



MENTAL HEALTH AND MENTAL ILLNESS AS CONTESTED TERMS

- HAVE BEEN USED TO REPRESENT A **RANGE OF CONCEPTS** FROM PSYCHOLOGICAL STATES TO DIMENSIONS OF HEALTH AND COGNITIVE ABILITY.
- STIGMA PLAYS A SIGNIFICANT ROLE AND SUBJECT TO DEFINITIONS OF ORGANISATIONS/INSTITUTIONS.
- **CONTEMPORARY INTERPRETATIONS** ARE INFORMED BY TWO MAJOR EPISTEMOLOGICAL POSITIONS ABOUT PSYCHOLOGICAL DISTRESS, NAMELY MEDICAL NATURALISM AND SOCIAL CONSTRUCTIONISM.

MENTAL HEALTH & WELLBEING

- GROWING BODY OF RESEARCH ~ **YET TWO AREAS REMAIN UNDER-DEVELOPED;**
 - 1) RESEARCH THAT DRAWS ATTENTION TO THE **LIVED EXPERIENCES OF DIFFERENT GROUPS OF PEOPLE.**
 - 2) THE DEVELOPMENT OF CONCEPTUAL FRAMEWORKS THAT **CENTRALISES 'VOICES' AND PERSPECTIVES** TO SUPPORT THE DEVELOPMENT OF PRACTICE.

MENTAL HEALTH IN CHILDHOOD ~ CONFLICTING MESSAGES

“ONE AREA REMAINS A CONSISTENT PROBLEM: CHILDREN’S MENTAL HEALTH.” (GUARDIAN – FIONA SMITH, NURSING, ROYAL COLLEGE OF NURSING)

“THE RHETORIC OF MENTAL HEALTH SCAREMONGERING HAS BECOME SO INTEGRAL TO PUBLIC LIFE THAT INDIVIDUALS AND GROUPS PROMOTING A CAUSE OFTEN ADOPT IT TO VALIDATE THEIR CASE.”

“THE STATEMENT THAT ONE IN TEN CHILDREN SUFFER FROM MENTAL HEALTH PROBLEMS IS THE RESULT OF QUICKFIRE RESPONSES TO THE QUESTION ‘ARE YOU CONCERNED ABOUT YOUR MENTAL HEALTH?’

“WHAT USED TO BE REFERRED TO AS ‘EXAM-WORRIES’ OR ‘DAY-TO-DAY STRESS’, IS NOW REFERRED TO AS ‘MENTAL HEALTH ISSUES’”

SIMILARITIES – PAST & PRESENT

- **REASONS FOR TAKEN INTO CARE:** RELATION BETWEEN CHILD AND FAMILY (MENTAL HEALTH ISSUES, ALCOHOLISM);
- FOCUS ON **BEHAVIOUR**;
- LACK OF **JOINED UP WORKING**;
- STRONGER FOCUS ON PRACTICAL ABILITIES AND LEARNING. (**E.G. MEET FIRST BEFORE MH**);
- LIMITED **VOICE** OF THE CHILD;
- ACKNOWLEDGEMENT OF EARLY EXPERIENCES AND BEHAVIOUR – **YET NOT ALWAYS ACCEPTANCE.**



MENTAL HEALTH PROBLEMS ~ TOO MUCH FOCUS ON THE ROLE OF TEACHERS?

- **THRESHOLDS.**
- **CUTS TO SERVICES.**
- **'BAD BEHAVIOUR' – 'OUT OF CONTROL'**
- **'MAN UP' - RESILIENCE.**
- **'NOT MY JOB'**



SO, LITTLE DEVELOPMENT REGARDING MENTAL HEALTH,
STIGMA AND SUPPORT SINCE THE LATE 1800S – COMPARE
THIS WITH TECHNOLOGY:



MENTAL HEALTH FIRST AID

“THE UK GOVERNMENT IS MAKING £200,000 AVAILABLE FOR “MENTAL HEALTH FIRST AID” TRAINING IN SECONDARY SCHOOLS, ACCORDING TO A [STATEMENT](#) RELEASED BY THE PRIME MINISTER’S OFFICE. THE TEACHERS WHO WILL RECEIVE TRAINING UNDER THIS NEW PROGRAMME “WILL RECEIVE PRACTICAL ADVICE ON HOW TO DEAL WITH ISSUES SUCH AS DEPRESSION AND ANXIETY, SUICIDE AND PSYCHOSIS, SELF-HARM, AND EATING DISORDERS”.



