



HANDBOOK AND TRAINING MANUAL

GET READY TO ROAR!

Thank you for choosing to implement this ROAR response to mental health in schools. This course has been developed by Merseyside Youth Association's RAISE team, in response to the findings of a citywide review of the whole school approaches to mental health published in March 2017.⁽¹⁾

The report highlighted the need for staff to receive specific training related to mental health:

“There is a need for staff training. However, this training should not aim to train staff to become the mental health professional. Instead, it should focus on how to recognise the signs of mental health problems, where to go to get help, what to expect from outside help, and, importantly, what to do when staff do not get the help that they know they should.”

Member of staff, SEN School.

The ROAR response aims to do just that. It's a first-line response aimed at equipping frontline professionals with the tools to provide early intervention, and support to children experiencing mental distress.

The course also recognises the importance of building resilience in children. **93% of respondents to the citywide review said that they would benefit from more training around this.**

The ROAR response offers top tips for staff around building resilience in relation to specific mental health needs. It will also help you to spot the signs and symptoms of a child experiencing problems with their mental health.

This training has been designed with the whole school in mind. As the designated member of staff receiving this training you will be;

- Equipped to respond to specific mental health needs within your school;

- Given resources to deliver a two hour CPD session within your school setting to give the whole school staff a general understanding of child mental health and introduce them to the ROAR model; and
- Provided with lesson plans (one for KS1 and one for KS2) to build awareness around mental health and resilience that can be delivered to each class by a member of staff.

Underpinned by the Department for Education's eight principles to promote emotional health and wellbeing in schools and colleges, ROAR is a primary school based programme that enables staff to identify and deploy appropriate responses to the mental health needs of children and importantly help them to build resilience.



Our aim is that all primary schools implement the ROAR course into their setting's whole school approach to mental health and wellbeing, by ensuring staff feel better equipped and more confident to deal with the challenges faced by their children.

We look forward to working with you to achieve this vision.

Best wishes,

THE RAISE TEAM



THE PROGRAMME

The course responds to the top five identified CPD priorities from primary schools in Liverpool: emotional difficulties, behavioural difficulties, parental mental distress, anxiety and neurodevelopmental conditions.

Training Outline:

Session 1	2 hours	Introduction to Mental Health and the ROAR response.	Looking at what is mental health, who's got it, how to balance risk with resilience, unpacking thoughts, feelings and behaviours. Introduction to the ROAR response.
BREAK			
Session 2	45 mins	ROAR response to Anxiety in children.	Recognising the signs and symptoms of anxiety in children and applying the ROAR response.
Session 3	60 mins	ROAR Response to emotional difficulties in children.	Recognising the signs and symptoms of low-mood, depression and suicide in children and applying the ROAR response.
LUNCH			
Session 4	60 mins	ROAR Response to behaviour as communication in children.	With a focus on behaviour as communication, recognising the signs and symptoms and applying the ROAR response to: <ul style="list-style-type: none"> • Self-harm • Eating disorders • Neurodevelopmental disorders
Session 5	45 mins	ROAR Response to parental mental distress in children.	Recognising the impact of parental mental distress, including psychosis, in children and applying the ROAR response.
BREAK			
Session 6	45 mins	Taking ROAR to school	Looking at how to implement a whole school approach to ROAR.
Plenary	15 mins	Plenary & Evaluations	



THE ROAR RESPONSE



R

Recognise the signs and symptoms

O

Ask **Open** questions
(try to spot the BIG thought)

A

Access Support, Services & Self-care

R

Build **Resilience**



WHO'S GOT MENTAL HEALTH?



This is often our starting question when we go out and speak to school children. Most are unsure whether to put up their hand. If we ask, 'Who's got physical health?' a few more will raise their hands, although for most these terms are not something they use often. A good place to start is to ask who's got feelings, emotions, or thoughts. When they all put their hands up we can then make the link to mental health:

"Mental health is all about how we think and feel about ourselves, others, and the world around us. **We ALL have it.**"

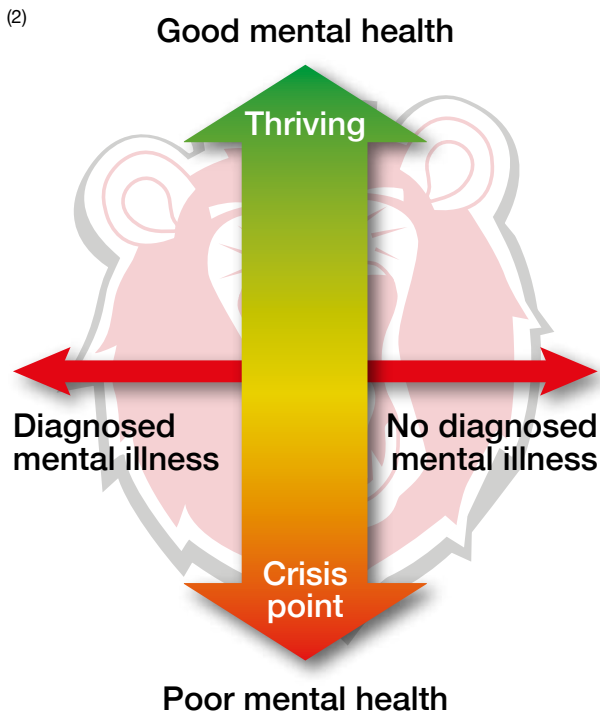
Mental health can be seen on a continuum, with good mental health being at one end and poor mental health at the other. The things that happen to us on a day-to-day basis affect us moving up and down that continuum.

TOP TIP:

USE A WASHING LINE TO SHOW THE MENTAL HEALTH CONTINUUM AND ASK CHILDREN TO SHOUT OUT THINGS THAT COULD MAKE THEM MOVE UP OR DOWN IT. SEE P8 FOR IDEAS.

As practitioners, we can also look at a horizontal axis, (although we wouldn't teach children about this) which looks at diagnosed mental health conditions. At the one end, you have no diagnosis and at the other, you have diagnosed mental health conditions (for example, social anxiety disorder).

(2)



The continuum should be viewed as fluid and constantly moving. It highlights that it is possible to have a diagnosed mental health illness such as OCD and, with the right support and resilience, to still be thriving and experiencing good mental health. It also draws our attention to those children who may be experiencing poor mental health, yet have no formal diagnosis - it is these children that the ROAR response will enable you to spot.

So, what are we looking for?



THRIVING, OR BARELY SURVIVING?

(2)

Good mental health



Poor mental health

Children appear happy, can maintain positive relationships, show confidence, are physically well, have good energy levels, are sleeping well, eating well, performing well academically, have good attendance, adapt to change and can cope when faced with challenges.

Children may be irritable, impatient, nervous, overwhelmed or forgetful. They may put off doing things, have trouble sleeping, have stomach aches, headaches or muscle tension. They may seem less interested in socialising, struggle to make and keep friends, appear teary or sad and may be angry or disruptive. Their attendance and academic progress may slip.

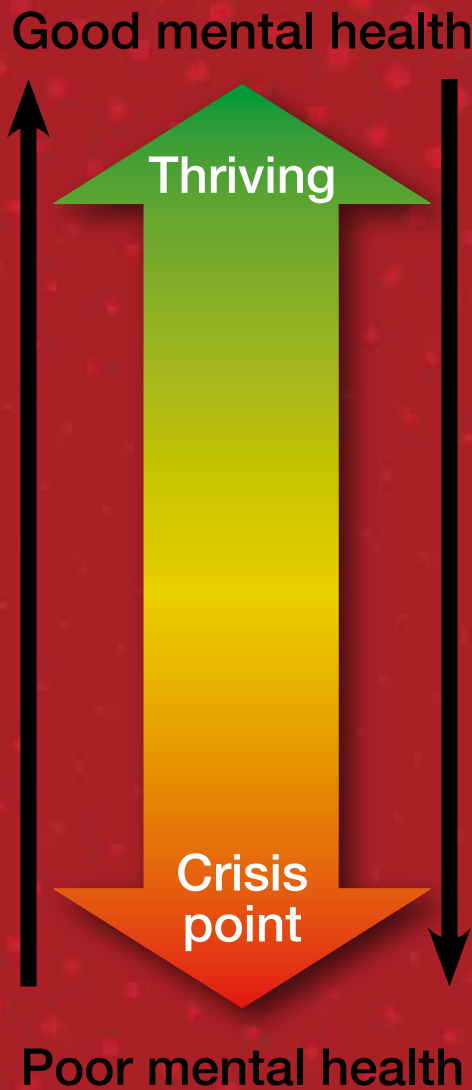
Children may have frequent angry outbursts and have a negative attitude. They may appear anxious, sad, tired and have little interest in joining in. Their performance and concentration may be poor and they may struggle to make decisions. They may regularly try to avoid people, places and activities. They may experience recurrent intrusive thoughts and images. They may be experiencing persistent aches and pains and be incredibly restless as a result of disturbed sleep.

Children may be aggressive and display excessive anxiety. They may have panic attacks, appear depressed, physically ill and even suicidal. They can't perform duties, control behaviour or concentrate. Their attendance and performance will be severely affected. They may completely withdraw from social activities and may experience constant tiredness. Children may struggle to fall or stay asleep or may be sleeping too much.

TAKING ME UP, OR DOWN?

(2)

- Achievement
- Friendship
- Positive Experiences
- Learning from failure
- Play
- Praise
- Rewards
- Recognition
- Responsibility
- Stable home life
- Clear boundaries
- Routine
- Support if needed
- Faith/spirituality
- Good social skills
- Good attachment
- Being able to reflect
- Range of hobbies/ activity
- Physically active
- Positive social groups
- No less than average IQ
- Good problem solving skills.
- Ability to see the positive even in adversity.
- Sense of humour



- Bullying
- Poverty
- Failing at something
- Physically inactive
- Low self-esteem
- Bereavement
- SEN
- Long-term illness
- Disappointment
- Poor social skills
- Poor attachment
- Parental separation
- Poor diet
- Exam pressure
- Lack of routine
- Genetics
- Young carer
- Speech & language
- Harsh discipline
- Lack of boundaries
- Abuse
- Large family
- Problems at home
- Poor housing
- Feeling unsafe
- Chaotic learning environment

MEET AMRIT

What are Amrit's risk and resilience factors?



Amrit is 10 years old, in year 5. He lives with his Mum and six sisters in a small 3-bedroom house. The family are asylum seekers (recently given permission to remain) and arrived in the UK three years ago. They left India after Amrit's mum experienced severe domestic violence from his Father. Amrit often witnessed his mum being beaten by his Father.

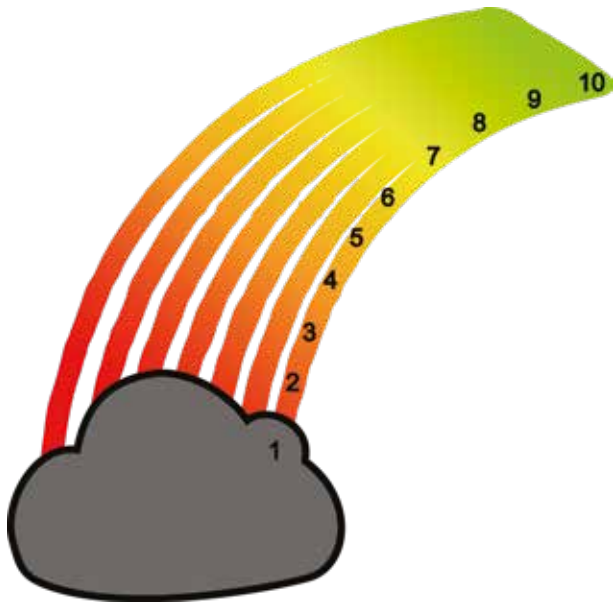
Amrit's literacy levels are way below his age-related target due to him not speaking any English when he arrived three years ago. His mother speaks only a little English, so communication with the school is difficult. She also works long hours to try and keep the family afloat financially and has little time to support Amrit with his school work.

Amrit must get himself up each morning and make his own way to school. He rarely has breakfast before he comes to school. Amrit's sisters are all older than him they are all very protective of him and often cook and clean for him whilst their mother is working.

Amrit likes computers and has taught himself to program. He spends most of his free time on gaming websites and chatrooms.

Amrit's mum doesn't really understand what it is that he does on his computer. She is concerned about the amount of time he spends on it but doesn't feel she has much of a say in what he does.

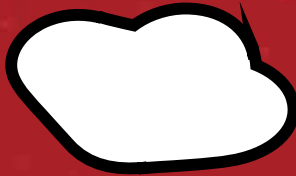
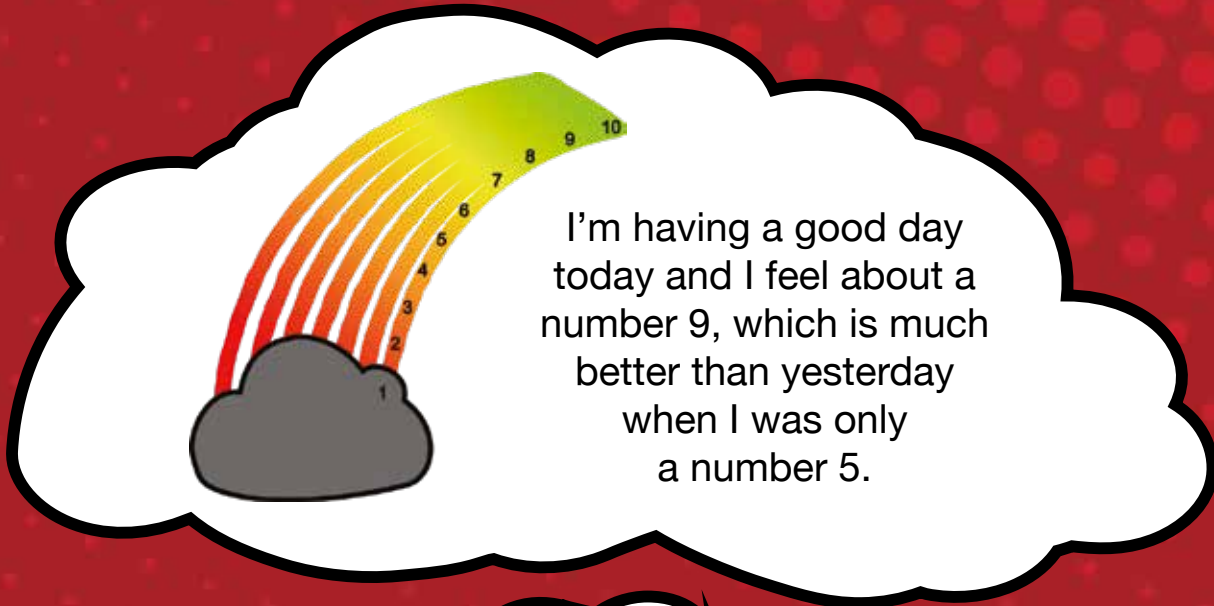
HOW ARE YOU FEELING TODAY?



We all have mental health, and there are things that happen to us every day that have either a positive or negative effect on how we are feeling. The ROAR rainbow scale can be used to gauge where children are at key points in the day.

Ask them to rate themselves and how they feel along the rainbow. This will give you a good idea of how ready and able they are to engage with whatever you are doing at that point in the day.





THOUGHTS, FEELINGS AND BEHAVIOURS

A lot of the time when we are dealing with children, the first thing that we notice is their behaviour. However, the behaviour is always accompanied by thoughts and feelings, which will often be in the driving seat. This is the approach taken by CBT (Cognitive Behaviour Therapy), and is highly effective in helping children to understand what is going on inside their heads.

For example, a child may misbehave on the way into assembly. If we break down what's going on inside that child it may look like this:



SPOTTING THE BIG THOUGHT

Children's thoughts have a huge impact on their wellbeing. Often negative life events such as bullying, failure, or loss can trigger repetitive negative thinking patterns that impact upon the way they feel about themselves and others, and how they behave. This thinking pattern grows over time into BIG thoughts that act as lenses through which the children see the world around them. For example, a child that is bullied may repeat patterns of thinking around not being liked or accepted, this could become the BIG thought of, "I'm no good".

If we can help young people to spot the BIG thought that's impacting upon their feelings and behaviour, we can begin to challenge this negative thinking.

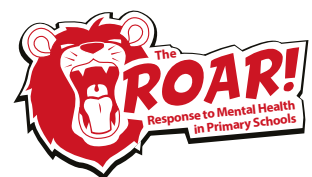
Some of the common thinking types that children maybe using are as follows:

- Fixed black and white thinking rather than thinking in shades of grey
- Awfulising or catastrophising (making a mountain out of a molehill)
- Personalising (taking the blame for everything, even when it has little to do with them)
- Focusing on the negative and filtering out the positive
- Living by fixed rules
- Fortune telling or mind-reading (making negative predictions even though there are no definite facts)
- Emotional reasoning (going by feelings rather than facts)
- Low tolerance levels
- Labelling themselves or others

One of the ways we can help children to spot BIG thoughts is to ask them to imagine a thought bubble above their head when they are in one of the situations that have caused them to become distressed. So, for example in the 'Late Again' film used in the Anxiety section of the course, asking the little boy to imagine a thought bubble above his head as he walks towards the classroom.



In this case, the boy is personalising and thinking that the reason the class are going to stare is because he is weird, when in fact they will simply look towards the door to see who is coming in. By spotting the BIG thought, we can then challenge that thought by asking if it's based on fact or feeling. We could also ask the child what he would do if someone came to the door - would he look? What would he be thinking?



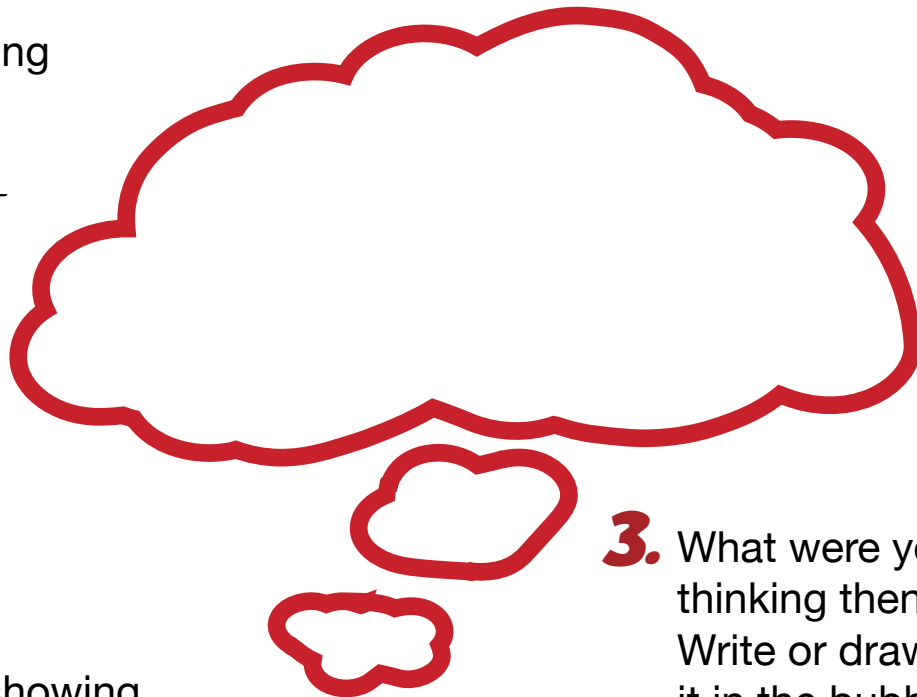
Helping me to work out what I'm thinking when I'm getting distressed can really help me to understand and deal with my problems.

