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MEETING THE EMOTIONAL NEEDS OF BOARDERS

The Growing Child's Mental Health

by

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Introduction

Mental health affects everything that each of us does, and that is also true for young people. Having good mental and emotional health will result in young people knowing that they are good enough, that they are resilient and that they are psychologically robust. Resilience is hugely important in young people. They need to be resilient as they begin to face the stresses caused by academic and societal pressure. It is usually just at this time that young people also find the need to break free from parental influence, to challenge parental beliefs and attitudes to see if these hold good for them. Having a strong sense of self and positive self-esteem generally results in the teenage years passing without the big mistakes to which some teenagers are prone. High self-esteem will have a positive effect on their thoughts and feelings, and their beliefs, attitudes and expectations for the future.

Self-esteem

How do children manage to develop high self-esteem? In the early years, self-esteem is based on how the important adults in their lives feel and care about them: providing protection and ensuring their safety and well-being. During children's early years, parents who respond to their child's cries and smiles will allow the child to grow feeling loved and valued. This in turn builds the child's trust in other adults. The child will also feel happy to be in a group and this development will help to prevent separation anxiety and, later, school refusal. School refusal is difficult to deal with and needs a great deal of patience and constant re-assurance to overcome.

However, if young children's needs are not met, this will result in children feeling that they are not worthy and that they have no right to expect their needs to be met. This will be reflected in low self-esteem and possibly even the development of a 'victim/martyr' attitude. Clearly, low self-esteem will change the belief they have in themselves, which in turn can adversely affect both their abilities and their potential achievements. Such young people can also feel isolated, even when, in reality, they may not be. Children with low self-esteem have a tendency to self isolate. They are likely to be more fearful, reluctant to join in with others and are often self-conscious and over sensitive to criticism. Such children are not able to accept blame or responsibility for their actions and tend to blame others for their shortcomings. These youngsters also consistently under rate their abilities and achievements, usually taking a negative stance on their work which is at odds with their actual achievement.

Children with high self-esteem will have:

- confidence in their perceptions and judgments
- an expectation to succeed
- better academic results
- a larger circle of friends
- a realistic view of their abilities.

They will not be unduly worried by the criticism of others.

High self-esteem creates a stronger sense of self and this means that young people will feel less need to experiment and will make fewer mistakes. Their resilience to negative events will be strong. These children will be happy to be part of a group and will be less likely to be either bullies or victims of bullying. In other words, they are confident that they are worthwhile humans and their outlook and behaviour reflect this. They will be able to cope better with what life throws at them, taking in their stride the events that children with low self-esteem will find stressful.

Stress

Stress presents when people are not, or do not feel, in control of their environment. In young people the stressors from adults are seen to be:

- bullying
- exam pressure
- parental expectations
- feeling overly controlled
- feeling overwhelmed
- feeling isolated
- not feeling good enough.

The stressors from peers may be:

- weight issues
- smoking
- alcohol or drug use
- sex
- sexual orientation
- gender confusion
- not being good enough.

Young people will react to these pressures in a variety of ways. They may externalise their feelings, taking it out on innocent others, which will result in bullying, classroom disruption or similar behaviours. Conversely, they may

internalise their feelings, making themselves to blame for the pressure and so punishing themselves with behaviours like depression, alcohol abuse, drug abuse, risky sexual behaviour, eating disorders or actual self-harm.

Clearly, the age of the child will be an important factor in the stress response. A young child may show stress by:

- a change in behaviour
- general regression
- bed wetting
- a change in eating habits
- difficulties in sleeping and/or crying.

To help a stressed young child, one should endeavor to increase feelings of safety, perhaps by encouraging a close healthy relationship with at least one staff member. Showing lots of praise and encouragement will also help, though the praise should be meaningful and valid. If clear (but not overly rigid) expectations and targets are set, this too increases security. Ensuring that they do have some fun activities in their daily lives will also help de-stress them (singing has been found to be highly effective in de-stressing young people).

In older children, stress may present as:

- rebellion
- unexplained sickness
- sleep disturbances
- depression
- truanting
- petty theft (sometimes).

