



**Mental health
in schools:
lecture
handouts**



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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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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Editor

Dr Hesham Hamoda, Staff Psychiatrist, Boston Children's Hospital; Assistant Professor, Harvard Medical School; Vice President, International Association for Child and Adolescent Psychiatry and Allied Professions; Boston, United States of America.

Contributors

Dr Jeffrey Bostic, Director, School Psychiatry Program, Department of Psychiatry, Massachusetts General Hospital; Associate Professor, Harvard Medical School; Boston, United States of America.

Dr Sharon Hoover, Co-Director, Center for School Mental Health, Division of Child and Adolescent Psychiatry; Associate Professor, University of Maryland School of Medicine; Baltimore City, United States of America.

Dr Atif Rahman, Professor of Child Psychiatry, University of Liverpool, Institute of Psychology, Health and Society; Child Mental Health Unit, Alder Hey Children's NHS Foundation Trust; Liverpool, United Kingdom.

Dr Khalid Saeed, Regional Adviser, Mental Health and Substance Abuse, WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt.

Dr Haifa Madi, Director, Health Protection and Promotion, WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt.

Dr Said Arnaout, Regional Adviser, Health of Special Groups, WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt.

Dr Chiara Servili, Technical Officer, Mental Health and Substance Abuse, WHO headquarters, Geneva, Switzerland.

Collaborators/reviewers

Dr Ahmed Al-Ansari, Mrs Lulwa Al-Thukar (Bahrain), Dr Alan Leschied, Dr Douglas McCall (Canada), Dr Gamal El-Kashef, Dr Khlood Tayel (Egypt), Menelik Desta



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(Ethiopia), Dr Sahar A. Abdou, Dr Tawfik Tawfik (Oman), Dr Walid El-Khatib (occupied Palestinian territory), Dr Suleiman El-Shehri (Saudi Arabia), Dr Jaya Chandra (UK), Dr Iyad Zaquout (United Nations Relief and Works Agency for Palestine Refugees in the Near East, UNRWA), Dr Lisa Aronson, Professor Myron Belfer, Ms Josefa Ippolito-Shepherd (USA).

Illustrator

Mr Serag Eldin Kamel, Faculty of Medicine, Alexandria University, Alexandria, Egypt.



Lecture 1 handout

Introduction and background

(Please consult the lectures and manual for references)

Learning objectives

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

Health and mental health

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Indeed “there is no health without mental health”.

- Approximately one in five children display signs of poor mental health and, at any given time, meet the criteria for mental illness.
- About half of all mental illnesses begin in childhood and adolescence.
- Schools have a great opportunity not only to identify and support children with emotional difficulties but, more importantly, to promote overall emotional well-being and social and moral development.
- School experiences are vitally important in both children’s intellectual development and their psychological well-being.
- There is a close connection between emotional health and academic achievement.
- Children and adolescents who experience positive emotional and social well-being report greater satisfaction with their family and their relationship with friends.
- Effective social and affective education is directly beneficial to academic attainment and improves teacher effectiveness and satisfaction.

Why should schools invest in mental health?

- Investment in mental health improves academic achievement rates and retention and decreases drop-out.
- School programmes that focus on social, emotional, and academic learning have been found to improve school attitudes, behaviour and academic performance.
- Students spend a significant amount of time at school and are therefore accessible for mental health promotion, prevention and intervention.
- School is a more familiar and less stigmatizing environment for students in need of help.
- Strengthening student protective factors and resilience reduces negative risks and outcomes for vulnerable children.
- Promoting school mental health helps decrease violence and juvenile crime.
- Schools play a significant role in the early identification of children with mental illness.
- Working with children who have challenges can be very stressful for teachers.
- Enhancing student emotional health can improve teacher satisfaction and retention.
- Children often establish deep and lasting relationships with teachers, school staff and their peers at school; these relationships are also protective and supportive.
- Schools influence the adoption of both healthy and unhealthy behaviours.



Lecture 2 handout

Normal childhood development 1

(Please consult the lectures and manual for references)

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.

Social and emotional milestones and strategies to promote healthy development

1 year: 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”.

