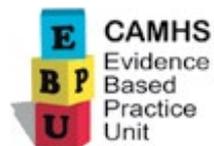


Bullying and mental health: guidance for teachers and other professionals

SEN and disability: developing effective anti-bullying practice

Funded by



Caring for young minds

Anna Freud Centre

UCL

The Child and Adolescent Mental Health Services - Evidence Based Practice Unit (CAMHS EBP Unit) is an academic unit across UCL and Anna Freud Centre dedicated to developing and promoting evidence based and outcomes informed practice

Achievement for All 



contact a family
for families with disabled children



mencap
The voice of learning disability

SEN and disabilities: developing effective anti-bullying practice: A programme of work, led by the Anti-Bullying Alliance and funded by the Department for Education, to reduce the incidence and impact of bullying of children and young people with SEN and/or disabilities in schools.

Contents

SEND: developing effective anti-bullying practice programme of work	3
About this guide	4
Summary	5
What counts as bullying and when does it happen?	6
What might lead a child to bully others?	8
What might put young people at risk of child being bullied?	10
What is mental health?	12
The impact of bullying on mental health	13
How can we recognise which young people may be experiencing mental health problems in the context of bullying?	16
The impact these problems may have on their ability to engage with school, learning and their relationships	17
The importance of a whole school approach	18
The importance of teachers actions	21
Sources of further information and support	24
References	25
Acknowledgements	27

SEND: developing effective anti-bullying practice programme of work

Evidence shows that children and young people with special educational needs and disabilities (SEND) are significantly more likely to be bullied or victimised than those who don't have any SEND.

From 2013–2015 the Anti-Bullying Alliance (ABA) will be leading on the most extensive programme of training and resources ever undertaken to reduce the incidence and impact of bullying of children and young people with special educational needs and disabilities in schools. ABA will be working in partnership with Achievement for All 3As, Contact a Family, Mencap and the Council for Disabled Children. We plan to do this by:

- improving practice in schools
- early intervention through support for parents and carers
- disseminating information to the wider sector
- ensuring our training and resources are influenced and informed by children and young people with SEND themselves

This project is funded by the Department for Education.

During the course of the project we intend to provide training to 1000s of schools, parents and carers and other professionals to reduce the incidence and impact of bullying of children and young people with SEND.

To support this work and to ensure we are sharing our resources and learning we have created an “information hub” which, over the course of the programme, will house lots of resources and information.

You can find it here: <http://www.anti-bullyingalliance.org.uk/1198>.

This module forms part of this programme and was written by the CAMHS Evidence Based Practice Unit (UCL & Anna Freud Centre) and Kate Martin, Common Room Consulting Ltd.

About this guide

This guidance gives a unique insight and is intended to help teachers and other professionals understand the issues around bullying and mental health for children and young people.

It is written to apply to schools but could also apply to other settings for children and young people. It draws on evidence from both the research literature and evidence derived from consultation with children and young people who have mental health issues and experiences of bullying. It outlines the specific issues that schools, teachers and other professionals should be aware of where mental health and bullying are concerned and also outlines actions that teachers and other professionals should take to prevent and respond to bullying of children and young people with mental health issues.

The views of children and young people involved in the consultation, and associated quotations, are used throughout and a full report about the results of our consultation can be found on our information hub.

A PowerPoint presentation is available to be used alongside this resource. This will enable you to share the key messages from this paper with your colleagues and can be used in planning for pupils and staff, and also provides important background information to school leaders and others in the planning, implementation and review of anti bullying policies and procedures in schools.

For the purpose of this guide we mean 'young people' to refer to all children and young people.



Summary

- Bullying has a significant effect on children and young people's mental health, emotional well-being and identity.
- Bullying which is not responded to effectively, can cause children and young people to develop other coping strategies such as self-isolation or self-harm; and cause significant disruption to their ability to engage with school, learning and their wider relationships.
- Children and young people with mental health or emotional and behavioural difficulties need support for their mental health needs in school in a way that is non-stigmatising and involved collaboration between school staff and the young people themselves.
- Schools need to ensure that young people feel able to talk about bullying and how it affects their emotional well-being.
- Disruptive behaviour can be an expression of difficulties or distress, and schools need to be mindful of this.
- There needs to be recognition and support for the emotional needs of children and young people who are being bullied and who bully others.
- Do not underestimate the importance of effective listening when responding to reports of bullying.

What counts as bullying and when does it happen?

The Anti-Bullying Alliance (ABA) defines bullying as:

“the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power.”

It can happen face-to-face or through cyberspace.

