

Mental Health Presentations of Children and Young People Guidance for Parents / Carers

John Spendluffe Technology College places a high value on the mental health and emotional wellbeing of all students in our care.

We work in partnership with the Mental Health Support Team, Lincolnshire NHS Trust, Skegness branch.

The aim of this leaflet is to raise awareness of common mental health issues. The information in this leaflet is by no means exhaustive and is intended as a starting point. If you have any concerns about the mental health and emotional wellbeing of your child, we recommend that you follow the guidance below in our 'What to do if you have a concern' section of this leaflet.

What is meant by 'Mental Health'?

We all have mental health – whether it is good, bad or in the middle. Put simply, your mental health is the way you feel on any particular day.

According to the World Health Organization (WHO), mental health is 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.'

'Mental illnesses are health conditions involving changes in emotion, thinking or behaviour (or a combination of these). Mental illnesses are associated with distress and / or problems functioning in social, work or family activities.' (The American Psychiatric Association (APA), 2018)

Signs to look out for

General signs

- Declining or significant change in school attendance for no identifiable reason
- Declining or significant change in school performance for no obvious reason
- Declining or significant change in behaviour in classroom and / or around school
- Social withdrawal and extreme self-isolation
- Persistent tiredness / insomnia
- Changes to eating habits: persistent loss of appetite or restrictive eating or comfort eating
- Noticeable or significant weight loss or gain
- Persistent low mood/unhappiness/irritability
- Persistent aggression towards peers or authority figures
- Negative talk about themselves / expressing hopelessness / despair / suicidal talk
- Scratches, cuts, bruises or obvious signs of self-harm
- Difficulty managing worries or anxious feelings

- Extreme over-defensiveness or paranoia
- Distressing unusual perceptions, hallucinations, voices or extreme beliefs

This is not a definitive list. Trust your own gut feeling and knowledge of the child / young person in your care.

What to do if you have a concern

If you feel concerned about the mental health of your child, find a quiet, private space to ask them how they are doing and if it feels like they give an evasive or superficial reply, ask them again (the 'double tap').

Show your genuine interest, a lack of judgement and listen to them. Give the conversation your full attention. If your child is resistant to talk to you, don't force the situation and instead find out who else they feel they could talk to. For further advice about how to approach conversations about mental health, see the 'Talking Mental Health with Young People at Secondary School' leaflet by the Anna Freud Centre.

- 1. Talk to your child about the ways they can look after their mental health. Refer to our '9 Ways' and 'Do you need to speak to someone?' posters to signpost your child to appropriate in-school staff and external professional support, e.g. Kooth; SHOUT 85258. These posters are displayed around the school site; copies are included in this leaflet.
- 2. If you are still concerned about your child's mental health, please talk your child's **tutor** and / or **progress team**. We work with professional clinicians: our Mental Health Support Team is the Skegness branch of the NHS Lincolnshire Foundation Trust. Your child's tutor or progress team can make a referral via the school's Senior Mental Health Lead (Mrs Powell, Assistant Headteacher) who will make an initial assessment. Additionally, we can refer your child to one of our in-school counsellors instead, if appropriate.
- 3. Alternatively, you can seek professional help through your **GP** and / or the **Lincolnshire 24 hour advice line**, **Here4You**: **0800 234 6342**. This **self-referral** service is available to students, parents / carers. This service must not be used to report safeguarding concerns*.
- *If you think a child or young person is at <u>risk of harm to themselves or others</u>, contact our school Safeguarding Team swiftly for advice

*If there is a risk to life and you think a child or young person is in immediate danger, call 999.

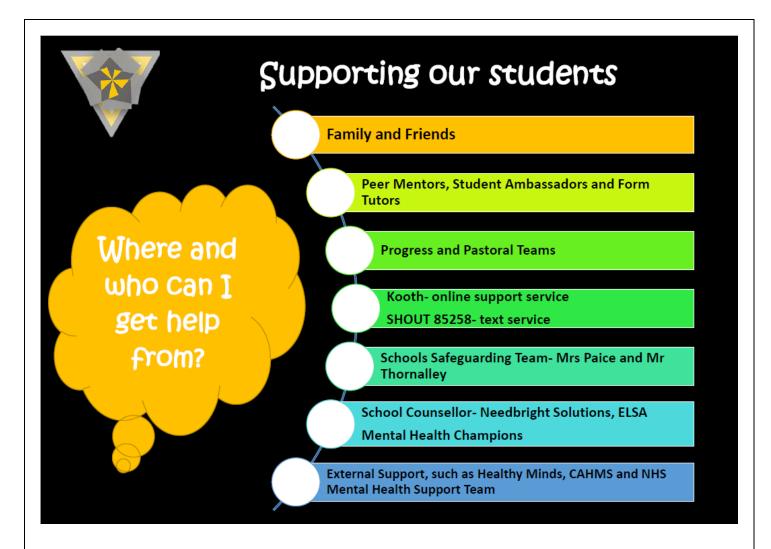
Common mental health difficulties

- Separation Anxiety Disorder
- Social Anxiety Disorder
- Health Anxiety Disorder
- Generalised Anxiety Disorder (GAD)
- Phobia
- Obsessional Compulsive Disorder (OCD)
- Depression
- Panic Disorder
- Post Traumatic Disorder (PTSD)