1 year: strategies

- 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: milestones


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

2 years: strategies

- Provide consistent and predictable routines.
- Give children warnings before the end of an activity.
- Encourage children's growing independence.
- 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: 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.

3-5 years: strategies

- Encourage group play; be prepared for disagreements.
- 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 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.

6-8 years: milestones

- Growing independence.
- Common fears - problems in the family, failure, rejection.
- Friends often from same neighbourhood and same sex.
- More nurturing.
- 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 is common.
- Inner control being formed.
- May still be afraid of the dark or monsters.

6-8 years: strategies

- 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: 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 are hurt easily and mood swings are normal.
- Sensitive to negative feedback.
- Difficulty dealing with failure.



9-12 years: strategies

- 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.

Based on this lecture, please list 3-5 ideas you can implement at school to support healthy development.

1.
2.
3.
4.
5.



Lecture 3 handout

Normal childhood development 2

(Please consult the lectures and manual for references)

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.

Primary school-aged children (6-12 years)

Typical difficult behaviours:

- 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 difficult behaviours (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.

Secondary school-aged children (12-18 years)

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 student perspective;
- pick your battles - is this battle really worth fighting?
- maintain your level of expectations and 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.

Moral development

Moral development involves children developing the ability to tell the difference between right and wrong and to utilize this knowledge to make decisions. Like social-emotional development, morality develops in phases and is influenced by multiple factors. Several theorists, such as Jean Piaget and Lawrence Kohlberg, have described phases of moral development.

Typical moral development: age < 10 years

- 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: age < 10 years

- 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.

Typical moral development: age 10+ years

- 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: age 10+ years

- 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

Educators need to be aware of some key aspects of brain development.

- Different areas of the brain serve different functions such as controlling speech, vision, hearing and language. Many areas of the brain can impact classroom behaviour, e.g. the prefrontal cortex, which is involved in decision-making and the ability to control behaviour.
- Some children are born with genetic problems or medical conditions that may impact specific parts of the brain.
- A child with a processing problem may understand a concept but may not be able to explain it.
- It is also possible for children and adolescents to develop difficulties over time with how their brains function such as being in an accident, suffering a traumatic brain injury or being exposed to trauma.
- Although early trauma may differ from an accident where there is no physical injury to the brain, it can still impact how the brain functions and how the child behaves.



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Based on this lecture, please list 3-5 ideas you can implement at school to support healthy development.

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2.
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Lecture 4 handout

Mental health-promoting schools 1 (promotion and prevention)

(Please consult the lectures and manual for references)

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.

Role of school

- School programmes that focus on social, emotional and academic learning improve school attitudes, behaviour and academic performance.
- School support also buffers against the effects of child victimization and vulnerability to substance abuse, early pregnancy and quitting school.
- Schools are powerfully positioned to play a major role in mental health promotion.
- Teachers educate students while modelling morals/ethics and serving as role models from whom students can learn important life skills such as emotional regulation and dealing with conflict and frustration.

Characteristics of a good teacher:

- is empathetic;
- sets age-appropriate tasks and uses age-appropriate disciplining;
- understands the 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 physical and interpersonal environment of classroom to support teaching.

Characteristics of a good school:

- 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 a mental health-promoting school:

- 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.



Based on this lecture, please list 3-5 ideas you can implement at school for mental health promotion and prevention.

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Lecture 5 handout

Mental health-promoting schools 2 (promotion and prevention)


(Please consult the lectures and manual for references)

Learning objectives

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

Steps to manage disruptive behaviour

- 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 their anger by giving them information about anger, and teach them to use words to convey their feelings.
 - If a student becomes oppositional or upset, first recognize the reaction and then invite them to consider alternatives.
 - Reinforce desirable behaviour at every opportunity.
 - Model positive behaviour and show students how you can handle frustration.

Basics of counselling

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, modulating tone to indicate empathy.

Interviewing skills: asking open-ended questions:

- "Can you tell me more about...?"
- Ask questions in a neutral, non-judgmental way.
- Use questions appropriate for the child's age.
- Use reflective listening that demonstrates that you have accurately understood the child's experience: "So you are saying you felt sad after the incident?"

