



Mental health in schools: lecture outlines

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“Our love for children is undiminished. Their innocence and energy, their happiness and welfare must be protected and treasured. It is their laughter that I yearned for while in prison.”

Nelson Mandela

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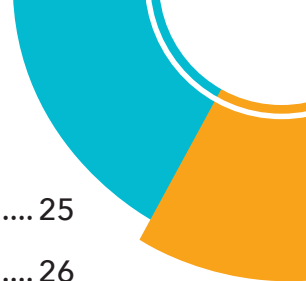
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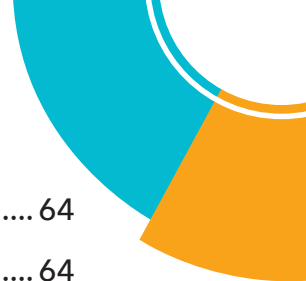
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Lecture 1

Introduction and background

Learning objectives

- Understand the overall structure and objectives of the school mental health training.
- Describe the important role schools play in mental health.

Target audience

This training is primarily intended for those involved in the education process:

- teachers;
- school administrators;
- nurses;
- social workers;
- school counsellors;
- educational policy-makers;
- nongovernmental organizations.

Objectives of this training

- The importance of mental health in a school setting.
- Incorporating mental health into healthy schools initiatives.
- How mental health can be promoted in school settings.
- Child development.
- Age-appropriate behavioural management strategies.
- Disciplining and management of disruptive behaviour.
- Warning signs of mental illness in school children, distinguishing that from emotional distress.

- Appropriate interventions for psychiatric disorders.
- Resources that can be accessed by educators.

Overview of the training

This training consists of lectures, group discussions, activities and role plays. There is also a reference manual, which includes appendices with additional resources.

Health and mental health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization).

There is no health without mental health (U.S Surgeon General David Satcher).

Approximately one in five children display signs of poor mental health and, at any given time, meet the criteria for a mental illness (UK Department of Health, 1995; Merikangas, et al. 2010).

About half of all mental illnesses begin in childhood and adolescence (Kirby and Keon, 2004).

Schools are vital in mental health promotion and prevention

Schools have a great opportunity, not only to identify and support children who are experiencing emotional difficulties, but more importantly, to promote overall emotional well-being and social and moral development.

Background

There is a need for more teacher training on mental health and a more proactive approach towards mental health in schools.

School experiences are important in children's intellectual development and psychological well-being. There is a close connection between emotional health and academic achievement. Positive emotional and social well-being leads to greater satisfaction with the family and better relationships with friends (Gutman and Feinstein, 2008).

Effective social and affective education directly benefits academic attainment and improves teachers' effectiveness and satisfaction.



Why should schools invest in mental health?

Academic achievement, retention and dropping out

Children's well-being is linked to their academic achievement (Gutman and Feinstein, 2008).

Student effort is highly correlated with more positive academic outcomes (Stewart, 2007).

School programmes that focus on social, emotional, and academic learning have been found to improve school attitudes, behaviour and academic performance (Zins, et al., 2004).

Social development (including meaningful peer relationships) can improve academic achievement; negative peer pressure or social disapproval towards school work might lead to drop-out (Stewart, 2007; Nichols and White, 2001).

Accessibility

Students spend approximately 15 000 hours from kindergarten to completion at school.

Schools are accessible for mental health promotion, prevention and intervention.

They provide a more familiar and less stigmatizing or threatening environment for students in need of help.

Risk reduction

Strengthening student protective factors and resilience reduces negative risks and outcomes for the vulnerable child.

Promoting school mental health helps reduce violence and juvenile crime.

Early identification of children with mental illness alters their experience of school.

Teacher wellness

Teaching can be both rewarding and challenging.

Working with children, in particular those who have mental health problems, can be very challenging and stressful.

Learning about school mental health will help teachers, and not just be "one more thing to do".

Enhancing students' emotional health can improve satisfaction and retention among teachers.

For more information on teacher wellness, please see Appendix 1 of *Mental health in schools: a manual*.

Social aspects

Children often establish deep and lasting relationships with teachers, school staff and peers at school: these relationships are also protective and supportive.

Children learn to express themselves and participate actively in social activities at school and in community projects.

Schools influence the adoption of both healthy and unhealthy behaviours.

Exercise

Please divide yourselves into groups of four.

Take 15 minutes to discuss the following topic.

In your experience how does mental health impact your students?

Can you recall cases where mental illness impacted a student's learning?


Please have one member of each group report back to the larger group in 15 minutes.

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Lecture 2

Normal child development 1

Learning objectives

- Understand the social and emotional development of the preschool child and how to promote healthy development.
- Understand the development of the school-aged child among social and emotional domains and how to promote healthy development.

Child development

Children change constantly beginning on the day they are born and develop in multiple domains, but not always evenly. Understanding child development is very helpful in differentiating typical from atypical development, and hence understanding typical versus atypical behaviour. Development is characterized by processes by which individuals uniquely adapt to their environment. Development is dynamic, and even students of the same chronological age are on a continuum.

This training will emphasize the social and emotional development of pre-schoolers, children and adolescents and what educators can do to support such development.

Domains of child development

Motor

This is divided into:

- gross motor development: the functioning of large muscle groups responsible for functions such as walking;
- fine motor development: the functioning of small groups of muscles such as those responsible for holding a pencil.

Cognitive

This covers functions such as memory, reasoning and problem-solving.



Language

This is divided into:

- receptive language development (the ability to understand what others are saying);
- expressive language development (communicating to others).

Social

The ability to establish connections and interact with others.

Emotional

Personality traits, e.g. ability to handle frustration.

Stages of development: developmental tasks of pre-schoolers

1 year old

Social and emotional milestones

- Is shy with strangers.
- May cry when their caregiver leaves.
- Has preferences, like favourite items or people.
- Hands you a book when they want to hear a story.
- Repeats sounds or actions to get attention.
- Puts out their arm or leg to help with dressing.
- Plays games such as "peek-a-boo".

Strategies to promote healthy development

- Play games (e.g. peek-a-boo).
- Read and sing with children.
- Join in their play.
- Encourage children to play near other children, even if they do not play together.

- Play basic games that involve turn taking.
- Invite the child to do what they can do for themselves (e.g. taking off shoes or putting a book away).

2 years old

Social and emotional milestones

- Imitates others, especially adults and older children.
- Gets excited when with other children.
- Is increasingly independent.
- Plays mainly beside other children, may start to play with others.
- Tantrums are a typical way children may express their frustration.

Strategies to promote healthy development

- Provide consistent and predictable routines so that children learn what to expect.
- Give children warnings before the end of an activity.
- Encourage children's growing independence by letting them try things on their own.
- Respond to desired behaviours more than you attend to undesired behaviours.
- Provide choices (e.g. "Do you want the blue or red paper?").
- Help children learn about their feelings by labelling them.

3-5 years old

Social and emotional milestones

- Interested in new experiences.
- Cooperates with other children.
- Increasingly inventive in fantasy play.
- Increasingly independent.

- Often cannot distinguish between fantasy and reality.
- More likely to agree to rules at times.
- Sometimes demanding and sometimes eagerly cooperative.
- Want to be like their friends.

Strategies to promote healthy development

- Encourage group play; be prepared for disagreements and challenges.
- Expect the child to have simple responsibilities and follow basic rules.
- Establish limits and adhere to them.
- Help the child be responsible and discover the consequences of their behaviour.
- Provide outlets for emotional expression.
- Provide opportunities for talking about themselves and their family.
- Strengthen positive self-esteem.
- Promote independence.
- Provide plenty of play space and provide for rest.
- Read to/with the child.

6-12 years old

As children enter regular school they are expected to:

- play next to and with peers, and to respect space;
- play games and sports with peers;
- work productively with other peers and with staff;
- develop their masculine and feminine roles and dress;
- develop reading, arithmetic and writing skills;
- exhibit normal everyday skills including eating meals, going to the bathroom alone, and waiting for their turn;

- develop a sense of right and wrong;
- develop increasing autonomy.

6-8 years old

Social and emotional milestones

- Growing independence.
- Common fears - problems in the family, failure, rejection.
- Friends often from same neighbourhood and same sex.
- Showing more nurturance.
- Commanding younger children but following after older children.
- Starting to see others' points of view more clearly.
- Defining themselves in terms of appearance, activities, possessions.
- Fewer angry outbursts.
- Learning how to resolve conflict.
- Becoming more self-conscious.
- Chattering common.
- Inner control being formed.
- May still be afraid of the dark or monsters.

Strategies to promote healthy development

- Encourage non-competitive games and help set individual goals.
- Give lots of positive attention.
- Let children help define the rules.
- Talk about self-control and making good decisions.
- Talk about why it is important to be patient, share and respect others' rights.