It can be expressed through physical violence and destruction of property, through verbal abuse, taunting and criticism or through psychological abuse. As such bullying can range from being very overt and easy to identify (when witnessed) to incredibly subtle and hard to distinguish from friendly jokes or ‘banter’.

Bullying is commonplace – 46% of children and young people say they have been bullied at some point whilst at school. Of those who have been bullied at some point, 29% had been bullied in the last year alone¹.

Young people report that bullying occurs...

- In school – particularly in places where there is little or no supervision and where young people can be isolated.

“In films and stuff it’s like one on one in the corridor, but like these days, it’s more like groups and you feel like everyone is surrounding you and stuff, which makes it harder to spot, because if it was one to one and you saw them ... but in a group, they do it in a way that a teacher can’t see. Looks like friendship from the outside.”

- In lessons – both by other young people and by teachers



7 Bullying and Mental Health

- In the home – by parents, carers or siblings, with this affecting their behaviour or well-being in school
- On the journeys to and from school
- Online or via texts (cyberbullying) – which can make bullying more pervasive, persistent and sustained.

“You used to be able to go in to school, get your head down, and have different friends outside of school. You could separate it. Now you can’t.”

- Within ‘friendship’ groups. This can be particularly difficult for young people (and teachers) to identify, as from the outside it can seem like friendship. Young people may be reluctant to (or unable to) recognise they are being bullied by ‘friends’ due to a strong desire to have those ‘friendships’ and be part of a group.

What might lead a child to bully others?

There is a danger of providing a caricature of a child who bullies as an individual who is physically strong, emotionally detached and vindictive. Such characterisations are unhelpful because they a) lead to many cases of bullying being overlooked, and b) provide little insight into underlying difficulties that might account for the young person's behaviour and provide a means for intervention.

“If no one cares about you [by helping you to understand your actions], how does that make you learn how to behave?”

Bullying can also be a reaction to emotional distress or unmet mental health issues. This can often go unrecognised and in such cases little attention or support is given to address the mental health or emotional well-being of the perpetrator.

“There was so much going on in my life, that sometimes the only way to feel strong or powerful was to bully other people.”

Bullying others can also be a means of self-preservation from peer pressure and isolation in young people with mental health or emotional difficulties. Young people can feel compelled to bully other young people, to protect themselves from the same treatment:

“Uncomfortable thing is that bullying can be fun. It can be a reward, it can be enjoyable. No one really talks about that people can get a kick out of it. Need to think why this happens, why people think they need to feel superior. A lot is about self-preservation. Even if you're just laughing along, you can see someone getting it worse than you.”

“You feel part of something and accepted. Them not me.”

Understanding bullying behaviour can be further complicated when young people bully others as a consequence of being bullied themselves.

In some cases another adult, including teachers, may display bullying behaviour towards young people. Experiences that make young people feel bullied by teachers include:

- consistently being singled out in class and 'made an example of';
- being labelled as the 'disruptive' one; and
- and teachers making jokes at a pupil's expense.

Teachers that exhibit this kind of behaviour can not only have a direct emotional impact on a young people but can also contribute to a perception in other young people that bullying this individual is acceptable

“Teachers don't understand. They can say something and they can think they're having a joke and a laugh with you, but they're not. Little things they can say like, they're trying to be a cool teacher and get in with the students, and they can say something and think it's funny, but to that student it's not. They do it to be a cool teacher. They hurt a student to look cool. Hurts more than if a kid said it.”

Be aware that:

- Many young people bully because they do not understand the impact of their behaviour, because they are experiencing difficulties, or may have unmet mental health or emotional issues.
- Contact with those displaying bullying behaviour should not entirely focus on reprimands, it should involve discussion to help them to understand that their behaviour is hurtful and to ascertain whether there are any underlying problems that might explain their behaviour.

What might put young people at risk of child being bullied?

There are several factors that might leave young people at greater risk of becoming the target of bullying. Often these are linked to a **perceived 'difference' or 'weakness' that affects a young persons' status in peer groups or makes them 'stand out'**. These include:

- having a disability;
- having learning difficulties or long term health conditions (including mental health problems);
- social choices (such as belonging to different social groups or dress sense);
- actual or perceived level of affluence;
- religion;
- ethnicity;
- sexuality; and
- **actual or perceived mental health problems.**

Young people experiencing difficulties around mental health can be at particular risk of being bullied because of the stigma associated with having a mental health problem². Specifically young people who have high levels of shyness or withdrawn behaviours, tend to be anxious or fearful, are insecure or have low self-esteem, are depressed and have low social skills are all more likely to experience social exclusion and physical victimisation³. Those who self-harm in particular are more likely to be bullied⁴.