- MENTAL HEALTH PROBLEMS AFFECT ABOUT [ONE IN TEN](#) YOUNG PEOPLE IN THE UK. SCHOOLS HAVE BEEN HEAVILY CRITICISED FOR FAILING TO RECOGNISE AND DEAL WITH MENTAL HEALTH ISSUES, SO, ON FIRST GLANCE, THE NEW INITIATIVE SEEMS SOUND. BUT IS IT SOUND?
- AS THERE ARE [MORE THAN 3,000](#) STATE-FUNDED MAINSTREAM SECONDARY SCHOOLS IN ENGLAND, AND THE GOVERNMENT AIMS TO HAVE ALL SECONDARY SCHOOLS TRAINED BY THE THIRD YEAR OF THE PROGRAMME, IT'S SAFE TO ASSUME THAT ONLY ONE PERSON PER SCHOOL WILL RECEIVE THE TRAINING. AND WITH JUST TWO DAYS TRAINING, THE TEACHER WILL BE EXPECTED TO BECOME A FIRST AID CHAMPION, "SHARING THEIR KNOWLEDGE AND EXPERIENCES ACROSS SCHOOLS AND COMMUNITIES TO RAISE AWARENESS AND BREAK DOWN STIGMA AND DISCRIMINATION". A BIG ASK.



FIRST AID

BUDGET CUTS

- YET, AS MANY MENTAL HEALTH CHARITIES HAVE INDICATED, **FUNDING IS ONE OF THE MAIN BARRIERS** TO PUTTING IN PLACE PROFESSIONAL MENTAL HEALTH SUPPORT FOR PUPILS.
- THE GOVERNMENT AND CLINICAL COMMISSIONING GROUPS TASKED WITH ALLOCATING AND SPENDING LOCAL CHILD MENTAL HEALTH FUNDING OFTEN **FAIL TO ACCOUNT** FOR HOW AND WHERE THE MONEY IS SPENT.
- IN 2015, THE GOVERNMENT PLEDGED AN EXTRA £1.4 BILLION OVER FIVE YEARS TO '**TRANSFORM**' CHILD AND ADOLESCENT MENTAL HEALTH SERVICES. BUT IN THE FIRST YEAR OF THIS EXTRA FUNDING (2015-16), NEARLY TWO-THIRDS (64%) OF IT WAS USED TO **BACKFILL CUTS IN OTHER SERVICES**; THE SAME IS TRUE FOR HALF OF THE MONEY **ALLOCATED IN 2016/17**.

MORE THAN JUST SPOTTING THE SIGNS?

- THE ANNOUNCEMENT REFERS TO “*IDENTIFYING AND RESPONDING TO EARLY SIGNS*” OF MENTAL ISSUES IN CHILDREN AND COINCIDES WITH A “MAJOR REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES” AND A FOCUS ON “*STRENGTHENING LINKS BETWEEN SCHOOLS AND THE NATIONAL HEALTH SERVICE*”.
- BUT HOW DO YOU COVER THE HUGE AGE AND GENDER DIFFERENCES IN HOW MENTAL HEALTH AND MENTAL HEALTH PROBLEMS ARE PERCEIVED BY CHILDREN AND THE SUBJECTIVE NEEDS AND EXPERIENCES OF INDIVIDUAL CHILDREN -SEE [THE GOOD CHILDHOOD REPORT](#)

BULLYING



FOR EXAMPLE, YOUNG PEOPLE HAVE IDENTIFIED BULLYING AS PLAYING A SIGNIFICANT ROLE IN THEIR MENTAL HEALTH AND WELL-BEING. THERE ARE SUGGESTIONS THAT PEOPLE WHO ARE OFTEN BULLIED DURING CHILDHOOD ARE MORE THAN TWICE AS LIKELY TO USE MENTAL HEALTH SERVICES DURING CHILDHOOD OR ADOLESCENCE. AS SUCH SCHOOLS NEED TO TAKE A CLOSER LOOK AT HOW THE *SCHOOL ENVIRONMENT CONTRIBUTES TO MENTAL HEALTH AND WELL-BEING PROBLEMS.*

TEACHER MENTAL HEALTH

IS IT FAIR TO PUT THE ONUS ON THE TEACHERS TO IDENTIFY AND RECOGNISE SYMPTOMS, AS WELL AS HAVING THE “CONFIDENCE TO REASSURE AND SUPPORT A YOUNG PERSON IN DISTRESS”? ***DOESN'T THAT PUT QUITE A LOT OF PRESSURE ON ALREADY OVERWORKED TEACHERS?***



WHAT DO THE NEWSPAPERS SAY?

