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How Can Teachers Support Children and Young People with Unusual Sensory Experiences at School?

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Introduction

We can understand 'unusual sensory experiences' (USEs; Dodgson, et al., 2021; Mitchell, et al., 2017), such as hearing voices or seeing visions others cannot, along an 'experiential continuum' (Longden et al., 2012, p.30). During childhood, USEs are part of typical development for many young people, are often transient, and usually cease over time (Garralda, 2015; Waters et al., 2017). Despite the pivotal role teachers have in young people's lives (Shelemy, et al., 2019), only one study so far has reported on evidence for a school-based intervention to reduce and prevent psychotic experiences in adolescence (Staines, et al., 2023), although further qualitative research is required.

Positive student-teacher relationships are thought to have a profound impact upon young peoples' perceptions of themselves and their relationships (Kennedy and Kennedy, 2004). In terms of mental wellbeing, teachers are approached by young people disclosing their emotional difficulties, such as anxiety and depression, more frequently than any other professional (Newlove-Delgado, et al. (2015), with teachers recognised as being a reliable 'safe haven' of support in times of distress (Kennedy & Kennedy, 2004, p.251; Graham, et al., 2011).

Teachers are increasingly asked to support their students' emotional wellbeing, although many feel as though they do not have enough knowledge and training (Rothi and Leavey, 2006). A study conducted by Reinke et al. (2011) found that only 34% of 292 teachers believed they had the skills needed to support young people with their mental health needs. In the UK, teachers voice a desire to support young people's mental health in schools, although cite insufficient mental health training as a barrier (Maclean & Law, 2022). Interviews with teachers who have experience of supporting young people with their mental health have reported feeling 'helpless' and as though they have 'let down' their students, although teachers who had received mental health training feel more positive about their skill set (Shelemy, et al., 2019). Participants stated, "training should contain relevant case studies, resources and strategies that can be easily adapted and used within the school environment" (p.106).

To explore how confident teachers feel in supporting young people with USEs in schools, two groups of teachers were invited to take part in a qualitative study. The first group of teachers did not have personal experience of supporting children with USEs but were asked to watch a short psychoeducation film about how people working in schools could offer support. The film was developed as a part of the Young Voices Study (Parry & Varese, 2020), based on qualitative data from young people who reported unusual sensory experiences. Methodologies that include film in public health research (Baumann, Merante, Folb & Burke, 2020) can elicit culturally specific and nuanced descriptions. The second group had direct experience of supporting a young person who had reported unusual sensory experiences.

Data was collected from 23 UK-based educators of White British and British South Asian Heritage (18=F, 2=M, 3=NB), of which six stated they had partaken in mental health training. Due to the impact of sociocultural stigmatising narratives surrounding unusual sensory experiences, Foucauldian-informed narrative analysis (FNA) was chosen as the most appropriate method of analysis (see Parry & Varese, 2020, S2; Newton-Braithwaite & Parry, 2022). The analysis yielded two emancipatory analytic chapters. Participant quotes are labelled by participant number and group, Group A had no direct experience of offering support but had watched the film, group B had personal experience of offering support.

Transferable Skills, Relationships and Confidence

The most prominent analytic layer related to the transferable skills and positive child-focused relationships teachers experienced, although highlighted that many participants did not feel confident using these skills, such as active listening, offering reassurance or signposting information, offering to speak again in the near-future to demonstrate ongoing support, if they perceived the young person to be struggling with unusual sensory experiences. Many teachers in Group A expressed surprise regarding the prevalence of USEs: "I am surprised by the number of children who experience unusual sensory experiences" (A1); "I hadn't realised so many children were affected" (A4). Participants quickly saw how their phenomenological understanding of voice-hearing could affect the child's understanding of their experience through their reactions to a disclosure: "I thought [voice-hearing] was an indicator of psychosis…and that'd be a barrier because I'd overreact" (A6).

