**Peace of Mind training day**

**Supporting the Mental Health of Children and Young People**

**Saturday 25th June 2016**

Dorset Gardens Methodist Church, Brighton

**Aims of the day**

There is great concern being expressed at every level about the mental health of our children and young people. The pressures in their lives are very different from what youngsters experienced only a short time ago so trying to support them is an enormous challenge. **Peace of Mind is offering this day to learn about some of the issues behind youngsters’ mental health concerns and how best to support them**.

**Your trainer:**

**Dr Sharie Coombes**

Ed.D, MA (PsychPsych), DHypPsych(UK), Senior QHP, B.Ed.

**Child, Family & Adult Psychodynamic Psychotherapist, Clinical Neuropsychotherapist**

**Psychosocial Support Practitioner- British Red Cross (Refugee Support/International Family Tracing Team)**

**Accredited by and registered with**: British Psychoanalytic Council, Tavistock Society of Psychotherapists, Complementary and Natural Healthcare Council, General Hypnotherapy Register

Dr Coombes has worked with children, young people and families in various roles for 34 years. As a class teacher, she taught all ages from 2-14 in primary schools in areas of socio-economic deprivation. As a senior lecturer at Southampton/Chichester University, Sharie taught trainee teachers through lectures and seminars on pedagogy, management and literacy undergraduate courses, supervising dissertation students and trainee teachers in school placements. Sharie has also worked as a local authority adviser and education consultant, helping primary, secondary and special schools to find ways to overcome barriers to learning and to implement strategic/systemic approaches to learning and teaching and school management.

As a headteacher for 10 years in one of the 5% most deprived areas nationally, Sharie led the development of an approach to teaching, recognised by Ofsted and QCA school improvement awards, that holds the child’s wellbeing, mental health, creativity and language development as central to the curriculum, devising 2 intervention programmes (Talk & Tell; HERO); this work was the focus of a 4 year research project with over 100 children and subsequent doctoral thesis (2007), leading her to undertake further study in therapeutic interventions and applications.

Sharie was invited to work as part of the Adoption and Fostering team at the Tavistock and Portman NHS clinic in London, where she trained and graduated with distinction in all modules. She now works with the British Red Cross providing psychosocial support to workers in the Refugee Support and International Family Tracing teams.

Sharie holds a busy practice and specialises in working with women and children who have experienced abuse, neglect and trauma and is commissioned by local authorities to support adopted children experiencing mental health concerns. She is also an independent school therapist and education consultant offering a programme of training devised to help schools engage all their pupils and leadership supervision and gives supervision to other therapists. Sharie has appeared as an ‘expert’ on BBC Radio, in the Telegraph, Mail on Sunday, Parenting magazine, The Argus and the Neuropsychotherapist journal.

  

**The day is divided into 4 sessions with breaks as follows:**

**Session 1 10-11.15am The nature of mental health problems**

**Break 11.15-11.30am**

**Session 2 11.30am-12.30pm Supporting children and young people**

**Lunch 12.30 - 1.15pm**

**Session 3 1.15-2.15pm Self care and reducing anxiety**

**Break 2.15-2.30pm**

**Session 4 2.30-3.45pm Supporting and referring children and young people**

**Please feel free to ask questions as we go along!**

**Session 1 10-11.15am The nature of mental health problems**

**Introductions**

Speak to 2 people near you.

Find out 1 unusual thing you each have in common to report back to the whole group.

**Hopes and fears**

Identify together 2 hopes and 1 fear about the day ahead to report back to the whole group.

**Scaling your current knowledge and experience**

|  |  |  |
| --- | --- | --- |
| **Question** | **Outset** | **End**  |
| How well do you know and understand: |  |  |
| How children and young people with mental health problems present and can be recognised? |  |  |
| How mental health problems develop? |  |  |
| How to support children and young people with mental health problems? |  |  |
|  How to develop children’s and young people’s resilience?  |  |  |
|   How to manage your own emotions in difficult situations and  look after yourself emotionally? |  |  |
| When to refer on to services and how/where to do this? |  |  |

**Activity – small group**

What kind of examples do you have of particular issues you have encountered?

What thoughts do you have about what kinds of things are so difficult for youngsters these days?

**Whole group discussion**

What did you do?

What did you feel?

What happened?

**Behaviour as communication**

**The human brain**

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**Attachment**

Children with attachment disorders or other attachment problems have difficulty connecting to others and managing their own emotions. This results in a lack of trust and self-worth, a fear of getting close to anyone, anger and a need to be in control. A child with an attachment disorder feels unsafe and alone.

