Understand how to support the mental well-being of a child or young person**

**Section 2: Understand how to prevent escalation of a mental health concern in a young person or child**

**Section 3: Understand how to access or provide support to a child or young person who is experiencing a mental health concern.**

### **Section 1: Understand how to support the mental well-being of a child or young person**

Upon completion of this section you will be able to:

- Describe how to promote positive communication between children and young people, and safe voicing of feelings and worries (1.1)
- Explain the role of risk factors in children and young people's mental health and describe how adults support children and young people to recognise their own risk factors (1.2, 1.4)
- Explain how mental resilience impacts upon mental health. (1.3)





## What do you know?

Before you start this unit, it is important that you take some time to think about what you already know in relation to understanding children and young people's mental health. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 5. You can then write out your answer in full for question 6.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

**1 – Not confident at all    2 – A little confident    3 – Confident**  
**4 – Very confident        5 – Confident enough to share my knowledge with others**

<b>1.</b>	How confident are you in your knowledge of how to promote communication between children and young people?	
<b>2.</b>	How confident are you in your knowledge of risk factors in a child or young person's mental health?	
<b>3.</b>	How confident are you in your knowledge of maintaining a supportive environment for a child or young person?	
<b>4.</b>	How confident are you in your knowledge of early engagement, support services and medical treatment of a child or young person's mental health concern?	
<b>5.</b>	How confident are you in your knowledge of strategies and therapies used to help children and young people?	
<b>6.</b>	What are you hoping to learn from this unit?	

**A**

### Introductory Activity



**What strategies would you put in place to promote children sharing their feelings and worries? These can be as formal or informal as you see fit.**

**Make notes in the space below.**

## How to promote interactions between children and young people and others to develop their well-being

Let's look first at what well-being means.

**D**

### Definition: Well-being

**There are many definitions of well-being, but broadly speaking it means the quality of a person's life, how well it is going and how they feel about it. It is an 'umbrella' term that covers a range of indications of a person's quality of life. These include the disadvantages they may have encountered, where and how they live, their health and their experiences of education.**

Freedom is important to a young person's mental health. The right to individual liberty is one of the core British Values. Individual liberty is protected by legislation.

**Three** key pieces of legislation that are linked to individual liberty are:

1. The Human Rights Act 1998
2. Freedom of Information Act 2000
3. The Equality Act 2010.

The relationships that children and young people have with parents, siblings and family members have been shown by numerous research projects to be vital and integral to their well-being. For many children however, these are the very relationships that have become strained or fractured by divorce, family breakdown and a range of other factors.

**R**

### **Further Research: The Good Childhood Report**

**The Good Childhood Report, produced each year in the UK by the Children's Society in collaboration with the University of York, asks children aged eight and above a series of questions about their lives and how they feel about them. Access the link below to find out more.**

**[www.childrensociety.org.uk/sites/default/files/2020-09/PRE022a\\_Good%20Childhood%202020\\_V6\\_LR.pdf](http://www.childrensociety.org.uk/sites/default/files/2020-09/PRE022a_Good%20Childhood%202020_V6_LR.pdf)**

**Make notes in the space below.**



It is well established that children who encounter adverse experiences or disadvantages in their lives are likely to have worse outcomes than other children, and this includes lower subjective well-being. For example, adolescents who experience neglect have poorer mental health, poorer education engagement and attainment, and are more likely to become involved in risky behaviours.

**Source: [www.childrensociety.org.uk/sites/default/files/2020-09/PRE022a\\_Good%20Childhood%202020\\_V6\\_LR.pdf](http://www.childrensociety.org.uk/sites/default/files/2020-09/PRE022a_Good%20Childhood%202020_V6_LR.pdf)**

The information gained from reports such as this can be used to inform the kind of interactions needed to improve mental well-being.

## Promoting interactions that help to develop well-being

Social and emotional well-being is affected by a range of factors, from individual circumstances, family background and the community in which people live. Children and young people can therefore find it extremely challenging to develop coping skills, resilience, and consequently, psychological well-being. If the child or young person has a mental health condition to cope with, the challenges are all the greater.

Evidence has shown that poor social and emotional well-being can impact later life and have several negative consequences.

Early interventions in childhood can help to reduce the impact of Adverse Childhood Experiences (ACEs) and reduce both physical and mental health problems.

Despite the importance of good mental health and well-being, however, you have discovered in this course that many children and young people do not experience these feelings of well-being.



### Key Fact

**Early interventions can help to reduce the impact of Adverse Childhood Experiences (ACEs).**

## Promoting interactions that develop well-being

There are many ways in which parents, schools, carers, communities and services can promote interactions that help to develop well-being.

Learning about ways to cope and build resilience involves individuals discovering how to solve problems, and finding ways to stay calm, feel positive and stand up for their own views and needs. Promoting and building resilience is not a speedy process and requires time and commitment from all concerned.

Schools have a key role too in helping children and young people to feel safe and manage the risks they encounter in school and the wider world. This particularly applies to those being bullied. The identification of safe and unsafe places and how the child or young person can have some control over these can help to build resilience.

By modelling the following good behaviour, adults can encourage positive communication between children and young people:

- Speak appropriately and respectfully to others. Be careful to avoid negative terms or slang that might be offensive to others.
- Keep body language open and non-threatening.
- Show you are actively listening to individuals with eye contact, nodding and asking questions where relevant.
- Maintain appropriate boundaries by keeping your personal life private where appropriate, particularly in relation to alcohol, sex or drugs.

**Source: [yerp.yacvic.org.au/build-relationships/involve-young-people/communicating-with-young-people](http://yerp.yacvic.org.au/build-relationships/involve-young-people/communicating-with-young-people)**

## Beneficial factors to children and young people

Being positive role models for good mental health habits is one way that benefits not only the child or young person but the adult too. This might involve ensuring the child has regular exercise that is fun and stimulating, and making sure they get plenty of sleep. Sleep is an important factor in maintaining good mental health and many people in today's often stressful society, both adults and young people, do not get enough sleep. There are no hard and fast rules, but children need roughly between 9 and 12 hours sleep depending on age.

Role models can contribute to the development of either important protective factors or powerful risk factors in a child's life, depending on how the role model behaves. A good role model will support and encourage a child, which will help them feel safe to express their feelings and worries.

Exercise stimulates the chemicals in the brain that improve mood and reduce stress, so this too is a key factor.

Creativity is important too, and is a great way for a child to immerse themselves in a project or activity and forget about things that may be worrying them.

Children and young people of all ages benefit from space that is their own and in which they can feel safe, think and take stock of what's happening in their lives. This processing time will allow them to communicate their thoughts and feelings more effectively to others.

The opportunity to talk to someone about their problems or concerns is equally important. Parents should be approachable and be aware their children may approach them at 'inconvenient' times with problems.



Schools have an important role in promoting mental well-being, and many schools have ways to help children build resilience and raise awareness about the importance of good mental health. An important aspect of this in schools is the commitment of senior management to establish a culture within the school that values all pupils, is free of stigmatisation, and creates an atmosphere of trust where it is possible for young people to talk about their problems.

The Education and Inspections Act of 2006, in Section 89, states that schools should ensure that they have effective anti-bullying policies and ways of tackling prejudice and stigma around mental health. This policy must be communicated to all pupils, parents, and staff at the school.

With the Children and Young People's Mental Health Coalition, Public Health England have produced a report entitled; Promoting children and young people's emotional health and well-being: A whole school and college approach.

### Promoting children and young people's emotional health and well-being: A whole school and college approach



**R**

**Further Research: Health and well-being in schools**

**Look at the diagram above to read about the eight principles of promoting health and well-being in schools, then learn more using the link below.**

**[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414908/Final\\_EHWB\\_draft\\_20\\_03\\_15.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf)**

**Make notes in the space below.**

A large, empty rectangular box with rounded corners, intended for students to take notes.





## STOP AND THINK!



The link below provides examples of nationally recognised best practice, and programmes that schools across the UK run to promote children and young people's mental and emotional health and well-being.

Read the document in the link below. Use chapter six to complete the activities below.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/747709/Mental\\_health\\_and\\_wellbeing\\_provision\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/747709/Mental_health_and_wellbeing_provision_in_schools.pdf)



### Remembering and recalling key learning

What percentage of primary schools show no evidence of promotion of mental health?



### Application

Using the report and your own knowledge, how could you make sure that schools start to promote mental health?



### Developing depth

Which demographic is targeted by most policies designed to promote mental health? Why do you think this is?

## The risk factors which may affect the mental well-being of children and young people

R

### Further Research: Risk factors

**Can you think of any risk factors that might affect the mental well-being of children and young people? Visit the following link and make notes in the space below.**

***<https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people>***

The factors listed below are associated with health and well-being in general, rather than just physical health.

