



Introduction to emotional health and wellbeing in primary school-age children

Dr Heather Bennett, Chartered Clinical Psychologist & Blakedown C of E Primary School

Why is this important?

- 9.5% 5 – 10-year-olds experience mental health difficulties (behavioural + emotional) (2017)
- Effect of Covid19/lockdowns (unequal impacts) – on rates of MH problems and services
- CAMHS (Children & Adolescents Mental Health Services): “savings”=> high thresholds – focus on risk management vs. early intervention / prevention
- School’s Mental Health and Emotional Wellbeing Policy (February 2019): Information evenings for parents/carers to support positive mental health in children



Overview – what to expect:

- Brain developmental/developmental tasks in middle-late childhood
 - Basic brain systems important to wellbeing
- Factors impacting on healthy psychological development – including trauma
- Psychological model of wellbeing
- Recognising when there might be a problem
- What you as parents/carers can do
- Resources (within school and beyond)
- Whistle-stop tour!
- Evidence-based approach



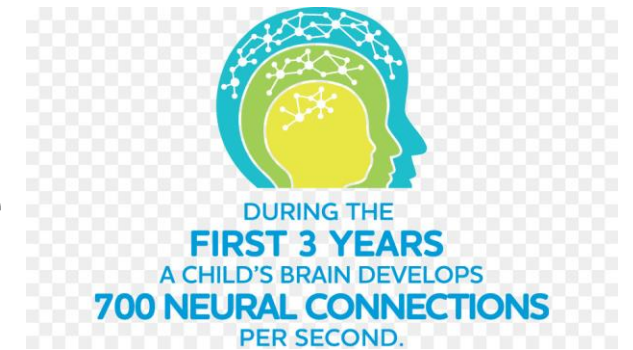
What not to expect:

- All the answers...
- Discussions about individual children
- Therapy
 - Self-care
- Judgement:
 - We are all works in progress – no such thing as perfect parents



Brain development in the pre-school years:

- Immediately when born (and for some time afterwards), humans are probably the most vulnerable species
- Most rapid time of growth
 - Birth to 3, brain synapses formed at a faster rate than any other time
 - Lays the foundation for all future development
 - 90% size of adult brain by age 5
 - Rapid developments in language, motor and sensory skills, and physical growth



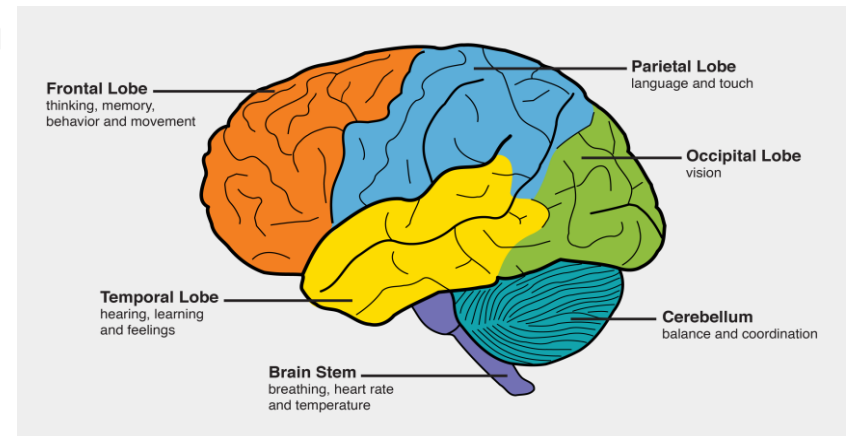
Brain development in the pre-school years continued....:

- Connections built between brain structures based on everyday experiences: stimulation, care (attunement/responsiveness) and interaction
- Importance of (secure) attachments: help to explore environment/"organise" cognitive functioning (what to expect/how to respond) and provide foundation for later relationships