Attachment disorders are the result of negative experiences in this early relationship. If young children feel repeatedly abandoned, isolated, powerless, or uncared for—for whatever reason—they will learn that they can’t depend on others and the world is a dangerous and frightening place. Their neural development is negatively affected as synaptic links are not consolidated and subsequently wither away.

So why do some children develop attachment disorders while others don’t? The answer has to do with the attachment process, which relies on the interaction of both parent and child.

**Anxiety**

Anxiety gets in the way:

1. Because strong emotion bypasses the ‘thinking’ brain and generates black and white thinking making people ‘functionally stupid’ (Joe Griffin)
2. Because strong emotion creates a trance-like state in the mind and fixes/locks their attention on the emotion (anger, love, fear etc)

To cope with anxiety, we need disassociation: detaching emotion from thoughts about the trauma/memory/trigger. By keeping calm, people can process the trauma/memory/trigger without the high degree of arousal (which they may have experienced in the past), so reducing the role of the limbic system and specifically the amygdale. The neo-cortex can become engaged and the trauma/memory/ trigger can be recoded as probably still unpleasant, but as a low arousal rather than traumatic.

**FFF - or stone-age instincts in a space age world**

The same survival system that aided our ancestors’ survival in a dangerous world is still part of our hard-wire programming in the modern world and this can cause us problems. It’s been at work for millions of years, firing us up to fight off that beast or run for the hills. Expecting instincts to evolve as fast as modern life is like asking a caveman to surf the internet; impossible without retraining! Like a loyal guard dog that thinks only about our protection, it definitely knows when to bark at a robber but, occasionally, it excitably sets off down the road chasing the postman. Other times it might cower under the table not knowing that the ominous banging outside is just a firework display. It reacts to real or imagined dangers on the principle of ‘live first, ask questions later’. A panic attack can be regarded as a valuable survival tool that can sometimes trigger off at an inappropriate time.

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**Childhood Trauma, the Neurobiology of Adaptation and ‘Use-Dependent’ Development of the Brain**

**Perry, B. et al. Infant Mental Health Journal V14 No. 4 Winter 1995**

**Session 2 11.30am-12.30pm Supporting children and young people**

1. **M&Ms**

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1. **LAUGHTER**

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**Session 3 1.15-2.15pm Self care and reducing anxiety**

**Relaxation**

Relaxation is key to your overall well-being and you owe it to yourself to make the time and effort as it:

* Slows your heart rate and creates a new template for your breathing
* Slows your chattering mind – with practice
* Improves your immune system function
* Improves your physical appearance
* Aids memory and learning
* Increases resilience and capacity
* Decreases the likelihood of heart attack and stroke
* Protects you from mental health problems and helps you recover from stress
* Improves your coping skills and makes you feel better!

As well as making you feel good, deep relaxation gets your mind working better. Even your memory works more efficiently when you have relaxed deeply. 20 minutes of deep relaxation can be as beneficial as hours of sleep – however, don’t use it in place of sleep but as a supplement!

**Relaxation techniques**

Relaxation, self-hypnosis and meditation are very similar experiences and all work to reduce stress. In order to relax fully, it is important that you are not going to be hindered by any external stimulants, e.g. the phone ringing, the TV on etc. There are many ways to relax and here are just some techniques most people can make work extremely well on their own. By using all or just some of these techniques regularly, your brain will learn this new pattern of relaxation and each time you try it, it will become easier and take less time to relax. It can be really helpful to play soft music when doing this exercise – experiment with cheap ‘relaxation music’ CDs from supermarkets and garden centres.

**7:11 breathing**

Deep breathing is a simple but very effective method of relaxation. It is a core component of everything from the ‘take ten deep breaths’ approach to calming someone down, right through to yoga relaxation and Zen meditation. It works well in conjunction with all of the other relaxation techniques. To use the technique, take a deep breath for a count of 7 and breathe out for a count of 11, repeat this and relax your body further with each breath. You might find that utilising imagery at the same time is helpful e.g. taking a walk in a beautiful place, flying in a hot air balloon or laying on a sun-drenched beach. After a minute or so, you will find your muscles begin to relax and ‘melt’. That's all there is to it!