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

Providing information: providing factual information and challenging misconceptions.

Circle time

Circle time (group thinking time) is 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 facilitator:
 - 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.

Life skills education

This covers:

- 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.

Based on this lecture, please list 3-5 ideas you can implement at school for mental health promotion and prevention.

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Lecture 6 handout

Other health-promoting efforts that impact mental health

(Please consult the lectures and manual for references)

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.
- One third of children in the Region are underweight or stunted.
- Malnourished children have a greater degree of behavioural problems and are also prone to decreased attention, deficient learning and lower educational achievement.
- Both children who have stunted growth and those suffering from obesity are more prone to developing self-esteem issues and mental illness.

- Vitamin and mineral deficiencies affect cognition and subsequently the ability to learn and retain knowledge.
- Eating disorders present a group of disorders where those affected (most commonly females) develop an unhealthy relationship with eating. There are several types, including anorexia nervosa and bulimia nervosa.

Vision/hearing/speech

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

Physical exercise

- Regular physical activity has significant health benefits in both the physical and mental domains.
- Beneficial mental health effects include reducing anxiety and stress and maintaining a healthy body image.
- Physical activity helps keep children occupied with healthy activities.
- There is evidence that school-based physical activity is linked to improved academic achievement.
- Physical activity should be incorporated into the school curriculum with a goal of 60 minutes per day.

Media exposure

Screen time

- 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.

Internet addiction

- Internet addiction is becoming an increasingly common problem.
- It may manifest in the school setting in different ways, both direct and indirect:
 - direct: students may find themselves spending excessive time online, e.g. on school computers or hand-held devices;
 - indirect: if the student is up all night on the internet, they may be late to school, appear tired or unfocused or not come to school at all.

Cyber bullying

- This can happen via various forms of electronic media, including social media, texts and emails.
- Prevention of cyber bullying requires close collaboration between parents and the school.

Suicide prevention

According to WHO statistics:

- More than 800 000 people die annually from suicide.
- Suicide is among the three leading causes of death in some countries among those aged 15-44 years, and is the second leading cause of death in those aged 10-24 years.

Parents' role in supporting a child's education

Parents have a pivotal role to play in the education of their children. 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 the school.



Based on this lecture, please list 3-5 ideas you can implement at school for mental health promotion and prevention.

1.

2.

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Lecture 7 handout

Referring children in schools

(Please consult the lectures and manual for references)

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.


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 or 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.

Behaviours and symptoms that may warrant a referral include:

- 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 aches and pains 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. This includes:

- teachers;
- parents;
- social worker;
- child and adolescent psychiatrist;
- psychologist;
- occupational therapist;
- physical therapist;
- school nurse;
- speech/language pathologist;
- 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.

Based on this lecture, please list 3-5 ideas you can implement at school to support mental health referrals.

1.
2.
3.
4.
5.



Lecture 8 handout

Strategies to address behavioural manifestations of common mental health problems 1

(Please consult the lectures and manual for references)

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 reactions.

Universal strategies that can be helpful for any child with emotional/behavioural difficulties:

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

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 (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 might 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.

Case study (separation anxiety/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.

Please note that school refusal may also occur for reasons other than separation anxiety.

Decreasing anxiety and stress

Troubling behaviours you might see in the classroom: escalating anxiety

Intervention (T = teacher; P = parent; F = friend)

Speak slowly and calmly, encourage breathing slowly. (T, P)

Break tasks down ("Right now we just need to walk to the building to see the birds."). (T, P)

Help the students consider the probability of events ("I'm afraid to get on the bus because it will crash." "Hmmm... what are the chances it will crash? How many buses do you see driving out there that are not hitting other cars."). (T, P)

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."). (T, P)

Model and practice positive self-talk ("I can do this." "Even though I missed the last problem, I can get the next one correct."). (T, P, F)

Have students use a fear thermometer to identify what most frightens them and what to do when they are at different levels. (T, P)

Encourage student to utilize relaxation techniques (e.g. deep breathing, guided imagery, muscle relaxation). (T, P)

Use successive approximations: if the child is afraid to speak in class, allow them to speak alone in front of a mirror... record and play to self... speak in front of a few classmates... speak in front of the class. (T, P)

