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| Summary NotesMEETING THE MENTAL HEALTH NEEDS OF CHILDREN WHO HAVE EXPERIENCED ABUSE OR NEGLECT |

## iNTRODUCTION:

We will cover the mental health challenges and needs of this vulnerable group of children and young people as well as think about how we can work with their families. The strategies we will cover must be considered in accordance with your safeguarding policies. This must be followed to the letter.

This training is just focusing on the mental health aspect and what we can to support. It is about heightening our awareness of the psychological turmoil that can ensue and what we can to try to reduce the risk of this having as detrimental an impact on the rest of their lives. If you would like to enhance your awareness as to what the types of use are and what is meant by neglect, I will also include some links at the end of the notes document whereby you can also access other on demand training which will go into these areas further.

We will be discussing some difficult concepts so please do seek further support. You may also find it useful to consider the On Demand training on ‘Meeting the mental health needs of looked after children.

What do you think the mental health needs might be for those who have experienced abuse and neglect?

## mENTAL HEALTH CHALLENGES for children and young people WHO HAVE EXPERIENCED ABUSE OR NEGLECT:

* Abuse is now considered to affect individuals across all socio-economic groups.

* There are factors which pertain to factors including poverty and deprivation which are often quite strong Indicators that a young person may be more likely to be exposed to abuse or neglect.
* However, it also needs to recognise that we need to be mindful about all young people and be extra vigilant, because children and young people may not feel that they can come to us to explain what might be going on at home or in their personal lives. We also now know that the middle and upper classes often have better resources and means of covering up child abuse or neglect.
* It is important when we are thinking about the mental health needs of these young people, that we do open our minds to realise that there are a number of risk factors. This may mean that the majority of young people that do have exposure to abuse and neglect whether it be directly or observed are likely to need some level of mental health support. This certainly is not to say that all young people exposed to abuse or neglect will end up with mental ill-health but it is possible that they will require subsequent supportive relationships and early intervention in order to reduce the risk of this occurring.
* ‘The Toxic Trio’ exposure consists of domestic violence, substance misuse and mental illness which means that aside from it having an impact on the environment and in turn mental wellbeing for a young person, but also there is now a lot of research which suggests that there are actual structural and developmental differences in the brains of young people that have been exposed to abuse and neglect as compared to those that had not.
* A recent study found adolescents and adults who experienced child abuse or neglect to be four times more likely to develop serious mental illness such as psychoses, schizophrenia and bipolar disorder.
* According to the Royal College of Psychiatrists, regular abuse in the home can result in young people experiencing anxiety disorders.
* It may well be particularly that you see this occurring in a psychosomatic way, so that means again physical symptoms, perhaps for very significant emotions and feelings that they do not know how to express.
* They may also demonstrate their anxiety through being more aggressive or being defiant, which may also be some of the behaviours that they will see at home.
* For older children and adolescents, it may also be that alcohol and drug abuse are seen as ways of. Being able to number feelings or the realities of what's happening at home, and these might be behaviours that they have seen family members doing and begin to associate this with healthy ways of coping.
* They may have an increased desire to self-harm and may have suicidal feelings of blaming themselves as perhaps they might have been told often by their abuser that what is happening to them is their fault or that they deserve to be punished.
* You may also witness children and young people may appear to be very jumpy or startled easily, and that might sometimes be an indicator of what's known as post-traumatic stress disorder.
* This is whereby young people may essentially keep reliving the experiences that had occurred to them, and this will of course not only be extremely distressing, but may almost feel like they are reliving those moments. They will feel just as unsafe as what they did at the point when the abuse or neglect was occurring.
* We need to be aware that this can sometimes lead to some young people avoiding school due to being anxious about these actions being triggered in front of their peers.
* One study found that 74% of young people who had experienced sexual assault developed PTSD therefore it is something we must be vigilant about with many adults within this group.

What support or further training might you need to enable you to be a suitable and trustworthy adult for a young person in these circumstances?

## MEETING THE MENTAL HEALTH NEEDS OF CHILDREN AND YOUNGWHO HAVE EXPERIENCED ABUSE OR NEGLECT:

Let’s think of some of the strategies we can consider to protect the MH of CYP. Here are 8 suggestions.