9-12 years old

Social and emotional milestones

- To win, lead or be first is valued (e.g. to be the “boss”, unhappy if they lose a game).
- Often attached to an adult other than their parent (teacher, club leader, coach).
- Quote their new “hero,” try to please the person, and strive for attention from them.
- Influenced by both peers and family.
- Feelings hurt easily and mood swings normal.
- Sensitive to negative feedback.
- Difficulty dealing with failure.

Strategies to promote healthy development

- Teach children to learn from feedback. Ask, “How could you do that differently next time?”
- Always be alert to the feelings associated with what is said.
- Give positive feedback for successes.
- Offer activities that help children feel proud of who they are and what they can do.
- Balance activities between high-energy and quiet activities.

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Lecture 3

Normal child development 2

Learning objectives

- Understand developmental tasks for primary and secondary school-aged children (continued).
- Describe moral development in children and how to promote it.
- Recognize the role of brain development and its relation to schooling.

The primary school-age child (6-12 years old)

Several difficulties may emerge during this stage; some of these are common and some may warrant more careful investigation. Educators are in a position to help students navigate these typical challenges by continuing to educate students about what is and is not appropriate. Teachers are in a position to be powerful role models and teach children the necessary skills to manage problems that are part of typical development.

While some of the behaviours listed as areas of concern are also a part of typical development, the key distinction is the frequency, duration and level of behaviour.

Typical difficulties of primary school-age children

- Arguments/fights with siblings and/or peers.
- Curiosity about body parts of males and females.
- Testing limits.
- Limited attention span.
- Worry about being accepted.
- Lying.
- Not taking responsibility for behaviour.

Atypical difficulties of primary school-age children (warranting further investigation)

- Excessive aggressiveness.
- Serious injury to self or others.



- Excessive fears.
- School refusal/phobia.
- Frequent excessive or extended emotional reactions.
- Inability to focus on activity even for five minutes.
- Patterns of delinquent behaviours.
- Fire fixation, fire-setting.

The secondary school-age child (12-18 years old)

Adolescence is a time of significant change, beginning with puberty, which now occurs at earlier ages.


Adolescents go through a complex stage where they separate from parents to find their place among their peers. During this stage, adolescents often “try on” several identities as they determine where they best fit among others and are more comfortable with themselves.

Advances occurring during adolescence

- Achieving more mature peer relations.
- Achieving a masculine or feminine social role.
- Accepting one’s physical strength.
- Achieving emotional independence.
- Beginning preparations for marriage and family life.
- Beginning preparations for making a living.
- Acquiring a set of values and ethics or an ideology as a guide to behaviour.
- Developing socially responsible behaviour.

Social and emotional milestones

- Heightened level of self-consciousness.
- Belief that no one else has ever experienced similar feelings and emotions.

- 
- Exhibit the “it can’t happen to me” stance.
 - Become very cause-oriented.
 - Exhibit a “justice” orientation.
 - Establishing an identity.
 - Establishing autonomy.
 - Establishing intimacy.
 - Becoming comfortable with one’s sexuality.

Strategies to promote healthy development

- Create an atmosphere of respect, trust and honesty.
- Be considerate of students’ privacy.
- Empathize with the students’ perspective.
- Pick your battles – is this battle really worth fighting?
- Maintain your level of expectations, don’t write off negative behaviour as typical teenage behaviour.
- Know the warning signs when behaviour becomes dangerous.
- Notice changes in a student’s behaviour.

Several adolescent behaviours, while challenging, are part of **typical development**, including mood swings, self-involvement, testing limits and peer conflicts.

Educators are in an important position to identify atypical and problematic behaviours. If they identify any warning signs, they should not hesitate to contact the student’s parents or request a consultation with a professional.

Moral development

Several theorists such as Jean Piaget (1932/1965) and Lawrence Kohlberg (1963) have described phases of moral development.

Moral development involves:

- developing an ability to tell the difference between right and wrong;
- utilizing this knowledge to make decisions;
- morality.

Like social-emotional development, morality develops in phases and is influenced by multiple factors.

Moral development (age < 10 years)

Typical moral development

- Children see the world through the lens of other-directed morality, such as authority figures (parents, teachers).
- Rules are seen as absolute and unbreakable.
- Children's understanding of why these rules should be followed is generally based upon their appreciation of consequences associated with breaking the rules such as being punished.

Strategies to promote healthy moral development

- Set a good example through your own behaviour.
- Explain to children the reasons behind a rule.
- Demonstrate to them how one behaviour is better than another.
- Use storytelling to demonstrate moral situations.
- Praise the child for following a rule and bring their attention to how it made others around them feel ("Did you notice how Sarah felt when you shared your toys with her?").
- Encourage children to show empathy towards others, like writing them a card if they are sick.

Moral development (age 10+ years)

Typical moral development

- Children's morality changes as they develop an ability to view situations from other people's perspectives.
- Their appreciation of morality becomes more self-directed and less "black and white" and absolutist in nature.
- Children will generally have begun to view moral rules as socially agreed guidelines designed to benefit the group.
- Children still feel that it is important to follow rules, however these rules are viewed as guidelines that are meant to benefit society rather than inflexible orders they need to just follow.
- Children realize that choices should not be just based on the fear of negative consequences.

Strategies to promote healthy moral development

- Encourage volunteering.
- Encourage debate about complex moral situations. You may consider splitting the class into two groups, each representing a different point of view and arguing the merits of each perspective.
- Use social studies and historical examples to raise complex moral and societal issues.

Brain development and schooling

There are key aspects of brain development that are important for educators to be aware of in order to better understand child and adolescent behaviour.

Difficulties with specific areas of the brain can impact behaviour, and it is important to consider typical brain development when deciding on expectations in the classroom, as well as how to address challenges in the classroom.

Different areas of the brain serve different functions such as controlling the prefrontal cortex. This is involved in decision-making and the ability to control behaviour, skills

frequently referred to as executive functioning, impacting students' abilities to solve problems and control impulsive behaviour in the classroom.

Other areas of the brain serve different functions such as controlling speech, vision, hearing, language and reading.

Differences in brain functioning and behaviour

Some children are born with genetic problems or medical conditions that may impact specific parts of the brain and affect how they function academically.

The brain area related to language, speech and sensory analysis impacts the child's ability to share learned information through speech. For example, due to stuttering, a child may not be able to show their actual reading proficiency and may also have a sensory processing problem, where the environment is perceived differently to other students.

When the brain area related to processing problems is involved, the child may understand a concept but may not be able to explain it in response to a verbal question.

For one type of sensory processing problem, a child may be especially sensitive to their physical environment, such as having difficulty tolerating normal lighting, being more sensitive to noises, disliking being touched. Due to this condition, the child may appear nervous and withdrawn in the classroom.

Brain impairment related to trauma

It is also possible for children and adolescents to develop difficulties over time with how their brains function, e.g. being in an accident, suffering a traumatic brain injury or being exposed to trauma. Although these changes are not always permanent, it is important for an educator to consider how a child's behaviour may change during these circumstances. For instance, when a child is in an accident, areas of their brain may also be effected and therefore impact their behaviour. Although early trauma may differ from an accident where there is not physical injury to the brain, it can still impact how the brain functions and how the child behaves. For example, a child who experiences ongoing abuse may have actual physical changes to their brain that impact sleep, mood and attention, and cause them to remain in a state of fear.



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Lecture 4

Mental health-promoting schools 1 (promotion and prevention)

Learning objectives

- Describe the characteristics of a good teacher.
- Describe the characteristics of a good school.
- Identify the values of a mental health-promoting school.

Mental health-promoting schools

Schools should focus on the promotion of the emotional well-being of their students as an important variable influencing academic success.

School programmes

School programmes that focus on social, emotional and academic learning improve school attitudes, behaviour and academic performance.

School support buffers against the effect of child victimization and vulnerability to substance abuse, early pregnancy and quitting school. Schools are powerfully positioned to play a major role in such promotion.

Teachers

Teachers educate students while they serve as role models from whom students can learn important life skills such as emotional regulation, dealing with conflict and frustration and modelling moral and ethical characteristics.

Exercise 1

Please divide yourselves into groups of four.

Take 10 minutes to discuss the following topic.

Discuss the characteristics you think should be seen in a good teacher.

Please have a representative report back to the larger group.



Characteristics of a good teacher (Minhas, Nizami, Minhas, et al., 2008)

A good teacher:

- is empathetic;
- sets age-appropriate tasks and uses age-appropriate discipline;
- understands developmental stages of children;
- is attuned to verbal and non-verbal communication;
- communicates effectively and clearly;
- makes their expectations about children's behaviour clear;
- arranges the physical and interpersonal environment of the classroom in a way that supports teaching.

Exercise 2

Please divide yourselves into groups of four.