Troubling behaviours you might see in the classroom: refusal to separate from parents to attend school

Intervention (T = teacher; P = parent; F = friend)

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.). (T, P)

Allow parents to send notes in the student's lunch (rather than phone the student while at school). (T, P)

Have the student use "strength" cards (superheroes, etc.) to recall strengths and powers to manage stress. (T, P)

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). **(T, P)**

Introduce the student to next year's teacher and to have parents visit next year's classroom during a vacation interval. **(T, P)**

Identify a hierarchy of staff to meet the child on their arrival at school, and other staff to whom the child can go if distressed during class time. **(T)**

Please refer to *Mental health in schools: a manual* for a description of strategies that can be used to help students with difficulties. The strategies are colour coded: Tier 1 strategies address mild problems, Tier 2 strategies address moderate problems and Tier 3 strategies address severe problems.

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;
- not show their 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 (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.

Responding to trauma, disaster or very stressful situations

Troubling behaviours you might see in the classroom: distress, crying, irritability

Intervention (T = teacher; P = parent; F = friend)

Make the school a safe, predictable place with normal routines (however, academic demands may need to be decreased for days or weeks depending on the severity of the trauma). **(T, P)**

Allow students to deal with traumatic reminders at their own pace. **(T, P, F)**

Consider school events to minimize trauma (avoid unnecessary fire drills or discussion of historical events that force students to recall the trauma). **(T, P, F)**

Teach relaxation techniques to diminish escalating distress; teach students to tighten and loosen their fingers, toes, etc., and to breathe in slowly and deeply through their nose and hold as they count to five, and slowly exhale. **(T, P, F)**

If a student shows distress, help them identify what triggered their distress (do this outside class) and consider alternatives, e.g. reading different material, doing something to distract themselves while in class. **(T, P, F)**

Together with the student, identify “signals” such as raising a finger to allow the student to be excused if distressed. **(T, P, F)**

Identify coping skills such as alternative activities that the student can do such as independent projects or activities outside class. **(T, P, F)**

Help students recognize and think through their options and likely consequences when something distresses or reminds them. **(T, P, F)**

Allow the student to write reactions in a journal that can be put away or reviewed with the teacher or other staff members later. **(T, P, F)**

Allow the student to go to see other staff members to recover and then return to class. **(T, P)**

Troubling behaviours you might see in the classroom: intrusive thoughts or flashbacks

Intervention (T = teacher; P = parent; F = friend)


Help the child recognize that their current situation is safe so they are grounded and not afraid in the classroom. **(T, P, F)**

Provide a “minute” for the student to think of other things or do something else (get a drink of water, do a different task, etc.). **(T, P)**

Encourage the student to identify friends who help support them and protect them in that moment. **(T, P, F)**

Allow the child to write down an intrusive thought or flashback to discuss with other staff. **(T, P)**

Please refer to *Mental health in schools: a manual* for a description of strategies that can be used to help students with difficulties. The strategies are colour coded: Tier 1 strategies address mild problems, Tier 2 strategies address moderate problems and Tier 3 strategies address severe problems.



Lecture 9 handout

Strategies to address behavioural manifestations of common mental health problems 2

(Please consult the lectures and manual for references)

Learning objectives

- Understand behavioural manifestations and interventions that can be implemented for:
 - depression or sadness problems;
 - suicidal behaviours;
 - inattention, hyperactivity and impulsivity.

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;
- 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 their eating and sleeping habits;
- have 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.

Educators should be wary of any comments about or signs of self-injury or suicide.

Students with mood stability problems may:

- show fluctuations in mood, energy, and motivation;
- alternate between fearfulness and recklessness;
- appear angry, irritable and/or frustrated;
- have episodes of overwhelming emotion such as sadness, embarrassment, elation or rage;
- have difficulty concentrating and remembering assignments, understanding assignments with complex directions, or reading and comprehending long written passages of text;
- demonstrate poor social skills and have difficulty getting along with their peers.

Younger children:

- frequently exhibit fast mood swings many times within a day;
- are 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 (depression)

Yasmine is a 10-year-old girl. Her teachers have noticed she has seemed 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.

