

Sandbank and Valley Nursery Schools Federation

Children's Mental Health



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Children's Mental Health

A child's emotional wellbeing is just as important as their physical wellbeing. Both good physical and mental health are needed. Good mental health is linked with good physical health and vice versa.

Research suggests that more children have mental problems now, than 30 years ago. This is thought to be linked with the changes in life for today's child. It is estimated that 1 in 10 children suffer from mental health problems. Unfortunately, too often, children with mental health issues, do not receive help and support at a young age.

What constitutes a Mentally healthy child?

The early years are a crucial time for child development, in all areas. Developing good mental health at this stage, can impact on later life. A mentally healthy child:

- has a feeling of self-worth and self-control
- can identify and manage their emotions
- can play and make decisions
- enjoys trusting friendships
- enjoys loving relationships with good emotional attachments
- has a clear sense of identity
- can think clearly
- has a sense of right and wrong

A child's good mental health is developed by:

- a positive and consistent family background
- a wider, nurturing environment

The Early Years Practitioner

'A child's attachment, security and positive stimulation from their main carers has a major impact on their social and emotional wellbeing. This provides the foundation for healthy behaviours and educational attainment.' from (Children and Young People, Government Guidance)

Children's Mental Health

The likelihood of developing mental health problems is increased, if a child is suffering from:

- Sexual abuse
- Parental separation
- Emotional neglect
- Domestic violence
- Emotional abuse
- A parent being in prison

- Living with a parent who is an alcoholic, or drug user
- Cyber bullying
- Female genital mutilation (FGM)
- Undiagnosed childhood mental illness

All these are referred to as Adverse Childhood Events (ADEs)

Good mental health is vital if a child is to develop essential life skills, which include resilience and responsibility. Dealing with life in a positive and successful way, requires balanced and well-rounded adult.

Mental health problems that can affect children include:

- Generalised anxiety disorder (GAD)
- Separation anxiety
- Depression
- Eating disorders
- Self-harm
- Conduct disorder
- Post-traumatic stress disorder (PTSD)
- Attachment disorders
- Development disorders (poor sleep, soiling)
- fatigue

Generalised Anxiety Disorder

Young children can be very anxious in certain situations. When starting nursery, or school, there may be **separation anxiety**.

Separation Anxiety refers to the normal part of a child's development, between ages of 6 months and 3 years, when a child is clingy and cries when having to separate from their parents/carer.

Depression

- Depression can affect children of all ages but it is most likely in teenagers.
- The signs on depression in children include:
- Tired all the time
- Poor sleeping, or sleeping more than usual
- Grumpiness all the time
- Irritating all the time
- Less interaction
- Poor concentration
- Lack of interest in things previously enjoyed.

Factors Contributing to Depression

Factors that can increase the risk of depression include:

- Bullying
- Abuse
- Family problems
- Family history of mental health problems

Eating disorders tend to be experienced by teenagers and are more common in girls. However, eating disorders can occur in young children and can cause serious damage to a child's body.

Factors increasing the risk of an eating disorder, include a child who has:

- A parent, or member of the family, with an eating disorder
- Been diagnosed with a chronic illness
- Anxiety, depression

Types of eating disorders

Pica - This is eating non-food items, such as soap, sand, hair and soil consistently and not in line with a child's developmental stage. (A toddler who chews on a plastic block is within their stage of development, for example)

Anorexia Nervosa - This is an obsession a child has with their own weight; they think they are overweight, when they are underweight.

Avoiding food - This can be very common in young children. It can show in a lack of interest in food or a complete dislike for certain foods. A child may suddenly dislike foods they previously enjoyed.

Self-Harm

Self-harming can include burning, cutting, scratching and hair pulling. It usually occurs to help the person manage emotion pain. It is **not** usually a cry for attention.

Children can self-harm because they are:

- Being bullied
- Feeling angry
- Having a friendship and/or family issues
- Feeling pressured to achieve at school
- Being abused
- Sad
- Feeling lonely
- Feeling a lack of control.

Conduct Disorder

This is serious and long lasting disorder, affecting behaviour and emotions. It can show in violent and disruptive behaviour. The child has difficulty following rules. It can affect the child's and their family's life. The disorder might be mild, moderate or severe.

