



School Mental Health Training



**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

Lecture 1

Introduction and background





Learning objectives



**structure and objectives of
school mental health training**



**the role schools play in mental
health**



Target audience

This training is primarily intended for those involved in

the educational process

teachers, school administrators, nurses, social workers, school counsellors

educational policy-making

nongovernmental organizations



Objectives of training



- The importance of MH in school settings
- Incorporating MH into healthy schools initiatives
- Promoting MH in school settings
- Child development
- Age-appropriate behavioural **management strategies**
- Disciplining & management of disruptive behaviour
- **Warning signs** of mental illness in school children and distinguishing them 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
role plays



reference manual
including an appendix
with additional
resources



Visual aids



indicates a **discussion/activity** slide



more applicable to children < **8** years



more applicable to adolescents > **13** years



Background

Health is

“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

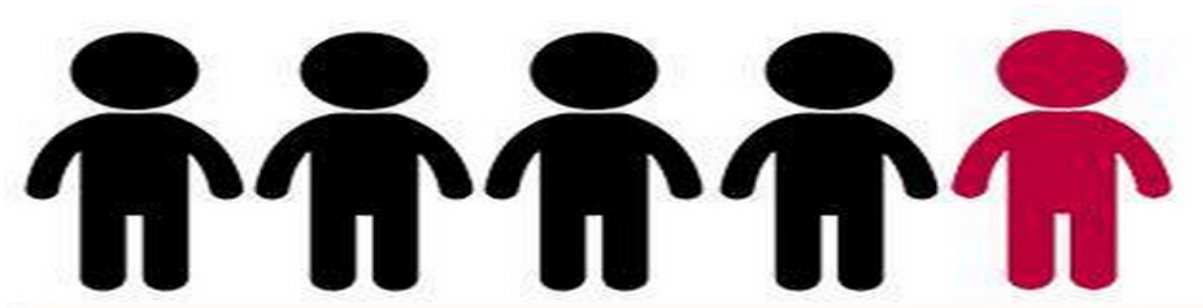


“There is **no health without mental health**”

Background

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)






Background

Schools are vital in promoting mental health



Schools are in a position to not only **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 MH
and a more proactive approach towards MH in
schools



- **School experiences** are important in children's intellectual development & psychological well-being
- **Emotional health and academic achievement** are closely connected
- **Emotional and social well-being** leads to greater satisfaction with family and relationships with friends (Gutman and Feinstein, 2008)
- **Effective social** and **affective education** benefits academic attainment and improves teachers' effectiveness and satisfaction



Why schools should 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 strongly correlates with more **positive academic outcomes** (Stewart, 2008)

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 (incl. meaningful peer relationships) can improve academic achievement; **negative peer pressure or social disapproval of school work** might lead to drop out (Stewart, 2008; Nicholas & White 2001)



Why schools should invest in mental health

Accessibility



Students spend approximately 15 000 hours – from kindergarten to completion – at school. Schools are accessible for MH promotion, prevention & intervention

Schools provide a familiar and less stigmatizing and threatening environment for students in need of help

Risk reduction



Strengthening student protective factors and resilience reduces negative risks and outcomes for vulnerable children

Promoting school MH helps reduce violence and juvenile crime

Early identification of children with mental illness can alter their experience of school



Why schools should invest in mental health

Teacher wellness



Teaching can be both rewarding and challenging

Working with children who have mental health problems can be 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 the mental health in schools manual



Why schools should invest in mental health

Social aspects



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

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

Schools can influence the adoption of both healthy and unhealthy behaviours



Exercise



**Please divide yourself
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?

Have one member of each group report back to the larger group in 15 min



Thank you





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Lecture 2

Normal child development 1





Learning objectives




**development of the
pre-school child**
(social & emotional)



**development of the
school-aged child**
(social & emotional)



**promote healthy
development**





Children change constantly,
beginning on the day they are born

Children develop in multiple
domains, but not always evenly

Understanding child development is
helpful in differentiating typical from
atypical development and behaviour



Reminder



Development is characterized by processes by which individuals uniquely adapt to their environment

Each child is unique, and children even of the same age or socioeconomic background can follow varying developmental trajectories

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



Reminder



Domains of child development

Motor

Divided into

Gross motor development

Functioning of large muscle groups responsible for functions such as walking

Fine motor development

Functioning of small groups of muscles such as those responsible for holding a pencil

Cognitive

Functions such as memory, reasoning, and problem-solving

Language

Divided into

Receptive language development

Ability to understand what others are saying

Expressive

Communicating with others

Social

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





One year old



Social and emotional milestones

- shy with strangers
- may cry when caregiver leaves
- has preferences, like favourite items or people
- hands you a book when wanting to hear a story
- repeats sounds or actions to get attention
- puts out arm or leg to help with dressing
- plays games such as peek-a-boo and pat-a-cake

Strategies to promote healthy development





One year old



Social and emotional milestones	Strategies to promote healthy development
<ul style="list-style-type: none">• shy with strangers• may cry when caregiver leaves• has preferences, like favourite items or people• hands you a book when wanting to hear a story• repeats sounds or actions to get attention• puts out arm or leg to help with dressing• plays games such as peek-a-boo and pat-a-cake	<ul style="list-style-type: none">• 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 taking turns• invite children to do what they can do for themselves (e.g. taking off shoes or putting a book away)



Two years old



Social and emotional 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 express their frustration

Strategies to promote healthy development





Two years old



Social and emotional milestones	Strategies to promote healthy development
<ul style="list-style-type: none">• 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 express their frustration	<ul style="list-style-type: none">• provide consistent and predictable routines so 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 labeling them



3–5 years old



Social and emotional milestones

- interested in new experiences
- cooperates with other children
- increasingly inventive in fantasy play
- increasingly more independent
- often cannot distinguish between fantasy and reality
- more likely to agree to rules at times
- sometimes demanding while sometimes eagerly cooperative
- wants to be like their friends

Strategies to promote healthy development





3–5 years old



Social and emotional milestones	Strategies to promote healthy development
<ul style="list-style-type: none">• 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 while sometimes eagerly cooperative• wants to be like their friends	<ul style="list-style-type: none">• encourage group play, be prepared for disagreements and challenges• expect child to have simple responsibilities and follow basic rules• establish limits and adhere to them• help the child be responsible and discover consequences of behaviour• provide outlets for emotional expression• provide opportunities for talking about self and family• strengthen positive self-esteem• provide plenty of play space and provide for rest• read to/with the child



Developmental tasks of primary school-age children





Developmental tasks of primary school-age children (6–12 years)

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 their turn
- develop a sense of right and wrong
- develop increasing autonomy





6–8 years old



Social and emotional milestones	Strategies to promote healthy development
<ul style="list-style-type: none">• growing independence• common fears – problems in the family, failure, rejection• friends, often from same neighbourhood and sex• more nurturing to others• commanding younger children but following after older children• start seeing the point of view of others more clearly• define themselves in terms of appearance, activities, possessions• fewer angry outbursts• learning how to resolve conflict• chattering is common• inner control is being formed• may still be afraid of the dark or monsters	



6–8 years old



Social and emotional milestones	Strategies to promote healthy development
<ul style="list-style-type: none">• growing independence• common fears – problems in the family, failure, rejection• friends, often from same neighbourhood and sex• more nurturing to others• commanding younger children but following after older children• start seeing the point of view of others more clearly• defining themselves in terms of appearance, activities, possessions• fewer angry outbursts• learning how to resolve conflict• chattering is common• inner control is being formed• may still be afraid of the dark or monsters	<ul style="list-style-type: none">• 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, coach)
- quote their new “hero”, try to please the person, and strive for attention from them
- influenced by both peers and family
- feelings get hurt easily and mood swings are normal
- sensitive to negative feedback
- difficulty dealing with failure