In some cases, in an attempt to deal with the deep emotional pain they feel, self-harming behaviours are seen.

Self-harming behaviours

The most common self-harming behaviours seen are:

- eating disorders
- risky sexual behaviour
- drug and or alcohol abuse
- self-mutilation.

These are internalised responses to deep emotional pain. The response follows these general lines. Children who self-harm feel emotional pain from an

external source (most frequently, this will be from an adult). They do not see that this happens to others so they internalise it, making it their fault that they are in pain, and so go on to punish themselves. This produces a dual result of punishment *and* release of the deep emotional pain. A similar but less intense release will be experienced by those adults who choose, after a very stressful day, to take a glass of alcohol. The release and relaxation achieved here can be viewed as the same response to less intense stress - opposite ends of the same continuum.

Actual self-harming is not, by any means, a new phenomenon: it was defined some seventy years ago by psychologists as "a maladaptive coping mechanism". It has spread rapidly throughout the world, possibly as a result of increased levels and means of communication. The increased numbers of sexually transmitted infections, from 495,515 in 1996 to 790,443 in 2005 (source BMA) may have been influenced by the increased consumption of alcohol by young adults which lowers inhibitions and may well lead to risky sexual behaviour. The increase of alcohol consumption is a big concern to professionals in boarding schools. According to the television documentary 'Despatches' (June 2007), liver disease is the fastest growing illness in the UK with 7 million people drinking too much. Wine and beer are now generally stronger than five years ago and it is known that young people drink for strength, rather than taste. Unfortunately, hospital admissions for alcohol liver damage have doubled in the past 10 years and the NHS bill for alcohol liver damage is currently £2 billion annually and rising. Young people are putting enormous strain on the health service by risky sexual behaviour and alcohol and drug use. Their attempts to block out their emotional pain will therefore often lead them to greater and deeper pain.

Self-harming behaviours can be alarming for boarding staff, parents and pupils at boarding school. The main findings of the 'Truth Hurts' survey (MHF and Camelot 2006) were that teaching professionals tend to focus on the act of self-harming rather than the cause, and that not enough is known about these behaviours by teaching professionals. Self-harm, when not being employed for attention, is a result of extreme internalised emotional pain. It is not a suicide attempt, it is in fact the young person's attempt to deal with their pain and then get on with living. Though some of these youngsters do go on to attempt or even commit suicide, the incidence in these is no greater than in those who do not self-harm. These troubled youngsters need help in finding other, less damaging coping skills, and need help in communicating their pain in a way that does not damage their bodies. Writing, drawing, talking, poetry - expressing their pain in any other way - can help to reduce the number of self-harming episodes and help them make sense of their emotions. Counselling will also provide support in giving up this damaging behaviour.

Conclusion

It is apparent that to help young people deal with the issues that affect their mental health adversely, support should be given as soon as the problems are seen to affect the child. To delay will mean that the child bears the problem for longer, struggles with it and may find a physically and emotionally damaging way of reducing that pain. Helping a youngster of nine cope with homesickness will be easier and less intense than helping a pregnant young person with alcohol or drug issues. A number of very useful information leaflets on a range of mental and emotional health issues are available to download from the Royal College of Psychiatrists (www.rcpsych.ac.uk).

Meeting boarders' emotional needs will mean that the young people make better decisions and fewer, less important mistakes. Boarding staff can have a huge input in developing coping skills and strategies by modelling good coping skills in their own daily lives and relationships. As most behaviour is learned, young people will adopt the behaviour modelled to them by the adults in their lives.

It is important to remember that these young people are not behaving in this way to frustrate, annoy or anger boarding school staff, though that may be the end result. If they are adopting extreme behaviour it is usually because that is the only way of behaving that they know. Therefore, investment in anger management sessions and having robust school policies on self-harm and eating disorders will keep children safe. These can also help boarding staff to operate within a working framework that allows them to feel safe too.

Generally, boarding schools do a very good job of meeting boarders' emotional needs, with caring staff who are committed to raising emotionally balanced children.