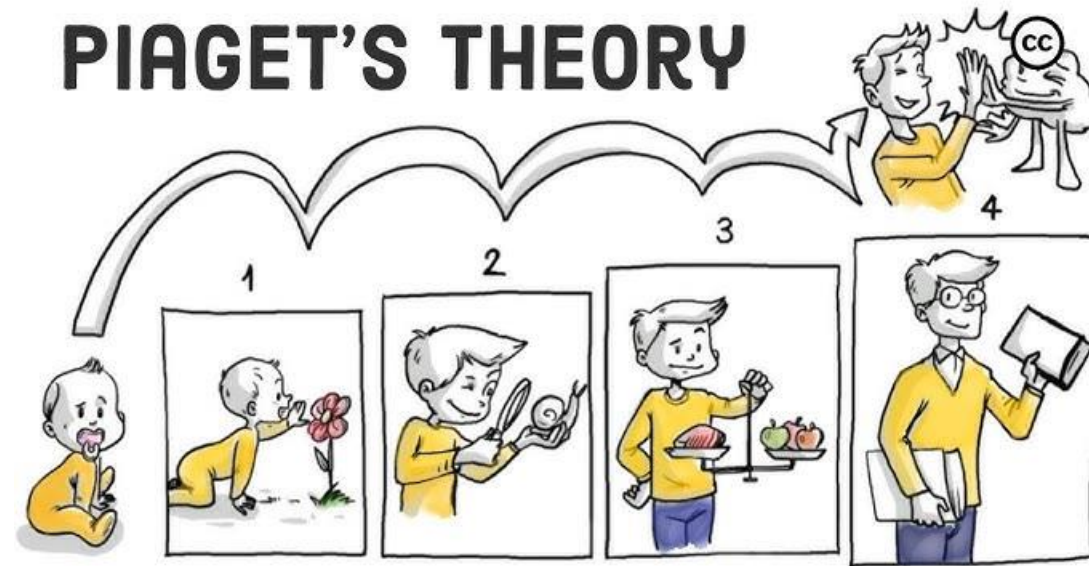
Brain development from 5-years +:

- Age 5+: Brain development continues in school-age years but more slowly
 - Neural pathways are “pruned” to increase efficiency and the brain coats neural pathways to protect and strengthen them
 - Overdevelopment/underdevelopment of neural pathways depending on experiences (what fires together, wires together)
- Growth spurt in brain around ages 8-9, particularly in frontal lobes (FL):
 - Allows for increasing complexities in planning, reasoning, mental mathematics, imagination, problem-solving, ethical decision-making, sustaining attention, impulse control, “personality”
- Further “spurt”/reorganisation in teenagers years
- FL development continues to late teens/early 20’s



Developmental tasks associated with wellbeing in middle [4-6-years] to late childhood [7-11-years]:

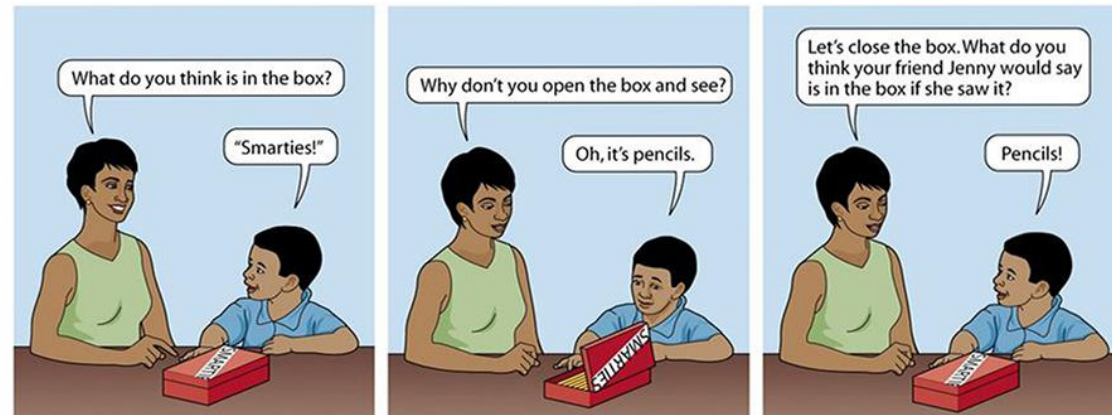
- Cognitive development:
 - Piaget “concrete operations” (~ ages 5 – 12 years) – developing the ability to use logic to solve problems rather than intuition and the ability to take on more than one perspective/dimension



Developmental
tasks
associated with
wellbeing
continued...

- Theory of mind skills:
 - “I can learn to understand myself and others.” (~3 – 7-years/ASD)




A False-Belief Problem: The “Smarties” Task



Developmental
tasks
associated with
wellbeing
continued...

- Emotion regulation:
 - “I can deal with this.” “It’s ok to feel ... sometimes.”

ZONES OF REGULATION!

Blue	Green	Yellow	Red
			
Sick Sad Tired Bored Moving Slowly	Happy Calm Good to Go Focused Ready to Learn	Frustrated Worried Silly/Wiggly Anxious Excited	Mad Angry Mean Yelling/Hitting Out of Control Need Time and Space

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Developmental
tasks
associated with
wellbeing
continued...