Take 10 minutes to discuss the following topic.

Discuss the characteristics you think should be present in a good school.

Please have a representative report back to the larger group.

Characteristics of a good school (Minhas, Nizami, Minhas, et al., 2008; Zins, Weissberg, Wang, et al., 2004)

- Caring relationships between students and teachers.
- Staff involved in decision-making.
- Partnership between schools and families.
- Physical and interpersonal environments are safe and orderly.
- Student body is diverse.
- Strong leadership.
- Cooperative learning and proactive classroom management.

- Rules and limits are clearly defined and fairly enforced.
- Positive disciplinary style.
- Students involved and given responsibility in some aspects.
- Frequent assessment of students' progress.
- High academic expectations.
- Focusing not only on academic issues and results.

Core values of mental health-promoting schools

- Caring for all.
- Valuing diversity.
- Building self-esteem.
- Building relationships.
- Ensuring safety.
- Encouraging participation.
- Fostering independence.
- Early identification and intervention to promote well-being.
- Support and training for teachers and other staff.

Caring for all


It is important to foster a culture of understanding that views students who have difficulties as "in need of help" rather than as a burden.

Practical steps to promote a caring environment

- Communicate through one's actions that all students are valuable.
- Create an environment that doesn't discriminate.

Valuing diversity

Appreciate how diversity (ethnic, religious, disability status) contributes to the education of all.



Teachers should communicate positive attitudes to children with special needs so that other students will follow.

Practical steps to promote diversity

- Establish a buddy system.
- Having students with special educational needs in mainstream classrooms has a positive impact on other students, particularly in developing their social skills.

Building self-esteem

Schools have a fundamental role to play in the development of positive self-esteem in students (Rutter, Giller & Hagell, 1998). Being in situations where they consistently experience failure at school may have a detrimental impact on their self-esteem.

Practical steps to build self-esteem

- Give children responsibility and leadership roles when possible.
- Praise rather than reprimand.
- Foster cooperation rather than competition.

For older students

- Create activities that allow them to demonstrate competence (<https://connectability.ca/en/>) such as “I am special book”, “Things I am good at”, “My hand activities”.

For younger students

- Use scripted role plays with puppets to develop feelings of self-esteem by brainstorming ideas about what to do when children feel sad.
- Use beads to have children make bracelets; each bead should represent something they like about themselves.

Building relationships

Good relationships are very important. Greater cognitive and affective achievement has been linked to more cohesive relationships within the classroom. Poor relationships tend to lead to depression and absenteeism in students and teachers (Weare, 2000).

Practical steps to build relationships

- Each student must be valued for who they are.
- Teachers themselves should model relationships.
- Liaising with parents is of paramount importance.
- Group work and activities provide a good opportunity for alliance building.
- Procedures should be in place for teachers to manage potential differences with colleagues and students.

Ensuring safety

It is of paramount importance for children to feel physically and emotionally safe in the school setting. This is even more important for students with disabilities (physical and emotional). Aggressive behaviour may threaten students and cause them to withdraw (Peterson and Skiba, 2000).

Practical steps to ensuring safety

- Establish a school-wide policy on bullying.
- Deal with any form of threatening behaviour rapidly and effectively.
- Ensure that teachers and staff are approachable.

Encouraging participation

The most effective schools are those that create a positive atmosphere based on a sense of community. Effective participation is facilitated when school staff actively consult with students and their parents (Weare, 2000).

Students are more likely to cooperate with regulations which they had a say in developing.

Practical steps to encourage participation

- Allow students a say in running the schools, such as student councils.
- Display students' work and call attention to their achievements.
- Ensure parental involvement.

Fostering independence

An important role of schools is to empower students to become independent. Learning is more effective when students are encouraged to think for themselves (Weare, 2000).

Practical steps to foster independence

- Give students age-appropriate responsibilities.
- Provide opportunities to share views.
- Provide programmes that develop leadership, encourage debate and improve negotiation like the global model united nations programmes.

Early identification and intervention

Identify and address problems at an early stage. By intervening early it is likely that more serious mental illness can be averted (Rutter, Giller & Hagell, 1998). It is important for educators to balance the risk of “labelling” a child at an early age with the importance of early identification.

Practical steps for early identification and intervention

- Schools should have policies and standard procedures for identification and referrals.
- It may be hard at times to determine whether a behaviour is problematic. For example, pre-schoolers can be very active. How do you determine if the child falls in the normal range of activity or is hyperactive?

Support and training for teachers and other staff

Working with children who have mental health problems can be very challenging (Hanko, 1995). Workload and student behaviour were found to be significant predictors for depression in teachers (Ferguson, Frost & Hall, 2012). A teacher who is overwhelmed has more difficulty supporting their students.

Practical steps for support and training for teachers and other staff

- Create a culture that encourages teachers to discuss difficulties.
- Establish teacher support groups and allow peer-peer consultations or consultations with the school psychologist.

- Help teachers reconnect with why they became educators.
- Create an environment that is positive and fosters development.
- Provide training in behaviour management techniques.
- Help teachers understand that difficult behaviour in children may be a cover-up for circumstances the child is experiencing.

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Lecture 5

Mental health-promoting schools 2 (promotion and prevention)

Learning objectives

- Learn about behavioural management strategies at school.
- Understand the basics of counselling.
- Introduce techniques such as circle time and life skills education.

Behavioural management strategies for schools

Discipline is an important part of school life. A variety of strategies should be used to uphold discipline and manage disruptive behaviour. Negative discipline techniques like physical punishment, criticizing or threatening should never be used due to their harmful effects; it is much better to use positive discipline techniques.

Exercise 1

Please divide yourselves into groups of four.

Take 10 minutes to discuss the following topic.

Discuss the strategies that can be used in the class for disruptive behaviours.

Please have a representative report back to the larger group.

Practical steps to manage disruptive behaviours

- The best way is to take a preventative approach.
- Set reasonable and fair limits.
- Ignore unacceptable behaviour when appropriate. It is not appropriate to ignore behaviour when a child is causing damage or hurting themselves or others.
- Redirect or distract behaviours when possible.
- Point out natural and logical consequences.




- Help students develop decision-making skills.
- Help students develop alternatives to disruptive behaviours such as doing a productive task.
- Reward successes during the school day.
- Develop a multi-step plan with the student to help them wait patiently.
- Teach and reinforce positive strategies like sharing, negotiation, and cooperation.
- Do a countdown for the last several minutes of an activity to help with transitions.
- Praise students often for specific things they have done during the day.
- If a student resists following direction, shift the conversation to student choices and consequences.
- Set limits against aggression and communicate your expectations clearly.
- Be consistent, predictable, and fair.
- Teach children to control anger by giving them information about anger and teach them to use words to convey feelings.
- If a student becomes oppositional or upset, first recognize the reaction and then invite the student to consider alternatives.
- Reinforce desirable behaviour at every opportunity.
- Model positive behaviour and show students how you can handle frustration.
- Do not overdo any of the techniques. Be consistent and systematic.
- Do not humiliate or embarrass the student or criticize their personality or family; rather talk about the behaviour. Your tone of voice and attitude should remain friendly.

Basics of counselling

Teachers are not expected to be trained counsellors and should refer students who need counselling for professional help. However, teachers can use basic counselling skills in working with children.

Relationship building: establishing a relationship based on empathy, trust and respect.



Active listening: using skills such as maintaining eye contact, appropriate use of body language, nodding one's head and modulating tone to indicate empathy.

Interviewing skills:

- asking open ended questions: "can you tell me more about.....?" ;
- asking questions in a neutral non-judgmental way;
- using questions appropriate for the child's age;
- reflective listening that demonstrates that the teacher has accurately understood the child's experience.

Observation skills: observing the child's verbal and non-verbal behaviour.

Providing information: providing factual information and challenging misconceptions.

Circle time

Circle time (sometimes referred to as group thinking time) is an increasingly popular technique used to facilitate students' communication of their feelings and concerns at school .

How to implement circle time

- A facilitator encourages students to explore issues important to the group (classroom rules, bullying, etc.).
- Students should ideally sit in a circle to give them a feeling that they are in a safe and equal environment.
- The group should ideally consist of no more than 25 students.
- Rules of the group should be presented by the facilitators:
 - respecting the opinions of others;
 - allowing each student a chance to participate;
 - no one being forced to share their opinion;
 - respecting each other's confidentiality.
- The agenda for each meeting should be defined clearly.

Session structure


- Beginning: review the rules and present the discussion topic.
- Middle: the key issues are discussed.
- Closure: counsellor summarizes the discussions.

The facilitator's role is to actively listen, encourage participation and allows solutions to emerge. For younger children the facilitator may sit on a small chair or on the floor to be at the level of the students. Discussion topics include identifying feelings, managing emotions, and building self-esteem.

