



Hill West Primary School

Pedagogical Newsletter – October 2021

Mental Health Day 2021

Sunday 10th October marked World Mental Health Day and the official theme for this year's event was 'mental health in an unequal world'. Mental health is a recognised national priority but the need for meaningful support in the community has become even more relevant as we've all navigated the challenges of the pandemic. Figures suggest that one in four of us will experience a mental health problem each year. That could be a family member, a friend, a colleague or it could be you. As a school at the heart of our community we want to create a supportive environment for our children and our families, helping them to connect, reconnect and talk openly about mental health if they want to. According to NHS digital, in 2021, one in six children aged six to sixteen were identified as having a probable mental health problem. Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse than those unlikely to have a mental disorder.



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Reminders:

School closes for half
term on Thursday 21st
October. School
reopens on Monday 1st
November.

What is mental health stigma?

The Anna Freud National Centre for Children and Families tells us that stigma and discrimination towards those with mental health issues is one of the key reasons for world inequalities. Almost 9 out of 10 people with mental health problems say that the stigma surrounding mental health has a negative impact on their education, work or personal lives. The stigma around mental health can make it much more difficult for those having difficulties to seek help.

The examples given by the centre are:

Stigma = unfair **attitudes** towards people with mental health difficulties.

Discrimination = unfair **behaviour** towards people with mental health difficulties.

Stigma – attitudes. Some people think Nadia is 'attention seeking' when she's having a panic attack

Discrimination – behaviour. Some people don't want to be friends with Nadia because of her panic attacks and exclude her from social activities.

When asking young people with personal experience of mental health problems about the impact of stigma on their lives

- 71% said it affected their confidence and self-esteem
- 43% said their grades in school suffered
- 41% said they lost friendships
- 18% dropped out of education altogether

The important thing seems to be creating time to talk to our young people about their mental health and well-being. We can all work together to reduce the stigma and discrimination.

Potential Conversation Starters:

- You don't seem your usual self today.
- You look sad/worried today. Do you want to have a chat about it/is there anything I can do to help?
- You said something interesting today about how you felt when... How do you feel about it now?

<https://mentallyhealthyschools.org.uk/resources/talking-mental-health/>





Children's Mental Health (Mental Health Foundation)

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Baby Brain Facts

Babies hear at around 24 weeks of pregnancy. Recognise a familiar voice at birth and prefer faces to other shapes.

In their first year of life, more than 1 million new connections are formed every second in a baby's growing brain.

The way babies' brains develop is shaped by their interactions with others.

A range of research shows that the way parents interact with their babies predicts children's later development.

8,300 babies under one in England currently live in households where domestic abuse, alcohol or drug dependency and severe mental illness are ALL present.

Children's development in the early years sets them on a positive trajectory, although what happens next also matters. Children's development at just 22 months has been shown to predict their qualifications at 26 years.

Adults who reported four or more adverse childhood experiences had 4 – 12 fold increase in alcoholism, drug abuse, depression and suicide attempts compared to those who experienced none.

<https://1001days.org.uk/resources>

Traumatic events can trigger mental health problems for children and young people who are already vulnerable. Changes often act as triggers: moving home, changing school or the birth of a new sibling, for example. Some children who start school feel excited about making new friends and doing new activities, but there may also be some who feel anxious. Teenagers often experience emotional turmoil as their minds and bodies develop. An important part of growing up is working out and accepting who you are. Some young people find it hard to make this transition to adulthood and may experiment with alcohol, drugs or other substances that can affect mental health. Certain risk factors can make some children and young people more likely to experience mental health problems than others. However, experiencing them doesn't mean a child will definitely – or even probably – go on to have mental health problems. These factors include:

- having a long-term physical illness
- a parent who has had mental health problems, problems with alcohol or has been in trouble with the police
- the death of someone close to them
- parents who separate or divorce
- experiencing severe bullying or physical or sexual abuse
- poverty or homelessness
- experiencing discrimination
- caring for a relative, taking on adult responsibilities
- having long-lasting difficulties at school.

What mental health problems commonly occur in children?

- Depression affects more children and young people today than in the last few decades. Teenagers are more likely to experience depression than young children.
- Self-harm is a very common problem among young people. Some people who experience intense emotional pain may try to deal with it by hurting themselves.
- Generalised anxiety disorder (GAD) can cause young people to become extremely worried. Very young children or children starting or moving school may have separation anxiety.
- Post-traumatic stress disorder (PTSD) can follow physical or sexual abuse, witnessing something extremely frightening or traumatising, being the victim of violence or severe bullying or surviving a disaster.
- Children who are consistently overactive, impulsive and have difficulty paying attention may have attention deficit hyperactivity disorder (ADHD).
- Eating disorders usually start in the teenage years and are more common in girls than boys. The number of young people who develop an eating disorder is small, but eating disorders such as anorexia nervosa and bulimia nervosa can have serious consequences for their physical health and development.

I'm worried about my child – what can I do?

One of the most important ways parents can help is by listening to their children and taking their feelings seriously. They may want a hug, they may want you to help them change something or they may want practical help. Children and young people's negative feelings usually pass. However, it's a good idea to get help if your child is distressed for a long time, if their feelings are stopping them from getting on with their lives, if their distress is disrupting family life or if they are repeatedly behaving in ways you wouldn't expect at their age.