**Progressive Muscular Relaxation**

Progressive Muscular Relaxation is useful for relaxing your body when your muscles are tense. The idea behind PMR is that you tense up a group of muscles so that they are as tightly contracted as possible. Hold them in a state of extreme tension for a few seconds; relax the muscles normally; consciously relax the muscles even further so that you are as relaxed as possible. By tensing your muscles first, you will find that you are able to relax your muscles more than effectively than if you tried to relax your muscles directly. Experiment with PMR by forming a fist and clenching your hand as tight as you can for a few seconds; relax your hand to its previous tension; consciously relax it again so that it is as loose as possible. You will feel deep relaxation in your hand muscles.

**Mindfulness Meditation**

Let’s give it a go...

**Building resilience and separating difficulties from core identity (when people feel they will fail, are overwhelmed, they are at the mercy of others, life has always been like this)**

**Pessimistic Thinking and Depression**



Depressive thinking styles/thoughts (black and white, catastrophising etc.) lead to emotionally arousing rumination which in turn leads to over-dreaming (REM) and less recuperative, deep sleep; this leads to over-stimulated stress hormone production and tiredness or exhaustion on waking which then leads to impaired motivation to do previously enjoyable things, reducing serotonin and dopamine levels, further damaging sleep patterns and increasing sensitivity to pain; these feed back into further depressive thinking styles/thoughts and feelings of hopelessness and anxiety which makes one even more likely to view reality in an even more limited way, increasing any sense of threat. The cycle continues and it eventually affects the immune system and thus one’s physical health and can cause non-injury related aches and pains and even increased susceptibility to diseases.

**Problem thinking is: Solution thinking is:**

Permanent – I’ll never be any good at that Temporary – this time it went wrong

Extrinsic – this always happens to me Intrinsic – I can change this

Global – everyone’s cross with me Specific – John is cross with me

**PEG to TIS**

**P T**

**E I**

**G S**

**Session 4 2.30-3.45pm Supporting and referring children and young people**

**How not to help!**

* **take a particular stance and argue the case for it.**

You will only strengthen their resolve not to change

* **ask lots of questions:**

It leads to short answers and does not help the person explore the issue themselves

* **come up with all the answers to their issue or the reasons why they are in this situation**

This will put them in a passive role and they will not change

* **blame the person or talk about who is to blame**

It is important to avoid this as it is unproductive for you or the child to explore. Have a ‘no fault policy’

**Discussion - What we all need**

 Maslow

**Broadly, the needs of all humans are:**

* Control of one’s environment (internal/external)
* Safety and security
* Intimacy and friendship – feeling understood and connected
* Giving and receiving affection/attention
* Connection to something bigger than oneself – belonging, community and contribution
* Feeling competent - creativity, stimulation and challenge
* Mind and body connection
* Meaning, purpose and goals
* Status
1. People need to feel that they have some control over their environment. This can include their internal environment, i.e. being able to stem the follow of unwanted thoughts and stop ruminating over things that worry or upset them. When people cannot stop unwanted thoughts, this can lead to numerous problems and a lack of sense of control. All people need a degree of control over their external environment and sometimes this can prove difficult, particularly for children or due to financial pressures.
2. People need to have a sense of feeling safe and secure in order to thrive. People who do not feel safe tend to have a heightened sense of alertness and so cannot always function well – the heightened awareness leads to black and white thinking, anxiety and panic.

**We also have innate resources:**

* The ability to learn and add new knowledge to innate knowledge
* A memory and the ability to forget
* Curiosity, imagination and the ability to problem solve
* The ability to focus attention
* The ability to understand through metaphor (pattern-matching)
* Self-awareness (an observing self)
* Resilience
* The ability to empathise and connect with others
* A dreaming brain that de-arouses the autonomic nervous system, keeping us sane

**Be alongside**

After a traumatic event (or adapt for anxiety and distress)

* Reassure them that the event is over now, they are safe, you are all safe. Don’t worry that this is something that has inevitably been traumatic – not every child (or adult) will be traumatised in the longer term.
* Encourage them to express what they understand of the events so that you can have an idea of their thoughts and feelings as a starting point – it doesn’t really matter how they or you do this.
* Younger children can sometimes think that something they did or didn’t do has caused something bad to happen. Look out for this and be truthful about the facts of what happened without going into excessive detail. Be clear that nothing they could have said or done could have any link to the incident.
* Containing children in their frightening experience or anxiety is about being alongside them as they express their feelings about it, so be sure to acknowledge their thoughts and feelings as belonging to them and interpret back to them that you recognise the pain, anger or fear they are suffering.
* They could draw what they saw or felt, write a postcard or letter to a friend or imaginary character or maybe tell you a story about their day or talk to you about it. The important thing is that it is open for discussion, not pushed under the surface or made hard to approach.
* Focus on their senses, what they saw, felt, heard, sensed, without correcting their ‘story’ even if it may not be what actually happened or in the right sequence. That doesn’t matter, this ‘story’ is what they experienced internally. They may create something wildly fantastical and bearing no resemblance to the event – that doesn’t matter either, it’s simply an expression of them processing the pieces of the puzzle.
* Look after yourself as well, talk to your adult loved ones or colleauges to get support. You will be more help to the child if you have also acknowledged your feelings. It’s ok to let your child know that you found it shocking too – but make sure to explain that you are working it out.
* Keep things around them as normal as you can whilst accepting and talking about how unusual the situation is or was. Again, remind them that it is over now but let them know it may be some time before it feels better.
* As humans we need to ‘mark’ important events in order to put them into the past. Light a candle, release a balloon, place flowers, post a letter to God, pray, or make a paper kite and let it blow away on the breeze... whatever feels right.