Ask me to draw a picture, or act out what happened when I got upset, then ask me to imagine or draw a thought bubble above my head and tell you what goes in it.



SPOTTING THE BIG THOUGHT

1. I have been feeling

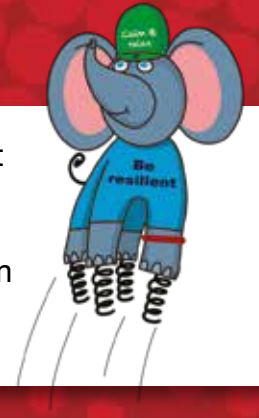


2. Draw a picture showing what you did when you started to feel like this

3. What were you thinking then? Write or draw it in the bubble

A large dashed-line rectangular box for drawing or writing.

SPOTTING UNHELPFUL THOUGHTS

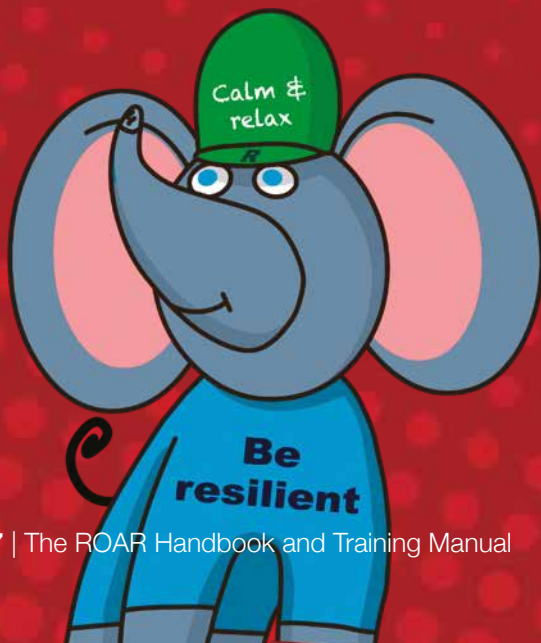


Ralph is trying to prepare for his SATS tests. He has found himself feeling a bit worried. Take a look at some of his thoughts below. Some of them are helpful thoughts and some are not. Cut them out and stick the helpful thoughts onto Ralph's thought bubble and the unhelpful ones onto the bin to try and help him to feel less worried.

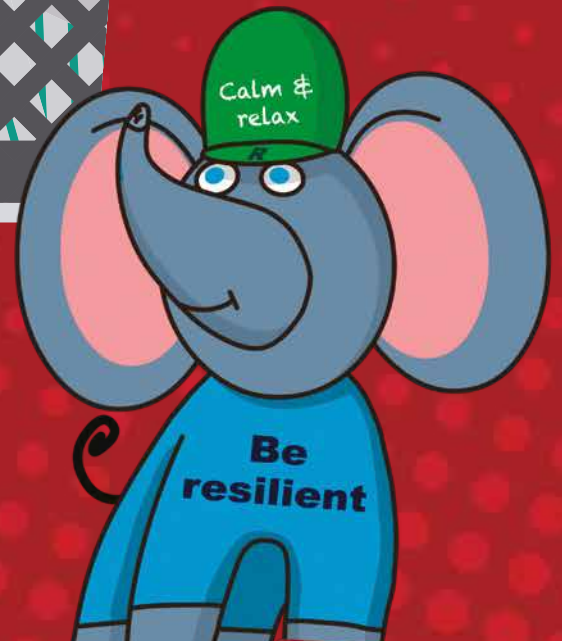
Elephants aren't clever	I can't do this
What if the other elephants laugh at me?	I'll try my best
If I fail I can always try again	If I fail this I might never get a good job
I got nearly half of the answers wrong last time	I know I've been working hard
I think I'll ask for some help	This is going to be the worst thing ever
All the other elephants can do it, why am I not like them?	What if I forget everything?
I can do it	Everyone will look at me
The teacher thinks I'm stupid	I should get 100%
I enjoy a challenge	It's not the end of the world if I don't do well
I can't be bothered	I'll probably fail anyway



RALPH'S POSITIVE THOUGHTS



THROWING AWAY UNHELPFUL THOUGHTS



BUILDING RESILIENCE

What is resilience?

Part of the ROAR Response is about building resilience in children. Ann Masten describes resilience as, 'Ordinary Magic' meaning that in many cases, a resilient outcome doesn't come about because of something earth shattering, it's just everyday stuff - a teacher giving slightly more attention to a particularly disadvantaged child, for example.

Masten describes it as:

(3) "Positive adaptation to adversity despite serious threats to adaptation or development".

(4) For more information, visit:

www.boingboing.org.uk

The Department of Education suggests resilience involves three things:

(5) "Firstly, a sense of self-esteem and confidence; secondly a belief in one's own efficacy and ability to deal with change and adaption; and thirdly, a repertoire of social problem-solving approaches."

**Mental Health and Behaviour in Schools
Departmental advice for School Staff
(March 2016)**

There is a lively debate about the meaning of the term, particularly whether we can talk about resilience being something inside us (something we're born with if you like), or whether it is more complicated than that. Over the years, we've steered more towards definitions that focus on external processes and mechanisms, and definitions that help us to think through what those of us in networks supporting disadvantaged people can do to make a difference.

Children and young people experiencing a high number of risk factors towards their mental health (poverty, substance abuse, low academic achievement, bullying, etc.), will need more resilience factors built into their

lives to counterbalance these risk factors.

(4) Significant research carried out by Dr Angie Hart and Brighton University, identified a range of ways in which our resilience can be built. These fall into five core categories:


- 1. BASICS**
- 2. BELONGING**
- 3. LEARNING**
- 4. COPING**
- 5. CORE SELF**



On the next page, you will find a copy of the resilience framework, outlining the tried and tested methods for building resilience. We have included some examples of how you can adopt these when applying the ROAR response in each section of the ROAR training.

(5) You can also use the online resilience framework tool created by Merseyside Youth Association which allows professionals, young people, and parents/carers to assess and build their own resilience. You access the framework here: www.resilienceframework.co.uk



BASICS		BELONGING		LEARNING		COPING		CORE SELF																													
 I have a good place to live.	 I feel that I belong.	 I know my place in the world.	 I like school.	 I understand the need for boundaries and rules.	 I believe in myself.	 Me and my family have enough money to live.	 I know what things are good for me.	 I get on well with teachers and people who help.	 I can be brave.	 I try to empathise with others.	 I feel safe.	 I recognise my healthy relationships.	 I think about my future plans.	 I like to make the most of the things that interest me.	 I am self-aware.	 I travel to where I need to go.	 I am able to maintain and keep good relationships.	 I like to plan what I am going to do.	 I can see things from another point of view.	 I am responsible for myself and my actions.	 I eat healthy food.	 I have friends who support me.	 I am proud of my achievements	 I can calm down when I need to.	 I have talents	 I have fresh air and exercise.	 I know my responsibilities and what is expected.	 I aim to develop my skills and qualities.	 I can start again because I know tomorrow is another day.	 I get medical help when I need it.	 I sleep well.	 I know about my history and where I am from.	 I have someone to talk to when I am unhappy.	 I know how to have a laugh.	 I play and socialize with others.	 I can mix with others and make friends	 I see that we are all equal.

ACCEPTING **CONSERVING** **NOBLE TRUTHS** **COMMITMENT** **ENLISTING**

RESILIENT RALPH...

Resilient Ralph was designed by 9-year-old Scarlett Golding, the winner of a city-wide Liverpool competition to design a resilient character. She said elephants are not very bouncy, but this one has planned to make himself resilient.

Green - keep calm and relax hat



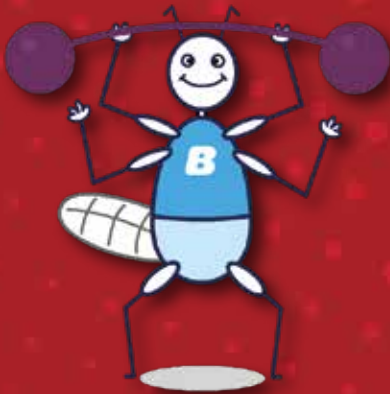
Rubberband - do you bend or break? We all have a breaking point

T-shirt to remind people to be resilient

Springs to bounce back

Ralph's friends, The ResiliAnts were designed by a group of children at Smithdown Primary School, to help Ralph in his quest to become resilient.

... & THE RESILIANANTS

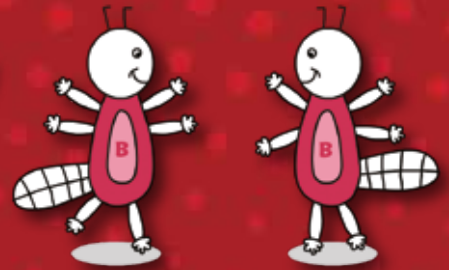


BASICS BOB

I make sure we all have the basic things we need to be resilient: healthy food, a safe place to live, enough sleep, exercise, transport and enough money.

BELONGING BILLY & BELLA

We love being with others. We help people to make and keep positive relationships, find their place in the world and we think it's great when people have responsibilities because it makes them feel important.



LEARNING LEO



I love learning even though I don't always find it easy. I help people to organise themselves and develop life skills. I always try to tell others what they are doing well.

COPING CODY

I often face challenges, but I have a really good set of skills to help me to cope. I help others to be brave, solve problems and to ask for help. I can have a laugh and can dust myself off and start again. I love my rose-tinted glasses.



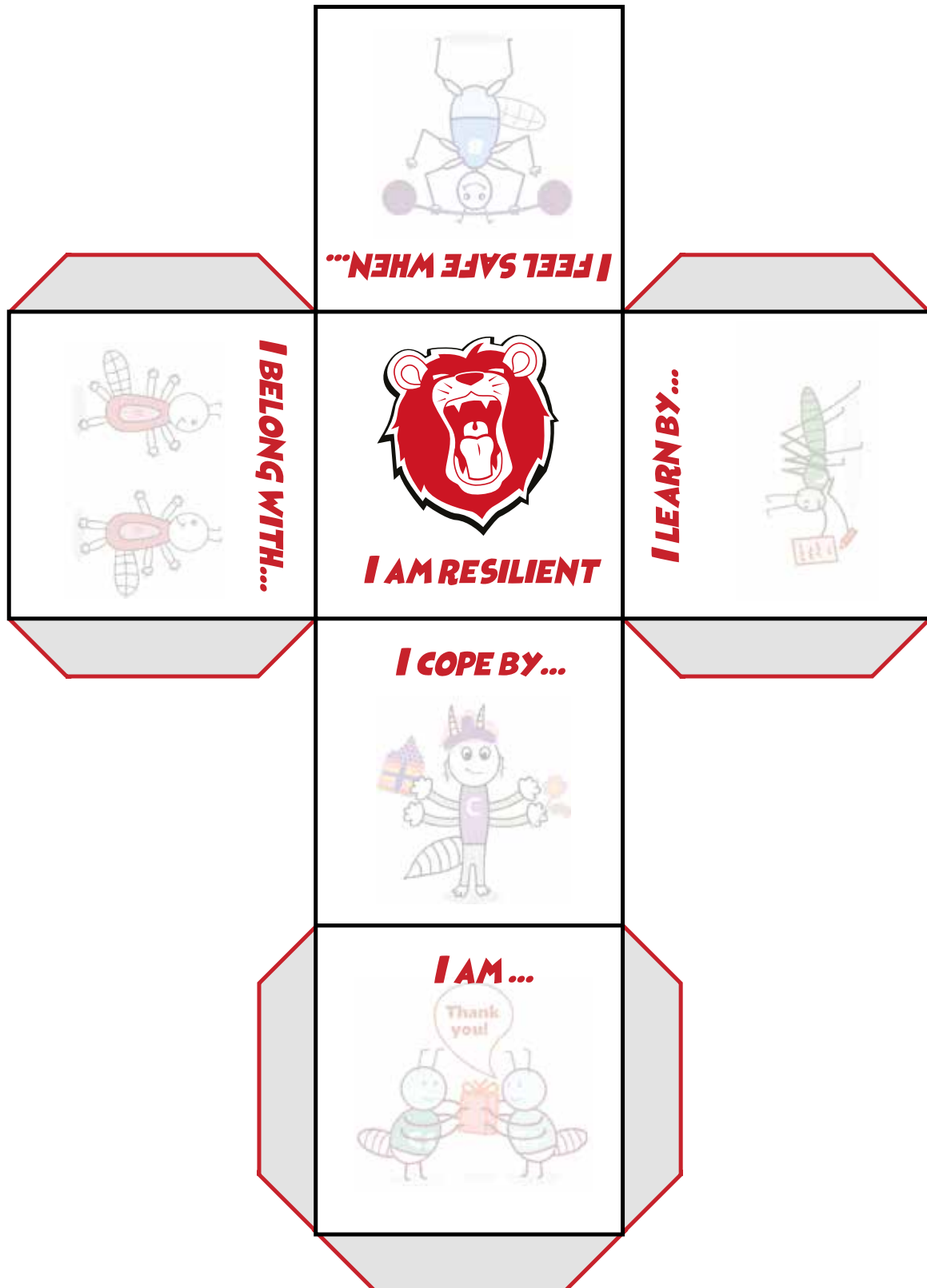
CORE-SELF COURTNEY

I like to encourage people and I always try to understand how they feel. I know who I am and what I'm good at and I love to help others to find the same out about themselves.



MY RESILIENCE CUBE

What makes you resilient? Use the template below to make your own resilience cube. Write down some things that you can do in each box before you cut it out and make it.



MY RESILIENCE WHEEL

INSTRUCTIONS

This is me: draw a picture of you.

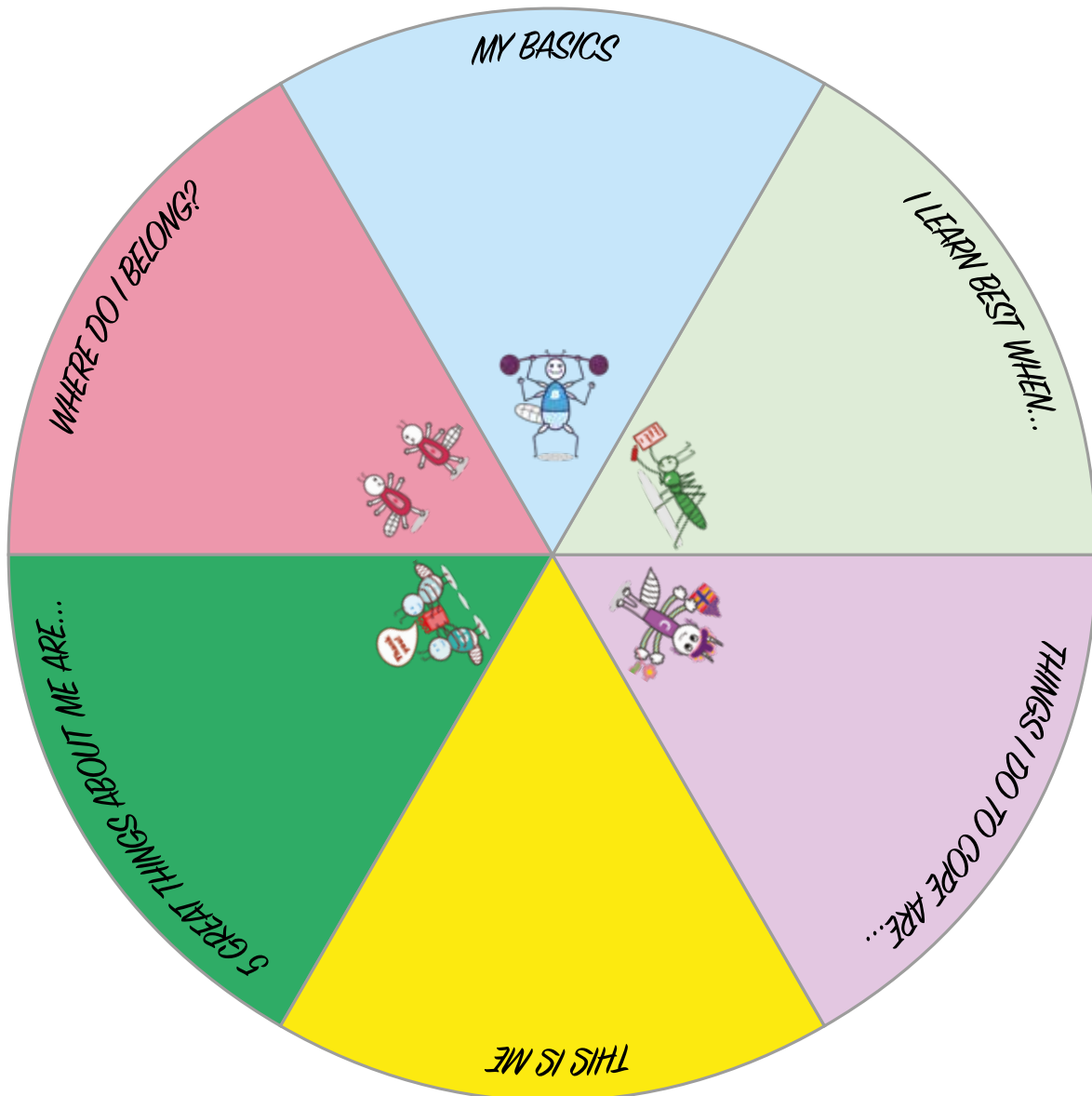
My basics: list the things in your life that make you feel safe and happy.

Where do I belong: where are the places, and who are the people you feel happiest with?

I learn best when: write down the ways you find most enjoyable to learn new things – have you learnt something today?

Things I do to cope are: when you feel a bit sad, or stressed, or worried, what sorts of things do you do, or do your friends do or say to you that make you feel better?

Five great things about me: either write five great things about yourself or in groups pass the wheel around, and get others to write good things about you in this part!



Suggestion: Why not turn this into a fortune wheel with a split pin and a paper clip?

ROAR RESPONSE TO ANXIETY DISORDERS AND OTHER



ANXIETY

(7) What is anxiety?

Anxiety is a feeling of fear or panic. It is a natural response to danger that we all have built into us. However, sometimes this response can trigger even when there is not actually danger present.

Although it is a condition itself, anxiety can be a symptom of other related disorders; children might have a specific fear or worry that triggers their anxiety. They might experience panic attacks as a result of their anxiety or might have to perform certain acts or rituals to reduce their anxiety and start feeling better.

What are the signs and symptoms of a child experiencing anxiety?

