



**MEETING
THE MENTAL
HEALTH NEEDS
OF CHILDREN 4–11 YEARS**

POSITIVE MENTAL HEALTH

This new series of texts presents a modern and comprehensive set of evidence-based strategies for promoting positive mental health in schools. There is a growing prevalence of mental ill health among children and young people within a context of funding cuts, strained services and a lack of formal training for teachers. The series recognises the complexity of the issues involved, the vital role that teachers play, and the current education and health policy frameworks in order to provide practical guidance backed up by the latest research.

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MEETING THE MENTAL HEALTH NEEDS OF CHILDREN 4–11 YEARS

Jonathan Glazzard and Caroline Bligh

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+ CONTENTS

ABOUT THE AUTHORS PAGE VII

INTRODUCTION PAGE 1

01

PAGE 5

Factors that put children at risk

02

PAGE 25

Factors that make children more resilient

03

PAGE 41

Identifying and supporting children with possible mental health needs

04

PAGE 59

Working in partnership to support identification and meeting needs

05

PAGE 77

Supporting specific groups of learners

06

PAGE 93

What next? Issues for consideration post-identification

CONCLUSION PAGE 107

REFERENCES PAGE 109

INDEX PAGE 112

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+ INTRODUCTION

This book introduces the common mental health needs that children may experience in primary schools. It also considers specific groups of children who may be vulnerable to developing mental health problems, and emphasises the importance of working in partnership with children, parents and carers, and external agencies to support children with mental health needs.

Primary school teachers recognise the importance of developing the whole child and consequently they give priority to children's physical, social, emotional and academic development. They give priority to developing positive, caring and nurturing relationships with children, and this has a positive impact on children's well-being. However, there are a variety of factors which can have a detrimental effect on children's well-being. This book covers the risk factors and identifies strategies that schools and teachers can adopt to support children's mental health.

Some primary school teachers are reluctant to use the term 'mental health'. The reasons for this are varied and there is evidence in research which suggests that primary school teachers prefer to use words such as 'emotions' or 'feelings' rather than mental health. There appears to be an underlying assumption that young children need to be protected from the term 'mental health'. There is also an assumption that mental health is something which is negative and should not be discussed with young children. While these views are often held in children's best interests, it is perspectives like these which result in the stigmatisation of mental health. If young children are shielded from mental health, they do not have the language to articulate how they feel. They can then grow up believing that mental health is something which is negative. Young children should be taught that everyone has mental health. We need to support them to understand that mental health exists along a continuum and that our daily experiences affect our mental health. We need to help young children to understand that they can take positive action to improve their mental health by engaging in physical activity, meaningful tasks and building social connections. Social, physical and academic well-being affect mental well-being and we need to help children to understand the inter-relationship between these different aspects of well-being.

Children's well-being affects their learning. If children have a poor sense of self and low confidence, this affects their progress in the curriculum. Children learn more effectively when they build positive relationships with adults, if they experience a sense of belonging in school and if they are taught by a teacher who believes that they are capable of succeeding. Children who have not formed secure attachments with their primary caregiver thrive when they are taught by adults who form trusting, positive and consistent relationships with them.

Primary-aged children are affected by a range of factors which impact detrimentally on their mental health. These include: high-stakes tests; feedback from teachers; loss and grief; transitions; social media and online abuse. Their mental health is detrimentally affected by abuse, neglect, domestic violence and social deprivation. While poor mental health can be caused by genetic factors, what happens to children after birth can have a profound effect on them. When children present signs of mental health, we should consider what factors may have caused this rather than locating the problem in the child.

Primary schools should provide children with an age-appropriate mental health curriculum. This should include a variety of themes including resilience, feelings and emotions, stress management, low mood, self-harm and substance abuse. Children may have witnessed or experienced traumatic events, including death, war, terrorist attacks, homelessness, grief and loss, and tragic accidents. They are not immune to the influences of society and we cannot always protect children from these adverse experiences.

Primary schools need to adopt a whole-school approach to mental health. Mental health should be embedded within the school values statements. Policies should be developed taking into consideration the effects of policies on the mental health of children and staff. School leaders should consider how they promote the well-being of both staff and children, and clear systems should be established to identify children with mental health needs. Specific intervention programmes should be available to support children with mental health needs, and the impact of these interventions should be monitored. Primary schools should recognise that parents may also have mental health needs and they should consider how they might 'signpost' children and parents with specific needs to services in the local community which can provide support. Schools should also consider their policies for promoting pupil voice and should develop opportunities for children to become mental health ambassadors.

