



Year 4 classes have had CUES-Ed this year including Oliver Goldsmiths, Cobourg, Comber Grove, Rye Oak, Beormund, Surrey Square, Mary Magdalene.

Tailored approach at Beormund

Thanks to all Southwark amazing teachers and teaching assistants, CUES-Ed ideas and messages have been well taken up by the children!

THANK YOU!

## Early intervention to prevent mental health problems

- 1 in 10 children have diagnosable mental health problem (Dept of Health, 2004)
- Many children do not have access to psychological support. Up to 1/5 of referrals to CAMHS are rejected (NSPCC 2015)
- Emotional and behaviour difficulties in childhood increase vulnerability to a range of adult adversities and poor outcomes.
- Impact on functioning and reducing opportunities for academic and social development.
- Need early intervention to prevent issues escalating.

## Building resilience and reducing stigma

- **Future in Mind 2015** focus on 'resilience building'- health working with schools to promote **well-being** and reduce **stigma**.
- **Anti-stigma agenda** to raise awareness, promote **compassion** and '**normalise**' experiences.
- **School** is the ideal opportunity to offer universal education about mental health issues and teach children how to look after themselves emotionally.

## Feedback from children in the CUES randomised control trial



- Start psycho-education and building resilience early
- **The normalising approach of the intervention is out of keeping with our experience**
- Mental health and emotional vulnerability aren't spoken about at school
- **A lot of stigma still surrounds mental health issues amongst our peer groups**
- All highlights the need for a universal approach to delivery.

## Prevalence of anxiety in children



Lifetime rates of significant anxiety - approximately 20% of children under 16 (Costello et al, 2003).

As childhood anxiety persists and increases risks of other disorders -depression, illicit drug use and links with educational underachievement.

Huge impact on learning and behaviour

Evidence base for psychological interventions improving emotional resilience is growing – FRIENDS

- Start psycho-education and building resilience early
- The normalising approach of the intervention is out of keeping with our experience
- Mental health and emotional vulnerability aren't spoken about at school
- A lot of stigma still surrounds mental health issues amongst our peer groups
- All highlights the need for a universal approach to delivery.
- Whole class approach can become a whole school approach



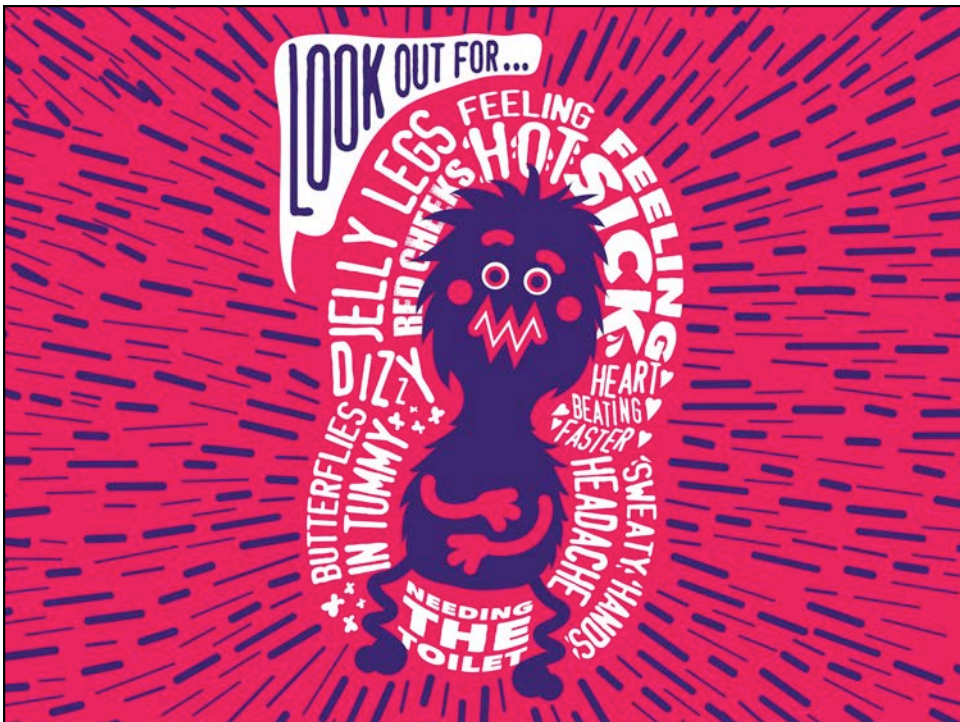
## How?