**How can you use this new learning now?**

Please go back to page 3 and complete the scaling exercise

Have your hopes been met? Have your fears been allayed?

Please complete the evaluation. Thank you for your contributions.

**Where to get help to refer children and young people:**

* www.prevent-suicide.org.uk - this site gives excellent advice for you and the young person

**Brighton & Hove Local Crisis Support**

**Sussex Mental Health Helpline**

**For anyone with mental health problems**
A telephone service providing support and information to anyone experiencing mental health problems including stress, anxiety and depression.
**5pm-9am Mon-Fri**, and **24 hours at weekends** and bank holidays.
**Tel: 0300 5000 101**
**Textphone (For deaf and hard of hearing users): 18002 0300 5000 101**

**MHRRS (formerly BURS)**

**Mental Health Rapid Response Service**
Available for people needing support in a crisis when other services are closed. MHRRS is available to assess your needs urgently out of hours: contact MHRRS, if you can, before considering attending A&E for mental health needs in the Brighton area. MHRRS is available **after 5 pm every week day**, and **anytime at weekends**.
**Tel: 01273 242220**

**Rethink Mental Illness SOS (Survivors of Suicide)**

**Confidential one-to-one telephone support for people in crisis**
The SOS service offers confidential one-to-one and telephone support to people who are experiencing suicidal thoughts or have recently attempted suicide.
**9-5pm Mon-Fri**
**01273 709060**

**Samaritans**

**Confidential emotional support**
The Samaritans are a **24 hour** confidential, listening service providing emotional support to anyone in crisis.
**Tel: 116 123** **(freephone). Calls to this helpline number do not appear on phone bills.**

**East Sussex Local Crisis Support**

**East Sussex Samaritans**

**Confidential emotional support**
You can talk about your thoughts of suicide.
**Freephone: 116 123** **(freephone) Calls to this helpline number do not appear on phone bills.**
**Hastings: 01424 436666****Eastbourne: 01323 735555**
**Email: jo@samaritans.org**

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**A&E - Conquest Hospital, St. Leonards-on-Sea, TN37 7RD**

A&E is open **24 hours 7 days a week**. The A&E consultant on duty can give advice over the telephone.
**Tel: 01424 755255**

**Eastbourne District General Hospital, BN21 2UD**

A&E is open **24 hours 7 days a week**. The A&E consultant on duty can give advice over the telephone.
**Tel: 01323 417400**

**Counselling Partnership**

Support for Survivors of Suicide across the county
**Tel: 01273 519108**
**Email: counselling@sussexcommunity.org.uk**

**West Sussex Local Crisis Support**

**West Sussex Samaritans**

**Confidential emotional support**
You can talk about your thoughts of suicide.
**Freephone: 116 123** **(freephone) Calls to this helpline number do not appear on phone bills.**
**Bognor: 01243 826 333** **Horsham and Crawley: 01403 276 276** **Worthing: 01903 205 555**
**Email: jo@samaritans.org**

**Sussex Mental Healthline**

Support and information to anyone experiencing mental health problems including stress, anxiety and depression. The service is also available to carers and healthcare professionals.
**Open 24/7**. You can talk about your thoughts of suicide.
**Sussex: 0300 5000 101**

* Sussex NHS Partnership www.sussexpartnership.nhs.uk

**Urgent clinical referrals: 24 hours**

* Crawley and Horsham: 01293 600300 - please ask for the senior nurse practitioner
* Mid Sussex: 8am to 6pm 01444 475949 & 6pm to 8am 01444 441881 - please ask for the senior nurse practitioner
* Worthing and Adur: 01323 440022
* Brighton and Hove: 01273 242220
* Eastbourne, Lewes and Wealden: 01323 438279 or 01323 440022
* Hastings and Rother: 01424 710124
* Chichester, Bognor Regis and Littlehampton: 01323 440022

