Taking a Positive, Holistic Approach to the Mental and Emotional Health and Well-being of Children and Young People

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Traditionally the focus of mental health work with children and young people, including those seen as having behaviour problems and Attention Deficit Hyperactivity Disorder (ADHD), has been on the individual child or young person, and specifically on the identification, referral and treatment of their problem. This is now changing, and child mental health work is starting to take a more holistic and preventive approach. There is fortunately a great deal of support for those who want to make this shift coming from many quarters.

In this short chapter I have only the space to outline the nature of that shift and recommend that mental health work makes this shift with as much speed as possible, working closely with some new developments in research and practice to do so. The research evidence to support the assertions of this chapter can be found in some recent publications,1 2 3 which include case studies of five Local Education Authorities in England who are working with more holistic approaches in their work with children and young people, including work on child and adolescent mental health.

An overall positive framework for work

Traditionally the words ‘mental health’ have been used as a synonym for mental illness and are thus seen as the concern only of mental health professionals—the so-called ‘pathogenic’ model. Now broader and more positive models of mental health are developing, sometimes called the ‘salutogenic’ or wellness model.4 The World Health Organisation has been in the forefront of encouraging a focus on
positive health rather than just on illness, and the ‘Ottawa Charter’, a WHO position statement which outlined the principles of health promotion, suggested that health is ‘a positive concept, emphasising social and personal resources, as well as physical capabilities.’ A salutogenic approach to mental health sees the promotion of mental, emotional and social health as potentially being about more than the treatment or even the prevention of something conceptualised as mental illness. It is concerned with the promotion of positive wellness as the overall framework for mental health work, a framework within which the treatment of individuals and services for those classified as mentally ill can take their rightful place.

Many involved with mental health work are starting to ‘unpack’ the idea of mental health using non-specialist, positive and inclusive terms and to focus on people’s positive capacities rather than their perceived deficits. Recent definitions of mental health have focused on positive characteristics such as: resilience and an inner sense of coherence; the ability to make relationships, to attach to others and to love; the ability to think clearly including about emotional matters; the ability to manage the emotions successfully and appropriately; the ability to be sensitive to one’s own and other’s emotions; and the capacity to have an accurate self concept and high self-esteem. This is a useful way forward when working with non-specialist agencies, such as social work or schools, who can find the idea of ‘mental health’ work unnerving and alien. It echoes work which is happening in many contexts, such as the workplace and educational establishments, on what is called ‘emotional intelligence’, ‘emotional literacy’, or ‘emotional and social learning’, which will be discussed later in this chapter.

An holistic approach

At the same time as mental health work is becoming more positive it is also becoming more holistic. Across all types of social and health related research there is a growing tendency to take a more ‘joined-up approach’. This involves looking at environments rather than only at individuals, as a way both to understand and also to address problems. It promotes a concern with the relationships between problems rather than with single problems, and encourages us to look at clusters of risk factors rather than single causes. Terms commonly used to describe holistic approaches include ‘settings’, ‘universal’, ‘ecological’, ‘environmental’, ‘comprehensive’, ‘multi-systemic’ and ‘multi-dimensional’—depending on which discipline and which agency are involved, but they all refer essentially to thinking and working holistically.

*Shifting to a positive, holistic approach*

If we make this shift to a more positive and holistic view of mental health, it has huge implications for how we tackle mental health problems in children and young people. The goal changes from a concern to address the pathology of individuals only, to the creation of an overall framework to promote the positive emotional
well-being of all, including the learning of mental health skills and competences for everyone. The emphasis is on ensuring an embedded, coherent, congruent and coordinated approach across all parts of the service, working in partnership with schools and families. Mental health work becomes the concern of everyone for everyone—as relevant to the needs of children without overt behaviour problems, and to professionals, as it is the people with problems who have been its traditional concern.

To look for example at education, there the mental health perspective is gaining support from the growing tendency to take a ‘whole school’ approach to most of the issues that concern schools, including learning, behaviour and health. Within the school the focus is increasingly not just on individual pupils and classrooms but on the totality of the school as an organisation, embedded in its community. The school is seen as a jigsaw or organism, which includes a myriad of aspects of school life, all of which have an impact on mental health. Some key facets include school ethos, relationships, communication, management, the physical environment, teaching and learning, special needs procedures and responses, and relationships with parents and the surrounding community. The school is also seen as including everyone, not just pupils, but also teachers and support staff.

