

At the heart of education:
Integrating trauma-informed practice within
school mental health promotion frameworks

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Schools for Health in Europe

Childhood Adversity: A hidden pandemic

- Childhood adversity is so common and the effects so devastating that it needs to be considered as a global health epidemic (Anda, et al., 2010; Maté, 2003; van der Kolk, 2014).
- Epidemiologists now recognise that childhood adversity is a major determinant of ill-health and there have been calls to have it explicitly named by the World Health Organisation (WHO) as a risk factor in the onset of both mental health conditions and non-communicable diseases (Scott et al, 2011; Stein, Benjet, Gureje, et al., 2019).

What do we mean by childhood adversity?

- Adverse Childhood Experiences (ACEs) - 10 “types”
(Felitti, et al. 1998)
- Collective & community trauma
(Ellis, 2017; Faulkenberger, 2018; Matlin 2019; Pinderhughes, 2015)
- Historic and intergenerational trauma
(Fossion et al., 2003; Yehuda, 2018)



Impact of childhood adversity across the life course

- An extremely robust and consistent body of evidence strongly links childhood adversity to negative outcomes across the lifespan including:
 - Anxiety and very low mood; addiction; antisocial behaviour; relationship problems; self-harm and suicide (Bebbington, Bhugra, Brugha, et al. 2004; Bebbington, Cooper, Minot, et al. 2009; Felitti, et al., 1998; Dube, Anda, Felitti, et al. 2001).
 - Childhood adversity also correlates with a range of physical health conditions such as diabetes, heart disease, and chronic respiratory diseases (Felitti, et al, 1998; Gilbert, Breiding, Merrick, et al., 2015; Scott, Von Korff, Angermeyer, 2011).
 - Low academic attainment, learning difficulties, early school leaving, school refusal (Devenney & O'Toole, 2021; Hickey, et al., 2020; Burke-Harris, 2011)

Health Promoting Schools (HPS) Framework



A Health Promoting School is envisaged as a place where all members of the school community work, learn, live and play together to promote the health and wellbeing of learners, staff, parents and the wider community (WHO, 1991).

But, childhood adversity is a significant barrier to realising this vision

- What it feels like to grow up in unsafe, threatening or relationally impoverished environments....



Karen Treisman, 2017

Activation of the body's
fight, flight or freeze
response (Porges, 2009)
Narrow 'window of
tolerance' (Siegel, 1999)





- The responses of trauma-affected children may appear bizarre or incomprehensible to those who do not understand how abuse and trauma impacts mind, body and behaviour.
- Children may appear 'spaced-out' and inattentive, angry and disruptive, confused and disengaged.
- These responses often get them into trouble in school

Trauma-Informed Practice

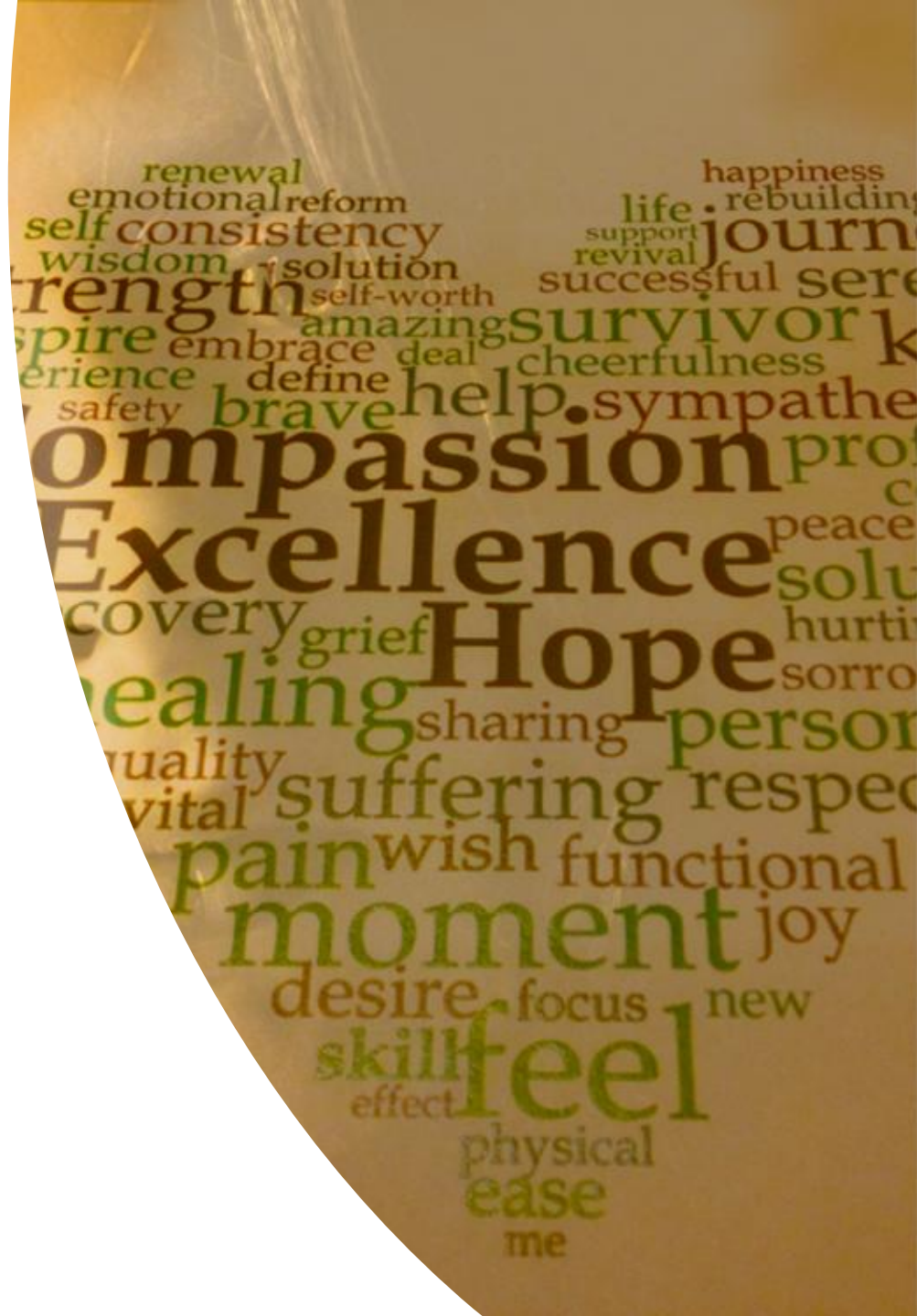
- Builds knowledge about trauma and its impact on mind, body and behaviour.
- Emphasises self-care for educators & protection against secondary traumatic stress.
- Whole school approach - integrating knowledge of trauma into policies, practices, procedures
(Thomas et al., 2019; Maynard et al, 2019)