- Self-efficacy/identity:
 - Curiosity/developing knowledge of the physical and social world and mastering skills valued by others (parents/carers, teachers and peers, etc.) “I can have control over my environment.” “I can plan and achieve goals.” “I can use skills to achieve goals.” vs. “I have no skills so I won’t try.”



Who Am I?

Factors impacting on psychological development/well being: Trauma

- Big 'T' trauma = "ACEs" (Adverse Childhood Experiences) including
 - domestic violence (presence in household; not only witnessing)
 - parental abandonment through separation or divorce
 - a parent with a mental health condition
 - being the victim of abuse (physical, sexual and/or emotional) or neglect (physical and emotional)
 - a member of the household being in prison
 - growing up in a household in which there are adults experiencing alcohol and drug use problems.
 - global pandemics...

- Exposure to (multiple) ACEs associated with lifelong impacts on (physical and mental) health and behaviour



- Small 't' trauma = day-to-day occurrences (critical comments, invalidating experiences)
 - Inside/outside home
 - Western values (generalisation): academic or sporting achievement vs. "failure"

Factors impacting continued...

- Even without exposure to trauma, our brain structure itself can impact negatively on wellbeing
 - Your brain is not interested in whether you are happy or not
 - All brain functions have evolved to aid our survival
 - Generally no significant need for evolution when no further significant challenges to survival
 - Stuck with a cave man/woman brain in 2021 – environment/tasks now very different, meaning we can get caught in unhelpful patterns of reaction, which can result in symptoms of depression and anxiety