This book provides practical advice on how you can address mental health issues in your role as a primary teacher. It contains a number of features that highlight particular types of information. Research boxes are indicated by the magnifying glass symbol and statistics boxes have a bar graph icon. There are also professional links, case studies and critical questions along with helpful objectives, checklists and summaries.

The book emphasises that you are not qualified to diagnose a mental health disorder but at the same time recognises that you can do a lot to support children with mental health needs.

We hope that you find this book useful and informative.

Jonathan Glazzard and Caroline Bligh

+ CHAPTER 1

FACTORS THAT PUT CHILDREN AT RISK



PROFESSIONAL LINKS

This chapter addresses the following:

- ⌚ A teacher must have a secure understanding of how a range of factors can inhibit pupils' ability to learn, and how best to overcome these (Teachers' Standard 5).
- ⌚ A teacher is expected to demonstrate consistently high standards of personal and professional conduct (Teachers' Standards Part 2).

CHAPTER OBJECTIVES

By the end of this chapter you will understand:

- + risk factors within the school;
- + risk factors for the child;
- + risk factors within the family;
- + risk factors within the community.

INTRODUCTION

This chapter introduces you to some of the critical factors that influence children’s mental health. Some of these factors are easier to control than others in your role as a teacher. You may not be able to mitigate factors which arise in the family or community, but you will be able to influence what happens in school and particularly within your own classroom. It is important to understand that several risk factors may be interrelated and therefore it may be difficult to attribute a single factor to a child’s mental health. As a teacher it is important that you try to understand what is causing a child to have poor mental health. You will then be in a better position to decide whether you can influence the factor(s) to support the child. It is also important to understand that ‘within-child’ factors may have a social, cultural or environmental origin. For example, a child’s poor self-concept or self-esteem may have been caused by factors in the school, community and/or the family which result in a poor sense of self. This chapter will provide you with advice on what you can do to alleviate risk factors in your role as a teacher.

RISK FACTORS IN THE SCHOOL

Children’s mental health can be influenced by multiple factors in school. As a teacher you can directly eradicate some of these factors in your own classroom. However, some risk factors within the school will require direct intervention by the senior leadership team.

SCHOOL AND CLASSROOM CULTURE

Schools that have a positive culture promote a sense of belonging for all members of the school community. Within your classroom and in the wider school environment, it is important that you promote positive relationships between children, adults and between children and adults. Positive relationships are rooted in mutual respect, empathy, dignity and a sense of feeling valued. As a teacher, you have a responsibility to model and promote these attributes. Some children will demonstrate these attributes instinctively, but others will need encouragement to learn how to treat other people. In your classroom you can promote these values through your own interactions with the children. Positive interactions might include:

- + smiling;
- + thanking children and adults for their contributions;
- + listening without interruption;
- + demonstrating empathy when someone is distressed;
- + using praise and rewards;
- + rewarding effort as well as achievement;
- + promoting a 'can-do' culture;
- + recognising all achievements, however small;
- + using positive body language;
- + enabling all children to recognise that they have strengths and talents.

You can directly teach children about developing positive interactions with others in lessons using themes such as 'being kind' or 'friendships' or you can use story books to illustrate both positive and negative personal attributes.

As a teacher you have a duty to develop in children a positive sense of self. It is important that you promote a positive climate in the classroom rather than promoting a climate of fear. Children should never be afraid of trying things and getting them wrong. Additionally, they should not be afraid to express their views, wishes or needs. It is important to empower children to have a voice and to teach them how to respond appropriately to their peers in situations where someone makes a mistake or is distressed. You can do this by promoting a team spirit and by helping children to recognise that they are part of a learning community

in which everyone works together to help each other. The example of team sports is a good way of explaining this to children.

You will also need to consider your interactions with other adults in the room. As a role model you will need to demonstrate that you value your teaching assistant(s) and they will need to demonstrate that they value you. In addition, your interactions with parents should be positive. It is critical that you treat parents with respect and dignity, even when they do not demonstrate these attributes towards you. This is perhaps one of the most difficult skills to demonstrate, particularly when parents may be angry with you, upset or distressed. You are the professional and it is important that you always remain calm and respectful. It is also important to try to understand that some parents lead complex lives in challenging circumstances. Negative parental interactions towards you may not be personal. They may be a product of adverse circumstances that they have experienced, and you happen to be in the firing line! The same is also true for children. If parents model inappropriate interactions with you in front of children, your interactions with them need to be positive and calm so that children observe appropriate ways of responding to others. They may not observe this at home. Obviously, if you are being threatened or abused you have a right to terminate the conversation by asking the parent to leave in a polite way and requesting a follow-up appointment when they are calm.