Improving mood and mood regulation

Troubling behaviours you might see in the classroom: negative mood

Intervention (T = teacher; P = parent; F = friend)

Check in with the student to quantify their 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). **(T, P, F)**

Identify activities or class projects where the student can work with supportive peers. **(T, P)**

Help the student evaluate “all the evidence” surrounding negative thoughts. **(T, P)**

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.”). **(T, P)**

Model and practice positive self-talk (“I can do this.” “Even though I missed the last problem, I can get the next one correct.”). **(T, P, F)**

Allow the student to do alternative tasks or to be in other parts of the room if weepy or sad. **(T, P)**

Have the student start with familiar, previously successful tasks to get going and then move to new and/or more challenging tasks. **(T, P)**

Identify study partners who can support and assist with assignment. **(T, P, F)**

Have the student write in a journal about moods, and write songs or poems. **(T, P)**

Outside of class, help the student identify things that contribute to distressing mood states. **(T, P)**

Identify a staff response to self-injurious behaviours so that students are assessed without being stigmatized. **(T, P, F)**

Case study (suicide)

Mona is a 17-year-old girl. She has been having a hard time at home as she met an older male whom she wanted to marry. Her parents found out about this and told her 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.

Improving safety and addressing suicidal behaviour

Troubling behaviours you might see in the classroom: suicidal thoughts or behaviours

Intervention (T = teacher; P = parent; F = friend)

Strengthen protective factors against suicide, including good relationships with classmates and teachers and access to support inside and outside the classroom. **(T, P, F)**

Identify students who may be at risk of suicide (sudden or dramatic changes in behaviour or performance, giving away material possessions). **(T, P)**

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. **(T, P)**

Respond to students who may be at risk of suicide (talking or writing about dying, feeling hopeless or having no reason to live, feeling like killing themselves, looking for ways to kill themselves) by taking necessary actions. **(T, P)**

Supervise any 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. **(T, P)**

Escort the student to see a professional and provide additional information to help in the assessment. The professional should notify the parents. **(T, P)**

Please refer to *Mental health in schools: a manual* for a description of strategies that can be used to help students with difficulties. The strategies are colour coded: Tier 1 strategies address mild problems, Tier 2 strategies address moderate problems and Tier 3 strategies address severe 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 has finished the question;
- interrupt the teacher and other students;
- talk too loudly;
- fidget/have difficulty remaining still and staying in their seat;
- become frustrated with their peers, and other children may get easily frustrated with them.

Case study (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.

Students with inattention problems may:

- not listen when spoken to;
- have difficulty paying attention or staying on task;
- not complete tasks or 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.

Improving attention, organization, hyperactivity, impulsivity

Troubling behaviours you might see in the classroom: inattention

Intervention (T = teacher; P = parent; F = friend)

Preferential seating - seat the student at the front of the class. **(T, P, F)**

Post rules, the daily routine, and a school calendar at a regular place and go over daily (e.g. front of classroom, refrigerator at home). **(T, P)**

Break steps down and have the child repeat them back to you. **(T, P)**

Allow extra time to complete tasks (not at recess, as the student often needs to discharge energy). **(T, P)**

Provide the student with a copy of notes or an audio record. **(T)**

Underline, circle or highlight key terms in reading material for the student. **(T, P)**

Have a staff member help the student write responses. **(T, P)**

Troubling behaviours you might see in the classroom: disorganization

Intervention (T = teacher; P = parent; F = friend)

Have students check in after doing the first 1-2 problems to ensure they are following the correct steps. **(T, P)**


Praise/reinforce children for doing the "right thing" when they follow steps, organize their desk and achieve other goals prioritized for the students. **(T, P)**

Keep extra materials (pencils, books when possible) at school and at home. **(T, P)**

Help the child organize their desk, work and workspace, e.g. by putting papers in coloured folders. **(T, P)**

Allow the child to start by completing sentences already started, or paragraphs structured for them ("I am in favour of _____. The first reason supporting this is _____"). **(T, P)**

Have the child use a daily assignment book and check it before the students leaves for home. **(T, P)**