<https://youtu.be/kv6HkipQcfA>

Physical symptoms of anxiety

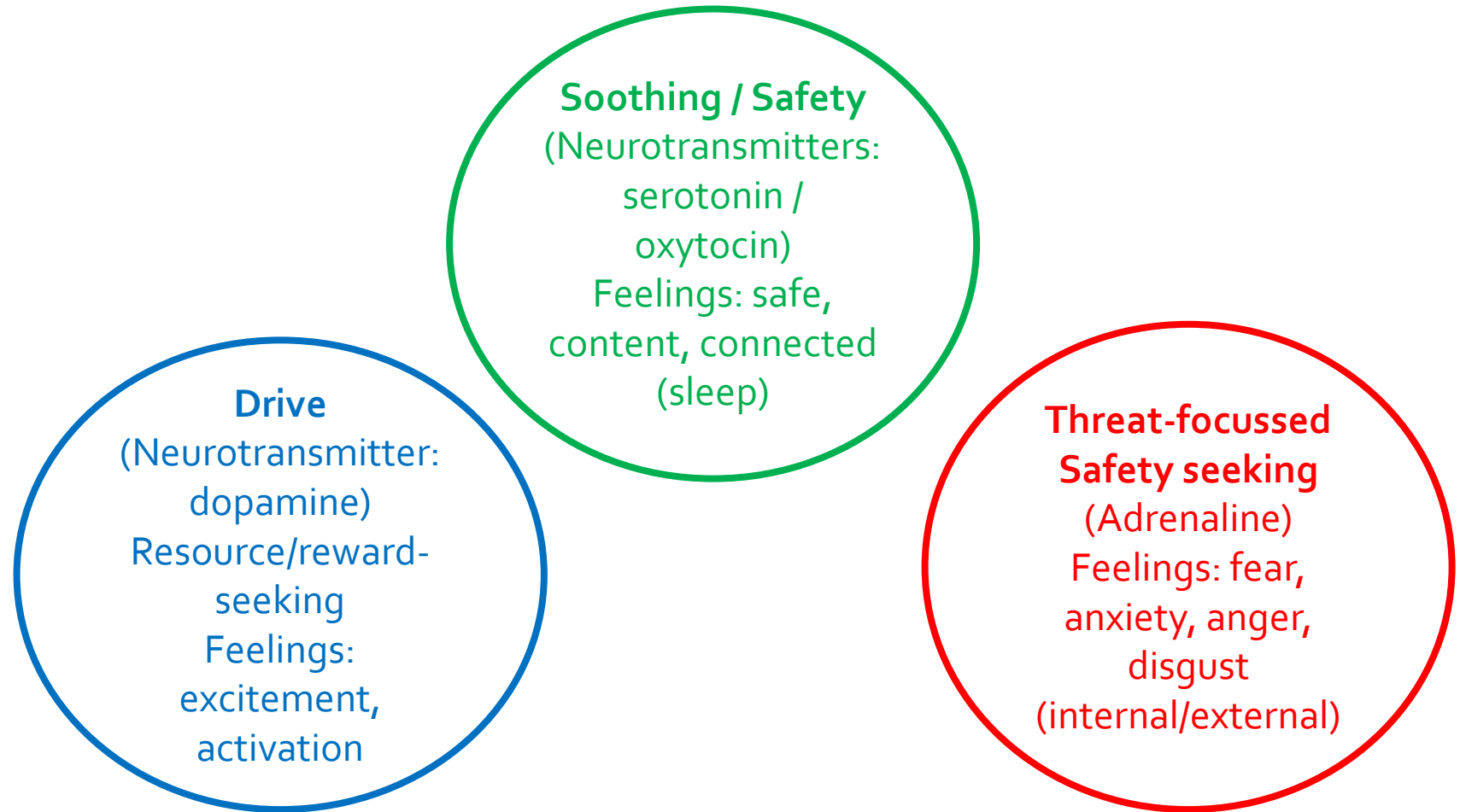
The Physiology of Fight or Flight



Psychological model of well-being: Compassion-focussed therapy

(Professor Paul Gilbert)

- For optimal wellbeing, we need **balance** between these systems



An alien
(trained in
CFT) comes to
call...

- What would they see?
 - How much of the day is “threat” switched on for your child/ren?
 - How much “drive”?
 - How much “soothing”?
- Does anything need to change so things are more balanced?



What you can do as parents/carers to maintain or improve your child's wellbeing:

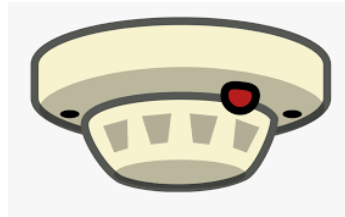
- Keeping “**Threat**” manageable
 - Develop emotional literacy: help them to name the emotion/s they are feeling
 - Help them learn skills to calm the fight/flight system: breathing exercise (hand /blowing bubbles/feathers); calming self-talk; counting backwards; humming/singing; use calming images -> find (at least) one activity that works for your child [avoid avoidance where possible! But may need to temporarily step away]



“Threat” as anxiety

- Anxiety is normal (can be helpful to be anxious at times)
- Definition of a problem = causing distress / interfering with functioning
- Anxiety disorders are the most common psychological disorders of childhood
 - can lead to serious consequences: depression, substance misuse, underachievement at school, poor relationships
 - Common features: avoidance; attempts to control environment; overthinking; reassurance-seeking/checking
- Anxiety equation = overestimating danger (worst case scenario)
underestimating ability to cope (self/others) / resources

- Help your child learn what anxiety is/what the symptoms mean (fight/flight system) – smoke alarm



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or

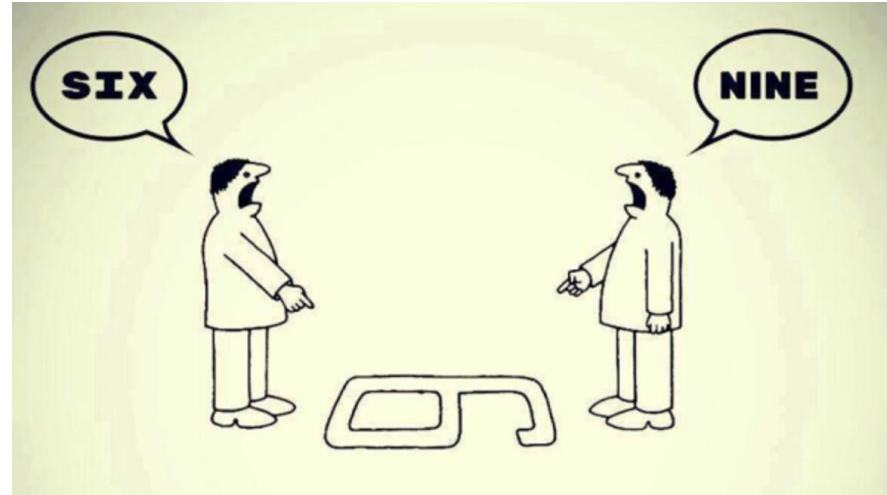


? Better safe than sorry.