There are four types of conduct disorder.

Violation of rules: This is the child who cannot follow rules in line with society, or in age appropriate way.

Destructive Behaviour: This is the child who destroys property, for example vandalism.

Aggressive Behaviour: This child can threaten others and is willing to cause physical harm.

Deceitful Behaviour: This is the child who lies and steals.

Children with conduct disorder often have no regard for others and cannot appreciate the effects of their behaviour.

These children have low self-esteem and are troubled emotionally.

The cause of conduct disorder is not known. However, it is thought a number of factors can contribute.

Social- Factors such as low socio-economic status and not being a successful part of a peer group, can add to the possibility of conduct disorder.

Genetics- Children may have family members who suffer from mental health issues. This may make these children vulnerable and suggests conduct disorder may be partially inherited.

Biological- Research has suggested that conduct disorder may be, in part, due to injuries or problems in certain parts of the brain. Often, children with this disorder, have other mental illnesses, for example, learning problems, anxiety disorder or depression.

Environmental- Factors such as abuse, poor discipline by parents, traumatic experience and being part of a dysfunctional family, can all contribute to conduct disorder.

Psychological - Research suggests that lack of cognitive processing and a lack of feelings of guilt, or remorse, can contribute to conduct disorder.

Post-Traumatic Stress Disorder (PTSD)

This disorder occurs in the first few weeks, or years later, after a traumatic event. A traumatic event can be an act of violence, a fire, abuse, car crash, harm or injury. The violence may have just been a threat.

Hyperactivity

Some children appear overactive and may have ADHD (Attention Deficit Hyperactivity Disorder). These children behave impulsively and find it difficult to focus and pay attention.

ADHD affects boys more than girls.

Attachment Disorders

An attachment disorder refers to a child who fails to emotionally bond with their parents or carer. This results in a baby or child's emotional needs not being met, including:

- Affection
- Love
- Care
- Nurturing
- Comfort

Types of attachment disorders

There are two types of Reactive Attachment Disorder (RAD):

Inhibited form of attachment disorder

This refers to the child lacking comfort and care.

Disinhibited form of attachment disorder

This refers to the child who has excessive familiarity with adults, even strangers.

The signs of attachment disorders

- A lack of eye contact with others
- Rare smiles and laughter
- Self-soothing behaviour, rather than seeking soothing from others
- Poor communication and interaction
- Not watching others when they walk around.

Temper tantrums

These outbursts are very common in young children between the ages of 1 and 4

Behaviour may include:

- Lying on the floor
- A red face
- Kicking
- Hitting
- Throwing
- Crying
- Screaming
- Stomping

- Holding their breath

When children are very young, it can be a way of them showing frustration at not being able to communicate, get their own way and understand properly.

Bullying in Early Years

Bullying can take place in the early years. An early years setting is an excellent place to promote good, positive relationships between children. Bullying has a number of characteristics:

- It is intended to be hurtful.
- It is repeated behaviour which is based on an imbalance of power.

Bullying is not children falling out but is behaviour which displays the above two characteristics.

Research shows that bullying can cause long term harm to the victim and the bully themselves.

- A child should not be blamed for being bullied.
- A child should not be expected to ignore being bullied.
- A child should not be expected to change the way they behave, if they are being bullied.
- A child should tell someone.

Bullying in Early Years

Points to consider:

- Praise positive behaviour.
- Use stories, puppets or dolls to create scenarios.
- Role model positive relationships in your setting.
- Promote shared agreements, for example children are not allowed to say, "You can't play with me".
- Do the children say 'sorry' and mean it?

Inequalities in Early Years

These inequalities are the differences in available resources between population groups.

These differences may be:

- The ability a family to pay for essentials, services and extras
- Education
- Opportunities
- Employment
- Housing

These inequalities can impact lifelong on child's development and success, thereby affecting wellbeing and mental health.

Neglect

Neglected children are more likely to have mental health problems, including:

- ADHD
- Depression
- Post-traumatic stress disorder
- Problem in later life; relationships, looking after their own children, family functioning.

The risk factors for Mental Health

The risk factors increase the probability of a child developing a mental health problem. The greater the number of risk factors, the greater the possibility of health problems developing in a child.

