

# Promoting Positive Mental Health

JULY 2017

MHAW#17



Following our Promoting Positive Mental Health Evening at the Beacon to mark the beginning of MHAW#17, we are delighted to have produced this booklet with the help of:

- ◇ Parents
- ◇ The Educational Psychology Service
- ◇ The School Nurse Service
- ◇ Public Health Oxford
- ◇ Child and Adolescent Mental Health Services (Oxford)
- ◇ The KAA Counselling Service
- ◇ KAA Staff

## Special points of interest:

- *Mental health is everyone's business*
- *Growing up in today's world can be a challenge for children*
- *20% of adolescents may experience a mental health problem in any given year.*
- *We continue to invest in training for our pastoral teams and the counselling service as well as making awareness of mental health part of our curriculum and our agenda with families*

The evening event was supported by the groups above, as well as the Oxfordshire Children's Safeguarding Board (OCSB) and "The Wantage Pilates Studio and The Core Benefit". Over 150 people attended the evening and a summary of the presentation is included in this booklet. The audience was asked to submit any questions at the end of the evening and the questions asked all fit into the following categories below. Whilst the evening focused on Promoting Positive Mental Health, the questions tended to be more focused on signs / symptoms and helping to manage the early stages of poor mental health and we have been pleased to involve our NHS partners and school support agencies in providing the advice being requested. As a follow up to the evening, a similar assembly was carried out to all year groups, and the student presenters will be presenting to our new Year 7s in September; this was requested several times on the evaluation forms.

The agencies supporting this event have all contributed towards answering the questions to build an informative booklet for parents based on the questions in our local community.

What is poor mental health and what are the common triggers? What signs/symptoms should a parent look for in their child which might indicate poor mental health? When do normal feelings of self-doubt, anxiety cross the threshold to point of 'formal' support being required.	P6
Where are young people to go to initially access services to deal with issues, bereavement, depression and anxiety?	P7
Where should I go for help if I'm feeling depressed – what's my first point of call if not my parents?	P7
What services are available to my child in school. How do students access this? My child would be reluctant to speak to anyone if 'he doesn't think talking to someone' would help. How can we encourage him to talk?	P8
How can I support my child at home? Tips on when to push, when to support with teenagers. Parental support on how to recognise and talk to children on acute feelings of stress, eating disorders, self-harm? What are the practical steps I can take to help a young person through a mental health problem, leading to a positive outcome?	P8-10
How do we treat autistic students, how to include them, help them have a good time especially during breaks when they may be anxious?	P10-11
Are there any support groups? Are there any child or 'teen' friendly exercise groups around such as yoga?	P12
How do you get anxious/depressed/worried teenagers to follow the eat well, talk, take exercise advice?	P13-14
Is there an opportunity for 'trending issues' to be discussed at school	P15
Useful addresses	P16

MENTAL HEALTH  
AWARENESS WEEK

8-14 MAY 2017

#MHAW17



Mental Health  
Foundation

SURVIVING OR  
THRIVING?

**Mental health problems are a growing public health concern.**

**They are prevalent not just in the UK, but around the world.**

- Mental health problems are one of the **main causes of the overall disease burden** worldwide
- Mental health and behavioural problems (eg depression, anxiety and drug use) are reported to be the primary drivers of disability worldwide, causing over **40 million years** of disability in 20 to 29-year-olds
- It is estimated that **1 in 6** people in the past week experienced a common mental health problem

**Taking a life-course approach to mental health is needed because good mental health begins in infancy.**

- 20% of adolescents may experience a mental health problem in any given year.
- 50% of mental health problems are established by age 14 and 75% by age 24.
- 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age.<sup>4</sup>



**10% of children and young people (aged 5-16 years) have a clinically diagnosable mental health problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age.**

(Children's Society, 2008)

### HEADS TOGETHER

[https://www.youtube.com/watch?time\\_continue=27&v=KcCxvuu-noQ](https://www.youtube.com/watch?time_continue=27&v=KcCxvuu-noQ)

This link was identified as particularly helpful by parents in the evaluation



## Harry 'in total chaos' over mother's death

The prince was close to a breakdown before eventually getting counselling nearly 20 years after Diana's death.