- Spotting anxious thoughts and replacing with coping self-talk (e.g., “I can do it/I can try my best.” “It’s just a thought.”)
- Motivation to change: goals (meaningful to the child)
- Reinforce successes (praise ++/planned rewards on achieving goals)
 - low-cost/free = attention/choice

Improving wellbeing: managing difference

- Helping your child learn that others might have a different viewpoint:



- Help them learn to manage (unhelpful) comparisons with others; e.g., the value of being different; for older children: discuss the potential impact of social media on self-esteem (comparing your insides to others' outsides)

Distress tolerance:

- Cannot avoid negative feelings/experiences
- Help your child learn to “surf” waves of emotion (~ 45 minutes)



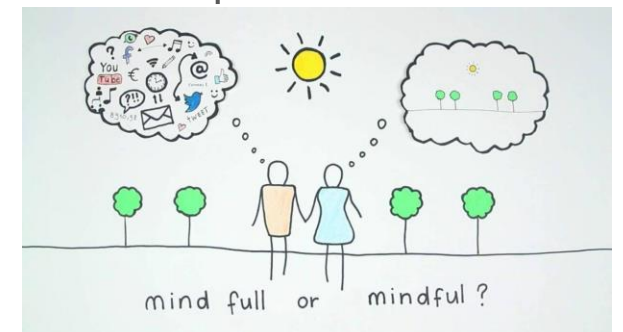
What parents/carers can do continued...

- Consider activities likely to promote helpful “[Drive](#)”: feelings of achievement or acting in accordance with values
 - Does not have to cost money / have a badge/certificate attached! (Stickers?)
 - Developmentally-appropriate responsibility (help with chores/care for pets/earn pocket money?)
 - Include prosocial behaviours
 - Consider appraisals of activities, e.g., does your child think some activities are boring – could you help them consider a different meaning
 - Best predictor of academic achievement is parental attitude to schooling: consider what messages you give (not just to academic activities)
 - Fulfilment from acting in accordance with values (from religious / cultural / spiritual / familial / personal value systems): appropriate to age, help them consider what is important to them/your family and consider opportunities to promote these
 - Gaming: consider instant/frequent reinforcement vs. real life = moderation/balance



What parents/carers can do continued...

- “Soothing” activities:
 - This system is the most likely to be neglected, especially at times of stress (long-term = burnout)
 - Activities that give a connection with others / sense of belonging
 - Hands-on: outdoors / baking / gardening / craft/creative / pampering/massage
 - Music / humour
 - Exercise = endorphins (beware competition/experiences of “failure”: drive/threat)
 - Bi-Lateral Stimulation: butterfly hug
 - Being in the moment: mindful vs. mindless
 - Consider learning formal/informal mindfulness practices (apps): together



Self-care is important:



Put on your own
oxygen mask
before helping
those around you.

What parents/carers can do continued...

- Manage your own emotions
 - Improves your capacity to cope
 - Role model (social learning)
 - Avoid unhelpful strategies if possible (e.g., avoidant coping: alcohol/drugs/food/mobile phone)
 - Balance: make sure you have enough “soothing” activities
 - Develop/use support networks (do you work well as a team with your partner? single parents – who are your key sources of support?)
 - Practice self-compassion: aiming for “good enough parenting” not perfection
 - If you are consistently finding it difficult to manage stress or parent compassionately/authoritatively, or subject to ACE’s, consider seeking support
- Consider if you may need to develop certain skills
 - E.g., listening/empathy, stress/anger management, parenting...



What parents/carers can do continued:

Types of Parenting



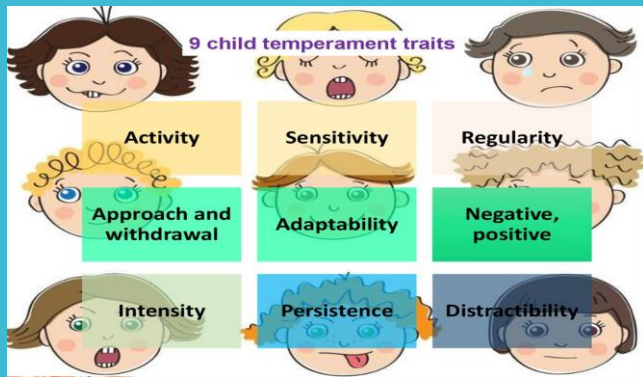
- Develop/build on **authoritative** parenting strategies (e.g., Triple P/ Webster Stratton etc.) = parenting style most associated with better mental health in children:
 - Building a positive relationship as a foundation first: play/quality time/noticing desired behaviours (including emotion regulation) with specific, labelled praise: “I liked it when you...”
 - Think about your parenting style: e.g., PACE (developed for looked after/formerly looked after children: helpful with attachment difficulties):
 - Playfulness – Acceptance – Curiosity – Empathy
 - Relabelling behaviour can make it easier to manage (increases empathy) e.g., “Attention”-seeking -> “attachment”-seeking
 - Boundaries can help children feel safe/contained: consider what yours are; allow for developmentally-appropriate curiosity/exploration; consider family meetings for older children
 - Ignoring unwanted behaviours that are not destructive/harmful