Life skills education

Life skills education is an important part of prevention and promotion efforts. It addresses the following.

- Managing conflict.
- Dealing with authority.
- Problem solving.
- Making and keeping friends.
- Cooperation.
- Self-awareness.
- Creative thinking.
- Decision-making.
- Critical thinking.
- Managing stress.
- Trust.
- Sharing.
- Sympathy.
- Compassion.

- 
- Sociability.
 - Self-esteem.
 - Planning ahead.
 - Empathy.
 - Dealing with emotions.
 - Assertiveness.
 - Active listening.
 - Respect.
 - Tolerance.

Life skills education techniques

- Hearing an explanation of the skill in question.
- Observation of the skill (modelling).
- Practice of the skill in selected situations in a supportive learning environment.
- Feedback about individual performance of skill.
- Practice of skill is facilitated by role-playing in typical scenarios.
- Using skills learning “tools”, e.g. by working through steps in the decision-making process.

Practice should start with skills learning in non-threatening, low-risk everyday situations and progressively transition on to their application in threatening, high-risk situations. Other important methods used to facilitate life skills learning include group discussion debate and story-telling

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Lecture 6

Other health-promoting efforts that impact mental health

Learning objectives

- Describe the role of healthy nutrition in a school setting.
- Understand the role of vision/hearing/speech for students.
- Define the role of physical exercise in health promotion.
- Understand issues associated with students' exposure to electronic media, including screen time, internet addiction and cyber bullying.
- Realize the important role played by parents in supporting their children's education.

Nutrition

- Proper nutrition is essential not only for a healthy body but also for a healthy mind.
- Nutritional deficiencies have an impact on cognitive and emotional development.
- Cognition, and consequently the ability to learn, is linked to vitamin and mineral deficiencies.
- Poor nutrition has general effects on cognitive development resulting in a lower IQ.
- Poor nutrition is the single biggest contributor to child mortality in the Region.

Malnutrition

- One third of children in the Region are underweight or stunted.
- Micronutrient deficiencies affect more than 30% of the population.
- The effect of under-nutrition on young children (age 0-8 years) can be devastating and enduring. It can impede behavioural and cognitive development, educability, and reproductive health, thereby undermining future work productivity (WHO, 1999).



- Vitamin (B, C, D and E) and mineral (calcium, iodine, iron, magnesium, selenium and zinc) deficiencies affect cognition and subsequently the ability to learn and retain knowledge.
- Behavioural problems may be increased, including:
 - deficient social skills;
 - decreased attention;
 - deficient learning;
 - lower educational achievement.

Both children who have stunted growth and those who are obese are more prone to develop self-esteem issues and mental illness. It is imperative that schools pay attention to the nutrition of their students and work with families towards ensuring children receive healthy diets. The WHO Nutrition-Friendly Schools Initiative is a school-based initiative with the potential to address the double-burden (undernutrition and obesity) of nutrition problems throughout the life course.

Core components of the Nutrition-Friendly Schools Initiative


- Having a written nutrition-friendly schools policy.
- Enhancing awareness and capacity-building of the school community.
- Developing a nutrition curriculum.
- Creating a supportive school environment.
- Providing supportive school nutrition and health services.

Eating disorders

These disorders present a group of conditions where those affected (most commonly females) develop an unhealthy relationship with eating. They are among the most grave of all mental disorders.

There are several types, including anorexia nervosa, where the person affected may suffer from a disturbed body image and abnormally low body weight. Affected individuals take extreme measures like restricting their food intake, over exercising, and inducing vomiting.

Another type is bulimia nervosa: in the purging type those affected typically binge



and regularly self-induce vomiting or misuse laxatives, diuretics or enemas after bingeing. In the non-purging type other methods are used to prevent weight gain.

Eating disorders may be life threatening and require professional care.

Vision/hearing/speech

Students who present with unidentified problems in vision, hearing or speech may be thought to have mental illness. They may find themselves struggling at school and subsequently be prone to low self-esteem and school avoidance. It is therefore important that educators be aware of that potential and refer students as needed for vision and hearing screening and speech evaluation.

Physical exercise

Regular physical activity has significant health benefits both in the physical and mental domains. Exercise improves strength and endurance, helps build healthy bones and muscles, can improve blood circulation and helps in weight control. It has beneficial mental health effects, including reducing anxiety and stress, maintaining a healthy body image and increasing self-esteem.

It also helps keep children occupied with healthy activities. There is evidence that links school-based physical activity to cognitive skills and improving academic achievement. Physical activity should be incorporated into the school curriculum. Students should be encouraged to participate with a goal of achieving 60 minutes of physical activity per day.

Media exposure

Screen time

The American Academy of Pediatrics recommends parental monitoring of “media time”. Likewise, with increased access to electronic media in schools and after school programmes, educators have a similar role to play. They should:

- limit the time children consume electronic media to 1–2 hrs/day;
- provide alternative activities for entertainment such as playing outside;
- monitor the type of media children are exposed to for language, violence, and sexual content.

Internet addiction

This is becoming an increasingly common problem. It may manifest in a school setting in different ways both direct and indirect; directly, students may find themselves spending excessive time online whether on school computers or hand held devices; indirectly, if the student is up all night on the internet, he/she may be late to school, appear tired or unfocused or may not come to school at all.

No specific criteria exist to diagnose internet addiction as it may vary from person to person, so there is no specific number of hours per day spent online that would indicate internet addiction. There are some warning signs (from helpguide.org):

- losing track of time spent online;
- having trouble completing tasks at school or at home;
- isolating from family and friends due to spending excessive time online;
- feeling guilty or defensive about your internet use;
- feeling a sense of euphoria while involved in internet activities.

Cyber bullying

Cyber bullying is a type of bullying that takes place using technology through different forms of electronic media, including social media, texts and emails by sharing rumours, embarrassing pictures or stories, and hate or racist speech.


Prevention of cyber bullying requires close collaboration between parents and school staff and interventions, including monitoring children's online presence and encouraging communication to school staff if the child or a friend is being cyber bullied.

The role of parents in their child's education

Parents have a pivotal role to play in the education of their children. "Nearly half of a child's achievement in school can be accounted for by factors outside the school, including parent support" (Professor Ronald Ferguson, 2007).

The parental role may be divided into several areas:

- supporting the child's education at school and at home;
- providing an environment that is conducive to learning at home;

- 
- communicating with school, and ensuring their child's academic attainment, emotional well-being and social development.

Areas where parents can support their children (Klepfer, 2001):

- attendance;
- attitude;
- education as a priority;
- support;
- being a role model;
- involvement;
- communication;
- providing an environment that is conducive to learning at home;
- maintaining a calm and quiet environment;
- providing adequate nutrition and encouraging physical activity;
- limiting the use of electronics;
- maintaining structure and insuring adequate sleep;
- encouraging reading and doing homework.

Maintaining active communication between schools and parents is essential as are regular parent-teacher conferences to discuss the child's progress and coordinate efforts. Organizations such as parent-teacher associations are intended to facilitate parents' involvement in schools.

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Lecture 7

Referring children in schools

Learning objectives

- Recognize when to refer a student to a mental health professional.
- Understand the different roles mental health professionals have in a school setting.
- Consider the role of privacy and confidentiality.

Exercise 1

Please divide yourselves into groups of 4-5.

Take 10 minutes to discuss the following topic.

Discuss when should educators refer a student to a mental health specialist.

Please have a representative report back to the larger group.

When to refer to a specialist for evaluation and treatment

- When behaviours/symptoms are getting worse rather than better.
- When behaviours/symptoms are negatively impacting the child's functioning at home or at school.
- When symptoms are severe or distressing.
- When there is risk of danger towards self or others.
- When classroom interventions in the classroom alone are not enough.

When in doubt it is always better to get a consultation. Some general behaviours and symptoms that may warrant a referral are:

- a sudden drop in scores or academic performance;
- sudden withdrawal or isolation from peers;
- being too emotional or quick to anger;
- frequently getting into fights or defiance;



- pervasive sadness and crying;
- exhibiting bizarre behaviours like responding to things that are not there;
- becoming mute or disengaged;
- truancy;
- appearing too tired or sleepy in class on a consistent basis;
- repetitive behaviours;
- self-injurious behaviours (e.g. cutting, head banging);
- significant changes in weight;
- frequently leaving the class due to pains and aches that do not appear on weekends or holidays.

Roles and responsibilities within the school in regard to mental health

Everyone has a role to play in promoting mental health and providing a safe and emotionally healthy environment. School staff should work very closely with families, and if a child is in need for a referral, the family should be consulted first and provide consent. Some of the primary stakeholders in relation to a child's mental health in a school setting include the following:

- Teachers.
- Parents.
- Social workers.
- Child and adolescent psychiatrists.
- Psychologists.
- Occupational therapists.
- Physical therapists.
- School nurses.
- Speech-language pathologists.
- Community leaders.