TEACHER–PUPIL RELATIONSHIPS

The relationships that you form with children are critical to their developing sense of self. You have a duty to form positive relationships with all children and you will find this easier in cases where children demonstrate positive attributes towards you. However, it can be more challenging to develop positive relationships with some children. These include those who:

- + are disrespectful towards you;
- + demonstrate poor classroom behaviour;
- + demonstrate negative interactions with their peers;
- + demonstrate limited effort / lack motivation.

You will need to try to understand the causes of these negative behaviours so that you can support children's development. For example, children may demonstrate limited effort because they have a poor sense of self.

You can then focus on enhancing their self-concept and self-esteem. Poor behaviour is often an attempt to communicate an unmet need. Some children may have disrupted, insecure or broken attachments with their parents or carers and this may affect their behaviour in the classroom. Understanding the causes of classroom behaviour will help you to demonstrate empathy towards the child and to respond to them positively. As a teacher you cannot 'give up' on any child. You should believe that fundamentally there are good characteristics within everyone and that some children simply require additional support to demonstrate these. You can support children to recognise that they are good at something. You can help them to realise that they can have a positive future. You can catch them being good and you can reward them. You can build their sense of self. You can help them to realise that they might find an aspect of learning difficult right now but eventually they will be able to grasp it. Believing in them is one of the most powerful things that you can do.

CRITICAL QUESTIONS

You will need to consider how you interact with children. The following questions should support you to do this:

- + Are you consistently positive with all children?
- + Do you respond in different ways to different children?
- + Are you consistently calm in the classroom, even in challenging situations?
- + Do you value children's achievements?
- + Do you reflect on your own teaching when children fail to understand something?
- + Do you believe that all children have positive traits?
- + Do you believe that all children have potential?
- + Do you believe that there should always be consequences to poor behaviour?

CURRICULUM, TEACHING AND LEARNING

The curriculum should be carefully planned and structured so that all pupils are explicitly taught about well-being. Developing children's

mental health literacy is essential so that they can understand how to care for their own well-being. Additionally, children need to be taught how their own interactions towards others can influence the well-being of other people. In primary schools a mental health curriculum should typically cover a range of themes including feelings, stress, coping with loss, social confidence and friendships. This is not an exhaustive list. It is important that children understand that everyone has mental health. It is also important that they recognise that mental health falls along a continuum which ranges from positive mental health to mental illness and that people's mental health can fluctuate depending on life events. In primary schools there may be some reluctance to use the terms 'mental health' or 'mental illness' with younger children. This may be due to the belief that young children should be protected from discussions about mental health. However, it is attitudes like this that lead to the stigmatisation of mental health. It is important to normalise and de-stigmatise mental health so that children do not grow up believing that mental health is something that should not be discussed.

Lack of curriculum breadth and balance can also affect children's mental health (House of Commons, 2018). The focus on English and mathematics in primary schools can lead to the development of a poor self-concept, and reduced confidence, particularly for those who find these subjects more difficult or less interesting. Children need access to a rich curriculum diet which includes science, music, the creative and performing arts, and the humanities. By providing a curriculum which offers breadth, all children will be able to develop their talents. This will boost their confidence and help to develop a positive sense of self. The national curriculum prioritises English and mathematics content. The broader curriculum is given minimal coverage, and this leads to the marginalisation of these subjects. Ensuring their entitlement to a broad and balanced curriculum will contribute positively to children's well-being.

CRITICAL QUESTIONS

- + What are your views on using the terms 'mental health' and 'mental illness' with young children?
- + Why do you think mental health has been stigmatised in the past?
- + What are your views on introducing primary-aged children to themes such as depression, anxiety and stress?