They are similar to the thoughts, feelings and behaviours that any of us would experience when in a situation that makes us afraid, but they will come on sometimes out of the blue, or in situations that wouldn't trigger these responses in other young people.

If children have been feeling very worried or anxious for a long time and it has been starting to affect their daily life then they may have a diagnosable anxiety disorder.

- Approximately 290,000 children and young people in the U.K have a

I wanted to run out of the room. Next Friday when we do this again I'll pretend to be ill. I was hiding my work so that no one could see that I hadn't written anything.

diagnosed anxiety disorder

- A quarter of children with a diagnosed anxiety disorder have had more than 15 days absence from school per term. *Source: Mental Health of Children and Young People in Great Britain, 2004.*

Below are some different types of anxiety disorders.

Generalised Anxiety Disorder

Much like anxiety, Generalised Anxiety Disorder or GAD can leave children feeling very on edge and worried most of the time. Quite often a lot of different things or situations can trigger their anxiety rather than just one or two worries. They might feel very restless and have trouble keeping still, they might also struggle to concentrate at school or college and might have trouble falling asleep or staying asleep at night, which can leave them feeling exhausted.

Whilst most of the **symptoms** of GAD are the same as anxiety, GAD is usually diagnosed by a GP, or a specialist, if children have felt anxious or on edge every day for about six months. GAD might also be diagnosed if their anxiety has started to impact their daily life, making it hard for them to concentrate and keep up with school work or because

I thought everyone was looking at me and thinking that I was stupid. I couldn't think of anything to write. My mind was blank. I'm rubbish at everything



they have started to avoid situations that might make them anxious, such as crowds.

Social Anxiety Disorder

Social Anxiety Disorder, or SAD, is a specific type of anxiety that is triggered by social situations. This means children might be very worried and fearful when they need to meet new people or be in a large social situation such as shopping, the cinema or a restaurant.

When put in these situations they will start to experience many of the symptoms of anxiety. They might also think everyone is looking at them and talking about them behind their back.

As a result of these symptoms and how distressing they are, they might start to avoid social situations.

PTSD

What is Post Traumatic Stress Disorder?

Post Traumatic Stress Disorder, or PTSD, is the specific type of anxiety usually triggered if children have experienced something very upsetting and frightening. It might have happened to them personally, or they might have seen something happen to someone else.

With PTSD, children might experience flashbacks to the event or accident, this might be during the day or whilst you they are asleep through nightmares. They might suddenly become very anxious and upset when something, someone or somewhere reminds them of what happened and so they might begin to avoid doing certain things or going certain places.

PHOBIAS

What are phobias?

Phobias are a very extreme fear of a

particular thing, place or situation. Whilst most people have a fear of something, phobias are an ongoing problem and can impact how children live their life.

There are many different types of phobias, some of the most common ones are agoraphobia, where children might be frightened to go outside, claustrophobia, where they are frightened of small, cramped space and emetophobia, a fear of vomiting, seeing vomit or even the thought of vomit.

It might also be possible to 'learn' a phobia, if parents, carers or other close family member have a phobia then seeing how they respond to certain situations or objects could also trigger a similar response in the child.

OCD

What is OCD?

Obsessive Compulsive Disorder (OCD) is a type of anxiety disorder, if a child has OCD they might think or picture something bad happening and so to stop this happening they might feel the need to do things repeatedly, such as washing their hands or counting things. This might make them feel better for a short time, but soon they will feel worried again and the horrible thoughts will come back.

Symptoms:

OCD has three main parts people experience:

1. The thoughts, worries or images that pop into your mind are known as the obsessions. These might be worries about getting ill, or something happening to their family, they might also worry about their school work and not doing well enough.



ANXIETY

2. Anxiety is the second part of OCD, this is how the obsessions make children feel. They might become very upset at a particular thought, and might get very worried about it coming true. Some people also feel guilty or disgusted for thinking/picturing these thoughts.
3. The third part of OCD are the compulsions, these are the things a child feels that they have to do in order to prevent their obsessions from happening. Very often the compulsions are a repetitive action that they have to do again and again until they start to feel calmer. Sometimes the compulsions are not actions but rather thoughts.

Because of how upsetting and scary obsessions can feel, many people with OCD start to avoid doing certain things or going certain places.

PANIC DISORDER:

The key characteristic of panic disorder is recurring panic attacks and persistent concern or worry that an attack will lead to several more panic attacks or physical or psychological harm.

Children who experience panic disorder

can often begin to avoid going places and engaging in activities, because of fear that a panic attack might occur. A panic attack is an episode of intense fear and unease, during which the child may experience physical symptoms and a number of fearful thoughts.

Symptoms:

Physical symptoms of a panic attack include increased heart rate and chest pain, choking sensations, difficulty breathing, sweating and trembling, tummy upset, body temperature changes, hot or cold flushes, dizziness, and numbness or tingling in the limbs.

Cognitive symptoms (thoughts) include fear of dying or losing control, some children may feel they are in a dream and events seem unreal.

Symptoms of panic attacks often accelerate quickly (within 10 minutes) and peak after several minutes before diminishing either rapidly or gradually. Very often, panic attacks are unexpected in nature and feel as if they are coming on 'out of the blue'.



WHAT DOES ANXIETY LOOK LIKE?

I might be thinking that I can't do things or that everyone will laugh at me if I do something wrong. I tend to over-analyse and read into things and often imagine the worst thing happening. I put a lot of pressure on myself to get things right and am really hard on myself. I can become very pre-occupied with worrying thoughts.

I miss a lot of school and don't always want to join in with things. I am sometimes quite shy although I can also appear loud at times. I tend to try and avoid anything that I don't like. I often make up excuses so that I don't have to do things.

I often feel scared, anxious, guilty and ashamed. Sometimes my worries actually make me feel angry.

I get lots of tummy aches and headaches. Sometimes my legs and arms shake and my muscles feel tense. When you look at me you will probably notice that my shoulders look quite tense.



RECOGNISE THE SIGNS AND SYMPTOMS AND REASSURE

Children may appear uptight and complain of muscle, head, or tummy pains. They may withdraw from, or avoid activities and struggle to concentrate. Look out for the fight, flight or freeze response. A child displaying high levels of anger may be experiencing anxiety.

Use deep breathing techniques (see page 36) to help the child to calm down. If in doubt with panic symptoms, call 999.

ASK **O**PEN QUESTIONS

Try to avoid asking the child, 'why?' they are feeling like this, instead, use the 'Spotting the BIG thought' worksheet to try and identify their thoughts. Use questions such as, 'So, how did that make you feel?'

When asking them how they are feeling, use the ROAR thermometer to gauge the level of their anxiety on a scale of 1 (not anxious) to 10 (Very anxious).

ACCESS SUPPORT, SERVICES AND SELF-CARE

Children can be referred to their GP, or to one of the local Child Adolescent Mental Health (CAMHS) Partnership services (See the directory on p...).

Programmes such as ⁽⁸⁾ Coping Cat or ⁽⁹⁾ Mighty Mo can be used with parents, carers or school staff to work on strategies to overcome anxiety. Use the worry tree worksheet (see page 33) and the thinking type cards (see page 33) to help children to identify some strategies for managing worry.

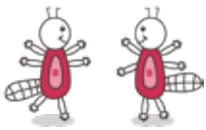


BUILD **R**ESILIENCE



Basics

Help the child to feel safe by placing him in small groups with children who will be supportive. Check home situations are stable as he may be carrying his parent's anxieties. Encourage and offer support to access playtime. Fresh air and exercise is important for a child's well being and this is one area that anxious children can struggle with.



Belonging

Give small, manageable areas of responsibility where the child can help someone else, or look after something in the class. Help to nurture the child into a friendship group. Encourage the child to think about enjoyable activities and positive experiences, as anxious children will tend to focus on the negatives.



Learning

Make sure academic targets are broken down and are achievable for the child. Help to plan so the child isn't overwhelmed and feel that the tasks can't be completed.



Coping

Try to help the child to see the positives in a situation - give the facts. Make sure the child has a calm-down strategy for times when anxiety arises (see p36).



Core-self

Remind the child what they are good at and how those skills will help them to cope.



THE ROAR FEELING THERMOMETER



How strong is this feeling?

THE WORRY TREE

**CAN I DO ANYTHING ABOUT THE THING
I'M WORRYING ABOUT?**



NO



Let the worry go

YES



Now?

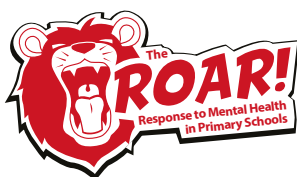
Later?



Let's make a plan to
solve this problem



Let the worry go



I THINK CARDS

I think that everything is my fault

I think that the worst thing is going to happen.

I think that I can't do things.

I think that people are thinking badly about me.

I think that I'm not as good as other people.

I think 'What if..'

I think things are bigger than they are.

I think that I have to do things a certain way or bad things will happen.

I blow things up out of proportion.

NEVER



SOMETIMES



OFTEN



My EXPOSURE LADDER

The thing I am afraid of is...

.....



What steps could you take to try and work up to your fear?

.....
.....
.....



I will start by...

.....

RELAXATION EXERCISES

A range of very simple techniques can be very effective when trying to encourage children to calm down and relax.

Breathing Exercises:

- Breathe slowly through the nose, hands on the tummy and eyes closed
- Breathe slowly and count from 1-5 (counting breath)
- Breathe out slowly as if blowing out the candles on a birthday cake
- Visualise a calming colour as you breathe out (colour breath)
- Visualise a calming place as you breathe out
- Say a word to yourself or short sentence (“I can keep calm”)

Physical Activities:

- Sticky Hands – Pretend to have “sticky” hands, then press them together. Push hard for 20 seconds, you can count it out with the child. Now tell the child to slowly allow their hands to come apart and see if they can feel the stickiness. Repeat this sequence two or three times
- Tense and Relax – Have the child form his/her hands into fists and bring his/her shoulders to their ears. Count to five together and then relax. Repeat five times. Try using props such as “squeeze balls” to help exaggerate the motion

Sensory Play:

Sensory play has a calming effect by allowing the child to focus on one sense (often touch) and “block out” others. Make sure to have sensory materials such as play dough, sand, or water available at all times. Other ideas include:

Feeling Box

Put together a variety of different materials to touch, such as felt, leather, smooth stone, feather, fur, etc.

Listening Centre

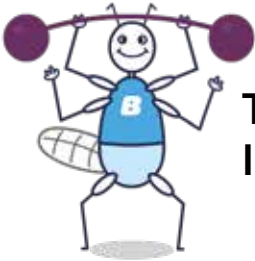
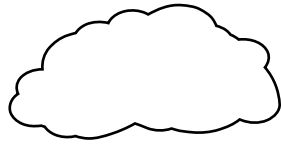
Play some calming music with headphones or quiet instruments, such as a rain stick.

Visual Centre

Provide a dimly-lit area or box and have glow-in-the-dark stickers and toys that light up.

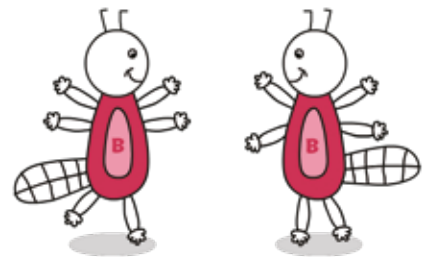
MY CALM-DOWN STRATEGY

When I feel



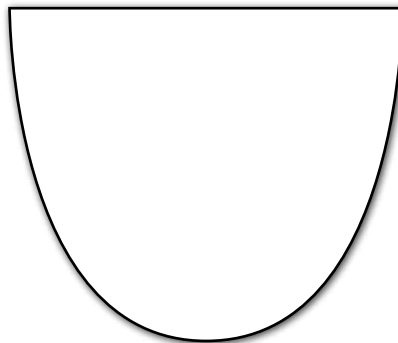
The place that I feel safe in is:

The people that I would like with me are:



The things that will help me to calm down are:

I will remember that I am:



When I have calmed down I will:



ROAR RESPONSE TO EMOTIONAL DIFFICULTIES



EMOTIONAL DISTRESS

What is emotional distress?

We all feel different emotions throughout our lives. Sometimes we might feel happy, excited, lucky or proud and sometimes we might feel sad, down, worried or scared. Usually, these bad feelings go away by themselves, but sometimes you can feel sad, down and hopeless for a long time. It can then become hard to think about, or do other things in your life. Children experiencing this may be suffering from low mood, or even depression.

What is Low Mood?

Sometimes things happen in life; difficult events or experiences that can make us feel down or low. We may even feel low for no reason at all. For many children, it may be quite difficult to understand why they might be feeling this way, and even harder to express that to others.

What are the signs and symptoms of Low Mood?

When a child is experiencing low mood, he might have low self-esteem, be feeling worried, sad, tired, angry or frustrated. However, as humans we are all vulnerable to feeling low sometimes because of the difficulties life throws at us, and generally low mood tends to fade away after a few days. If a child's low mood doesn't seem to be going away, then the likelihood is that the things the child is doing when he is feeling low are reinforcing this low mood. For example, a child who is stressed about SATs at school and knows he needs to practice to make himself feel better, but instead he goes home where he sits in his room, plays on his games and doesn't talk to

anyone; although this may provide short term relief for him, in the long term it will only add more stress. He will probably need support and guidance on positive things he can do to change his mood, and help in understanding this. (**Worksheet 1 may help you**).

If a child has been feeling low for more than a few days, then it may be that she is experiencing symptoms of depression. The research advises that if a person has been experiencing at least two symptoms of depression for at least two weeks or more, then it is likely they could be depressed.

What is Depression?

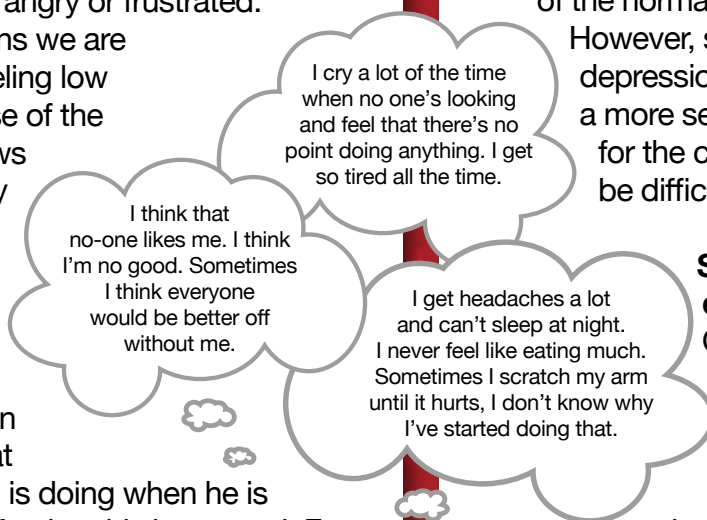
Depression is a common mental disorder that affects nearly 80,000 children and young people. Many people think depression is only prevalent in adults, but in fact 2% of children under 12 years old will experience depression. ⁽¹⁰⁾ (Source: *Young Minds*).

As explained earlier, low moods are something we can all experience as part of the normal ups and downs of life. However, signs and symptoms of depression could be the beginning of a more serious mental health problem for the child, and something that can be difficult for adults to spot.

Signs and symptoms of depression

One of the biggest things to look out for is a persistent low mood in the child and general unhappiness which may be shown through tearfulness or the child being easily irritated. Children that may be experiencing symptoms of depression may also react worse to negative situations.

For example, if there is a



bereavement in the family, you may find the child's reaction is more extreme than others and something they find hard to deal with. With any mental health struggle, it is all dependant on how much the child's feelings are affecting their normal day-to-day functioning; if this impact is significant then it is evident the child needs additional support. Within a school environment, if the child is unable to function properly, and has lost interest in things that she used to like doing, this is a big warning sign, along with social isolation.

Psychological Symptoms

- Always feeling low
- Feeling hopeless
- Low self-esteem
- Tearful a lot of the time
- Feelings of guilt
- Easily irritated
- No motivation or interest in doing things
- Difficulty to make decisions
- Not getting any enjoyment out of life
- Feeling anxious or worried
- Having suicidal thoughts
- Thoughts of self-harm

Physical Symptoms

- Moving or speaking more slowly than usual
- Changes in appetite or weight (usually decreased, but sometimes increased)
- Constipation
- Unexplained aches and pains
- Lack of energy
- Disturbed sleep – for example, finding it difficult to fall asleep at night or waking up very early in the morning.

Social Symptoms

- Not focusing properly in school
- Avoiding contact with friends
- Taking part in fewer social activities
- Neglecting hobbies and interests
- Having difficulties in their home and family life.

However, just because a child suffers from some of the above symptoms does not mean they definitely, have depression. It's advised if they are suffering from some of these symptoms to seek advice from their GP.

Suicide In Children

Sadly, children experiencing low mood and depression are at significantly higher risk of experiencing suicidal thoughts.

Suicidal thoughts

Some children may feel like there is no hope or might think about ending their life.

Whilst thinking about suicide is relatively common, very few young people will actually attempt to take their own lives. However even having suicidal thoughts clearly shows someone is unhappy and needs help and support.

It can be difficult to understand what causes suicidal feelings, but they're often triggered by upsetting experiences such as:

- living with mental illness
- experiencing abuse
- being bullied
- bereavement after losing a loved one
- being forced to marry
- having very low self-worth

Don't be afraid to ask a child if he has had any suicidal thoughts - you won't be putting the idea into his head. If he does admit to having these thoughts, try to establish the level of intent by asking him if he has made any plans about how, where and when he would do it.

Follow your school's safeguarding policy.

If in doubt, don't leave the child alone, check if he has taken anything or harmed himself in any way. If necessary call 999.



WHAT DOES LOW MOOD/DEPRESSION LOOK LIKE?

I might be thinking that I'm no good and that nothing I do has any value. I might think that no-one likes me or that people would be better off without me. I think that there's no point in doing things any more. I tend to focus on negatives rather than notice the positives.

I find it hard to make friends and tend to spend a lot of time alone. Sometimes I make up stories just to try and make myself fit in. I have stopped doing the things that normally make me happy. I am often very quiet and withdrawn.

I often feel sad, lonely, frustrated and empty. Sometimes I don't feel anything at all.

I find it hard to sleep and sometimes do things to hurt myself. I'm tired all the time. I sometimes skip meals and cry at the smallest thing.



RECOGNISE THE SIGNS AND SYMPTOMS AND REASSURE

Children may seem teary, and stop doing the things that they used to like doing. They may be easily irritated, have a lack of energy or disturbed sleeping patterns. Low mood or depression may be hard to spot, and if you suspect a child is suffering with these, you should approach them in a warm manner and let them know you've noticed this in them, as it will be hard for them to tell you and understand what they are feeling.

ASK OPEN QUESTIONS (TRY TO SPOT THE BIG THOUGHT)

Ask the child questions about if anything has happened in their life that has made them feel sad that they've been thinking about lately. Discuss how these things may have made them feel. Go on to ask them when they feel sad, what do they do? If this thing isn't helpful, then it will be reinforcing the low mood. Always look out for the big thought, the big thing that is keeping the mood going. Don't be afraid to risk assess the child for self-harm or suicidal intent.