- Family mental health problems or having a parent who is seriously ill
- Parental separation/divorce, or parents who argue a lot
- Relationships with friends
- Poverty, illness or disability
- Being a young carer
- Living in an area where you do not feel safe
- Problems at school
- Traumatic events or being exposed to violent behaviour
- Transitions, for example, changing school or moving to a new house
- Bullying or harassment
- Stages of development, for example, moving into adolescence
- Substance misuse in the family or involving the child or young person
- Social pressures.

## Aspects of life that impact health and well-being

There are many aspects of life that have an impact on health and well-being, including mental health. For example, where and how an individual lives, the food they eat, the education they receive, their friendship groups and their relationships with family and others.

Unfortunately, negative things do happen to most people at some point in life, but it is the way an individual is able to cope with them that dictates how their physical or mental health is affected as a result.

Many events may be out of the individual's control, especially as a child, and several may happen at the same time, which may make things even worse.

Children and young people who find themselves unable to cope may find it difficult to carry on with their ordinary lives, be unable to concentrate at school or college, and may turn to alcohol or other substances for escape, develop eating disorders, or become anxious, stressed or depressed.

Children and young people may also be affected by risk factors in the following ways:

### Parental separation/divorce

- Teenagers may start blaming one parent for the divorce or even resent both parents for the upheaval and sudden change in the family. They may 'act out' with bad behaviour or by taking risks such as unsafe sex and substance misuse.
- Young children may struggle to understand why their parents are living apart. They may even worry that their parents will stop loving them or that the marriage ending is their fault, and that they did something wrong or caused it by behaving badly.
- Children may find their grades are affected. Divorce is also linked to higher school dropout and truancy rates.

**Source:** [www.rtor.org/2019/08/28/how-divorce-impacts-childrens-mental-health/](http://www.rtor.org/2019/08/28/how-divorce-impacts-childrens-mental-health/)



## Homelessness

An estimated 131,000 children were reportedly homeless last Christmas (Shelter, 2018). Homelessness affects children's mental health in a number of ways:

- **Isolation:** Lack of access to hygiene facilities can mean a child's hair, body and uniform go unwashed. This can lead to low self-esteem and anxiety, as well as making a child at risk of being bullied.
- **ACES:** Whilst homelessness is arguably an ACE itself, it can also make a child more vulnerable to drug abuse, domestic abuse and sexual abuse. These can be extremely harmful and put a child at risk of mental health problems.
- **Anxiety:** Children who are homeless experience a large amount of uncertainty and disruption. This can lead to greater levels of anxiety caused by the uncomfortable and inconsistent living quarters. Teachers reported that children became more anxious towards the end of the day just before they were scheduled to be picked up by their parents or carers, and some pupils reported being unsure of where they would be going after school.

**Source:** [www.acamh.org/blog/homelessness-impacts-on-children/](http://www.acamh.org/blog/homelessness-impacts-on-children/)

## Transitions

### Puberty

Puberty is a life transition that all children will go through, and whilst exciting, it can also be a difficult time. As individuals experience strong emotions towards those around them and their bodies begin to change, their self-esteem and mental health may be affected.

### School

Moving from primary to secondary school or secondary to university can feel overwhelming for children and young people. As well as entering a new, unfamiliar environment, the higher academic expectations can cause stress and depression if a child feels they are not performing to expectation. The pressure to form new relationships or change existing ones may also result in anxiety.

## Bullying/harassment

Children who are bullied are more likely to:

- Have low self-esteem
- Experience depression or anxiety
- Become socially withdrawn, isolated and lonely
- Have lower academic achievements due to avoiding or disengaging with school
- Be unable to form trusting, healthy relationships in the future.

**Source:** [kidscape.org.uk/advice/facts-about-bullying/the-effects-of-bullying/](http://kidscape.org.uk/advice/facts-about-bullying/the-effects-of-bullying/)

## Protective factors which could limit the impact of risk factors

Protective factors are characteristics, circumstances, attitudes and values that help to reduce the risk of developing poor mental health. These are the strengths children and young people have that enable them to cope with difficulties and stresses in their lives.

They do not guarantee that an individual will not develop mental health problems, but have been shown in some instances to help to 'buffer' people against the stresses and anxieties that can lead to further problems.

Resilience is an important protective factor that helps to prevent children and young people from developing mental ill health and associated conditions and problems.

Building resilience helps them to 'bounce back' and develop coping skills so they can manage when they encounter problems as they grow up.

When children are assured of a stable and secure home life where they are provided with opportunities to learn important life skills such as trust, sharing, respect for others, and where they feel valued and nurtured, they are more likely to develop good levels of self-esteem. A child growing up in an environment where their views and opinions are listened to, where there is positive regard for them, and where they are well supported in their educational aims and choices, will develop in confidence and have more positive mental attitudes.



Participation in play and activities either in the community or at school enables social interactions and new friendships to be forged, which in turn have a protective effect. A child with good social and emotional skills and an even temperament is more likely to make friends more easily as they go through life, and they are less likely to experience social isolation.

i

### Key Fact: British Values



**Early recognition of mental health problems and the provision of early help is vital to a successful outcome. In Britain, complete social equality has not yet been achieved, there are still inequalities relating to the distribution of wealth, differences of social status and other factors of society. Nevertheless, the pursuit of a more equal society has been the aim of successive British governments and other organisations that support equality and diversity. This aim is supported by laws to promote equality and outlaw discrimination, such as the Equality Act 2010.**

**The Equality Act 2010 is one important law that underpins British Values.**

**Living under the rule of law protects individual citizens and is essential for their well-being and safety.**







### Key Fact

**Families who routinely eat together and share their day's experiences are more likely to provide an environment that promotes healthy eating and a healthy attitude towards food, as well as fostering good family relationships. Sharing the family responsibilities, including household chores, develops self-esteem and a sense of being valued.**

## Fostering positive emotional development

Personal, Social and Health Education (PSHE) lessons in schools, supported by interested and caring parents, can also help children to learn about recognising their own and others' emotions and how to see things from the perspective of others. This enables them to develop their social and emotional competence, along with appropriate ways of thinking and acting.

A recent study carried out by Edinburgh University and reported in the *New Scientist* in November 2016 discovered that belonging to organisations such as Scouts and Guides when young appeared to have a protective effect, making people less likely to experience anxiety and mood disorders in later life. Organisations such as these foster the development of self-reliance in young people and offer opportunities to socialise, take part in numerous activities, have fun and encourage a desire to learn new skills and topics.

**Source: *Be(ing) prepared: Guide and Scout participation, childhood social position and mental health at age 50 – a prospective birth cohort study: Chris Dibben, Chris Playford, Richard Mitchell***

This is just one example that demonstrates the value of protecting and promoting mental health and well-being in a range of ways for children and young people.

Mental health promotion is used to encourage protective factors in all sorts of ways, such as early intervention programmes like Early Help which provide:

- Additional support for children in schools and communities, especially for the more vulnerable groups of children such as those with learning difficulties, those from minority populations, or migrants and people affected by conflicts and wars in their home country
- Mental health awareness education in schools.



### STOP AND THINK!



**Make notes of all the protective factors for good mental health you have learned about so far. Can you think of any others?**

## The role of resilience in relation to children and young people's mental health

Numerous studies have demonstrated the link between resilience and maintaining good and positive mental health, indicating that resilience can help protect you from, and aid you during, various mental health conditions, such as depression and anxiety. Cultivating a strong resilience when living with a mental health difficulty can enable an individual to handle the bumps, bruises, and crises that they may face. This could include discovering new ways of coping during difficult times, the ability to gain greater perspective over challenges that may feel worse than they are proved to be, finding more effective ways of calming oneself during stressful events, and gaining control over the mental health concern, and one's life in general. Strong social support is particularly important. It has repeatedly been shown that there is a clear relationship between mental ill health, psychological distress, depression, anxiety and vulnerability.

Building the resilience of children and young people may help to protect them against a number of negative behaviours in later life that may impact on their mental health.

### **These include:**

- Engaging in risky behaviours such as substance misuse and inappropriate sexual relationships
- Making unhealthy and unwise choices about their lifestyle, for example, their diet
- Feeling negative about future prospects.

Resilience is associated with:

- Coping with transitions in life, for example, moving from primary school to secondary school
- A quicker recovery from illnesses
- A delay in embarking on parenthood
- Helping to overcome the impact of social and material deprivation
- Better academic achievement
- Success in sport, music and art that all contribute to confidence building.

## Resilience and self-regulation

Being able to manage feelings and behaviours is called self-regulation, and is a big part of building strong resilience. The development of self-regulation contributes to the growing independence of children and young people and their increasing ability to control their own feelings and behaviours. This then provides them with the skills to create stronger friendships and relationships, and cope better with stresses and disappointments in life. This in turn helps to prevent the development of mental health problems that may otherwise be the result of difficult transitions and occurrences in life such as parental divorce, separation, deaths in the family and loss of pets.

Sensitive and comforting care from supportive and trusted adults helps children to develop self-regulation. Parents have a key role to play in teaching their children how to regulate their thoughts, emotions and behaviours, but sadly not all parents are able to do so as they may have difficulties themselves in this area.