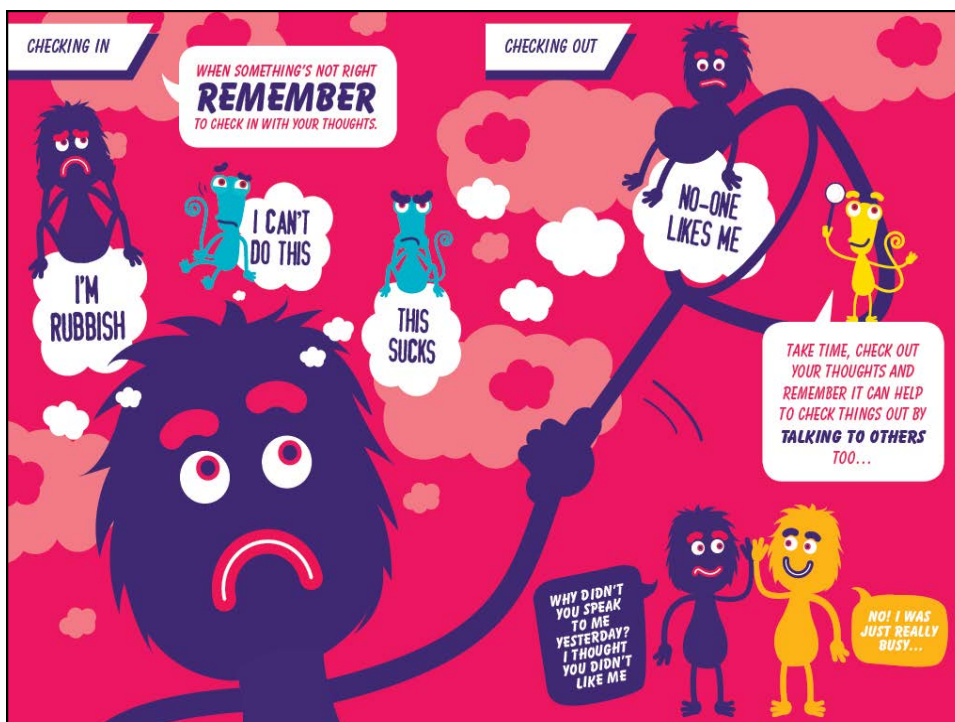
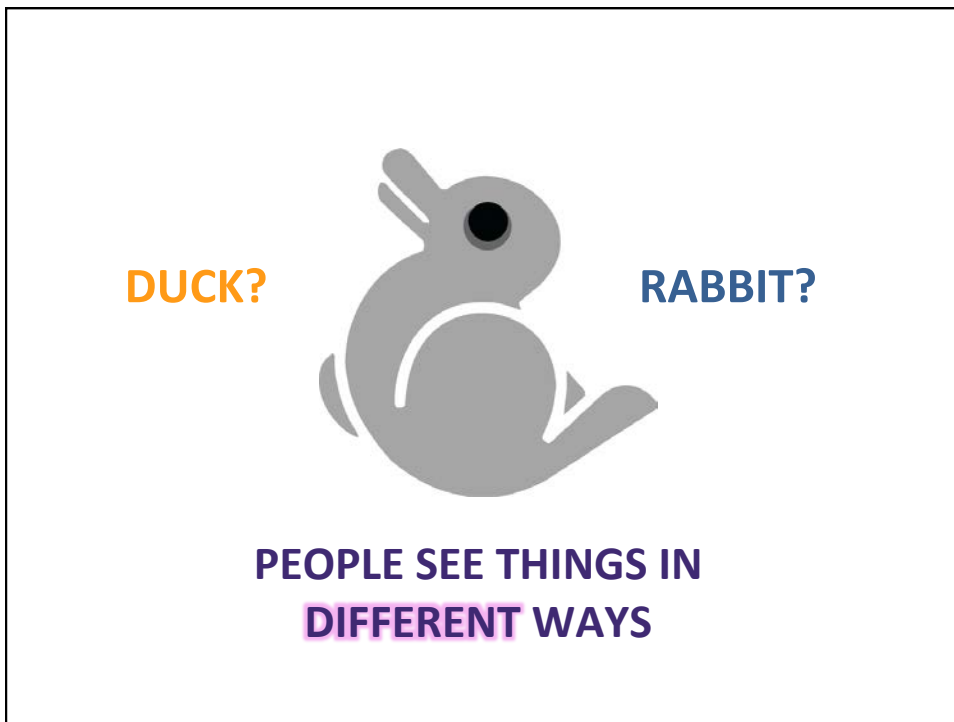
- 'Who I Am and What I Can':  
How to Keep My Brain Amazing aims to improve emotional wellbeing and resilience in primary aged children
- 6 session whole class intervention
- developed by SLAM Clinical Psychologists and CBT therapists
- help children recognise and talk about how they feel and to develop simple coping strategies
- engaging and interactive sessions drawing on a range of multi-media sources and embedded with evidence-based CBT practice
- working with culturally diverse populations



## What are **CUES<sup>Ed</sup>** aims?

1. Decrease stigma
2. Normalising unusual experiences in this age-range.
3. Improve Knowledge  
Children will know how to spot clues or signs that things are not right (body language, facial expression, behavior and body signs).  
Children will be better able to link thoughts, feelings and behaviours.  
Children will be better able to differentiate what is a thought, feeling and behavior
4. Increase awareness of different coping strategies
5. Improve ability to identify types of thoughts
6. Improve emotional well-being in those who need it most
7. Improve behavior in those whose behavior is problematic to start with







Can you find the  
the mistake?

1 2 3 4 5 6 7 8 9

If you spot the mistake immediately comment by saying, "YES!"