Focusing on contexts
Focusing on the setting rather than just on individuals also helps us to identify ways in which the contexts in which the children and young people find themselves shape behaviour, for good or ill. It is important to realise that these contexts are not always benign, and that the adults who care for children may be, usually unwittingly, contributing to the very ‘problems’ they claim to be trying to address, for example through their own responses and behaviour.

The ethos of an organisation is one of the most powerful determinants of the behaviour of those in it, and in particular the approach taken to dealing with difficult behaviour. Many settings in which children can be found continue to focus mainly on poor behaviour and use sanctions and punishment as their main strategy for improving behaviour. A classic conundrum emerges, whereby adults (such as parents, carers or teachers) pay most attention to the kind of disruptive and difficult behaviours they claim not to want—focusing at length and with great emotion on that child, allowing their behaviour to dominate proceedings and take up all the available air time. Indeed difficult behaviours are sometimes ‘rewarded’ directly, for example by sending that child to a special class or unit where they get even more attention and, in the eyes of their fellows, even better conditions. Sometimes a reward system is created just for the difficult children. Such attention and paradoxical reward has the effect of inadvertently fostering more of the unwanted behaviour—both among those children who are inclined to it anyway and see the attention as the only recognition they are likely to get, and those who might not naturally be so inclined but who find that being quiet and behaving well is a sure way of being overlooked and not getting any rewards.
When children conclude that realistically the only attention they are likely to get is for being difficult, many will naturally opt for that.

A general climate of negativity and punitiveness alienates children and does nothing to build up trust that is the bedrock of relationships. It helps create a climate of violence, aggression and fear, which frightens more timid children and feeds the inclination to violence in aggressive children. It reinforces the problems of those who come from backgrounds where violence and punishment are the norm, supporting their tendency to repeat these behaviours, and making them feel comfortable and ‘at home’, rather than giving them an alternative model.

There is now a good deal of work on the kind of positive, emotionally and socially healthy environments that help promote good behaviour and the growth of mental and emotional well-being—helping both ‘troublesome’ children to reduce their inclinations to disruption, aggression and violence and encouraging ‘troubled’ children to open up and express their fears and anxieties and stand up for themselves. Such environments are those that get the right balance between warmth, participation, the encouragement of participation and autonomy, and the setting of clear boundaries and expectations—where the ethos is positive and the focus is on good rather than the bad behaviour. This has been accompanied by a growth in attempts to develop and teach emotional and social skills to children and the adults (such as parents, carers and teachers) who look after them. Many such projects have proved to be very effective.

Taking a positive, holistic approach
It may be thought that a positive, holistic approach to mental health work simply gives more to the ‘haves’ while neglecting the needs of those with problems. However, there is strong evidence that taking a holistic and positive approach can serve a preventive function to reduce the onset of problems or reduce their severity or longevity, provide a context which helps to meet the needs of children more effectively than targeting alone, and provide sound support for the specialist services that those with more severe problems need.

There is now a good deal of work on what factors in a context help everyone to be more effective, to experience emotional and social well-being, and to feel part of that context. These factors include starting any programmes or interventions early, being clear about what outcomes are preferred, active listening, counselling, building warm relationships, setting clear boundaries, and participation. Interestingly, exactly the same factors have been shown to be especially helpful in helping those seen as having emotional and behavioural problems. Children with special needs may need more of certain approaches, but they do not need different approaches.

Emotional, behavioural and social problems are extremely widespread—they are by no means minority problems. The same risk and protective factors predict more or less the whole range of problems in children and adolescents, from teenage pregnancy to school failure. Problem behaviours tend to cluster together, and reinforce one another. Most behavioural and emotional problems exist on a
continuum and affect a very high percentage, sometimes the majority of the population, so where we decide to have the cut-off (e.g., ‘20 per cent have problems’) is, for most conditions, arbitrary. If we target an arbitrary percentage, the very many people who suffer from a problem to some extent will be ignored. Constructing the climate and procedures has a preventive function, making it both less likely that children will have problems in the first place, and enabling us to spot any problems early and deal with them before they become engrained.