Some experts have suggested that many major problems that affect people of all ages, including mental health issues, can be traced in some way to the inability to regulate behaviour.

Self-regulation helps children to control impulses, behave in socially acceptable ways, share and express emotions appropriately and make better decisions about personal behaviours.

When children demonstrate signs of difficulties with self-regulation over long periods of time, this may be an indication or warning sign that mental health problems may be present. Some of the signs include not being able to listen to a story, often looking worried and sad, and a lack of interest in daily activities and games.

Caregivers can use approaches such as stories or characters to help children learn and remember self-regulation techniques and provide a supportive framework which they can build upon. Professional help may be needed in some cases to avoid interruption in the important processes of learning and development.

## How adults support children and young people to recognise risk factors and signs of distress in themselves.

There are many ways in which support can be offered and provided for children and young people who are worried about their state of mind.

### Talking and counselling

Someone to talk to is the first and most obvious of these. This must be someone the individual knows and trusts, and might be a friend, a family member, a teacher, a health professional or someone involved in a sport or social setting. It is not always easy to have these conversations though, and it may take some time for the child to express what they are feeling, so the listener needs to be patient.

Most schools, colleges and universities have counselling available and/or informal drop-in sessions that are sometimes provided by voluntary services from outside the school. The school nurse may be someone that a young person feels they could approach with confidence, or the head of pastoral care in the school.

### Websites, charities and other resources

There are several valuable websites and agencies that offer advice and guidance in a format suitable for children and young people.

The Royal College of Psychiatrists, for example, provides a series of useful and well-written factsheets on their website for all aspects of mental health conditions, concerns, support and treatment at:

**[www.rcpsych.ac.uk/mental-health](http://www.rcpsych.ac.uk/mental-health)**



### Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Give two examples of risk factors that can impact the mental health of children and young people.

1.

2.

2. Give two examples of protective factors that could limit the impact of risk factors.

1.

2.

3. Complete this definition – resilience is:

4. Where might a pupil go in a school to get some help and support with a mental health issue or concern?

**A**

### **Extend your learning: Supporting mental health**

**Imagine you work in a school. You have been asked to put together a strategy for supporting children's mental health. Make notes of what you would include in this strategy.**



**Congratulations, you have now completed Section 1.**

## Section 2: Understand how to prevent escalation of a mental health concern in a young person or child

Upon completion of this section, you will be able to:

- Explain how to maintain a supportive environment for a child or young person (2.1)
- Describe how to correctly respond to a child's behaviour whilst respecting their right to choose (2.2)
- Explain the role of early engagement, support and treatment in preventing mental health concerns. (2.3)

**A**

### Introductory Activity



**Why do you think it's important to introduce early engagement, support and treatment with regards to preventing mental health concerns? Make notes in the space below.**



## How to maintain a supportive environment for a child or young person

Providing a warm and welcoming environment for children and young people when they attend a venue for help and support is key to the success of the interaction.

Young people have said that the atmosphere and appearance, as well as attitudes of staff and volunteers, can make a huge difference to their well-being, their confidence in participating, and to countering the stigma they have previously felt around their mental health condition.

The Mental Health Foundation, in their report entitled Listen Up! found that the environment in which interventions were offered made a big difference to outcomes.

'The young people we spoke to said they valued services that encouraged a welcoming, relaxed and informal culture combined with a homely environment. They all thought that the attitude and approach of staff were very important in creating this atmosphere, and in achieving successful service provision and delivery.'

'I felt really comfortable when I came here...it was such a happy place to be.'

'Young people commented that something as simple as being offered a cup of tea and biscuits by a member of staff might seem a small gesture, but that it was typical of these services' approach; it creates a sense of a 'personal touch' and encourages engagement with staff.'

'I was apprehensive at first, but once you come it's such a nice atmosphere it makes you want to come back.'

**Source: *Listen Up! Mental Health Foundation person-centred approaches to help young people experiencing mental health and emotional problems***



Other ways to maintain a supportive environment include:

- Manage sensitive or triggering content. It is important to give warnings of anything that a child or young person may find upsetting.
- Be aware that reasonable adjustments may need to be made in some instances.
- Use positive language which focuses on finding solutions rather than on the problem itself, to ensure the child doesn't feel like a burden.
- Give children time to make decisions, rather than putting them on the spot.
- Consider casual seating arrangements or outdoor settings to help children feel more comfortable.

**Source: [councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/%236%20Supportive%20Environments.pdf](https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/%236%20Supportive%20Environments.pdf)**

## How to respond to a child's behaviour whilst respecting their right to choose

We have seen how important it is to enable the participation of children and young people in the design, delivery and evaluation of services. All related government guidance and policy since 1991 has included this principle, and successive governments have committed to the promotion of active participation of children and young people.

Listening to the feedback, views and opinions of children and young people should therefore direct the development of services and support offered.

Young people interviewed said they were seeking a sanctuary to escape to from the challenges they faced in their lives. Some said that to begin with they did not want support with their emotional well-being or mental health problems, but just a place to go to after school or during the day as a break away from their isolated and stressful home life. All young people said that services should offer a fun and creative element to their support and care.

**Source: *Listen Up! person-centred approaches to help young people experiencing mental health and emotional problems***

## Choices

Many young people are looking for services that help them to build their confidence and self-esteem, and the choices they make about what sort of support and help they need are key to this. Listening to their view and opinions and using the information to guide the interventions made by parents, schools and professionals is a way of responding to their lifestyle choices whilst respecting self-esteem and the need to nurture this.

For the parent, carer or professional, it is important to be clear about the impact of the child or young person's lifestyle choices and behaviours and how these might make others feel. By discussing this in a non-judgmental and measured way, this can help the young person to read and respond to emotions and create constructive ways of relating to others.

Young people can be very sensitive and vulnerable to any criticism or teasing about their appearance and it can be especially hurtful in the preteen and teenage years, making them feel very self-conscious.

Building confidence also builds self-esteem. Praise for things achieved or done well, without overpraising, helps to build both assets. Supporting their choice of friends, activities, sexuality and lifestyle, unless these are causing harm, helps to build self-esteem.

'I used to point out the things my son did wrong, like getting poor marks in one of his subjects. Now I pay more attention to the other results and would compliment him more about things in general. I can't believe the change it has made to our relationship.' (Mary, parent of a 14-year-old boy)

**Source: *Parenting Positively: Teenage well-being for parents of teenagers; Barnados* [http://www.tusla.ie/uploads/content/Teenagers\\_Wellbeing\\_d3.pdf](http://www.tusla.ie/uploads/content/Teenagers_Wellbeing_d3.pdf)**

Demonstrating respect for the child's feelings and an understanding of their perspectives, even if it differs from the adult's, is more likely to result in a positive response.



## STOP AND THINK!



### Remembering and recalling key learning

David is marking Kieran's maths homework. Kieran has three pieces he completed, each worth up to 20 marks. Kieran needs to get 45 overall to pass his assignment. He got 18 on the first piece, 10 on the second and 14 on the third. How many marks did Kieran get?



### Application

Think about the different practical and emotional ways you would support Kieran to react positively to his grade and how you would aim to prevent his self-esteem from being negatively affected. Make notes in the space below.



### Developing depth

Think about the ways you might follow up with Kieran further down the line to establish whether he needs any mental health support.

## Strategies for mental health support

It is now recognised that the mental health and well-being of children and young people is everybody's business and not confined to specialist services. Across the country, CAMHS are developing and changing their models and ways of working to reflect the importance of multi-agency and collaborative working to restore and promote the mental and physical well-being of children and young people.

The active participation of children and young people in their care and support is important, and there is broad recognition that they have the right to be heard and to play a vital role in the design and planning of services as well as the progress of their own recovery journey. You looked earlier at how the UN Convention on the Rights of the Child supports this right. The principles of participation are also central to current UK Government policy, legislation and guidance on the delivery of services. The quotation below is from a report looking at patient and public involvement in health services generally, but the views expressed are applicable to children and young people's mental health services.

'Patient involvement increases patient satisfaction. Benefits also include greater confidence, reduction in anxiety, greater understanding of personal needs, improved trust, better relationships with professionals and positive health effects.'

**Source: Farrell, C. (2004). *Patient and public involvement in health: the evidence for policy implementation. Page 2. London: Department of Health.***

Young people interviewed in research projects stress the importance of having a safe place where they can talk about their problems without feeling pressured.

'I needed someone to be there who understood and wasn't going to, like, run away or tell everyone. Just someone who was going to be there and that was their only purpose.'

**Source: *Listen Up! Mental Health Foundation person-centred approaches to help young people experiencing mental health and emotional problems***

## Role of the practitioner

Managing the emotional content of sessions with children and young people is a vital skill for the practitioner who needs to be able to reflect on the meaning of any emotions and behaviours demonstrated and manage strong emotions such as anger.