Certain children are more vulnerable than others.

This can, in part, be due to their own characteristics.

For example, if a child has a 'difficult temperament' and finds it trickier to adapt to different social situations, then they are more at risk of developing mental health problems.

The risk factors in a child are:

- Genetic influence
- Academic failure
- Low self esteem
- Specific learning difficulties
- Difficult temperament
- Communication difficulties
- Physical illness
- Specific developmental delay

The risk factors in the family are:

- Family breakdown
- Physical, emotional or sexual abuse
- Inconsistent discipline
- Death and loss (including friendship loss)
- Open parental conflict
- Hostile relationships
- Criminality
- Alcoholism
- Parental mental illness
- Parental personality disorder

- **The risk factors in the community are:**
- Socio-economic disadvantage
- Discrimination
- Homelessness
- Life events
- Disaster

Improving mental health

There are number of recognised ways in which children can be helped mentally well.

- Let's consider these:
- Eating a good, balanced diet
- Being physically healthy
- Having friends and enjoying shared activities
- Regular exercise
- Being able to play out doors and indoors
- Feeling cared for at the setting they attend
- Being part of a consistently happy family
- Having opportunities

A child needs to feel:

- Loved
- Optimistic
- Valued
- Safe
- Hopeful
- Confident
- They can cope in different situations
- They are good at certain things
- Part of a family and education setting
- They can solve problems
- They can make their own choices and decisions

The Effects of change

A change can affect a child's mental wellbeing. For example:

- Moving to a new nursery, or school
- A death of a family member, or friend
- A death of a pet
- A new baby
- Moving house
- Parental divorce

Vulnerable Children

Vulnerable children can be affected more than others, by traumatic experiences.

Vulnerable children may include those:

- In poverty
- With long term illness
- With separated, or divorced parents
- Who are carers
- Who have been abused
- Suffering discrimination
- Who have educational problems
- Who have parents who are alcohol abusers
- Who have criminal parents
- Who have parents with mental health issues

The early year's practitioner should be aware of:

- Any family mental issues which may impact on a child
- Physical and mental needs of children
- The resources and support available
- Activities and resources to help prevent mental issues and promote mental health
- How to promote physical activities which, in turn, help promote mental health.

An early years setting can actively promote good, positive emotional wellbeing in children by having:

- A low staff turnover, allowing children to be cared for by the same people over a number of years
- Correct staff to child ratios
- Positive behaviour management
- Good staff training in child development
- An effective pre-school curriculum
- An encouraging pre-school curriculum
- An encouraging environment where children can develop self-confidence, self-belief and self esteem
- A positive relationship with each child and by recognising/ supporting individual needs.

In the early years setting, steps can be taken to help a child and their family:

- Parenting classes can help parents learn techniques in communicating with their child, along with, for example, literacy and mathematical skills
- Teaching social problem solving skills with sensitivity
- Small group activities with vulnerable children

Parents- It is worth noting that some parents will not recognise and accept that their child has mental health difficulties.

Some parents may not accept outside support, believing they can deal with it themselves.

Early years practitioners can play a vital role in identifying issues and supporting parents.

Children with mental illness are diagnosed through observations of their signs and symptoms.

The Health Visitor

The universal health visiting service aims to assess family needs and provide early intervention, when needed.

The assessments of 2-2.5years olds, uses an ages and stages questionnaire, to assess developmental outcomes and focuses on:

- Skills
- Communication
- Social-emotional development
- Problem solving
- Aspects of physical development

Any delays at this age are often linked to poorer long term outcomes and general wellbeing.

The health visitor also completes:

- A new birth assessment
- A 6-8week review

The health visitor takes a holistic approach when assessing a family.

Working with parents can promote behaviour change and can help the progress of good, sustained mental health.

Outcomes

Preventing mental health problems can affect both healthy life expectancy and life expectancy.