It is in any case less stigmatising to work with everyone, as it means that those with problems are more likely to use the services offered and feel positive about them than if they feel they are being treated differently. For example, a child identified as having problems is more likely to seek a session with a school counsellor if that counsellor is also engaged in routine work in the school, teaching lessons to all and advising staff—rather than risk being seen going into the office of someone known to work only with ‘nutters’ and ‘sad’ people. Parents too are likely to be reassured if they feel that their child is not being singled out, and likely to be more supportive of any programme suggested.

The principle of ‘herd immunity’ means that the more people in a community, such as a school, who are emotionally and socially competent, the easier it will be to help those with more acute problems. The ‘critical mass’ of ordinary people has the capacity to help those with problems, and peer group support has proved to be a very effective form of intervention to help those with difficulties. Those who are given extra help will be able to return to the mainstream more easily, as the way they are dealt with in terms of special help is then congruent with what happens to them in the mainstream when they return and they are not so likely to get into difficulties in future.

So projects and interventions which aim to promote mental and emotional well-being and which focus on developing the kind of overall climates which foster the mental and emotional well-being of everyone in that context, have been shown to be more effective in helping those with problems than those which concentrate on those with problems alone. The ideal would seem to be to provide a basic level of help for all, while giving increased help to those who need it—this is the norm in the many successful US-based projects to improve emotional and social well-being and skills. There are two new initiatives to develop social, emotional and behavioural skills which are now being introduced into all English primary and secondary schools also taking such an approach.

**Putting emotions at the centre**

As well as taking a positive, holistic approach to services and organizations, there is a complementary tendency (which some of us would see as a welcome return!) to take a more holistic and positive view of the person, and in particular to recognise the centrality of emotion in all aspects of life, including in shaping and explaining behaviour. The emotions have long been a neglected area in
psychology; they are now moving centre stage. Work is developing at an extraordinary pace, in psychology, neuroscience, and education to name but three disciplines, which is demonstrating that emotions are at the heart of how we think, how we learn, how we behave, and how we attribute meaning and value. This work has part of its roots in child psychology, particularly in work on attachment, developed initially by Bowlby, which has recently been the subject of a major revival. This work is underlining how important the making of primary emotional attachments to carers is to the subsequent healthy growth of children’s minds and cognitive abilities. This work is now starting to be recognised as having widespread applicability, not just for emotionally neglected children but for everyone. It suggests that our feelings for others, our sense of trust in them and concern for them, are the foundation for sound cognitive as well as emotional development.

**Links with work in education**

The interest in the role of the emotions also finds support from recent work on learning. Those who work in educational contexts are recognising that the emotions are educable, that we all have the ability to do far more than respond blindly to feelings; we can think about them, organise them, modulate them, moderate them, and shape them through reflection and learning, and help others to do so. As a consequence schools are starting to take an interest in understanding and educating the emotions—work which tends to be known in school contexts as work on emotional intelligence, emotional literacy or emotional and social learning. There is the promise of some useful alliances between education and mental health under such banners.

**Implications**

This chapter has attempted to show that these developments are helping to change approaches to child mental health in fundamental ways, and paving the way for the introduction of forms of intervention that are more humane, less stigmatising and divisive, and above all, work better. For example, they are encouraging:

- those who work in mental health to make more links with those who work in other sectors, such as social services and education, and to link with positive intervention programmes, for example to promote the mental health of looked after children, emotional health and well-being in organisations, and programmes to develop social and emotional skills/emotional intelligence.
- those who work in schools and the community services to seek positive and preventive advice and support, rather than just end of the line diagnosis
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and treatment, from the specialist mental health services.

- all who work with children to consider some fundamental principles that underlie all effective work—such as focusing on the meaningfulness of behaviour and on the contexts in which it is created, the need to build on strengths, capacities and skills rather than focus on pathologies and deficits, and the need for all the services to work in ‘joined up’ ways which promote teamwork and which place the needs and interests of the child and their family, not the needs and interests of the services, at the centre.

Endnotes


