



Welcome to Health and Wellbeing

***Personal Development
Thornden School
Safeguarding Curriculum***

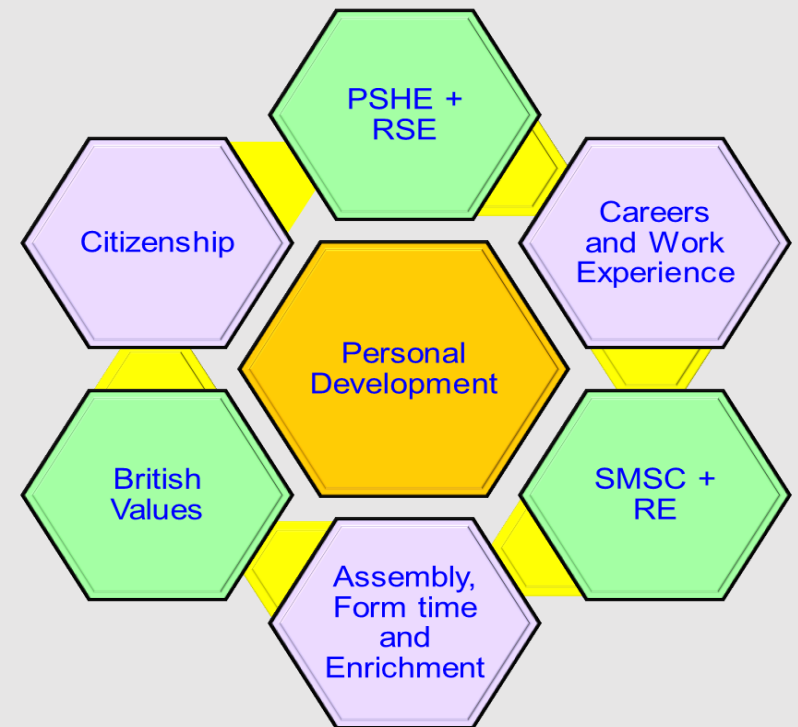
Focusing on Personal Development



You may hear the term 'Personal Development' used in quite a few subjects.

Personal Development is an umbrella term for how we develop our personal qualities and attributes throughout school.

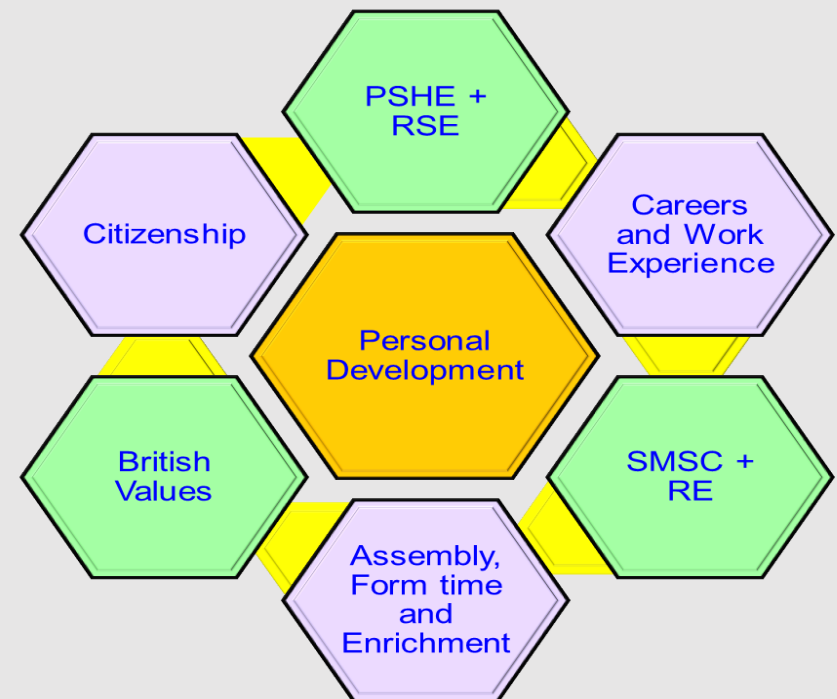
Remember – school isn't just about improving your academic ability; it is about you becoming a well rounded and responsible young adult. It supports your wellbeing; helps you understand the world around you and prepares you for life after Thornden.