[www.PhotoGirlStudio.com](http://www.PhotoGirlStudio.com)



## Sometimes that can be a bit scary or confusing....

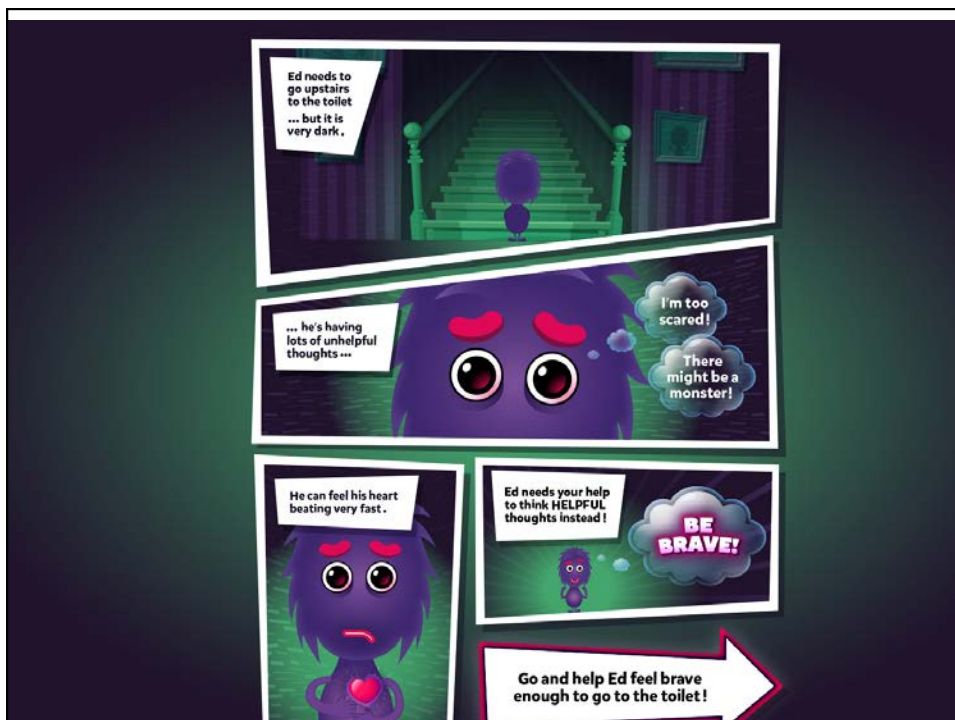
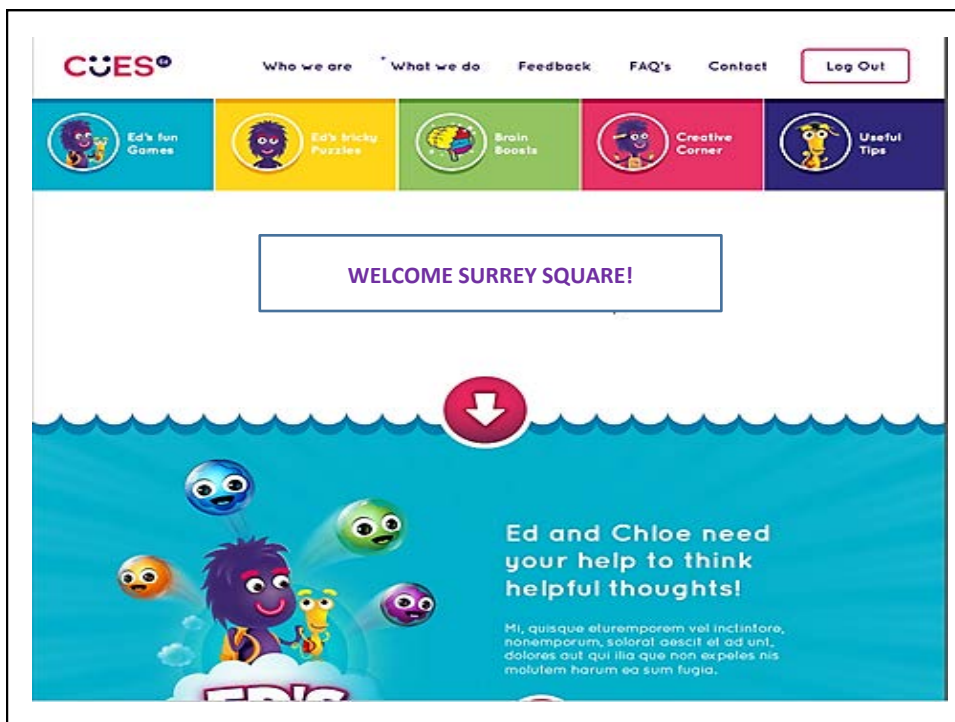


