Risky or Resilient?

Mental Health for Children, Young People and Families

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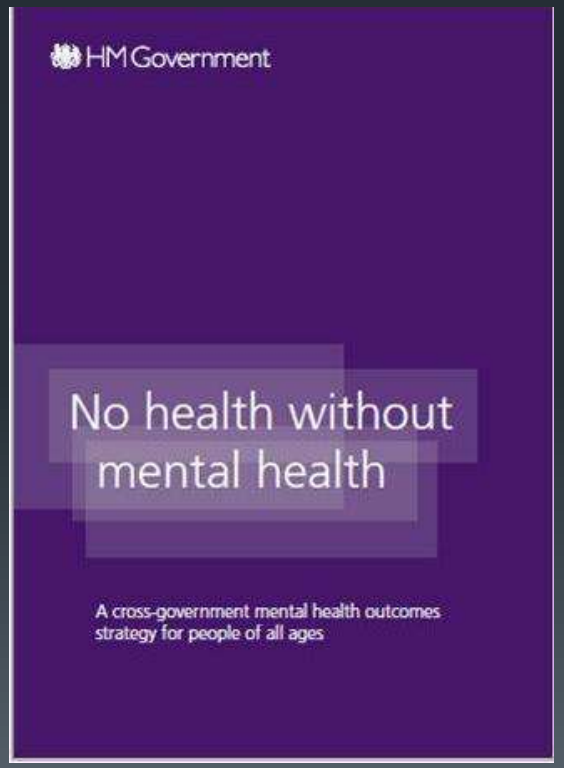
- Mental health difficulty: At least 10% of CYP in the UK have an identifiable psychological ‘disorder’ that disrupts day to day coping, learning, and family life (DoH, 2004; DCFS, 2008)

Current policy framework for children's mental health

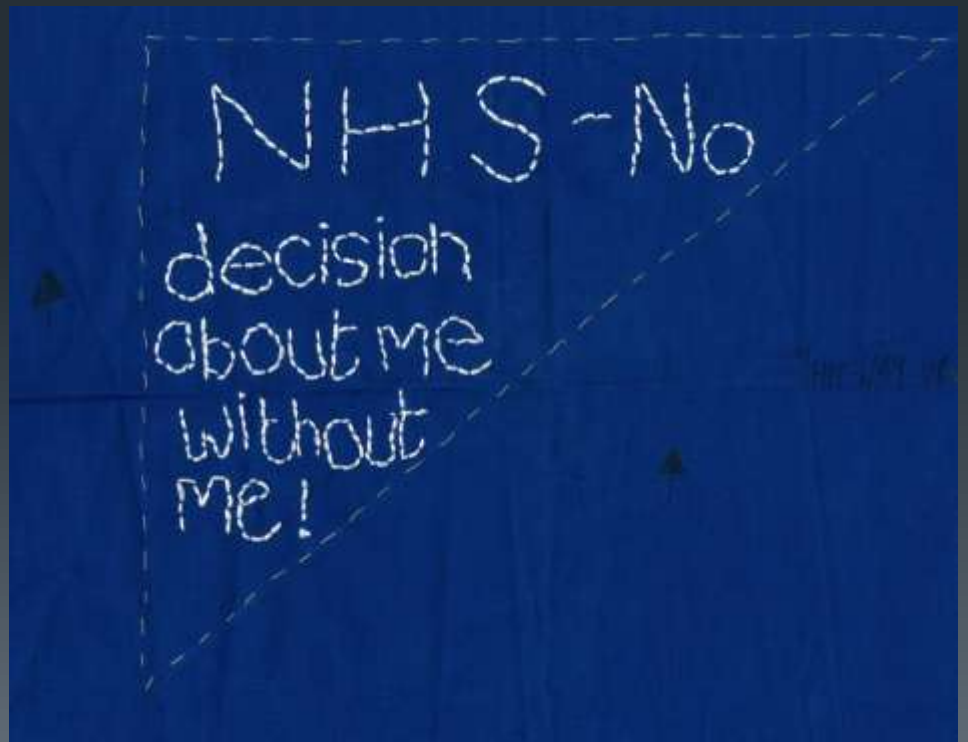
- Adults who work with CYP have a duty of care to respond to CYP's psychological wellbeing, and to highlight changes (Rait, Monsen & Squires, 2010).
- Early identification of difficulties is often key to successful prevention / intervention
- mental health focus into schools - changing role of educators (e.g. ECM, 2003; PSHE, 2000 & SEAL2007; TAMHS)