Why Do We Learn Health and Wellbeing at School?



At Thornden School we teach Health and Wellbeing education empowers students to understand and manage the physical, emotional, and mental challenges they may face during adolescence and beyond. It promotes informed decision-making around lifestyle choices such as sleep, nutrition, physical activity, and managing stress. Students explore the importance of mental health, how to develop resilience, and how to access support when needed. The topic also helps students identify and respond to unhealthy behaviours, including addiction and risk-taking. Health and Wellbeing education supports students' ability to thrive in school and life, builds self-awareness, and plays a vital role in safeguarding by encouraging proactive, healthy habits and a positive sense of self.



Year 11 Health and Wellbeing – Entry and Exit Quiz

Please rate your confidence for each statement on a scale of 1 to 5:

1 = Not confident at all | 5 = Very confident

1. On a scale of 1 to 5, how confident do you feel that you can explain what unwanted, obsessive or compulsive behaviours are and how to spot them?
2. On a scale of 1 to 5, how confident do you feel that you can differentiate between everyday habits and mental health conditions such as OCD or impulse control disorders?
3. On a scale of 1 to 5, how confident do you feel that you can identify how mob mentality can influence people's behaviour and lead to criminal activity?
4. On a scale of 1 to 5, how confident do you feel that you can explain how social media can spread misinformation and escalate social unrest?
5. On a scale of 1 to 5, how confident do you feel that you can recognise the signs of reduced fertility in both males and females and know what support is available?
6. On a scale of 1 to 5, how confident do you feel that you can understand the impact of lifestyle choices (such as smoking, diet, stress) on reproductive health and fertility?
7. On a scale of 1 to 5, how confident do you feel that you can describe the difference between gender identity and biological sex?
8. On a scale of 1 to 5, how confident do you feel that you can explain what it means to be transgender and how to show respect and allyship towards trans people?
9. On a scale of 1 to 5, how confident do you feel that you can discuss sensitive topics in a respectful, non-judgemental way, recognising that everyone's identity and health journey is personal?
10. On a scale of 1 to 5, how confident do you feel that you can know where to go for help if you or someone you know is experiencing issues related to any of these topics?



Yr11 Health and Wellbeing Autumn 1 Knowledge Check



Do Now

Unwanted, fixed and obsessive behaviours



Adrian gets stressed very easily. Unfortunately, when feeling stressed, he begins to pull out strands of his hair. Sometimes Adrian doesn't even realise he's doing this, and it's left him with a bald patch.

'I don't get it.' Says his mom.

'Why don't you just stop doing it?'

Discuss: Why doesn't Adrian just stop pulling his hair out?



What do you think we mean when we talk about obsessive or fixed behaviours?

CLUES: repetitive unconscious destructive habit compulsion

Unwanted, fixed and obsessive behaviours



Learning outcomes:

Explain and correctly identify impulse control and compulsion disorders. Describe how to recognise both types of disorder and where to go for help.

Obsessive behaviour – Compulsive, repetitive behaviour or mental acts that you feel you need to do to temporarily relieve the unpleasant feelings brought on by obsessive thoughts.

Impulse control disorders - group of behavioural conditions that make it difficult to control your actions or reactions.

Some of you may have heard of compulsive behaviours before. Adrian suffers from trichotillomania (hair pulling disorder) – but what other kinds of compulsions might there be?



*One kind of compulsive behaviour I have heard of is.....
This is when people.....*

What kinds of compulsive behaviours are common amongst humans?



If someone has a compulsive habit, that doesn't mean they have obsessive compulsive disorder. We'll explore more about that shortly.