Strategies to promote healthy development





9–12 years old



Social and emotional milestones	Strategies to promote healthy development
<ul style="list-style-type: none">• 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, coach)• quote their new “hero”, try to please the person, and strive for attention from them• influenced by both peers and family• feelings get hurt easily and mood swings are normal• sensitive to negative feedback• difficulty dealing with failure	<ul style="list-style-type: none">• teach them 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 high energy and quiet activities

Thank you





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Lecture 3

Normal child development 2





Learning objectives



**social and emotional
development of
primary and secondary
school children**

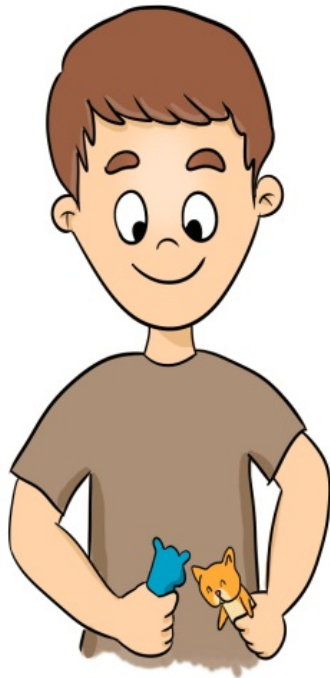


**moral development and
how to promote it**



**brain development and
its relation to schooling**

Primary school age (6–12 years)



Several **difficulties** may emerge during this stage, some of which are common, some of which 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 what is not appropriate

Primary school age (6–12 years)



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 part of typical development, the key distinction is the **frequency, duration, and level** of the behaviour



Typical difficulties of primary school-age children	Atypical difficulties of primary school-age children (warranting further investigation)
<ul style="list-style-type: none">• arguments/fights with siblings and/or peers• curiosity about male and female body parts• testing limits• limited attention span• worry about being accepted• lying• not taking responsibility for behaviour	<ul style="list-style-type: none">• 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 behaviour• fire fixation/setting

Secondary school age (12–18 years)



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

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 become more comfortable with themselves

Secondary school age (12–18 years)



Advances during adolescence

- achieving more mature peer relations
- achieving a masculine or feminine social role
- accepting one's physical strength
- achieving emotional independence
- beginning preparation for marriage and family life
- beginning preparations for making a living
- acquiring a set of values, ethics or an ideology as a guide to behaviour
- developing socially responsible behaviour



The secondary school-age child



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' syndrome (invincibility)
- become very cause-oriented
- exhibit a 'justice' orientation
- establishing an identity
- establishing autonomy
- 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's perspective
- pick your battles
- maintain expectations and don't write off negative behaviour as typical teenage behaviour
- know the warning signs when behaviour becomes dangerous
- notice changes in students' behaviour

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



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 behaviour

If educators identify any **warning signs** they should not hesitate to contact the student's parents or request a consultation with a professional



Moral development



Moral development involves

Developing the 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

Theorists such as Jean Piaget and Lawrence Kohlberg have described phases of moral development

Moral development age < 10

Typical moral development

- children see the world through the lens of other-directed morality such as authority figures
- rules are seen as absolute and unbreakable
- children's understanding of why rules should be followed is generally based upon their appreciation of the consequences of breaking them such as being punished

Strategies to promote healthy moral development






Moral development age < 10



Typical moral development	Strategies to promote healthy moral development
<ul style="list-style-type: none">• children see the world through the lens of other-directed morality such as authority figures• rules are seen as absolute and unbreakable• children's understanding of why rules should be followed is generally based upon their appreciation of the consequences of breaking them such as being punished	<ul style="list-style-type: none">• set a good example• explain to children the reasons behind a rule• demonstrate to them how one behaviour is better than another• use story telling to demonstrate moral situations• praise the child for following a rule and bring their attention to how it made others around them feel• encourage children to show empathy towards others, like writing them a card if they are sick

Moral development age 10+

Typical moral development	Strategies to promote healthy moral development
<ul style="list-style-type: none">• 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'• children will generally have begun to view moral rules as socially-agreed upon guidelines• children still feel it is important to follow rules, however these rules are viewed as guidelines that are meant to benefit society rather than inflexible orders• children realize that choices should not be based solely on the fear of negative consequences	



Moral development age 10+

Typical moral development	Strategies to promote healthy moral development
<ul style="list-style-type: none">• 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'• children will generally have begun to view moral rules as socially-agreed upon guidelines• children still feel it is important to follow rules, however these rules are viewed as guidelines that are meant to benefit society rather than inflexible orders• children realize that choices should not be based solely on the fear of negative consequences	<ul style="list-style-type: none">• 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