- Remains a focus with the rolling out of CYP IAPT
- No health without mental health (2011) – early intervention focus; positive parenting; emphasis on maternal mental health
- Family Nurse Partnership; HV workforce increase; Early Intervention Grant
- Targeting CYP at most risk



Current mental health landscape

- Mainstreaming of mental health for children
- But what about the special needs of young people?
- Still a focus on
  - Widening access
  - Self-referral
  - Young person's participation



How to identify mental health difficulties

- We are usually advised to look out for CHANGES in established patterns:
  - Loss of interest in things they had previously enjoyed
  - Irritability
  - Moodiness and uncooperativeness
  - Unusual experiences
  - School refusal
  - Loss of confidence
  - Difficulties with concentration
  - Poor self-care
  - Changes in dietary habits
  - Changes in activity levels
  - Changes in sleep patterns
- Developmental issues
- Masked by behavioural labelling

"When all the sirens are going off, it's the bell that rings loudest that gets attention"

(Residential social worker, Callaghan and Buchanan, forthcoming)

What is mental health?

- According to the MHF (1999) mental health is the capacity to:
  - Develop psychologically, emotionally, socially, spiritually, creatively and intellectually
  - Initiate, develop and sustain mutually relationships
  - Use and enjoy solitude
  - Be aware of others and empathise with them
  - Play and learn
  - Develop a sense of right and wrong
  - Work through and learn from problems
- A tall order for anyone!
- WHO (2004) – wellbeing and mental health difficulty as distinct and potentially overlapping categories

Helping young people involves

- A preventative focus:
  - promoting positive mental health

- An intervention focus
  - joint working, liason, consultation, referral

- Educators as a ‘significant other’ in vulnerable young people’s lives (Humphrey, 2004)

- Insufficiently trained to meet the needs of young people with SEBD (Clough et al., 2005; Jull, 2008).

What makes young people vulnerable to mental health difficulties?

- Diathesis-stress model
  - Vulnerability factors (genetic, familial, etc)
  - Environmental triggers

Conditions of adversity

- Poverty, socio-economic difficulties
- Poor family relationships
- Attachment difficulties
- Exposure to violence
- Being ‘looked after’

Risky…

- Young people in difficult situations are often understood to be at greater *risk* of the development of mental health difficulties
- ‘vulnerable’; ‘damaged’; ‘at risk’

Mental health stigma

- Stigma – others' reactions impacting negatively on personal identity (Goffman)
- A social reaction that identifies particular traits and attributes as negative, and "devalues the person who possesses them" (Miles, 1981)
- "Children acquire attitudes about mental health at an early age' (Wahl, 2002)
- Aggravates mental health difficulty, and broadens the impact – negative effect on wellbeing (Social Inclusion Unit, 2004)
- Reducing the stigma of mental health difficulty as an urgent issue for prevention

For the children and young people stigma associated with mental health and/or the ‘sebd’ label may lead to:

- No help for needs
- No access to education or employment
- Denied support for mental health intervention
- Unable to access different groups or activities
- Not given the opportunity to talk about their needs or have their say about issues that concern them.

- Time for Change – the crucial importance of challenging mental health stigma
- To label or not to label?

SEBD – what about the S and the E?

- Young people identified as having SEBD often have high levels of poorly identified and unmet mental health need (Armstrong and Hallet, 2004; Cole and Visser, 2005; Hackett 2010)
- Avoidance of diagnostic labelling to prevent stigmatisation, amongst EPS (Rait et al, 2010; Frederickson, 2009)
- But a tendency to focus on behaviour – on externalising, 'acting out' (Mowatt 2010; Westling 2010) – obscures mental health issues
- Teachers and mental health professionals: "I'm not a social worker"

Representations of young people with SEBD

- Amstrong and Hallett (2011):
- Chronic predisposition to failure – label as self-fulfilling prophecy; leaves little room for YP to manoevre
- Unknown and unpredictable entities – 'powder keg'; 'constantly finding ways to challenge the system'
- Disabled by educational policy and practice

- Overwhelmingly negative representation focused heavily on pathology, helplessness, incapacity to change

- Young people with SEBD are multiply pathologised and highly stigmatised
- Represented as both ‘damaged’ and ‘damaging’ in contemporary discourses (popular, policy and professional)
- But we know that SEBD is both produced by and produces
  - environmental barriers to learning
  - stigmatising social perceptions of young people in difficulty,
  - stigmatising behaviours from others
  - difficult interpersonal relationships

(Westling, 2010)

- Individualising and pathologising explanations of young people’s lives aren’t helpful.