Self-compassion: parenting is difficult



- And some children are more difficult to parent...
 - 40% of children have an “easy” temperament
 - Establish regular patterns for feeding/toileting/sleeping
 - Approach new situations and adapt more easily to environmental changes
 - Attract adults and peers to form a supportive network
 - Protective factor for mental health difficulties
 - Others need tolerant, responsive parents/carers
 - Attunement: better able to detect when things are not right/more likely to suggest something helpful/avoid invalidating feelings
 - See if you can spend a day in your child’s shoes: how do they see the world?

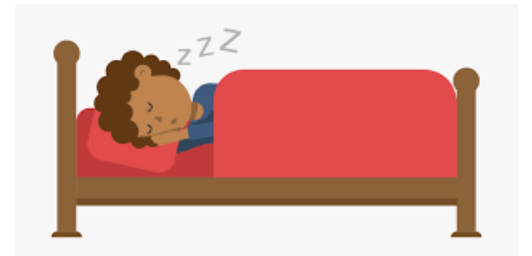
What parents/carers can do continued:



- Think about your child's natural preferences (temperament) to help with choosing coping strategies/forming expectations:
 - Activity (naturally prefers physical activities or more reflective)
 - Sociability (how motivated by interactions with others) – pairs/small groups/teams
 - Emotionality (how well do they deal with change/frustration) – preparation ++
- Do they need to learn/develop certain skills?
 - E.g., social skills (cooperation, reciprocation/turn-taking, perspective-taking, listening/conversation) – can you model these or find opportunities to practice and then positively reinforce -> specific, labelled praise
 - E.g., effective problem-solving skills (problem-focussed vs. emotion-focussed)

What parents/carers can do continued:

- GrACE:
 - Consider encouraging an attitude of Gratitude (positive psychology)
 - Consider the range of activities you and your child/ren engage in, do they given opportunities for (associated with maintaining mental health):
 - Achievement
 - Connection with others
 - Enjoyment; E can also = endorphins/exercise
 - N.B. More likely to talk if engaged in a joint activity/alongside
- Finally, don't forget to make sure the basics are in place:
 - Sleep
 - When most growth takes place (e.g., frontal lobe development)
 - Sleep problems can lead to mental health problems
 - Nutrition
 - Routines / (flexible) predictability



Recognising when there might be a problem



- Withdrawal from usual activities / including social activities (not wanting to mix with other children/not wanting to separate from parent/carer) / school refusal/anxiety about attending / isolating self / aggression/increased conflict with others
- Voicing negative thoughts/worries; focussing on negative outcomes/memories; not looking forward to previously valued activities
- Mood changes: increased irritability/reactivity, crying
- Changes in eating/sleeping habits, physical symptoms of anxiety, shaking/repetitive behaviours, reports feeling sick/ill/in pain, etc. when no obvious cause
- Difficulties in concentration / completing homework/teacher reports / changes in attitude to schoolwork/interests

Resources

- Apps (e.g., Cosmic Kids yoga)
- Youtube (mindfulness for kids)
- Books (check if written/co-written by psychologists/psychiatrists/mental health professionals),
 - e.g., “What to do if you worry too much” – Dawn Huebner; www.overcoming.co.uk/37/Books (adults and children)
- Parenting:
 - “The Whole Brain Child” – Tina Bryson & Daniel Siegel
 - Aha! Parenting.com
 - “The Incredible Years (3rd edition)” – Carolyn Webster-Stratton
- For adults:
 - Self-help book: “The Happiness Trap” – Russ Harris; “Overcoming...” series – based on CBT (Cognitive-Behavioural Therapy)
 - Free self-help guides web.nrw.nhs.uk/selfhelp/

Following guidelines in school

Emotional Wellbeing and Mental Health Pathway

Emergency medical help needed to preserve life - recent overdose or dangerous self-harm. Police help may be needed if child has absconded expressing suicidal ideation.