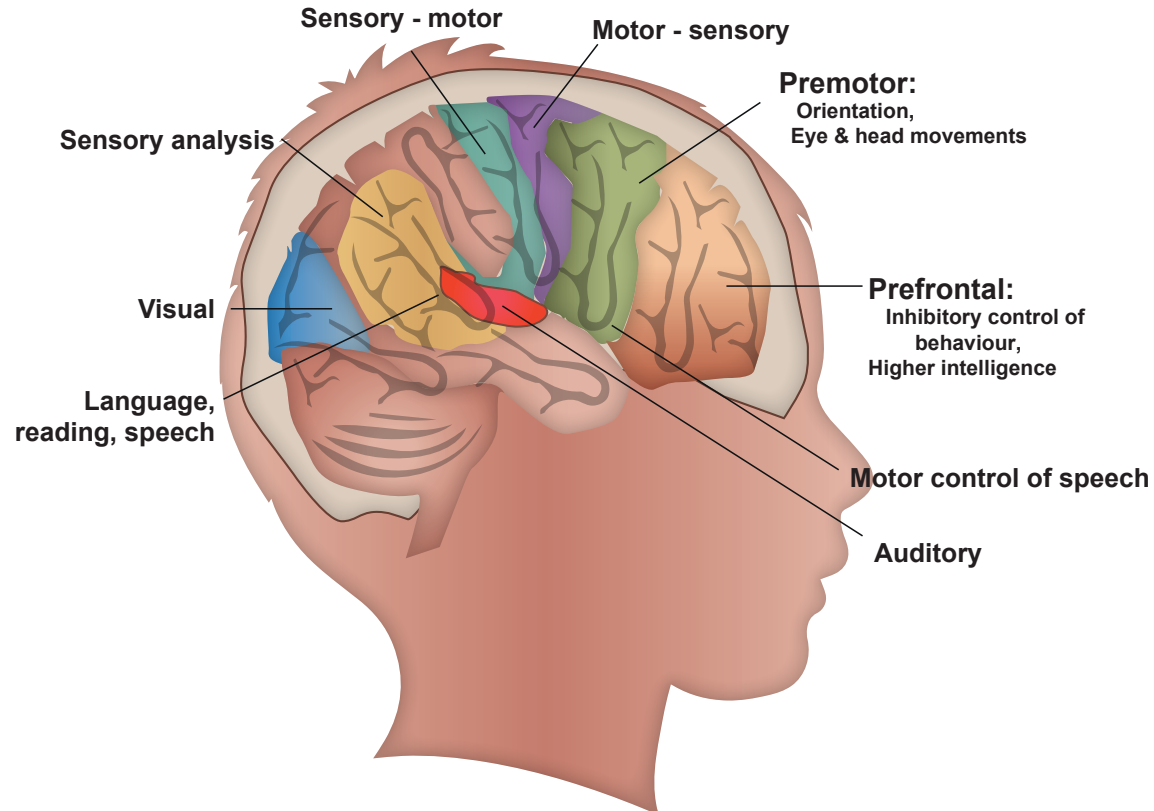
Brain development and schooling



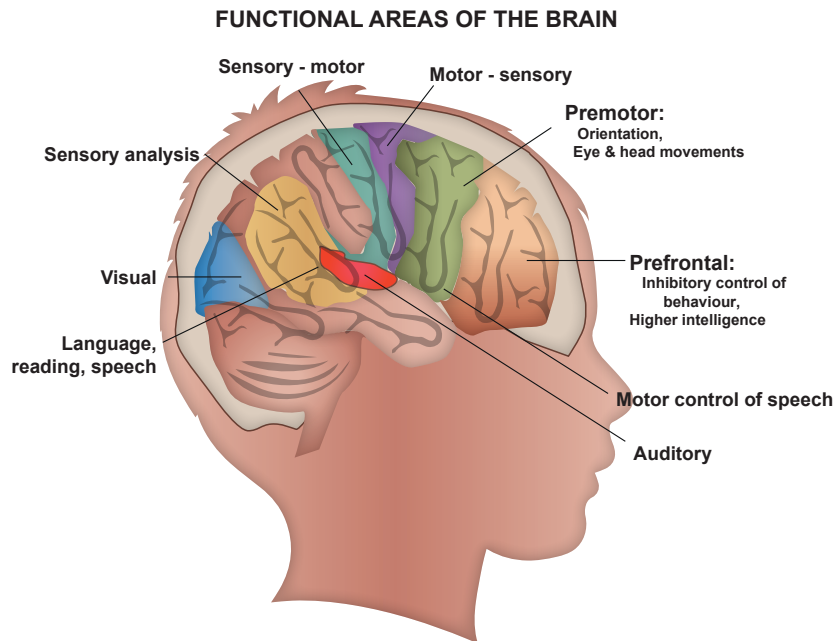
It is important for educators to be aware of **key aspects** of brain development in order to better understand child and adolescent behaviour

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

FUNCTIONAL AREAS OF THE BRAIN



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



The prefrontal cortex

Used in **decision-making** and the **ability to control behaviour**. Skills frequently referred to as **executive functioning**

Impact students' abilities to **solve problems** and **control impulsive behaviour** in the classroom

Different 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 which 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 demonstrate ability to share learned information through speech

Example: due to **stuttering**, a child may not be able to demonstrate his/her actual reading proficiency and may also have a **sensory processing problem** where the environment is perceived differently than other students



Differences in brain functioning and behaviour

Brain area related to processing problems

The child may understand a concept but may not be able to explain it in a 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



Differences in brain functioning and behaviour

Brain impairment related to trauma

It is possible for children and adolescents to develop difficulties with how their brains function, e.g. being in an accident, 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 under these circumstances

For instance, when a child is in an accident areas of their brain may be effected and impact on behaviour



Differences in brain functioning and behaviour

Brain impairment related 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

For example, a child who experiences ongoing abuse may have actual physical changes to their brain that impact sleep, mood, attention, and cause them to remain in a state of fear

Thank you





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Lecture 4

Mental health-promoting schools 1 (promotion and prevention)





Learning objectives



**characteristics of
a good teacher**



**characteristics of
a good school**



**values of a
MH-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

Social, emotional, and academic learning improve school attitudes, behaviour, and academic performance

School support buffers against the effects of child victimization and vulnerability to substance abuse, early pregnancy, and quitting school



Mental health-promoting schools



Schools are positioned to play a major role in promoting mental health

Teachers educate students and 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



**Please divide yourselves
into groups of four**

Take 10 minutes to discuss the following topic

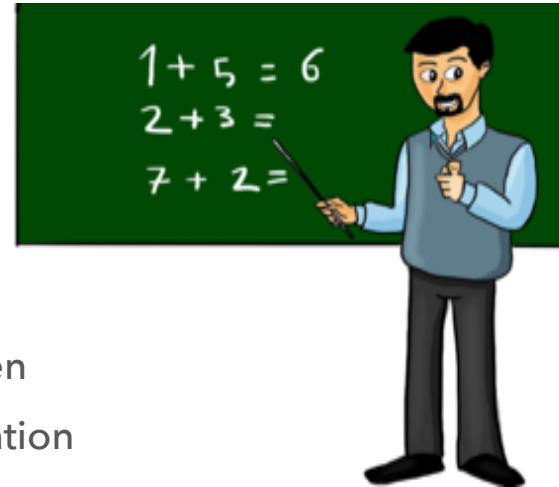
Identify the characteristics you think should be seen in a **good teacher**

Have a representative report back to the larger group

Characteristics of a good teacher

(Minhas et al, 2008)

- Empathy
- Sets age-appropriate tasks and uses age-appropriate discipline
- Understands developmental stages of children
- Attuned to verbal and non-verbal communication
- Communicates effectively and clearly
- Makes 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**

Have a representative report back to the larger group



Characteristics of a good school

(Minhas et al, 2008; Zins et al, 2004)



- Caring relationships between students and teachers
- The staff is involved in decision-making
- Partnership between schools & families
- The physical and interpersonal environment is safe and orderly
- Student body is diverse
- Strong leadership



Characteristics of a good school

(Minhas et al, 2008; Zins et al, 2004)



- Cooperative learning and proactive classroom management
- Rules and limits are clearly defined and fairly enforced
- Positive disciplinary style
- Students are involved and given responsibility
- Frequent assessment of students' progress
- High academic expectations
- Focusing not only on academic issues and results



Mental health promoting-schools

Core values



- 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



1. 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 a burden



1. Caring for all





1. Caring for all



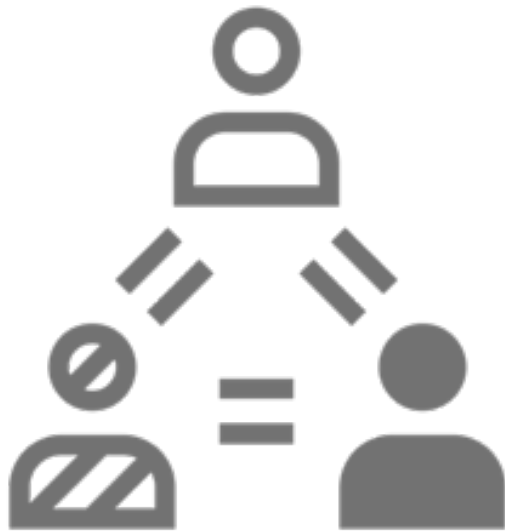
Practical steps to promote a caring environment

**Communicate through actions that all students
are valued**

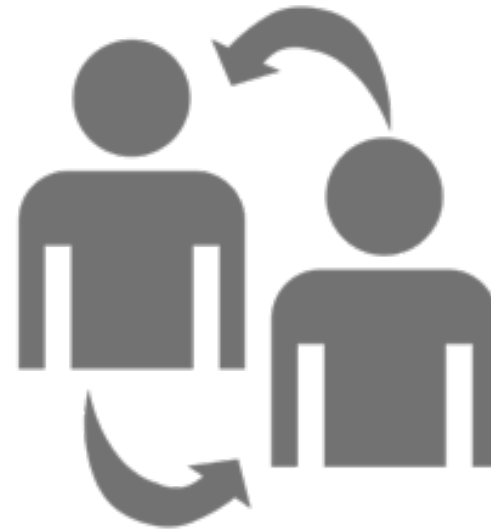
Create an environment that doesn't discriminate