STUDENT VOICE

Giving children a voice helps to empower them. It builds their confidence and fosters a sense of belonging, which is vital for their well-being. Historically, schools and society in general did not allow children to have a voice. However, views on childhood have changed significantly and children are now viewed as social agents. This means that they should be viewed as confident individuals who can express their views. Your school should have mechanisms for eliciting student voice. These might include student councils which represent the views of all children in the school. In your classroom you can use a range of approaches to facilitate student voice. These include:

- + a 'feelings' post box for children to post confidential notes to their teacher;
- + involving children in decisions about what they want to learn by involving them in curriculum planning;
- + asking children to generate the classroom rules;
- + introducing a 'class council' which operates at a local level;
- + providing children with opportunities to review their own learning and behaviour through termly student consultation meetings with an adult;
- + giving children opportunities to set their own targets;
- + providing children with opportunities to make decisions about classroom resources which need to be purchased;
- + introducing a 'you said, we did' system so that children can recognise what influence they have had in their classroom;
- + developing a child voice wall.

It is critical to ensure that all children are provided with a voice, including those with speech, language and communication difficulties. For children with no verbal communication you will need to develop ways of providing them with an opportunity to express their views. One way of doing this is to use signs, photographs or symbols. These can be presented to children so that they can make a choice by pointing to their preference. Some children may lack confidence to express their views in a larger group but may be willing to express their views in a smaller group. Some children may not be confident expressing their views to the teacher or to the class but may be confident in expressing their views to

a teaching assistant or other adult. Some may be reluctant to express their views orally but may find it easier to express their views in writing or in pictorial form. As a teacher you need to find different ways of giving children a voice so that barriers to expressing their views are removed.

BULLYING AND DISCRIMINATION

Bullying and discrimination can have a detrimental impact on children's mental health. Your school will have a whole-school policy for addressing bullying and it is important that you familiarise yourself with this. There are a wide range of types of bullying including physical and verbal forms. Sexual harassment is also a form of bullying because it constitutes an abuse of power and is designed to undermine the victim. This can include verbal comments and various forms of contact.

Micro-forms of aggression targeted at individuals also constitute bullying. These include laughing, whispering or making jokes about someone. Children in primary schools may also become victims of online bullying. If you identify bullying in your classroom or you witness it around the school, you have a responsibility to address it. All forms of bullying should be challenged because they have no place in a school. Your school policy will guide you on how to respond to incidents of bullying.

Addressing bullying through tackling it when it occurs is essential but reactive. Teachers also need to be proactive by educating all children about the various forms of bullying and the impact that it can have on the victims. Schools should develop an anti-bullying curriculum which addresses all types of bullying. This curriculum should teach children how to respond if they witness bullying so that children do not become bystanders.

Discrimination is a deliberate attempt to treat someone less favourably than others. In primary schools this might involve subtle tactics such as ignoring someone or excluding them from participating in an activity. Schools have a legal duty to prevent all forms of discrimination. In England, the Equality Act 2010 makes it illegal for schools to discriminate on the grounds of protected characteristics. These include sex, race, disability, religion or belief, sexual orientation, gender reassignment and pregnancy or maternity. Not all these protected characteristics apply to primary schools, but some do. Examples of unlawful discrimination include:

- + a teacher refusing to allow a specific pupil to make contributions to questions and discussions in class because they have a disability;
- + boys and girls not being given the same curriculum opportunities, for example boys are not allowed to use textiles in design and technology;
- + treating girls more favourably than boys;
- + providing unequal access to resources in physical education for boys and girls.
- + refusing to admit a pupil to a school because their parents are lesbian.

Some children may not intend to bully or discriminate but may use language which is perceived to be discriminatory. One example of this includes the casual use of *'that is so gay'* in primary and secondary schools (see Chapter 5 for further information). Towards the end of Key Stage 2 some children may be aware of their sexual orientation and therefore the casual use of phrases like this can result in psychological distress. Schools should challenge language which is intended as 'banter' and educate all children about the damaging effects of it.

It is important to provide opportunities for victims of bullying and discrimination to sit down with perpetrators to resolve conflicts. Too often, well-meaning teachers intervene and make all the decisions in cases where children are being treated less favourably. Restorative approaches which require perpetrators and victims to talk through conflict are particularly effective and provide children with ownership. It can be highly effective for a perpetrator to listen to the effects of bullying or discrimination from the victim's perspective. It is also useful to ask the perpetrator how they intend to solve the problem. Teachers tend to tell the 'bully' how to respond in situations like this but it is their responsibility to solve the problem that they have created!