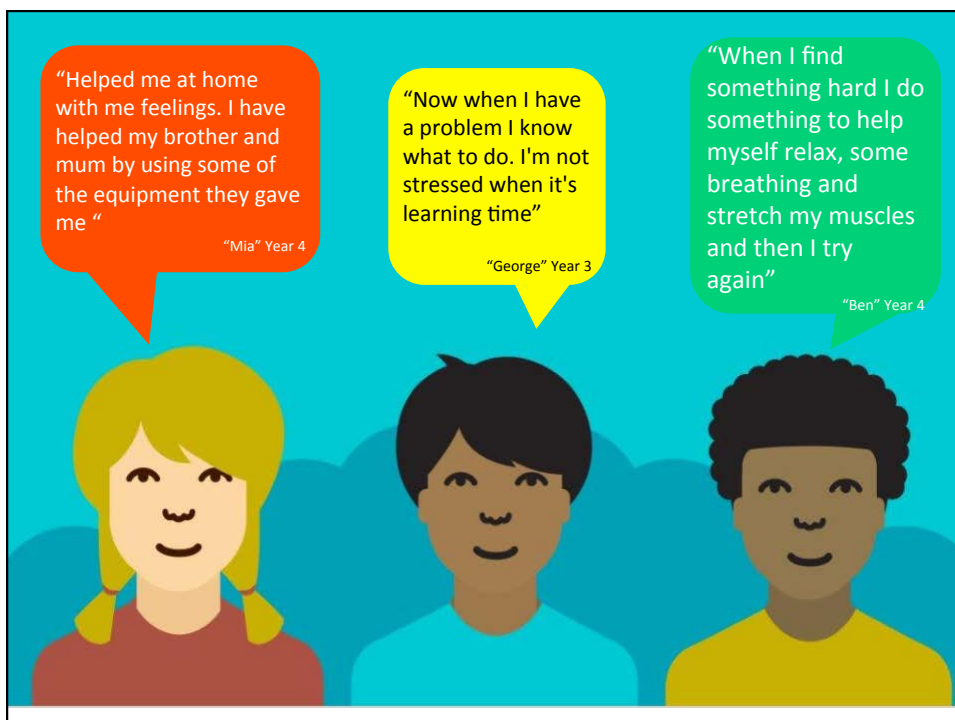
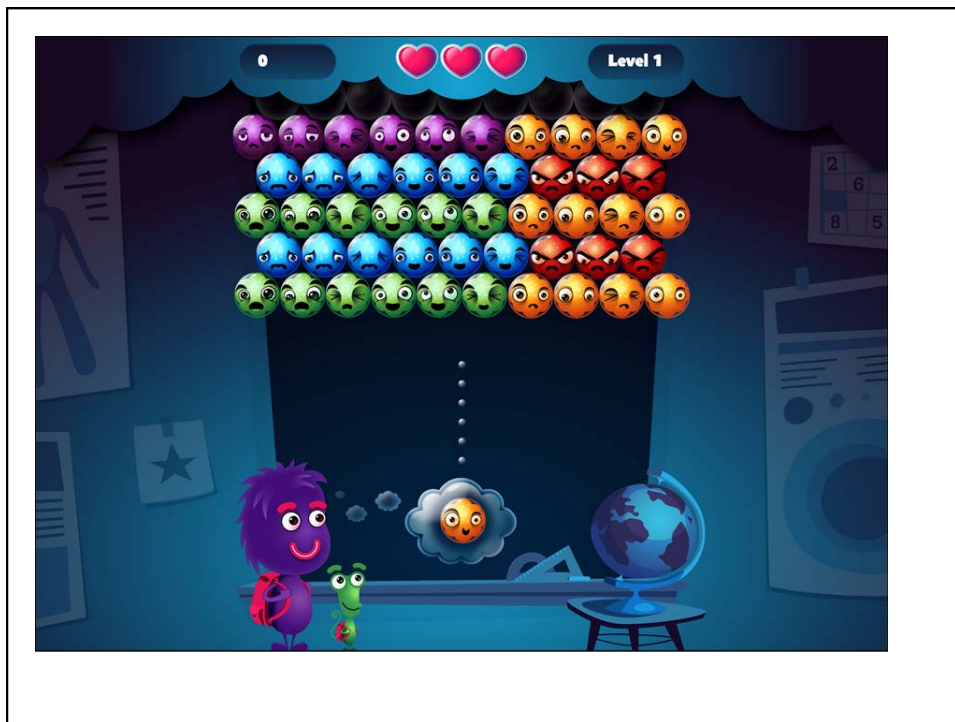
## If it bothers you Check Out!



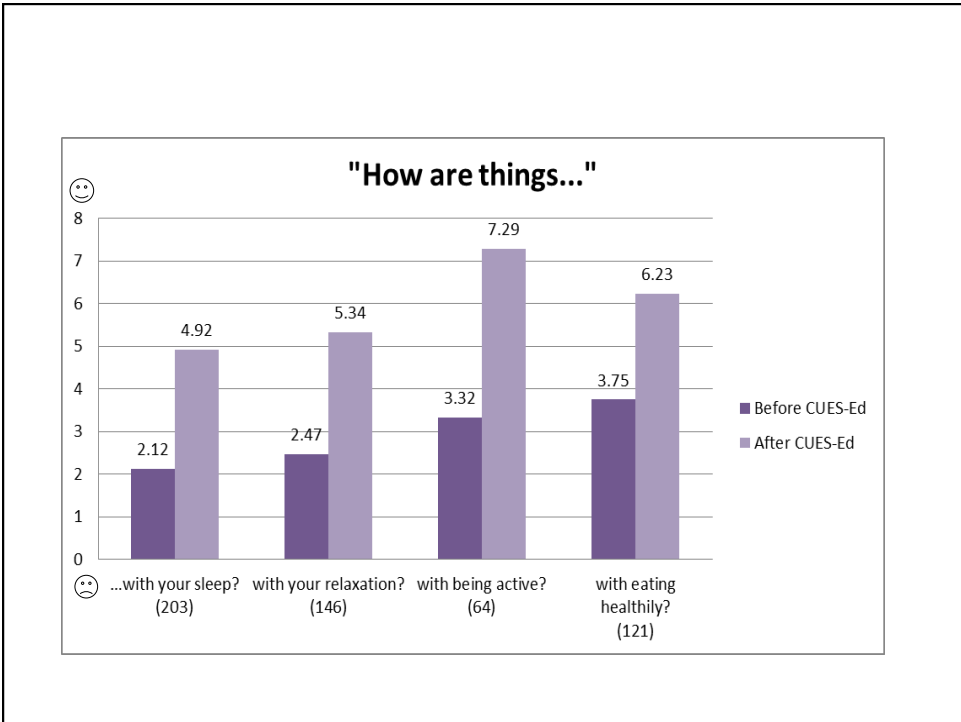
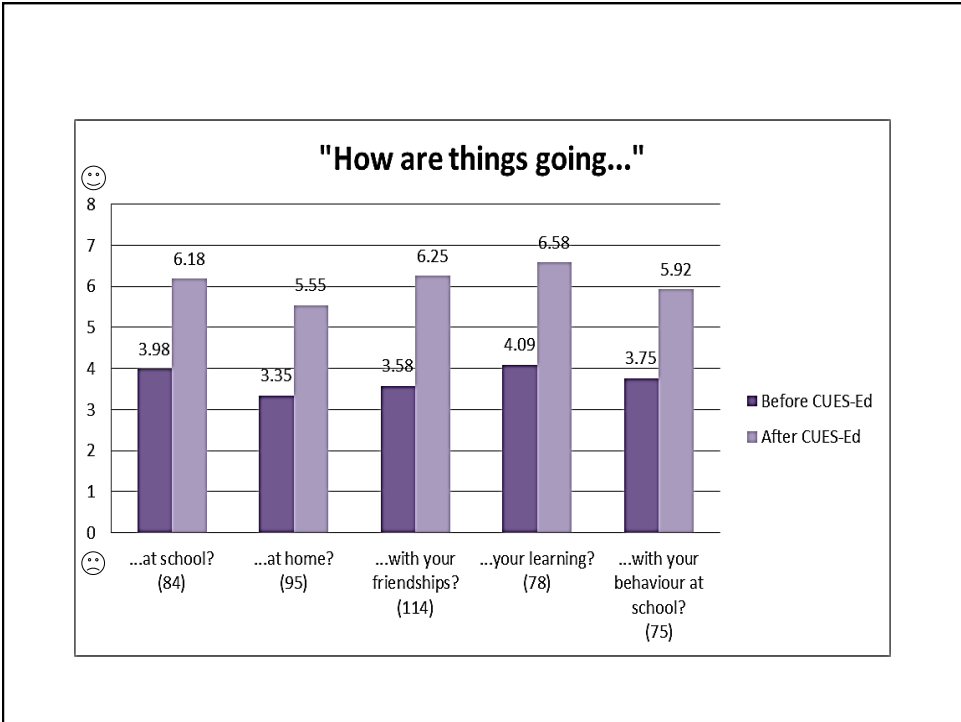
And make sure you are...












