

**Developing Emotional  
Resilience in young people  
Burnley East PCN**

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# Overview

- \* Introduction
- \* Background of project
- \* Emotional Resilience
- \* Adverse Childhood Events
- \* The Pilot project
- \* Mental Health in Schools – BFC collaboration project
- \* Questions

# Who are we ?



- \* **Burnley East PCN** – A Collaborative of 7 different GP Practices Thursby (YN), Parkside (Dr A Mervin), Briercliffe (Dr J. Khan), Daneshouse (Dr K. Khan) & Colne Road ( Dr Z. Shah), Yorkshire St and Burney Wood.
- \* All very different : population demographics, practice list size , organisational structure
- \* Lack of established relationships between some clinicians

Situation Oct/Nov 2017



**Vague Understanding of expectations - Collaborative working of practices as a PCN to deliver a project ? Deadline of march 2018**

**7 different practices – grouped together based on existing INT footprint  
(Our population : 50,000)**

**Limited relationships between practices**

**Agreed at steering group to help lead the PCN**

# What did we do ?



- \* **Accepted challenge** – “no choice so better get on with it “ **however seen as an positive opportunity to work together**
- \* **Awareness of historic negativity** so needed to ensure engagement from everyone and develop an exciting project that would be meaningful
- \* **United on Common Cause** : Some initial discussions where it had been identified there were gaps in local mental health services that needed addressing.

## Ensure full engagement of Practices : simple principles applied



**Listen** - consult everyone and ensure everyone felt valued

**Personal contact** – picked up phone and spoken to everyone

**Keep informed** – few select emails

**Polite, positive and pleasant manner**

Initial PCN meeting : 12<sup>th</sup> December 2017 ---- Organised Chaos



**Full co –operation** from all 5 practices, managed to set date and organise meetings on monthly basis

**Full Attendance** – representation both lead GP and PM from each practice

**Passionate topic selected** – “make a difference”

**Group agreed scoping exercise to gather information needed and organise stakeholder event on 11/01/2018**

# Developmental meeting -- stakeholder event 11/01/2018

**Invites to all main stakeholders involved in working with young people and mental health**



**Representation from over 15 organisations (police, HV, nurses, Burnley Leisure, CRVS, council, BFC, GP, ELCAS, public health, schools, and other community groups**

**Over 35 people attended – venue had to be changed to accommodate attendees**

**Same principles applied as before**

**New Organisational issues : set agenda /sign list / name badge / ensure copies of material for everyone / refreshments / seats etc**

# Summary from stakeholder event

- \* Confusion with local mental health services and referral pathways both in community and GP
- \* “Please do something that is sustainable with definite outcomes”
- \* Understand correlation : Adverse childhood Events (ACEs) and long term conditions ( mental health, obesity, cancer , diabetes, IHD and COPD)

# What is Emotional Resilience?

## Definitions of Resilience

**Positive adaptation to adversity despite serious threats to adaptation or development (Masten)**

**Overcoming adversity, whilst also potentially changing, or even dramatically transforming, (aspects of) that adversity.' (Hart et al., 2016, p. 3)**

**Resilience explains differences in how well individuals cope with or adapt to adversity, stressful situations or crises**

**Involves several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one's own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem solving approaches**

**Is partially inborn, but it can (and should) be learned and developed**

# Adverse Childhood Experiences (ACEs)

- \* The term Adverse Childhood Experiences (ACEs) is used to describe a wide range of stressful or traumatic experiences that children can be exposed to whilst growing up.
- \* ACEs range from experiences that directly harm a child or to those that affect the environment in which a child grows

# Direct and Indirect ACEs

## **Five Direct**

1. Sexual abuse by parent /care giver
2. Emotional abuse by parent / care giver
3. Physical abuse by parent / care giver
4. Emotional neglect by parent / care giver
5. Physical neglect by parent / care giver

## **Five Indirect**

1. Parent/Care giver addicted to alcohol/drugs
2. Witnessed abuse in the household
3. Family member in prison
4. Family member with a mental illness
5. Parent/Care giver disappeared through abandoning family / divorce

# What impact can ACEs have?

- \* When exposed to stressful situations, the “fight, flight or freeze” response floods the brain with corticotrophin-releasing hormones (CRH) as part of a normal and protective response that subsides once the stressful situation passes.
- \* When repeatedly exposed to ACEs, the hormone is continually produced by the brain. This places the child in a permanent heightened state of alert and unable to return to a natural relaxed state.
- \* As a result of this increased and sustained levels of stress. In this heightened state a young person becomes unable to think rationally and it is physiologically impossible for them to learn.
- \* The more ACEs a child experiences, the greater the chance of health and/or social problems in later life.
- \* Research shows a strong correlation between ACEs and poor physical and mental health, chronic disease (such as type II diabetes, COPD; heart disease; cancer), increased levels of violence, and lower academic success.

