

Mental health? Challenge accepted

A scaffold of achievable challenges can build a bridge between educational and psychological help for vulnerable young people

Everyone gathers round the bus to cheer and wave goodbye to our pupils as they start off from London to Wales for a week of outward bound activities. Nothing unusual about that perhaps, except our small group sitting on the bus is made up of Year 10 and 11 pupils with anorexia, anxiety disorders, post psychosis and depression.

Many teachers feel that by referring a child to Child and Adolescent Mental Health Services (CAMHS) they have done their job and it is then a matter of waiting for the various psychiatrists, therapists or psychologists to sort the problem out. For some, there is also belief in the myth that young people suffering with mental health challenges should enjoy an absence of stress ie, little or nothing in the way of challenge.

But there is an alternative way to look at the situation; our experience as a special school is that, in the face of health struggles, an appropriate degree of academic or social challenge (the right amount of positive stress or “beneficial stimulus”) – such as a residential trip away – actively supports recovery. And that has to come from teachers, as well as in sessions with CAMHS.

Attending and taking part in school life can prove as important to the recovery of young people with mental health challenges as re-engaging in working life is to adults facing similar challenges. Our aim, therefore, is to normalise and include, and for our staff to provide an effective bridge between educational and psychological help.

We do this by trying to provide a scaffold of appropriate and achievable challenges.

A set framework

On entry to the day school, everyone signs an agreement outlining expectations around

being ready to change and grow and developing independence and resilience. We are clear about the terms and what they mean with both staff and pupils and address surrounding issues as sensitively but directly as possible.

Pupil-led strategies

Pupil voice is important here. Extended ill-health can have an impact on a number of key areas for any teenager: chiefly their freedom and autonomy but ultimately also on their sense of power, confidence and hope for the future. Enforced restrictions, such as supervised toilet breaks or naso-gastro tubes, have an obvious and ongoing impact on both a young person's self-image and self-esteem.

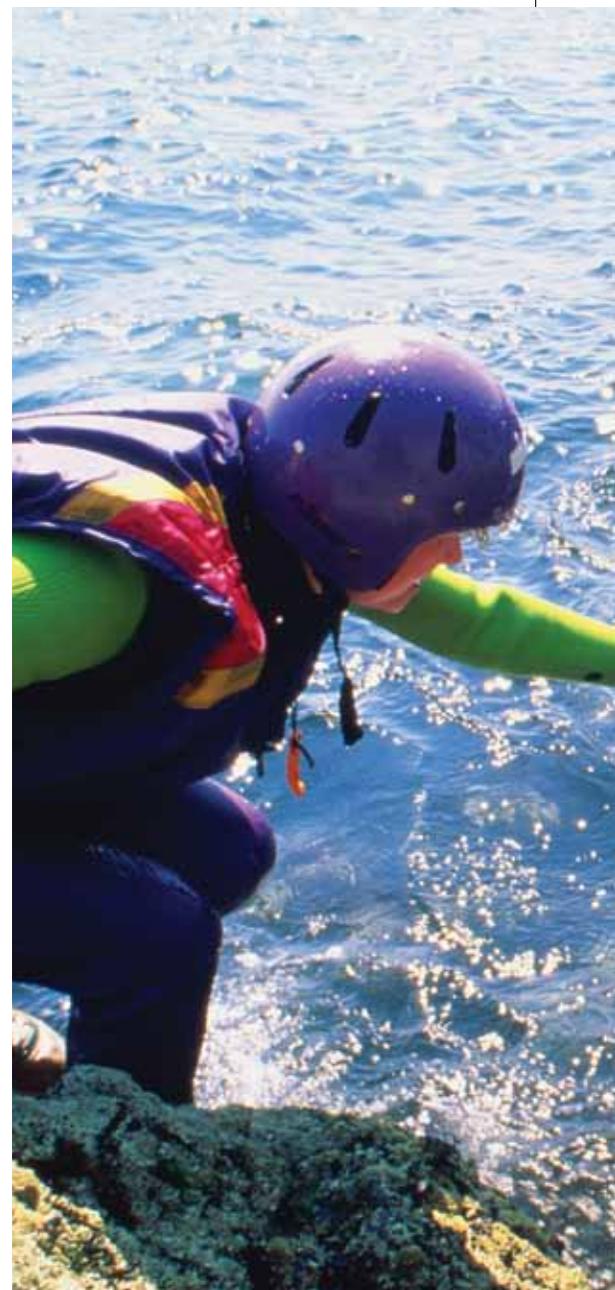
For this reason, each young person here is given as loud a voice as possible in their own education, health and care planning. We do this through students creating their own wiki – a personal website that details the skills, aspirations and needs of the individual. Multimedia advocacy is a great way of using media that young people tend to be already quite confident with so that they can more effectively communicate their needs and wants. This is especially important for those who may have difficulties with communication or who are involved with a large number of professionals across a number of sectors.

