



Hindlip First School
Tibberton First School



Mental Health & Anxiety

This guidance has been written by our partners at
Perryfields Primary PRU.



Perryfields Primary PRU

Mental Health

Mental health refers to our cognitive, behavioural, and emotional wellbeing - it is all about how we think, feel, and behave.

Mental health can affect daily life, relationships, and even physical health. Mental health also includes a person's ability to enjoy life - to attain a balance between life activities and efforts to achieve psychological resilience.

Identifying children with possible mental health problems is not easy.

Children who experience negative and distressing life events may have their mental health affected in a way that can bring about changes to a child's behaviour or emotional state which display in different ways:

- Emotional state (fearful, withdrawn, low self-esteem)
- Behaviour (aggressive or oppositional; habitual body rocking)
- Interpersonal behaviours (indiscriminate contact or affection- seeking, over friendliness or excessive clinginess; demonstrating excessively 'good' behaviour to prevent disapproval; failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed; coercive controlling behaviour; or lack of ability to understand and recognise emotions)

Adverse Childhood Experiences (ACEs) and other events that may cause Mental Health problems include:

- **Loss or separation** – parental separation, divorce, long term hospitalisation, friendships, bereavement, family conflict or breakdown, being taken into care or armed forces families.
- **Life changes** – birth of a sibling, moving house, and changing schools or during transition from primary to secondary school, or secondary school to sixth form.
- **Traumatic experiences** such as abuse, neglect, domestic violence, bullying
- **Traumatic incidents** such as a natural disaster or terrorist attack.

Common disorders

The most common types of mental illness are **anxiety** disorders and **mood** disorders.

Anxiety disorders

Anxiety disorders are the most common types of mental illness. Anxiety is a normal and often healthy emotion. When a person regularly feels disproportionate levels of anxiety, it may develop into a medical disorder.

An individual may have a severe fear or anxiety, which is linked to certain objects or situations. This can result in a person with an anxiety disorder trying to avoid exposure to whatever triggers this.

Anxiety disorders are a form of mental health that lead to excessive nervousness, fear, apprehension, and worry.

When an individual faces potentially harmful or worrying triggers, feelings of anxiety are not only normal but necessary for survival.

The danger causes a rush of adrenalin, (a hormone and chemical messenger in the brain), which in turn triggers these anxious reactions in a process called the 'fight-or-flight' response. This prepares us to physically confront or flee any potential threats to safety.

Anxiety itself is not a medical condition but a natural emotion that is vital for survival when an individual finds themselves facing danger.

An anxiety disorder develops when this reaction becomes exaggerated or out-of-proportion to the trigger that causes it. There are several types of anxiety disorder, including panic disorder, phobias, and social anxiety.



Examples of anxiety disorders include:

Panic disorder - the person experiences sudden paralyzing terror or a sense of imminent disaster.

Phobias - these may include simple phobias (a disproportionate fear of objects), social phobias (fear of being subject to the judgment of others), and agoraphobia (dread of situations where getting away or breaking free may be difficult).

Obsessive-compulsive disorder (OCD) - the person has obsessions and compulsions. In other words, constant stressful thoughts (obsessions), and a powerful urge to perform repetitive acts, such as hand washing (compulsion).

Post-traumatic stress disorder (PTSD) - this can occur after somebody has been through a traumatic event - something horrible or frightening that they experienced or witnessed. During this type of event, the person thinks that their life or other people's lives are in danger. They may feel afraid or feel that they have no control over what is happening.

Selective mutism - This is a form of anxiety that some children experience, in which they are not able to speak in certain places or contexts, such as school, even though they may have excellent verbal communication skills around familiar people. It may be an extreme form of social phobia.

Separation anxiety disorder - High levels of anxiety after separation from a person or place that provides feelings of security or safety characterise separation anxiety disorder. Separation might sometimes result in panic symptoms.

Suicidal thoughts and self-harm - For many young people, self-harm can feel like a way to cope with difficult feelings or to release tension. Particular memories, events or comments can trigger self-harming.



The physical pain of hurting themselves can feel like a distraction from the emotional pain they're struggling with.