Schools play a crucial role in setting social norms for pupils and, as such, are uniquely placed to establish a climate of understanding and acceptance in relation to mental health problems. When this example is not set by the school, the effects can be damaging. A lack of understanding of mental health or emotional wellbeing within schools can increase the risk of bullying for young people with mental health issues. Common problems involve:

- the inadvertent use of derogatory language about mental health and emotional well-being; and
- for example, the common and often unchallenged use of terms such as 'mental' or 'crazy'.

Instances where the use of such negative labels to describe individuals who may stand out from their peers (regardless whether they have mental health issues or not) goes unchallenged can condone negative responses to those experiencing such problems and create stigma. Issues of stigma can mean that young people (and their parents) do not always want to share information about mental health problems with schools for fear of bullying and victimisation. This could result in young people not receiving appropriate support in schools which could exacerbate their mental health issues and put them more at risk of being bullied.

11 Bullying and Mental Health

Teachers and other school staff must, therefore, ensure that the classroom environment is sensitive to, and de-stigmatising of, mental health issues by:

- using appropriate and non-derogatory language about mental health and emotional well-being;
- challenging the language and behaviour of pupils when it stigmatises mental health or when verbal abuse is used against others; and
- explicitly supporting those who are being targeted by young people displaying bullying behaviour.

This demonstrates to all pupils that bullying is unacceptable, clearly communicates that bullying is not tolerated and vitally provides much needed support and endorsement to the person who has been bullied. Often this latter approach can be overlooked but research indicates that in many cases, directly supporting the young person who has been bullied in this way can be more powerful than reprimanding the person who has bullied⁵.

This support can be shown in terms of openly responding positively to that pupil. Teachers and other schools staff must be sensitive, however; issues of stigma can mean that young people (and their parents) do not disclose issues around mental health for fear of being targeted. Therefore, **being receptive in listening to the young person's difficulties and jointly agreeing ways of helping them cope with what they are experiencing and helping them to manage situations in which they feel victimised is very important.**



What is mental health?

The importance of physical health to our everyday wellbeing is usually well known and readily identified by most people. Understanding how certain behaviours and experiences can have positive or negative influences on our physical health is learnt from a young age – for example children are often taught that smoking is bad for your health and can cause lung damage. In contrast, understanding that certain behaviours and experiences can have positive or negative influences on our ‘mental health’ is much less recognised and acknowledged. The phrase ‘mental health’ is often interpreted in a negative manner to refer to mental health problems or difficulties. It is important to recognise that ‘mental health’ can be both a negative and a positive state:

‘Mental health is defined as a state of well-being in which every individual realises his or her potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community’ (Promoting Mental Health: Concepts, Emerging Evidence Practice. World Health Organisation (WHO), 2005)

Just as our physical health fluctuates, and can be affected by various environmental or personal factors, so can our mental health. Like the causes of physical health problems, mental health difficulties can result from factors that include: genetics; brain damage or injury; substance abuse; and chemical imbalances. Unfortunately, society can be less understanding where mental ill health is concerned, and people can be less sympathetic and supportive when compared to physical health issues.