🕒 5 hours ago | UK

- ▶ Harry: I couldn't think about mum
- ▶ Interviewer: He's been through a lot

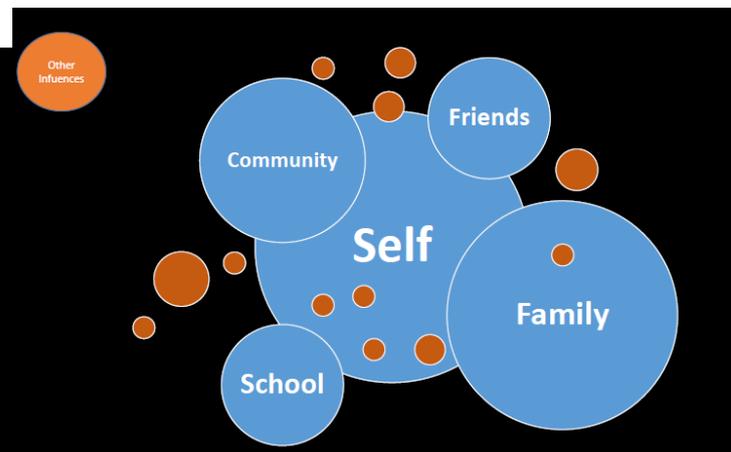
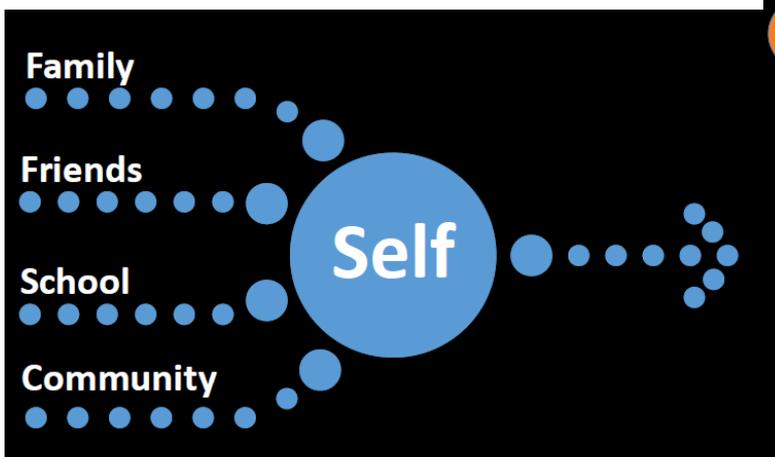


**Mental health is everyone's business**

### Links to poor mental health (but not causes)

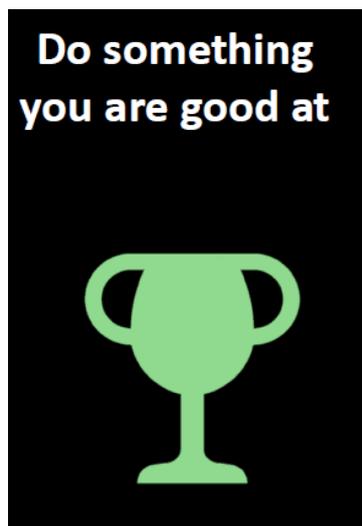
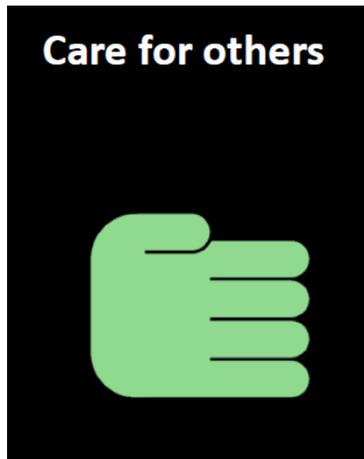
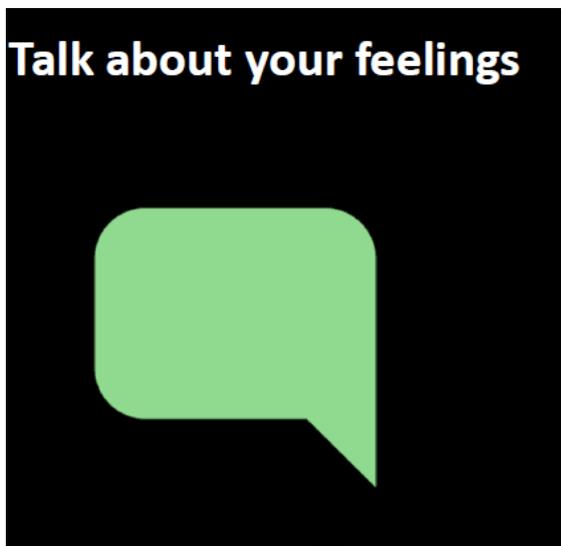
- Family changes, moving homes, changing schools, or estrangement from a parent or siblings, alongside issues such as bullying, isolation, negative friendships and difficulties within peer relationships are all linked to poor mental health in children and young people; reports suggest that these issues are on the rise.
- Additionally, the effects of social media, pressures in school and education, pressure to look good or anxiety about world events such as Brexit or North Korea
- Correlation does not equal causation, as the saying goes.