- Physical pain can often be easier to manage than emotional pain
- Inflicting pain can change mood which can be habit forming
- Cutting releases endorphins into the system providing a brief calming effect and serotonin, enhancing mood
- Used as a form of relief

Mood disorders

These are also known as affective disorders or depressive disorders. People with these conditions have significant changes in mood, generally involving either mania (elation) or depression.

Examples of mood disorders include:

- Major depression - the individual is no longer interested in and does not enjoy activities and events that they previously liked. There are extreme or prolonged periods of sadness.
- Bipolar disorder - previously known as manic - depressive illness, or manic depression. The individual switches from episodes of euphoria (mania) to depression (despair).
- SAD (seasonal affective disorder) - a type of major depression that is triggered by lack of daylight.

Anorexia nervosa

Anorexia Nervosa is an eating disorder characterised by restrictive eating and an intense fear of gaining weight. While anorexia is often recognised physically through excessive weight loss, it is a serious mental health problem.

Children with Anorexia Nervosa don't eat enough, usually because they feel that their problems are caused by what they look like. They may have an intense fear of gaining weight and for many judge themselves and their worth based on their body image and weight.

Anyone can be affected by anorexia. While statistics show that anorexia is more commonly reported by young females, anorexia is increasingly being reported by men and boys and in children as young as seven.



Early signs of Mental Health

It is not possible to reliably tell whether someone is developing a mental health problem; however, below are a list of behaviours that might indicate a child could be showing signs of Mental Health difficulties:

- **Withdrawing from friends or activities they would normally enjoy**
- **A loss of appetite or over – eating**
- **Feeling as if nothing matters**
- **Consistently low energy**
- **Displaying uncharacteristic emotions – these can often be extreme such as hate or despair**
- **Confusion and a lack of focus**
- **Hearing voices**
- **Changes in sleeping patterns**
- **Bed-wetting**
- **A tendency to view things in a negative way**
- **Low self-esteem**
- **Refusal**
- **Clinginess - a need for more adult interaction/reassurance**
- **Damaging property or possessions**
- **Feeling things are unjust**
- **Low resilience – easily upset**
- **A refusal to take of clothes for PE or a jumper if they are hot as they don't want their arms on show**



Self-Harm

It is important to be able to recognise signs that a child could be self-harming in order to ensure they receive the correct support at an early stage.

Remember that self-harm can take on different forms and can include:

- Physical aggression towards themselves, banging their head on walls, tables or other hard objects
- Hitting, pinching or biting themselves
- Stabbing themselves with things such as pencils
- Cutting or scratching with objects
- Refusing to eat-trying to starve themselves
- Making themselves sick
- Not regulating their body temperature – purposely getting too hot or too cold
- Intentionally eating or drinking inappropriate things
- Sexualised behaviour which puts them in a vulnerable position
- Substance abuse

Children who self-harm can be very secretive and so it can be difficult to try and establish that they are putting themselves at risk.

Developing a positive trusted relationship is key as this will enable you to notice uncharacteristic behaviour in the child. Such a relationship may also give the child an opportunity to share how they are feeling and seek help.

If you have any initial worries about a child's mental health be vigilant. Look out for signs that their positive mental health could be at risk.



Help and Support

There are various ways to support children with mental health challenges, and treatment can involve a combination of different types of therapy, medication, and counselling, alongside self-help measures.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Non-professional diagnoses, however well meant, can exacerbate or promote mental health problems. Schools, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised. (DFE November 2018)

Although it is vital that specialist support is sought for any child who is facing mental health challenges due to the complexity of their needs, there are some strategies which are useful in offering them support whilst at school.

- Allocate a key adult whom the child trusts to support them. The quality of the relationships they have are fundamental to them staying regulated. A one to one nurture session where emotions might be explored could be really beneficial. As would help in class to try and build their confidence, resilience and ability to focus.
- Recognise when mental health is becoming fragile and respond to this by identifying the problem and providing early intervention.
- Keep a check on levels of anxiety, understand what triggers a rise in anxiety and try to prevent this becoming too heightened.
- If the child dysregulates remember that this could potentially be due to their high level of anxiety. Give them lots of reassurance and ignore low-level behaviours which could have manifested as a result of feeling unsafe.
- Give the child space. Use neutral tone of voice and body language.
- Give them time to think through their responses – don't be afraid of silence.