**Evidence from Blackburn with Darwen (2012) showed that there was increased risk of having health and social problems in adulthood for those individuals who had experienced 4+ ACEs, compared to those with no ACEs.**

**\* Individuals with 4 or more ACEs were:**

- \* 4.5 times more likely to have become pregnant or got somebody pregnant under 18 years of age
- \* 30.6 times more likely to have had a sexually transmitted infection (STI)
- \* 1.8 times more likely to be morbidly obese
- \* 2.3 times more likely to have liver or digestive disease
- \* 1.5 times more likely to have stayed overnight in hospital in the last 12 months
- \* 3.7 times more likely to be a regular heavy drinker
- \* 3.9 times more likely to be a current smoker
- \* 9.7 times more likely to be a heroin or crack user
- \* 5.2 times more likely to have been hit in the last 12 months
- \* 7.9 times more likely to have hit someone in the last 12 months
- \* 8.8 times more likely to have been in prison or cells

# ACEs can be prevented by ...

- \* There is a growing recognition that early intervention and collaborative working are essential to reducing the impact of ACEs.
- \* Encouraging and supporting stable, nurturing adult-child relationships and environments to help children develop strong cognitive and emotional skills and the resilience required to flourish as adults.

# The Resilience Doughnut



## The outside segments represent:

- Areas with the potential to promote positive beliefs which can help a young person develop resilience.
- Young people only need three of these seven factors working well in their life to promote a resilient mindset.

## The centre represents

The characteristics and abilities which help young people to thrive and cope well with adversity.

**WHO I HAVE** - Awareness of those who support them.

**WHO I AM** - How they view themselves

**WHAT I CAN DO** - The degree of confidence they have in their own abilities

# Our Project



**'STRESS ED'**  
Building resilience young people who have suffered traumatic childhood experiences

4 High Schools - STJ, Unity, BT, Shuttleworth (10 Children each school)

3 primary schools : children from from year 6 in primary school (10)

**Awareness Raising Event** Peer Group Led Video, structured led discussions and theatre workshops in schools

Introduction into traumatic childhood experiences and impact on future health  
Understanding the importance of developing resilience in order to cope better with crises

**DEVELOP DIRECTORY OF MENTAL HEALTH SERVICES** To support all organisations to identify available Mental Health Services and to understand more about the activities and specific referral criteria for each organisation.

**Criteria for inclusion --- selection by school based on declining academic progress or concerns**

- Poor Timekeeping & Attendance
- Attitude & Behaviour
- decline academic progress
- Risk of Exclusion
- ?Limited no of self referrals

**Build Emotional resilience (8weeks) may have 2-3 diff programmes**

**Parenting Course** - establish evidence based run by ELCAS with feedback

**Emotional Resilience mentors** - train staff in each school to act as champions / co-ordinate and develop the project to standardise activity across schools.  
-mental Health first aid training

**Possible Outcomes Measures**

Monitor & Evaluate to identify improvements against criteria for inclusion.  
Feedback from young people  
Monitor academic progress

Do you eat breakfast <b>every day</b> ?	No	Unsure	Yes
Do you eat fruits and vegetables <b>at least 2 times per day</b> ?	No	Unsure	Yes
Do you eat high fat foods, such as fried foods, chips, ice-cream, or pizza <b>more than once per week</b> ?	No	Unsure	Yes
Do you drink more than one cup of juice <b>each day</b> ?	No	Unsure	Yes
Do you drink fizzy drinks, juice, sports drinks, energy drinks, or other sweetened drinks <b>more than once per week</b> ?	No	Unsure	Yes
Do you exercise or play sports <b>most days</b> of the week?	No	Unsure	Yes
Do you watch TV or play video games, tablet or phone <b>more than 2 hours per day</b> ?	No	Unsure	Yes
Are you concerned about your weight?	No	A little	Yes
Do you have trouble falling asleep or staying asleep?	No	Sometimes	Yes
Do you have trouble with anger or get into fights with other children?	No	Unsure	Yes
Have you ever been bullied or felt unsafe at school or in the community?	No	Unsure	Yes
Does your family look out for each other, feel close to each other and support each other?	Often	Sometimes	Never
Do you <b>often</b> feel sad?	No	Unsure	Yes
Have you started dating or 'going out' with boyfriends or girlfriends?	No	Unsure	Yes
Do you have any other questions or concerns about your health or behaviour?	No	Unsure	Yes

# Partners in Crime

- \* Video summary of project : <https://youtu.be/NvDQu5x27Lo>
- \* Workshop leaders from Burnley Youth Theatre
- \* P/C Dave Pascoe – Early Intervention Team – bullying and internet safety
- \* 3 local schools – 36 children with 9 week programme of creative arts year 5 (aged 9-10)
- \* Final week – performance based on one of three themes ( Ambition, Physical and Emotional Health )
- \* Next : BFC project.....

# Burnley FC in the Community launches £442k schools' mental wellbeing project

Burnley FC in the Community today launches its Schools' Mental Wellbeing Project – a full-time mental health worker in five Burnley secondary schools for the next three years.

Supported by the Premier League and the Professional Footballers' Association (via the PL / PFA Fund), Burnley Borough Council, East Lancashire CCG and five Burnley secondary schools, £442k will be injected into the project over the next three years.

With statistics showing that 50% of mental health problems are established by the age of 14, the aim of the project is to offer sustained mental health support to young people in the town. The hope is that the work will also forge a lasting, positive change both in attitudes to mental health and outlooks for young people living with varying mental health conditions.

# Future Aspirations --- A new beginning in the Burnley

**Excitement of provision of mental health workers as pilot for next 3 years in 5 high schools.**

**Need to research the impact of the interventions on mental health and emotional resilience for all young people.**

**Help with providing the evidence to make a difference to improve resilience for our young people future and improve health outcomes.**