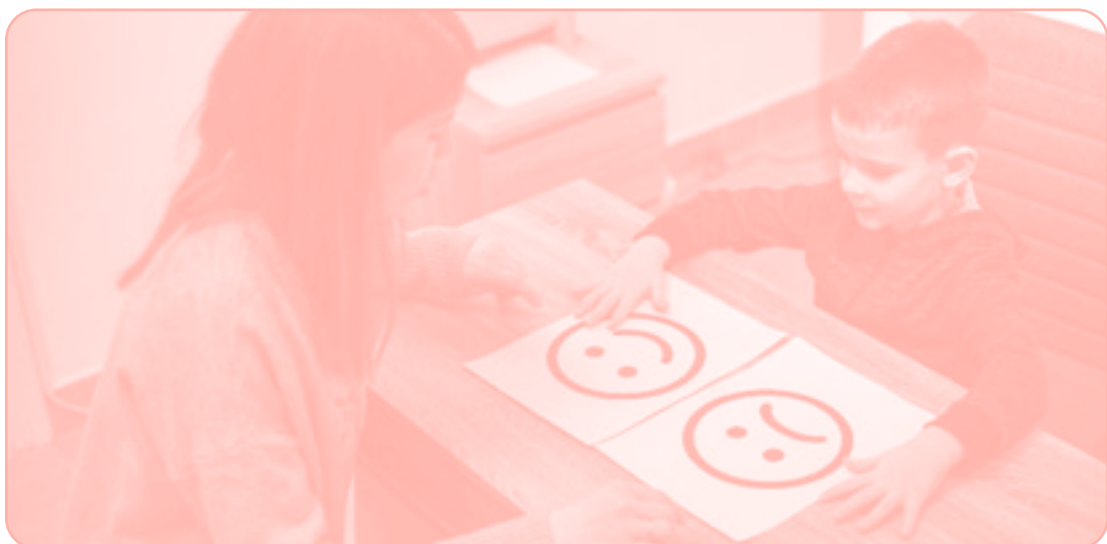
The role of the practitioner is to enable the individual's 'journey of self-discovery', and to enable the young person to look more objectively at the challenges they face and identify their specific needs. This provides the young person with a sense of direction, and they can begin to explore some resolutions to their issues and problems. A non-judgmental and person-centred approach on the part of the practitioner is key to enabling this 'journey', which takes time and patience. Young people need to feel comfortable to reveal and discuss personal information, feelings and worries.

## Staff

Staff who are not too intrusive were valued by young people in the Listen Up! research.

'They don't judge you, it's not like they're trying to figure out why you're there... you can just sit and you get offered a drink as well. It's informal.'

**Source: *Listen Up! Mental Health Foundation person-centred approaches to help young people experiencing mental health and emotional problems***



## Future in Mind

Future in Mind noted that it is important for everyone working with children and young people to co-operate and collaborate, recognising that everybody has an important role to play in identifying and supporting the many different mental health problems they experience. That support and help does not need to be in the form of specialist treatment.

Different models of care and support are now being implemented to move away from categorising children and young people's mental health problems in more 'medical' or 'clinical' terms of severity or complexity, and are instead looking at what kind of support is needed at each point.

The Thrive Model is one example. This model refers to children and young people's mental health needs in four overlapping kinds of need:

- Coping
- Getting help
- Getting risk support
- Getting more help.



## THRIVE Model



This model incorporates an increased focus on work in schools and communities to promote resilience.

The Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) includes some core principles as part of the service transformation process it seeks to achieve. The CYP IAPT, seeks to improve the quality of children and young people's mental health services to make them safer and more supportive environments in which young people can express their emotions and concerns. Some of the key aims of the CYP IAPT are to:

- Value and facilitate the participation of young people, parents, carers and communities at all levels of service provision
- Work to improve access to and engagement with services and decrease the stigma around mental health.

### The role of early engagement, support and treatment in preventing mental health concerns

You have seen how important it can be to identify problems at an early stage and intervene at the first opportunity to reduce the impact of adverse childhood traumas and experiences.

What happens in the early years of a child's life can affect their future health and well-being, and the early years are a crucial period when important physical and emotional development takes place.

The 2010 Marmot Review highlighted the importance of the early years in outcomes in later life. Sir Michael Marmot strongly made the case for the fact that people with better chances in life, economically and socially, have more opportunities to lead a fulfilling and flourishing life in his report.



#### Key Fact: British Values



**Giving every child the best start in life is crucial to reducing health inequalities across the life course. Lack of respect for other people's cultures and beliefs can lead to discrimination, exploitation and the denial of people's rights.**

**Source: Professor Sir Michael Marmot, *Fair Society, Healthy Lives. The Marmot Review, February 2010***



## Early intervention

Prompt diagnosis and early intervention can have a significant impact on the outcomes and recovery journey for the individual.

You looked at the role of universal services, such as health visitors, children's centres, schools and youth services in identifying problems, and acting to prevent escalation of these problems to more serious conditions.

You have also learned that as well as the social benefits of early interventions in preventing poor outcomes in education and life chances, there is also likely to be an economic benefit to the country. This is based on the assumption that it costs more to treat and support people with long-standing and more severe problems later in life.

The Family Nurse Partnership Programme is an example of how early intervention and support can prevent problems developing and focus on the strengths of the parents. A specially trained nurse visits the family regularly from pregnancy until the child is two years old and enables the parents to:

- Develop good relationships with their child
- Understand the child's needs
- Make choices that will give the child the best start in life
- Develop belief in themselves and their abilities as parents.

Each intervention is different and tailored to the needs of the different families. Families take part on a voluntary basis and the scheme is targeted at young mothers aged 19 and under.

Read about one young mum's experience of this important programme below.

### **C** Case Study: Xanathia's story

**I had just started working as a fitness instructor when I found out I was pregnant, and I was worried about how I would cope with becoming a mum for the first time. I suffered with anxiety attacks and prenatal depression, I felt like one of the unlucky ones. Eight weeks into my pregnancy I was referred to the Family Nurse Partnership in my local area. I didn't really know much about it or what it was going to mean for me and my baby and straight away I put up a wall. I didn't want to let anyone in. Visit the link below to read the full case study.**

**Source: <http://fnp.nhs.uk/blogs/we-started-off-as-strangers-and-finished-as-friends-xanathias-story/>**



## **STOP AND THINK!**



### **Remembering and recalling key learning**

Take a moment to think about the following in relation to Xanathia's story.

- **What factors played a part in Xanathia mental health problems worsening?**
- **What factors played a part in Xanathia's road to recovery?**
- **Do you think it would be useful for Xanathia to share her experience with other pregnant women and new mothers? If so, why?**



### **Application**

What kind of support do you think should be available to young mothers in particular? Think about what you would aim to put in place.



### **Developing depth**

Spend some time using the internet to read about young women's experiences of motherhood and mental health in blog posts, vlogs and any other useful sources you can find. Make notes of the causes of mental ill health and compare it against the others you have learned about so far.

### **Let's Summarise!**

**Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.**

**1. Give two examples of how to maintain a supportive environment for a child or young person.**

1.

2.

**2. Give two examples of how to respond to a child's behaviour whilst respecting their right to choose.**

1.

2.

**3. Describe the importance of the role of early engagement, support and treatment in preventing mental health concerns.**

**A** **Extend your learning: Support infrastructure**

**Use what you have learned in this section to think about what mental health support you would seek to put into the following institutions:**

- School
  
  
  
  
  
  
  
  
  
  
- Public spaces (e.g. library)
  
  
  
  
  
  
  
  
  
  
- Youth clubs.



**Congratulations, you have now completed Section 2.**

## **Section 3: Understand how to access or provide support to a child or young person who is experiencing a mental health concern**

Upon completion of this section, you will be able to:

- Identify medical treatments available to support children and young people (3.1)
- Identify care services and professionals that can be used to help children and young people (3.2, 3.3)
- Identify strategies that can be used to help children and young people (3.4)
- Identify therapies that can be used to help children and young people. (3.5)

**A**

### **Introductory Activity**



**Can you think of any medical treatments, care services or therapies that you are aware of that can be used to help children and young people? Make notes in the space below.**

## Medical treatments available to support children and young people

You have explored a number of interventions that are frequently applied with some success for children and young people's mental health conditions. Medication is one of the options. In this section we will look at some of the most common medications in use.

Advice and guidance about the use of medications is provided for professionals and the public by the National Institute for Health and Care Excellence (NICE) and the British Association of Pharmacology.

The most common mental health disorders in children and young people are Attention Deficit Hyperactivity Disorder (ADHD) and emotional disorders such as anxiety and depression. Whilst in most cases, therapeutic and psychological approaches tailored to the individual child's needs are the most suitable interventions, in some cases, such as moderate to severe depression, prescribing medication may be part of the answer.



## Attention Deficit Hyperactivity Disorder (ADHD)

Where drug treatment is indicated as being appropriate for ADHD, the NICE guidance recommends the use of the following for children and adolescents:

- Methylphenidate (Ritalin)
- Atomoxetine
- Dextroamphetamine.