We are also really encouraged by increases in coping strategies:

- 'cognitive decision making'
- 'trying to understand problems'
- 'direct problem solving'
- 'positive cognitive restructuring'
- 'support seeking'
- 'attentional shifting'



FINDING OUT WHAT I CAN

WHEN YOUR AMAZING BRAIN NEEDS A

# BOOST

REMEMBER YOU HAVE LEARNED LOTS OF DIFFERENT WAYS TO DO THIS

DO SOMETHING DIFFERENT

EAT WELL. SLEEP WELL. BE ACTIVE.

COULD I SEE THINGS IN A DIFFERENT WAY?

HAVE A THINK. MAKE THE LINK.

HANDY BREATHING

READ

STOP. THINK. DO

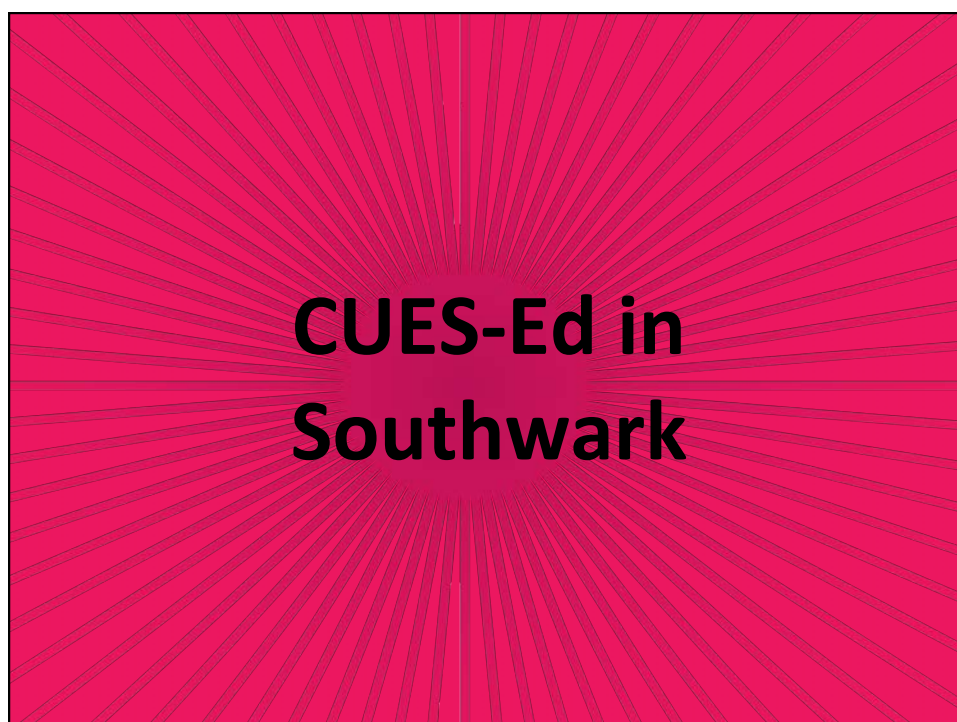
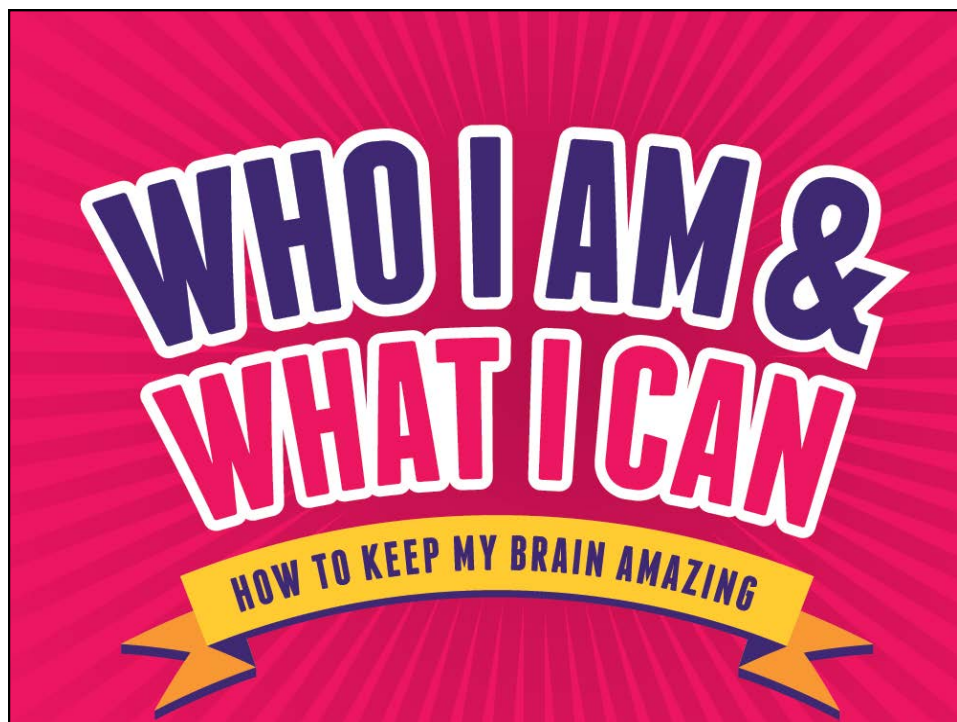
TALK

