Preventing Children and Young People's Mental Health and Substance Use Problems

Alcohol and Drug Prevention Briefing Paper

October 2016

This briefing paper is part of a series produced by Mentor ADEPIS on alcohol and drug education and prevention, for teachers and practitioners.

Questions for schools

1. What are the links between substance use and mental health issues?

2. Can we prevent mental health issues in children and young people?

This paper intends to provide teachers, educators and the wider school workforce with practical guidelines on how to prevent children and young people from developing mental health problems as a result of alcohol and drug misuse. As children grow up and develop, they develop strategies on how to become resilient and learn to cope with life's challenges such as the loss of a friend, the death of a family member, divorce, or changing schools. Nonetheless, a complex interaction of behavioural, biological and environmental factors places some children at greater risk than others for emotional and behavioural disorders that can range from mild to severe and may be long-lasting. These disorders can disrupt a child's ability to cope and can interfere with their ability to learn and develop. This is why early detection helps teachers, parents and carers identify children's emotional or behavioural challenges and assist in making available the appropriate services and support before their problems worsen and longer term consequences develop. Mentor promotes evidence-based prevention practices around alcohol and drugs misuse. This briefing paper is part of a series of resources available for teachers, facilitators and leadership roles. The principal objective is to enable young people's healthy development and resilience towards risky situations, specifically with regards to mental health and substance misuse.

What is mental health?

Like adults, children and young people can have periods of mental and emotional distress that interfere with how they think, feel, and act. Indeed, some of these may be difficult to separate from perceived 'normal' adolescent behaviour. Such problems - if not addressed - may interfere with learning and the ability to form and sustain friendships, contribute to disciplinary problems and family conflicts, and increase risky behaviours including harmful alcohol and drug use. There are a wide range of mental health conditions they can experience, but the majority can be described as either emotional or behavioural disorders. Within these two distinct groups are a number of particular conditions that span spectrums of severity and complexity (Thorley 2016).

The most common behavioural disorders are conduct disorders, which affect 5.7% of 5- to 16-year-olds. Conduct disorders are more common among 11- to 16-year

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olds than among 5- to 10-year olds, and are twice as likely to affect boys as they are girls (Green et al 2005). Different types of conduct disorder can present different symptoms. To be diagnosed with conduct disorders, symptoms must be so severe as to cause distress or impairment in a young person's functioning. A growing body of research indicates a long-term increase in the prevalence of behavioural disorders in adolescents from studies dating back to 1974 (Collishaw et al 2004).

The most common emotional disorders among children and young people are anxiety and depression. Anxiety can either be specific to certain situations or events, such as social anxiety which affects a young person's ability to meet new people and speak in front of large groups, or be more general and affect a wide range of everyday life activities. Anxiety is often accompanied by physical symptoms such as fatigue, restlessness, poor concentration, irritability and insomnia (Green et al 2005). Symptoms of emotional disorders in children and young people can sometimes be brought about by exposure to prolonged or acute 'stressor' situations or experiences, such as changing school, bereavement or parental separation. Furthermore, adolescents are thought to face a number of particular and unique stressors brought about by increased independence and autonomy, the physical changes that come with puberty, and educational pressures (Hagell et al 2012).

PSHE LEADS

Understanding mental illness and substance misuse – what do we teach?

Serious mental health problems are often a factor in alcohol and drug abuse and mental illness may lead to misuse substances. Research shows that substance misuse may cause or increase symptoms of mental illness (McManus et al, 2010). On the other hand, early use of alcohol and drugs is a risk factor for developing mental health problems. It is also a common observation that many of the adolescents attending child and adolescent mental health services (CAMHS) show significant substance-related problems. The presence of co-existing substance misuse complicates the treatment and prognosis for these young people and is the single most important factor for increasing the risk of suicide in young people with psychosis or depression (Mirza 2002).

The opposite is also true: substance use can exacerbate psychiatric disorders. Nevertheless, child and adolescent psychiatrists, especially those who have been recently trained, have acquired considerable knowledge of substances. Despite the growing evidence base for effective interventions in adolescent substance use and significant expansion of specialist treatment services in the UK over the past decade, many substance misusing young people do not receive adequate treatment. Local areas are now required to produce transformation plans for children's mental health services, resulting in the commissioning and delivery of services with children and young people at the centre of the system, rather than expecting them to fit around 'tiers' of service. The impact of this is discussed later.

PSHE LEADS

Dispelling myths and challenging stigma through effective PSHE

Substance use and misuse does not occur in a vacuum. Many children and young people who misuse drugs and alcohol may have underlying mental health problems and disorders, unrecognised learning disabilities, and deeply entrenched social problems. There are also striking similarities between the risk and protective factors of mental disorders and substance misuse, in the neurobiological basis of addictions and mental illness, and in response to treatment (Nicholas et al 2007).