Privacy and confidentiality

It is important for any professional working with children with mental health challenges to appreciate issues of confidentiality. Parameters of privacy and confidentiality should be clearly delineated to the family to help them understand that staff will protect the privacy of the student's information and the confidentiality of what they disclose in an evaluation. The child and the family also need to be informed that if there are safety issues, such as a child wanting to harm themselves and/or others, staff will need to take appropriate action to ensure everyone's safety.

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Lecture 8

Strategies to address behavioural manifestations of common mental health problems 1

Learning objectives

- Understand general strategies that may be helpful for any child with emotional or behavioural difficulties.
- Identify behavioural manifestations and interventions that can be implemented for:
 - anxiety;
 - school refusal;
 - post-trauma reaction.

Points to consider

Childhood and adolescence are periods characterized by rapid developments, not only in the physical domain but also emotionally and cognitively. Most people go through this period without significant mental health problems; however, almost everyone experiences some emotional distress during their journey.

It is not necessary for teachers to diagnose a child with a mental disorder. Attempting to diagnose risks inappropriately labelling a child, alienating children and their parents, and requires specialized training. Rather, it is important for teachers to understand how to support the mental health of all students in the classroom, including those with mental health problems, and to determine when mental health problems are severe enough to require help from family members and/or a specialist.

In this lecture we describe some behaviours that may manifest in the classroom, and specific strategies to address those behaviours. Please refer to the mental health in schools manual for a description of these strategies that can be used to help students with difficulties. The strategies are colour-coded and organized into three categories:

- Tier 1 strategies: to address mild problems. Strategies are simple to implement and will likely benefit all students in the classroom.



- Tier 2 strategies: to address moderate problems, or if Tier 1 interventions are not sufficient to address problems. Strategies require specific activities tailored to the child with problems.
- Tier 3 strategies: to address severe problems, or if Tier 2 interventions are not sufficient to address problems. Strategies require specific activities tailored to the child with problems, and may necessitate the involvement of additional teaching staff.

In the manual and lecture handouts it is indicated whether each strategy is appropriate for implementation by teachers and/or parents and/or peers.

Universal strategies for helping children with emotional difficulties include:

- empathic listening and taking a supportive stance;
- modelling positive mental health strategies such as relaxation, mindfulness and managing stress, e.g. teaching students to tighten and loosen their fingers, toes, etc., and to breathe in slowly and deeply through the nose, hold as they count to 5, and slowly exhale;
- helping students challenge negative thoughts and problem solving;
- providing academic support/accommodations to help them during times of stress.

Anxiety problems

Students with anxiety problems may:

- feel afraid, anxious, angry, irritable and/or frustrated;
- “freeze” or be unable to participate in activities;
- demonstrate clinginess with caregivers and teachers;
- cry excessively, have tantrums;
- worry so much about getting everything right that they take much longer to finish their work;
- be afraid to talk, avoid talking or not say what they want because they are afraid they will stutter;
- refuse to begin out of fear that they won’t be able to do anything right;
- avoid school out of fear of becoming embarrassed, humiliated, or failing;

- fall behind in their work due to numerous absences;
- fidget;
- be easily frustrated.

Case study 1 (anxiety)

Mariam is a 12-year-old girl. She always appears worried and frequently bites her nails. She frequently leaves class with complaints of a headache that only occurs during school days. She is always worried about her family and if something bad would happen to them while she is at school, worried about her health and what will happen if she gets ill and worried about what others think of her. Sometimes when she gets anxious she feels her heart pounding and her body trembling, she becomes short of breath and starts to feel sweaty. She realizes that her worries are excessive but feels helpless confronting them.

Questions to consider

- What strategies could be implemented by the teacher to support Mariam?
- What strategies could be implemented by the parent to support Mariam?
- What strategies could be implemented by peers to support Mariam?
- Who else could support Mariam and how?
- When would you refer Mariam to a specialist?

Intervention

- Speak slowly and calmly, encourage breathing slowly.
- Break tasks down ("Right now we just need to walk to the playground to see the birds").
- Help the students consider the probability of events ("I'm afraid to get on the bus because it will crash." "Hmmm...what's the chances it will crash? How many buses do you see driving out there that are not hitting other cars?").
- Help students evaluate all the evidence for their conclusions ("I'm no good at maths." "Hmmm....What have your maths grades been for the past week? All good except today? Wonder why you had one hard day and the others all went well?").

- Model and practice positive self-talk ("I can do this.").
- Have students use a fear thermometer to identify what most frightens them and what to do when they are at different levels.
- Encourage student to utilize relaxation techniques (e.g. deep breathing, guided imagery, muscle relaxation).
- Use successive approximations: if the child is afraid of speaking in public, allow the child to speak alone in front of a mirror, record and play self, speak in front of a few friends then speak in front of the class.

Role play 1

Student: I am afraid to take the bus home... I know it will crash... I saw a school bus crashing on TV.

Teacher: I see that you are worried, but what are the chances that the bus will crash?

Student: I don't know, I just feel that something bad will happen.

Teacher: How many buses do you see out there that are crashing into other cars?

Student: I don't know, I guess not many?

Teacher: Yes not many! So how have you been coming to school?

Student: I take the bus every day!

Teacher: And how many times has it crashed?

Student: It has never crashed, I just feel it might but what you are saying makes sense, maybe I shouldn't be too worried.

Teacher: We all sometimes experience thoughts when we are nervous that may be unhelpful. What question can you ask yourself when you have a first thought that is unhelpful?

Student: Hmmm... I don't know.

Teacher: What about something like: What is the evidence for that? How do I know this is true?

Student: Thanks, I'll try to remember to ask myself those questions.

Case study 2 (school refusal)

Hatem is a 7-year-old boy. For the last 2 months almost every morning he has complained of a stomach ache when it is time for school and refuses to go. He was examined by his doctor, who was unable to find a cause for the pain. On weekends and holidays he is in good health and has no abdominal pain. His mother, Fatima, believes that her neighbour, with whom she had a conflict, has used black magic on Hatem that has made him unable to go to school. His mother gets angry with him every day and tries to drag him to school. He says he would rather stay home with his mother and that he worries something bad will happen to her while he is away. A few months back, while Hatem was at school his mother had a seizure and was hospitalized for a few weeks.

Questions to consider

- What strategies could be implemented by the teacher to support Hatem?
- What strategies could be implemented by the parent to support Hatem?
- What strategies could be implemented by his peers to support Hatem?
- Who else could support Hatem and how?
- When would you refer Hatem to a specialist?

Intervention

- Make school more magnetic (something to look forward to on arriving, such as playing with peers, etc.) and home less magnetic (no sleeping in, watching television or playing video games, etc.).
- Allow parents to send notes in the student's lunch (rather than phone the student while at school).
- Have the student use "strength" cards (e.g. superheroes, etc.) to recall strengths and powers to manage stress.
- Allow the child to spend time at first in the library or with other staff to ease them into the building (and reward efforts to get to the classroom).
- Introduce the student to next year's teacher and have parents visit next year's classroom during a vacation interval.

- Identify a hierarchy of staff to meet the child on arrival at school and other staff to whom the child can go if distressed during class time.

Post-trauma

Students with post-trauma problems may:

- feel anxious or irritable;
- have drastic mood changes or appear unusually sad;
- act younger than their age;
- be clingy and/or whiny;
- be impulsive and/or aggressive;
- be unable to perform previously acquired skills, even basic functions like speech;
- have difficulty concentrating;
- be preoccupied and become easily confused;
- lose interest in activities;
- become quiet and/or sad and avoid interaction with other children;
- not show feelings or appear “numb”;
- avoid activities or places related to the trauma;
- exhibit repetitive play with themes related to the trauma;
- have nightmares/flashbacks;
- have an exaggerated startle response;
- have difficulty sleeping.

Case study 3 (PTSD)

Amr is a 16-year-old boy who lives in a country that has recently experienced political unrest, and he personally witnessed a shooting. His teacher, Mr Mohamed, noted a big change in his attitude and classroom behaviour a few months after the school year started. He used to be a very bright and engaged student, pleasant and well liked by everyone. He was always attentive in class and eager to answer complicated maths problems on the blackboard. Recently, Amr has become very withdrawn and appears distracted, and his mood has changed to sad and irritable. He is also



noted to be “jumpy” and will jump off his chair on hearing any sudden noise. When a discussion of the revolution started in class, Amr appeared very distressed and started to sweat profusely. Amr has also become mistrustful and always seems to be “watching over his shoulders”. Amr admits to getting daily memories, flashbacks and nightmares related to the shooting he witnessed.