You are advised to keep a log of all bullying incidents to help you identify patterns. It is good practice to note:

- + what incidents take place;
- + when they take place including times of the day, days of the week;
- + the frequency of incidents;
- + the triggers;
- + the consequence(s) and its effectiveness.

+ REFERENCES

Amato, P (2005)

The Impact of Family Formation Change on the Cognitive, Social, and Emotional Well-being of the Next Generation. *Marriage and Child Wellbeing*, 15: 75–96.

British Youth Council (2017)

Youth Select Committee, British Youth Council.

Child Trends (2015)

Child Trends 5: 5 Things to Know about Mental Wellness in Early Childhood. [online] Available at: www.childtrends.org/child-trends-5/5-things-to-know-about-mental-wellness-in-early-childhood (accessed 4 July 2018).

Children and Young People’s Mental Health Coalition (2012)

Resilience and Results: How to Improve the Emotional and Mental Wellbeing of Children and Young People in Your School. London: Children and Young People’s Mental Health Coalition.

Cooper, M (2009)

Counselling in UK Secondary Schools: A Comprehensive Review of Audit and Evaluation Studies. *Counselling and Psychotherapy Research*, 9(3): 137–50.

Daniunaite, A, Cooper, M and Forster, T (2015)

Counselling in UK Primary Schools: Outcomes and Predictors of Change. *Counselling and Psychotherapy Research*, 15(4): 251–61.

Department for Education (DfE) (2015)

Special Educational Needs and Disability Code of Practice: 0 to 25 Years. London: DfE.

Department for Education (DfE) (2016)

Mental Health and Behaviour in Schools: Departmental Advice for School Staff. London: DfE.

Department for Education (DfE) (2017)

Peer Support and Children and Young People’s Mental Health. London: DfE.

Department for Education / Department of Health (DfE/DH) (2017)

Transforming Children and Young People’s Mental Health Provision: A Green Paper. London: DfE/DH.

DeRose, L, Lyons-Amos, M, Wilcox, W and Huarcaya, G (2017)

The Cohabitation Go-round: Cohabitation and Family Instability Across the Globe. New York: Social Trends Institute.

Education Policy Institute (2018)

Written Evidence from the Education Policy Institute, SGP0007.
London: Education Policy Institute.

Frith, E (2017)

Social Media and Children's Mental Health: A Review of the Evidence.
London: Education Policy Institute.

Government Equalities Office (2018)

LGBT Action Plan: Improving the Lives of Lesbian, Gay, Bisexual and Transgender People. London: Government Equalities Office.

Guasp, A, Ellison, G and Satara, T (2014)

Homophobic Bullying in Britain's Schools in 2014. London:
Stonewall.

House of Commons (2018)

The Government's Green Paper on Mental Health: Failing a Generation.
London: House of Commons Education and Health and Social Care
Committees.

Jones, E, Gutman, L and Platt, L (2013)

Family Stressors and Children's Outcomes, DFE-RB254.

Lee, D and McLanahan, S (2015).

Family Structure Transitions and Child Development Instability, Selection, and
Population Heterogeneity. *American Sociological Review*, 80: 738–83.

Luke, N, Sinclair, I, Woolgar, M and Sebba, J (2014)

*What Works in Preventing and Treating Poor Mental Health in Looked-after
Children?* London: NSPCC.

Maplethorpe, N, Chanfreau, J, Philo, D and Tait, C (2010)

*Families with Children in Britain: Findings from the 2008 Families and Children
Study (FACS)*. Department for Work and Pensions Research Report No 656.
London: Department for Work and Pensions.

**Masfety, V K, Keyes, K, Hamilton, A, Hanson, G, Bitfoi, A,
Golitz, D, Koç, C, Kuijpers, R, Lesinskiene, S, Mihova, Z, Otten,
R, Fermanian, C and Pez, O (2016)**

Is Time Spent Playing Video Games Associated with Mental Health, Cognitive and Social Skills in Young Children? *Social Psychiatry and Psychiatric Epidemiology*, 51(3): 349–57.

Mental Health Foundation (2002)

A Bright Future for All: Promoting Mental Health in Education. London: MHF.

Mental Health Foundation (2018)

Mindfulness. [online] Available at: www.mentalhealth.org.uk/a-to-z/m/mindfulness (accessed 13 July 2018).

**National Institute for Health and Care Excellence (NICE)
(2013)**

Social and Emotional Wellbeing for Children and Young People. London: NICE.