Two in five newly qualified teachers experience mental health problems.

It's time to support the mental health and wellbeing of teachers.

Third of teachers have mental health issues.

Burned out: why are so many teachers quitting or off sick with stress?

SCHOOL ENVIRONMENT & WORKLOAD

WORKLOAD AND WORK-LIFE BALANCE WERE CITED AS THE TOP WORK-RELATED REASONS. SYMPTOMS AND ISSUES SUFFERED APPEARING SIMILAR ACROSS ROLES AND LEVELS OF SENIORITY.

“THE WORKLOAD WAS RELENTLESS AND DESPITE ASKING FOR SUPPORT TO LOOK AT WHERE I COULD CUT IT DOWN, I RECEIVED NO GUIDANCE. I BECAME EXHAUSTED AND AS A RESULT BROKE DOWN IN FRONT OF MY CLASS.”

WHAT IS NEEDED

- INCREASING MENTAL HEALTH SUPPORT AND OPENING THE DEBATE ABOUT MENTAL HEALTH IN SCHOOLS CAN ONLY HELP TO REDUCE STIGMA.

BUT

- ***THIS SHOULD ALSO INCLUDE A STRONGER COMMITMENT FROM THE GOVERNMENT TO INVEST IN IMPROVING THE WIDER FACTORS THAT IMPACT ON MENTAL HEALTH AND WELL-BEING OF BOTH CHILDREN AND TEACHERS.***

TEACHER MENTAL HEALTH PROBLEMS: EARLY INTERVENTION & PREVENTION

- ***SLOWING THE PACE OF CURRICULUM AND NATIONAL EDUCATION POLICY CHANGE.***
- ***STRONGER GUIDANCE TO ENABLE SCHOOL LEADERS TO PROVIDE SUPPORT FOR STAFF IN ORDER TO CREATE MORE POSITIVE CULTURES IN SCHOOLS.***
 - ***A REDUCTION IN WORKLOAD.***

OR

MEDITATION/YOGA CLASSES

RELAXATION EXERCISES

'QUIET ROOM'?

MH & RESILIENCE AND RELATED PRACTICE

- **THE WHO DEFINES MH AS** A STATE OF WELL-BEING IN WHICH EVERY INDIVIDUAL REALISES HIS OR HER OWN POTENTIAL.....
- **RESTORATIVE/SOLUTION-FOCUSSED PRACTICE** – RISKY IF APPLIED WRONGLY!!!
- **STRENGTHS-BASED CBT:** WE DEFINE STRENGTHS AS STRATEGIES, BELIEFS, AND PERSONAL ASSETS USED WITH RELATIVE EASE THAT CAN PROMOTE THE POSITIVE QUALITY ONE IS TRYING TO BUILD, IN THIS CASE, RESILIENCE (PADESKY AND MOONEY, 2012).



A WAY FORWARD

- JOINED UP WORKING, INCLUDING STRENGTHENING PARENT-TEACHER/PRACTITIONER PARTNERSHIPS.
- BUILDING RESILIENCE – ‘TARGETS’.
- LISTENING TO YOUNG PEOPLE & **TEACHERS!**
- MORE DISCUSSION NEEDED AROUND MH IN EARLY YEARS(PREVENTION/EARLY INTERVENTION).
- HEAD OF WELLBEING – ‘WELLBEING ROOM’ – CONSISTENCY.

SUMMARY

- **DEVELOPMENTS AND PROVISION AROUND CHILD/ADULT MH STARTED TO TAKE SHAPE IN THE EARLY 1900S.**
- **HAS BEEN INFORMED AND SHAPED BY DIFFERENT POLICES AND GOVERNMENTS OVER TIME.**
- **CONTRADICTIONARY MESSAGES RE CURRENT STATE OF MH PROVISION & SUPPORT – WITH NEW PROMISES BEING MADE BY THE PM.**

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