Create mechanisms to deal with complaints

2. 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 follow



2. Valuing diversity



Practical steps to promote diversity

Establish a buddy system

To have students with special educational needs in mainstream classrooms has a positive impact on other students particularly in the area of developing social skills

3. 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 students' self-esteem



3. Building self-esteem



3. Building self-esteem

(Johnson and Johnson, 1999)



Practical steps to build self-esteem

Give children responsibility and leadership roles when possible

Use praise rather than reprimand

Foster cooperation rather than competition



for older students

3. Building self-esteem

(Johnson and Johnson, 1999)



Practical steps to build self-esteem

Create activities that allow students to demonstrate competence (www.connectability.ca) such as "I am special book", "Things I am good at", "My hand activities"

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



for younger students



4. Building relationships

Good relationships are very important



Greater cognitive and affective achievement has been linked to more cohesive relationships within the classroom

Poor relationships can lead to **depression** and **absenteeism** among students and teachers (Weare, 2000)

Students must be valued for who they are
Teachers themselves should model relationships
Liaising with parents is of paramount importance



4. Building relationships



4. Building relationships



Practical steps to build relationships

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



5. Ensuring safety



It is of paramount importance that children 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).



5. Ensuring safety





5. Ensuring safety



Practical steps to ensure safety at school

Establish a school wide policy for bullying

Deal rapidly and effectively with any form of threatening behaviour

Ensure teachers and staff are approachable



6. Encouraging participation

Effective schools 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





6. Encouraging participation





6. Encouraging participation



Practical steps to improve participation at school

Allow students a say in running schools through student councils and similar groups

Display students' work and call attention to their achievements

Ensure parental involvement



7. 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)



7. Fostering independence





7. Fostering independence



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 model United Nations
(www.un.org/gmun)**

8. Early identification and intervention



Identify and **address** problems
at an early stage
By **intervening** early 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** and the importance of **early identification**



8. Early identification and intervention





8. Early identification and intervention



Practical steps for early identification and intervention

Schools should have policies and standard procedures for identification and referrals

It is hard at times to determine the extent to which a behaviour is problematic
For example, pre-schoolers can be very active
How do you determine if the child falls within the normal range of activity or is hyperactive?

9. 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)

Teachers who are overwhelmed have more difficulty supporting their students



9. Support and training for teachers and other staff





9. Support and training for teachers and other staff



Practical steps to support and train teachers

Create a culture that encourages teachers to discuss difficulties

Establish teacher support groups, allowing peer-peer consultations or consultations with school psychologists

Help teachers reconnect with why they became educators

Create an environment that is positive and fosters development

Train in behaviour management techniques

Help teachers understand that difficult behaviour by children may be a cover-up for circumstances the child is experiencing

Thank you





School Mental Health Training



**World Health
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Lecture 5

Mental health-promoting schools 2 (promotion and prevention)





Learning objectives



**behavioural
management
strategies**

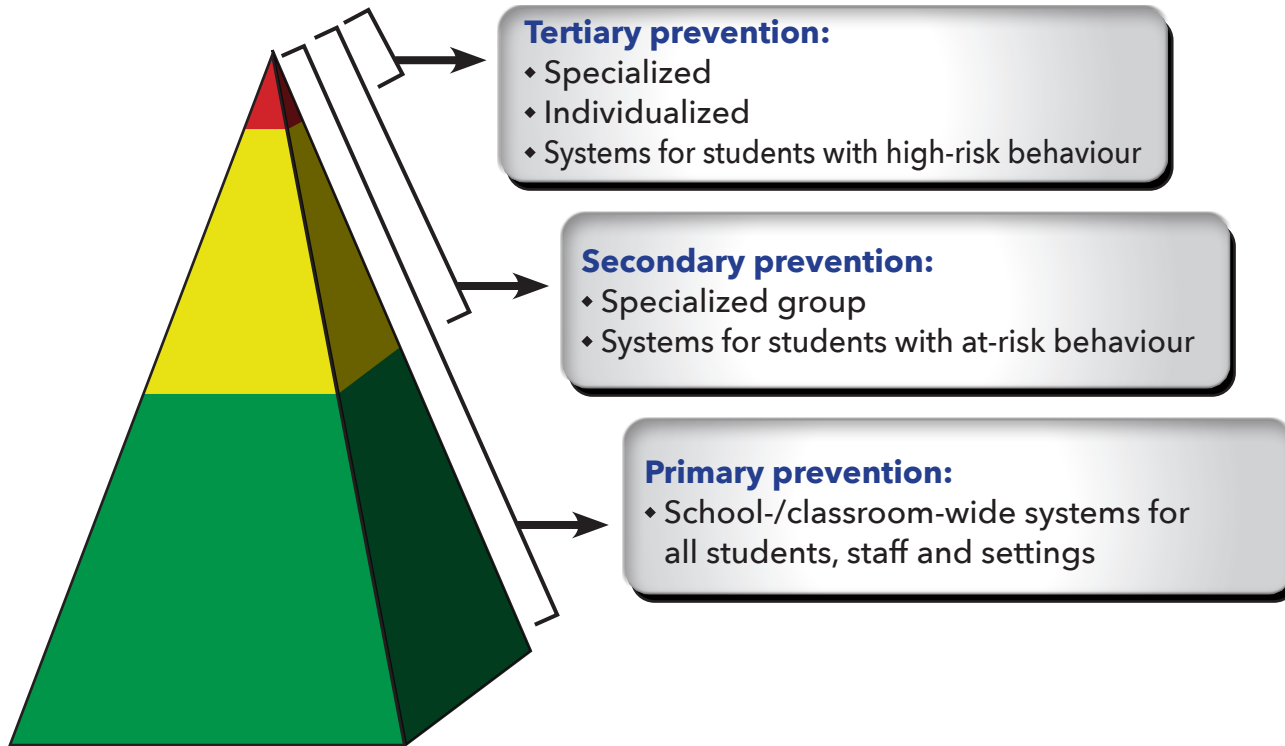


**basics of
counselling**



**introduce techniques
such as circle time and
life skills education**

Prevention is divided into several levels



Behavioural management strategies for schools

Discipline and management of disruptive behaviour

- Discipline is an important part of school life
- Different strategies should be used
- Negative discipline techniques like physical punishment, criticizing or threatening should never be used due to their harmful effects
- Use positive discipline techniques





Exercise 1



Please divide yourself
into groups of four

Take 10 minutes to discuss the following topic

Discuss strategies that can be used in class for **disruptive behaviour**

Have a representative report back to the larger group



Practical steps to manage disruptive behaviour

- 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 behaviour when possible
- Point out the natural and logical consequences
- Help students develop decision-making skills
- Help students develop alternatives to disruptive behaviours such as doing a productive task





Practical steps to manage disruptive behaviour

- Reward successes during the school day
- Develop with students a multi-step plan 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
- When the student resists following direction shift the conversation to student choices and consequences





Practical steps to manage disruptive behaviour

- 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 them to consider alternatives





Remember

- Do not overdo any of the techniques
- Be consistent and systematic
- Do not humiliate or embarrass the student, criticize their personality or family, but rather talk about the behaviour
- Your tone of voice and attitude should remain friendly
- Reinforce desirable behaviour at every opportunity
- Model positive behaviour and show students how you can handle frustration