Questions to consider

- What strategies could be implemented by the teacher to support Amr?
- What strategies could be implemented by the parent to support Amr?
- What strategies could be implemented by his peers to support Amr?
- Who else could support Amr and how?
- When would you refer Amr to a specialist?

Intervention

- Make the school a safe, predictable place with normal routines (however, academic demands may need to be decreased for days to weeks depending on the severity of the trauma).
- Allow the students to deal with traumatic reminders at their own pace.
- Consider school events to minimize trauma (avoid unnecessary fire drills or discussion of historical events that force the students to recall the trauma).
- Teach relaxation techniques to diminish escalating distress; teach students to tighten and loosen their fingers, toes, etc., and to breathe slowly and deeply through their nose and hold as they count to five and slowly exhale.
- If a student shows distress, help them identify what triggered their distress (do this outside of class, and consider alternatives, e.g. reading different material, doing something to distract themselves while in class).
- Identify with the student “signals” such as raising a finger to allow the student to be excused if distressed.
- Identify coping skills such as alternative activities that the student can do such as independent projects or activities outside class.
- Help students recognize and think through their options and likely consequences when something distresses or reminds them.

- Allow the student to write reactions in a journal that can be put away or reviewed with the teacher or other staff members later.
- Allow the student to go see other staff to recoup and then return to class.
- Help the child recognize that their current situation is safe, so they are grounded and not afraid in the classroom.
- Provide “a minute” for the student to think of other things or do something else (get a drink of water, do a different task).
- Encourage the student to identify friends who can help support them and protect them in that moment.
- Allow the child to write down an intrusive thought or flashback to discuss with other staff.

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Lecture 9

Strategies to address behavioural manifestations of common mental health problems 2

Learning objectives

- Understand behavioural manifestations and interventions for:
 - depression or sadness problems;
 - suicidal behaviour;
 - hyperactivity, impulsivity and inattention problems.

Points to consider

In this lecture we describe some behaviours that may manifest in the classroom, and specific strategies to address those behaviours. Please refer to the mental health in schools manual for a description of these strategies that can be used to help students with difficulties. The strategies are colour-coded and organized into three categories:

- Tier 1 strategies: to address mild problems. Strategies are simple to implement and will likely benefit all students in the classroom.
- Tier 2 strategies: to address moderate problems, or if Tier 1 interventions are not sufficient to address problems. Strategies require specific activities tailored to the child with problems.
- Tier 3 strategies: to address severe problems, or if Tier 2 interventions are not sufficient to address problems. Strategies require specific activities tailored to the child with problems, and may necessitate the involvement of additional teaching staff.

In the manual and lecture handouts it is indicated whether each strategy is appropriate for implementation by teachers and/or parents and/or peers.

Universal strategies for helping children with emotional difficulties include:

- empathic listening and taking a supportive stance;

- modelling positive mental health strategies such as relaxation, mindfulness and managing stress;
- teaching students to tighten and loosen their fingers;
- teaching students to deep breathe in slowly through their nose, hold as they count to 5, and slowly exhale;
- helping students challenge negative thoughts and problem solve;
- providing academic supports/ accommodations to help them during times of stress.

Depression or sadness problems

Educators should be wary of any comments about or signs of self-injury or suicide. Every comment should be taken seriously and brought to the immediate attention of the child's parent, mental health specialist, and/or school nurse. Students with depression are at increased risk for self-injury, suicidal thoughts and attempts.

Students with depression or sadness problems may:

- cry easily, look sad, feel alone or isolated;
- appear anxious or afraid;
- act angry or irritable;
- demonstrate marked changes in school behaviour;
- find it harder to stay on task, lose concentration;
- have frequent absences from school;
- experience change in academic performance;
- lose motivation;
- abandon favourite hobbies or sports, show decreased interest in being with peers, become withdrawn;
- change eating and sleeping habits;
- struggle with changes in feeling, thinking and perceiving;
- express inappropriate guilt;

- express feelings of not being good enough, worthlessness, failure;
- speak in a monotonous or monosyllabic manner;
- express hopelessness, nothing to look forward to;
- be irritable, e.g. snapping at people for no apparent reason;
- eat/sleep too much or too little;
- be at increased risk of self-injury, suicidal thoughts and attempts;
- be restless or slowed down;
- misuse drugs and alcohol.

Mood stability problems

Students with mood stability problems may show fluctuations in mood, energy and motivation; these fluctuations may occur hourly, daily, in specific cycles or seasonally. They may alternate between fearfulness and recklessness and often appear angry, irritable and/or frustrated. They can experience episodes of overwhelming emotion such as sadness, embarrassment, elation or rage. Students often have difficulty concentrating and remembering assignments, understanding assignments with complex directions, or reading and comprehending long written passages of text. They may also demonstrate poor social skills and have difficulty getting along with peers.

Younger children frequently exhibit fast mood swings many times within a day. Younger children are also more likely to be irritable and prone to destructive tantrums than to be overly happy and elated.

Older adolescents show similar patterns of mood instability as adults with changes from highs to lows, involving high intensity of mood.

Case study 4 (depression)

Yasmine is a 10-year-old girl who teachers notice has been appearing sad over the last 3 months. She frequently cries in class and appears excessively emotional. She also appears distracted and is unable to focus even on simple tasks. She no longer feels motivated to complete her work or engage in classroom discussions. She appears to have lost a lot of weight. At home, her parents have noticed that she has been irritable and quickly triggered by her sister. She complains of being very tired, being unable to focus and lacking the motivation to do almost anything.



Questions to consider

- What strategies could be implemented by the teacher to support Yasmine?
- What strategies could be implemented by the parent to support Yasmine?
- What strategies could be implemented by peers to support Yasmine?
- Who else could support Yasmine and how?
- When would you refer Yasmine to a specialist?

Intervention

- Check in with the student to quantify his/her mood (on a 10-point scale, with 10 being happy), and identify pleasurable activities to engage in (take a walk, listen to music, exercise, seek out a positive peer).
- Identify activities or class projects where the student can work with supportive peers.
- Help the student evaluate “all the evidence” surrounding negative thoughts.
- Help the student evaluate all the evidence for their conclusions (“I’m no good at maths.” “Hmmm ... what have your maths grades been for the past week? All good except today? Wonder why you had one hard day and the others all went well?”)
- Model and practice positive self-talk (“I can do this”, “Even though I missed the last problem, I can get the next one correct”).
- Allow the student to do alternative tasks or to be in other parts of the room if weepy or sad.
- Have the student start with familiar, previously successful tasks to get going and then move to new and/or more challenging tasks.
- Identify study partners who can support and assist with assignments.
- Have the student write in a journal about moods, and write songs or poems.
- Outside of class, help the student identify things that contribute to distressing mood states.
- Identify a staff response to self-injurious behaviours so that students are assessed without being stigmatized.

Role play 2

Student: I don't want to take the test, I am a failure and will fail this test too.

Teacher: Hmmm ... how have your grades been for the past year?

Student: They were not bad but I know I'll fail this test.

Teacher: You have always done well and you will do well this time too.

Student: I am not sure.

Teacher: How many times in your life have you passed a test?

Student: Many times, I can't remember the number.

Teacher: You have to remind yourself, if I have done it before, I can do it again.

Student: I guess you are right!

Teacher: You know we all sometimes experience thoughts when we are sad that may be unhelpful. What question can you ask yourself when you have a first thought that is unhelpful?

Student: Hmmm I don't know.

Teacher: What about something like: What is the evidence for that? How do I know this is true?


Student: Thanks, I'll try to remember to ask myself those questions.

Case study 5 (suicide)

Mona is a 17-year-old girl. She has been having a hard time at home as she had met an older male whom she wanted to marry. Her parents found out about this and told her that she was too young to get married and requested she terminate the relationship immediately. Apart from going to school she was no longer allowed to leave the house without a family member. At school her teachers noticed that she had become distressed and appeared distracted and sad. It came to the attention of her teacher that she told her best friend at school that she has been thinking of ending her life. A few days later, Mona swallowed 20 pills from her mother's medication.

Questions to consider

- What strategies could be implemented by the teacher to support Mona?
- What strategies could be implemented by the parent to support Mona?

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- What strategies could be implemented by peers to support Mona?
 - Who else could support Mona and how?
 - When would you refer Mona to a specialist?

Intervention

- Strengthen protective factors against suicide, including good relationships with classmates and teachers and access to supports inside and outside the classroom.
- Identify students who may be at risk for suicide (sudden or dramatic changes in behaviour or performance, giving away material possessions).
- Establish dialogue with a distressed and/or suicidal young person. It is important to understand that the teacher is not alone in this communication process.
- Respond to students who may be at risk for suicide (talking or writing about dying, feeling hopeless or having no reason to live or killing themselves, looking for ways to kill themselves) by taking necessary actions.
- Supervise the student identified to be at imminent risk constantly (or make sure they are supervised by an adult) until they can be seen by a professional.
- Escort the student to see a professional and provide additional information to help in the assessment. The professional should notify the parents.