Behaviour in Crisis

- Summer riots
- Young people represented as ‘feral’
- Family blaming, teacher blaming
- Moral panic
- But what about social, cultural and political factors in the production of our ‘crisis’?

Some social re-framing

- What is the function of problemmatic behaviour? What does it do for the young person?
- E.g. Potts (2002) – young black masculinities - what if behaviour issues are a perfectly rational expression of alienated and disaffected young people who don't 'fit' in a consumer oriented, western culture?

Leaving ‘normal’?

- Function of developmental psychology to describe ‘normal’ development
- Also becomes a proscription ***for*** a particular kind of development
- Graham (2008) – SEBD as part of a set of pathologising discourses that function to categorise particular groups of young people as individually ‘damaged’.

Why do we want to look at agency and resistance?

- When we talk about young people as *passive,* as *damaged*, as *vulnerable* what are the implications of this?

A Decade Review – YP in situations of Domestic Violence

- Searches in google scholar, psycharticles and swetswise
- Literature published between 2002 and 2013 included
- Search terms were “child*”, “mental health”, “domestic violence”, “interpersonal violence”, “resilience”
- 213 articles were included in the review

Exposure and victimhood

- The term ‘exposure’ was used in 181 of the 213 articles (85%) included in the review.
- The term ‘witness’ is used in 142 articles (67%)
- 165 articles refer to ‘victims’ (77%)

What about agency, resistance, empowerment?

- “surviv*” appears in contrast in only 68 of the articles (32%) – and rarely in a positive or empowering sentence construction
- Empower can be found in just 45 articles (21%) – and typically refers to the empowerment of *women*, not of children and young people
- Resist* is in just 33 articles (15%) . As a social concept it is largely contained in articles about women resisting DV for the sake of their children.
- Use of the term ‘agency’ as referring to active agentic action (not as in ‘social work agencies’) could be traced in just 10 articles (5%).

Dominant discourses

- Exposure
- Damage (psychobiology, psychopathology, cycle of violence)
- Witness
- Mothers as responsible for child's wellbeing (not the violence…)
- Resilience as individual qualities – what about process, social context?

Exposed

- *"According to one estimate, more than 10 million children living in the United States are exposed to violence between their parents each year (Straus, 1992), with more than 34,000 children in England and Wales passing through domestic violence refuges annually (Shankleman, Brooks, & Webb,2000)."*

  (Rivett, Howarth and Harold, 2006)

- "Externalities in the Classroom: How Children Exposed to Domestic Violence Affect Everyone's Kids" (Carroll and Hoekstra, 2009)

Exposure and Experience

- "*To determine whether infants have a traumatic response to intimate partner violence (male violence toward their female partner; IPV) experienced by their mothers, two questions were explored: (1) Is the number of infant trauma symptoms related to the infant's temperament and the mother's mental health? (2) Does severity of violence moderate those relationships?"* (Bogat et al, 2003)

Victims

- "*A general problem with this literature, however, is that most such studies on individual types of victimization have failed to obtain complete victimization profiles. This creates the potential for several kinds of problems, particularly if children who experience one kind of victimization are at greater risk of experiencing other forms of victimization*." (Finkelhor et al, 2006, p.7)
- "*Poly-victims, children with a large number of different kinds of victimization in a single year, make up a substantial proportion of any group of children who would be identified by screening for an individual victimization type (such as victims of bullying or sexual assault). For example, over 92% of the rape victims and 76% of the dating violence victims in this national sample were poly-victims*." (Finkelhor et al, 2006, p.19)

How does this translate into practice?