What should the school/college do?
Call 999

Suicide risk? Follow WSCB guidance 'What to do if you believe a child or young person is at risk of suicide'
<http://westmidlands.procedures.org.uk/local-content/ykN/suicide-prevention>

Urgent mental health support may be needed for serious mental health crisis (e.g. psychosis), or serious weight loss and signs of an eating disorder.
(NB: children/young people with significant learning disabilities may express their mental health needs as aggressive behaviour - be prepared to contact the Police and refer to LD CAMHS for an urgent appointment via CAMHS-SPA).

What can the school/college do?
Significant weight loss should be assessed urgently by a GP first to rule out a physical cause. Contact **CAMHS-SPA** on 01905 768300 for advice and for a decision on the urgency of the mental health need. After 5pm, contact the **out-of-hours GP** service by dialling NHS 111

Safeguarding concern? If a child is in immediate danger contact the Police on 999. If a child or young person is in need of protection or safeguarding ring **Family Front Door** on 01905 822666. Out of office hours contact the **Emergency Duty Team (EDT)** 01905 768020. Then complete a **Cause for Concern** <https://capublic.worcestershire.gov.uk/FamilyDoorPortal/HomePage.aspx>

Specialist support to meet significant mental health needs: '...NEED FURTHER HELP'
A few children/young people will show signs of significant mental health problems that are impacting on activities of daily life, preventing them functioning within the norms for their age. These may be persistent and of a moderate to severe nature, causing significant difficulties with their achievement and relationships.

What can the school/college do?
Continue to use school-based interventions to support the pupil, following advice from the CAMHS **CAST** team **CAMHS CAST Service** discuss making a referral to specialist CAMHS. Consider referring to an Educational Psychologist.

Specialist CAMHS Single Point of Access (CAMHS-SPA): www.hacw.nhs.uk/camhs Tel: **01905 768 300**

Worcestershire Healthy Minds: (from 16 years of age) www.hacw.nhs.uk/our-services/healthy-minds

Targeted support to meet additional needs: '...MAY NEED SOME EXTRA HELP'
Some children/young people show signs of emerging mental health problems and/or are struggling with their emotional well-being, with problems outside the normal range for their age or gender and of a mild to moderate nature. These will be starting to cause difficulties with their school work, friendships or family relationships.

What can the school/college do?
Be alert to signs of emerging emotional problems; use data and evidence-based tools to assess and identify pupils who need targeted school-based interventions (see good practice checklist in the emotional well-being toolkit). Use Single View of the Child system to see who else is working with the child or family. Refer to the school health nurse or school counsellor. Speak to **CAST CAMHS CAST Service**. Consider www.kooth.com or refer to **R4W**

Reach 4 wellbeing (R4W) NHS service for face to face emotional wellbeing support: www.hacw.nhs.uk/starting-well/reach4wellbeing

Kooth.com Self-referral for on-line emotional wellbeing support and counselling: www.kooth.com

Universal level: '...COPING WITH LIFE'
Most children and young people thrive and cope with the 'normal' difficulties and challenges of life and of growing up. They usually cope with these through their own resilience, with the support of family and friends and of their school.

What can the school/college do?
Promote an emotionally healthy whole school environment, following the 8 areas of good practice in the good practice checklist within the school's emotional well-being toolkit.

Parenting advice or family support needed? www.worcestershire.gov.uk/familysupport
For Early Intervention Family Support complete Early Help Assessment (EHA) and send securely to EIFS via https://capublic.worcestershire.gov.uk/Chs_Portal/Home.aspx

