



School Mental Health Training



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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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
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the classroom

Intervention

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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