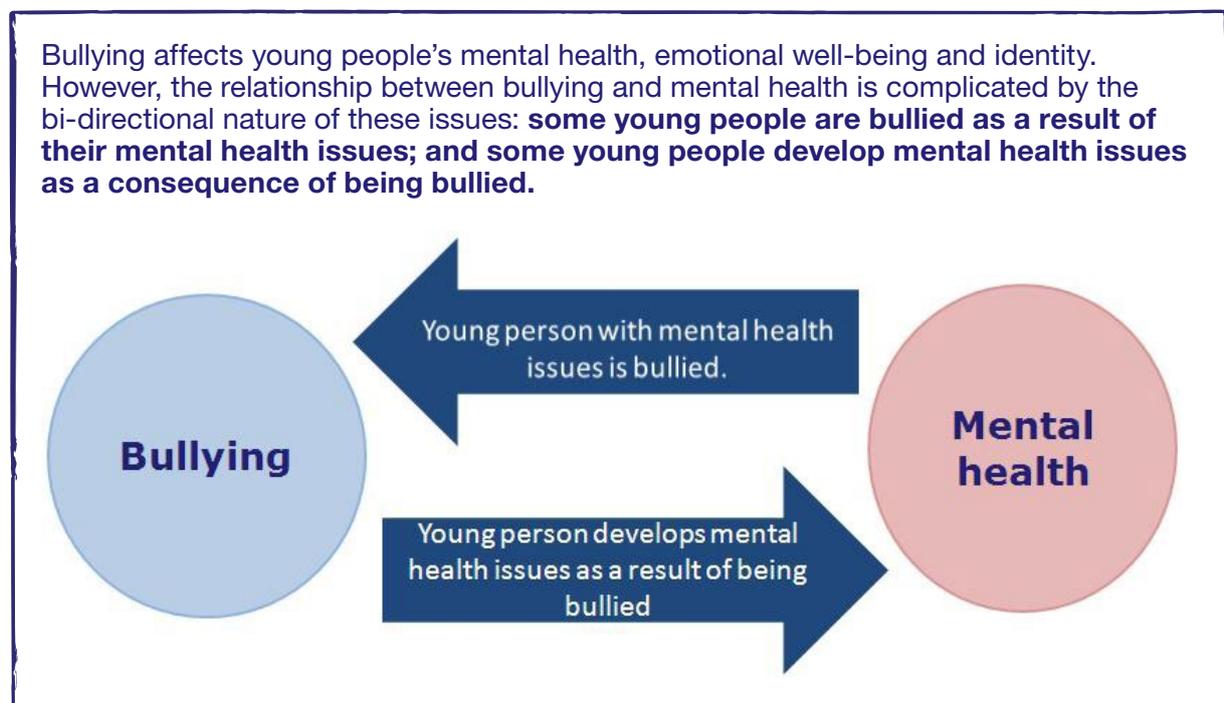


The impact of bullying on mental health

The number of young people with a diagnosable mental health disorder is estimated to be around 1 in 10 aged 5–16 years old⁶. Common mental health difficulties experienced by young people include:

- depression
- anxiety problems
- self-harming
- eating disorders

Anxiety problems are thought to affect up to 1 in 6 young people and include social phobias, generalised anxiety problems, panic attacks and obsessive compulsive disorder. Mental health problems are not always apparent and can often be overlooked in schools. In addition, problems can be complex, with many of those experiencing mental health problems having difficulties in more than one area (e.g. conduct problems and depression). As such, professionals working with young people who have obvious behavioural difficulties should also consider whether they are masking additional emotional problems.



Young people spoke of the double impact when bullying affects mental health. Those being bullied can become scared to talk about the bullying and also scared of talking about the impact it has had on them emotionally. Several studies have been conducted to explore the impact that bullying can have on the mental health of young people, with the evidence suggesting that bullying can lead to the development or worsening of a wide spectrum of mental health issues.

Anxiety and depression

Young people are much more likely to have symptoms of depression and anxiety if they have either been bullied or engaged in bullying others when compared to young people who have not been involved in bullying⁷⁻¹⁷. Childhood experiences of bullying (whether the young person who has been bullied or the young person displaying bullying behaviour) can also increase the risk of depression in later adolescence and adulthood^{17, 18-22}.

“[Bullying] wears down their [young person’s] confidence, their self-esteem, until they’re quite depressed, low. And also it leaves them feeling very isolated. Which is why people don’t reach out for help with bullying.”

Self-esteem and self-identity

It is well recognised in the research and by young people that young people who have been bullied are more likely to have lower self-esteem and self-confidence^{8, 10, 25}. In particular, sustained, prolonged bullying focussing on a particular aspect of someone’s identity, which goes unrecognised or unchallenged, may have significant effects on the mental health of young people and may lead them to develop a negative self-identity. Where young people spoke of being bullied because, for example, they had a disability, had a mental health issue, for an aspect of their body image or due to their sexuality, they described developing negative self-perceptions about this element of their identity and felt it was ‘something wrong with them.’ Many young people talked of this causing them to hate this part of themselves or conceal this part of their identity, which then in itself caused additional mental health and emotional difficulties.

“I got bullied for being gay. I told a teacher I trusted and they just said it was a phase I was going through. As if it being a phase made the bullying OK, or any less bad. They didn’t do anything about it. They treated it like it was nothing. It really affected me and how I felt about being gay. I thought it must be something bad.”



Isolation

Being bullied can lead young people to feel isolated and excluded – both within the school environment and from school itself.

“All the way through year 10 and 11, I ate my lunch in the toilet.”

Self-harm

Self-harm is often a reaction to stress, and/or a coping mechanism to deal with anger or emotions that are difficult to deal with. Being bullied during childhood increases the risk of self-harming in adolescence¹⁹. For example, one study found that half of twelve year olds who self-harm had been frequently bullied⁴. There can be negative attitudes surrounding self-harming, which can sometimes be mistaken as attention-seeking behaviour. Young people felt there was often a lack of understanding about self-harm or appropriate responses when they talked about it.