ACCESS SUPPORT, SERVICES AND SELF-CARE

Children can be referred to their GP or to one of the local CAMHS partnership services (see the directory on p107).

- Get the child to complete a **Mood Diary** (*handout in booklet*) noticing the things that make them happy/sad. Those children that are presenting with anxiety as a result of low mood can use techniques stated in the ROAR Response to Anxiety section .
- Encourage the child to plan into their week things that they enjoy. Their parents can also coach them through this. The child should rate their mood before and after the activity so that they notice the positive impact that doing something fun can have on their mood. Parents or staff could reward the completion of these tasks in some way – even with a sticker on the chart.

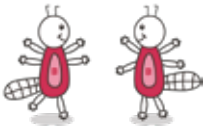


BUILD **R**ESILIENCE



Basics

Talk to the child about getting enough sleep and how their mood is affecting their sleeping patterns. Have a look at the child's diet to check that they are getting enough nutrients. Encourage the child to take part in sports as these will increase mood.



Belonging

Ask the child to focus on good times and places, and reflect upon a time where they felt happy. What were they doing? Could they do this now?



Learning

Highlight the child's achievements, point out things that they are doing well, talk to them about the good things you've noticed about them lately. Reflect on this with them and ask them how they feel about this.



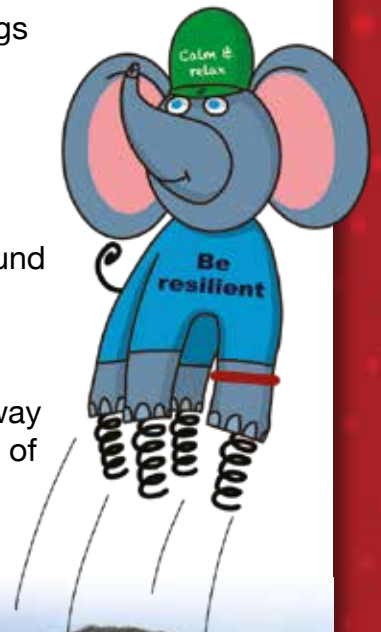
Coping

Enable the child to have a laugh. They could watch some funny videos on YouTube, talk about a time when they found something really funny.

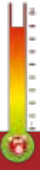


Core-self

Allow the child to know that you understand feeling this way must be difficult, but they are not alone and there are lots of ways you can overcome this together.



My MOOD DIARY



Write down some of the things that you do over the next week and rate your mood before and after them.

What did you do?	How did you feel before?	How did you feel after?
I played out on my bike	4/10	8/10



My diary shows me that one thing that helped my mood was:



.....

One thing that had a bad effect on my mood was:


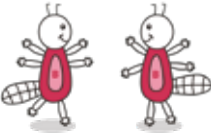



.....

MY RESILIANTS CHALLENGE

Over the next week set yourself some challenges to build your resilience. You can do up to 5 a day. Choose the ResiliAnt that you want to challenge you and write down what that challenge is. For example, if it's Basics Bob, his challenge might be to eat a healthy breakfast. When you've done it cross it off.

Before this challenge week I feel...

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

After this challenge week I feel...

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

EMOTION CARDS



ANGRY



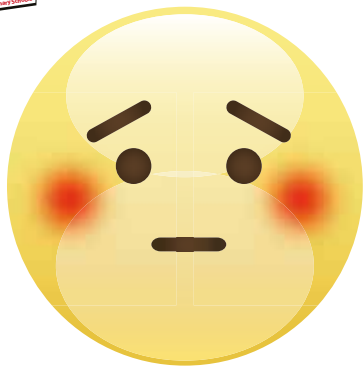
BORED



CONFUSED



CROSS



EMBARRASSED



EXCITED



EMOTION CARDS



GUILTY



HAPPY



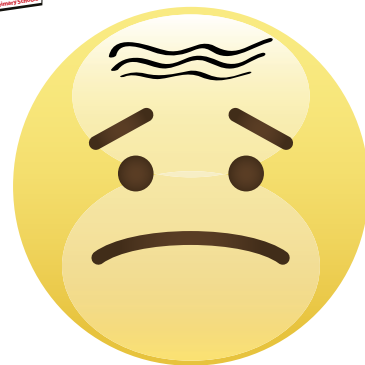
RELAXED



SAD



SCARED



STRESSED



EMOTION CARDS



JEALOUS



ASHAMED



ROAR RESPONSE TO BEHAVIOUR AS COMMUNICATION



BEHAVIOUR AS COMMUNICATION

⁽¹⁴⁾ Why do children display challenging behaviour?

“Nearly all human behaviour has a function and rarely do children misbehave for misbehaviour’s sake.” (Pearce 2011)

It’s part of normal development for children to go through stages of testing boundaries and learning to first of all respect the authority of parents, caregivers and those in authority, and then later challenge it. These are especially varied within primary school children who will be going through the following changes:

Early years/Foundation stage: Initiative v Guilt

This stage occurs between the ages of three and five.

During this period, the child will primarily regularly interact with other children at school. Central to this stage is play, as it provides children with the opportunity to explore their interpersonal skills through initiating activities.

Children begin to plan and make up games and initiate activities with others. If given this opportunity, they naturally develop a sense of initiative and feel secure in their ability to lead others and make decisions.

However, if this behaviour is restricted, either through criticism or control, children develop a sense of guilt. They may feel they are a nuisance to others and will, therefore, remain followers, lacking in self-initiative.

Children may take initiatives which parents will try to stop in order to protect them from harm. Responding to these restraints, a child may often overstep the mark, resulting in parents issuing punishments and restrict initiatives too much.

It’s at this stage that a child will begin to ask many questions, as a thirst for knowledge grows. If the parents treat the questions as trivial, a nuisance, or embarrassing or respond to other aspects of their behaviour as threatening then the child may have feelings of guilt for, ‘being an annoyance’.

Too much guilt can make a child slow to interact with others, inhibiting his creativity, although some guilt is necessary, to enable the child to know how to exercise self-control or have a conscience relating to behaviour.

KS1/KS2:

Industry (competence) vs. Inferiority

Between the ages of five and twelve, a child will begin to place greater significance on his peer group which will become a major source of his self-esteem. At this stage a he may increasingly feel the need to win approval by demonstrating certain competencies that are valued by his friends and peers around him – he’ll also begin to develop a sense of pride in his accomplishments.

Children who are encouraged and recognised for their initiatives will begin to feel industrious and confident in their ability to achieve goals. If this initiative is not encouraged or is restricted by parents or school staff, then the child begins to feel inferior, doubting his own abilities, potentially not reaching his potential.

Sometimes, a child who is unable to develop a specific skill they feel society requires (e.g. being good at football or singing), then she may develop a sense of inferiority. It’s important to note some failure may be beneficial, so the child can develop some modesty and resilience. Again, a balance between competence and modesty is necessary.

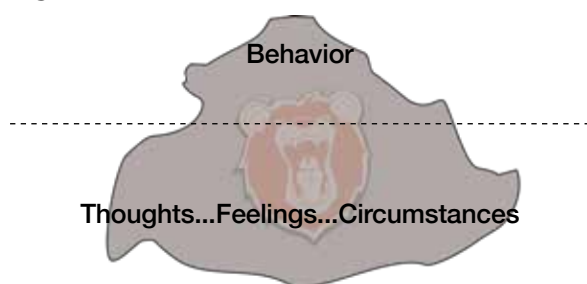


The function of behaviour.

Behaviorist B.F. Skinner suggested that behaviour will have one or more of the following purposes:

- Attention
- Avoidance
- Tangible rewards
- Self-stimulation

So our job is to look at the child's behaviour as just being the tip of the iceberg; we need to get underneath it.



For example, a child may be repeatedly misbehaving in class and being sent out to an isolated space in the school. Whilst on the surface, it may appear the child is simply misbehaving, but underneath the surface there are many possibilities as to the function or purpose of this behaviour:

- They may be seeking attention from either their peers, teachers or even from parents as a consequence of the subsequent phone call home.
- They could be trying to avoid a lesson or situation where they feel anxious.
- They might be looking for the approval of peers, or may prefer the atmosphere or support found in the behaviour unit or isolation area.
- They might simply be bored and need a change of scenery.

Whatever the reason, the important thing to recognise is that there is a REASON.

When dealing with the behaviour, ensure that you let the child know you recognise there is a reason behind their behaviour. Try to empathise with them, for example, you could say, "I can see that you are really

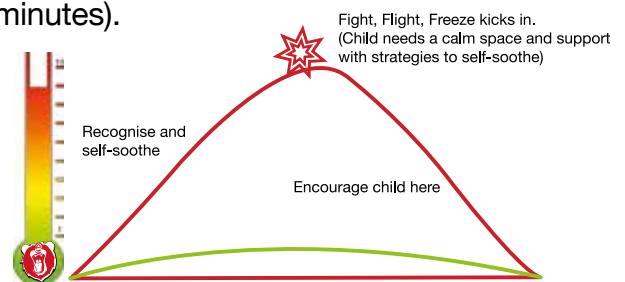
angry, something must really be bothering you", rather than, "Why are you doing that?" So essentially we are opening up the conversation rather than closing it down.

When things escalate

From time to time children will rise-up the scale very quickly, some children don't have an orange/yellow area and just jump from green to red.

It's important to remember that if a child reaches this point their fight, flight, freeze mechanism has kicked in.

At this point, it's important to give the child time to calm down (they will need at least 45 minutes).

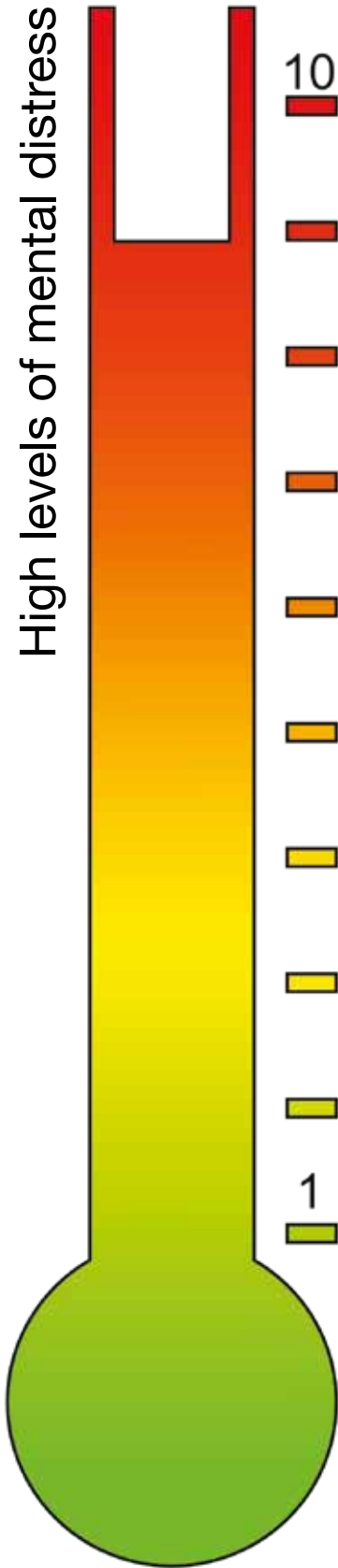


Tips to avoid this:

- Try to spot the BIG THOUGHT which will be fuelling the child's behaviour beneath the surface.
- Use the thermometer worksheet on p52 to encourage the child to work out her own escalation scale and some self-help strategies to calm down.
- Use the behaviour log on p54 to keep a record of the child's behaviour. Do you notice any patterns or recurring BIG Thoughts? Can you pick out any key triggers?
- For a child whose behaviour has become an issue for other learners, an individual behaviour plan may be needed. We have created one that focuses around resilience (see p55)
- Take care of yourself. If your own stress levels are mirroring that of the child, then you can actually escalate the situation yourself. Try and take time each day to do something that benefits your own mental health.

(2)

High levels of mental distress



No mental distress

I think that...

.....
.....
.....

I feel...

.....
.....
.....

My body...

.....
.....
.....

I want to...

.....
.....
.....



My STRESS SCALE

Name: _____



Something that makes me feel like this is

Something that helps me when I feel like this is

Something that makes me feel like this is

Something that helps me when I feel like this is

Something that makes me feel like this is

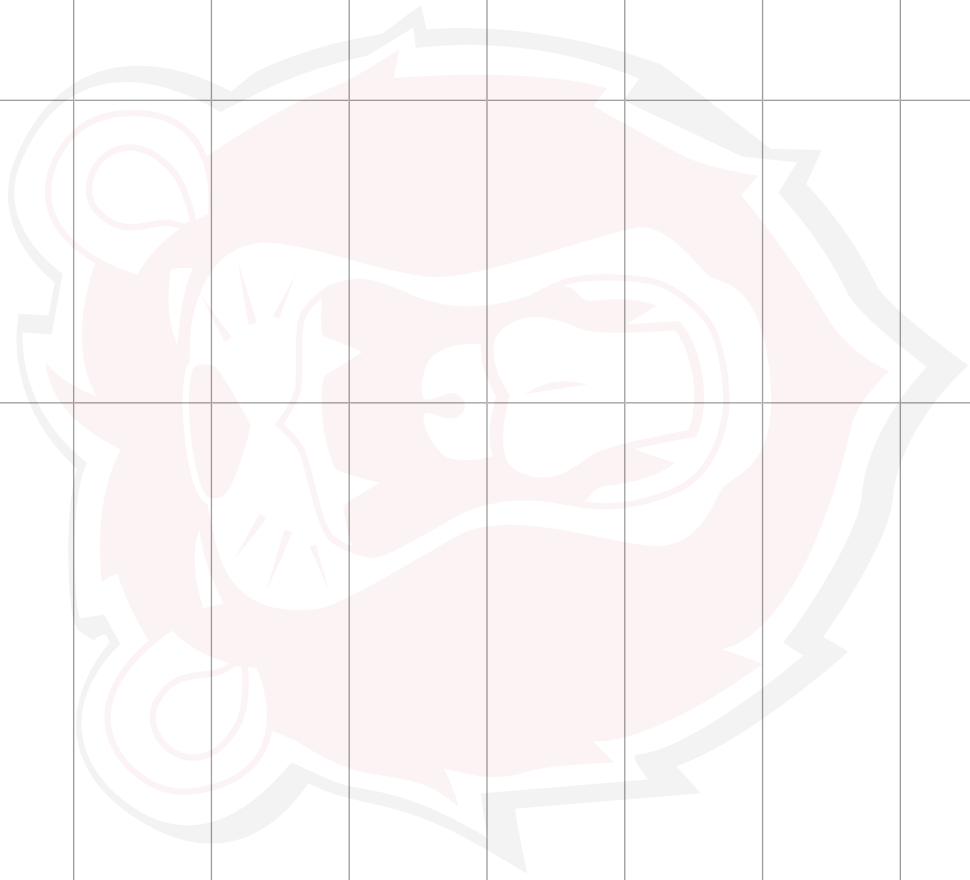
Something that helps me when I feel like this is

Something that makes me feel like this is

Something that helps me when I feel like this is

BEHAVIOUR LOG - SPOTTING THE PATTERNS

Date	Time	What happened?	Who was involved? Where did it happen?	How was it resolved?	What was the BIG Thought?



ROAR INDIVIDUAL RESILIENT BEHAVIOUR PLAN

Young person's name Year Group/Age:

I already show resilience by...

How could I behave?

What will help me to do this?

How will I know if I'm doing it?

Rewards

Consequences:

Who's going to do what and when?

Behaviour plan signed by:

Young person: Parent:

Staff: Date:



SELF HARMING BEHAVIOUR

What is Self-Harm?

Self-harm is a way that a child may cope with feelings of pain or distress. When a child self-harms, it isn't usually a suicide attempt, but rather it is a way of coping with his inner pain and distress. Self-harm can take form in lots of different ways, such as cutting, burning, hair-pulling, scratching, bruising, tying things around parts of his body, overdosing or poisoning.

Children may not understand the reasons as to why they self-harm, but for some, once they start it can become a compulsion. That's why it's important to spot it as soon as possible and do everything you can to help.

Signs and symptoms of self-harm.

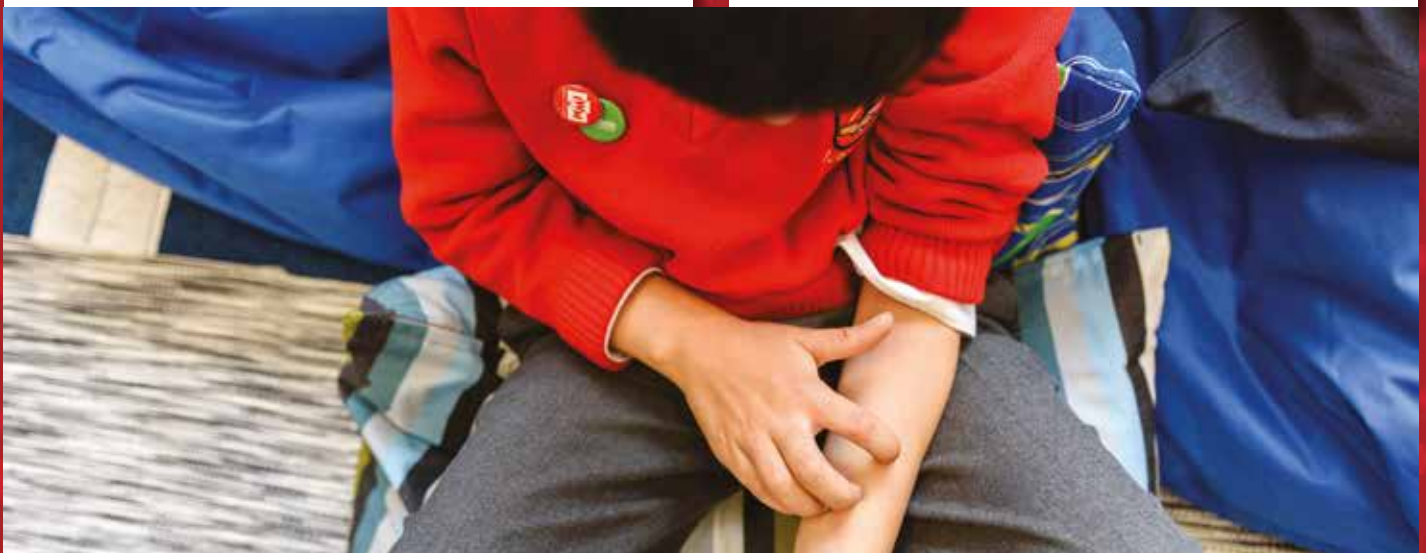
A child may:

- Have repeated cuts and bruises on her arms and legs
- May wear long-sleeved clothing even in summer to cover his injuries
- Bite herself
- Poke things into his eyes.
- Have patches of hair or eyelashes missing.
- Bang his head or fists against walls or desks.
- Scratch herself till it bleeds.
- Appear tired or irritable.
- Appear sad or withdrawn.
- Show signs of risky behaviour

Common problems preceding self-harm:

- Difficulties or disputes with parents / carers / family members
- School or work problems
- Difficulties with boyfriends or girlfriends
- Disputes with siblings
- Physical ill health
- Difficulties or disputes with peers
- Depression
- Bullying
- Low self-esteem
- Awareness of self-harm by friends
- Child sexual exploitation
- Anxiety around gender or sexuality

The self-harm cycle





RECOGNISE THE SIGNS AND SYMPTOMS AND REASSURE

Physical symptoms are more commonly found on the wrists, arms, legs, thighs or chest. Some things to look out for are cuts, bruises, burns, or bald patches in hair. Children that self-harm and understand their behaviour may do things to cover the self-harm up, such as wear long sleeves even when in hot weather.