RELAX

DO NOT RUSH TO CONCLUSIONS

MY POTENTIAL





### Broad Plan

1. What is **CUES-Ed** and why do we do think it is important?
2. What were our aims in **Southwark Schools**?
3. What are the key **CUES-Ed** messages and how can staff keep embedding the ideas?
4. Outcomes

Throughout the session, we hope to hear about your experiences of using strategies? When has it helped and have there been glitches?

### Why **CUES<sup>Ed</sup>** ?

- DoH (2004) 1 in 10 children aged 5-16 clinically diagnosable mental health condition
- Emotional and behavioural difficulties in childhood increase vulnerability across multiple areas in adulthood
- NSPCC 2015- 20% of referrals to CAMHS are rejected.
- Future in Mind 2015 recommended focus on 'resilience building' urging health organisations to work with schools to promote well-being and reduce stigma.
- CUES-Ed is transdiagnostic- trying to build skills and help children understand and manage difficult feelings better and seek help when needed.
- Universal programme means that all children have access to CBT-informed psycho-education





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What are  aims?

1. Improve children's ability to look after their 'basic' well-being (eating well, sleeping well, being active and relaxing)
2. Improve Emotional Literacy
  - Children will know how to spot clues or signs that things are not right (body language, facial expression, behavior and body signs).
  - Children will be better able to link thoughts, feelings and behaviours.
  - Children will be better able to differentiate what is a thought, feeling and behavior
  - Children will be able to identify types of thoughts
2. Increase repertoire of coping strategies
3. Improve emotional well-being in those who need it most
4. Improve behavior in those whose behavior is problematic to start with
5. Decrease stigma
6. Normalising anger, worry and sadness

**CUES<sup>Ed</sup>**

**Looking after themselves**

**Aim 1: Looking after amazing brains**



Their brains control every part of them including how they feel. They need to look after their brains to get the best out of them (learning, feeling as well as being fit and well).

If something's up and they are not feeling very good, they need to check their basics: Eat well, sleep well, relax and be active



EAT WELL

SLEEP WELL

BE ACTIVE

RELAX

## How can staff help encourage children to look after themselves?

Remind them of their sleep tips and ideas for eating well and being active.

Linking mood to sleep, eating well, being active and relaxing

Remind children their brains are amazing and make them who they are! They need to look after them!

Teacher Examples?



### Aim 2: Improve Emotional Literacy

1. Differentiate thoughts, feelings and behaviours
2. Link thoughts, feelings and behaviours

**Thoughts are just thoughts but they matter for how we feel and what we do**

#### Why is this important?

The ability to link thoughts and feelings underpins a number of coping strategies; i.e. understanding that thoughts affect feelings is necessary for distraction, and knowing that actively *changing* a thought can change a feeling is necessary for more complex CBT based metacognitive coping strategies (i.e. cognitive reappraisal).

How can Teachers embed these ideas?