“I know a lot of people who self-harm and all the teachers say ‘stop doing it for attention’.”



How can we recognise which young people may be experiencing mental health problems in the context of bullying?

If you know a child is being bullied or is bullying others, be attentive to signs that the young person may also be having difficulties with their mental health, such as:

- a change in school performance or engagement (including increased and persistent absence)
- a loss of interest in usual friendships, and/or increased isolation
- a loss of interest in activities they used to enjoy
- a change in behaviour – either becoming unruly and/or aggressive; or becoming more anxious, distressed or withdrawn
- a change in weight – either an increase or decrease
- signs of self-harming

Symptoms of emotional difficulties, such as withdrawal and low mood can be hard to identify but are as important to young people's mental health as more obvious problems, such as behavioural difficulties. More salient symptoms of emotional difficulties, such as self-harm can be difficult to address but these should not be dismissed as attention-seeking. Such behaviours can be a sign of other underlying difficulties that the young person is experiencing and they can also signify a risk of greater future harm.

Consider the need to discuss with parents and the Child and Adolescent Mental Health Services (CAMHS). Be aware that the young person may have diagnosed mental health issues that parents have chosen not to share with the school.



The impact these problems may have on their ability to engage with school, learning and their relationships

Some young people who are being bullied can become adept at containing their emotions and pretending everything is ok. The effects of this emotional containment can cause significant disruption to school life as they struggle to engage or concentrate in lessons, or have difficulty controlling their behaviour and become angry or disruptive. This behaviour can lead to a young person being labelled as ‘the disruptive one’ or ‘the troublemaker’ rather than being understood as the impact of bullying or emotional distress. This also significantly affected young people’s relationships with their parents and family.

“[After I had talked about the bullying and nothing happened] I started to get really angry. They [teachers] hadn’t listened. Made me feel I couldn’t talk to anyone. I started to get really angry and taking it out on my [family] at home, because no one had listened to me.”

In extreme cases young people may change schools to escape bullying, with some changing schools multiple times or avoiding school altogether.

Young people with mental health, emotional, behavioural or learning difficulties also talked of teachers’ low expectations of their ability or their behaviour, which affected their self-esteem, behaviour and how they were perceived by others in the school.

“Always told I’m useless in class.”

“In English he [teacher] gave me crossword to do. The whole class used to write and I had a crossword put in front of me. He didn’t think I could do the work, so he just gave me a crossword.”

Key advice

- Be alert to the possibility of bullying in a young person whose engagement with learning or the classroom has noticeably changed.
- Appearances can be deceiving. A young person may conceal the impact that bullying is having on their emotional wellbeing.
- Be aware that disruptive behaviour can be concealing mental health issues.
- Ensure that no pupil is treated in a way that seems different to their peers. This can be a particular risk with pupils who are often disruptive in class where negative relationships can develop.
- Be aware that support for those being bullied may involve talking to the young person displaying bullying behaviour and the peer group dynamic but it may also require support for the mental health and emotional well-being of both the child being bullied and the child displaying bullying behaviour.
- Consider the need to provide additional learning support for young people who are being bullied.

The importance of a whole school approach

For teachers to effectively act and respond to bullying and mental health issues requires a school to have appropriate policies in place to deal with bullying which are transparent to parents, pupils and staff. This ensures that when incidents occur they are dealt with quickly and effectively. Further guidance for schools to prevent and tackling bullying can be found here <http://www.education.gov.uk/aboutdfe/advice/f0076899/preventing-and-tackling-bullying>. Specifically, the key issues that should be addressed to tackle the issues of mental health and bullying involve a process of **communicating** a stance on bullying and mental health that is clear and well understood by school staff and pupils, **preventing** situations and circumstances that make bullying more likely and **responding** sensitively to the situation, being mindful of the particular concerns and difficulties of the young people involved.

Communicate

Anti-bullying policies should be inclusive of mental health, emotional and behavioural difficulties, by promoting an understanding of the impact of bullying on young people's mental health, behaviour, and include signs to look out for. Bullying based on mental health, disability or emotional and behavioural difficulties should be treated as seriously as racist or homophobic bullying.

Young people should understand the boundaries of confidentiality and what will happen if they talk about bullying and/or mental health issues so they can make an informed choice. Any information recorded should be developed in partnership with the young person and there should be an agreement with the young person about what information will be shared and with whom, within the constraints of the school safeguarding policy.