Emotional symptoms of self-harm may be signs of depression, low motivation, teary, withdrawn or isolated, change in appetite/appearance, low self-esteem, and they may blame themselves a lot. It's important to note if you spot any of these emotional signs in a young person, it doesn't directly mean it is because they are self-harming, as young people can experience emotional responses for lots of different reasons.

However, if you notice any of these emotional and physical signs and symptoms together, then it is important to follow this up.

ASK **O**PEN QUESTIONS (TRY TO SPOT THE BIG THOUGHT)

Children will self-harm in lots of different ways, for lots of different reasons. That's why it is important for us to understand and deal with the problems and feelings behind the self-harm. The only way we can truly understand this is by communicating with the young person and listening to him; it's important we don't make our own assumptions about why he is self-harming. Work with him to find the reason behind the situation, try and see the child behind the self-harm and look at the situation holistically.

ACCESS SUPPORT, SERVICES AND SELF-CARE

If a child is in imminent danger due to self-harming, then call 999. However, if the self-harm is being used as a coping strategy, and she has no suicidal intent, then she can be referred to their local GP or CAMHS. Some young people find it useful to keep a mood diary of how they are feeling, where they are or what they are doing just before they get the urge to self-harm, this might help them to recognise what things are triggering them to feel a particular way. You could also use the bottling feelings activity on page 61.

Childline also offers a self-harm messaging board, a positive community of non-judgemental people who are there to try and support others who may self-harm into their recovery.

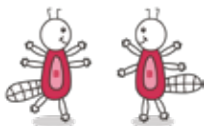


BUILD **R**ESILIENCE



Basics

Don't judge the child if he is self-harming, allow him to feel free from discrimination. Help him to understand his behaviour as best you can and the importance of being safe.



Belonging

Ask the child if this is something she has seen others doing. Look at how many relationships the child has that are healthy, or is she talking with others that are pro self-harm.



Learning

Engage a mentor for the child, ask him who is the person he feels he can talk to in school. Do a mood diary with him so he can understand how he is feeling before the self-harm to identify any triggers.



Coping

This can be a tough topic to talk about for both you and the child, so it's important to know how to calm you and her down and self-soothe.



Core-self

Give the child hope that things can change and get better from this.



BOTTLING UP MY FEELINGS

When bad things happen, we get tired or stressed, or sometimes for no obvious reason, feelings can build up inside us. Like a full bottle of pop, it may only take a small knock for these feelings to burst out in ways that we may not like. We may behave differently, think negative thoughts, and we can even notice changes in our body such as aches and pains.

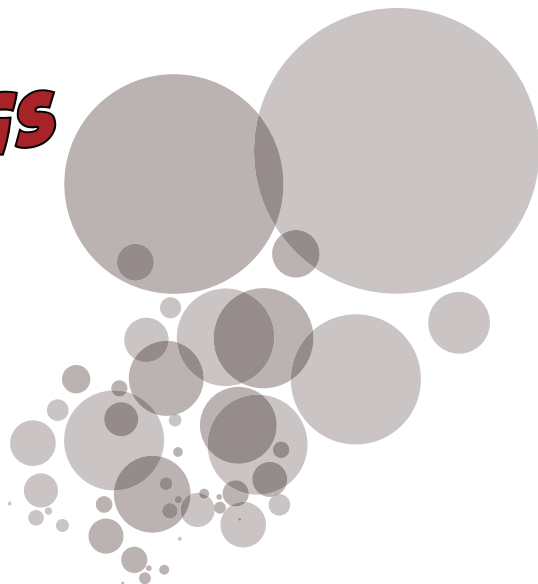
Cut out and stick in your bottle worksheet any feelings that you may be bottling up at the moment.

Can you recognise any behaviours that are fizzing out because of these feelings?

Mad	Scared	Frustrated	Sad
Bored	Guilty	Jealous	Angry
Lonely	Confused	Hate	Worried
Empty	Hopeless	Hurt	Worthless



BOTTLING UP MY FEELINGS



EATING DISORDERS

What are Eating Disorders?

Eating disorders are classed as a mental health illness. A child with an eating disorder will display an unhealthy relationship with food which will lead to unhealthy eating habits that can have severe impact upon their physical health, social interactions and psychological well being.

⁽¹²⁾ Figures from NHS Digital show that admissions for bulimia and anorexia in England rose from 7,260 between April 2010 and 2011 to 13,885 in the year to April 2017.

At times many children go through food phases or become picky eaters, but these phases are distinct from eating disorders such as anorexia, bulimia and binge eating disorder.

What is anorexia?

Anorexia or anorexia nervosa is an eating disorder where children become very obsessed and anxious about their weight. They might feel very insecure and worry that they are fat or overweight. They might worry about what they are eating, count calories and begin eating less and less food, they might also become obsessive about exercising and do too much of it. Often they will experience overwhelming feelings of guilt or sadness.

Symptoms:

A child suffering from anorexia might have lost a lot of weight very quickly, be eating very little and spend a lot of time thinking about the contents or calories of food.

If she is not eating enough, she might feel very angry a lot of the time or find that she is losing her temper easily. She might also have trouble sleeping or concentrating in school and start feeling very low or sad a lot of the time, no longer enjoying doing the things she used to.

Anorexia can also cause some more serious

and potentially life-changing symptoms, girls' periods may stop and so this could cause problems getting pregnant in the future. Boys may stop having erections. They might also start to grow a downy hair on their bodies and their bones can become very brittle and weak and so may be easily broken.

Although children might feel as though their anorexia or eating disorder is all about food and losing weight, most often eating disorders start because of other things in a child's life that might be worrying or upsetting her. Anorexia sometimes occurs when something very stressful is happening or has just happened; this might be at school such as exams, or at home because parents are getting divorced or arguing. If other situations feel out of control for the child, controlling what she is eating might feel like a way to deal with it.

She is also likely to be suffering from low self-esteem or be being bullied at school. She might feel that by being thinner she will become more popular or successful.

Anorexia usually starts in teenagers, however, children can also start to suffer from the disorder from as young as seven or eight years of age.

Although it is more common in girls, boys can also suffer from eating disorders.

What is bulimia?

Bulimia is also an eating disorder where children are very obsessed and anxious about their weight. As a way of controlling their weight, they will binge eat and then make themselves sick or take laxatives.

Binging is when a child eats a lot of food in one go, most often this is fattening or sugary food that she



wouldn't normally eat or is trying to cut down on, this might then lead to feeling very guilty, insecure and worried about weight, she might also feel very low and sad after bingeing. It is these feelings that may then lead the child to make herself sick, take laxatives or exercise extremely in order to get rid of the food and to try to ease the guilt or anxiety she is feeling.

Most often bulimia is not actually about controlling weight or food intake, usually a child with bulimia will binge eat and then make herself sick or use laxatives as a way of controlling or trying to feel better about other things in her life. She might feel very unhappy at school, with her friends or at home and this might be what is leading her to binge eat and then purge.

Symptoms:

Usually, children with bulimia maintain a fairly steady weight and do not lose a lot of weight quickly, other symptoms they might experience however are a sore throat and bad teeth, this is due to the acid present in vomit and the damage that causes. Vomiting or excessive laxative use can also lead to heart problems, dehydration, epileptic fits and muscle spasms. She might feel very low and anxious a lot of the time, she might also feel ashamed and so start to spend more time by herself.

Both boys and girls can suffer with bulimia; it is most common to start in teenage years but can also occur much earlier or later in life.

Help:

Bingeing and purging can have some very serious, long-term effects on a child's physical and mental health, so it is very important she lets people know how she is feeling and that she has been struggling with bulimia.

Telling people how she is feeling might feel very scary and overwhelming, by choosing somebody she can trust to tell first this should help to make things a little easier. Talking about her eating problems is the first step towards feeling better. Some people you may wish to encourage the child to talk to might be parents or grandparents, brother or sister, maybe a youth worker she get along with. By choosing someone she trusts or gets along with well to speak to, this will hopefully make her feel more comfortable and so make telling them a bit easier.

She might also find it helpful to keep a diary of what she eats and when, and also how this makes her feel. This might help her to notice a pattern between how she is feeling and what she is eating.



RECOGNISE THE SIGNS AND SYMPTOMS AND REASSURE

A child suffering from an eating disorder might have lost or gained a lot of weight very quickly, be eating very little or too much, and maybe spending a lot of time thinking about the contents or calories of food.

She might feel very angry a lot of the time, have trouble sleeping and difficulty concentrating in school. She might start feeling very low or sad a lot of the time and no longer enjoy doing the things she used to. A child with bulimia may maintain a fairly steady weight however she may complain of a sore throat and bad teeth. Outwardly the child may try to cover her weight loss or gain by wearing baggy clothes. She may also want to eat privately rather than in a group. She is likely to withdraw from activities and appear preoccupied. She may hoard or hide food, and have rituals around eating.

ASK **O**PEN QUESTIONS (TRY TO SPOT THE BIG THOUGHT)

Be very careful with your questioning when you suspect an eating disorder. Try not to comment on the child's appearance but rather on how he is feeling and behaving. Use 'I' statements when talking to her: "I have noticed that you seem quite sad at the moment and haven't been eating much at lunchtime". Stick to the facts rather than filling in the gaps.

REMEMBER THAT SUSPECTED EATING DISORDERS ALWAYS NEED TO BE REFERRED TO A MEDICAL PROFESSIONAL AS SOON AS POSSIBLE.

ACCESS SUPPORT, SERVICES AND SELF-CARE

It is important to get professional help for the child as soon as possible. Initially, this would be through her own GP. Schools and parents can also refer the child directly to the CAMHS Eating Disorder Service EDYS. (See Directory of Services)

Schools can support children by making sure they have a quiet place to eat, monitoring food intake at lunchtime, ensuring they have time to eat, and making sure that children can have privacy when changing after PE. Look for ways to build the child's confidence around things that don't involve food.

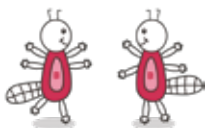


BUILD **R**ESILIENCE



Basics

Make sure the child has access to healthy food and water, and put extra measures in place to ensure they have a safe and calm environment to eat in. It's really important to work alongside parents to ensure that the same messages are being given at home and at school.



Belonging

Help the child to feel secure in a small friendship group - you may need to nurture this. Sometimes giving a child a small responsibility or job can help her to feel valued and can give her something positive to focus on.



Learning

The child may be struggling to concentrate, so think about setting small manageable tasks. Reassure her that she will be able to catch up with her work when she is feeling better to try and relieve anxieties that she will have about this.



Coping

Help the child to find a way to express and communicate her emotions. She may find art or music helpful to do this. A child going through treatment may be asked to keep a diary to track her moods and eating so you may be able to support with this.



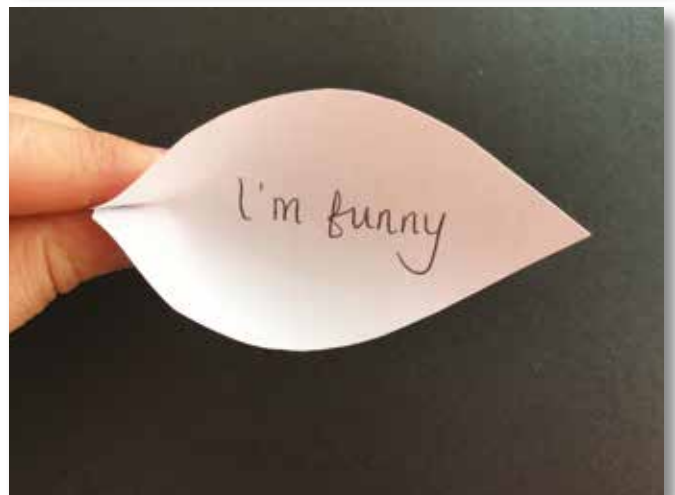
Core-self

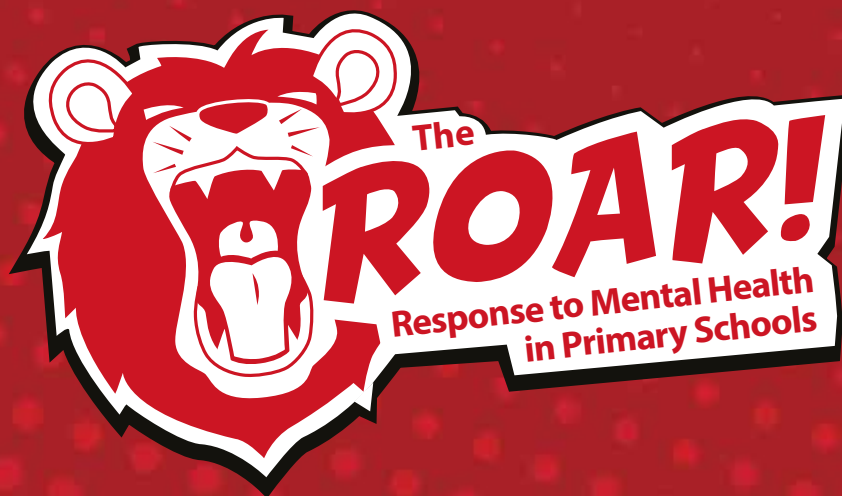
Remind the child that he is really brave for addressing this problem. Encourage him and help them to find his talents. Give him time and space to explore these and celebrate them. Help to build his self-esteem using the I am chart on page 35.



My LOTUS FLOWER

The lotus flower grows from the mud, through the water and floats on the surface of the water. Even when we go through difficult times we can still grow through this and come out strong and beautiful. What are the positive things about you (if you're stuck ask the people around you)? Write them down on paper petals (shown below) and build your flower.





NEURODEVELOPMENTAL DISORDERS

What is neurodiversity?

Neurodiversity refers to a group of neurological development disorders that share common features, in particular, differences in how people learn and process information.

Children with neurodiverse ways of thinking will often struggle to access learning that neurotypical children will find accessible. However, many people would see this diversity as strengths in other areas, rather than as something negative. For example, a neurodiverse child may struggle with reading but may be excellent at making things with her hands.

Neurodevelopmental disorders include:

- dyslexia and dyscalculia;
- dyspraxia;
- dyscalculia and developmental coordination disorder;
- Attention Deficit Disorders (ADD/ADHD); and
- Autistic Spectrum (Autism / Asperger's syndrome).

Under the law, these conditions are collectively known as 'hidden disabilities', a useful term for gaining and securing disability discrimination rights under the Equality Act 2010. ⁽¹¹⁾

Whilst neurodevelopmental disorders are not mental health conditions, quite often children with them will find themselves suffering from depression, anxiety and low mood as a result of the challenges presented to them by their disorder.

ADHD:

What is ADHD?

Attention Deficit Hyperactivity Disorder or ADHD is a condition where a child has a lot of energy that they struggle to expel. This might make it difficult for him to concentrate and to control his behaviour; so he may often do or say things impulsively, without thinking.

ADD, or Attention Deficit Disorder is a similar condition, however like the name suggests there is no hyperactivity so children won't have as much excess energy as somebody with ADHD. They will however still struggle to keep their attention focused and so will suffer from poor concentration.

Symptoms:

ADHD is usually identified in children between the ages of three and seven, as this is when most people start to show clear symptoms of the condition.

Children will often appear to be not listening,



interrupt or 'talk back' and will struggle to complete tasks. They may also feel restless most of the time and will fidget and struggle to sit still.

ADHD is the most common behavioural or neurodevelopmental disorder in children and is more common in boys than girls.

What is autism spectrum disorder (ASD)?

ASD is a developmental disorder that affects communication (verbal and nonverbal), social skills and behaviour. Children with ASD interpret the world and what is happening around them differently than other children.

ASD is different for every child; the word 'spectrum' refers to the wide range of differences children with ASD can have. These differences can vary with age and can also vary over time in a child.

What are the signs of possible autism spectrum disorder in a child?

A child might have some or all of the following difficulties:

In social interaction or play situations he might:

- prefer to spend time alone
- not join in with other children's play – or try to join in, but inappropriately
- have difficulty knowing if someone is joking
- not understand the usual social rules for behaviour have difficulty taking part in a two way conversation
- show extreme reactions to invasions of personal space
- not readily engage in role play or joking around
- not be able to develop and maintain friendships in the same way as others
- sometimes say or do things that are tactless or socially inappropriate
- be easily overwhelmed by social and other stimulation.

In communication a child might:

- find it hard to communicate what he wants
 - use an unusual tone or pitch or accent (a monotone or an unusual accent)
 - use unusual words (can be very adult in their language)
 - not use language so much for social interaction
- instead, talk freely about topics that interest her without an awareness of whether the listener is interested
- show a tendency to talk freely only about specific topics
 - appear to not understand what people want or say
 - refer to herself as 'you' or 'she/he' rather than 'I'
 - be unaware of nonverbal communication like eye contact, facial expression, body language or gesture
 - take information or instructions 'literally'
 - have difficulty with new instructions or settings
 - Impairment of interests, activities and other behaviours.

A child in this age group might:

- have very set and/or unusual rituals or routines and can get very upset at changes in routine
- struggle with flexible, cooperative, imaginative play
- have a particular interest which she likes to talk about and takes up a lot of time – these fixed interests can be very intense
- struggle to cope with change or unstructured situations (such as school trips, relieving teachers)
- recite facts about a particular interest without consideration for the listener
- have poor coordination.



RECOGNISE THE SIGNS AND SYMPTOMS AND REASSURE

Children may not be making academic progress and struggling to concentrate. They may be disengaged or withdrawn and might struggle to sit still. Behaviour such as shouting out inappropriately, or saying things that others find offensive could also be displayed whilst potentially struggling in spaces that are noisy or overly stimulating

Children with ASD may have fixed rituals and routines; they might find it very difficult when things change.

Both groups may struggle in their peer relationships and may also be experiencing signs of depression or anxiety. They may be displaying aggressive or disruptive behaviour or appear withdrawn and not with it.

ASK **O**PEN QUESTIONS (TRY TO SPOT THE BIG THOUGHT)

Remember, the child's behaviour is the tip of the iceberg, so something was going on underneath in the child's thoughts and feelings. When asking a child about their behaviour, choose an appropriate time and space (not when they are wound up, or when peers are looking). Use 'I' statements and try to empathise. For example "I can see that you're upset, something must have really made you angry for you to do that".