Some signs of common mental health presentations Separation Anxiety Disorder		
Health Anxiety		
 Spending so much time worrying they are ill or getting ill that it starts taking over life Checking their body for signs of illness Always asking for reassurance that they are not ill Worrying that their doctor or medical tests may have missed something Obsessively looking at health information on the internet or in the media Behave as if they are ill (for example, avoiding physical activities) Anxiety itself can cause symptoms like headaches or a racing heartbeat, and they may mistake these for signs of illness 		
Generalised Anxiety Disorder		
 Everyone experiences anxiety – it is 'normal' to feel anxious before sitting an exam for example However, some people find it hard to control their worries-their feelings of anxiety are more constant and can often affect their daily lives GAD is a long-term condition that causes anxiety about a wide range of situations and issues, rather than one specific event As soon as one anxious thought is resolved, another may appear about a different issue Many 'What If' thoughts 		
Phobia		
 A phobia is an overwhelming and debilitating fear of an object, place, situation, feeling or animal Phobias are more pronounced than fears. They develop when a person has an exaggerated or unrealistic sense of danger about a situation or object If a phobia becomes very severe, a person may organise their life around avoiding the thing that's causing them anxiety. As well as restricting their day-to-day life, it can also cause a lot of distress 		
Obsessive Compulsive Disorder		
 Obsessive compulsive disorder (OCD) is an anxiety disorder whereas a person struggles with Obsessions and Compulsions Sometimes behaviours can be associated with GAD 		

hap A c sor	person with OCD will usually have Obsessive Thoughts such as 'if I think this, it will ppen' or 'my thoughts must mean there's something wrong with me' common belief amongst people suffering with OCD is that they will be responsible for mething bad happening to others impulsions can include counting, touching things a particular way, or avoiding touching jects all together due to fears of contamination, excessive cleaning	
Depression		
rea □ Ma use □ Ma □ Str	eryone has ups and downs. Sometimes you might feel a bit low, for lots of different asons by experience many negative thoughts such as; 'what's the point?' 'I'm a burden 'I'm eless' 'Nothing will get better' by experience emotions such as sadness, guilt, worthlessness and hopelessness ruggles with sleep and appetite, motivation, lethargy and poor concentration gin to withdraw from people and activities previously enjoyed	
Panic Disorder		
☐ Cai ☐ Phy to c ☐ Res	perience regular and sudden attacks of panic or fear in often happen for no apparent reason ysiological responses are severe and perceived as 'I'm having a heart attack' 'I'm going die' sults in avoidance of certain situations due to fears of another attack is can create a cycle of living "in fear of fear". It can add to your sense of panic and may use you to have more attacks	
Post-Traumatic Stress Disorder		
PT: It is to p Pos sor The usu The dep Syr	ts of people experience Trauma – only a small percentage of people will go on to develop SD so normal to experience distressing emotions following a trauma – most people need time process and this can to be done without an intervention st-traumatic stress disorder (PTSD) may develop after experiencing, or seeing, mething that you find traumatic (a trauma) e symptoms of PTSD can start immediately or after a delay of weeks or months. It will ually start within 6 months of the traumatic event e development of the illness depends on how you deal with the experience. It is not pendent on the severity of the experience. mptoms include traumatic memories or dreams, avoiding things that remind you of the ent, not being able to sleep and feeling anxious. They may feel isolated and withdrawn	







9 ways to care for mental health.

Take a break.

We all have lots of work to do but make sure to have small breaks to de-stress!

- · Chat with friends
- Read a book
- Watch something
- Take a walk



Ask for help!

Make sure you keep in touch with friends and family.

Don't shut yourself away!



If you need help, don't be afraid to ask friends, family or an adult at school!

Eat well



Make sure to eat 3 balanced meals a day and try to stay away from too much sugar!

Be Yourself!

Accept who you are! Don't try to be someone you're not!



You're amazing!

Help others!

Whether this be helping family, friends or those around school.

Helping others can make someone's day!

Keep Active

Exercise helps! Try to keep moving, Take part in P.E, go for a walk, ride a bike or take up an extracurricular activity!



Talk about your feelings.

Don't bottle up your feelings. You can talk to your friends, family or even an adult at school. If you're too nervous to do this, you can also call *Childline on 0800 1111*



Get enough sleep!

Not sleeping enough can make a massive impact on your wellbeing!



Teenagers should get between 8-9 hours a night!

Do something you enjoy!

Make time for the things you love to do, e.g.

- Gaming
- Football
- Drawing
- Singing