Some people think that there is an automatic link between mental health problems and being a danger to others. This is an idea that is largely reinforced by sensationalised stories in the media, and influences how we interact with those

identified as having mental health issues. Leaving these perceptions unchallenged can heighten risks to those young people experiencing mental health issues themselves or through family members. However, the most common mental health problems have no significant link to violent behaviour. The proportion of people living with a mental health problem who commit a violent crime is extremely small. There are lots of reasons someone might commit a violent crime, and factors like alcohol misuse are far more likely to be the cause of violent behaviour, often due to loss of inhibitions (HO 2016). Research is increasingly showing that drug use and violent crimes are not related, especially concerning cannabis, NPS, opiates and cocaine. These drugs tend to cause individuals to become relaxed, feel euphoric, have empathy and not have the anger, aggression or rage that would be associated with a violent crime. It is suggested that drug users who fall in those categories are more likely to engage in non-violent property crimes (DH and NHS England 2015). Stressing these factors in PSHE can help reduce the stigma associated with those diagnosed with mental health conditions and substance use issues, in particular for children whose family members may fall into this category. The use of life-skills approaches has gained increasing prominence as a method for planning and delivering of PSHE (PSHE Association, Mentor ADEPIS, Commons Select Committee). This recognises the importance of developing skills in young people to negotiate life's challenges rather than just knowing about them. This approach also enables PSHE leads to make relevant links between issues such as mental health and substance use in easier and more coherent ways, and the flexibility to respond to local issues and trends. Mentor -ADEPIS has previously released a dedicated briefing on this topic, and the PSHE Association's recommended programme of study is organised around the development of key life skills.

PASTORAL LEADS

Why is early intervention critical in preventing at-risk children and young people from developing mental health and substance use problems, and how can we approach this in schools?

Source: Public Health England

Mental health and substance use issues among children and young people are major threats to the health and well-being of younger populations which can carry over into adulthood. The costs of treatment for mental health and addictive disorders, which create an enormous burden on the affected individuals, their families, and society in general, have stimulated increasing interest in prevention practices that can impede the onset or reduce the severity of the disorders.

Prevention programmes are becoming more popular for selected at-risk populations (such as children and youth in the child welfare system), school-based interventions, interventions in primary care settings, and community services designed to address a range of mental health needs and populations. Schools are identifying these programmes as essential to supporting young people and their families through their duty to promote child health and wellbeing, and linked to the recent Keeping Children Safe in Education guidance (DfE, 2016). The importance of adopting evidence-based programmes should be paramount to ensure the safety of participants and to maximise the potential for achieving the desired, positive outcomes. The Centre for Analysis of Youth Transitions (CAYT) holds a repository of evidence based programmes.

A comprehensive approach to behavioural health means seeing education and prevention as part of an overall continuum of care. Adoption of whole school approaches to health and wellbeing in schools is highlighted as best practice by different government departments and agencies (PHE, 2015; Ofsted, 2013). This approach maximises the impact of prevention activities, while creating safe environments for early identification of those in need of help and the subsequent receipt of that support. Support services for young people around mental health and substance use are increasingly being delivered 'where young people are' to increase engagement and overcome barriers to accessing support at the earliest opportunity (Future in Mind, NTA). To this end, schools are identified by young people and government strategies as appropriate places for this support to be accessed, with the commissioning of local services starting to reflect this. Local CCGs are now required to produce local 'transformation plans' for child mental health services, and schools are encouraged to identify their role within these plans. The process and the thinking behind it is discussed in more detail below.

Mind and Body programme—a case study

The Mind and Body Programme was developed by Addaction's Young Persons' Services as a multi-component risk reduction programme for young people who are vulnerable to risk taking behaviours. Its primary aim is to reduce students' and young people's self- harming and develop better coping strategies. Other risky behaviours, such as those related to drug and alcohol misuse, are also targeted by strategies developed Addaction such as the RisKit programme..

The structure of the programme uses a mix of:

1. Therapeutic group work sessions exploring behaviours, life-skills and strategies for risk reduction;

2. One-to-one motivational and assessment interviews with participants away from other group members;

3. Creation of links between the participants and outside agencies who can continue to support them in reducing risks;

4. Three months follow up to evaluate progress and support continuation of risk reduction.

Young people then attend eight therapeutic group sessions, each designed to encourage open discussion about mental health and topics relevant to group members. Results have shown a reduction in self harming thoughts and actions aligned with increases in emotional wellbeing as participants develop positive coping strategies and expand support networks. The programme is run by qualified and experienced workers from Addaction Young Person's Services. The programme is currently being rolled out to schools in Kent, Cornwall and Lancashire.