Teaching and learning about mental health and emotional well-being should be taught throughout the school curriculum to:

- help create an open and positive atmosphere so that young people understand mental health and emotional well-being and are able to recognise and talk about issues they are experiencing;
- support young people to learn about developing healthy relationships;
- challenge the stigma and isolation surrounding mental health and emotional difficulties in schools;
- develop a clear understanding in schools about the challenges young people can experience with their mental health;
- develop clear strategies to support young people who are experiencing mental health, emotional or behavioural difficulties; and
- create better awareness of the impact of bullying on mental health, self-esteem and identity.

Prevent

Schools need to be aware of young people who may be vulnerable targets of bullying, such as young people with mental health problems, and also be aware of the actions and reactions of other young people and staff to those vulnerable young people. Schools also need to create an environment that actively supports young people with mental health difficulties, through:

- a positive, open culture for good mental health and emotional well-being, to tackle stigma about mental health;
- clear approaches for supporting good mental health in all young people;
- approaches to effectively support young people with mental health issues in schools; and
- and clear approaches to supporting the mental health and emotional well-being of young people who experience bullying or who bully others.

Schools should ensure difference and diversity is celebrated and different identities are positively promoted. Taking steps to ensure supervision at key times and/or in spaces that have either been identified as ‘bullying hotspots’ can also help to minimise the incidence of bullying.

Respond

Bullying incidents should be recorded, and the recording of incidents should also indicate what support has been provided to support the young person’s mental health and emotional well-being. Schools should work collaboratively with young people to ensure the young person’s mental health support needs are identified and planned for, to support them within the school and learning environment.

Social support is very important for prevention and intervention strategies, such as providing social skills training for vulnerable young people⁷.

Named staff or counsellors should be available to talk to about bullying and/or mental health issues and emotional difficulties. This should be private, confidential and support the young person to explore a range of strategies and/or develop a shared plan. Research has shown that teacher-led interventions for school based emotional learning are more successful than those that involve outside specialists²⁸. However, schools should create positive links with specialist services such as CAMHS (Child and Adolescent Mental Health Services), and establish clear procedures for referring to external organisations where necessary.

Effective practice will:

- ensure young people know where to go and who to speak to about bullying;
- provide support for the young person who has displayed the bullying behaviour as well as the young person who has been bullied;
- identify and monitor bullying behaviour;
- treat any report of bullying as valid; and
- promote positive school-wide ethos towards mental health issues.



The importance of teachers actions

As well as effective anti-bullying policies and a whole school approach, there are specific actions that teachers and other professionals can take to prevent and respond to bullying of young people with mental health issues.

Communicate

The importance of listening – Young people may be reluctant to disclose they are being bullied, so it is important that teachers and other school staff make it clear they are available to listen, to encourage them to build up the confidence to talk. Young people spoke of fear that telling would make the bullying worse and worsen their already vulnerable social position in school. This affected their ability or willingness to talk about bullying.

“It’s all played out on this big stage, so you’re like ‘everyone will know I’ve gone and told, everyone will think I’m a snitch.’ I’m going to get picked on more.”

If a child discloses either that they have mental health issues or that they have been bullied, it is important that you do not share information unless you have their permission and have explicitly told them that you will do so; to whom you will communicate that information; and in what format.

“You want to know that they won’t tell anyone, so you feel secure.”

It is also important that you communicate with the child who is displaying the bullying behaviour to establish whether there may be antecedents to explain the behaviour of the young person who has displayed bullying behaviour:

“A lot of people may not realise that the bully may have stuff going on too, in the background. If they sorted out the bully there might not be so many victims. But they always just focus on the victim. Always good to sort out what’s going in the bully’s head.”

As noted earlier – bullying may be a consequence of emotional distress, unmet mental health needs, or as a means of self-preservation. Teachers need to be mindful that support may need to be given both to the child being bullied and the child doing the bullying.

Prevent

Bullying can be difficult to identify and/or recognise so teachers need to be aware and alert to the possibility that bullying is happening.

“Sometimes bullying is invisible or when it does happen, not everyone is aware of it.”

If you suspect a child is being bullied, or bullying others, you should be aware of the impact this may have on that young people’s mental health. Also be aware that some behaviour can be misunderstood as a young person being simply disruptive or challenging, and therefore it is important **to question the causes of their behaviour**. This is particularly so for young people with identified mental health problems, whereby it may appear that certain

22 Bullying and Mental Health

behaviours are a consequence of their impairment or mental health issue, rather than bullying or other problems they may be experiencing. Some of the signs of bullying or mental health issues may be seen through changes in young people's behaviour, and include:

- a decline in schoolwork,
- missing lessons or school altogether,
- changes in their normal behaviour (not just negative, could also be a sudden improvement, as they are isolated and spending more time on their schoolwork), and/or
- changes in personal care, such as body odour or not looking after their appearance.