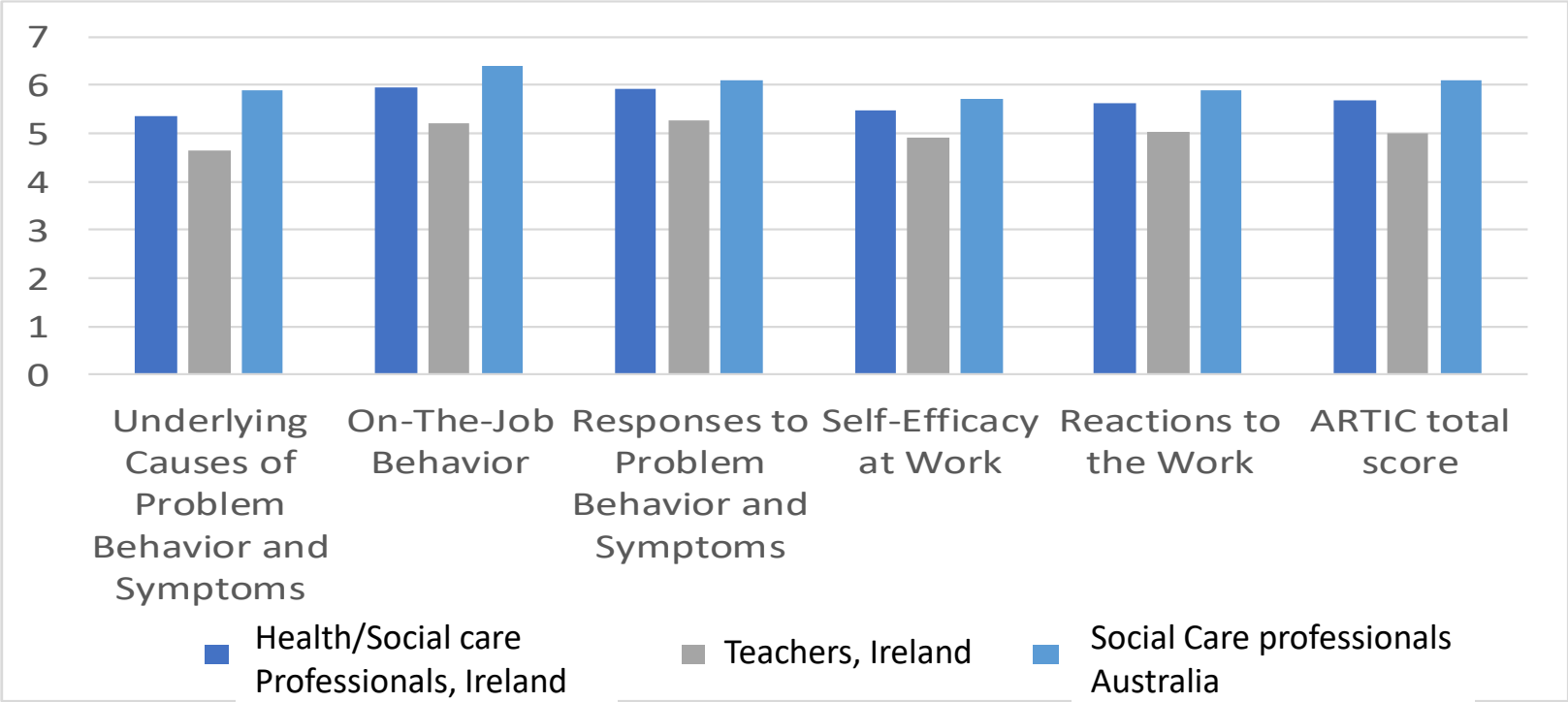
Trauma-informed practice and HPS

- A trauma-informed lens that supports educators in appreciating the nature and consequences of adversity could support, enhance and/or re-orient school health promoting activities
- In the absence of a trauma lens, it remains all too probable that students will be blamed and shamed for their 'poor choices' and 'risky behaviours'.

O'Toole (forthcoming)



Attitudes Related to Trauma Informed Care



O'Toole & Dobutowitsch (in preparation)

Take home message

- Understanding and adequately responding to what happens when children are exposed to traumatic experiences is a basic requirement of a healthy school and society.
- Integrating trauma-informed practice within HPS Frameworks as part of broader efforts for educational and health equity



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