



Mental health promotion & screening in schools: a call to action

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Plan of talk

- **Siobhan O'Neill**
- The extent of the problem.
- Transgenerational cycle of mental health.
- The evidence that we can detect & successfully intervene early.

- **Deirdre Heenan**
- What are we going to do about it?
- Policies...

1 in 5 young people self-harm, WHY?

"to get relief from a terrible state of mind"

- Instrumental (goal directed) behaviour to address psychological pain.
- Interpersonal reasons (e.g. "to frighten someone") were least commonly endorsed.
- Adolescents who endorsed wanting to get relief from a terrible state of mind at baseline → significantly more likely to repeat self-harm.

Rasmusen et al. (2016) Journal of Crisis Intervention & Suicide Prevention. N=987

Diathesis-Stress Model of Mental Illness

Mental illness is caused by a combination of 2 factors:

1. Stress.
2. Resilience.

...literally the way our bodies respond to stress & our ability to regulate that response

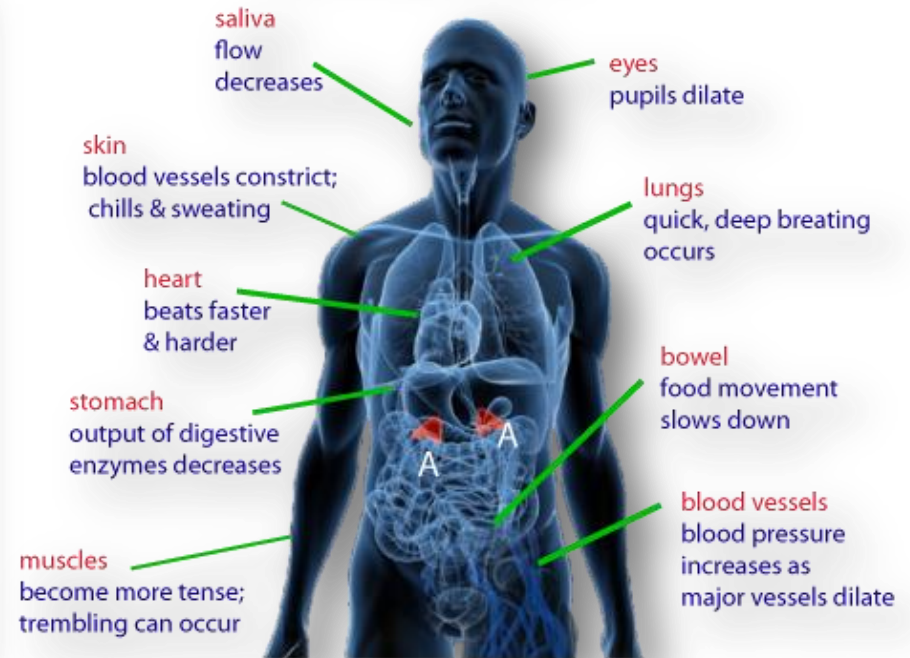
- Genetic.
- Personality.
- Childhood attachment.

Resilience predicts our physiological response to stress

Hypothalamic Pituitary Activation



Fight or Flight Response



To address stress (self-regulation)

- Self harm is a “learned behaviour”.
- Creates a strong & fast physical response.
- Compelling, information makes the method appealing.
- Used within groups to create peer connections.
- A means of communicating pain- (different from “cry for help”).

Making a mental illness

0-24 MTHS

- Environmental calibration of stress response (neuroplasticity).
- Stress reactivity is malleable & modified via early experiences.

2-8 YEARS

- Stress reactivity & poor regulation create behaviour & relationship problems.
- Peer conflict creates further problems.
- Physical punishment further damages self regulation & self-esteem.
- Interventions are effective due to neuroplasticity.
- The cycle can be changed by addressing the symptoms & context.

8-12 YEARS

- Stress reactivity is consolidated & somewhat more difficult to modify.
- Oppositional behaviour & impaired social development.
- Behaviour & relationship difficulties at school → educational underachievement.

ADOLESCENCE

- Dysfunctional stress reactivity.
- Exposure to stress of pubescent hormones. Transitions in education & relationship stressors. Use of substances & self harm to regulate.

LATE ADOLESCENCE / EARLY ADULTHOOD

- Dysfunctional stress reactivity.
- Externalising behaviour (e.g. self harm & substance use) used to self regulate.
- Diagnosable mental illnesses effect educational attainment, economic activity & relationship choices.

YOUNG ADULT BECOMES A PARENT

Changing stress activation & self regulation

- Mindfulness/ relaxation – programming the brain to self regulate.
- Relationship management & negotiation → less stressful relationships & better social support (buffer).
- Help to cope with feelings after loss & trauma.
- Fostering **adaptive** stress responses (exercise, self-management, harnessing support).
- Developing **self esteem**, self acceptance, authenticity).
- **Skills** to identify problems & seek help (not just knowledge).

Evidence that we can detect & change the patterns if we intervene in childhood

- The neuro-developmental effects of maternal depression are exhibited as early as 2yrs (Jonge et al., 2015).
- Interventions in childhood alter the expression of stress response genes (Roberts et al., 2015).
- The cognitive, socio-emotional & behavioural effects of maternal depression are evident at age 5 (Grace et al., 2003; van der Waerden et al., 2015; Mirhosseni et al., 2015).
- Saving & Empowering Young Lives in Europe (SEYLE) RCT. YAM Youth Aware of Mental Health reduced suicidal ideation in adolescents (Wasserman et al., 2015).
- Gatekeeper training & screening can reduce suicidal ideation in schoolchildren (Robinson et al., 2013).

Are we failing our children?

Almost 1 in 10 children in UK have serious mental health issue.
Actual spend on mental health services by Trusts around 25% less than previously proposed.

Integrated system of health and social care in NI, yet system characterised by silo-working a fragmentation.

Investigation by Young Minds revealed 30m cut from children and adolescent services in England in last 4 years.

No easy way to get help, services haphazard.

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Mental health in Schools

Physical Health on National Curriculum not mental health.

Training?

Can we help schools develop knowledge, identify issues and offer early support.

Complex tiers of services with blurred lines of responsibility.

Need clear, responsive care pathways.

Mental health in Schools

Specialist mental health services in schools.

Hard hitting, anti-stigma campaign.

Testing routes between schools and specialist services.

Piloting, transparent local commissioning plans.

Joint training programmes between health, education and voluntary sector.

Encourage and assist schools to develop whole school approaches on health and wellbeing.

Mental health and young people

Programme for Government opportunity to articulate a national ambition.

Parity of esteem between physical and mental health.

A major programme of investment.

Harnessing digital technology- e-portals, blogs, apps, digital tool.

Wider cross-government transformation initiatives

Services co-produced with users.



Thank you!

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