**Urgent clinical referrals in hours: West Sussex**

Western

* Urgent referrals by phone only: 01243 623355 (4 hour and 5 day urgent referral response line).
* Routine referrals: 01243 623400 (fax: 01243 623401) and email: SPNT.Referral-ChichesterATC@nhs.net (response within 28 days needed)

Arun, Adur and Worthing

* Urgent referrals by phone only: 01903 846652 (4 hour and 5 day response line).
* Routine referrals: 01903 8466651 (fax: 01903 846660) and email: SPNT.Referral-WorthingATC@nhs.net (response within 28 days needed, average wait 19 days)

Mid Sussex

* Urgent referrals by phone only: 01444 475949 (4 hour and 5 day urgent referral response line).
* Routine referrals: 01444 416606 (fax: 01444 413884) and email: SPNT.MidSussexATCreferrals@nhs.net (response within 28 days needed)

Crawley and Horsham

* Urgent referrals by phone only: 01403 223223 (4 hour and 5 day urgent referral response line).
* Routine referrals: 01403 223200 (fax: 01403 223206) and email: SPNT.Crawley-HorshamATCreferrals@nhs.net (response within 28 days needed)

**National Crisis Support**

**Papyrus**

**Prevention of young suicide, for under 35s**
Papyrus is a national confidential helpline for any young people (under 35) at risk of suicide, or anyone worried about a young person at risk of suicide.
The helpline is open **Monday-Friday from 10am-5pm and 7pm-10pm** then **2pm-5pm on weekends.**
**Tel: 0800 068 41 41**
**Email: pat@papyrus-uk.org**
**SMS: 07786 209697**

**Get Connected**

**Support for young people under 25**
Get Connected is the UK's free, confidential helpline service for young people under 25 who need help, but don't know where to turn. Open 365 days a year, for absolutely anything you're going through.
**Monday-Friday from 1pm-11pm every day**, calls free from landlines and most mobiles.
**Tel: 0808 808 4994**
[**www.getconnected.org.uk (Web chat and email available)**](http://www.getconnected.org.uk/)

**CALM Helpline**

**Confidential emotional support for men**
The Campaign Against Living Miserably offers confidential, anonymous and free support, information and signposting to men anywhere in the UK through their helpline.
**Monday-Friday from 1pm-11pm every day**, calls free from landlines and most mobiles.
**Tel: 0800 58 58 58**
[**Webchat (5pm - midnight)**](http://www.thecalmzone.net/help/webchat/)
[**www.thecalmzone.net**](http://www.thecalmzone.net/)

**SANE Mental Health Helpline**

**Meeting the challenge of mental illness**
SANE's helpline is a national, **7 days a week, out-of-hours (6-11pm)** telephone helpline for anyone coping with mental illness, including concerned relatives or friends.
**Tel: 0300 304 7000**
[**www.sane.org.uk**](http://www.sane.org.uk/)

**ChildLine**

**Help and advice about a wide range of issues**
Contact ChildLine anytime - calls are free and confidential. Services include helpline, online chat and Ask Sam.
**Tel: 0800 1111**
[**www.childline.org.uk**](http://www.childline.org.uk/)

**Mind**

**For better mental health**
Mind's team provides information on a range of topics including: types of mental health problem, where to get help, medication and alternative treatments and advocacy. They will look for details of help and support in your own area.
**Tel: 0300 123 3393 (weekdays 9am - 6pm, Phone calls from UK landlines are charged at local rates. Charges from mobile telephones vary considerably)**
**Text: 86463**
[**www.mind.org.uk**](http://www.mind.org.uk/)

**Console 24/7 Suicide Helpline**

**Suicide prevention and bereavement charity**
A national organisation supporting people in suicidal crisis and those bereaved by suicide through professional counselling, support and helpline services.
**Tel: 0808 234 6667**[**www.consolecounselling.co.uk**](http://consolecounselling.co.uk/)

**The Silver Line**

**Friendship and advice to older people**
The Silver Line is the only free confidential helpline providing information, friendship and advice to older people, open **24 hours a day, every day** of the year.
**Tel: 0800 4 70 80 90**
[**www.thesilverline.org.uk**](http://www.thesilverline.org.uk/)

* **Young Minds Parent Helpline 0808 802 5544**
* GP (including out of hours service)
* A&E
* School counselling service
* Private therapists who are appropriately qualified and accredited