ACCESS SUPPORT, SERVICES AND SELF-CARE

Children need to be assessed, usually by a GP initially, who will then refer them to a paediatrician. Getting a diagnosis of ADHD or ASD can be a lengthy process, so it's important to access support for both the child and the families along the way. In Liverpool, CAMHS Partners, the ADHD foundation and ADDvanced Solutions are two organisations that can provide support and guidance for children either with a diagnosis or those on those who are going through the process.

It's important to build the child's resilience and self-esteem as they will often feel like the naughty child. Helping the child to develop a self-soothing strategy can also help. You can use [the thermometer on p...](#)

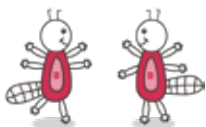


BUILD **R**ESILIENCE



Basics

A healthy diet can make a huge difference to children with ASD and ADHD. Try to help them to avoid too much sugar and caffeine. Regular exercise is vital; don't take away the child's playtime as a consequence, rather try to make it a structured and positive experience.



Belonging

Try to support children with building relationships as they may find this hard. Think of ways to nurture these relationships through small group activities.



Learning

Help children to achieve by breaking tasks down into small manageable tasks, avoid lengthy instructions. When possible try to provide written or visual instructions. The child may also need help with organisation - checking that he has his letters to take home and extra reminders, ideally with parents, to bring in anything he needs for the next day.



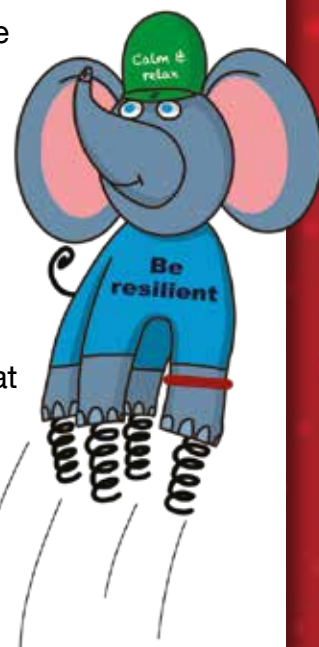
Coping

Helping children to see the positive, even when something doesn't go well is really challenging for children with neurodevelopmental conditions. Taking the time to review what happened, looking for the positives and what they could do differently next time will ensure that their self-esteem doesn't take a knock when things go wrong. Help the child to have a few self-soothing methods.



Core-self

Find out what these children's talents are. Children with ASD are often really good at things that their peers may not be as good at. For example chess, history or particular interests. Try to give them the opportunity to show off and develop their talents. Tell them about well-known celebrities who also have a neurodevelopmental condition so they have some role models to inspire them.



ROAR RESPONSE TO PARENTAL MENTAL DISTRESS

The impact of parental mental distress on children is becoming a growing concern for primary schools, with research showing that children of parents with a severe and enduring mental illness are more likely to experience emotional, psychological, and behavioural problems.

Certain mental health problems, such as psychosis, are more likely to occur in late adolescence or early adulthood. Therefore, whilst it is unlikely that primary school staff will work with children experiencing psychosis, it is possible that they will work with closely with parents who do.

What is psychosis?

Psychosis is when a child interprets reality in a very different way to those around him. The most common types of psychosis are hallucinations and delusions.

Psychosis affects people differently. Some will experience only one episode of psychosis, whilst others find they live with episodes of psychosis most of the time.

Psychosis can also be a symptom of another mental health problem, such as bipolar disorder and schizophrenia.

What are the signs and symptoms of psychosis?

The signs and symptoms of psychosis include hallucinations and delusions. Signs and symptoms also include feeling as though thoughts have sped up or slowed down, and thinking or talking in a confused way.

What are hallucinations?

Hallucinations can involve seeing things that other people don't, including people or animals. A child experiencing hallucinations may also see objects as distorted or moving in a way that he usually wouldn't;

he may hear voices that others don't - these voices can be positive and friendly, or negative and hostile.

Hallucinations can also involve experiencing tastes, smells and sensations that have no apparent cause

What are delusions?

Delusions are false beliefs that no one else shares. A child experiencing delusions will still believe in their false belief even if logically they are aware that it does not make sense; he might, for example, believe he is a very important person - for example, thinking he is very rich and powerful, or that he can control the things that cannot be controlled, such as the weather.

A child experiencing delusions may believe someone is trying to harm or kill him, and this can be extremely frightening for him.

What is bipolar disorder?

Bipolar disorder is categorised by extreme mood swings. A child with bipolar disorder will experience periods of depression and periods of mania, interspersed with periods of 'normal' mood.

What are the signs and symptoms of bipolar disorder?

When a child is experiencing periods of mania, she may have a sudden increase of energy and feel elated or invincible. She may also experience a loss of inhibitions and an inflation of self-esteem. She may also not believe she is unwell. These periods of mania will be interspersed with periods of depression. (See *depression*).

What is schizophrenia?

Schizophrenia is a type of psychosis. Around 1 in 100 people will



have a diagnosis of schizophrenia in their lifetime. There's a common thought that schizophrenia causes a 'split personality' or 'violent behaviour. This is not true; studies have shown that the vast majority of people who have schizophrenia will never be violent.

What are the signs and symptoms of schizophrenia?

A child with schizophrenia may experience hallucinations and/or delusions. (See *What are hallucinations?/What are delusions?*)

She may also find she has a lack of interest in previously enjoyable activities, feel disconnected to her emotions and have disorganised thinking and speech.

How to talk to parents about mental health

Talking to parents about mental health can be challenging. For many people, there is still a stigma that surrounds mental health, and this can stop people from opening up. Some parents worry they will lose their

children if they open up about their mental health, and it is important that they know that this is not the case.

A recent review into whole school approaches to mental health in Liverpool ⁽¹⁾ showed the more involved parents were in their child's school, the more likely they would feel able to open up to the school about any mental health difficulties that they were facing.

Having information freely available to parents about mental health, either on the school website or via leaflets, can also give parents a greater understanding of their own thoughts, feelings and behaviours. It is useful if the information provided to parents can also clearly signpost them to suitable support.

If a parent does disclose they are experiencing some mental health problems, the following advice may be useful.



COMMON SCHOOL-BASED ISSUES FOR CHILDREN WHOSE PARENTS HAVE A MENTAL ILLNESS



Children are more likely to have issues with attachment due to parent struggling to maintain relationships



Parent's struggle to cope with day to day routines which could result in lateness, failure to bring equipment and the child's general hygiene may be poor



Children are more at risk to substance and alcohol abuse



Children may not have their emotional needs met if parents are consumed by their own emotional needs



Children may experience stigma from peers or other parents around their parent's illness

GUILT

Children may blame themselves for their parents' difficulties and experience anger, guilt or worry



Children whose parents have mental illness are more likely to develop one themselves



Children may struggle to maintain friendships as they may feel different from other children and due to caring responsibilities they may not play outside of school



Assemblies, group parents meetings and even the school playground could be anxiety provoking for some parents



Parents evenings could be challenging for parents with anxiety or neurodevelopmental disorders so parents may avoid these



TIPS TO SUPPORT PARENTS

(13)

- Talk openly to your child about your mental illness in an age-appropriate manner. Make sure your child knows that he/she is not to blame for your illness. Listen to your child's concerns and give your child ample opportunity to express his/her feelings. Make clear to your child that you are seeking treatment and working towards recover.
- Help your child with homework and encourage them in school. Get to know teachers by making a time to see them away from parents' evenings.
- Encourage extra-curricular activities for your child. Foster their talents. This will help to increase your child's self-esteem.
- Develop a network of friends and family that you and your child can rely on. Allowing friends and family to help with some activities, such as housework and transportation, will give you and your child more time to seek treatment or spend time together. If you are part of a religious organisation, encourage your child to become involved in the religious community and to develop his or her sense of spirituality.
- Take a parenting skills course or attend a parenting support group. Studies show that self-help groups and support groups can speed your recovery. Your local Mental Health Association can direct you to groups for parents with mental illnesses. Even if there is not a group specifically designed for parents, attending a self-help or support group on mental illness can be very beneficial.
- Promote positive experiences with your child. Take time to play with your child. Participate in activities together to stay connected as a family. These experiences will strengthen family relationships and help your child to weather the difficult times. As much as possible, avoid exposing children to hostility between yourself and your partners or others.
- Formulate a child-care plan, advance directives and/or a wellness plan in the event that you need to be hospitalised. As a parent, you should create a child care plan that specifies the names and contact information of people who have agreed to care for your child/ren in the event of an emergency. Go over these plans with your child especially the child care plan, so that your child/ren know what to expect in the event of an acute episode of your illness. Learn more about care planning by using the resources listed in the Directory.
- Encourage your child to develop friendships of his/her own. Welcome your child's friends in your home and teach your child how to nurture these relationships.
- If necessary, encourage your child to talk to a psychotherapist or include him or her in your psychotherapy. This will give your child an opportunity to express his hears and concerns relate to your mental illness, and will give him a non-judgmental environment in which to seek support.
- Remember, first and foremost, that you are the parent, and that your child needs you to be the primary caregiver. Do not force your child to take on a caregiving role for which he or she is not prepared.

RECOGNISE THE SIGNS AND SYMPTOMS AND REASSURE

You may notice signs or symptoms in a child that suggest that there may be a problem at home. Some of these signs may be similar to the signs of anxiety, as they are preoccupied with worrying about their parent(s). Look out for signs that a child is a young carer, such as having no time for extra-curricular activities or homework, or appearing to have a lot of adult responsibilities at home. (Note: a child who is caring for a parent may not actually recognise herself as being a young carer). A child might also struggle with peer relationships or appear unkempt. Her attendance and punctuality may be fluctuating and she may be displaying disruptive behaviour.

Parents may be unreliable in their attendance of appointments and are likely to avoid coming into school if they can. They may over-react to concerns that you have and seem to blow things up out of proportion. They may take things to the extreme such as beliefs and concerns about the world. They may feel that the school is against them.

ASK **O**PEN QUESTIONS (TRY TO SPOT THE BIG THOUGHT)

It is best to ask parents open questions when they are not feeling particularly distressed. If a parent does appear distressed, express empathy by acknowledging how they feel, (i.e. I can see you're feeling upset, would you like to come and sit down for a moment?) Try to create a calm environment for the parent to be in.

Parents may be reluctant to talk about mental health problems for fear of being judged. Having an open door policy, and letting parents know there is a familiar person in the school that they can talk to, may help parents to feel more comfortable.

ACCESS SUPPORT, SERVICES AND SELF-CARE

It's important that parents know there is support available and that they have done the right thing by talking. When helping parents to access support, be aware of any barriers that the parents might face.

For example, consider if a parent might need support completing a self-referral form. As a school, you might consider offering mindfulness or relaxation programmes for parents, or you might be aware of one that is running in your local community. These can be a positive step to promoting good self-care.

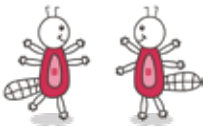


BUILD **R**ESILIENCE



Basics

Consider whether a parent has access to all the support they are entitled to. Check the child is eating proper meals in the evening, as she may be having to prepare food herself.



Belonging

Joining a mindfulness or relaxation group can have a positive impact on a parent's sense of belonging. Encourage the child to get involved in fun activities during lunchtimes. There are also parenting courses such as Youth Connect 5 and Incredible Years that can offer support and friendship to parents, whilst also giving them valuable parenting skills.



Learning

involve the parent in their child's learning. Stay and Play/ Stay and Read groups have become increasingly popular, as have Maths and English workshops, which help the parents to become more familiar with their child's curriculum.



Coping

Support parents in accessing outside support, and reassure them that this is a positive step – it is not a weakness to ask for help. This is an important message to for the child who will probably be reluctant to ask for help themselves.



Core-self

Instil hope. Remind parents they have taken a brave step in accessing help and that they are now working towards things getting better. Encourage the child in their role as a carer, but also help them to recognise their other talents and celebrate those.



STAFF CPD SESSION



WHOLE-STAFF CPD SESSION

Introduction to Children's Mental Health and The ROAR Response

Aims	Instructions	Timings & Equipment
Welcome	Have slide 1 up on the screen as people arrive. Edit the housekeeping slide (slide 2) and use as appropriate to your school.	Slides 1&2 Welcome music 5 min
Understanding the aims of ROAR	Read through the aims. Read through the stats on slide 4 giving people chance to comment if they wish to.	Slides 3&4 5 min
Unpacking what is mental health.	Introduce Ralph and give the background of how he was created – designed by a year 4 pupil to represent resilience (refer to p18 of the handbook). Ask the question 'What is mental health?', then ask delegates to respond to this question by selecting a picture from those shown above, that they think best represents mental health. The pictures can be put up around the room and people can move and stand by them, however, if you don't have space, you can use the ones on the slide. Once delegates have had chance to think and choose their picture, ask for some feedback/discussion around the ones that they have chosen.	Slide 5 Laminated cut out of RALPH or plush toy. Laminated copies of the mental health pictures stuck up around the room (optional) 10 min
To explore what mental health is and who's got it.	Put up the definition on this slide. Then demonstrate that mental health is on a scale moving from good mental health to poor mental health using a piece of coloured rope. Hang up the outline of Ralph on the washing line. As the group what kind of things move Ralph up and down this scale; for example, if he fails a test he may move down closer to the poor mental health side, whereas if his best friend invites him out to the cinema he may move up towards the good mental health side. Explain we all have mental health and therefore are all somewhere along this scale every day. Explain young people surveyed in Liverpool had a verynegative and stigmatised view of mental health as illustrated in the results pictured above. So, it's really important that we challenge people's perceptions of mental health so that children all understand that we all have it and it's ok to struggle with it from time to time.	Slide 6 Washing line/rope, cut out RALPH & pegs. 5 min Slide 7 5 min



Welcome






Before we begin...






ROAR AIMS

- To raise awareness of Mental Health.
- To explore the impact of stress on mental health and how this impacts on our thoughts, feelings and behaviours.
- To be able to spot the signs and symptoms of mental distress in primary school children.
- To help schools to build resilience in their children.
- To equip delegates to follow the ROAR response to for children experiencing mental distress.





What's going on with children's mental health?

- One in 10 children between five and 16 years old suffer with depression, anxiety or conduct disorder, according to the Mental Health Foundation.
- A recent study by place2be suggested that 1 in 3 children in a classroom will have a mental health condition.
- And just two in five felt confident that their staff would know what to do in a mental health crisis.
- ChildLine (UK) has revealed that it held 34,517 counselling sessions in 2013/14 with children who talked about suicide -- a 116 percent increase since 2010/11.
- The number of children and young people who have presented to A&E with a psychiatric condition have more than doubled since 2009. (8,358 in 10/11; 17,278 in 13/14)
- 55% of children who have been bullied later developed depression as adults





Meet Ralph



What is Mental Health?






What is mental health and who's got it?



Mental Health is all about how we think and feel about ourselves, others, and the world around us. **We ALL have it.**





What do young people say?





Aims	Instructions	Timings & Equipment
Introduce the ROAR response	<p>Go through the whole school approach to ROAR. In the Liverpool context we will also link this in with the Liverpool CAMHS flowchart which should be given out separately to each member of staff.</p> <p>Outline each section of the ROAR response. Emphasise that it's about a first-line response but also about the ongoing resilience building support that schools can provide for their young people.</p> <p>It may be a good idea to have copies of some of the resources used in the course available for staff to look at throughout the day as they may find these useful with the children that they are working with.</p>	<p>Slide 8 & 9 5 min Slide 10 2 min</p>
Introducing risk and resilience.	Ask the question 'What makes a child happy?' Give delegates five minutes to mind-map this onto flip chart in their groups then feedback to a flip chart at the front.	Slide 11 5 min
Introducing risk and resilience.	Then ask the question 'What makes a child unhappy?' Give delegates five minutes to mind-map this onto flip chart in their groups then feedback to a flip chart at the front.	Slide 12 5 min
Looking at how to measure mental distress.	Introduce delegates to the ROAR distress scale (SUDS, single units of distress). Explain it is a way to gauge how strongly a child is feeling a specific emotion. For example, he might say he is sad - the scale allows staff to gauge how sad they are feeling, and importantly whether the actions they take helps to reduce or increase this feeling. Pass the large laminated thermometer around the room or tables and ask each delegate to indicate how they are feeling using the scale. The green end is positive and the red end is negative.	Slide 13 5 min

The ROAR Response



Why ROAR?

This training has been designed with the whole school in mind. As the designated member of staff receiving this training you will be;

- Equipped to respond to specific mental health needs within your school.
- Given resources to deliver a 2 hour CPD session within your school setting to give the whole school staff a general understanding of child mental health and introduce them to the ROAR model.
- Provided with lesson plans (one for KS1 & one for KS2) to build awareness around mental health and resilience that can be delivered to each class by a member of staff.
- Be able to deliver a 2 hour parents session on child mental health.



R Recognise the signs and symptoms

O Ask **Open** questions (try to spot the **BIG** thought)

A Access Support, Services & Self-care

R Build Resilience



What makes a child happy?




What makes a child unhappy?

I have been a SENCO for 11 years and I have never known there to be so many unhappy children.



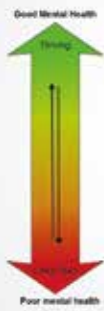
The ROAR distress scale



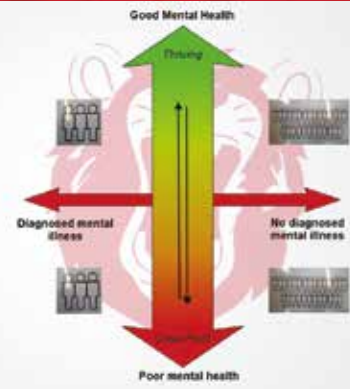

Aims	Instructions	Timings & Equipment
To think about how we spot good and poor mental health.	Use the rope again to demonstrate the mental health scale. Remind them that at one end of the scale we have good mental health and at the other end we have poor mental health. Using handout 1 as a reference, talk about the kinds of changes we might see in children as they move up and down the scale.	Slides 14 Washing line, cut out RALPH & pegs. Handout 1 5 min
To introduce the difference between mental health and mental illness.	<p>Explain that another model used to explain mental health is the dual axis model. On this model we not only think about mental health, we also think about mental illness. A person with a diagnosed mental illness such as an anxiety disorder can, with the right support systems and treatment in place, still experience a good level of mental health. Similarly, many children and young people without an official diagnosis experience poor mental health on a day to day basis.</p> <p>Click again to bring on the people figures. These indicate the statistic that three children in the average class of 30 will have a diagnosed mental health illness. If time allows, ask them which group of young people they would be most concerned about. There is no 'right' answer, but many people would consider undiagnosed children with poor mental health to be most at risk as they haven't accessed any support. However, it's also worth mentioning here that the ones with a diagnosis and poor mental health may be at risk from suicidal thoughts and harmful behaviour, especially if the support put in place for them isn't working.</p>	Slide 15 5 min
To discuss risk and resilience	Explain that children's mental health can get into an upward or downward cycle depending on what risk or resilience factors they face. Give some examples from handout 2.	Slide 16 Handout 2 5 min
To look at some of the signs and causes of mental distress.	<p>Get the group to read through Amirit's Case study on handout 3.</p> <p>In pairs ask them to discuss what they think his risk factors, or the things that have a negative effect on his mental health are. Get feedback.</p> <p>Watch Late again. Is there anything else they want to add?</p>	Slide 17 & 18 Handout 3 Late Again film 10 min
To introduce risk and resilience using the stress bucket model	<p>Introduce the stress bucket and explain that we use it to help young people to understand how risk factors/stresses can build up until the bucket over flows – having an impact upon mental health. We break this down into thoughts, feelings, behaviour and physical symptoms.</p> <p>As school staff the first thing we or parents tend to notice is the behaviour, but we must recognise that alongside that behaviour are thoughts, feelings and physical symptoms all feeding into that behaviour. Then go on to introduce coping strategies. Explain that these are like taps on the bucket that release the pressure caused by the build-up of risk.</p>	



Thriving or barely surviving?