NSPCC (2018)

Parental Mental Health: How to Help Children Living with Parents with Mental Health Problems. [online] Available at: www.nspcc.org.uk/preventing-abuse/child-protection-system/parental-mental-health/ (accessed 13 July 2018).

Rutter, M (1985)

Resilience in the Face of Adversity. Protective Factors and Resistance to Psychiatric Disorder. *British Journal of Psychiatry*, 147: 598–611.

Sharples, J, Webster, R and Blatchford, P (2015)

Making Best Use of Teaching Assistants Guidance Report. London: Educational Endowment Foundation.

Stewart-Brown S (2006)

What is the Evidence on School Health Promotion in Improving Health or Preventing Disease and, Specifically, What Is the Effectiveness of the Health Promoting Schools Approach? Copenhagen: WHO Regional Office for Europe.

Stonewall (2014)

The Teachers' Report 2014: Homophobic Bullying in Britain's Schools. [online] Available at: www.stonewall.org.uk/sites/default/files/teachers_report_2014.pdf (accessed 25 July 2018).

+ INDEX

- + ABUSE, DOMESTIC, 84–85
- + ACADEMIC FAILURE, 31
- + ACADEMIC RESILIENCE, 27–29
- + ALCOHOLISM, 35
- + ANXIETY, 45
- + ATTACHMENT DISORDERS, 48
- + AUDITS AND TOOLS, 55
- + BOUNCE-BACK SITUATIONS, 28
- + BULLYING, 12–14, 36, 52–53
- + CAMHS, *SEE* CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
- + CHARITIES, 74
- + CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS), 68, 104
- + CHILD FIRST, 75
- + CHILDREN
 - domestic abuse, 84–85
 - identified as LGBT, 86–91
 - mental health needs and new to English, 78–80
 - mental health needs looked after, 81–84
 - partnership with, 65–67
 - supporting who moved home, 80–81
 - working with special educational needs and disabilities, 101
- + CHRONIC GRIEF, 52
- + CLASSROOM
 - culture, 7–8
 - mental health, 42–43
 - positive relationships, 96–97
- + COMMUNICATION, 75
- + COMMUNITY RISK FACTORS, 22
- + CONDUCT DISORDERS, 46–47
- + COUNSELLING, 97
- + CURRICULUM, TEACHING AND LEARNING, 9–10
- + CYBERBULLYING, 29
- + DEATH AND LOSS, 35–36
- + DEPRESSION, 46
- + DIGITAL CITIZENSHIP, 30
- + DIGITAL LITERACY, 30
- + DIGITAL RESILIENCE, 29–30
- + DISABILITY, 30
- + DISASTER, ACCIDENTS, WAR OR OTHER TRAUMATIC EVENTS, 38
- + DISCRIMINATION, 12–14, 36
- + DOMESTIC ABUSE, 84–85
- + EATING DISORDERS, 48–49
- + EDUCATION POLICY INSTITUTE, 23
- + EDUCATION REFORM ACT (1988), 17
- + EDUCATIONAL PSYCHOLOGY SERVICES, 74
- + EXAM STRESS, 16–18
- + EXTERNAL MENTAL HEALTH SERVICES, 67–70
- + EXTERNAL SERVICES, WORKING WITH, 104
- + FAMILY BREAKDOWN, 32
- + FAMILY FACTORS
 - case studies, 20–22
 - definition of, 18
 - risk factors, 18–19
- + FRIENDSHIPS, 36
- + GRIEF AND LOSS, 51–52
- + HOSTILE AND REJECTING RELATIONSHIPS, 33
- + HYPERKINETIC DISORDER, 53
- + IDEAL SELF, 31
- + INCONSISTENT/UNCLEAR DISCIPLINE, 32
- + INTERVENTIONS, MEASURING IMPACT OF, 104
- + KNOWLEDGE, 75
- + LGBT, CHILDREN IDENTIFIED AS, 86–91
- + LOW-SENSE OF SELF, 31
- + MENTAL HEALTH
 - audits and tools, 55
 - identifying needs and monitoring impact, 54–55
 - in classroom, 42–43
 - risk and protective factors, 43–44
 - targeted approach, 56
 - working with parents or carers, 56
- + MENTAL HEALTH NEEDS
 - anxiety, 45
 - attachment disorders, 48
 - bullying, 52–53
 - children new to English, 78–80
 - conduct disorders, 46–47
 - depression, 46
 - eating disorders, 48–49
 - grief and loss, 51–52
 - hyperkinetic disorder, 53
 - looked after children, 81–84
 - self-harm, 50
 - substance misuse, 50
- + MINDFULNESS, 102–103
- + NATIONAL CURRICULUM, THE, 10, 27
- + OVERT PARENTAL CONFLICT, 31
- + PARENTAL CRIMINALITY, 35