The Department for Education document, Public Health Outcomes Framework, notes a number of interesting indicators, related to mental wellbeing:

- School readiness
- Domestic abuse
- Violent crime
- Social isolation
- Self-harm
- Child development at 2 to 2.5 years
- Emotional wellbeing of looked after children
- Sickness absence rate

Poor mental wellbeing increases the likelihood in later life of:

- Antisocial behaviour
- Poor education
- Teenage pregnancy
- Criminal activity
- Drug and alcohol misuse
- Suicide

Good mental health increases the likelihood in later life of:

- Being able to deal successfully with stressful events
- Recovering more quickly from illnesses
- Being less likely to be put at health risk, by taking part in inappropriate behaviour

Certain factors have been identified as having significant effects on outcomes, including:

- Sexual orientation
- Gender
- Ethnicity
- Disability
- Socio-economic status
- A looked after child

Public Health England

Public health England aims to protect and improve the nation's wellbeing and health. It is an agency of the Department of Health.

It has produced 6 documents which examine high impact areas on early years' children's mental health.

Let's explore these:

1. Transition to Parenthood and the Early Years
2. Maternal Mental Health
3. Breastfeeding (initiation and duration)
4. Healthy Weight, Healthy Nutrition (including physical activity)
5. Managing Minor Illnesses and Reducing hospital attendances/ admissions
6. Health wellbeing and development of the Childage2: Two-Year-Old Review (integrated review) and the support to be 'ready for school'

1. Transition to Parenthood and the Early Years

It is recognised that the first 1001 days from conception to age 2, is a crucial period for a developing child.

This time in a child's life requires sensitive parenting which promotes secure attachment and bonding

This, in turn, will impact on the mental, physical and socio-economic outcomes for a child.

Public Health England notes a number of interesting factors which affect the ability to parent:

- Economic/social issues
- Alcohol/substance misuse
- Own experiences of being parented
- Mental health problems
- Exposure to domestic violence
- Poor couple's relationships
- Cycle of poor aspiration

2. Maternal Mental Health problems include:

- Antenatal and postnatal depression
- Anxiety
- Obsessive compulsive disorder
- Post-traumatic stress disorder
- Postpartum psychosis- a serious mental illness that affects a lady soon after having a baby and include hallucinations, delusions, manic mood and low mood
- Munchausen syndrome by proxy *

Children of affected mothers are at greater risk of poor mental health.

Early professional intervention, identification and management of a mother's condition can mean a good recovery for them, with no long term effects on the child's mental health.

3. Breastfeeding

Breastfeeding is a priority for improving children's health.

Research shows breastfeeding benefits both mother and baby, in promoting emotional attachment between them.

Health visitors are well positioned to promote and support breastfeeding.

4. Healthy Weight, Healthy Nutrition

Overweight children are more at risk of poor mental health and bullying.

Health visitors can have an important role in promoting healthy weight and nutrition.

5. Managing minor illnesses and reducing accidents

Health visitors and children's centres, play an essential role in promoting good messages about physical health, hygiene and safety advice.

They play an important part in primary care, often being the first point of contact for parents.

Reducing health inequalities in the early years is vital.

6. Health, wellbeing and development of the child aged two

The aim is to improve child health outcomes by:

- Child health surveillance
- Immunisations
- Child development reviews
- Early intervention
- Prevention
- Child health promotion
- Screening

The health review at aged 2 aims to:

- Identify a child's progress
- Facilitate early intervention and support for children and families
- Generate information, thereby reducing inequality in children's outcomes.

The review is in line with the Prime areas in the Early Years Foundation Stage and focusses on:

- Speech, language and communication
- Personal, social and emotional development
- Physical development
- Learning/ cognitive development
- Physical health, including oral/dental health and bladder/bowel health problems as constipation and urinary tract infections(UTIs)

The health review can be integrated with early years' review, if the child is attending a setting.

Public Health England states:

'Getting a good start in life, building emotional resilience and getting maximum benefit from education are the most important markers for good health and wellbeing throughout life.'

80% of brain cell development takes place by the age of 3.

A resilient child has:

- Self-esteem
- Confidence
- The ability to deal with change
- The ability to adapt
- A range of social problem solving approaches.

Resilience factors include:

- Being female
- Good communication skills
- Humour
- Religious faith
- The ability to reflect
- Higher intelligence
- Secure early relationships
- Good at problem solving
- A positive attitude
- An easy temperament

The resilience factors in a family are:

- Affection
- Support for education
- At least one good parent -child relationship
- Positive and supportive long term parent -parent relation.
- No served discord

Mindfulness in the early years

Mindfulness refers to the calm mental state resulting from focusing on the present moment, the here and now.