“The Theory”



“The Reality”

# Promoting Positive Mental Health



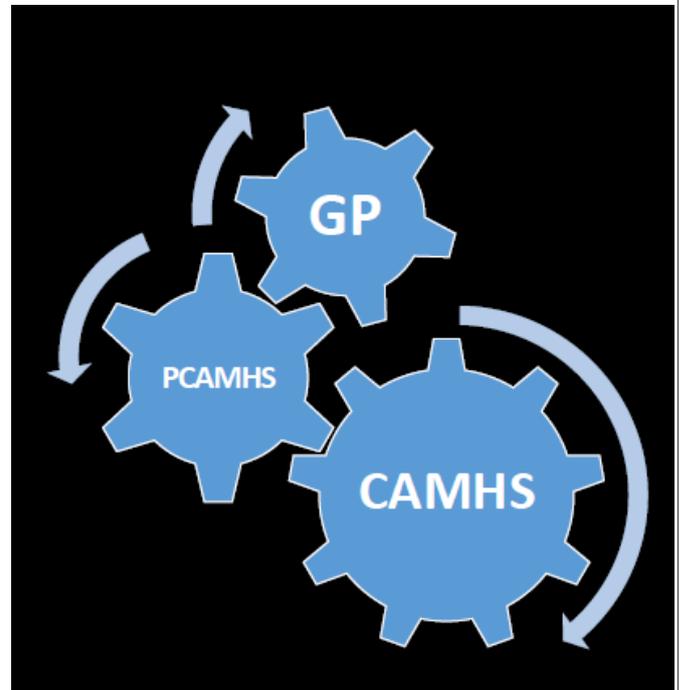
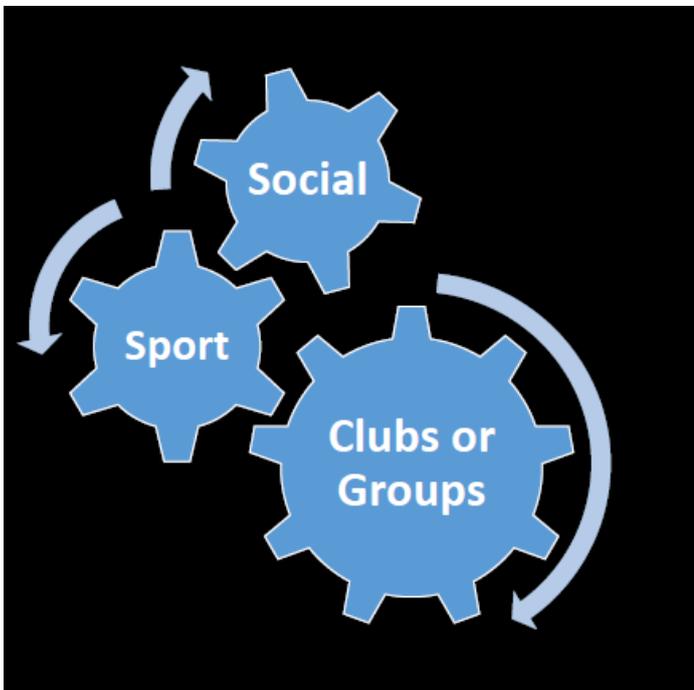
## Mental health is everyone's business

---

- Most of the time those feelings pass, but sometimes they develop into a more serious problem, and this could happen to any one of us
- Unfortunately, stigma can be attached to mental health problems.
- But it's healthy to know and say how you're feeling.

### Connection in the Community

---



Being mentally healthy doesn't just mean that you don't have a mental health problem. If you have good mental health, you can:

- Make the most of your potential
- Cope with life
- Play a full part in your family, workplace, community, and among friends

**What is poor mental health and what are the common triggers?**

Mental health is a state of well being, and when it is going well you can achieve your goals, feel happy, take pleasure out of life, cope with changes and problems, be resilient and take life's ups and downs in your stride.

It does not mean you are happy every day, but it means you have balance, experience happiness and may feel appropriately sad during difficult times (this is healthy and normal response to stressor).

Poor mental health is when you do not have a good balance, feel sad too often, feel controlled by your thoughts, feel unable to cope, anxious, constantly stressed or depressed, etc.

**What signs/symptoms should a parent look for in their child which might indicate poor mental health? When do normal feelings of self doubt, anxiety cross the threshold to the point of 'formal' support being required.**

It is really normal to have some episodes of sadness, to be quiet and reflective sometimes, be angry or upset, and also feel a bit low sometimes; this is particularly true if it is in response to a difficult event, and we would see that as a normal response and healthy.

However, if these feelings are not passing, and if you are not getting a reasonable balance of happiness too (this can vary but you will know what is normal for you), then you may feel you are no longer having a healthy response to a difficult situation, or a normal 'undulating' mood pattern.

Things to watch out for are prolonged sadness, loss of sleep, excessive crying, inability to cope with a bad day or a difficulty (all of these are normal in short bouts but if prolonged this may indicate a problem). If you have an inability to feel comfortable with yourself and this prevents you socialising or going out, this maybe a problem. We do all have days where we think we look or feel horrible but if you cannot move past that it is worth seeking help.