These medications help to reduce the young person's hyperactivity and improve their ability to concentrate.

Medication is not the first choice of treatment for ADHD and unless the condition is particularly severe, other types of support will be tried first.



### Key Fact

**'Drug treatment is not indicated as the first-line treatment for all school-age children and young people with ADHD. It should be reserved for those with severe symptoms and impairment or for those with moderate levels of impairment who have refused non-drug interventions, or whose symptoms have not responded sufficiently to parent-training/education programmes or group psychological treatment.'**

**Source: NICE Clinical Guidance 72**

**Medication is not a permanent cure for ADHD but may help someone with the condition concentrate better, be less impulsive, feel calmer, and learn and practise new skills.**

**Source: <https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/treatment/>**

## Psychosis

This is rare in children and young people, and to date there has not been a lot of research done around the use of medications – called antipsychotics – for this condition in these younger age groups. Some of these medications are licensed only for use by young people over the age of 18 years, or in some cases 15 years. They can be used to treat and prevent reoccurrence of the condition. Medications used to treat psychosis include:

- Aripiprazole
- Olanzapine
- Quetiapine
- Chlorpromazine – this drug is licensed for use in children over one year old for conditions such as severe anxiety, violent and impulsive behaviours, mania and schizophrenia.

## Depression

The most common medicines prescribed for depression in children and young people are shown below. These drugs are used when the depression is moderate to severe in nature or has not responded to psychological therapies. These are known as selective serotonin re-uptake inhibitors (SSRIs) and they affect the levels of the chemical serotonin in the brain, preventing it being reabsorbed by the body and leading to lowered levels. A lack of this chemical can lead to low mood and depression.

- Fluoxetine (Prozac)
- Citalopram
- Sertraline.

Some of these drugs are licensed only for people over the age of 18, although they can still be prescribed for younger patients if the doctor feels it is suitable and advisable.

Lithium is another medicine that is sometimes prescribed, and this acts differently from those mentioned above. Lithium is a mood stabiliser medication.



## Anxiety

A range of medications are used for anxiety depending on how the anxiety affects the person. Some people develop phobias, panic attacks or obsessive compulsive disorders as a result of anxiety. There are a number of possible drug treatments which have different effects, depending on the needs of the child. These include:

- Diazepam – a tranquillising medicine licensed for use in over 18-years-old, but may be prescribed to those under 18 even though there is less evidence of effectiveness
- Citalopram and Fluoxetine – both are selective serotonin re-uptake inhibitors (SSRIs) that ensure a higher level of serotonin is available in the brain
- Chlorpromazine – this is an antipsychotic medicine that can be used for severe anxiety.

### Selective serotonin re-uptake inhibitors (SSRIs)

- Sertraline (Zoloft)
- Citalopram
- Pregabalin – this is an anti-convulsant medicine
- Propranolol – this is a beta blocker drug which means that it slows down the heart rate by blocking the action of adrenaline.

### Sedative drugs that slow down the body's functions

- Diazepam (Valium)
- Lorazepam.



### **R** Further Research: Medication

The charity, Young Minds, provides a website with comprehensive information about the various medications that may be offered or prescribed to children and young people for a wide range of conditions. Use the links below and carry out your own research into medication.

[youngminds.org.uk/find-help/medications/thinking-about-trying-medication/](https://www.youngminds.org.uk/find-help/medications/thinking-about-trying-medication/)

[youngminds.org.uk/find-help/medications/](https://www.youngminds.org.uk/find-help/medications/)

Make notes in the space below.

### **R** Further Research: Attitudes towards medication

Research articles relating to attitudes towards the use of medication for mental ill health. You can use these links as a starting point:

[healthtalk.org/depression/attitudes-to-depression-medication](https://healthtalk.org/depression/attitudes-to-depression-medication)

[www.psychologytoday.com/us/blog/resolution-not-conflict/201701/anxiety-treatment-should-you-be-wary-anxiety-medication](https://www.psychologytoday.com/us/blog/resolution-not-conflict/201701/anxiety-treatment-should-you-be-wary-anxiety-medication)

Make notes in the space below.

## Care services and professionals that can be used to help children and young people

Some individuals work in what are known as universal settings such as schools, early years services and primary care (GPs). These professionals include teachers, youth workers, health visitors, practice nurses and GPs. They all have a key role in the identification of mental health issues and concerns at an early stage so that appropriate interventions can be put into place as soon as possible.

The GP is often the first port of call for parents or for young people themselves when there are concerns about mental ill health, and the GP can carry out an initial assessment and arrange a referral to more specialised provision if necessary.

Others work in more 'targeted' or specialised teams supporting children and young people with more complex needs and problems. Mental health services for children and young people are generally referred to as Child and Adolescent Mental Health Services (CAMHS). The professionals working in the range of services under this heading area are trained to work with children and young people who have behavioural or emotional difficulties.

**R**

### Further Research: CAMHS

**Spend some time looking at the CAMHS website to refresh your memory of the different services they offer children and young people.**

***[camhs.elft.nhs.uk/](http://camhs.elft.nhs.uk/)***

**Make notes in the space below.**

## CAMHS teams

Some CAMHS teams specialise in working with children and young people in very specific areas of need and some examples are shown below.

CAMHS Learning Disability Teams offer specialist assessments and interventions for children with learning disabilities and mental health conditions.

CAMHS Crisis Response Teams provide services for young people who are at risk of immediate harm and significant self-harm. These young people may be in acute psychological distress and may be unable to go about their daily lives. The aim of these services is to prevent children and young people from being admitted to hospital and, if possible, keep them at home with their families.

The Forensic Child and Adolescent Mental Health Services (FCAMH) deals with the assessment and treatment of young people under 18 years old who are at a high risk of harm to others and/or are involved with the criminal justice system.

CAMHS professionals may work in a number of settings, including:

- Community-based clinics
- Hospital outpatient departments alongside paediatricians
- Schools and colleges
- Youth offending services
- Children's centres
- GP practices.

**Source:** [www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/child-and-adolescent-mental-health-services-camhs/](http://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/child-and-adolescent-mental-health-services-camhs/)



### Key Fact: British Values



**CAMHS professionals will work across many different places and social classes. In Britain, complete social equality has not yet been achieved, there are still inequalities relating to the distribution of wealth, differences of social status and other factors of society.**

**Nevertheless, the pursuit of a more equal society has been the aim of successive British governments and other organisations that support equality and diversity. This aim is supported by laws to promote equality and outlaw discrimination, such as the Equality Act 2010. Living under the rule of law protects individual citizens and is essential for their well-being and safety.**



## **STOP AND THINK!**



### **Remembering and recalling key learning**

**Explain in detail what CAMHS teams do.**



### **Application**

**Use the internet to find out more about the following professional roles:**

- **Child and adolescent psychiatrists**
- **Clinical psychologists**
- **Family therapists**
- **Mental health practitioners**
- **Social workers.**

**Make detailed notes about each role and any crossover of responsibilities between roles.**



### Developing depth

**Now research statistics relating to these roles and put your information into tables, charts, and/or graphs as you see fit. Presenting the information in this way should help give you a clearer idea of the way these different roles make up mental health care in the UK.**



### Key Fact

**All the professionals working within CAMHS are trained and experienced in working with young people with mental health problems.**

A range of staff work with children and young people in relation to their mental health and well-being. Some work in what are known as universal settings, such as schools, early years services and primary care (GPs). These professionals include teachers, youth workers, health visitors, practice nurses and GPs.

Others work in what are known as targeted mental health services, such as specialist paediatric psychologists in hospitals, early help interventions provided by local authorities for families in difficulties, looked after children's teams and the Child and Adolescent Mental Health Service teams, known as CAMHS.

Child and Adolescent Mental Health Services (CAMHS) is the term used to encompass a range of services for children who have emotional or behavioural difficulties. These services vary from area to area.

These services could be from the statutory, voluntary or school-based sectors, and could be supplied by the NHS, charitable organisations or local authorities.

## CAMHS

Specialist CAMHS are NHS mental health services where multi-disciplinary teams provide a range of services focusing on different aspects of the problem. A child may see any member of the team at first for assessment purposes, but may become involved with others as their needs become clearer and depending on the severity of their problem.

The professionals involved in these teams include:

- Psychiatrists
- Psychologists and psychological therapists
- Social workers.

Services are arranged in tiers in accordance with the level of help and input needed:

### Tier 1

These are what is known as Universal Services or Universal CAMHS, and they are provided in settings such as GP practices, schools, colleges, early years or youth and community settings, play and leisure services, and children's centres. The teams at Tier 1 are not part of the specialist CAMHS service but link with them if they need to.

### Tier 2

These are more targeted CAMHS services, usually provided by a single professional with some specialist training in particular aspects of mental health and well-being. The work may be carried out in the child or young person's home environment.