1. **Don’t take the child’s response to your questions about their safety as a fact:**
* We shouldn’t judge a book by its cover. Hence, you might be looking at a child that appears to be perfectly well presented with clean school uniform and appears happy on the outside.
* However, there may be subtle behaviours that we might be picking up on that might maybe spark your curiosity.
* The sooner we act, and the sooner we raise our suspicions even when the child tells us everything is ok, the least likely that mental health will take hold on this young person in the future.
* A child could be in denial or simply not have the words to really be able to answer your question accurately. For this reason you should follow your safeguarding policy because it's better for investigations to find that all is well than what it is to have a young child who could potentially be suffering in silence, fall through gaps which could have sometimes irreparable consequences on their MH.
1. **A strong relationship with a trusted adult:**
* Make all the difference and in the case of how we might do this, it could will be that we maybe have specific stuff allocated to young people that might also be in addition to maybe heads of year or form tutors.
* As part of this we should also recognise that some young people won't feel confident in talking to a teacher about what might be going on for them with any aspect of their mental health.
* Therefore, it's also good to link in with external agencies and help young people to realise that it's possible that we're able to arrange for external people to be able to come into school. If they would rather receive support this way.
1. **The power of the library:**
* Have appropriate literature such as books which are age appropriate that talk about family difficulties, abuse and so on, even just mental health in general as sometimes this will enable young people to seek some of the answers they may be looking for or provide another way of exposing them to where to get help from.
* Librarians may want to report into safeguarding teams if they have any concerns about the nature of books that are repeatedly being read-obviously this may just indicate an interest but it is still work making the right staff aware as it might add to other concerns other members of staff have had.
1. **Consider a model to understand thoughts and feelings:**
* This is something that you can do with all young people you might have concerns about. You could perhaps use one model that the NSPCC recommends which is called ‘doing ok, struggling, unwell, in crisis’ as this can help to map on a continuum how a young person is coping or feeling.
1. **Effective promotion of CYP support services:**
* It might be that we can have visual reminders around schools of important help lines such as childline, encourage young people to speak to someone confidentially and let them know that no matter what situation is, they can always there is someone who can help.
* This is a form of empowerment and is often a useful reminder to all young people that they have rights and that nobody should suffer in silence.
1. **Help them to feel safe and valued:**
* We can’t assume that a child or young person who is or has been abused and neglected will have had their basic needs met and be ready to learn.
* One way of doing this is to ensure we ask them whether they have had something to eat or drink and offer some provision around this, do they need anything to help them start their day any easier.
1. **Apply nurture principles to the classroom:**
* Celebrate success and achievement-this is often missing from the lives of these children.
* Being approachable and curious-this means watching and listening to them attentively, especially being aware that sometimes young people might try to communicate through their art, writing or behaviours...
1. **Educate about abuse, bullying and hate crime:**
* Remember that abuse can also be peer on peer and it can also occur online too.
* Have there been recent reviews to your ICT, RSHE and curriculum mapping? Ensure that all staff understand that it is their responsibility to
* To empower young people to act and to understand what is an isn’t ok, we need to have meaningful lessons and talk about such matters often. It is also appropriate to use assembly or similar as a platform by which to think about the consequences our actions can have on others, where to get help if it was happening to them and who to approach in school.
* In primary school topics around these skills include problem-solving, coping, conflict management/ resolution and understanding and managing feelings most be taught and are a government requirement.
* For secondary and further education settings-this should expand on what was taught during the primary phase and also cover managing healthy relationship and when to spot toxic relationships for example.

What will you share with colleagues from this module?

## MEETING THE MENTAL HEALTH NEEDS OF the families of CHILDREN AND YOUNGWHO HAVE EXPERIENCED ABUSE OR NEGLECT:

Four things to consider when working with families are:

1. **Work non-judgementally**:
* The parent/carer may or may not be involved in the abuse or neglect that is occurring.
* It's important that we don't jump to conclusions and think that any parent or carer that is perhaps neglecting their child or carrying out abusive acts is automatically not loving or caring for their child.
* Some adults have their own complex mental health needs and this may be preventing them from being able to provide for their child or being able to make a secure attachment with them.
* Additionally, it may not be that a relative is abusing the child. It could be someone that is known to the family, or even a complete stranger. Therefore, in these situations particularly, parents are going to need our unconditional support in a way that they do not feel judged as there may be strong feelings of guilt and much more or perhaps self-blame that their child was exposed in this way.
1. **Have conversations about external services, including the voluntary sector**:
* Some families may not realise just how much support is out there.
* If they have been affected by abuse or neglect and this is also important for parents and carers who may have also had similar experiences when they were younger.
1. **Promote prevention**:
* As the aged old phrase goes, prevention is better than cure so it is helpful to ensure that families within our school community have what they need.
* Overburdened, financially stretched or mentally unwell families will struggle to support their children despite their best intentions.
* Refer families to family support schemes or similar if we have concerns about any factors that may affect a child’s wellbeing, and this is best done in the early stages.
1. **Positive discipline workshops:**
* Some schools have been offering workshops on behaviour management and discipline to parents and carers.

* They have found it to be particularly helpful especially for parents/carers with children with complex additional needs whose behaviour might be difficult to manage such as in the case of pathological demand avoidance and oppositional defiance disorder.

Sometimes, you will encounter parents or carers who were abused or neglected themselves and they may be seeking your advice about what they can do thoughtfully education their child or young person about such matters. For younger children, you might recommend the Pantosaurus Scheme from NSPCC which has a range of resources such as animations with memorable phrases for children which parents can explore.

When parents are discussing such topics with teenagers, they also need to accentuate the positives that most of our interactions with others, whether intimate or not will be happy and healthy. Family Lives have got a healthy relationships check list which might help parents of adolescents to be able to have appropriate conversations.