Any such signs of distress should alert teachers and other school staff to potential distress.

Respond

If a young person discloses information, one of the key actions you can take is to ensure that you listen and respond effectively to the information that the young person discloses. It is also crucial that young people receive sufficient support if they report being bullied. A lack of support may lead to the young person feeling isolated which can result in the bullying becoming persistent and long-term.

Do not rush into or instigate an immediate punitive reaction with the perpetrator as this could make the situation worse, and made them concerned about potential retaliation from other students. Prioritising support for those involved can often be much more effective than reprimanding the child who is thought to have bullied.

“I think the worst thing teachers can do is if you say there's a problem and they say, 'OK I'll talk to them' then it makes it worse. Because you're like I told you in confidence and now it looks a hundred times worse.”

Support for mental health issues

If you suspect a child has mental health difficulties, that are not known to the school, you should communicate your concerns (within the bounds of confidentiality) to the relevant staff in your school. This may be a school counsellor, school nurse or head of pastoral care. You should also make your concerns known to parents of that child.

If you know a child has mental health problems, draw on any existing support that may already be available in your school, for example SENCos, school nurse, pastoral team. Develop strategies in collaboration with the young person, that will help them during school time, e.g. having named member of staff they can contact at any time. Establish techniques to support young people if they are struggling due to mental health problems. For example, one young person with mental health issues talked about being given a time out card. If they were struggling in a class, they could put the card on the table and leave the class for some time out. This helped them to feel more in control, enabled them to deal more effectively with their difficult emotions, and enabled them to stay in school. Other young people talked of having a key member of staff that regularly checked in with them, throughout the school day,

23 Bullying and Mental Health

to see how they were. If they indicated they were having a difficult day, they were given time to talk with the member of staff privately at the end of the day.

Effective practice will:

- Have a graduated response to bullying, with a range of strategies and options to discuss with the young person.
- Encourage young people and teachers to develop a shared plan, about how to respond to bullying and for emotional support, that outlines what will happen, when and who the information will be shared with.
- Provide support to enable the young person to develop and try out ways of dealing with the bullying, before further intervention from others.
- Be proactive in noticing changes in young people's behaviour and approaching them to offer care, time and support.
- Ensure young people are supported with their mental health.



Sources of further information and support

- **Anti-Bullying Alliance**
www.anti-bullyingalliance.org.uk
- **YoungMinds**
http://www.youngminds.org.uk/training_services/young_minds_in_schools/resources/bullying
- **Beat Bullying**
www.beatbullying.org
- **NSPCC**
http://www.nspcc.org.uk/inform/resourcesforteachers/classroomresources/bullying_wda55551.html
- **Mental Health Foundation**
<http://www.mentalhealth.org.uk/help-information/mental-health-a-z/C/children-young-people/>
- **MindFull**
<http://www.mindfull.org/>