*One kind of compulsive behaviour I have heard of is.....
This is when people.....*



Checking –
e.g. have I left
a plug or light
switch on?

What kinds of
compulsive behaviours
are common amongst
humans?



Some people
compulsively
hoard items.



Skin picking – this
is called
dermatillomania.



Nail biting – this is
called
onychophagia.



Some people
compulsively
wash their hands.



OBSESSIVE- COMPULSIVE DISORDER (OCD)

Tanner McQuivey | PSY 1010

POSSIBLE OBSESSIONS

- Fear of Germs
- Having perfect order or organization
- Repeated aggressive urge
- Taboos towards a variety of things.

POSSIBLE COMPULSIONS

- Excessive Hand-washing
- Obsessive counting
- Specifically arranging
- Repeated behaviors such as touching, checking, counting, etc.

CITATIONS

WHAT IS IT?

OCD is a common disorder in which someone has the same thoughts about something (obsession) and the constant urge or behavior taken in order to maintain or satisfy those thoughts (compulsion). This disorder can be chronic and last for a long time.

This origin of this condition is still unclear but there is much research that is being done to determine if there is a biological or genetic cause. (Shavitt, 2017, 206)

RISK FACTORS

One of the major risk factors with OCD is the possibility of also suffering from Bipolar Disorder (BD). One study finds that 17-18% of those suffering from one of the disorders also suffers from the other. (Amerio, 2015, p. 99)



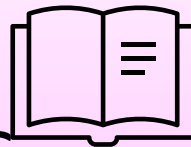
It's important we recognise the difference between **habits and compulsions**. Compulsive activity can be serious and can indicate mental health conditions. But just because a person washes their hands a lot, does not mean they have OCD. **Any mental health condition must be diagnosed by a genuine medical practitioner (not someone you follow on TikTok).**

<https://www.youtube.com/watch?v=ivyLkTcvanQ&t=171s>

Unwanted, fixed and obsessive behaviours

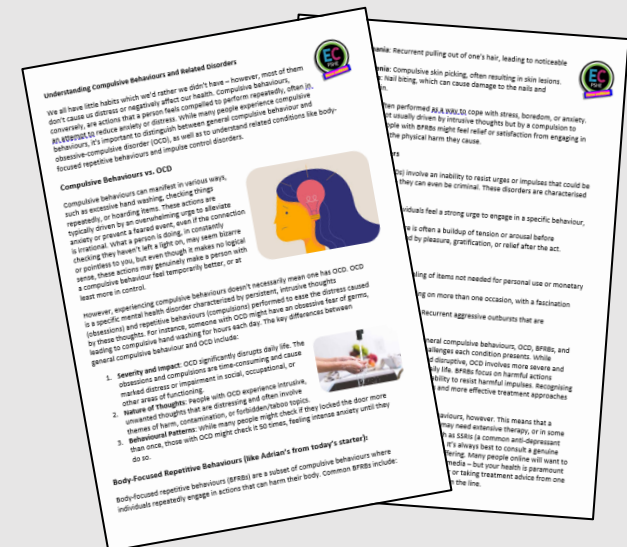


Compulsive behaviours can range from the relatively harmless, to the dangerous and criminal. However, that does not mean the sufferer wishes to commit criminal acts. **Let's find out more.**



THORNDEN THREE GUIDED READING

Listen carefully to the reading and get ready to answer questions afterwards.



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Understanding Compulsive Behaviours and Related Disorders

We all have little habits which we'd rather we didn't have – however, most of them don't cause us distress or negatively affect our health. Compulsive behaviours, conversely, are actions that a person feels compelled to perform repeatedly, often in an attempt to reduce anxiety or distress. While many people experience compulsive behaviours, it's important to distinguish between general compulsive behaviour and obsessive-compulsive disorder (OCD), as well as to understand related conditions like body-focused repetitive behaviours and impulse control disorders.