If you find you are becoming very obsessive about things, the order in which you do things, neatness, cleanliness, rituals of behaviour etc, then challenge yourself to try changing that need to follow a pattern. If you really can't, then it is worth talking to your parents, the school health nurse, GP or teacher / counsellor/ student support staff about getting some further help.

If you feel the need to cut yourself or cause yourself physical pain or harm in order to cope with anxiety and stress, then you should seek support from your parents, the GP or from the school health nurse, counsellor, or a teacher who you trust to talk to. Any professional can make a referral to camhs or can talk to the school counsellor, school health nurse or in reach worker from CAMHS if there is a concern. The GP can also be of support and refer.

<https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week>

**Where are young people to go to initially access services to deal with issues, bereavement, depression and anxiety**

It is always important to talk about all health issues and our mental health is no exception. In school a student can talk to any member of staff especially:

- Tutors
- Student Managers – who can put you in touch with a school counsellor and/or School Health Nurse
- Counsellors
- School Health Nurse

Out side of school your doctor is someone who is interested in all of your health needs and if necessary can refer you to other services.

Websites and looking up health worries on the internet can be misleading. Though this is tempting it is always best to talk to people about how you are feeling rather than diagnosing yourself through a website or App. Websites that are suitable and helpful to young people are:

- Youngminds.org.uk – UK's leading charity for the emotional wellbeing and mental health of children and young people
- Seesaw.org.uk – Grief support for children and young people in Oxfordshire

**Where should I go for help if I'm feeling depressed? What's my first point of call if not my parents?**

It is normal to feel down sometimes. Life is not simple or plain sailing we all have times when things go wrong and it gets us down.

Talking with people whom you can trust is an important thing to do throughout our lives. Our families are often a great place to start and they normally know us well. Friends are a great source of support too and it is normal in a friendship for people to share worries, dreams, plans, hopes, fun etc. Feeling depressed is quite different from feeling down. The only people who can diagnose depression is a doctor.

<https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week>

**What services are available in school? How do students access this? My child would be reluctant to speak to anyone if “he doesn’t think talking to someone” would help. How can we encourage him to talk?**

In school a student can talk to any member of staff especially:

- Tutors
- Student Managers – who can put you in touch with a school counsellor and/or School Health Nurse
- Counsellors
- School Health Nurse

The way to encourage our young people to talk is by talking with them. Don’t be afraid to ask your child how they are. When we do talk about our feelings we don’t always need someone to give us an answer or fix it for us. It is valuable just to listen and empathise rather than getting into problem solving. As parents we of course want to make things better for our children, and sometimes this can make it hard to listen well (we can get caught into getting involved “ Well I’d tell your friends to”....or “don’t put up with it.....” or “I’d tell them if I were you, would you like me to talk with them/parents/teacher”.

Listening can help people find their own way of dealing with issues and gives people space to start to work out what they want to do.

Often trying to persuade someone (especially teenagers) to do something just makes them more determined to not! Try sharing why you think talking with someone would/might help and perhaps talking about the times when it’s helped you is a way to encourage someone to think through the option.

**How can I support my child at home?**

**Tips on when to push, when to support with teenagers. Parental support on how to recognise and talk to children on acute feelings of stress, eating disorders, self-harm? What are the practical steps I can take to help a young person through a mental health problem, leading to a positive outcome**

**Supporting at home:**

It is important to have time to talk to your children every day, albeit briefly (10-15 minutes is enough if you are sincere, attentive and reliable about listening). If you have a concern they will be much more able to talk to you if they find this a normal thing to do. Therefore don’t wait until there is a problem; start the process of laying down the foundations straight away; it is never too late, but you will need to build up that trusting, listening and empathetic relationship before you can 'dive in' and expect them to open up.

**If you have a lower level concern:**

Ask open questions, ensure the time is taken every day to listen to how they really are, push a little about how they feel (don’t assume you know, listen to how they say they feel, it may be different to what you are expecting) as well as what they are doing; don’t worry if you don’t get huge responses as it takes time to recognise our own feelings and then time to feel of about talking. They are learning this skill and you can help be a part of that education.

Hopefully you have noticed early any changes, and you can use a gentle cognitive behaviour therapy approach that allows them to describe and understand how they are really feeling, and then see the link

*(Continued on page 9)*

between the feeling they have, and how they are behaving. When we talk about CBT, we take the stance that the feelings directly affect the behaviour so to make any changes we first need to think about what we are feeling, then how it is making us behave in a certain way, and lastly what we might choose to do differently to change it. That's may be enough to turn a corner, but it won't happen over night so stick with it.

Ensure they have time to look after themselves. Young people need to work and socialise, but they also need a balanced diet, enough sleep, time to relax and time to process the day. It will be really helpful for you to help them learn how to develop these coping strategies, and how to effectively put them in place; they will be skills for life.