Noticing and labeling thoughts and feelings

Remind children to catch their thoughts and notice their feelings (“Checking in”)



**Emotional Literacy:**

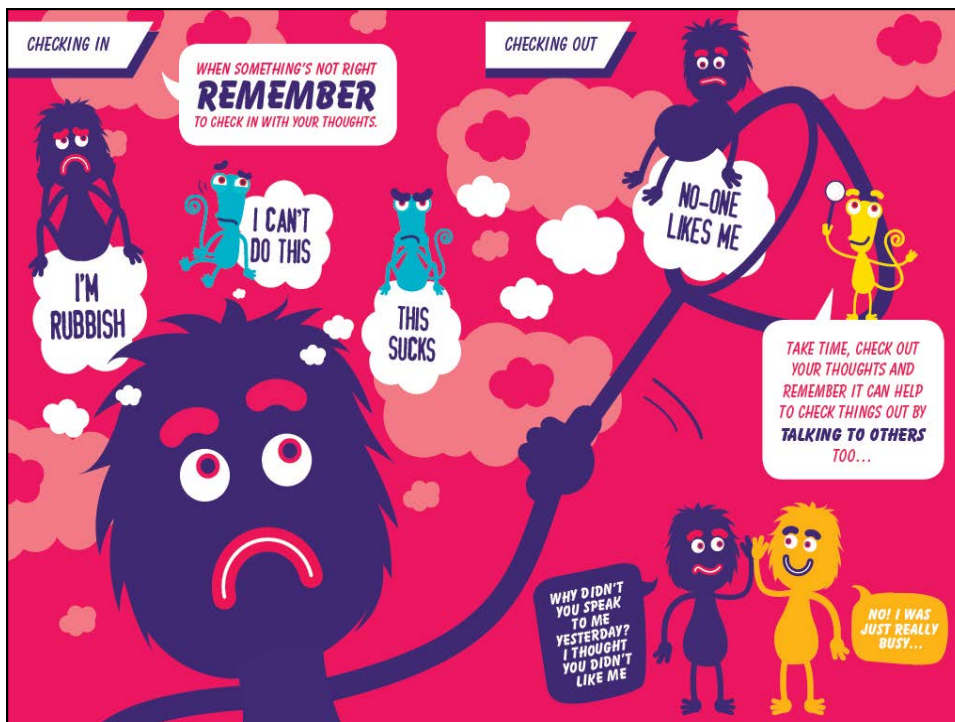
**Teaching children to identify types of thoughts**

“Catching thoughts”

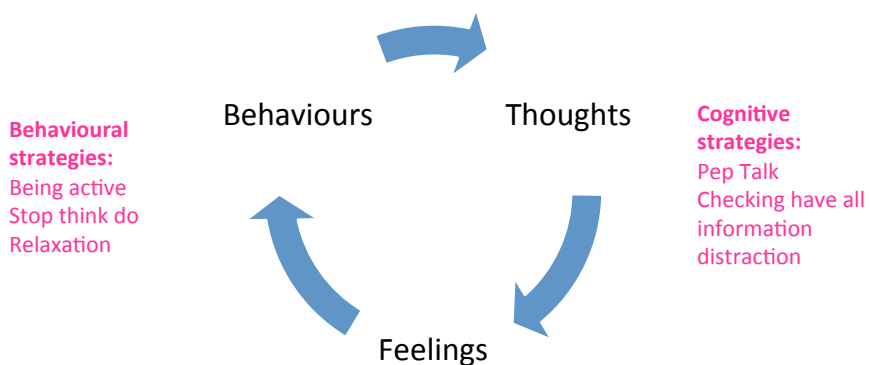
Is this a helpful or unhelpful thought?

How am I feeling?

Catching thoughts + Noticing Feelings = **CHECKING IN**



Once children can catch their thoughts and notice how they are feeling (checking in), they can try different CUES Ed strategies!



#### Aim 4: Teach children some coping strategies

**Cognitive strategies** for dealing with unhelpful thoughts

Giving yourself a **pep talk**

Asking yourself **is there another way of looking at this?**

**Have I got all the information?**

**Distract yourself**

**Behavioural strategies:**

**Stop, think do**

**Being active**

**Other strategies:**

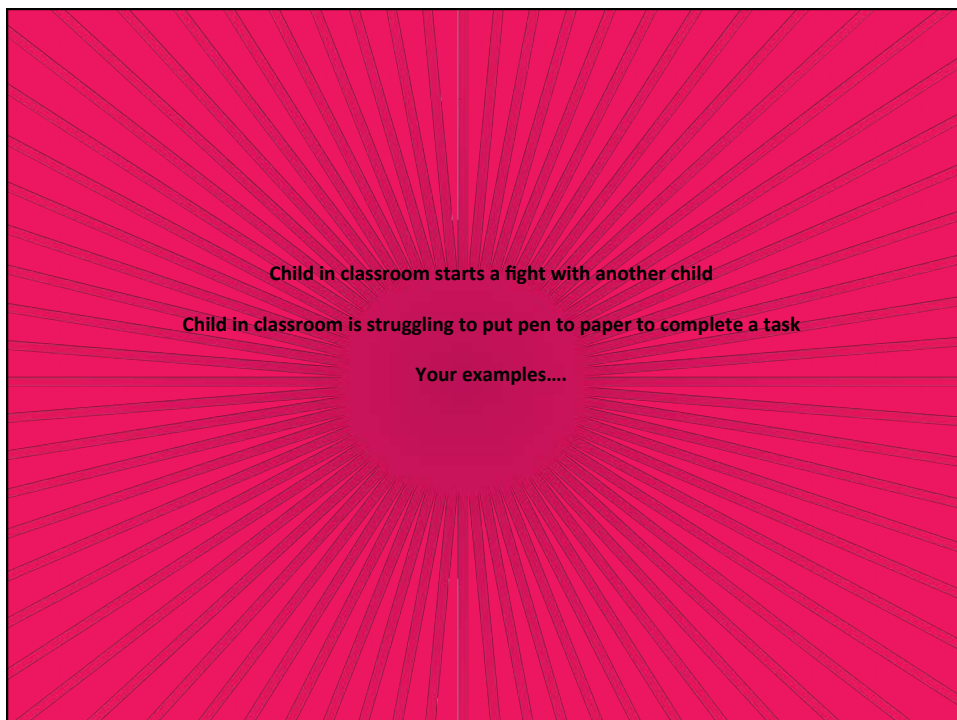
**Mindfulness**

**Handy breathing**

**Relaxation**

**Sleeping well**

**Eating well**





### Aim 5: Reduce stigma

We know that stigma is a huge problem in adult mental health- it has a role in **causing** and **perpetuating** problems.