Liverpool CAMHS
0151 426 2000

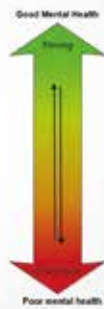


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An upward or downward spiral

RESILIENCE



RISK



Liverpool CAMHS
0151 426 2000



Meet Amrit



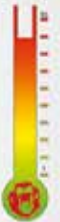
What are his RISK Factors?



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LATE AGAIN



Liverpool CAMHS
0151 426 2000



Liverpool CAMHS
0151 426 2000

Aims	Instructions	Timings & Equipment
To explore the concept of resilience.	<p>The picture on this slide shows a 9-year-old girl who has completed a course designed for Navy Seals at the top of their game. She took up the sport after being bullied at school. We see her here scaling one of the obstacles in her path. When we are talking about resilience we are talking about a person's ability to deal with, overcome and adapt to the many obstacles that can come their way in life.</p> <p>Read through the two definitions given on the slides.</p>	Slide 20 2 min
To introduce resilient RALPH	<p>Explain the background of Ralph found on p18 of the handbook.</p> <p>The ResiliAnts have been developed by primary school children based on the 5 key areas of resilience as outlined in professor Angie Hart's Resilience Framework (p20).</p> <p>Give delegates a moment to look at this on slide 22.</p>	Slide 21 & 22 5 min
To explore risk and resilience.	<p>Ask delegates to return to Amrit's case study. In pairs ask them to discuss what resilience factors they can see, or imagine that he might have. If time allows you can use the bounce back cards as an aid for discussion; otherwise use the framework on p20.</p>	Slide 22 5 min
Looking at behaviour as the tip of the iceberg.	<p>If we just responded to Amrit's behaviour what might we feel as his teacher? What might we feel as his peers? It's important to recognise that a child's behaviour is just the tip of the iceberg, and we need to look beneath the surface to really see what's going on.</p>	Slide 24 2 min

Aims	Instructions	Timings & Equipment
Introducing the cognitive behaviour model	<p>To understand what is going on beneath the surface, the ROAR response uses a CBT model founded on enhanced evidence-based practice.</p> <p>Give the scenario to delegates that they hear a noise downstairs during the night. What would they think? What would they do? How would they feel or what would they experience in their body? Give time for delegates to feedback and discuss their various responses.</p> <p>Give out Handout 4.</p> <p>Explain one of the things that we aim to do with the ROAR response is to give children the language and emotional awareness/intelligence to recognise when they are experiencing mental distress so that they can take appropriate steps toward support or self-soothing before these feelings escalate.</p> <p>Look again at Amrit’s case study and the ‘Late Again’ film. In groups, complete the worksheet 4, which is designed to help children to recognise or spot their big thought, for Amrit as if he was reflecting on how he felt about coming to school</p>	<p>Slide 25 5 min</p> <p>Slide 26 8 min</p>
To introduce the concept of the ‘BIG THOUGHT’	<p>It’s our job as ROAR responders to dive down beneath the surface, beyond the behaviour to try and spot the ‘Big Thought’ (the thought that is driving, or maintaining the child’s cycle).</p> <p>What do you think Amrit’s ‘Big Thought’ is? Explain that for Amrit, this big thought of not being accepted is fuelling his feelings of worthlessness, shame and fear; giving him symptoms such as dizziness and stomach aches. This leads to him missing a lot of school which just makes his feelings of inadequacy worse. As this cycle repeats this thought gets bigger and bigger.</p> <p>Thoughts, feelings, behaviours and physical symptoms often become a cycle, that it can be difficult to break.</p>	<p>Slide 28 5 min</p> <p>Slide 27 3 min</p>
Recap over the ROAR model.	<p>Revisit the ROAR model.</p> <p>R – Recognise, remind the group about the changes in behaviour indicated on handout 1 that may indicate a child struggling with his mental health.</p> <p>O – Open questions, explain that they need to be like a detective when asking a child about what he is feeling/what’s going on. Be curious to understand it more and use the drawing sheet to help with this.</p> <p>A – Access, explain to staff that as the ROAR member of staff you can guide them towards appropriate services and are there to give advice should they need it. They can also use the CAMHS toolkit and the RALPH’s TIPS sheets for ideas of activities that could support a child in distress.</p> <p>Finally, there are many things that can be done in the classroom and around the school to build resilience in children. Encourage staff to reference RALPH and the ResiliAnts in their work with children, giving them lots of opportunities to build their resilience.</p>	<p>Slide 29 2 min</p>
Looking at behaviour as the tip of the iceberg.	<p>If we just responded to Amrit’s behaviour what might we feel as his teacher? What might we feel as his peers? It’s important to recognise that a child’s behaviour is just the tip of the iceberg, and we need to look beneath the surface to really see what’s going on.</p>	<p>Slide 24 2 min</p>

You Hear a noise in the night

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Spotting Amrit's Big Thought

SPOTTING THE BIG THOUGHT

1. Think about feeling
2. Draw a picture showing what you are feeling and what you are thinking about
3. Draw a picture showing what you are thinking about

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Ask Open Questions

ROAR! RAISE M Liverpool CAMHS

CBT Model

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R Recognise the signs and symptoms

O Ask **O**pen questions (try to spot the BIG thought)

A Access Support, Services & Self-care

R Build Resilience

ROAR! RAISE M Liverpool CAMHS

PARENT SESSION



PARENTS MENTAL HEALTH SESSION – PART ONE

Introduction to Children’s Mental Health and The ROAR Response

Aims	Instructions	Timings & Equipment
Welcome	Have Slide 1 up on the screen as parents arrive. Edit the housekeeping slide (slide 2) and use as appropriate to your school.	Slides 1&2 Welcome music 5 min
Understanding the aims of ROAR.	<p>Read through the aims.</p> <p>Make the point that this session is to give parents and carers a basic understanding of mental health, the effect of stressors on primary aged children, what they can do as parents to support their child’s mental health, and to give them an awareness and understanding of what you as a school do to support their child’s mental health.</p> <p>If you feel as a school you could do more, then this session would be a good opportunity to consult with the parents and carers about their ideas for better support.</p>	Slides 3 5 min
Unpacking what is mental health.	<p>Introduce Ralph and give the background of how he was created – designed by a year 4 pupil to represent resilience (refer to p21 of the handbook).</p> <p>Ask the question ‘What is mental health?’ and give parents a chance to respond to this question in groups/person next to them, then get feedback. Put up the definition on this slide.</p> <p>Then demonstrate that mental health is on a scale moving from good mental health to poor mental health using a piece of coloured rope. Introduce Resilient Ralph and how he was designed by young people to represent resilience (this will be covered more in part 2 on resilience)</p> <p>Hang up the outline of Ralph on the washing line. Ask the group what kind of things move Ralph up and down this scale; for example if he fails a test he may move down closer to the poor mental health side, whereas if his best friend invites him out to the cinema he may move up towards the good mental health side.</p> <ul style="list-style-type: none"> ● How is Ralph feeling at these stages? ● How is what’s going on affecting his mental health? ● What number are they feeling right now? ● Can they think of any reasons why? (Only share if comfortable to do so). ● Can they think of anything in their child’s life that moves him up and down the scale? ● When their child is a 5 or below what are the things they do and you do as a parent that gets them to a 5 and above? ● Get them to discuss this in pairs, only feedback if they are comfortable to do so. 	Slide 5 Laminated cut out of RALPH or plush toy. Laminated copies of the mental health pictures stuck up around the room (optional) 10 min



The ROAR!
Response to Mental Health
in Primary Schools

Welcome






Before we begin...






ROAR AIMS

- To raise awareness of Mental Health.
- To explore the impact of stress on mental health and how this impacts on our thoughts, feelings and behaviours.
- To be able to spot the signs and symptoms of mental distress in primary school children.
- To help schools to build resilience in their children.
- To equip delegates to follow the ROAR response to for children experiencing mental distress.





What is mental health and who's got it?



Mental Health is all about how we think and feel about ourselves, others, and the world around us. **We ALL have it.**





Aims	Instructions	Timings & Equipment
Empathy exercise	<p>Ask the parents is it easy to talk about mental health? Get them to discuss this as a group.</p> <p>What are the barriers to discussing mental health?</p> <p>Is it easier for primary aged children to talk about their mental health?</p> <p>Explain that as children get older they experience the stigma surrounding mental health more, making it harder to talk about how they are feeling, this is particularly the case for males. Over 60% of males in a recent study said that would not feel comfortable talking to their Dad's about their mental health issues.</p> <p>To demonstrate this, on a piece of paper ask parents to write down something that they wouldn't want anyone else to know.</p> <p>Then fold it up.</p> <p>Give them a moment to experience holding this information in front of them with an outstretched arm. Then ask them to pass this information on to the person next to them.</p> <p>Make sure that you maintain safety by instructing the group not to open the paper. Once they have had time to reflect, ask them how they feel doing this. Try to get them to reflect on their thoughts, feelings, behaviours and physical symptoms as this will set them up for later on.</p> <p>Once the discussion has reached a conclusion ask them to pass the papers back to their owners and give them the opportunity to dispose of them appropriately.</p> <p>Make the point that when a young person shares with us about their mental health it can make them feel extremely exposed.</p> <p>They are sharing something very personal and deep and we as parents have a responsibility to hold this information with sensitivity, open-mindedness and empathy. As a parent, it is also useful to have a clear understanding of what your child's school has in place to support their mental health, and what we as a school have in place to support you.</p>	Slide 5 Pieces of coloured paper and pens
Introducing risk and resilience	<p>Ask the question 'What makes a child happy?'</p> <p>Give delegates five minutes to mind-map this onto flip chart in their groups then feedback to a flip chart at the front.</p>	Slide 11 5 min
Introducing risk and resilience	<p>Then ask the question 'What makes a child unhappy?'</p> <p>Give delegates five minutes to mind-map this onto flip chart in their groups then feedback to a flip chart at the front.</p>	Slide 12 5 min
How to recognise mental health issues	<p>Introduce parents to the ROAR distress scale (SUDS, Single Units of Distress). Explain that it is a way of gauging how strongly a child is feeling a particular emotion. For example, they might say they are sad - the scale allows staff to gauge how sad they are feeling, and importantly whether the actions they take helps to reduce or increase this feeling.</p> <p>Refer to the large laminated thermometer and ask around the room how they are feeling using the scale. The green end is positive and the red end is negative. This is a tool that parents can use with their children, to assess how serious they feel about a certain situation.</p>	

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What wouldn't you want anyone to know?

ROAR!

Recent Findings

- 36% of non senior management team staff are not aware of what information their school provides in terms of mental health support.
- Many parents express concern over a lack of support from school staff when communicating about mental health and wellbeing
- Staff in a number of settings raised concerns about the lack of understanding amongst families with diverse cultural backgrounds.
- Of the schools that offer counselling to students, half of primary and AEP's also offer this support to parents/carers.

Whole school approaches to mental health and emotional wellbeing in Liverpool

"There needs to be more support for parental mental health. Parents need to know that we are here to support them as much as their children." Staff member.

"We have really valued the opportunity to attend coffee mornings at school where we can get support, information and advice..." Parent

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ROAR!

What makes a child happy?



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Child and Adolescent Mental Health Services
11688

ROAR!

What makes a child unhappy?

I have been a SENCO for 11 years and I have never known there to be so many unhappy children.

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ROAR!

The ROAR distress scale



How are you feeling?

ROAR!

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Aims	Instructions	Timings & Equipment
<p>To look at some of the signs and causes of mental distress.</p>	<p>Ask the group to read through Amrit’s Case study on handout 3. In pairs ask them to discuss what they think his risk factors or the things that have a negative effect on his mental health are. Get feedback. Watch Late again. Is there anything else they want to add? Could there be more going on in Amrit’s life than we think? How is he feeling walking into the classroom? Ask parents can they relate to any of this? How do they feel if their child is late? Taking a while to get ready? Stalling?</p>	<p>Slide 10 Handout 3 Late Again film 10 min</p>
<p>To introduce risk and resilience using the stress bucket model.</p>	<p>Introduce the stress bucket and explain that we use it to help young people to understand how risk factors/stresses can build up until the bucket overflows – having an impact on mental health. We break this down into thoughts, feelings, behaviour and physical symptoms. As parents, the first thing we tend to notice is the behaviour, but we must recognise that alongside that behaviour are thoughts, feelings and physical symptoms all feeding into that behaviour. Then go on to introduce coping strategies. Explain that these are like taps on the bucket that release the pressure caused by the build-up of risk. It’s also important that as parents we reflect on our own stress bucket to that we can evaluate what stress we have in our lives and what we are doing to ensure we build our own resilience.</p>	<p>Slide 11 5 min</p>
	<p>If we just responded to Amrit’s behaviour what might we feel as his teacher? What might we feel as his peers? It’s important to recognise that a child’s behaviour is just the tip of the iceberg, and we need to look beneath the surface to really see what’s going on. Ask the group, what would’ve helped him? Make the point that this is about his resilience, what could have happened or what could he have done to build upon his resilience. Explain to the group that resilience is a topic that is going to be discussed in part 2 session, which compliments this session in terms of what we can do as parents to increase our child’s resilience.</p>	
	<p>It’s our job as ROAR responders to dive down beneath the surface, beyond the behaviour to try and spot the ‘Big Thought’ (the thought that is driving, or maintaining the child’s cycle). What do you think Amrit’s ‘Big Thought’ is? Explain that for Amrit, this big thought of not being accepted is fuelling his feelings of worthlessness, shame and fear; giving him symptoms such as dizziness and stomach aches. It leads to him missing a lot of school which just makes his feelings of inadequacy worse. We will look at activities that we could do with Amrit in the next section, when we look at dealing with Anxiety.</p>	

Meet Amrit



↓

What are his RISK Factors?

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LATE AGAIN




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The tip of the iceberg



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What could help Armit?

ROARI
RAISE m
Liverpool CAMHS

Ask Open Questions



ROARI
RAISE m
Liverpool CAMHS

Aims	Instructions	Timings & Equipment
To look at the steps of ROAR	Give a brief overview of what ROAR Course was designed to do and why you as a school have enrolled on to the course.	Slide 16 &17 10 min
Following the ROAR response	Use this slide to add specific information about what your school does to support the mental health of the children, and the whole family. If this is something you as a school want to improve on, then use this slide as an opportunity for parents participation and ask what would they want from the school to ensure a more joined up approach to mental health.	Slide 18
Following the ROAR response	Give parents 2 minutes to think about their parent pledge to mental health.	Slide 19
	Thanks the parents for coming to this first session and let them know when you are going to deliver part 2.	

ROAR!

The ROAR Response

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ROAR!

R Recognise the signs and symptoms

O Ask **O**pen questions
(try to spot the **BIG** thought)

A Access Support, Services & Self-care

R Build Resilience

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ROAR!

School and Parent Relationship

- Things we are currently doing in school to support your child's mental health is ... (schools mental health policy can be discussed here)
- Current opportunities for parents to get involved and feel supported are to communicate and support parents is ...
- Suggestions to strengthen the relationship between school staff and parents/carers in order to have a whole school whole family approach to mental health would be ...

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ROAR!

Parent/Carer Pledge

One thing I am going to do to support the mental health and emotional wellbeing of my child is.....

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KS1

LESSON PLANS



LESSON PLANS FOR KS2

Session plans can be downloaded, along with PowerPoint presentation slides and printable resources from the ROAR website:

<http://www.roarresponse.com/overview/resources/>

FLIPPING YOUR LID - DEALING WITH STRESS

RESILIENCE - MY RESILIENCE CREST

EMOTIONS - EMOTIONAL LITERACY

THOUGHT TYPES

KS2 LESSON PLANS



LESSON PLANS FOR KS2

Session plans can be downloaded, along with PowerPoint presentation slides and printable resources from the ROAR website:

<http://www.roarresponse.com/overview/resources/>

FLIPPING YOUR LID - DEALING WITH STRESS

RESILIENCE - MY RESILIENCE CREST

EMOTIONS - EMOTIONAL LITERACY

MENTAL HEALTH

OTHER RESOURCES



SOME CREATIVE IDEAS...

ROLY POLY CRAFT AND ACTIVITY



Teach your children not to roll up and hide from your problems!

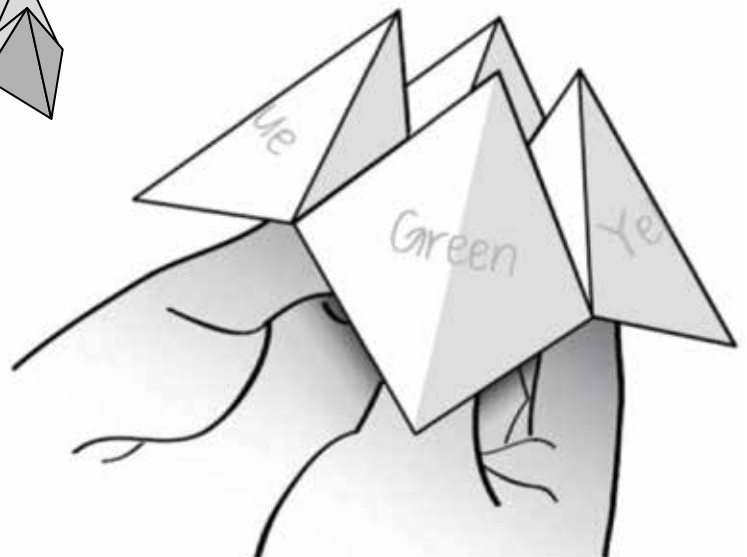
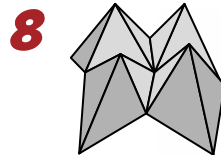
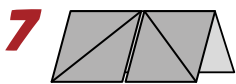
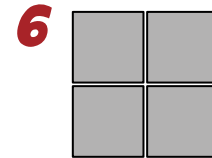
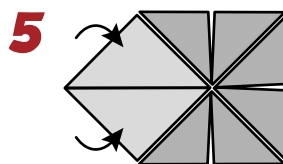
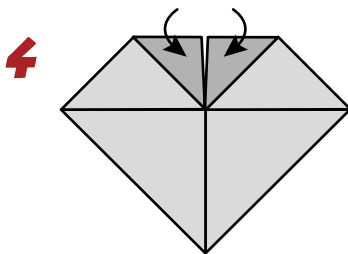
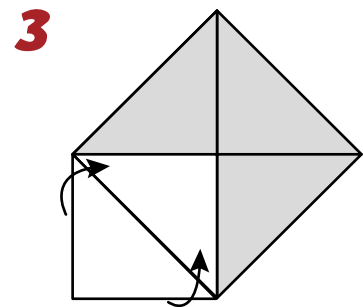
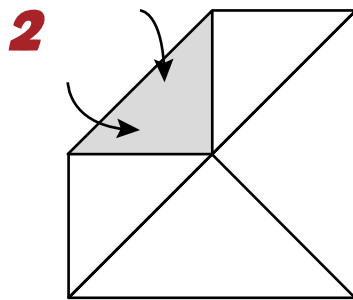
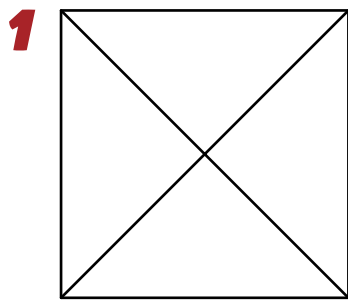
Write problem-solving strategies on the bug.