**If you have a more serious concern:**

If you think they are able to, suggest they talk to the school health nurse, CAMHS in reach worker, a trusted teacher or the student support or school counsellor. Any of these professionals can be accessed as required (CAMHS on the day they are in school) and they all have the ability to offer first line help. The school nurse and counsellor in particular can assess the severity of any concerns and decide whether a referral to CAMHS may help. They can also decide whether this needs to be made urgently.

You can also go and talk to the GP; they are fully able to give first line interventions, and have access to the referral process. In emergencies they can get immediate support (as can the school nurse, CAMHS worker or school counsellor).

You do not need to go to the GP to get a referral, and often the best person to make that referral is the person who knows your child best (you and a teacher or someone they have spoken to at school) but the GP is always there if you find that a better option.

Out of hours you can call 111 and they can direct calls. These would either be picked up via non urgent routes in working hours, or they would have access to the on call cover from CAMHS if it is needed.

**When to push:**

This is different for every person, and different for each person on different days so there is no clear answer. The best way to decide is based on how robust they seem in their ability to deal with anything happening around them. If you are asking them to do simple things and they don't seem able to cope (tearful, unusually angry, unusually blank in response etc) then don't push that point, but maybe try and say that you can see something seems to be wrong. Try taking a gentle "side on" not "head on" approach and just reflect back what you seeing and see how they take it. If you give them enough time they may be able to open up, but if not you will have helped them by showing that you can cope with what they are reflecting to you in their behaviour, that will in turn help them feel contained and this may actually help a great deal.

If they seem more robust you can probably expect to get further with this "side on" style of conversation, but do remember to listen, don't assume and be patient. Your goal is not to get answers, it is to help them understand themselves better so they can contain their own behaviour. Therefore you are aiming to get them just to talk and move closer to that goal, not provide you with a list of answers or solutions. These will come by themselves if you can be patient and listen.

**Self harm:**

There is a difference between 'self hurt' and 'self harm' although both are very distressing for friends and parents to see, and the risk for both of causing more harm than was intended is clear. However, clinically we would define them differently and would use different approaches, with the latter requiring a prompt referral to CAMHS for assessment and management. If a young person is cutting, drinking or eating toxic/poisonous or harmful liquids, or tempted to take excessive amounts of medications, then please refer them immediately to CAMHS. Remove any objects from the home that could cause harm (empty medicines, remove knives or

*(Continued on page 10)*

blades, including sharpeners) and ensure that those responsible for their care during the day are aware of the need to be vigilant and supportive (e.g. Teachers, parents of friends, any childcare providers etc).

If there is a referral underway and things get worse ask the referrer to contact CAMHS and update them with the symptoms so the referral can be reviewed and treated as urgent if required.

For disordered eating, body dysmorphia, and diagnosable eating disorders, you should be mindful an observant of foods eaten, but not obsessive or over bearing in watching young people eat.

You can take them to the GP who will weigh and measure them. This will ascertain their BMI and this can be helpful for medical staff ( when used in conjunction with other factors) in understanding the severity of any possible problem, although it can also be misleading especially in pre pubescent children. If a GP is concerned they can check your child's blood to see if the body is suffering any duress, and they can then discuss this with CAMHS.

There is a specific pathway for eating disorders and their treatment in CAMHS, so referrals should be made when promptly and when necessary; do remember though that many young people become a little faddy with their eating at some point, but this is normal and should pass. Try not to pay too much obvious attention and reactions to this or it can make it worse. However, instead use it as an indicator that something may be wrong. Go to the approach we talked about before where you use "side on" conversations to try and understand what's actually going on, and see if you can listen, make them feel heard and understood, as well as contained; then they may well find things just get better.

Try and avoid talking about weight loss, diets, bulking up, etc. and talk about the body's need for fuel, healthy eating, how sleep or lack thereof can affect how your body processes food, and try and encourage them to have a healthy relationship with food as a necessary and enjoyable fuel, not a thing the obsess about or misunderstand.

It is worth thinking about whether your relationship with food might be affecting them, sometimes as adults we are too busy to eat properly, or we don't have time for family meals together where we can learn to enjoy food as a social experience.



### **How do we support autistic students, how to include them, help them have a good time especially during breaks when they may be anxious?**

#### **Understanding Autistic Spectrum Conditions (ASC):**

It can be useful to think about supporting young people with ASC in the following ways (taken from the The SCERTS® Model (Prizant, Wetherby, Rubin & Laurent, 2007):

- Social Communication - the development of spontaneous, functional communication, emotional expression, and secure and trusting relationships with children and adult
- Emotional Regulation - the development of the ability to maintain a well-regulated emotional state to cope with everyday stress, and to be most available for learning and interacting.
- Transactional Support - the development and implementation of supports to help partners respond to the child's needs and interests, modify and adapt the environment, and provide tools to enhance learning (eg picture communication, written schedules, and sensory supports