### Tier 3

These are specialist CAMHS services, again carried out in the home environment when this is considered desirable. A team of people with different backgrounds and expertise is involved at this tier level to help children with greater and more complex needs.

### Tier 4

These are highly specialised CAMHS that help children and young people who need to be admitted to a hospital setting or a highly specialised outpatient unit. The accessibility of these services varies across different parts of the country and waiting times can vary considerably too.

## Schools and colleges

Future in Mind, the government report of the Children and Young People's Mental Health Taskforce, recognised the crucial role that schools and other educational establishments can play in identifying and supporting children and young people with mental ill health. Schools can be put in a unique position due to the amount of time children spend there and the opportunities this brings to build relationships with them.

The growing use of school-based counsellors helps earlier intervention to take place which prevents problems escalating. Recent data from a survey of teachers suggested that 62% of schools offer counselling services to their pupils.

**Source: Harland et al (2015) NFER Teacher Voice Omnibus: Questions for the Department for Education – June 2015**

Read more below in the case study about the services provided by Place2Be. This is a charitable organisation that provides emotional support to children in schools. The Royal Patron of Place2Be is the Duchess of Cambridge.

### C

#### Case Study: Place2Be

**The Place2Be model offers a flexible menu of school-based mental health services, delivered by a team of clinical staff and skilled volunteers. This includes weekly one-to-one counselling sessions in school for children with the most urgent needs, where trained counsellors tailor sessions according to each child's needs. For younger children, a therapeutic approach encourages children to express themselves in non-verbal ways, for example through artwork or play.**

**Parents and carers reported some improvement in well-being for 74% of children who received Place2Be counselling. All children can refer themselves on their own, or with friends to a Place2Talk whenever something is worrying them. Place2Be also provides a dedicated counselling service for parents and carers to complement the work with children, support for school staff and teachers and training programmes for individuals and organisations.**

**Source: *Counselling in schools: Department for Education: A blueprint for the future: Departmental advice for school leaders and counsellors February 2016***



## School and college mental health initiatives

Schools and colleges aim to address the issues and support students in a variety of ways with initiatives that:

- Help to normalise mental health issues
- Raise awareness of how pupils can get support
- Support the development of emotional literacy and building resilience.

Schools can also provide access to an educational psychologist. These professionals work with children and young people from birth to 25 years old, and become involved with those who have the most significant or complex problems.



### Key Fact

**Schools will often provide a dedicated space for support to be provided, often in a calming environment away from the classroom.**

**Source: [www.citizensinformation.ie/en/education/primary\\_and\\_post\\_primary\\_education/educational\\_supports/national\\_educational\\_psychological\\_service.html](http://www.citizensinformation.ie/en/education/primary_and_post_primary_education/educational_supports/national_educational_psychological_service.html)**

In addition, there are many charitable and voluntary organisations that offer services, support or just a listening ear. Visit the 'Further Reading' section at the back of this workbook to view and visit these organisations' websites.

## Mental health passports

One of the recommendations within the report, Future in Mind, was the creation of mental health services passports, created by the young person alongside their practitioners and for them to take ownership of. This helps them to communicate their personal story when moving between services.

Despite all of these provisions, not every child or young person gets the help they need, and all too often problems escalate to a crisis point. There is now a national recognition of the need to make dramatic improvements to mental health services in the UK, including those for children and young people.

The Children's Commissioner, in her report entitled, Briefing: Children's Mental Health Care in Britain, conducted an examination of the current system of children's mental health care and said that:

'The results are shocking. There are enormous disparities. NHS England lays out clear expectations to local areas about what should be provided for adults, backed up by targets and benchmarks on success rates and waiting times. In contrast, there is no monitoring of how many children are seeking mental health treatment, no information on how many are accepted into treatment, how long they will wait or what outcomes they achieve. There were no children's mental health national targets until last year – now there are nine indicators, but these are not top priority targets. At a time when the NHS is under exceptional financial pressure, the system in place makes it all too easy for children's mental health to be ignored. Nearly 60% of local areas are failing to meet NHS England's own benchmarks for local area improvement.'

**Source: Anne Longfield OBE, Children's Commissioner for England**

Prevention is now viewed as the only way to make lasting changes to our system, and early intervention is in fact cheaper than treating problems later when they have become more serious. Look at the costs below for comparison.

- £5.08 per student – the cost of delivering an emotional resilience program in school
- £229 per child – the cost of delivering six counselling or group CBT sessions in a school
- £2,338 – the average cost of a referral to a community CAMHS service
- £61,000 – the average cost of an admission to an inpatient CAMHS unit

**Source: The Children's Commissioner; Briefing: Children's Mental Healthcare in England; October 2017**



### STOP AND THINK!



- **£5.08 per student – the cost of delivering an emotional resilience program in school**
- **£229 per child – the cost of delivering six counselling or group CBT sessions in a school**
- **£2,338 – the average cost of a referral to a community CAMHS service**
- **£61,000 – the average cost of an admission to an inpatient CAMHS unit**

**For a school with 300 pupils, how much would the cost be? Highlight its expense.**

**Make notes in the space below.**



## Strategies that can be used to help children and young people

Children and young people with mental health concerns can experience self-control issues for a range of reasons. Everyday challenges can present difficulties for them and they may react unpredictably, so it is important to help them develop coping strategies and resilience.

One example might be a child or young person who has ADHD, where issues with self-control is a key symptom. Lack of self-control and lack of the ability to regulate their own emotions can also be a sign of anxiety, stress and frustration or may be an indication of a lack of social skills.

There are many strategies and interventions that can be useful in supporting children and young people with mental health concerns, and these vary according to age.

### C

#### Case Study: Families and Schools Together (FAST)

**Intervention: Families and Schools Together (FAST) is an early intervention programme which is run and funded by Save the Children in partnership with Middlesex University and delivered in a school setting in areas of high deprivation. The trial was predominantly engaged with low-income families – 77% had an annual income of under £20,000.**

**The programme works with families, supporting them to improve their children's skills in reading, writing and maths, and encouraging their good behaviour and positive attitude; facilitating parents to be involved in their children's education, including by supporting learning at home; and encouraging stronger bonds between parents and their children, the school, other parents, and the local community.**

**Visit the link below to view the results.**

**Source: [www.savethechildren.org.uk/what-we-do/uk-work/in-schools/fast](http://www.savethechildren.org.uk/what-we-do/uk-work/in-schools/fast)**

## Building resilience

Actions and initiatives to help build coping skills and resilience can be taken by public services, local and national government, community groups, families, the voluntary and charitable sectors, and employers and schools.

In an open letter to children and young people at the start of their report, two members of the government Taskforce recognise the importance of promoting mental health and well-being to prevent problems arising in the future. Here is what they have to say:

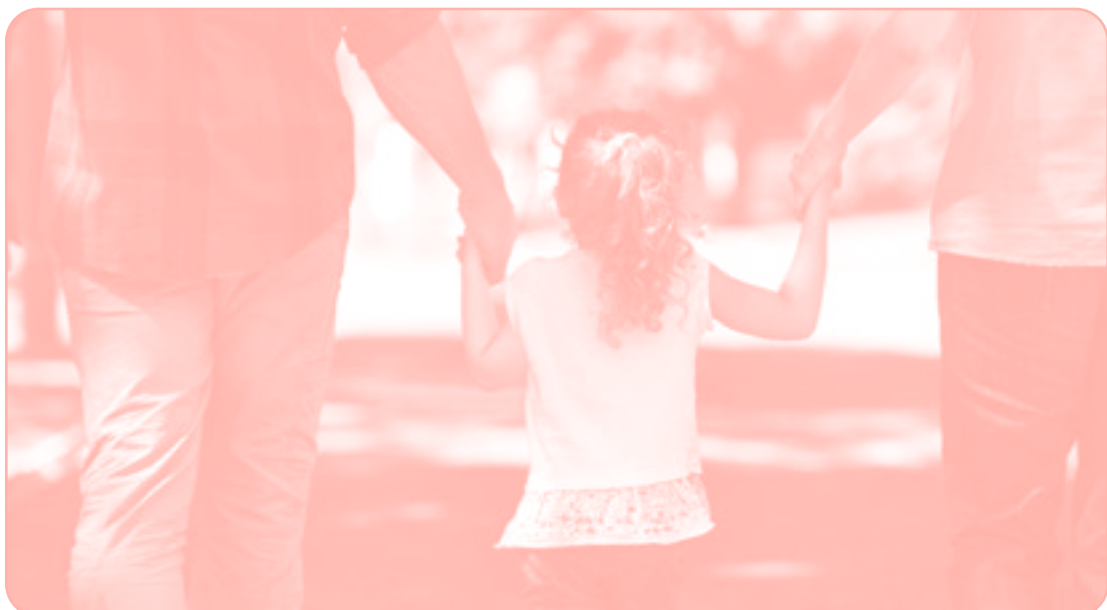
'You have goals and ambitions you want to achieve. We want you to grow up to be confident and resilient, so you can develop and fulfil these goals and make a contribution to society. And, critically, more needs to be done to protect the mental well-being of all children and young people by educating them and those who look after them about the factors that help and hinder mental health. We need to value the importance of recognising and promoting good mental health and well-being in all people, not just focusing on mental illness and diagnosis.'