References

1. DCSF *Tellus4 Survey 2010*
2. Waseem, M., et al., *Victims of bullying in the emergency department with behavioral issues*. *J Emerg Med*, 2013. 44(3): p. 605–10.
3. Olweus, D., *Bully/victim problems in school: Knowledge base and an effective intervention program*. *The Irish journal of psychology*, 1997. 18(2): p. 170–190.
4. Fisher, H.L., et al., *Bullying victimisation and risk of self harm in early adolescence: longitudinal cohort study*. *BMJ: British Medical Journal*, 2012. 344.
5. Campaert, K., *The Role of Specific Social Support in Bullying and Victimization*, in *Paper presented at 16th European Conference of Developmental Psychology*. 2013: Lausanne, Switzerland.
6. Green, H., *Mental health of children and young people in Great Britain, 2004*. 2005: Palgrave Macmillan Basingstoke.
7. Barchia, K. and K. Bussey, *The psychological impact of peer victimization: Exploring social-cognitive mediators of depression*. *Journal of adolescence*, 2010. 33(5): p. 615–623.
8. Chang, F.C., et al., *Relationships among cyberbullying, school bullying, and mental health in Taiwanese adolescents*. *Journal of school health*, 2013. 83(6): p. 454–462.
9. Fleming, L.C. and K.H. Jacobsen, *Bullying and symptoms of depression in Chilean middle school students*. *Journal of school health*, 2009. 79(3): p. 130–137.
10. Ghoul, A., E.Y. Niwa, and P. Boxer, *The role of contingent self-worth in the relation between victimization and internalizing problems in adolescents*. *Journal of adolescence*, 2013.
11. Leadbeater, B.J. and W.L. Hoglund, *The effects of peer victimization and physical aggression on changes in internalizing from first to third grade*. *Child Development*, 2009. 80(3): p. 843–859.
12. Nishino, Y., et al., *Longitudinal study of the relationship between victimization and later emotional problems among Japanese junior high school students*. *Journal of Aggression, Conflict and Peace Research*, 2011. 3(2): p. 115–121.
13. Swearer, S.M., et al., *Psychosocial correlates in bullying and victimization: The relationship between depression, anxiety, and bully/victim status*. *Journal of Emotional Abuse*, 2001. 2(2–3): p. 95–121.
14. Averdijk, M., et al., *Bullying victimization and later anxiety and depression among pre-adolescents in Switzerland*. *Journal of Aggression, Conflict and Peace Research*, 2011. 3(2): p. 103–109.
15. Lösel, F. and D. Bender, *Emotional and antisocial outcomes of bullying and victimization at school: a follow-up from childhood to adolescence*. *Journal of Aggression, Conflict and Peace Research*, 2011. 3(2): p. 89–96.
16. Navarro, R., et al., *Children's cyberbullying victimization: associations with social anxiety and social competence in a Spanish sample*. *Child indicators research*, 2012. 5(2): p. 281–295.
17. Yen, C.-F., et al., *Association between types of involvement in school bullying and different dimensions of anxiety symptoms and the moderating effects of age and gender in Taiwanese adolescents*. *Child abuse & neglect*, 2013.
18. Farrington, D.P., et al., *Bullying perpetration and victimization as predictors of delinquency and depression in the Pittsburgh Youth Study*. *Journal of Aggression, Conflict and Peace Research*, 2011. 3(2): p. 74–81.

19. Lereya, S.T., et al., *Being bullied during childhood and the prospective pathways to self-harm in late adolescence*. Journal of the American Academy of Child & Adolescent Psychiatry, 2013.
20. Özdemir, M. and H. Stattin, *Bullies, victims, and bully-victims: a longitudinal examination of the effects of bullying-victimization experiences on youth well-being*. Journal of Aggression, Conflict and Peace Research, 2011. 3(2): p. 97–102.
21. Copeland, W.E., et al., *Adult Psychiatric Outcomes of Bullying and Being Bullied by Peers in Childhood and Adolescence* *Psychiatric Outcomes of Bullying and Being Bullied*. JAMA psychiatry, 2013. 70(4): p. 419–426.
22. Ttofi, M.M., et al., *Do the victims of school bullies tend to become depressed later in life? A systematic review and meta-analysis of longitudinal studies*. Journal of Aggression, Conflict and Peace Research, 2011. 3(2): p. 63–73.
23. Espelage, D.L. and M.K. Holt, *Suicidal ideation and school bullying experiences after controlling for depression and delinquency*. Journal of Adolescent Health, 2013. 53(1): p. S27–S31.
24. Herba, C.M., et al., *Victimisation and suicide ideation in the TRAILS study: specific vulnerabilities of victims*. Journal of Child Psychology and Psychiatry, 2008. 49(8): p. 867–876.
25. Chen, J.-K. and H.-S. Wei, *School violence, social support and psychological health among Taiwanese junior high school students*. Child abuse & neglect, 2013.
26. Salmivalli, C., *Bullying and the peer group: A review*. Aggression and violent behavior, 2010. 15(2): p. 112–120.
27. Kendrick, K., G. Jutengren, and H. Stattin, *The protective role of supportive friends against bullying perpetration and victimization*. Journal of adolescence, 2012. 35(4): p. 1069–1080.
28. Wolpert, M., et al., *Embedding mental health support in schools: learning from the Targeted Mental Health in Schools (TaMHS) national evaluation*. Emotional and Behavioural Difficulties, 2013. 18(3): p. 270–283.

Acknowledgements

We'd like to thank the following groups, individuals and organisations for helping us produce this guidance:

- 'Listen' service user participation group, Barking and Dagenham.
- HYPE Participation Group, the Market Place Project for Young People, Leeds.
- Young Person's Advisory Service, Liverpool.
- Northgate School, Edgware Community Hospital.
- Kate Martin of Common Room Consulting Limited
- Child and Adolescent Mental Health Services Evidence Based Practice Unit (CAMHS EBPU), UCL & the Anna Freud Centre