Compulsive Behaviours vs. OCD

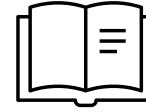
Compulsive behaviours can manifest in various ways, such as excessive hand washing, checking things repeatedly, or hoarding items. These actions are typically driven by an overwhelming urge to alleviate anxiety or prevent a feared event, even if the connection is irrational. What a person is doing, in constantly checking they haven't left a light on, may seem bizarre or pointless to you, but even though it makes no logical sense, these actions may genuinely make a person with a compulsive behaviour feel temporarily better, or at least more in control.

However, experiencing compulsive behaviours doesn't necessarily mean one has OCD. OCD is a specific mental health disorder characterized by persistent, intrusive thoughts (obsessions) and repetitive behaviours (compulsions) performed to ease the distress caused by these thoughts. For instance, someone with OCD might have an obsessive fear of germs, leading to compulsive hand washing for hours each day. The key differences between general compulsive behaviour and OCD include:

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- 1. Severity and Impact:** OCD significantly disrupts daily life. The obsessions and compulsions are time-consuming and cause marked distress or impairment in social, occupational, or other areas of functioning.
- 2. Nature of Thoughts:** People with OCD experience intrusive, unwanted thoughts that are distressing and often involve themes of harm, contamination, or forbidden/taboo topics.
- 3. Behavioural Patterns:** While many people might check if they locked the door more than once, those with OCD might check it 50 times, feeling intense anxiety until they do so.

Body-Focused Repetitive Behaviours (like Adrian's from today's Do Now):

Body-focused repetitive behaviours (BFRBs) are a subset of compulsive behaviours where individuals repeatedly engage in actions that can harm their body. Common BFRBs include:

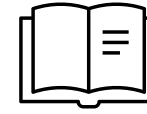
- **Trichotillomania:** Recurrent pulling out of one's hair, leading to noticeable hair loss.
- **Dermatillomania:** Compulsive skin picking, often resulting in skin lesions.
- **Onychophagia:** Nail biting, which can cause damage to the nails and surrounding skin.

These behaviours are often performed as a way to cope with stress, boredom, or anxiety. Unlike OCD, BFRBs are not usually driven by intrusive thoughts but by a compulsion to perform the act itself. People with BFRBs might feel relief or satisfaction from engaging in these behaviours, despite the physical harm they cause.

Compulsive behaviours can range from the relatively harmless, to the dangerous and criminal. However, that does not mean the sufferer wishes to commit criminal acts. **Let's find out more.**

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Impulse Control Disorders

Impulse control disorders (ICDs) involve an inability to resist urges or impulses that could be harmful to oneself or others – they can even be criminal. These disorders are characterised by:

1. **Recurrent Impulses:** Individuals feel a strong urge to engage in a specific behaviour, which is difficult to resist.
2. **Tension and Release:** There is often a buildup of tension or arousal before performing the act, followed by pleasure, gratification, or relief after the act.

Common ICDs include:

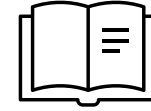
- **Kleptomania:** Compulsive stealing of items not needed for personal use or monetary value.
- **Pyromania:** Deliberate fire-setting on more than one occasion, with a fascination with fire and related activities.
- **Intermittent Explosive Disorder:** Recurrent aggressive outbursts that are disproportionate to the situation.

Understanding the differences between general compulsive behaviours, OCD, BFRBs, and ICDs is crucial for recognising the specific challenges each condition presents. While compulsive behaviours can be distressing and disruptive, OCD involves more severe and intrusive thoughts that significantly impact daily life. BFRBs focus on harmful actions directed at one's body, and ICDs involve an inability to resist harmful impulses. Recognising these distinctions can lead to better awareness and more effective treatment approaches for those affected.