**Source: *Future in Mind***



### Key Fact

**It is important to focus on the promotion of good mental health and well-being to help prevent mental illness developing in the future.**



## Investing in support

It is widely recognised that investing in support that is provided in the early years of a child's life, including support for the families and those who care for children, can pay dividends in later life and reduce the burden of mental and physical ill health throughout life. Supporting families with children who are at greater risk of developing mental health problems, and identifying any needs these children may have, helps to prevent more serious problems developing later in life.

There are some important key principles to consider when helping children and young people to develop coping strategies. For example, they will not be able to think constructively about hopes, dreams, careers, aspirations and their future lives if they feel unsafe, are hungry most of the time, have no one to talk to or trust, or have low self-esteem and lack confidence.



Schools have a statutory responsibility to promote the well-being of students, and resilience is mentioned in many key guidance documents for schools. Many schools are increasingly developing whole school approaches that involve everyone in school at every level, in promoting health and well-being in a variety of ways.

Schools have a key role too in helping children and young people to feel safe and manage the risks they encounter in school and the wider world. This particularly applies to those being bullied. The identification of safe and unsafe places and how the child or young person can have some control over these can help to build resilience.

Here is a quote from one young person talking about a safe place in their school:

'At school there is a room which is called Safe Space. It is different from the other room which is where all the naughty students go because it is for students that are well behaved but are going through a hard time. For example, students go there if someone very close to them has died or they are worried about a parent who is really ill, or they have been off sick and need to slowly get back into school, or they are suffering from depression. It is a Safe Space where students with permission can do their work. It is really good to know that if you are feeling rubbish that the school can support you and you don't have to just go to lessons which can be very hard when you are feeling really stressed.'

**Source: [www.boingboing.org.uk/interactive-resilience-framework](http://www.boingboing.org.uk/interactive-resilience-framework)**

(One of the resources from the Academic Resilience Approach that provides free practical resources for everyone in the school community)



### Key Fact: British Values



**A safe space is important as it is a place where children and young people feel able to be themselves and express themselves. In a democracy, people show tolerance and respect for opinions that differ from their own.**



## Making healthy choices

An important aspect of staying safe is learning to make healthy choices and decisions. Unhealthy behaviours, such as smoking, poor diet, not getting enough sleep, substance use and being overweight can all have negative effects on the ability to learn and concentrate, and poor health can affect achievement at school and college. Healthy food and eating habits are very important. Lots of schools work hard to enable children to eat well and to explore and understand how good eating habits can increase their well-being and resilience.

Many young people now spend a great deal of their time on digital media and are inactive for much of their leisure time. Regular exercise, being out in the fresh air and taking part in team games and activities can be great fun, and can help to forge friendships, and build social networks and a sense of achievement and confidence. All of this helps to lift low mood and relieve stress too. Children may then be better equipped to overcome the various challenges in their lives.

The use of digital tools and apps can have a very positive influence in helping young people to learn to take more control over their health and well-being. Parents can also be empowered by learning more about mental health conditions and how to cope through finding out about the experiences of others.

Sleep, relaxation and rest is also of vital importance to young people. It is hard to concentrate and learn if you are tired all the time, and young people who are tired will be less able to cope with stress, which impacts on their levels of resilience.

Look at this quote from a young person talking about the impact that lack of sleep had on them.

'Last year when my parents were splitting up and arguing constantly, I couldn't sleep. I used to fall asleep in lessons and get into trouble, until June, one of the Learning Assistants in the lessons, noticed that it kept happening and she asked me what was going on. I said I had problems sleeping etc. and she recommended that I went to Hub at break and lunch if I needed to fall asleep in the quiet corner. I did that, and it made lessons better and school much more bearable.'

**Source: [www.boingboing.org.uk/interactive-resilience-framework](http://www.boingboing.org.uk/interactive-resilience-framework)**

(One of the resources from the Academic Resilience Approach that provides free practical resources for everyone in the school community.)



## Times of transition

Times of transition for young people, such as between schools, from secondary to further education, or from school to work, can be times of stress and emotional distress that can undermine resilience. Support at these times is therefore important, and schools have an opportunity to provide this support at these key points in the child's life.



### Key Fact

**The NHS has launched an initiative called 'Children and Young People's Improving Access to Psychological Therapies Programme' to help improve collaboration across all services working with children and young people's mental health and enable better access to talking therapies.**

**Source: [www.england.nhs.uk/mental-health/cyp/iapt/](http://www.england.nhs.uk/mental-health/cyp/iapt/)**

It is important for all people involved in the design and delivery of psychological therapy services to ensure that young people will feel empowered, welcomed and able to engage with the services that can help to support them.



## STOP AND THINK!



### Remembering and recalling key learning

**How can digital media negatively affect a child or young person's mental health?**



### Application

**Think about how you would encourage children and young people to achieve a healthy balance in their use of digital media and technology.**



### Developing depth

**Carry out some more research into the most popular ways that children and young people consume digital media today. Look into the language that they use and the language specifically directed at them by this media. Is it helpful, harmful, or both?**

## Therapies that can be used to help children and young people

Current evidence of best practice recommends a range of child and family-focused therapeutic and psychological interventions, and NICE have produced guidelines for all of these evidence-based therapies. Many of these therapies focus on helping children and young people to regulate their behaviours and emotions.

Evidence-based practice in mental health involves taking account of the best available research about the intervention proposed, the needs and preferences of the child or young person, and the context of the mental health condition. The context for mental health problems could include things like a history of abuse or neglect, substance misuse, or a safeguarding concern.

Whatever therapy is used, it is important for the parents to be involved so that there is a shared understanding of the condition and the goals of the treatment.

### Cognitive-behavioural Therapy (CBT)

This is a psychological treatment often referred to as a 'talking therapy'. CBT aims to help the child or young person understand how their problems began and what makes them continue. It helps to link the way people think with how they feel and how they behave, by connecting:

- What you think
- What you feel
- What you do.

CBT has been found to be effective with a range of problems, including depression, low self-esteem and anxiety.

### Dialectical Behaviour Therapy (DBT)

This is a type of treatment that is based on CBT but has been adapted to help people who experience very intense emotions.

#### What does 'dialectics' mean?

In a nutshell, 'dialectics' means trying to balance opposite positions and look at how they go together. For example, in DBT, you will work with your therapist to find a good balance between:

- **Acceptance** – accepting yourself as you are
- **Change** – making positive changes in your life.

**Source: *Making sense of dialectical behaviour therapy*; MIND**

For young people who feel that their life is unbearable and not worth living, DBT can be a way of helping them to decrease their emotional suffering.

It was mainly used to treat problems associated with personality disorders but has also recently been used with a wider range of mental health problems.

### **What's the difference between DBT and CBT?**

CBT focuses on helping you to change unhelpful ways of thinking and behaving. DBT also helps you to change unhelpful behaviours, but it differs from CBT in that it also focuses on accepting who you are at the same time. DBT places particular importance on the relationship between you and your therapist, and this relationship is used to actively motivate you to change.

**Source: *Making sense of dialectical behaviour therapy; MIND***

## **Problem Solving**

This approach advocates working through logical steps to help you decide what to do for the best with the agreement of everyone concerned. It's a structured way of thinking and talking about the problem where everyone's views can be taken into account.

The **six** stages of problem solving are:

- 1.** Pinpoint and describe the problem as accurately as you can
- 2.** Think of and list as many possible solutions as you can
- 3.** Consider each of these solutions, looking at the advantages and disadvantages of each
- 4.** Choose the best solution from the list
- 5.** Work out a plan of action of how you can take this solution forward
- 6.** Review the results of your efforts after a specific time period.



## **STOP AND THINK!**



### **Remembering and recalling key learning**

**Consider what you have learnt and explain what DBT is.**



### **Application**

**Could you use this method to look at any problems or concerns you have in your life? Would this problem-solving method be helpful? If so, provide examples.**



### **Developing depth**

**Think about a problem you have and have a go at using this problem-solving technique. Once you have done this, think critically about the technique. How helpful did you find it? Do you think it would work for practical or emotional problems that could be affecting a child or young person's mental health?**

## Family therapy and parenting groups

Working with families is central to the work in children and young people's mental health services, and when difficulties arise in engaging with families, this can be one of the main reasons that interventions fail. There are many different forms of family interventions and therapies and sometimes other significant family members may be invited as well as the parents, such as grandparents.

The focus of family interventions is to enable changes to the way the members of the family interact with and feel about one another to achieve a calmer and less stressful atmosphere. These interventions are beneficial to both the family and to the child or young person who is experiencing the mental health difficulty.

There can be instances where the same symptom, anxiety in this example, can require different approaches depending on the circumstances.