Identify a “coach” staff member for the student to meet with at the end of each day to prepare materials before going home. **(T, P, F)**

Troubling behaviours you might see in the classroom: hyperactivity

Intervention (T = teacher; P = parent; F = friend)

Provide breaks for the student to move about. **(T, P)**

Break tasks down into 10-20 minute segments so that students can move within the classroom. **(T, P)**

Provide alternative outlets for physical activity; have the child raise a hand, count to 5, then raise the other hand; have the student wiggle their fingers/toes to relax without being disruptive. **(T, P, F)**

Provide goal-directed tasks such as distributing papers. **(T, P, F)**


Troubling behaviours you might see in the classroom: impulsivity

Intervention (T = teacher; P = parent; F = friend)

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.). **(T, P, F)**

Allow the child to have a designated place in lines with children (between two pro-social peers). **(T, P, F)**

Allow the student to leave early with another staff member or peer to the next place/class. **(T, P, F)**



Lecture 10 handout

Strategies to address behavioural manifestations of common mental health problems 3

(Please consult the lectures and manual for references)

Learning objectives

- Understand behavioural manifestations and interventions that can be implemented for:
 - developmental problems;
 - psychosis.

Students with developmental problems such as 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, show some degree of intellectual disability.

Case study (*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.

Improving social communication, engagement with others

Troubling behaviours you might see in the classroom: observing social rules

Intervention (T = teacher; P = parent; F = friend)

Describe rules in positive language for students (walk in a line, speak after the other person finishes, keep your hands to yourself, etc.). **(T, P, F)**

Point out in stories, movies, television shows, etc. how people stand, look at each other and start, cue and stop conversations appropriately. **(T, P, F)**

Practice having students listen to another student and 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. **(T, P, F)**

Use clear simple language (concrete instead of sarcasm, metaphors, idioms). **(T, P, F)**

Explain nonverbal communications (facial expressions for happiness, anger, disgust, surprise, etc.) to help students accurately recognize the emotions of others. **(T, P, F)**

Identify peers the student can work, play, and eat snacks/meals with. **(T, P)**

Provide signals and time for students to transition. **(T, P)**

Substitute acceptable behaviours for unacceptable ones (touching a piece of fabric instead of pants, squeezing a soft ball instead of flapping or waving a pen, etc.). **(T, P)**

Provide students with examples of acceptable social behaviours (e.g. squeezing a soft ball instead of flapping). **(T, P)**

Provide a "social story" of events to the student to help them prepare for different social situations (see <https://carolgraysocialstories.com/>). **(T, P)**

Position the student in a social skills group at lunch or other times to practice asking questions and speaking conversationally. **(T, P, F)**

When available, have other staff members who are 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. **(T, P)**

Please refer to *Mental health in schools: a manual* for a description of strategies that can be used to help students with difficulties. The strategies are colour coded: Tier 1 strategies address mild problems, Tier 2 strategies address moderate problems and Tier 3 strategies address severe problems.

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 them or are plotting against them;
- withdraw from their peers in the classroom;
- seem unmotivated to participate in class and to complete homework.

Case study (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, saying 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.

Addressing unusual thoughts

Troubling behaviours you might see in the classroom: distorted thoughts or comments

Intervention (T = teacher; P = parent; F = friend)

Instead of arguing about distorted thoughts, shift to academic work ("OK, I heard your comments, and now we'll move forward with maths"). **(T, P)**



Provide grounding comments to help the students share the reality of others (“Well, despite your fears about others, you are in your fifth grade class with all your usual classmates.”). **(T, P)**

Emphasize a simple structure and routine that remains familiar. **(T, P)**

Rely on concrete, observable activities (e.g. maths instead of reading a complex character novel) when the student reports more unusual thoughts. **(T, P)**


Employ a series of steps to de-escalate 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 members). **(T, P)**

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.”). **(T, P)**

Gather information from parents to understand potentially difficult topics as well as activities that can help distract the student (e.g. music, sports). **(T, P)**

Identify places and staff students can access when distressed. **(T, P)**

Please refer to *Mental health in schools: a manual* for a description of strategies that can be used to help students with difficulties. The strategies are colour coded: Tier 1 strategies address mild problems, Tier 2 strategies address moderate problems and Tier 3 strategies address severe problems.