It is very important that each student with an ASC diagnosis is considered individually: each person, just like neurotypical people, present in different ways so while there are likely to be needs across social, communication, emotional regulation and support areas, these are often different for each individual, summarised nicely by this quote from Dr Judith Gould, Consultant Clinical Psychologist and Director, The Lorna Wing Centre for Autism (Taken from [www.autism.org.uk](http://www.autism.org.uk)):

*(Continued on page 11)*

*“Autism is more diverse than originally thought, with new ideas being put forward every day. In fact, it's a case of 'the more we know, the less we know', particularly in how gender affects individuals with autism.”*

### **Key principles:**

With this in mind when considering the inclusion of students with ASC, the key principles are:

- Understanding and getting know individuals is vital – strengths as well as difficulties.
- Linking with parents, above and beyond accepted secondary school points of contact, to ensure there is meaningful communication that can help to reduce student and parental anxieties and ensure that there is minimal opportunity for crossed-wires or misunderstandings.
- Supporting other students' awareness of the needs of ASC students, sensitively, and how they can support their peers who are facing difficulties (as we try to encourage all to do through the PSHCE curriculum and tutor time).
- Ensure that there is an understanding that girls as well as boys can present with ASC and that the stereotypical presentations of ASC that might be typified by the film “Rainman” are dispelled.

### **What does this look like in practice?**

- Sharing with all staff each students' pupil profile and ways to approach them most effectively in relation to learning, social communication and emotional supports.
- Providing support for transitions between different settings e.g. from lesson to break time, from year to year. This can mean additional opportunities to “rehearse” or consider what it might be like in the next place/lesson/group of people to decrease anxiety and minimise unanswered questions.
- Preparation for new learning (a bit like the transitional support already described) but can sometimes be more specific in relation to understanding key academic concepts/wording ahead of facing these in a lesson.
- Meet and greet at key points of change or triggers of anxiety. For some students this means everyday being met by a key and trusted adult before starting the day (again reflecting transitional needs), for others this might only need to happen at the beginnings of weeks or even terms as the setting, expectations and understanding of those becomes more familiar.
- Reduced sensory stimulation for some young people may mean that some lessons, or parts of lessons, take place in quieter areas for them with fewer people around; for others it may mean having low key sensory toolkits available that might include things they can fiddle with, ear defenders, items that increase comfort/reduce anxiety. Again, different for different people.
- Opportunities to share anxieties and things that have gone well, or even just OK, so that anxieties are not left unaddressed and to help young people recognise their strengths.
- Break time opportunities where adults may be able to facilitate social interactions or provide structured activities.
- Provision of clubs/activities that students are interested in at lunchtimes and after school.
- Increasingly it is becoming apparent that ASC presents differently for males and females, which, it seems, has led to girls managing to in effect “mask” difficulties up until puberty when the social world of teenagers can become even more complex. The supports described may need to be implemented in low key and subtle ways to support young women presenting with heightened emotions and social needs in line with ASC.

**Are there any support groups? Are there any child or 'teen' friendly exercise groups around such as yoga?**

**Local Classes:**

- The Council run Gyms tend to allow young people access from a much younger age than private gyms, so this is worth exploring in your local area. This can be very useful and the gyms report good uptake from young people; the cost is around £20-24 per month (this can include swimming and gym memberships) but please check locally. There is also some access to personal training support and guidance for free in these gyms. In addition, I would encourage you to think of attending as a family if at all possible; this allows you to spend time together in a gentle way, and also develop shared interests that start to build up discussion points and bonds within the family. This will mean that when a young person does have a need, they are much more likely to be able to open a conversation about something with you, and the process will feel very natural and normal.
- The website OXME is very useful and is aimed at Young People in Oxfordshire (<http://oxme.info/cms/> )
- There is a page on staying healthy and a link to another very good web site, staying active (<https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/youth.page?youthchannel=0> )
- Within this site, this link tells you all the local clubs known to the County Council and may be very useful: <https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/results.page?youthchannel=8>
- Please also remember to contact your local counsellors and members of the public health team within Oxfordshire if you feel there is a lack of classes for young people. There are barriers sometimes (such as insurance, consent, physical access to premises etc.) that can make it hard for practitioners to offer classes to younger people, but if the council members are aware of the needs of your community, they are very keen to work towards finding a solution.
- There is a locally run youth group in Wantage and this supports the School and the Community very well: The **Sweatbox** <http://sweatboxwantage.co.uk/>
- **Abingdon Bridge** is a freely accessible community based counselling and support service for local teenagers
- NHS Choices is a good website to look on to ensure any advice that has been given remains sensible and healthy
- There are many apps available, some free and some with a cost. Young people are very good at accessing and using these apps on their phone and they often enjoy these more than the traditional approaches we grew up with so do explore those (e.g. meditation , relaxation, healthy eating, yoga, fitness programs, Zumba, PlayStation dance games etc.) Some examples are (all free at the time of checking):
  - ⇒ Digipill – relaxation and very good for young people
  - ⇒ Headspace – relaxation and meditation – wide variety available within app
  - ⇒ Calm – chose which topic (sleep, stress, improve focus, increase happiness, reduce anxiety etc
  - ⇒ Relax melodies – create your own calm, relaxing mixes