What steps would you take if a parent or carer approached you to express concerns about either their own or their child’s mental health?

## Meeting the mental health needs of staff when supporting YOUNG people WHO HAVE EXPERIENCED ABUSE OR NEGLECT:

1. **Let them know they are supported:**
* As with all mental health and safeguarding concerns, it is paramount that all staff feel supported, particularly those that may have personal lived experiences themselves and for this reason
* All staff members should have access to support should they need it. This should be included in the school’s staff wellbeing and mental health policies.
* Support options could be informal such as ‘tea and a chat’ or involve specially trained professionals such as a counsellor or you may wish to think researching how professional supervision might work in your school.
* This is a requirement for all psychologists and counsellors who also deal with similar disclosures from people and many education settings are also starting to adopt this way of working and it could be offered via the school counsellor if available. It can be a useful way of being able to
1. **Offer training around positive coping strategies:**
* Professional boundaries and understanding the limits of what we can do as professionals is also important. Sometimes it is frustrating as we want to do more for a children or young person but we have had to hand over to other professionals. There is still a lot that we can to do for the child but we need to remember own mental health too.
* Recognising the signs of distress within themselves.
* How not to let poor mental health escalate
1. **Five ways to wellbeing:**
* Connect, be active, take notice, keep learning and give.
* I have included a link at the end of these notes with more information but research shows us that teachers who can build these five principles into their days are more resilient and better able to cope with complex cases.
1. **Protected breaks:**
* All members of staff should be encouraged to take breaks and these should be protected.
* Reflective spaces in staff rooms may help staff to reflect on their day and not be disturbed.
1. **Create a whole school culture where mental health can be talked about openly:**
* This needs to be a top-down approach from leadership down.
* Asking questions like ‘are you ok’ or ‘how is your day’ should be sincerely where we attentively listen to the answer given and respond accordingly.
* Do all staff know what they would do if they had concerns about another member of staff’s mental health?

What other sources of support are available to staff?

## CLOSING THOUGHTS

Although this is very difficult for people like ourselves, that really do care about the young people in our care, we can actually take comfort and peace and realising that we might be the difference to young person’s life. We could be that sort of consistency that they look forward to seeing, that they feel comfortable with and sometimes that is all a child could hope for. Perhaps, we can be that adult that they think back on as an adult themselves in the future because of the impact we made by thinking practically, creating space and being the force of change. We have also discussed some of the strategies around how we can support families as well as the concept that prevention is better than cure. Finally, the emphasis which needs to be placed on making mental health everyone’s business and protect all staff irrespective of what their day presents them.

What will be your next three steps following this training?

## Continue your learning

### On-demand training

You can see all our [on demand courses here](https://elearning.creativeeducation.co.uk/available-courses/) (the free ones are [here](https://www.creativeeducation.co.uk/available-courses/?_price=free)). You can book onto our [live webinars](https://www.creativeeducation.co.uk/available-webinars/) here and [download our free guides here](https://www.creativeeducation.co.uk/free-resources/).

Of particular relevance might be:

Identify and Respond to Signs that a Child is Living with Domestic Abuse:

<https://www.creativeeducation.co.uk/courses/identify-and-respond-to-signs-that-a-child-is-living-with-domestic-abuse/>

Identify the Signs of the Four Main Types of Abuse:

<https://www.creativeeducation.co.uk/courses/identify-the-signs-and-symptoms-of-the-four-main-types-of-abuse/>

Fabricated or Induced Illness: Spot & Respond:

<https://www.creativeeducation.co.uk/courses/fabricated-illness/>

Understanding Peer on Peer Abuse:

<https://www.creativeeducation.co.uk/courses/understanding-peer-on-peer-abuse/>

Protect Children from and Responding to Incidents of Female Genital Mutilation:

<https://www.creativeeducation.co.uk/courses/understand-your-responsibilities-in-protecting-children-from-and-responding-to-incidents-of-female-genital-mutilation/>

Understand the risks posed to children by radicalisation and extremism:

<https://www.creativeeducation.co.uk/courses/understand-the-risks-posed-to-children-by-radicalisation-and-extremism/>

### Websites

<https://www.mentallyhealthyschools.org.uk/risks-and-protective-factors/home-based-risk-factors/child-abuse-and-neglect/>

<https://www.nspcc.org.uk/>

<https://napac.org.uk/other-support/>

## **References/ACADEMIC READING**

Kisely, S., Abajobir, A. A., Mills, R., Strathearn, L., Clavarino, A., & Najman, J. M. (2018). Child maltreatment and mental health problems in adulthood: birth cohort study. *The British Journal of Psychiatry*, *213*(6), 698-703.

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York, W., & Jones, J. (2017). Addressing the mental health needs of looked after children in foster care: the experiences of foster carers. *Journal of Psychiatric and Mental Health Nursing*, *24*(2-3), 143-153.