Open communication

To set an appropriate challenge, we must ask: what does this young person need academically or socially to make progress? How much stretch is appropriate? What is the right goal to set? How can we help and support them in achieving that goal?

As teachers, we tend to have access to the answers to these questions. It requires good relationships, good communication, collaboration and mutual respect.

In order to achieve this, difficult questions (or questions that can feel difficult to ask) are raised. Finding a safe and consistent way of doing this, is, as adults, our key challenge.



Staff need to be empathetic, engaged and flexible, as well as boundaried. While we watch what we say, we are conscious not to avoid potential issues or difficulties because we are afraid of saying the wrong thing. We try to find ways of keeping channels of communication open even with those young people who feel very shut down. Our best resource for this is each other, both as a sounding board for new strategies and through detailed transactional analysis of what works. Our daily handover meeting will often focus on what we call “micro-exchanges”: the almost imperceptible interactions that occur hundreds of times between the various members of our school on a daily basis.

A sense of community

The main challenge we face in children attending school on the sixth floor of a hospital for any extended period is in making it mirror (as closely as we can) a collegiate



Q:

How can I promote positive mental health in my classroom?

A:

Here are five tips to help you make mental health a priority:

1 Talk about it

I promote discussing mental health during daily life and think it's extremely important that we break the silence around this topic. Engaging in conversations will bring down barriers, spread positivity and build and cement relationships.

2 Make time for meditation

Meditation can introduce a sense of calm to your classroom, particularly before or after transitions. You can either lead it with some classical music or invest in a meditation CD. Any opportunities you can provide for a peaceful atmosphere will be precious.

3 Seek out resources

Time to Change provides free online resources to help you introduce the topic of mental health to students. The Young Minds website also provides information aimed specifically at children, to help break down barriers even further.

4 Appoint a champion

To make sure the subject of mental health doesn't slip through the gaps, appoint a positive mental health champion within the school. This can lead to holding whole-school events such as "wellbeing weeks".

5 Ask a pupil to lead the way

The pupil voice is dynamite. Appoint at least one child to be an additional mental health champion and you can guarantee that, if managed well, positive mental health awareness will be high. ●

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Want to ask a question?

Send your queries to Tracey @behaviourteach and join her for a weekly Twitter chat on Mondays during term time from 8-8.30pm by following the #behaviourchat hashtag.

experience and fostering a real sense of belonging and collective responsibility.

This is one of the main drivers for progress in most educational settings, but it is something that can be easily lost in a clinical environment.

Year 11 left with hoodies and a yearbook like many of their mainstream peers. They had opportunities to volunteer in a local special school for children with complex needs and were encouraged to peer mentor new arrivals to the school.

Confidence in teaching skills

Trips like the one referred to at the start of this article are essential. Many teachers planning an outward bound course might instinctively prefer not to take young people who are unwell – in a well-meaning way – “for their own good”. In this way, young people with mental health challenges can be quietly, and literally, left behind.

Such exclusion through kindness exemplifies how teachers can unwittingly sideline young people with psychological difficulties. It is not a deliberate action, but it is because, in truth, they believe that they, as teachers, lack the skills to work with them; the idea being, that young people like these need experts.

But teachers *are* experts; experts in the development of young people. Teachers know what steps a particular young person needs to take to develop and they usually know how to help them take the steps that are both essential and integral to recovery.

All of our students arrived safely back from their excursion to Wales. Most returned with previously untapped skills and resources that they never knew they had. ●

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