Anxiety, for example, may be the result of environmental factors – such as bullying in school, parental disharmony, or even abuse (physical, sexual or emotional) – or the result of internal psychological states (such as negative thinking styles).

In most cases, a mix of individual and environmental factors are likely to be at play. It is vital to develop an understanding of the different factors underlying the psychological distress for the particular child (the formulation) in order to judge the most appropriate intervention.

So, for the child with a negative thinking style, individual cognitive-behavioural therapy (CBT) provided by a mental health professional would be an appropriate intervention. But for the child presenting with anxiety due to abuse, the most appropriate first line intervention would be by social care to ensure the child is protected.

In other cases where school or family stressors are leading to anxiety in the child, the most appropriate first line intervention may be the family or school, although in both instances, direct work with the child may be required as a second line intervention.

**Source: *Guidance for commissioners of child and adolescent mental health services***

Prevention is also an important area where many programmes have been developed, working with parents, families, schools and communities to look at behaviours, parenting and practical problem solving.

The report from the independent Mental Health Taskforce to the NHS in England in February 2016 included the commitment that:

'In future, new models of care will support people's mental health alongside their other needs, including physical health, employment, housing and social care and will have a greater emphasis on prevention, self-management, choice, peer support, and partnership with other sectors.'

**Source: *The Five Year Forward View for Mental Health: The independent Mental Health Taskforce to the NHS in England in February 2016***

## Support from schools and communities

There are many examples of preventative work being done in schools and communities, and the Samaritans is just one example of a charitable organisation that recognises the value of educating young people about emotional health to help improve their well-being and reduce the development of mental health issues.

They have produced a free resource entitled Developing Emotional Awareness and Listening (DEAL) aimed at young people of around 14 years and older to raise awareness of emotional health, coping strategies and building resilience.

Universal services such as health visiting, children centres, youth services, schools and primary care all play key roles in prevention and early identification of mental health problems, and/or factors that may impact on the mental health and well-being of children and young people. They offer a range of advice, support and interventions to improve the emotional health, well-being and resilience of children and young people and their families.



### Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Give two examples of medical treatments available to support and help young people.

1.

2.

2. Give two examples of care services and professionals that can be used to help children and young people.

1.

2.

3. Describe two strategies that can be used to help children and young people.

1.

2.



**4. Describe two therapies that can be used to help children and young people.**

1.

2.

**A**

### **Extend your learning: Future of treatment**

**You have learnt about current medical treatments, care services and strategies available to help young people. Spend some time researching the research going into treatments of the future.**

**Make notes in the space below.**



**Congratulations, you have now completed Section 3 and Unit 4. Please now go to your assessment and answer Q1 – Q7.**



### What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt in relation to children and young people's mental health. Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed.

Please use the same key to answer the first five questions and then type your answer out for question 6.

- 1 – Not confident at all    2 – A little confident    3 – Confident**  
**4 – Very confident        5 – Confident enough to share my knowledge with others**

<b>1.</b>	How confident are you in your knowledge of how to promote communication between children and young people?	
<b>2.</b>	How confident are you in your knowledge of risk factors in a child or young person's mental health?	
<b>3.</b>	How confident are you in your knowledge of maintaining a supportive environment for a child or young person?	
<b>4.</b>	How confident are you in your knowledge of early engagement, support services and medical treatment of a child or young person's mental health concern?	
<b>5.</b>	How confident are you in your knowledge of strategies and therapies used to help children and young people?	
<b>6.</b>	How do you feel your knowledge has improved since starting this unit?	

## Further Reading

Please take your time to visit the links listed below. These will help you widen your reading for answering the assessment questions. You will need to type out the links in full into a browser in order to access them.

### Links

- [mft.nhs.uk/rmch/services/young-people/adverse-childhood-experiences-aces-and-attachment/](https://mft.nhs.uk/rmch/services/young-people/adverse-childhood-experiences-aces-and-attachment/)
- [www.cdc.gov/violenceprevention/aces/index.html](https://www.cdc.gov/violenceprevention/aces/index.html)
- [www.mentalhealth.org.uk/blog/top-tips-looking-after-your-mental-health-creativity](https://www.mentalhealth.org.uk/blog/top-tips-looking-after-your-mental-health-creativity)
- [createarts.org.uk/2019/10/mental-health-and-creativity/](https://createarts.org.uk/2019/10/mental-health-and-creativity/)
- [beyou.edu.au/fact-sheets/social-and-emotional-learning/resilience-and-mental-health](https://beyou.edu.au/fact-sheets/social-and-emotional-learning/resilience-and-mental-health)
- [www.childrenssociety.org.uk/information/young-people/well-being/resources/mental-resilience](https://www.childrenssociety.org.uk/information/young-people/well-being/resources/mental-resilience)
- [www.bacp.co.uk/news/campaigns/school-counselling/](https://www.bacp.co.uk/news/campaigns/school-counselling/)
- [www.fnp.nhs.uk/media/1359/fnp\\_adapt\\_report\\_web.pdf](https://www.fnp.nhs.uk/media/1359/fnp_adapt_report_web.pdf)
- [youngminds.org.uk/find-help/medications/](https://youngminds.org.uk/find-help/medications/)

## Learning Outcomes Unit 3

### **1. Understand society's perception of children and young people living with mental health conditions**

- 1.1 Define the following terms; prejudice, discrimination, stigma and stereotyping.
- 1.2 Identify unsupportive or negative phrases used by communities to describe those living with mental health conditions
- 1.3 Explain how victimisation of children and young people may have negative implications on their condition
- 1.4 Describe how perceptions of children and young people's mental health can be influenced by communities, social media and news.
- 1.5 Explain how mental health diagnosis in children and young people can be influenced by beliefs and attitudes.

### **2. Understand how living with a mental health condition impacts upon a young person or child**

- 2.1 Explain how the effect of stress can be positive and negative
- 2.2 Explain the effect of depression and low mood on a child or young person
- 2.3 List the potential issues a mental health concern could have on a child or young person in the present and future.

### **3. Understand the impact of living with a young person or child.**

- 3.1 Describe how a child or young person's education and career might be impacted by their mental health
- 3.2 Describe how day to day life might be impacted by a child or young person's mental health.

## Learning Outcomes Unit 4

### **1. Understand how to support the mental well-being of a child or young person**

- 1.1 Describe how to promote positive communications between children and young people, safe voicing of feelings and safe voicing of worries
- 1.2 Explain the role of risk factors in a child and young person mental health
- 1.3 Explain how a child or young person's ability to be mentally resilient impacts upon their mental health
- 1.4 Describe how an adult can support a child or young person to be aware of their own risk factors and recognise when they are experiencing a mental health concern.

### **2. Understand how to prevent escalation of a mental health concern in a child or young person**

- 2.1 Explain how to maintain a supportive environment for a child or young person
- 2.2 Describe how to respond to a child or young person's behaviour whilst respecting their right to choose
- 2.3 Explain the role of early engagement, support and treatment in helping prevent the development of a child or young person's mental health concern.

### **3. Understand how to access or provide support to a child or young person who is experiencing a mental health concern**

- 3.1 Identify medical treatments available to help children and young people
- 3.2 Identify care services which can be used to help children and young people
- 3.3 Identify professionals which can be used to help children and young people
- 3.4 Identify strategies which can be used to help children and young people
- 3.5 Identify therapies which can be used to help children and young people.

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Upon successful completion of this qualification, learners will be awarded the following\*:

TQUK Level 2 Certificate in Understanding Children and Young People's Mental Health (RQF) (603/3204/9)

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# Level 2 Certificate in Understanding Children and Young People's Mental Health

This course will equip learners with a detailed understanding of mental health conditions including depression and anxiety, the legislation and guidance surrounding mental health, risk factors that may affect mental well-being and how to build resilience against these, and the impact mental health concerns may have on young people and others.

**Part A: Unit 1:** Understand the principles of mental health concerns in the context of children and young people

**Unit 2:** Legislation and best practice relating to children and young people's mental health

**Part B: Unit 3:** Living with childhood mental health conditions

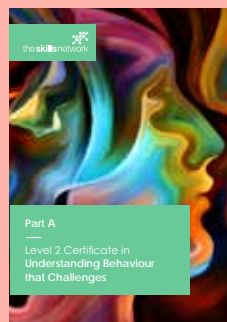
**Unit 4:** Understand how to minimise the risk of mental health concerns in children and young people

**Part C: Unit 5:** Understand causes and diagnosis of mental health concerns in children and young people

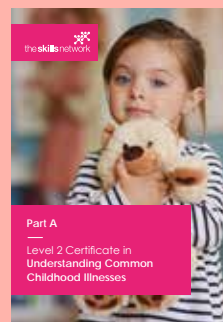
## Other titles available in this area:



Level 2 Certificate in **Introducing Caring for Children and Young People**



Level 2 Certificate in **Understanding Behaviour that Challenges**



Level 2 Certificate in **Understanding Common Childhood Illnesses**