SCHOOL LEADERS

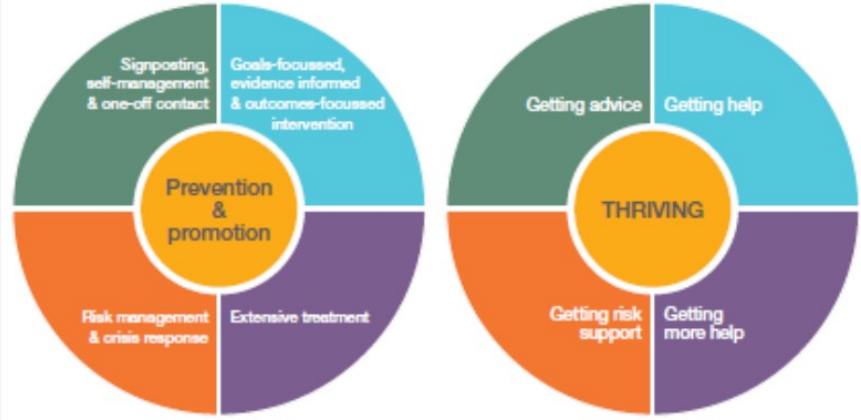
Mental health provision in schools – what should school leaders be aware of?

Schools are responding to the changing needs of children's mental health in a number of ways. Schools currently play an important and at times underused role in mental health services, reflected through significant variation in the 'whole-school approach' that schools adopt towards mental health (Thorley C, 2016). The first category of school-based mental health provision is the facilitation and delivery of prevention and promotion services. This is what has traditionally been understood as 'tier 1' provision and is primarily aimed at children and young people who are 'thriving' and 'coping' according to the THRIVE model (see figure below).

The THRIVE model of five needs-based groupings of equal importance. *The input provided by services (left), and the corresponding 'state of being' of the young person accessing those services (right).*

In line with local transformation plans mentioned earlier, the THRIVE model represents a move away from understanding services in terms of tiers of severity or complexity: it shifts the framing of the system away from services and onto children, young people and their families, which it divides into five needs-based groupings. According to THRIVE, each grouping is to be understood in terms of different types of need that are equally important, and which should each be given equal priority and resource within the system. The figure above shows what are essentially two sides of the same coin. The left-hand image describes the input that services offer to each group, and the right-hand image describes the 'state of being' of the young person that necessitates the corresponding support and/or intervention (Wolpert et al 2015).

In practice the THRIVE model aims to create new opportunities to overcome traditional barriers between service providers, and move away from a close approach to delivery, thereby allowing for more integrated working across different parts of the system. This category of provision is largely skills-based, and so focuses on the teaching and development of skills, strategies and behaviours that could help protect pupils from developing mental health problems. For example, much of the Department for Education's recent policy focus has been to emphasise the need for schools to promote resilience in pupils through character education. Mentor promotes prevention initiatives that are either universal among all pupils, or targeted at those who are thought to be particularly vulnerable or at-risk but who may not yet have experienced a noticeable deterioration in their emotional wellbeing or behaviour.



Source: adapted from Wolpert et al 2015

Conclusions and Key Messages

Prevention and promotion should also ensure that schools create the conditions for positive wellbeing among pupils. Creating a 'culture' that values wellbeing can involve ensuring, for example, that pupils have access to green spaces, exercise, and a range of creative outlets through the curriculum. In this context, teachers play a significant role in school-based mental health provision, and are an important element to ensure that prevention, promotion and early identification strategies are implemented via a whole school approach. They are well placed to do the following:

- Deliver mental health education through the curriculum (using resources such as the non-statutory guidance and lesson plans on teaching mental health and emotional wellbeing produced by the PSHE Association and Charlie Waller Memorial Trust).
- Promote mental health and resilience among pupils through character education (Mentor have previously produced a briefing on this)
- Contribute to an ethos and culture within the school that is conducive to high levels of wellbeing.
- Avoid teaching practices that might contribute to the development or exacerbation of emotional or behavioural conditions among pupils.
- Help facilitate preventative activities such as mindfulness.

SCHOOL LEADERS

Developing a trained and supported school workforce

To enable teachers to perform their roles within school-based mental health provision effectively, they need appropriate training. However, there is concern about the level of training in this area that teachers receive in practice. According to a recent survey of primary and secondary schools (Harland et al, 2015), over one-third (38%) of teachers and senior leaders in schools do not feel equipped to identify pupil behaviour that may be linked to a mental health issue, and just under half (54%) feel that they do not know how to help pupils with mental health issues to access appropriate support. It is therefore vital that schools ensure that teachers receive appropriate training. Evaluations of Place2Be's Talented Teacher Programme, for instance, have demonstrated that it increased teachers' levels of ability and confidence in identifying and supporting pupils with mental health needs, which indicates the value of meaningful and well-designed continuing professional development focused on mental health (Haywood et al 2016). There have also been calls for training on mental health to be included in initial teacher training; this proposal is currently being reviewed by an independent expert group reporting to the Department for Education (DfE 2016). It is also important that teachers undergo training in internal processes for referral, which must be provided by the school itself.

Opportunities for CPD should be identified by school leaders, and differentiate between those requiring support around the delivery of mental health and substance use within PSHE, and those pastoral roles requiring support in responding to incidents and disclosures by children and young people. Local support may be offered through public health teams and safeguarding boards, with wider support being offered by organisations such as Mentor, PSHE Association and the Charlie Waller Memorial Trust.

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About ADEPIS

The Alcohol and Drug Education and Prevention Information Service is run by Mentor, the drug and alcohol prevention charity and is funded by Public Health England, Home Office, and Department for Education.

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