Basics of counselling



Relationship building	Active listening	Interviewing skills	Observation skills	Providing information
Establishing a relationship based on empathy, trust and respect	Use skills such as maintaining eye contact, appropriate body language, nodding one's head, modulating tone to indicate empathy	Ask open ended questions: "Can you tell me more about.....?" Ask questions in a non-judgmental way Use questions appropriate for the child's age Reflective listening demonstrates the teacher has understood the child's experience	Observe the child's verbal and non-verbal behaviour	Provide factual information and challenge misconceptions

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



Circle time

(sometimes referred to as group thinking time)

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 the feeling they are in a **safe and equal** environment



Ideally, the group should consist of
no more than 25 students

How to implement circle time

Rules should be presented by the facilitator

- **Respect** the opinions of others
- Allow each student a chance to participate
- No one should be forced to share their opinion
- Respect each other's **confidentiality**



How to implement circle time

The agenda for each meeting should be defined clearly

Session structure

Beginning: review the rules and present the discussion topic

Middle: key issues are discussed

Closure: counsellor summarizes the discussions



How to implement circle time

The facilitator's role

Actively listen, encourage participation and allow solutions to emerge

For younger children

The facilitator may sit on a small chair or on the floor to be at the same level as students

Discussion topics

Can include identifying feelings, managing emotions, and building self-esteem





Life skills education

An important part of prevention and promotion efforts

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

- Hear an explanation of the skill in question
- Observation of the skill (modelling)
- Practice the skill in selected situations in a supportive learning environment
- Feedback about individual performance of skill
- Practice of skill facilitated by role-playing in typical scenarios
- Using skills learning tools, e.g. by working through the steps in the decision-making process
- Practice should start with skills learning in non-threatening, low-risk everyday situations and progressively transition to their application in threatening, high-risk situations.
- Important methods used to facilitate life skills learning include group discussion and story-telling



Thank you





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Lecture 6

Other health-promoting efforts that impact mental health



Learning objectives



**healthy nutrition
in a school setting**



vision, hearing, speech



**physical exercise in
health promotion**



**exposure to electronic
media** (screen time, internet
addiction and cyber bullying)



**parents' role in supporting
their children's education**

Nutrition



Proper nutrition



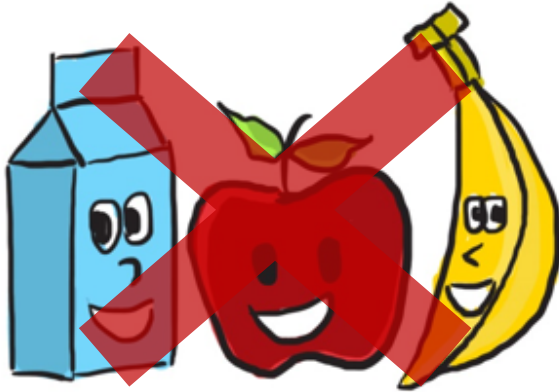
Healthy body



Healthy mind

Nutritional deficiencies have an impact on cognitive and emotional development

Nutrition



Malnutrition



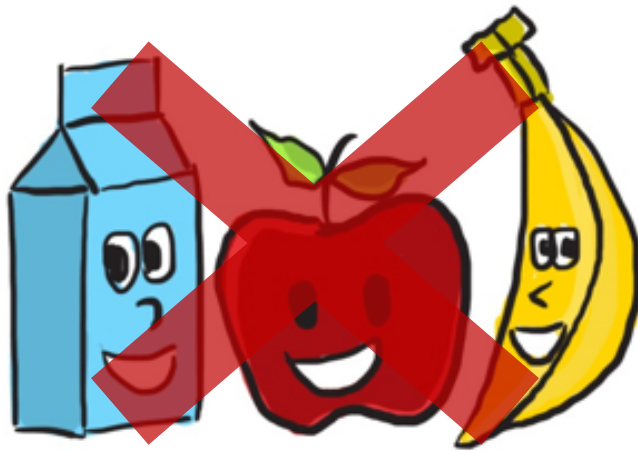
Single biggest contributor to
child mortality in the Region

WHO

1/3 children in the Region are underweight or stunted
More of than 30% of the population have micronutrient deficiencies

"The effect of under-nutrition on young children (ages 0–8) can be devastating and enduring. It can impede behavioural and cognitive development, educability, and reproductive health, thereby undermining future work productivity" **The World Bank**

Nutrition



Vitamin (B, C, D and E) and
mineral deficiencies (calcium,
iodine, iron, magnesium,
selenium & zinc)

malnutrition

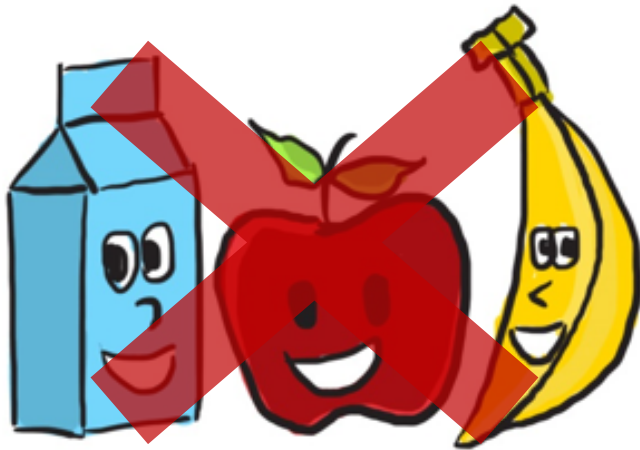


affects cognition and subsequently
the ability to learn and retain



lower IQ

Nutrition



Malnutrition



Greater behavioural problems
Deficient social skills
Decreased attention
Deficient learning
Lower educational achievement

Children who have stunted growth and obesity
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 to ensure children receive healthy diets

Nutrition



The WHO Nutrition-Friendly Schools Initiative (NFSI)

A school-based initiative to address the double-burden – under-nutrition and obesity – of nutrition problems throughout the life course

Core components of NFSI

1. Have a written nutrition-friendly schools policy
2. Enhance school community awareness and capacity-building
3. Develop a nutrition curriculum
4. Create a supportive school environment
5. Provide 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 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, overexercising and inducing vomiting



Eating disorders



There are two types of **bulimia nervosa**, the **purging type**, where those affected typically binge and regularly self-induce vomiting or misuse laxatives, diuretics or enemas, and the **non-purging type** where other methods are used to prevent weight gain after bingeing

Eating disorders can 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 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 screening and speech evaluation

Physical exercise



Regular physical activity has significant physical and mental health benefits

Exercise improves strength and endurance, helps build healthy bones and muscles, can improve **blood circulation** and helps in **weight control**

Physical exercise



Has beneficial mental health effects including reducing anxiety and stress, maintaining a healthy body image and increasing self-esteem

Helps keep children occupied with healthy activities

There is evidence linking school-based physical activity to cognitive skills and improved academic achievement

Physical exercise



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



1. Screen time

The **American Academy of Pediatrics** recommends parental monitoring of media time

With increased access to electronic media in schools and after school programmes, educators have a similar role to play



1. Limit the time children consume electronic media to **1–2 hrs/day**
2. Provide alternative activities for entertainment such as playing outside
3. Monitor the type of media children are exposed to for language, violence, and sexual content



Media exposure



2. Internet addiction

is becoming an increasingly common problem and may manifest in a school setting in various ways, both directly and indirectly

Directly

Students may find themselves spending excessive time online whether on school computers or hand held devices

Indirectly

If students are up all night on the internet they may be late to school, appear tired or unfocused or may not come to school at all