Inattention problems

Students with inattention problems may:

- not listen when spoken to;
- have difficulty paying attention or staying on task;
- not complete tasks and make careless errors;
- forget tasks and materials (jackets, books, pencils, homework);
- daydream or appear “spacey”;
- have a very messy/disorganized desk area;
- lose objects;
- avoid activities that require sustained mental effort.

Hyperactivity and impulsivity problems

Students with hyperactivity and impulsivity problems may:

- have difficulty paying attention or staying on task;
- not complete tasks and make careless errors;
- make choices without thinking them through;
- blurt out answers before the teacher finishes question;
- interrupt the teacher and other students;
- talk too loudly;
- fidget/have difficulty remaining still and staying in seat.

Other children may get easily frustrated with them and they may become frustrated with peers and themselves.

Case study 6 (ADHD/disruptive behaviours)

Hassan is a 7-year-old boy in second grade. His teacher notices that he is not able to sit still in class. He is always disrupting class and disturbing other students. When his teacher calls on him to stop he says he can't help it as "my body is always on the go". Other children complain that he is always in their space. He frequently finds himself distracted by other students and everything that happens in the class seems to capture his attention. His teacher feels that he is behind in his learning despite the fact that he is a very smart student. His attention is poor even when she talks to him directly. On speaking to his mother, she hears that at home he also seems very hyperactive and makes decisions without really thinking about their consequences. He is always jumping around and breaking things. He is not organized and always seems to lose his notebooks and homework.

Questions to consider

- What strategies could be implemented by the teacher to support Hassan?
- What strategies could be implemented by the parent to support Hassan?
- What strategies could be implemented by peers to support Hassan?
- Who else could support Hassan and how?
- When would you refer Hassan to a specialist?



Intervention

- Use preferential seating - seat the student at the front of the class.
- Post rules, the daily routine and a school calendar at a regular place (e.g. front of classroom, refrigerator at home) and go over them daily.
- Break steps down and have the child repeat them back to you.
- Allow extra time to complete tasks (not at recess as the student often needs to discharge energy).
- Provide the student a copy of notes or allow to audio-record.
- Underline, circle or highlight key terms on reading material for the student.
- Have a staff member help the student write responses.
- Have students check in after doing the first 1-2 problems to ensure they are following the correct steps.
- Praise/reinforce the child for doing the “right thing” when he/she follows steps, organizes their desk and completes other goals prioritized for them.
- Keep extra materials (pencils, books when possible) at school and at home.
- Help the child organize his/her desk and to organize the workspace, for example place papers in coloured folders.
- Allow the child starts by completing sentences already started, or paragraphs structured for them (“I am in favour of _____. The first reason supporting this is _____”).
- Have the child use a daily assignment book and check it before the student leaves for home.
- Identify a “coach” staff member for the student to meet with at the end of each day to prepare materials before going home.
- Provide breaks for the student to move about.
- Break tasks down into 10-20 minute segments so that the students can move within the classroom.

- Provide alternative outlets for physical activity; have the child raise a hand, count to 5, then raise the other hand; have the student wiggle fingers/toes to relax (and not be disruptive).
- Provide goal-directed tasks such as distributing papers.
- Clarify rules of personal space (stand 1 floor tile/3 arm lengths apart, use your inside voice after the other person has stopped speaking, etc.).
- Allow the child to have a designated place in lines with other children (between 2 pro-social peers).
- Allow the student to leave early with another staff member or peer to the next place/class.

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Lecture 10

Strategies to address behavioural manifestations of common mental health problems 3

Learning objectives

- Understand behavioural manifestations and interventions for:
 - developmental problems;
 - psychosis.


In this lecture we describe some behaviours that may manifest in the classroom, and specific strategies to address those behaviours. Please refer to the mental health in schools manual for a description of these strategies that can be used to help students with difficulties. The strategies are colour-coded and organized into three categories:

- Tier 1 strategies: to address mild problems. Strategies are simple to implement and will likely benefit all students in the classroom.
- Tier 2 strategies: to address moderate problems, or if Tier 1 interventions are not sufficient to address problems. Strategies require specific activities tailored to the child with problems.
- Tier 3 strategies: to address severe problems, or if Tier 2 interventions are not sufficient to address problems. Strategies require specific activities tailored to the child with problems, and may necessitate the involvement of additional teaching staff.

In the manual and lecture handouts it is indicated whether each strategy is appropriate for implementation by teachers and/or parents and/or peers.

Universal strategies for helping children with emotional difficulties include:

- empathic listening and taking a supportive stance;
- modelling positive mental health strategies such as relaxation, mindfulness and managing stress;

- 
- teaching students to tighten and loosen their fingers;
 - teaching students to breathe in slowly and deeply through the nose, hold as they count to 5, and slowly exhale;
 - helping students challenge negative thoughts and problem solving;
 - providing academic support/accommodations to help them during times of stress.

Developmental problems

Students with developmental problems (like autism) may:

- have impaired social behaviour (eye contact, reading facial expressions, etc.);
- demonstrate communication and language difficulties;
- have a narrow range of interests and activities;
- display repetitive behaviours;
- usually, but not always, have some degree of intellectual disability.

Case study 7 (autism)

Joseph is a 6-year-old boy. He has no friends at school and doesn't seem interested in interacting with others. He spends a lot of time in class trying to line objects up and when excited he has a flapping hand movement. He is mostly non-verbal except for a few words he learnt recently and he doesn't look his teacher in her face. At times he gets upset and punches his face or bangs his head against the walls. On speaking to his mother the teacher learns that he has had these problems since his first year and has since received special educational services.

Questions to consider

- What strategies could be implemented by the teacher to support Joseph?
- What strategies could be implemented by the parent to support Joseph?
- What strategies could be implemented by peers to support Joseph?
- Who else could support Joseph and how?
- When would you refer Joseph to a specialist?

Intervention strategies

- Describe rules in positive language for students (walk in a line, speak after the other person finishes, keep your hands to yourself, etc.).
- Point out in stories, movies, television shows, etc., how people stand, look at each other, and start, continue, and stop conversations appropriately.
- Practice having students listen to another student, and to ask 1-2 questions rather than change the topic or talk about themselves; this is sometimes easier when students identify particular interests and can be matched up.
- Use clear, simple language (concrete instead of sarcasm, metaphors, idioms).
- Explain nonverbal communications (facial expressions for happiness, anger, disgust, surprise, etc.) to help students accurately recognize emotions of others.
- Identify peers the student can work, play, and eat snacks/meals with.
- Provide signals and time for students to transition.
- Substitute acceptable behaviours for unacceptable ones (touching a piece of fabric instead of pants, squeezing a soft ball instead of flipping or waving a pen, etc.).
- Provide students with examples of acceptable social behaviours (e.g. squeezing a soft ball instead of flapping).
- Provide a “social story” of events to the student to help them prepare for different social situations.
- Position the student in a social skills group at lunch or other times to practice asking questions and speaking conversationally.
- When available, have other staff familiar with sensory devices (e.g. occupational therapy) help the student identify alternative sensory experiences to calm down (deep joint compression, weighted blankets/clothes, headphones to block out noise, etc.), and identify school tasks (lifting, being in quiet places) that enhance learning.

Psychosis

Students with psychosis problems may:

- have perceptions (visual, auditory, tactile) in the absence of external stimuli;
- have thoughts or beliefs that are unusual and not shared in the individual's culture;
- speak in a way that is difficult to follow;
- behave unpredictably (e.g. childish silliness, agitation, complete lack of motor or verbal activity);
- respond or interact with things that are not there;
- feel like others want to hurt him/her or are plotting against them;
- withdraw from peers;
- act unmotivated to participate in class and to complete homework.

Case study 8 (psychosis)

Fahad is a 17-year-old boy. His teachers noticed in the last month that he has become very different and is "no longer his usual self". He appears very withdrawn and refuses to eat any food in the classroom noting that his classmates are trying to poison him because "they are jealous". He has also been mumbling to himself and interacting with someone who is not there. He thinks that a friend wants to hurt him and has planted cameras everywhere in the classroom, which makes him uncomfortable at school. His parents have taken him to an imam to perform "*ruqya*" (exorcism) but with no improvement in his symptoms.

Questions to consider

- What strategies could be implemented by the teacher to support Fahad?
- What strategies could be implemented by the parent to support Fahad?
- What strategies could be implemented by peers to support Fahad?
- Who else could support Fahad and how?
- When would you refer Fahad to a specialist?