- These constructions of the child has implications for professional and social discourses around children in situations of DV
- It has implications too for how children are able to position themselves – their capacity to construct a self-identity as *agentic, resistant, capable...*

Images of children in domestic


I WILL LEARN THE CYCLE OF ABUSE
I SEE THE VIOLENCE
I AM AWARE


STUPID
COW
IT'S AMAZING HOW FAST CHILDREN LEARN.
NHS


STOP CHILD ABUSE.
Each purchase helps remove one child from an abusive home.
HELP ME
Sevenly.org


STOP the ABUSE


Ensure her future by securing yours
Around 750,000 children in the UK witness domestic violence every year
What sort of role model will your children have?
In an emergency
999
Police non emergency 101

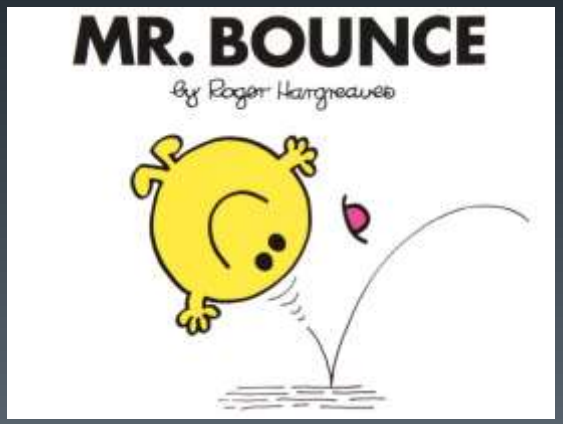
Resilience

- Many theorists have noted the importance of focusing, not just on the vulnerability of young people in high risk environments, but also on those who are more *resilient.*
- Resilience – despite exposure to adversity, the young person attains good developmental outcomes (Luthar, Cicchetti, and Becker, 2000)
- Yates and Masten (2004) “Ordinary adaptation despite extraordinary circumstance” (p.524)
- By understanding how children cope, we are able to better plan for the prevention of mental health difficulty.

What makes the difference?

"Who gives up easily and who never gives up? And why?"

Martin Seligman, 1998, p.30



Assets and Risks

- Assets increase probability of good outcome
  - Human or social capital
- Risks / risk factors
  - events, circumstances, traits)
- Cumulative
- Protective factors moderate the impact of risk factors
- But is life really a zero sum model?

Protective factors (Yates and Masten 2004)

- Child characteristics
  - Social competence (empathy, social skills, responsiveness, flexibility, humour)
  - Problem solving (creative, collaborative, planning)
  - Autonomy (locus of control; explanatory style; task mastery; self efficacy; self esteem)

(Yates and Masten, 2004)

  - Sense of purpose – goals, educational aspirations, motivation, persistence, hope (Dweck)
- Are these genuinely 'individual' traits?

Emotional intellgence

- Child Characteristics….
- Emotional Intelligence (Salovey and Mayer 1990)
- ‘knowing one’s emotions’
- ‘managing emotions’
- ‘motivating oneself’
- ‘recognising emotions in others’
- ‘handling relationships’

Example – Competence Development (Dweck and Leggett, 1998)

- Fixed mindset – so this is all I can achieve… ☹
- Growth mindset – look what I've achieved! Think what I can achieve in the future!
- Challenging implicit theories about current achievement levels

How? One strategy

- Challenging educational setting, but don't set them up to fail (Vygotsky-Feuerstein model)
- Example W-Eb Project

- **Family characteristics**
  - Positive relationships
  - Positive discipline (boundaries, reinforcement)
  - Stable attachments
  - Positive relationship with a sibling
  - Extended family network

- **Community characteristics**
  - Safe neighborhoods
  - Reasonable prosperity
  - Supportive communities
  - Positive cross generational relationships
  - But – ‘The Golden Child in the Ghetto’… ? (Not everything about ‘bad’ communities is bad….!)

Consciousness raising as protective

- reflective awareness of the structures of oppression (e.g. violence and abuse, bullying, poverty, racism) (Paulo Freire)
- a key underpinning awareness that enables the ability to adopt strategies for overcoming them
- We cannot build resilience without helping young people to recognise and challenge oppression
- Much positive psychology has neglected this – focusing on individual traits like ‘hardiness’

How do we facilitate positive mental health for young people with SEBD?

- Be aware of the oppressive structures that have framed young people's lives – this isn't an 'individual problem', even when it is manifest in individuals
- Be aware of the referral networks available for young people
- Bonny Bernard – the three key elements for building resilience in young people:
  1. **Support**
  2. **Respect**
  3. **Belonging**