Media exposure



2. Internet addiction

No specific criteria exist to diagnose internet addiction. It varies from person to person. There is no set number of hours per day spent online that indicates internet addiction

Warning signs (from helpguide.org)

- Losing track of time spent online
- 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

Media exposure





3. Cyber bullying

Bullying that takes place using technology

Different forms of electronic media, including social media, texts and emails, can be used to share rumours, embarrassing pictures or stories, hate or racist speech

Prevention of cyber bullying requires close collaboration between parents and school staff and interventions which can include 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 children'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





The role of parents in their children's education



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







The role of parents in their children's education

Areas where parents can **support** their children

- Attendance
- Attitude
- Education as a priority
- Support
- Being a role model
- Involvement
- Communication





The role of parents in their children's education

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



The role of parents in their children's education

Communicating with school to ensure the child's academic attainment, emotional well-being and social development can involve:

- maintaining active dialogue with schools
- regular parent-teacher conferences to discuss the child's progress and coordinate efforts
- parent-teacher associations and other organizations intended to facilitate parents' involvement in schools



Thank you





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Lecture 7

Referring children in schools

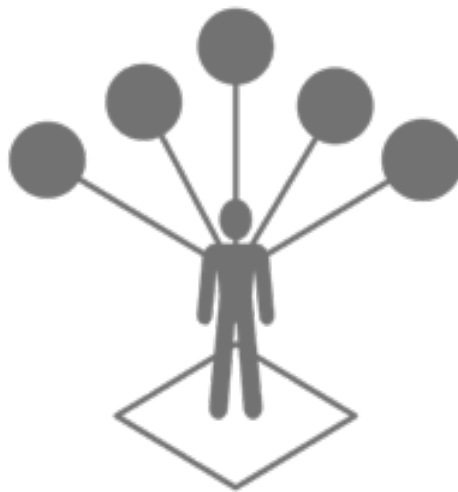




Learning objectives



**recognize when to refer
a student to a mental
health professional**



**understand the different
roles mental health
professionals play in a
school setting**



**consider
privacy and
confidentiality**



Exercise 1



Please divide yourself
into groups of 4–5

Take 10 minutes to discuss the following topic

When should educators refer a student to a **mental health specialist**

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 school
- When symptoms are **severe** or **distressing**
- When there is **risk or danger** towards self or others
- When 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

- 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 behaviour like responding to things that are not there
- Becoming mute or disengaged



Some general behaviours and symptoms that may warrant a referral

- Truancy
- Appearing tired or sleepy in class on a consistent basis
- Repetitive behaviour
- Self-injurious behaviour (e.g. cutting, head banging)
- Frequently leaving the class due to pains and aches that do not appear on weekends or holidays
- Significant changes in weight



Roles and responsibilities within 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 of referral the family should be consulted first and provide consent



Roles and responsibilities within school in regard to mental health

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





Privacy and confidentiality

Parameters of privacy and confidentiality should be clearly delineated to the family

The child and family also need to be told if there are safety issues such as a child wanting to harm himself/herself or others, and informed that staff will need to take appropriate actions to **ensure everyone's safety**



Thank you





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Lecture 8

Strategies to address behavioural manifestations of common mental health problems 1





Learning objectives

To identify behavioural manifestations and interventions 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 the journey



Points to consider

It is **not necessary** for teachers to diagnose a child with a mental disorder

Attempts at diagnosis risk inappropriately **labelling** children, **alienating** them and their parents. Diagnosis requires specialized training

It is important for teachers to understand **how to support** all students in the classroom, including those with mental health problems, and to **determine when problems are severe enough** to require help from family members and/or a specialist





Strategies to address behaviours that may manifest in the classroom

Strategies are organized into three categories

Tier 1 strategies

address **mild** problems, are simple to implement and can benefit all students in the classroom

Tier 2 strategies

address **moderate** problems and require specific activities tailored to the child with problems

Tier 3 strategies

address **severe** problems, require specific activities tailored to the child with problems, and may necessitate the involvement of additional teaching staff



Universal strategies for helping children with emotional difficulties

Empathic listening and taking a supportive stance

Modelling positive mental health strategies such as relaxation, mindfulness and managing stress

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

Help students challenge negative thoughts and problem solve

Provide 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 and be unable to participate in activities
- demonstrate clinginess with caregivers and teachers
- cry excessively and have tantrums



Anxiety problems

Students with anxiety problems may

- worry so much about getting everything right 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 they won't be able to do anything right
- avoid school out of fear of becoming embarrassed, humiliated, or failing
- be behind in their work due to repeated absence
- fidget
- be easily frustrated



Case 1: Mariam, a 12-year-old girl

Mariam always appears worried and frequently bites her nails. She often leaves class complaining of a headache, though it only occurs on school days.

She worries about her family, that something bad will happen to them when she is at school, about her health and what will happen if she gets ill, and worries incessantly about what others think of her.

Sometimes when she is anxious she feels her heart pounding, her body trembling, becomes short of breath and starts to feel sweaty.

She realizes that her worries are excessive but feels helpless to confront them.





Questions to consider ?

What strategies could be implemented **by the teacher** to support **Mariam**?


What strategies could be implemented **by her parents** 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**?





Troubling behaviour
you might see in
the classroom

Intervention



T=Teacher
P=Parent
F=Friends

Escalating anxiety	Speak slowly and calmly, encourage slow breathing	T,P
	Break tasks down ("Right now we just need to walk to the playground to see the birds")	T,P
	Help 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 that are not hitting other cars?")	T,P
	Help students evaluate 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 went well?")	T,P
	Model and practice positive self-talk ("I can do this.")	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 of speaking in public, allow the child to speak alone in front of a mirror, record and play, speak in front of a few friends then speak in front of the class	T,P



Role play 1



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

Teacher: I see that you are worried. But what are the chances 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 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 so worried

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

Student: I don't know

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

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



Case 2: Hatem, a 7-year-old boy



For two months Hatem 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 school days he is in good health and has no abdominal pain.

His mother Fatima believes her neighbour, with whom she had a conflict, has used black magic on Hatem that makes him unable to go to school.

His mother gets angry with Hatem 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 when he is away.

A few months earlier, when Hatem was at school, his mother had a seizure and was hospitalized.





Questions to consider ?


What strategies could be implemented **by the teacher** to support **Hatem**?

What strategies could be implemented **by parents** to support **Hatem**?

What strategies could be implemented **by peers** to support **Hatem**?

Who else could support **Hatem** and how?


When would you refer **Hatem** to a **specialist**?



Troubling behaviour
you might see in
the classroom

Intervention

T=Teacher
P=Parent
F=Friends



Distress, crying,
irritability

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 (e.g. superheroes, etc.) to recall strengths and powers to manage stress

T,P

Allow the child to spend time first in the library or with other staff to ease into the building (and reward efforts to get to the classroom)

T,P

Introduce the student to next year's teacher and have parents visit next year's classroom during the vacation

T,P

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

T,P

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



Post-trauma

Students with post-trauma problems may

- Be preoccupied, and become easily confused
- Lose interest in activities
- Become quiet and/or sad, and avoid interaction
- Not show feelings, or appear numb
- Avoid activities or places related to their trauma
- Engage in repetitive play with themes related to their trauma
- Have nightmares/flashbacks
- Have an exaggerated startle response
- Have difficulty sleeping





Case 3: Amr, a 16-year-old boy



Amr lives in a country that 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.

Amr used to be a bright and engaged student, well-liked by everyone. He was always attentive in class and eager to answer complicated maths problems on the blackboard.