Lecture 11 handout

Strategies to address behavioural manifestations of common mental health problems 4

(Please consult the lectures and manual for references)

Learning objective:

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

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 their peers;
- blame others for their actions and behaviours;
- interpret the motives and behaviours of others in a negative light;
- 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;
- disrupt the class;
- blame others and not take responsibility for their behaviour;
- steal from others;
- destroy property in the classroom;
- disrespect adults and other students;
- endanger the safety and well-being of others.

Case study (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.

Case study (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”.

Improving behaviour, cooperation, collaboration and empathy

Troubling behaviours you might see in the classroom: refusal

Intervention (T = teacher; P = parent; F = friend)

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”). **(T, P)**

Use “I need you to” rather than “you need to” statements. **(T, P)**

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”). **(T, P, F)**

Slowly think through the student’s alternatives and likely consequences when refusal occurs; allow the student to consider and choose options. **(T, P)**

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. **(T, P)**

Identify the student’s good efforts even if the results are not successful. **(T, P)**

Focus on fixing problems rather than who is to blame; reward collaborative efforts between the student and others. **(T, P, F)**

Have students describe how they think others feel when a conflict occurs. **(T, P, F)**

Have students role-play how to resolve conflicts. **(T, P, F)**

Confront lies/distortions outside class. **(T, P)**

Allow the student to correct mistakes or misdeeds. **(T, P)**

Identify a “time-out” space in the classroom where the student can go to calm down. **(T, P)**

Minimize escalations by speaking softly and sparingly, and demonstrating patience to allow the student to do the right thing. **(T, P)**

Identify a staff member to walk or talk with the angry student to process the event outside class. **(T, P)**

With the student’s parents, identify pro-social events/activities or helpful peers and students for the student to spend more time with. **(T, P, F)**

Please refer to *Mental health in schools: a manual* for a description of strategies that can be used to help students with difficulties. The strategies are colour coded: Tier 1 strategies address mild problems, Tier 2 strategies address moderate problems and Tier 3 strategies address severe problems.

Troubling behaviours you might see in the classroom: bullying

Intervention (T = teacher; P = parent; F = friend)

Intervene immediately: separate the children involved and make sure everyone is safe. It is OK to get another adult to help. **(T, P)**

Stay calm, listen without blaming and model respectful behaviour. **(T)**

Support children who are bullied and make sure they are safe. Rearranging classroom or bus seating plans may be needed. **(T, P, F)**

Conduct classroom activities to educate students 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). **(T, F)**

Involve students in sports and clubs to enable them to take leadership roles and make friends without feeling the need to bully. **(T, P, F)**

Maintain open communication between schools and parents. **(T, P)**

Please refer to *Mental health in schools: a manual* for a description of strategies that can be used to help students with difficulties. The strategies are colour coded: Tier 1 strategies address mild problems, Tier 2 strategies address moderate problems and Tier 3 strategies address severe 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 (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.

Addressing substance abuse

Troubling behaviours you might see in the classroom: using substances

Intervention (T = teacher; P = parent; F = friend)

Improve school connectedness, which helps students with substance abuse problems. **(T, P)**

Develop positive relationships with teachers, administrators and peers at school. **(T, P)**


Define and enforce policies that establish school as a drug-free environment. **(T, P, F)**

Provide information and resources on substance abuse. **(T, P)**

Clarify whether certain activities (sports, drama, etc.) can help occupy the student's time in a meaningful way. **(T, P, F)**

Consider a recovery school for severe cases, if available. **(T, P)**

Encourage the student to engage with substance-free peers and settings. **(T, P)**



Please refer to *Mental health in schools: a manual* for a description of strategies that can be used to help students with difficulties. The strategies are colour coded: Tier 1 strategies address mild problems, Tier 2 strategies address moderate problems and Tier 3 strategies address severe problems.



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 handouts 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. They should be used together with the lecture outlines and slide presentations that are also part of the training package. There is also a reference manual, which includes additional resources.



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