Intervention

- Instead of arguing about distorted thoughts, shift to academic work ("OK, I heard your comments. Now we'll move forward with maths.").
- Provide grounding comments to help the students share the reality of others ("Well, despite your fears about others, you are in your 5th grade class with all your usual classmates.").
- Emphasize a simple structure and routine that remains familiar.
- Rely on concrete, observable activities (e.g. maths instead of reading a complex character novel) when the student reports more unusual thoughts.
- Employ a series of steps to deescalate students when unusual thoughts increase: (1) change topic, (2) change activity, (3) change setting (room or place), (4) change staff (have the student engage with different staff).
- Model and practice positive self-talk ("I will get through this—I made it through yesterday and will get through this today, too." "Even though I hear someone's voice, it is OK and will not hurt me.").
- Gather information from parents to understand potentially difficult topics as well as activities that can help distract the student (e.g. music, sports).
- Identify places and staff students can access when distressed.

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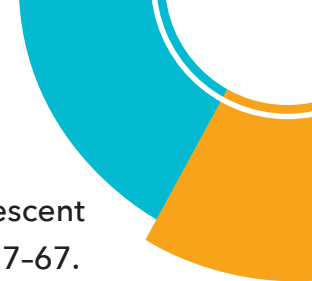
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Lecture 11

Strategies to address behavioural manifestations of common mental health problems 4

Learning objective

- Understand behavioural manifestations and interventions that can be implemented for oppositional/conduct problems, bullying and substance abuse.


In this lecture we describe some behaviours that may manifest in the classroom, and specific strategies to address those behaviours. Please refer to the mental health in schools manual for a description of these strategies that can be used to help students with difficulties. The strategies are colour-coded and organized into three categories:

- Tier 1 strategies: to address mild problems. Strategies are simple to implement and will likely benefit all students in the classroom.
- Tier 2 strategies: to address moderate problems, or if Tier 1 interventions are not sufficient to address problems. Strategies require specific activities tailored to the child with problems.
- Tier 3 strategies: to address severe problems, or if Tier 2 interventions are not sufficient to address problems. Strategies require specific activities tailored to the child with problems, and may necessitate the involvement of additional teaching staff.

In the manual and lecture handouts it is indicated whether each strategy is appropriate for implementation by teachers and/or parents and/or peers.

Universal strategies for helping children with emotional difficulties include:

- empathic listening and taking a supportive stance;
- modelling positive mental health strategies such as relaxation, mindfulness and managing stress;
- teaching students to tighten and loosen their fingers;

- 
- teaching students to breathe in slowly and deeply through the nose, hold as they count to 5, and slowly exhale;
 - helping students challenge negative thoughts and problem solving;
 - providing academic support/accommodations to help them during times of stress.

Oppositional problems

Students with oppositional problems may:

- challenge class rules;
- refuse to do assignments;
- lose their temper;
- argue or fight with other students;
- argue with the teacher;
- deliberately try to provoke people;
- disobey rules and directions;
- intentionally create conflict with peers;
- blame others for their actions and behaviours;
- interpret motives and behaviours of others negatively;
- seek revenge for perceived wrongs.

Students with conduct problems may:

- engage in power struggles;
- react badly to direct demands or statements such as: "you need to..." or "you must...";
- consistently challenge class rules;
- refuse to do assignments;
- argue or fight with other students;

- create disruptions in the class;
- blame others and not take responsibility for their behaviour;
- steal from others;
- destroy property in the classroom;
- disrespect the adults and other students;
- endanger the safety and wellbeing of others.

Case study 9 (conduct disorders)


Hamad is a 17-year old boy who is described by his teachers as “very difficult”. He refuses to follow instructions and appears to enjoy defying authority, whether that of his teachers or his parents. He has not been regular in attending school and on many days doesn’t attend. His parents report that he hangs out with “a bad group of kids” and have caught him smoking marijuana. They suspect that he may be using other drugs and he has admitted to his school counsellor that along with a group of friends he stole money from a local store. When he is at school he frequently gets into physical fights with other students and has been suspended a few times for bringing a knife with him to school.

Questions to consider

- What strategies could be implemented by the teacher to support Hamad?
- What strategies could be implemented by the parent to support Hamad?
- What strategies could be implemented by peers to support Hamad?
- Who else could support Hamad and how?
- When would you refer Hamad to a specialist?

Intervention

- Provide the student with a few appropriate choices (“You can do this work during lunch” or “I’ll help you to do the first problem now”).
- Use “I need you” rather than “you need to” statements.
- Use consistent cues, words, and signals to identify inappropriate behaviours; state what you want instead of what you do not want; model politeness (“Please



walk down the hall on the right side seeing if you can be the quietest you've ever been").

- Slowly go through the student's alternatives and the likely consequences when refusal occurs; allow the student to consider and choose options.
- Acknowledge the student's frustration or disappointment when something doesn't go as they want, and then invite the student to figure out another solution for now.
- Identify the student's good efforts even if the results are not successful.
- Focus on fixing problems rather than who is to blame; reward collaborative efforts between the student and others.
- Have students describe how they think others feel when a conflict occurs.
- Have students role-play how to resolve conflicts.
- Confront lies/distortions outside of class.
- Allow the student to correct mistakes or misdeeds.
- Identify a "time-out" space in the classroom where the student can go to calm down.
- Minimize escalations by speaking softly and sparsely and demonstrating patience to allow the student to do the right thing.
- Identify a staff member to walk or talk with the angry student to process the event outside of class.
- With parents, identify prosocial events/activities or other helpful peers and students for the student to spend more time with.

Case study 10 (bullying)

Mahmoud is a 16-year-old boy who has a history of bullying other students. Recently he has been targeting some younger students, including Hassan, a soft-spoken 11-year-old boy. Mahmoud has been chasing Hassan in the playground and has taken away his sandwich. He calls him names and has engaged in a few fights with

him. He has threatened that if Hassan tells the teachers, he will “get him outside of school”.

Questions to consider

- What strategies could be implemented by the teacher to support Mahmoud?
- What strategies could be implemented by the parent to support Mahmoud?
- What strategies could be implemented by peers to support Mahmoud?
- Who else could support Mahmoud and how?
- When would you refer Mahmoud to a specialist?

Intervention

- Intervene immediately: separate the children involved and make sure everyone is safe. It is OK to get another adult to help.
- Stay calm, listen without blaming and model respectful behaviour.
- Support children who are bullied and makes sure they are safe. Rearranging classroom or bus seating plans may be needed.
- Conduct classroom activities to educate about bullying (lead a class discussion about how to be a good friend, write a story about the effects of bullying or benefits of teamwork, role-play a scenario, read a book about the topic).
- Involve students in sports and clubs to enable them to take leadership roles and make friends without feeling the need to bully.
- Maintain open communication between schools and parents.

Substance use problems

Students with substance use problems may:

- be moody and irritable, including sudden mood or personality changes;
- have low self-esteem and depression;
- behave irresponsibly;
- withdraw socially;

- pull away from family, teachers, other trusted adults;
- be argumentative and disruptive;
- break rules;
- decline in academic performance;
- have memory and learning problems;
- demonstrate poor judgment in situations;
- be late for or absent from school;
- have problems with family and peer relationships, and exhibit a lack of empathy for others;
- engage in other risky activities;
- change former activities or friends;
- demonstrate a general lack of interest.

Case study 11 (substance abuse)

Hazim is a 17-year-old boy. His teacher has noticed that his behaviours have changed significantly in the last 2 months. Before, he used to be a well-liked student who excelled academically. More recently, his grades have dropped significantly, he rarely attends class and when he comes he appears angry and moody, which has led to several fights. In a meeting with the school social worker Hazim admits that he has been snorting cocaine and injecting heroin.

Questions to consider

- What strategies could be implemented by the teacher to support Hazim?
- What strategies could be implemented by the parent to support Hazim?
- What strategies could be implemented by peers to support Hazim?
- Who else could support Hazim and how?
- When would you refer Hazim to a specialist?

Intervention

- Improve school connectedness, which helps students with substance abuse problems.
- Develop positive relationships with teachers, administrators, and peers at school.
- Define and enforce policies that establish school as a drug-free environment.
- Provide information and resources on substance abuse.
- Clarify if certain activities (sports, drama, etc.) help occupy the student's time in a meaningful way.
- Consider a recovery school for severe cases, if available.
- Encourage student to engage with substance-free peers and settings.

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Mental health in schools: lecture outlines

Schools provide a great opportunity to promote mental health and emotional well-being, prevent mental health problems and identify and support children who are experiencing emotional difficulties. These lecture outlines are part of a mental health in schools training package for educators to enable them to better support the mental health needs of their students and to take practical steps that are implementable in school settings. The training consists of lectures, group discussions, activities and role plays. These lecture outlines should be used together with the lecture handouts and slide presentations that are also part of the training package. There is also a reference manual, which includes additional resources.