Recently Amr became withdrawn, appears distracted and his mood changed to be sad and irritable. He would 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.

He has also become mistrustful and always seems to be watching over his shoulder. He admits to having 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 parents** to support **Amr**?

What strategies could be implemented **by peers** to support **Amr**?


Who else could support **Amr** and how?

When would you refer **Amr** to a **specialist**?



Troubling behaviour
you might see in
the classroom

Intervention



T=Teacher
P=Parent
F=Friends

Intrusive thoughts or flashbacks

Make the school a safe, predictable place with normal routines (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

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


If students show 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) T,P,F

Identify signals with the student, such as raising a finger, to allow the student to be excused if distressed T,P,F

Identify coping skills such as alternative activities, including independent projects, that the student can do outside class T,P,F


Help students recognize and think through their options and likely consequences when something distresses them T,P,F

Allow the student to go and see other staff to regroup and then return to class T,P



Troubling behaviour
you might see in
the classroom

Intervention



T=Teacher
P=Parent
F=Friends

Intrusive thoughts or flashbacks

Help the child recognize their current situation is safe so they are grounded and not afraid in the classroom

T,P,F

Provide time for the student to think of other things, and suggest something else for the student to do (get a drink of water, do a different task)

T,P

Encourage the student to identify friends who help support them and protect them

T,P,F

Allow the child to write down an intrusive thought or flashback to discuss with other staff

T,P

Thank you



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Lecture 9

Strategies to address behavioural manifestations of common mental health problems 2





Learning objectives

Behavioural manifestations and interventions for



**depression
and sadness**



**suicidal
behaviour**



**hyperactivity,
impulsivity and
inattention**



Strategies to address behaviours that may manifest in the classroom

Strategies are organized into three categories

Tier 1 strategies

address **mild** problems, are simple to implement and can benefit all students in the classroom

Tier 2 strategies

address **moderate** problems and require specific activities tailored to the child with problems

Tier 3 strategies

address **severe** problems, require specific activities tailored to the child with problems, and may necessitate the involvement of additional teaching staff



Universal strategies for helping children with emotional difficulties

Empathic listening and taking a supportive stance

Modelling positive mental health strategies such as relaxation, mindfulness and managing stress

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

Help students challenge negative thoughts and problem solve

Provide academic support/accommodations to help them during times of stress

Depression or sadness

Students with depression or sadness problems may


- Cry easily, look sad, feel alone or isolated
- Appear anxious or afraid
- Act angrily or irritably
- Demonstrate marked changes in school behaviours
- Find it harder to stay on task, lose concentration
- Be frequently absent from school
- Experience change in academic performance
- Lose motivation





Depression or sadness


Students with depression or sadness problems may

- Abandon favorite hobbies or sports, lose interest in being with peers, and be withdrawn
 - Change their eating habits and sleeping habits
 - Be at increased risk of self-injury, suicidal thoughts and attempts which means every comment should be taken seriously and brought to the immediate attention of the child's parent, mental health specialist, and/or school nurse
 - Be restless or slowed down
 - Misuse drugs and alcohol
 - Struggle with changes in feeling, thinking and perception
 - Express inappropriate guilt
 - Express feelings of not being good enough, worthlessness, failure
 - Speak in a monotonous or monosyllabic manner
 - Express hopelessness
 - Be irritable, e.g. snapping at people for no apparent reason
 - Eat/sleep too much or too little
- 



Mood stability

Students with mood stability problems may

- Show fluctuations in mood, energy and motivation
 - Alternate between fearfulness and recklessness and often appear angry, irritable and/or frustrated
 - Experience 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 peers
 - **Younger children** frequently exhibit rapid mood swings many times within a day and are more likely to be irritable and prone to destructive tantrums than be happy or elated
 - **Older adolescents** show similar patterns of mood instability as adults, with changes from high to lows, involving high intensity of mood
- 



Case 4: Yasmine, a 10-year-old girl

Yasmine's teachers have noticed she has appeared sad for the last three months.

She frequently cries in class and appears excessively emotional.

She seems distracted and unable to focus even on simple tasks. She no longer feels motivated to complete her work or engage in classroom discussions and looks like she has lost a lot of weight.

At home, Yasmine's parents have noticed that she is irritable and quickly triggered by her sister. She complains of being very tired and unable to focus and of 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 parents** 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**?



Troubling behaviour
you might see in
the classroom

Intervention

T=Teacher
P=Parent
F=Friends



Negative mood

- | | |
|--|-------|
| Check in with the student to quantify 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 the evidence surrounding negative thoughts | T,P |
| Help students evaluate the evidence for their conclusions ("I'm no good at maths." "Hmmm....what have your math grades been for the past week? All good except today? Wonder why you had one hard day and all the others 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 | TPF |
| Identify study partners who can support and assist with assignments | |
| Have the student write in a journal about moods and write songs, poems | T,P |
| Help the student identify things that contribute to distressing mood states outside of class | T,P |
| Identify a staff response to self-injurious behaviours so that students are assessed without being stigmatized | T,P |



Role play



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 weren't 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'm 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're 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 first have a 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 5: Mona, a 17-year-old girl

Mona has been having a hard time at home. She met an older male that she wants to marry and her parents found out about it. They told her that she is too young to get married and demanded she end the relationship immediately.

Apart from going to school she is 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 had told her best friend at school that she was 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 parents** to support **Mona**?

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**?



Troubling behaviour
you might see in
the classroom

Intervention

T=Teacher
P=Parent
F=Friends



Suicidal thoughts or behaviour

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 any distressed and/or suicidal young person and understand that the teacher should not be alone in the 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) by taking necessary actions T,P


Constantly supervise any student identified as at imminent risk (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 parents T,P



Inattention

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

Students with hyperactivity and impulsivity problems may

- Have difficulty paying attention and staying on task
- Not complete tasks and make careless errors
- Make choices without thinking them through
- Blurt out answers before the teacher finishes the question
- Interrupt the teacher and other students
- Talk too loudly
- Fidget/have difficulty remaining still

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





Case 6: Hassan, a 7-year-old boy



Hassan's teacher notices that he is not able to sit still in class. He is always disrupting the class and disturbing other students. When his teacher asks him to stop he says he can't help it. 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 he is behind despite being a very smart student. His attention is poor even when the teacher talks to him directly.

On speaking to his mother the teacher learns he also seems hyperactive at home. He makes decisions without really thinking about their consequences and is always jumping around and breaking things. He is not organized and often loses his notebooks and homework.





Questions to consider ?


What strategies could be implemented **by the teacher** to support **Hassan**?

What strategies could be implemented **by parents** 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**?



Troubling behaviour
you might see in
the classroom

Intervention



T=Teacher
P=Parent
F=Friends

Inattention

Preferential seating – seat student at the front of the class T,P

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


Break steps down and have the child repeat them back T,P

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

Provide the student 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 behaviour
you might see in
the classroom

Intervention



T=Teacher
P=Parent
F=Friends

Disorganization

Have students check in after doing the first 1 or 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 student T,P


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

Help the child organize his/her desk and workspace, for example place papers in coloured folders T,P

Have the child use a daily assignment book and check it before the student leaves for home T,P

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


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



Troubling behaviour
you might see in
the classroom

Intervention

T=Teacher
P=Parent
F=Friends



Hyperactivity

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 fingers/toes to relax (and not be disruptive)

T,P,F

Provide goal-directed tasks such as distributing papers

T,P,F

Impulsivity

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 a designated place in lines (between 2 pro-social peers)

T,P,F

Allow the student to leave early with another staff or peer to the next place/class

T,P,F

Thank you





School Mental Health Training



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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Lecture 10

Strategies to address behavioural manifestations of common mental health problems 3





Learning objectives

Understand behavioural manifestations of and interventions for



developmental problems



psychosis



Strategies to address behaviours that may manifest in the classroom

Strategies are organized into three categories

Tier 1 strategies

address **mild** problems, are simple to implement and can benefit all students in the classroom

Tier 2 strategies

address **moderate** problems and require specific activities tailored to the child with problems

Tier 3 strategies

address **severe** problems, require specific activities tailored to the child with problems, and may necessitate the involvement of additional teaching staff



Universal strategies for helping children with emotional difficulties

Empathic listening and taking a supportive stance

Modelling positive mental health strategies such as relaxation, mindfulness and managing stress

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


Help students challenge negative thoughts and problem solve

Provide 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 7: Joseph, a 6-year-old boy

Joseph 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 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 the face.