We wanted to see if we could help de-stigmatise mental well-being in children so that they are more likely to **ask for help**.

We wanted to see if children would see it is ok for others to ask for help if they are feeling worried sad or angry.

**Teachers and schools have a role to play to help embed this!**

We hope CUES-Ed helps develop shared language, encourages communication and helps children say when they need help managing their feelings.



### Children were more likely to say it was ok to talk about feelings after CUES-Ed

Before CUES-Ed, **19%** of children reported that it was never or usually not ok to show and talk about their feelings when *they* felt sad or worried. This percentage reduced to **12%** following CUES-Ed.

Before CUES-Ed, **17%** of children reported that it was never or usually not ok to show and talk about their feelings when *someone else* felt sad or worried. This percentage reduced to **13%** following CUES-Ed.



# How can staff help de-stigmatise?

## Example situations

A child is feeling very upset about something and is crying. You over hear another child telling them they're being a baby.

A child comes to you with a problem but you are very busy and this child has a tendency to come to you a lot with problems...





**Aim 6: 'Normalise' anger, worry and sadness**

**Check in** (catch thoughts, notice feelings)

**Check Out!** (Talk to someone)



And make sure children are...



# How can staff help embed messages?

Class assemblies  
Other ideas?



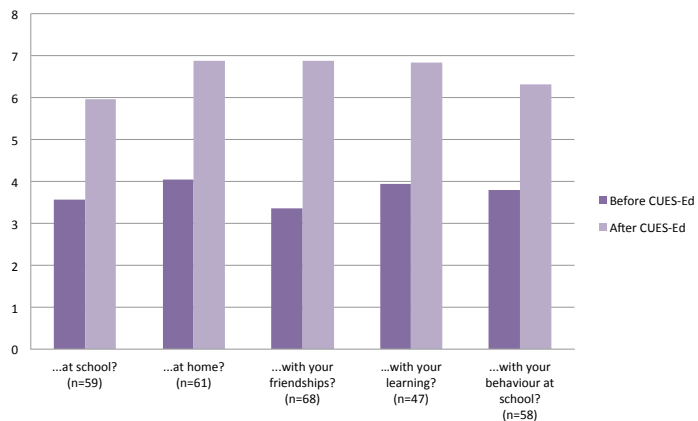
**Aims 3 and 4: Improve children's emotional well-being and behaviour**

We wanted to help improve children's eating, sleeping, relaxing and being active

We hoped that we would see improvements in those children who were having difficulties to begin with.

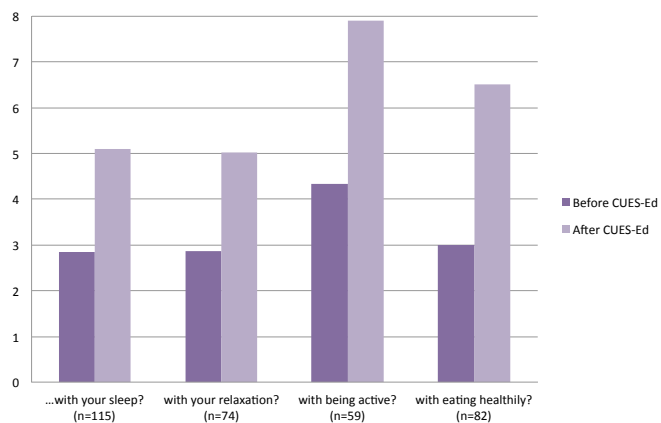
The ones who need it, improve

"How are things..."



The ones who need it, improve

"How are things going..."



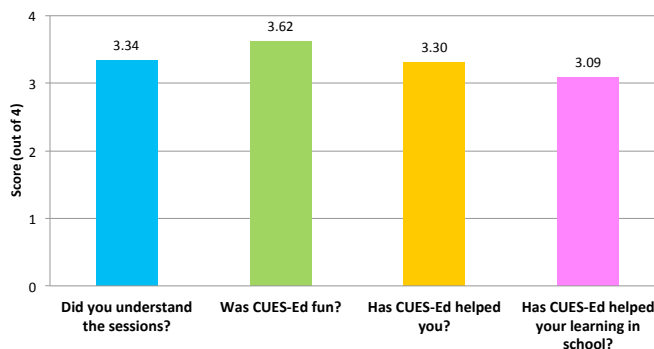
**Children were more likely to think that an unusual experience might be their brains playing a trick on them after CUES –Ed.**

We asked children why might Ed have heard somebody that isn't really there?

After CUES-Ed children were **less likely to think Ed was crazy** (26% at pre; 16% at post)

They were **more likely to think Ed's brain was playing a trick on him** (49% at pre; 79% at post).

**Children's Evaluation Ratings (n=301)**



**89%** of children told us that they learnt something new from CUES-Ed

**91%** of children said they would recommend CUES-Ed to a friend