Compulsive behaviours can range from the relatively harmless, to the dangerous and criminal. However, that does not mean the sufferer wishes to commit criminal acts. **Let's find out more.**

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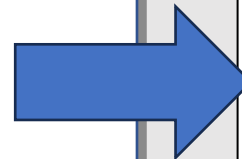
All of these conditions above are **compulsive** behaviours, however. This means that a person can't simply 'just stop doing it.' A sufferer may need extensive therapy, or in some cases a doctor may prescribe them medication such as SSRIs (a common anti-depressant medicine) in order to help manage their symptoms. It's always best to consult a genuine medical practitioner if you believe yourself to be suffering. Many people online will want to give you advice to further their view count on social media – but your health is paramount and diagnosing yourself based on an online influencer or taking treatment advice from one is only going to cause you more problems further down the line.

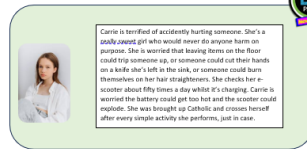
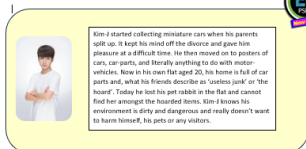
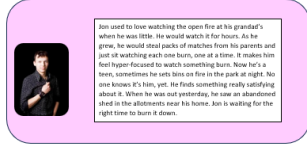
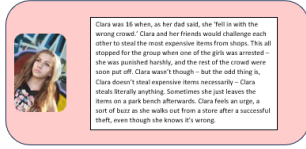
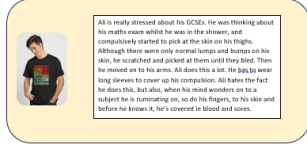
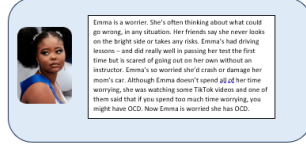
Unwanted, fixed and obsessive behaviours

Now we know more about compulsive behaviours, we should be able to recognise what is a compulsive behaviour and what isn't. In pairs now, read each of the case studies you've been given.

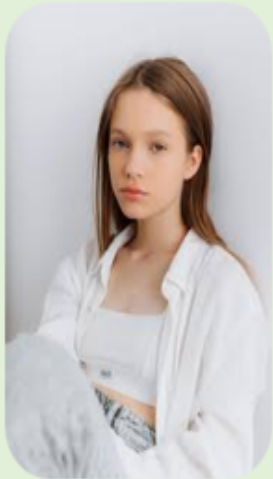
For each one complete in your booklets:

1. What condition are they showing the symptoms of, if any?
2. How do you know? Explain.
3. What would you advise them to do?







Carrie is terrified of accidentally hurting someone. She's a really sweet girl who would never do anyone harm on purpose. She is worried that leaving items on the floor could trip someone up, or someone could cut their hands on a knife she's left in the sink, or someone could burn themselves on her hair straighteners. She checks her e-scooter about fifty times a day whilst it's charging. Carrie is worried the battery could get too hot and the scooter could explode. She was brought up Catholic and crosses herself after every simple activity she performs, just in case.



What did we think? Let's have a volunteer now from one of our pairs to explain what we think is behind this case study and where they should go for help if needed.

ANSWERS BEHIND BOX



BELONG CARE ASPIRE SUCCEED



Jon used to love watching the open fire at his grandad's when he was little. He would watch it for hours. As he grew, he would steal packs of matches from his parents and just sit watching each one burn, one at a time. It makes him feel hyper-focused to watch something burn. Now he's a teen, sometimes he sets bins on fire in the park at night. No one knows it's him, yet. He finds something really satisfying about it. When he was out yesterday, he saw an abandoned shed in the allotments near his home. Jon is waiting for the right time to burn it down.

What did we think? Let's have a volunteer now from one of our pairs to explain what we think is behind this case study and where they should go for help if needed.