At times he gets upset and punches his face or bangs his head against the wall.

In speaking to his mother Joseph's teacher learns that Joseph has had these problems since his first year and has received special educational services.





Questions to consider ?


What strategies could be implemented **by the teacher** to support **Joseph**?

What strategies could be implemented **by parents** 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**?



Troubling behaviour
you might see in
the classroom

Intervention

T=Teacher
P=Parent
F=Friends



Social rules


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, continue, and stop conversations appropriately T,P,F

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 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



Troubling behaviour
you might see in
the classroom

Intervention

T=Teacher
P=Parent
F=Friends



Social rules

Identify peers with whom the student can work, play, and eat snacks and meals 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 flipping or waving a pen, etc.) T,P

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

Construct stories to help the student prepare for different social situations 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 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



Psychosis

Students with psychotic 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 students' culture
- Speak in a way that is difficult to follow





Psychosis

Students with psychotic problems may

- Behave unpredictably (e.g., childish silliness, agitation, complete lack of motor or verbal activity)
- Feel others want to hurt them or are plotting against them
- Respond or interact with things that are not there
- Withdraw from peers
- Show no motivation to participate in class and to complete homework






Case 8: Fahad, a 17-year-old boy

In the last month Fahad's teachers have noticed he has become very different and is no longer his old self. He appears very withdrawn and refuses to eat in the classroom. He thinks his classmates are trying to poison him because they are jealous.

He has 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 with no improvement in his symptoms.






Troubling behaviour
you might see in
the classroom

Intervention

T=Teacher
P=Parent
F=Friends



Distorted thoughts or comments

Instead of arguing about distorted thoughts, shift to schoolwork ("OK I heard your comments. Now we'll move forward with maths.") T,P


Provide grounding comments to help the student share the reality of others ("Well, despite your fears about others, you are in your 5th grade class with all your usual classmates.") T,P

Emphasize simple structures and routines that are familiar T,P

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


Employ 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) T,P

Model and practice positive self-talk ("I will get through this. I got through yesterday and will get through this today." "Even though I hear someone's voice, it is OK and will not hurt me.") T,P



Troubling behaviour
you might see in
the classroom

Intervention



T=Teacher
P=Parent
F=Friends

Distorted
thoughts or
comments

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

Thank you





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Lecture 11

Strategies to address behavioural manifestations of common mental health problems 4



Learning objectives

Understand behavioural manifestations and interventions for



**oppositional/ conduct
problems**



bullying



substance abuse



Strategies to address behaviours that may manifest in the classroom

Strategies are organized into three categories

Tier 1 strategies

address **mild** problems, are simple to implement and can benefit all students in the classroom

Tier 2 strategies

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Universal strategies for helping children with emotional difficulties

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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


Help students challenge negative thoughts and problem solve

Provide academic support/accommodations to help them during times of stress



Oppositional problems

Students with oppositional problems may

- Challenge class rules
 - Refuse to do assignments
 - 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
 - Lose their temper
- 



Case 9: Hamad, a 17-year-old boy

Hamad's teachers describe him as very difficult. He refuses to follow instructions and appears to enjoy defying authority, whether of his teachers or parents. His school attendance is erratic. On many days he doesn't turn up.

His parents report that he hangs out with "a bad group of kids" and they have caught him smoking marijuana. They suspect he may be using other drugs and he has admitted to his school counsellor that he and a group of friends have stolen money from a local store.

When he is at school he frequently gets into physical fights with other students and was suspended a few times for bringing a knife to school.



Questions to consider ?


What strategies could be implemented **by the teacher** to support **Hamad**?

What strategies could be implemented **by parents** 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**?



Troubling behaviour
you might see in
the classroom


Intervention

T=Teacher
P=Parent
F=Friends




Refusal

- | | |
|---|-------|
| Provide the student a few appropriate choices ("You can do this work during lunch" or "I'll help you now do the first problem now") | T,P |
| Use "I need you" rather than "You need to" in statements | T,P |
| Use consistent cues, words, and signals to identify inappropriate behaviour. 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 |
| Think through the student's alternatives and likely consequences when refusal occurs and 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 and reward collaborative efforts between the student and others | T,P,F |
| Have students describe how they think others feel when a conflict occurs | TPF |
| Have students role play how to resolve conflicts | T,P,F |



Troubling behaviour
you might see in
the classroom

Intervention



T=Teacher
P=Parent
F=Friends

Refusal

Confront lies/distortions outside of 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 succinctly and demonstrate patience while allowing the student to do the right things

T,P

Identify a staff member to walk or talk with the angry student to process the event outside of class

T,P

Together with parents identify prosocial events/activities and helpful peers and students with whom the student could spend more time

T,P,F

Conduct problems

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
- Argue or fight with other students
- Refuse to do assignments



Conduct problems

Students with conduct problems may

- Create disruptions in the class
- Blame others and refuse to take responsibility
- Destroy property in the classroom
- Disrespect adults and other students
- Endanger the safety and wellbeing of others
- Steal





Case 10: Mahmoud, a 16-year-old boy

Mahmoud has a history of bullying other students.

Recently he has been targeting younger students including Hassan, an 11-year-old soft-spoken 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 parents** 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**?



Troubling behaviour
you might see in
the classroom

Intervention



T=Teacher
P=Parent
F=Friends

Bullying

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. Rearrange classroom or bus seating plans as needed

T,P,F

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)

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 the school and parents

T,P



Substance abuse

Students with a substance abuse problem may

- Be moody and irritable, and have sudden mood and personality changes
- Have low self-esteem and depression
- Pull away from family, teachers and other trusted adults
- Be argumentative and disruptive
- Break rules





Substance abuse

Students with a substance abuse problem may

- Exhibit a decline in academic performance
- Have memory and learning problems
- Demonstrate poor judgment in situations
- Be late and absent from school
- Withdraw socially





Substance abuse

Students with a substance abuse problem may

- 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 general lack of interest





Case 11: Hazim, a 17-year-old boy

Hazim's teacher has noticed that his behaviour has changed significantly in the last two months.

Hazim used to be well-liked student who excelled academically. Recently his grades 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 admitted 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 parents** 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**?



Troubling behaviour
you might see in
the classroom

Intervention

T=Teacher
P=Parent
F=Friends



Substance abuse

Improve school connectedness, which helps students with substance abuse problems, and encourage positive relationships with teachers, administrators, and peers at school

T,F

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 if certain activities (sports, drama, etc.) can help occupy the student's time in a meaningful way

T,P,F

If available, consider a recovery school for severe cases

T,P

Encourage the student to engage with substance free peers and settings

T,P,F

Thank you