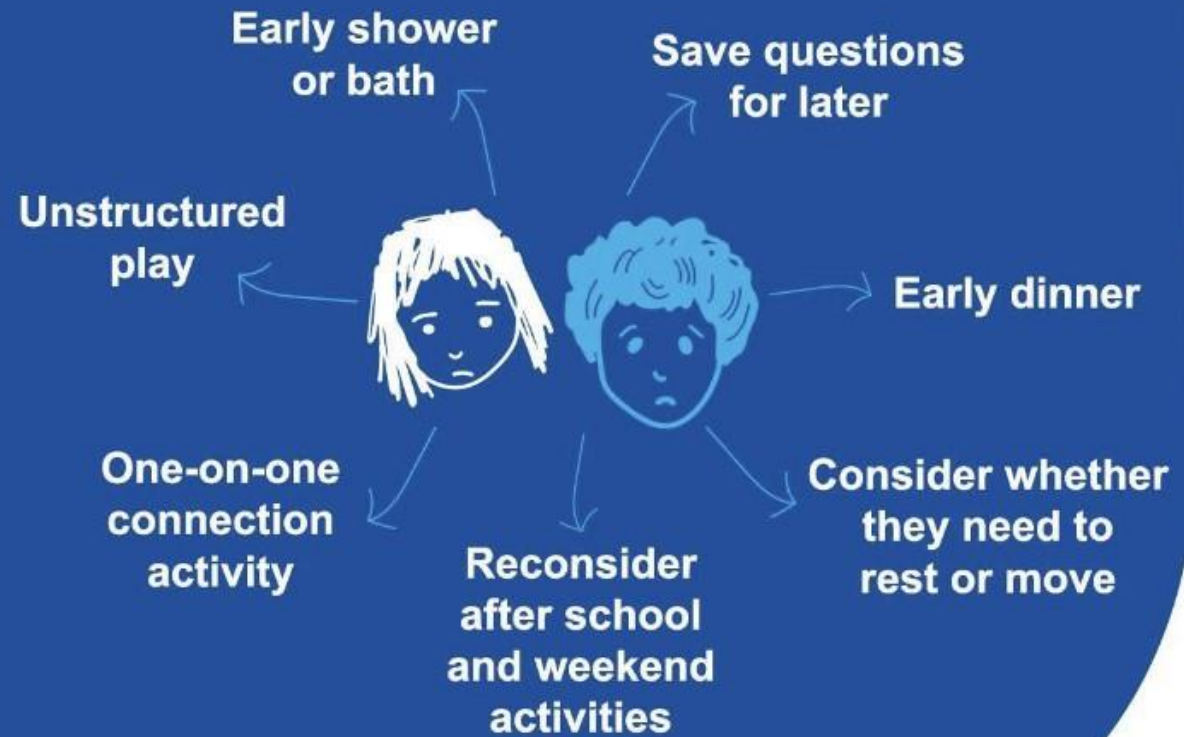
Stages of support in school

<p><u>Universal Support-Stage 1</u></p> <p>Refers to adjustments, interventions and support accessible to all children, delivered at a whole class level.</p>	<p><u>Targeted Support-Stage 2</u></p> <p>Refers to support and interventions delivered using the school's resources, and led by a staff member-small groups</p>	<p><u>Specialist Support-Stage 3</u></p> <p>Refers to support and interventions for children who have more complex and enduring emotional or mental health needs who generally requires some level of involvement from an appropriately qualified professional in addition to ongoing adjustment, intervention and support delivered from the school's resources.</p>
<ul style="list-style-type: none"> ➤ Class THRIVE ➤ Jigsaw PSHE scheme-mindfulness ➤ Wider curriculum-music and PE ➤ Forest School ➤ Brain Break activities ➤ Peer Massage ➤ Reflection time ➤ Worry Monster-Year R ➤ Zippy's Friends-Year 2 ➤ Apple's Friends-Year 3 	<ul style="list-style-type: none"> ➤ Boxall Profiling ➤ 1-1/group THRIVE ➤ PE interventions ➤ Lunchtime clubs ➤ Time to Talk ➤ Key adult ➤ Lego Therapy ➤ Social Stories 	<ul style="list-style-type: none"> ➤ WHP-Link Worker ➤ CAMHS Cast ➤ School Nurse ➤ Reach 4 Wellbeing ➤ Mentor Link ➤ CAMHS

We might not always see the same things



STRATEGIES FOR PREVENTING AN AFTER SCHOOL MELTDOWN



Youth Mental Health First Aid

Trained YMHFA's in school

Mrs Marshall

Mrs Nash

- They are **ARE NOT** therapists
 - They **ARE** taught to-
 - recognise symptoms of mental health issues
 - provide initial help
 - enable access to professional help

Youth Mental Health First Aid-continued

YMHFA Action Plan: ALGEE

- Approach the person, assess and assist with any crisis
- Listen and communicate non-judgementally
- Give support and information
- Encourage the young person to get appropriate professional help
- Encourage others to support

Resources and handouts

- EHWB section on school website
- EHWB policy
- Information is key for kids
- <https://www.heysigmund.com/shop/hey-warrior-trailer/>



Thank you for
your time and
attention!

**THE
END**