ANSWERS BEHIND BOX

Belong - Care - Aspire - Succeed



BELONG CARE ASPIRE SUCCEED

<https://www.youtube.com/watch?v=bg0MUGQ2daU>



Ali is really stressed about his GCSEs. He was thinking about his maths exam whilst he was in the shower, and compulsively started to pick at the skin on his thighs. Although there were only normal lumps and bumps on his skin, he scratched and picked at them until they bled. Then he moved on to his arms. Ali does this a lot. He has to wear long sleeves to cover up his compulsion. Ali hates the fact he does this, but also, when his mind wanders on to a subject he is ruminating on, so do his fingers, to his skin and before he knows it, he's covered in blood and sores.

What did we think? Let's have a volunteer now from one of our pairs to explain what we think is behind this case study and where they should go for help if needed.

ANSWERS BEHIND BOX

Belong - Care - Aspire - Succeed



BELONG CARE ASPIRE SUCCEED



Kim-J started collecting miniature cars when his parents split up. It kept his mind off the divorce and gave him pleasure at a difficult time. He then moved on to posters of cars, car-parts, and literally anything to do with motor-vehicles. Now in his own flat aged 20, his home is full of car parts and, what his friends describe as 'useless junk' or 'the hoard'. Today he lost his pet rabbit in the flat and cannot find her amongst the hoarded items. Kim-J knows his environment is dirty and dangerous and really doesn't want to harm himself, his pets or any visitors.

What did we think? Let's have a volunteer now from one of our pairs to explain what we think is behind this case study and where they should go for help if needed.

ANSWERS BEHIND BOX

Belong - Care - Aspire - Succeed



BELONG CARE ASPIRE SUCCEED



Clara was 16 when, as her dad said, she ‘fell in with the wrong crowd.’ Clara and her friends would challenge each other to steal the most expensive items from shops. This all stopped for the group when one of the girls was arrested – she was punished harshly, and the rest of the crowd were soon put off. Clara wasn’t though – but the odd thing is, Clara doesn’t steal expensive items necessarily – Clara steals literally anything. Sometimes she just leaves the items on a park bench afterwards. Clara feels an urge, a sort of buzz as she walks out from a store after a successful theft, even though she knows it’s wrong.

What did we think? Let’s have a volunteer now from one of our pairs to explain what we think is behind this case study and where they should go for help if needed.

ANSWERS BEHIND BOX

Belong - Care - Aspire - Succeed



BELONG CARE ASPIRE SUCCEED



Emma is a worrier. She's often thinking about what could go wrong, in any situation. Her friends say she never looks on the bright side or takes any risks. Emma's had driving lessons – and did really well in passing her test the first time but is scared of going out on her own without an instructor. Emma's so worried she'd crash or damage her mom's car. Although Emma doesn't spend all of her time worrying, she was watching some TikTok videos and one of them said that if you spend too much time worrying, you might have OCD. Now Emma is worried she has OCD.

What did we think? Let's have a volunteer now from one of our pairs to explain what we think is behind this case study and where they should go for help if needed.

ANSWERS BEHIND BOX

Belong - Care - Aspire - Succeed

Need Support? You're Not Alone

If anything in today's lesson has affected you, or you want to talk to someone, there is help available.



Mental Health & Low Mood

YoungMinds – <https://www.youngminds.org.uk>
Kooth – <https://www.kooth.com>
Mind – <https://www.mind.org.uk>

Talk to Someone

Your Tutor or Head of Year – We're here to help.
Wellbeing Team and School Nurse
Report a Concern on Satchel
Safeguarding Team with the Purple lanyards

Healthy Lifestyle

NHS Every Mind Matters – <https://www.nhs.uk/every-mind-matters>
Change4Life – <https://www.nhs.uk/change4life>

Apps That Can Help

Calm – For mindfulness and sleep.
Headspace – Meditation and stress relief.
Clear Fear – Manage anxiety (designed for young people).
MeeTwo – Anonymously talk to other teens, moderated by experts.

Eating Concerns

Beat Eating Disorders –
<https://www.beateatingdisorders.org.uk>
NHS Live Well – Eating Disorders –
<https://www.nhs.uk/mental-health/conditions/eating-disorders/>



Belong - Care - Aspire - Succeed