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# *Beautiful* **MINDS**

WITH AS MANY AS ONE IN TEN YOUNG PEOPLE CURRENTLY AFFECTED, MENTAL HEALTH DISORDERS ARE A TICKING TIME BOMB THAT SCHOOLS SIMPLY CANNOT AFFORD TO IGNORE, ARGUES KAREN CROMARTY...



**79%**

OF YOUNG PEOPLE  
REPORT A  
“MEDIUM-HIGH”  
LEVEL OF FEELING  
THEIR ACTIVITIES  
ARE WORTHWHILE

SOURCE: ONS

The state of young people's mental health is rarely far from the headlines these days. Recent reports have focused on, amongst other things, the increase in cases of self-harm, the rise in the number of children being admitted to adult psychiatric wards, and the number of young children being treated for depression. It all boils down to the fact that young people today seemingly are facing unprecedented levels of stress and pressure in their day to day lives, with worries ranging from body image to exams, and from job prospects to peer pressure. Family issues, bereavement and anger can also compound worries and negative feelings.

Increasingly this worry and anxiety is manifesting itself as depression, eating disorders, self-harm, and other serious mental health disorders. Some 13% of boys and 10% of girls aged 11-15 will be affected by mental health issues (ONS 2004), with recent statistics showing an alarming 30% increase in rates of self-harm among 10 to 14 year olds. In fact, figures show that ten percent of pupils in every school will have a clinically diagnosable mental health problem (ONS 2004). To put it another way: consider as you stand in front of your class that this means three children in every average classroom will be suffering from a clinically diagnosable mental health disorder.

Mental health problems can seriously hamper a child's developmental goals. Studies show that they can disrupt learning and increase rates of truancy and exclusion, as well as contributing to the abuse of alcohol and drugs. Research indicates that young people struggling with mental health, emotional, and behavioural issues are more likely to leave school without necessary educational qualifications (Green *et al.*, 2005; Parry-Langdon, 2008), limiting their prospects as they enter adulthood. Evidence also shows that childhood behavioural and emotional difficulties frequently continue into later life, with more than half of adults with mental health problems having been

diagnosed as a child (Kim-Cohen *et al.*, 2003).

With all this in mind it is therefore crucial to ensure that young people receive the help and support they need as soon as problems arise. Teachers who are around their pupils on a day to day basis are of course able to recognise worrying changes in a child's attitude, behaviour, or appearance. School staff can be an important first point of contact for young people reporting problems, but rarely can they make direct referrals to specialist agencies such as Child and Adolescent Mental Health Services (CAMHS). The professional pressures faced by teachers to deliver results means that, through no fault of their own, they may not have adequate time to devote to helping a pupil with emotional and behavioural difficulties, and neither do they necessarily have the suitable expertise and knowledge to be able to help and advise the child effectively. Young people may also be reluctant to approach their teacher with a problem, as they may be concerned their conversation will not be kept confidential, or that they will be judged by classmates should they find out.

### Talking therapy

Understandably then, there has been a noticeable increase in the implementation of school-based counselling over the past 20 years, with some 70,000 - 90,000 young people now accessing counselling services in schools every year in the UK (Cooper, 2013). School-based counselling is known to be an effective and accessible form of support, provided confidentially by trained practitioners. A study of school-based counselling (Cooper, 2009) reported that 90% of teachers found the provision of counselling to have a positive impact on children's concentration and learning, and that the time and expertise provided, as well as the independence of the service, made school-based counselling an invaluable resource.

This evidence is further supported by data gathered in Wales, where counselling has been in place in every secondary school since

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**ONS 2004**

2008. An external evaluation of the Welsh National School-based Counselling Strategy reports that the vast majority of senior school staff surveyed say that counselling has improved attendance, behaviour and attainment of pupils. The evaluation also showed that the provision of counselling did not add to staff workloads, and actually reduced pressure on teachers and year tutors (Welsh Government, 2011). In fact the Strategy was so successful in Welsh schools that in 2013 the Government placed a statutory duty on local authorities to provide accessible counselling services for all children over 11 years of age.

When integrated into schools, counsellors are able to help and support school staff, working in adherence to the school's policies. They should be accredited members of a professional body, ensuring the highest ethical and professional standards, and therefore maximising the impact and help they can provide.

With exam season approaching to add to the worries already being faced by young people, it is likely that pupils may need extra support. Online resources such as MindEd, a free e-learning platform for people who work with children and young people, which contains a section dedicated to counselling, can provide teachers with useful information they can use to help young people in their care. Talking confidentially to a school-based counsellor can help to ease the burden of anxiety and early intervention can prevent problems from developing further, helping young people to cope with their troubles in a positive and healthy way.

## ARE YOUR STUDENTS AT RISK?

The following are some warning signs to watch out for, which could indicate an underlying mental health issue:

### CHANGES IN BEHAVIOUR:

- Reduced attendance or truanting
- Becoming withdrawn
- Aggressive behaviour
- Not completing homework or coursework
- Inability to concentrate
- Change in eating patterns
- Lying
- Stealing
- Self-harm
- Lack of motivation

### CHANGES IN APPEARANCE:

- Marks on skin that may be from self-harm
- Appearing excessively tired
- Marked increase or decrease in weight
- Appearing under the influence of drugs or alcohol
- Appearance of scratches or bruising
- A lack of self-care – scruffiness, poor personal hygiene

### CHANGES IN MOOD:

- Appearing sad, perhaps crying
- Appearing angry
- Jealousy
- Irritability
- Appearing anxious
- Obsessing