- Ensure they have lots of opportunities to exercise as this helps reduce levels of anxiety.
- Encourage them to have a healthy diet, eat regularly and stay hydrated.
- Show empathy and reduce expectations when they are suffering from poor mental health.
- Facilitate opportunities for them to have peer support.
- Ensure all key adults are fully aware of the mental health challenges in order that the support given can be consistent.
- Develop a strong relationship with the child's parent or carer in order that you can work closely together to try and meet the child's need.
- Allocate a safe space or a calming area either within the classroom or somewhere in school for them to go to in times of high anxiety when they are distressed or struggling to manage their behaviour effectively.
- Allow access to stress relievers: fiddle toys, calming exercises, daily mile, physical exercises, peer massage, music, sensory /soothing activities.

Once you have established that a child may have Mental Health challenges seek specialist support at the earliest opportunity.

The Reach4wellbeing

This program offers children a seven week anxiety program for children aged 9-12 years. The program is carried out by health professionals with referral made through school, other professionals or via parents.

They also offer a seven week anxiety programme (Little Explorers) for children 5-8 years.

These programmes are designed for children who are experiencing mild to moderate anxiety and low mood.



CAMHS CAST (Consultation, advice, supervision and teaching)

The CAST (Consultation, Advice, Supervision and Training) team works directly with professionals who are working with young people experiencing or at risk of experiencing mental health difficulties. The service offers consultation, advice, supervision and training which can be specifically tailored to support the professional seeking the service.

Child and Adolescent Eating Disorder Service

Worcestershire CEDS (Community Eating Disorder Service) is a specialist service within the Worcestershire CAMHS team that specifically treats eating disorders in children and young people between the ages of 8 to 17 and a half. The team are made up of specialist eating disorder mental health professionals spread across Worcestershire.

Specialist CAMHS (Tier 3 CAMHS)

Specialist CAMHS is a multi-disciplinary team made up of Psychiatrists, Nurses, Social Workers, Psychologists all with specialist training of working in mental health with children and young people. Their aim is to assess and treat those with significant mental health in order to promote recovery.



Information gathered from:

Mental Health and Behaviour in Schools Nov. 2018 D f E

<https://www.mentalhealthtoday.co.uk/>

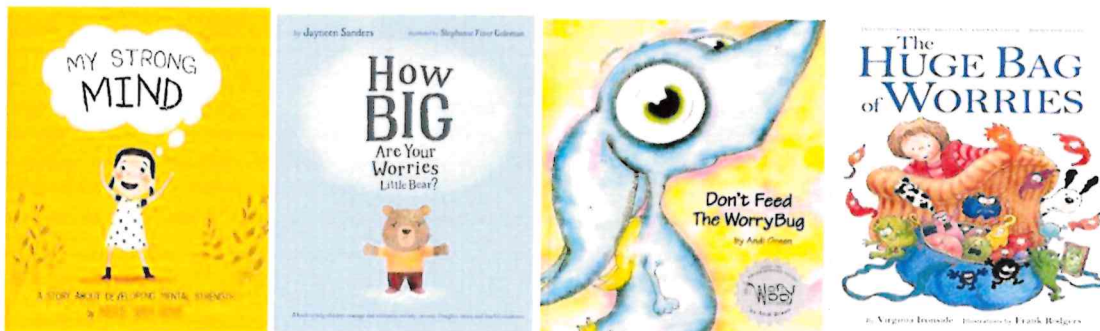
<http://www.anxietyuk.org.uk/>

<http://www.mentalhealth.org.uk/>

www.minded.org.uk



Suggested reading:



My Strong Mind – Niels Van Hove

How Big Are Your Worries Little Bear – Jayneen Sanders

Don't Feed the Worry Bug – Andi Green

Huge Bag of Worries – Virginia Ironside