*(Continued on page 13)*

**HEADS TOGETHER**

[https://www.youtube.com/watch?time\\_continue=27&v=KcCxvVu-noQ](https://www.youtube.com/watch?time_continue=27&v=KcCxvVu-noQ)

- ⇒ 5 minute pilates
- ⇒ 3d yoga (links to muscle and body maps for those specifically interested in the techniques and impact on muscles)
- ⇒ Down Dog – home Yoga app
- ⇒ Sworkit – personal trainer style app so it notifies you what specific things you should do to reach goals and daily targets etc
- ⇒ Sworkit – stretching – yoga and stretching based app to help flexibility, health and relaxation and uses pilates approaches which are excellent to prevent physical illness and musculoskeletal injury
- ⇒ Daily Yoga

**How do you get anxious/depressed/worried teenagers to follow the eat well, talk, take exercise advice?**

### **Keeping worried/anxious teens on track and engaged with healthy living goals**

Lives are very busy these days, and there are so many demands on families that it is incredibly hard to maintain the core family functions that help us have firm foundations when we really need them. However, the tougher the times, the more you need the foundations. So, understanding that it is very hard to do and to maintain, the key thing to being able to reach out to teenagers in any situation is having some form of quality of relationship and trust with them. The earlier you can start this the better, but it is never too late. If a young person is very anxious worried or depressed, you may want to talk this through with their CAMHS worker, the school health nurse or school counsellor as well to ensure the application is specific for their needs, but these principles apply to all situations:

1. *Gentle, reliable and regular **availability** for them*  
Don't sit them down for an interrogation when they or you get home, try and avoid direct, face to face conversations as that is too much for many young people. Instead sit next to them (side to side), let the TV be on perhaps (you can use it to your advantage here) but also talk to them, or perhaps talk over dinner, or whilst walking the dog or going to the shops. Start small, but aim to get up to a 15 minute 'how are you today' conversation in every day at some point. The tough bit is keeping this in the day when you are very busy and tired, but even if it is only 5 minutes it is highly valuable.
2. *Listen*  
As parents and carers we do have to direct our children, and we have to be authoritative, and we must make them feel safe, but we also need to make them feel heard. You may agree with very little they say at times, and that is fine, but take time to listen anyway, it is the listening that really counts as you are making them feel heard, and that means you care and they feel valued.
3. *Solutions, not stagnation/disempowerment*  
Once you have established the first two steps, you can then ask them to start thinking about what they can do with all their thoughts, feelings, views, reactions and responses to each day. You can start helping them define a little more about what this all means (this is them getting to know the person they will become through this process of gradually becoming an independent and successful adult, and you are sharing in it). The questions should be very gentle (not direct) and allow young people to explore for themselves the connection between how what they are feeling influences what they do and their behaviour. Try not to prompt the answer, it is better to wait and let them define their own answers, but you can help if they are stuck and if they ask for it; allow them to start exploring in a safe way with you what they feel and what they might feel inspired to do with that, and what changes that may then bring to their world. This also prevents them in the future being driven by reactive behavioural responses to emotions, as they will have learned that their feelings influence their behaviour, and they have the skill to control that.

*(Continued on page 14)*

<https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week>

#### 4. *Healthy choices*

If you can do the above steps, this is when you may happily find that the young person concludes for themselves that the healthy lifestyle message is one that makes some sense. You may find you do not need to do much at all to prompt this and it comes quite naturally under their own steam, job done!

If it is less clear to them, you can ask slightly probing questions that may prompt in the direction of healthy choices, or ask young people to consider how well known sports people balance the pressures they must have, (stress, anxiety, fatigues etc.) and remain healthy, and whether they can think of anything that you as a family could copy and do together, but do try and remain patient so they chose to follow that path rather than you tell them to. An example of probing questions in a possible conversation is shown at the end; it is just an example of how you might probe and guide a conversation but may help.

What you should avoid at all costs is telling them they should do it. It won't work and will possibly push in the other direction. If you can listen to them and understand what any barriers may be for them you can help find ways round these barriers together; for example, they may not know how to relax properly so sleep is difficult, they may be worried about something, they may feel anxious walking into a gym or a class for yoga or hockey or football, they may not have fully understood the link between food groups and health and how they work together if used properly.

There are two key stages to implementing change, the one we often do well is setting the goal, but we don't always do the next one so well, which is to think about the detail of how we will work to that goal. A better approach is to work towards a goal the young person has set for themselves (maybe with a little gentle guidance), and then get them to make daily targets for getting one step closer to the end goal.