- + PARENTAL PSYCHIATRIC ILLNESS, 34**
- + PARENTS**
 - conversation with, 62–63
 - developing positive environments at home, 64–65
 - identifying mental health needs, 61–62
 - mental health with, 56
 - reducing stigma, 65
 - reviewing progress, 64
 - setting targets, 63–64
 - working with, 98–99
- + PARTNERSHIP**
 - effective working factors, 74
 - external mental health services, 67–70
 - parents, see parents with children, 65–67
- + PASTORAL PROVISION, 97**
- + PEER INFLUENCE, SCHOOL RISK FACTOR, 15**
- + PEER MENTORING, 99–100**
- + PEER PRESSURE, 37**
- + PERSONAL, SOCIAL AND HEALTH EDUCATION, 95–96**
- + PERSONALITY DISORDER, 35**
- + PHYSICAL RESILIENCE, 29**
- + POVERTY, 38**
- + PROFESSIONAL BOUNDARIES, 75**
- + PROTECTIVE FACTORS, 39, 43–44**
- + PUPIL–TEACHER RELATIONSHIPS, 8–9, 37**
- + REFERRALS, 68**
- + RESILIENCE**
 - academic, 27–29
 - definition of, 26–27, 44
 - digital, 29–30
 - physical, 29
 - social, 29
- + RESILIENCE RISK FACTORS**
 - academic failure, 31
 - adapting child’s changing needs, 33–34
 - bullying and discrimination, 36
 - death and loss, 35–36
 - disability, 30
 - disaster, accidents, war or other traumatic events, 38
 - family breakdown, 32
 - friendships, 36
 - hostile and rejecting relationships, 33
 - inconsistent/unclear discipline, 32
 - low-sense of self, 31
 - overt parental conflict, 31
 - parental criminality, alcoholism or personality disorder, 35
 - parental psychiatric illness, 34
 - peer pressure, 37
 - physical, sexual, neglect or emotional abuse, 34
 - pupil-teacher relationships, 37
 - socio-economic disadvantage, 38
- + RESPECT, 75**
- + ROGERS, C, 47**
- + RUTTER, M, 44**
- + SCHOOL CULTURE, 7–8**
- + SCHOOL HEALTH SERVICES, 71**
- + SCHOOL RISK FACTORS**
 - bullying and discrimination, 12–14
 - curriculum, teaching and learning, 9–10
 - exam stress, 16–18
 - peer influences, 15
 - school and classroom culture, 7–8
 - social isolation, 15–16
 - student voice, 11–12
 - teacher-pupil relationships, 8–9
- + SCHOOL-BASED HEALTH PROFESSIONAL, 71**
- + SELF-CONCEPT, 31**
- + SELF-ESTEEM, 31**
- + SELF-HARM, 50**
- + SKINNER, B F, 47**
- + SMALL GROUP WORK, 96–97**
- + SOCIAL CARE SERVICES, 72**
- + SOCIAL ISOLATION, 15–16**
- + SOCIAL NETWORKS, 15**
- + SOCIAL RELATIONSHIPS, 36**
- + SOCIAL RESILIENCE, 29**
- + SOCIAL SKILL INTERVENTION, 98**
- + SOCIAL SKILLS DEVELOPMENT, 98**
- + SOCIO-ECONOMIC DISADVANTAGE, 38**
- + SOLUTION-FOCUSED APPROACHES, 47, 101–102**
- + SPECIAL EDUCATIONAL NEEDS COORDINATOR, 19**
- + SPECIFIC, MEASURABLE, REALISTIC AND TIMED (SMART) GOALS, 63**
- + STIGMA, 65**
- + STUDENT VOICE, 11–12**
- + SUBSTANCE MISUSE, 50**
- + TARGETED SUPPORT, 56**
- + TEACHER–PUPIL RELATIONSHIPS, 8–9, 37**
- + TEACHING ASSISTANTS, 94**
- + TRUST, 75**
- + WITHIN-CHILD FACTORS, 23–24**