Learn about emotions with build-a-face story stones

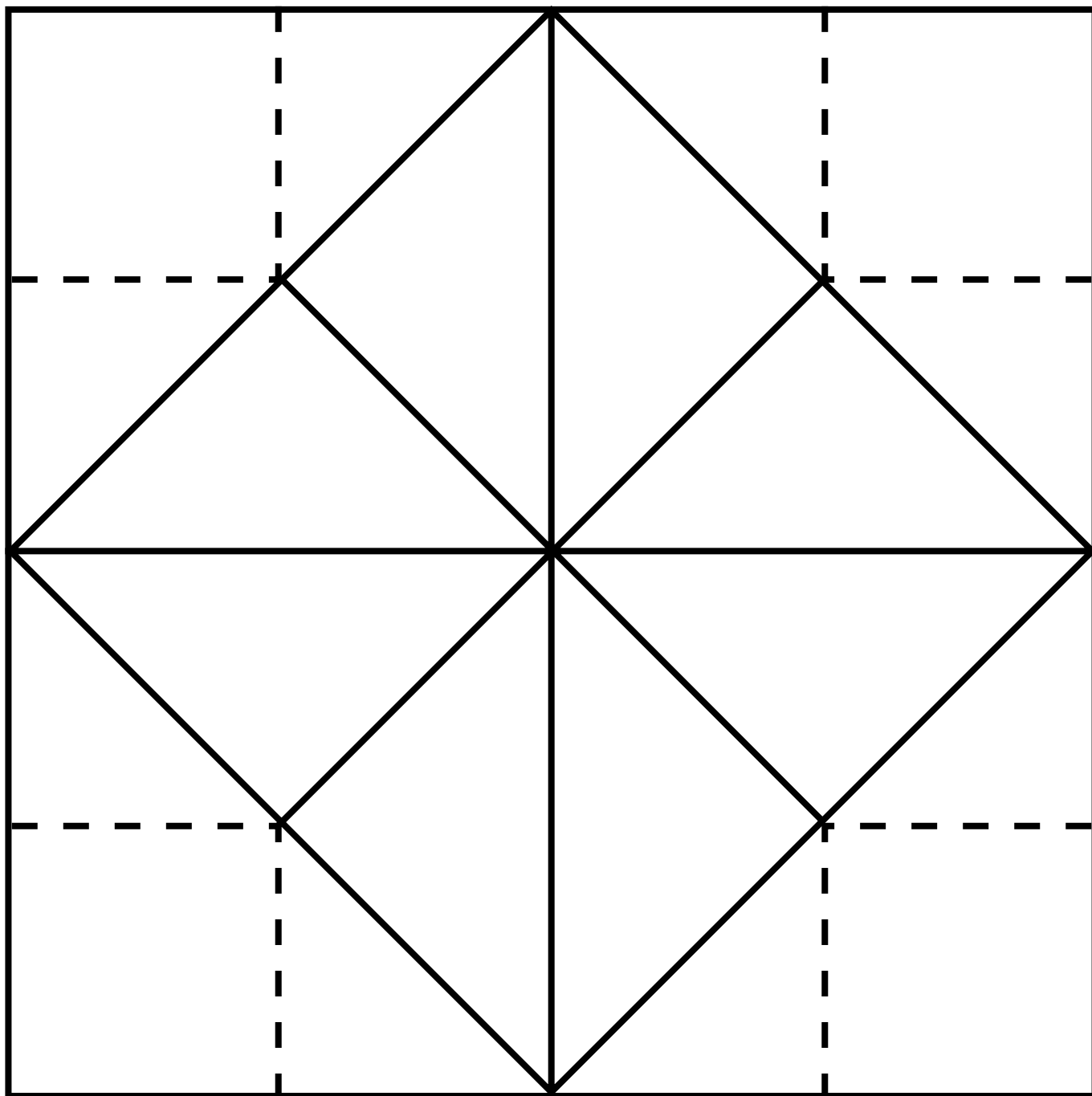


CALM BOX - HOW TO MAKE IT

Coloured size is shown below as grey:



CALM BOX - BLANK



CALM BOX - READY MADE

The Calm Box is a square divided into eight triangular sections by a central vertical line and a horizontal line. Each section has a different color and contains a specific activity or question. The central bear illustration is partially obscured by the lines.

Calm	Take a deep breath (breathe out for longer than in)	You can do it	Floating
Let it go	Marshmallows	Smile 3 times	
Am I using unhelpful thinking?	Where's the evidence?	What are the facts?	
Relax	I am		Happy



ADVERSE CHILDHOOD EXPERIENCES (ACES)

Adverse Childhood Experiences (ACEs) come in many forms, from physical and mental abuse to neglect and household dysfunction. They reduce the quality of life experienced by children and young people, and are known to increase the risk of suicide significantly.

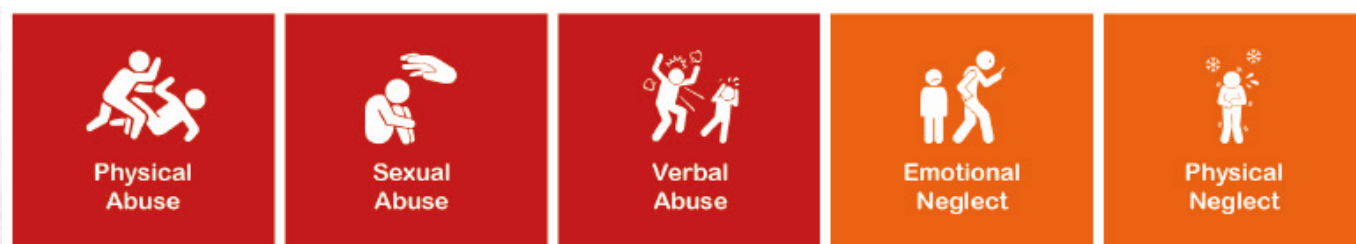
In 1998, CDC-Kaiser Permanente published a ground-breaking study that investigated the impact of the following 10 ACEs on physical and mental health problems in over 17,000 adults.

The study showed that these 10 ACEs had significant negative impact on their physical and mental health. This was due to the levels of toxic stress (stress that is unsustainable for prolonged periods) that these ACEs cause.

By understanding how toxic stress affects the minds and bodies of children, we can interrupt these changes by providing safe, stable, nurturing environments, while helping children build social-emotional skills and resilience.

There are other types of adverse childhood experiences not included in the list of 10 ACEs above, including community and environmental ACEs such as racism, bullying and community violence. Researchers have begun to include these experiences as ACEs, too, because they create the same biologic changes as the original 10 ACEs.

Very rarely is suicide caused by one thing, it is usually a build up of a number of stressors. ACEs mean that children and young people may have weakened defences both emotionally for dealing with day to day stressors.



Growing up in a household where:



Children and young people with just one ACE are five times more likely to attempt suicide than those without any. So as professionals we need to take ACEs seriously - Childhood Development Centres (CDC).

For more information see the following website:

www.liverpoolcamhs.com/aces/what-are-aces/

ADVERSE CHILDHOOD EXPERIENCES (ACES)

Toxic stress

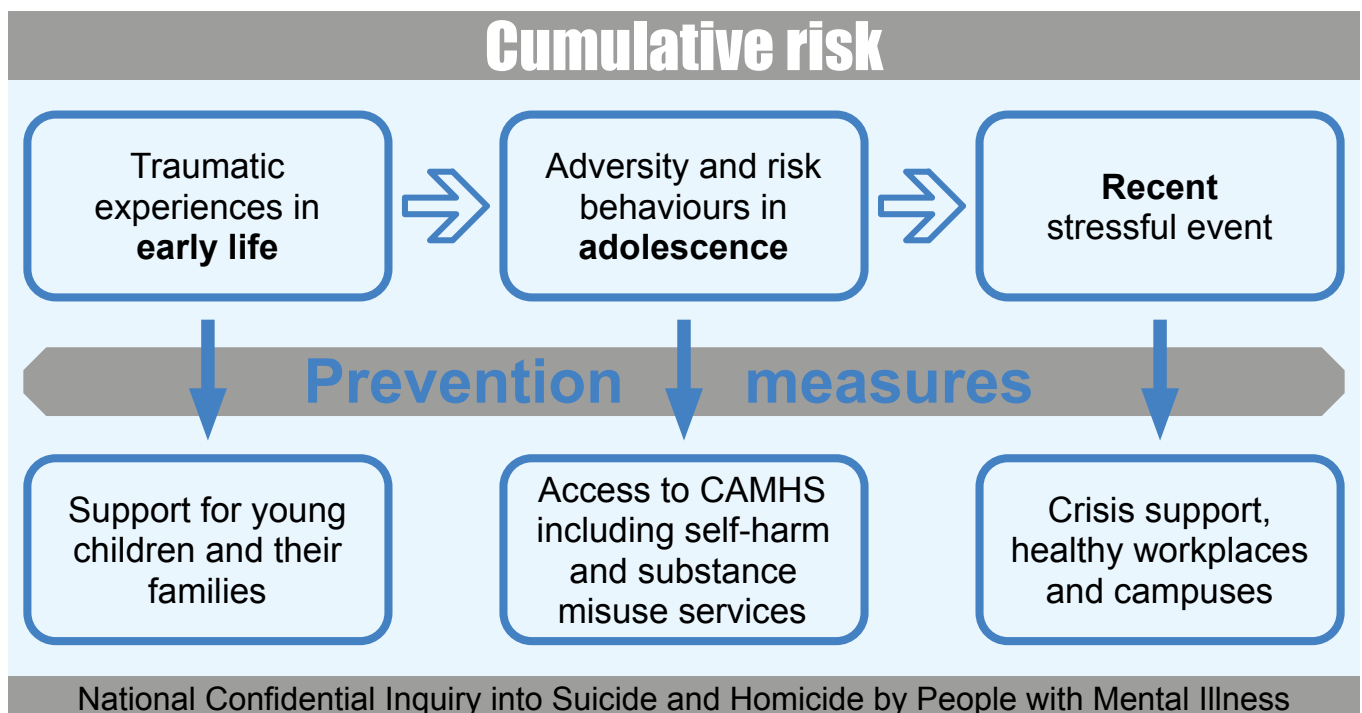
Not all stress is bad. Some stress is healthy and positive because it prepares us to respond to temporary challenges in our lives, such as running a race, public speaking, or starting a new job. Our stress response activates and then quickly returns to baseline. More intense or longer lasting stressors can be tolerable if we have support systems in our lives to help us cope. If we don't have supports, severe or frequent exposure to certain types of stress can have a 'toxic' effect on the body and brain.

When children are overloaded with stress hormones, they're in flight, fight or freeze mode. They can't learn in school. They often have difficulty trusting adults or developing healthy relationships with peers (i.e., they become loners). To relieve their anxiety, depression, guilt, shame, and/or inability to focus, they turn to easily available biochemical solutions — nicotine, alcohol, marijuana, amphetamine — or activities in which they can escape their problems — high-risk sports, proliferation of sex partners, and work/over-achievement (e.g. nicotine

reduces anger, increases focus and relieves depression. Alcohol relieves stress).

Using drugs, overeating or engaging in risky behaviour leads to consequences as a direct result. For example, smoking can lead to COPD (Chronic Obstructive Pulmonary Disease) or lung cancer. Overeating can lead to obesity and diabetes. In addition, there is increasing research that shows that severe and chronic stress leads to bodily systems producing an inflammatory response that leads to disease.

As Louis Appleby's Research shows the circumstances that lead to suicide in young people often appear to follow a pattern of cumulative risk, with traumatic experiences in early life, a build up of adversity and high risk behaviours in adolescence and early adulthood, and a 'final straw' or recent stressful event (see image below). This event may not seem severe to others, making it hard for professionals and families to recognise suicide risk unless the combination of past and present problems is taken into account. Therefore we need to be ACE aware.



Adverse Childhood Experiences ACEs won't define me

Emotional neglect

Substance misuse in the household

Physical abuse

Adult mental health problems in the household

Sexual abuse

Verbal abuse

Domestic violence in the household

Parents are separated

Emotional abuse

Trusted adult

Parents have spent time in prison

Coping

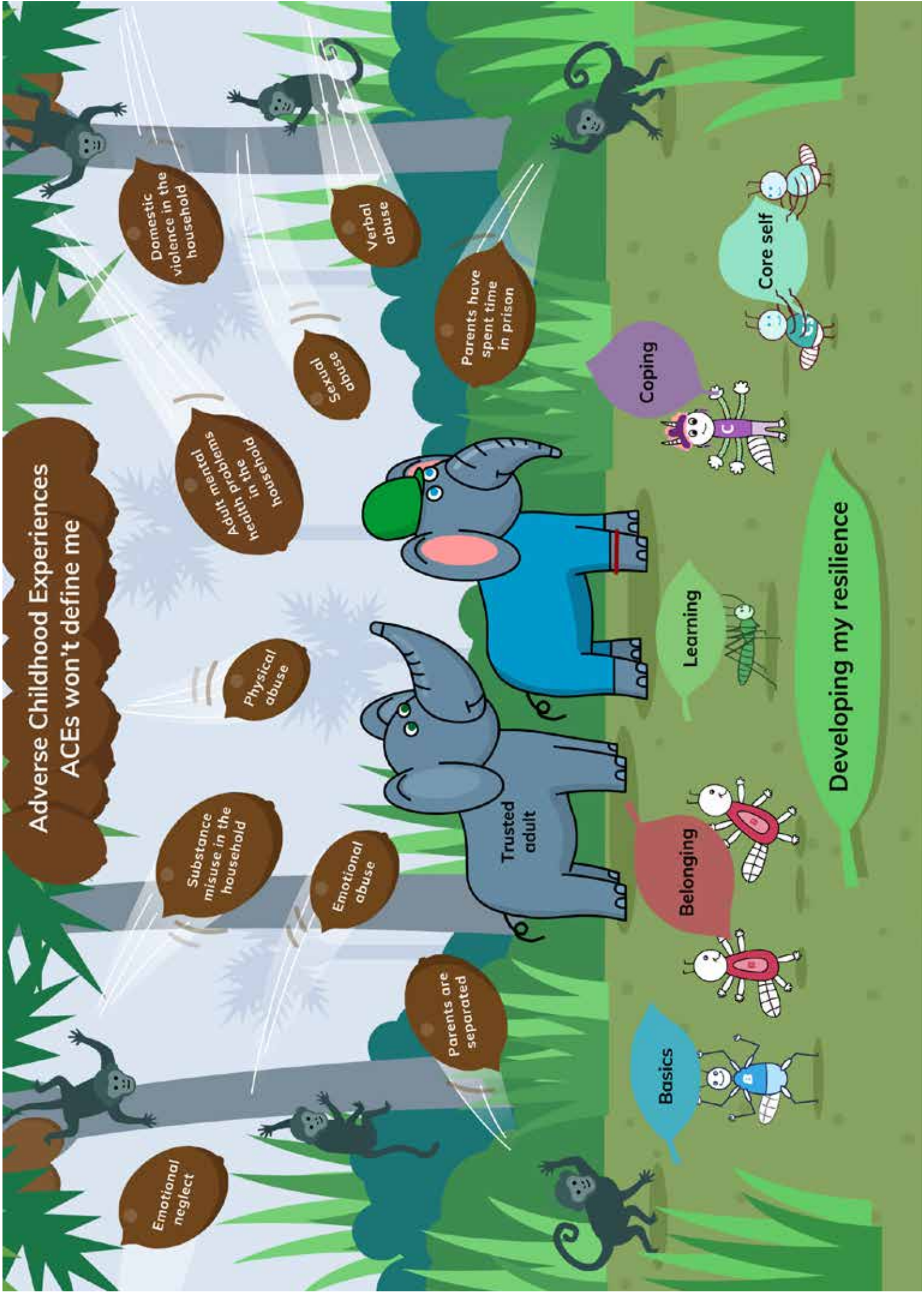
Core self

Belonging

Basics

Learning

Developing my resilience



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OTHER PEOPLE INVOLVED

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FIRST TAKE FILM FILMS USED FOR ROAR TRAINING

NEIL THOMPSON ROAR LOGO AND BRANDING DESIGNER

PHIL GRINDLEY, PJG CREATIVE COURSE MANUAL

ROAR COURSE IS AN INTERACTIVE COURSE, DEVELOPED BY MERSEYSIDE YOUTH ASSOCIATION'S RAISE TEAM. IT TAKES A WHOLE-SCHOOL APPROACH TO MENTAL HEALTH IN PRIMARY SCHOOLS. WITH AT LEAST 1 IN 10 CHILDREN IN THE UK HAVING A DIAGNOSABLE MENTAL HEALTH ILLNESS AND MANY MORE SHOWING SIGNS OF MENTAL DISTRESS, THE ROAR RESPONSE EQUIPS STAFF TO RECOGNISE THE SIGNS OF MENTAL DISTRESS, ASK OPEN QUESTIONS TO TRY AND ESTABLISH WHAT IS KEEPING IT GOING, ACCESS SUPPORT SERVICES AND SELF-CARE, AND CRITICALLY TO BUILD RESILIENCE IN CHILDREN.

MYA RAISE TEAM IS A MEMBER OF THE LIVERPOOL CAMHS PARTNERSHIP, PROVIDING A MULTI-AGENCY SERVICE FOR YOUNG PEOPLE'S MENTAL HEALTH ACROSS LIVERPOOL. THIS PRODUCT HAS BEEN DEVELOPED IN CONSULTATION WITH THE CAMHS PARTNERSHIP AND ALSO WITH THE SUPPORT OF THE LIVERPOOL LEARNING PARTNERSHIP AND LIVERPOOL CITY COUNCIL. WE HAVE ALSO WORKED CLOSELY WITH SACREDHEART CATHOLIC PRIMARY SCHOOL WHOSE PICTURES ARE FEATURED THROUGHOUT THE HANDBOOK.



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