



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

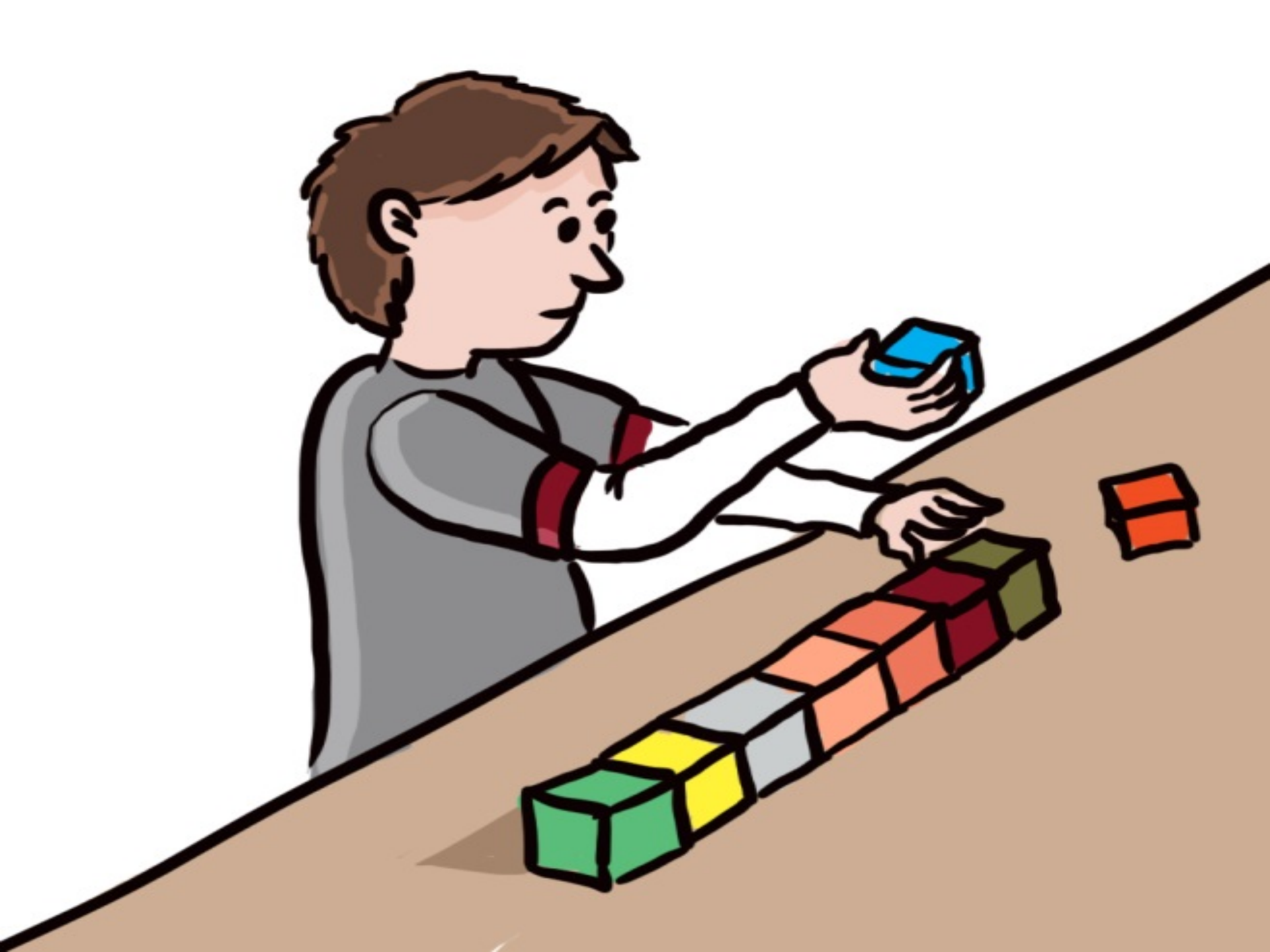


Joseph has no friends at school and doesn't seem interested in interacting with others. He spends a lot of time in class trying to line objects up and when excited has a flapping hand movement.

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**?

A decorative graphic in the top right corner consisting of a large blue arc and a smaller orange arc.



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