#### **Example of a conversation with probing questions:**

So what I am hearing is you find school ok, but you get really distracted in some of the lessons, especially the ones after lunch, is that right? *(yes)* So, what do you feel like when you wake up? *rubbish!*

Oh I know, me too sometimes, and definitely when I was your age. Do your friends feel the same? *Mostly, they seem to, but maybe some are a bit more focused*

Do you find it easy to go off to sleep when you go to bed? *Not straight away, I like to check Instagram and snap chat first, then I can but it takes a while*

Oh that makes sense, so did that used to work for you as a way of going to sleep? *Mmmm, not so sure, maybe it is just something I do, haven't thought about that much*

No, well I guess you wouldn't, but just listening to you now, I was wondering if there was a link to how well you sleep, and how well you feel the next day, and that maybe there maybe something we could do easily to help that, you know, just shift a few things round to help you, what do you think? *Maybe, I like checking them though so I don't want to stop that*

Good point, it is important to you, but what if we just made that a tiny bit earlier, and then that last bit before you go to bed could be one the ideas from that app the school nurse was talking about? *Ok, I could, I am worried about missing out on my friends though, I will still have time to check it won't I?*

Yes of course, let's work out a plan that you can do and we can try it, it doesn't have to be a huge change, just a start.

## MHAW#17—Trending Issues

There is much in the press and social media about mental health and the latest trending issues relating to mental health. For example, recently there was much written around the Blue Whale App and the Netflix series "Thirteen Reasons" both relating to self harm and suicide. As you are aware, over the last year we have greatly increased the PSHCE work that we do relating to social media and the aim of this work is not to respond to each latest issue, but to educate students on how to make sensible decisions to

GROWING UP IN TODAY'S WORLD CAN BE A CHALLENGE FOR CHILDREN AND YOUNG PEOPLE, SO IT'S VITAL THAT THEY GET THE HELP AND SUPPORT THEY NEED,"

look after themselves. We do this through assemblies, tutor time, Theme Days, external visitors, as well as

regular articles in First Thursday for parents which share information and resources. The following summary from the Mental Health Foundation website identifies signs of when social media may be affecting mental health:

- Low self-esteem.
- Feeling low when you see other people's images and lifestyle.

- Envy of others people lives - wishing your life was like someone else's.
- Finding social media as your first and only choice of activity done for enjoyment.
- Not having as many face to face conversations with your relatives and friends and feeling disconnected.
- Being unable to do anything without feeling you need to share it online

We continue to raise awareness with students on a regular basis and signpost support within school. We are increasingly trying to share with parents how support can be given, particularly around managing social media and responding to issues presented by social media, at home.

The Government has announced that more training will be provided for teachers in mental health "First Aid". The plans include better links between schools and NHS specialist staff and mental health first aid training for every secondary school.

Reacting to the School Report research, Edward Timpson, Minister for Vulnerable Children and Families, said the government would "transform

mental health services in schools" and was commissioning research to help schools identify which approaches worked best.

"Growing up in today's world can be a challenge for children and young people, so it's vital that they get the help and support they need," said Mr Timpson.

However, in the meantime, and in the midst of significant cuts to budgets in schools, we continue to invest in training for our pastoral teams and the counselling service as well as making awareness of mental health part of our curriculum and our agenda with families. In addition we have forged close links with specialist NHS staff – the Mental Health awareness evening in May was, we think, the first of it's kind in Oxfordshire (with the NHS, specialist services and a school working together for a community event), as is this booklet, and we intend to continue to develop our positive and growing partnerships further.



**Mental Health problems ..they are prevalent not just in the UK, but around the world.**

<http://www.oxfordhealth.nhs.uk/children-and-young-people/>

## Useful web addresses

- Mental Health: <https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week>
- NHS: <http://www.oxfordhealth.nhs.uk/children-and-young-people/>
- Heads Together: [https://www.youtube.com/watch?time\\_continue=27&v=KcCxvuu-noQ](https://www.youtube.com/watch?time_continue=27&v=KcCxvuu-noQ)
- Information for Young People in Oxfordshire: <http://oxme.info/cms/>
- Staying Active: <https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/youth.page?youthchannel=0>
- Local Clubs: <https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/results.page?youthchannel=8>
- Sweatbox (Wantage): <http://sweatboxwantage.co.uk/>
- Wellbeing and mental health of children: <http://youngminds.org/>
- Grief support for children: <http://www.seesaw.org.uk/>
- For help on Autism: [www.autism.org.uk](http://www.autism.org.uk)

**Mental Health  
is everyone's  
business**

### King Alfred's Academy

Portway  
Wantage  
Oxfordshire OX12 9BY

Telephone: 01235 225700  
Email@ [enquiries@kaacademy.org](mailto:enquiries@kaacademy.org)  
[www.kaacademy.org](http://www.kaacademy.org)



**Mental Health  
problems ..they  
are prevalent not  
just in the UK,  
but around the  
world.**