There are no distractions, just complete focus and alertness.

Mindfulness bring calmness and focus to:

- Emotions
- Thinking
- situations

Through mindfulness, a child can:

- Become less anxious
- Become less stressed
- Improve concentration and attention
- Improve emotional control and resilience
- Improve decision making
- Improve memory

Mindfulness can be developed and research has shown that it can improve a child's wellbeing, thereby improving mental health. The way we communicate with young children affects their confidence and self-esteem.

Mindfulness can help develop social awareness and self-awareness.

Benefits of mindfulness in young children

A variety of fun games and activities can be included which can help children learn about their emotions and thoughts.

Children can learn about the world around them and how to regulate their emotions.

This, in turn, can help develop positive relationships.

Mindfulness can help children focus on the present time and not worry about the past or the future.

Early practitioners can promote mindfulness through activities that focus on the senses including:

- Listening to music-how does it make you feel?
- Mindful walking-what can you hear/see/smell?

Mindfulness requires a child to tune into experiences, through curiosity.

Early years practitioners can create environments which encompass mindful activities and approaches.

A setting in which mindfulness is embedded, is an environment where practitioners practice mindfulness too.

Mindfulness can be linked to all the areas of the early year's curriculum. You can be imaginative.

Here are some ideas:

Mindful play

This is play without distractions between a practitioner and child.

Full attention is given to the play activity.

Mindful snack time

This is a time to concentrate on eating together and focus on enjoying the food.

Mindful activities

Playing a game can be both fun and mindful, for example, what is in the bag?

Put something in a bag. Ask the children what they think is in it. Encourage imagination.

After you have asked them all, ask them how they feel about not knowing what is in the bag? This focuses on the moment, the here and now. It isn't about what they are feeling but the fact they are thinking, identifying and being aware of their own feelings.

Deep breathing

Inhaling through the nose and then breathing out slowly, whilst making a chosen sound, can be fun.

It focuses the mind on something that is usually automatic, natural and unnoticed.

Relaxation

Teaching young children to be calm and take time to relax is very useful. They can talk afterwards about how they felt during the activity.

Yoga

Yoga is calming and promotes mindfulness.

Cloud watching

Weather permitting, ask the children to lie down on a blanket, look up and talk about the cloud shapes.

This focuses a child's mind and encourages curiosity.

Who can promote good mental health?

Parents can help by:

- Having a warm and open relationship with their child
- Helping their child solve problem
- Hugging their child
- Helping their child practically
- Constantly encouraging and praising their child.

Children with mental issues may be helped by:

- An early practitioner
- A school nurse
- An educational psychologist
- A GP
- A health visitor.

CAHMS (Child and Adolescent Mental Health Services)

This service includes a number of mental health professionals:

- Community psychiatric nurses
- Psychiatrists
- Clinical psychologists
- Educational psychologists

The services are available to children, families and schools and, in some areas, there is a tier system.

Tier one

This includes interventions by primary services:

GPs

Health visitors

School nurses

Teachers

Social services

These people are not mental health specialists but are in a position to:
Be aware of mental health problems
Promote mental health

Tier two

This includes professional groups who can work together, Including:

- Paediatricians
- Community psychiatric nurses
- Child psychiatrists
- Clinical child psychologists
- Educational psychologists

Most children with mental health problems will be assessed and supported by Tier one and two.

Tier Three

This is a more specialist level of service and includes:

- Social workers
- Clinical psychologists
- Occupational therapists
- Art, music and drama therapists

Tier Four

This tier is rarely used and includes:

- Specialists outpatient teams
- Day units
- Eating disorder units

Talking and understanding

Talking and understanding can be key in working out how best to help a child.

In early years, play can be helped quite simply, through professional understanding and family involvement.

This is referred to as counselling, talking therapy or psychological therapy.

Links to support Children's mental health

- [Talking to children about feelings](#)
- [Depression in children and young people](#)
- [Anxiety in children](#)
- [Dealing with child anger](#)
- [Children and bereavement](#)