If your child is having problems at school, a teacher, school nurse, the SENDCo or educational psychologist may be able to help. Otherwise, go to your GP or speak to a health visitor. They can refer a child to further help if necessary. Different professionals often work together in Child and Adolescent Mental Health Services (CAMHS). Most mental health support for children and young people is provided free by the NHS, your child's school or your local council's social services department.

Young Minds has a parents' helpline you can call if you're worried about a child up to the age of 25. They provide advice, emotional support and signposting to other services. You can **call them for free on 0808 802 5544 from 9:30am - 4pm, Monday - Friday.**





Neuroscience



SAFEGUARDING – Review of Sexual Abuse in Schools and Colleges

The review included visits to 32 schools and colleges where over 900 children and young people were spoken to about the prevalence of peer-on-peer sexual harassment and sexual violence, including online, in their lives and the lives of their peers.

The review revealed how prevalent sexual harassment and online sexual abuse are for children. It was concerned that for some children, incidents are so commonplace that they see no point in reporting them. The review recommended that schools, colleges and multi-agency partners act as though sexual harassment and online sexual abuse are happening, even when there are no specific reports.

During the review, girls told the reviewers that sexual harassment and online sexual abuse, such as being sent unsolicited explicit sexual material and being pressured to send nude pictures are much more prevalent than adults realise. For example nearly 90% of girls, and nearly 50% of boys, said being sent explicit pictures or videos of things they did not want to see happens a lot or sometimes to them or their peers. 92% of girls, and 74% of boys, said sexist name-calling happens a lot or sometimes to them or their peers. The frequency of these harmful sexual behaviours means that some children and young people consider them normal. As such school leaders should take a whole-school approach to developing a culture where all kinds of sexual harassment and online sexual abuse are recognised and addressed. To achieve this we are committed to creating an environment where staff model respectful and appropriate behaviour, where children are clear about what is acceptable and unacceptable behaviour, and where they are confident to ask for help and support when they need it. Central to this is our personal development and well-being curriculum that incorporates our RSHE curriculum.

I have been fortunate enough, on a couple of occasions this year, to learn from Professor Eamon McCrory. Specifically, his research explores the impact of maltreatment on child development – using neuroimaging approaches to investigate risk and resilience.

He outlines that childhood maltreatment (physical, sexual, emotional abuse or neglect) remains a major public health and social welfare concern and has a profound impact on the individual and on society. Affected individuals are at an increased enduring risk of a range of psychiatric problems including depression, post-traumatic stress disorder and conduct disorder (Gilbert et al, 2009). However, he suggests that there remains a limited understanding of the underlying mechanisms by which maltreatment heightens risk of psychiatric outcomes. There is a growing body of evidence that maltreatment is associated with structural and functional differences in the brain, which may underpin psychiatric vulnerability in adolescence and later life (McCrory, et al, 2011). By investigating cortical structural abnormalities associated with maltreatment in childhood his research hopes to uncover the possible pathways that lead from maltreatment to psychopathology.

The UK Trauma Council have a useful video that explores latent vulnerability where early childhood experiences which are harmful put children at greater risk of experiencing mental health problems in the future. Below I have included the links to some short animations / presentations that you may find interesting.

<https://www.youtube.com/watch?v=xYBUY1kZpf8>

<https://uktraumacouncil.org/resource/linking-childhood-trauma-to-mental-health>

<https://uktraumacouncil.org/resource/how-to-promote-resilience-and-recovery>

We know that developing trusting relationships with all of our children can make a real difference because

- ✓ The brain is a learning organ
- ✓ The brain learns through trusting relationships
- ✓ Brain adaptations may contribute to behaviour we find tricky
- ✓ Behaviour is a way to communicate and as adults we need time to reflect and respond
- ✓ By responding differently we can create a different outcome
- ✓ Helping (and well-being) is a team effort
- ✓ Helping ourselves help others

Super Parenting – Book Recommendation

*Boost Your Therapeutic Parenting
through Ten Transformative Steps*

This book came highly recommended during a recent conference. Dr Amber Elliott explains why children who have experienced early trauma need something different - therapeutic parenting - a kind of everyday 'superparenting' which champions empathy over punishment. Parenting is hard work and it's even more challenging when trying to parent children who have trauma-triggered behaviours. Taking this as a starting point, Dr Elliott provides us with a ten-step process to transform our parenting. From developing self-acceptance and ideas for building motivation through to creative ways to think about structure and routine, the book combines principles with practical advice and exercises you can try out at home.

Resilience or Bouncebackability

In its everyday use, people tend to think about resilience as the ability to bounce back from an adverse event or set of circumstances. If we want our children to stand up to the inevitable challenges they will face in the future and keep going despite disappointment or frustration, we need to help our children develop resilience. This means they need to practice coping skills, and therefore need some challenges to practise these skills with. Interestingly, in a study of primary aged pupils in Australia (Stewart et al 2012), schools in which students reported more positive adult and peer social networks and feelings of connectedness to adults and peers, and a strong sense of autonomy, were associated with higher self-ratings of resilience in the students. Characteristics of such schools included features like shared decision-making and planning, community participation, a supportive physical and social environment, good school-community relations, clearly articulated health policies and access to appropriate health services.