Reflecting on their experiences of supporting a child, participants in Group B commented young people were often "anxious" (B1) and "hesitant" (B2) to discuss their USEs. For many of the teachers, once they used transferable skills such as active listening and emotional sensitivity, young people felt less "shame" (B6), and felt heard; "When he told me about his voice-hearing, I sensitively asked some more questions about it, gauging his emotional response throughout to see if he wanted to stop talking about it or continue" (B9); "Reassuring that I was listening and interested" (B4). Regardless of their prior experiences, many of the teachers felt hopeful that their discussions would reassure the young person in the future. For example,

"I think it was a positive impact because the child was more able to talk to me or my work colleague about their USEs and understand how the child is feeling and coping" (B2);

"Hopefully provide support going forward" (B6); "reassured them, some thought they were 'going mad' because of these USEs" (B5). Teachers reflected on their relationship with the young person and how their role in emotionally supporting and reassuring young people with could help them "feel normal" (B14).

These findings illustrate the importance of psychoeducation focusing on relationships, communication, normalising and destigmatising unusual sensory experiences. Prior research emphasises the comfort and support associated with understanding the common nature of the experiences (Escher et al., 2004). Despite the brevity of the film, the stimulus appeared to stimulate

reflection and foresee a change in their future responses to young people: "the video has made me consider what my response would be if a child explained to me they were hearing/seeing things that others weren't" (A2); "…I want to learn more about [unusual sensory experiences] now […] and obviously I want to provide the best job I can" (A6).

While educators reflected upon the film, they described how certain difficulties could go unnoticed in the classroom or misinterpreted as 'laziness' or 'withdrawal'. For example,

"watching that clip made me realise, made me think of specific children that come in my mind […] they're often labelled as being lazy, withdrawn or you know […] not focussing on lessons" (A8).

Research suggests young people's social world has an impact on how they relate to their USEs (Hayward, 2003; Hayward et al., 2011) and interactions with other people can influence the nature of voice hearing (Parry & Varese, 2020). Theoretically, making relatively small changes to teacher training programmes around mental health could significantly alter knowledge, confidence, and behaviours to help mitigate against a young person feeling misunderstood, stigmatised, and isolated, which could prevent against shame felt by a young person with USEs. Stigma and labelling are barriers to disclosure for adolescents (Mulfinger, Rüsch, Bayha, Müller, Böge, Sakar & Krumm, 2019) and training is a means through which to reduce the likelihood of both.

Questioning Qualifications and Competence

Answers provided by participants to the Likert scale questions on confidence in holding conversations about USEs with young people highlighted that training was seen as important. Further, participants in group A reported higher confidence than those in group B.

Collegiate support and training were seen as important:

"To be honest there was not much training on this type of situation… so I did not feel alone or had the pressure to deal with this situation myself" (B2).

These responses support prior research that identified the benefit of support for teachers, especially when supporting young people emotionally, rather than only educationally (Anderson et al., 2018). As aforementioned, internalised stigma can be a barrier for many young people in terms of disclosing experiences of USEs (Villager, 2016; Bogen-Johnston et al., 2017). This was reflected in teachers' accounts, B8 felt "scared and concerned". B9 explained being "worried about him as we had uncovered something that was making him distressed, that he hadn't talked about before". Consistent with previous literature, USEs were generally viewed as a possible symptom of a mental health condition (Shelemy et al., 2019), rather than a sign of stress, tiredness, loneliness, or another holistic conceptualisation. Participants in Group B described how children would want to talk about their experiences with their teacher,

"He told me about the voices he was hearing. It wasn't happening at the time we were talking" (B9).

Therefore, it is not clear why participants thought talking could exacerbate distress. Conversely, some teachers did report having a holistic approach, taking a curious approach to what young people were discussing with them: "interested to understand their experiences and share these through discussions" (B4); "helped them to feel safe and listened to" (B7). Research suggests teachers play an integral role in supporting the wellbeing of their students and feel a responsibility to support young people's mental health (Luthar, Kumar & Zillmer 2020). However, teachers in the present study were conflicted as to whether it was their role to support these children due to an underlying assumption that conversing about USEs required clinical or medical expertise.

Conclusion

Our findings suggest that teachers have the skills and existent relationships to support children with USEs in schools, although would like to feel more confident and have further training in how to apply existing and transferable skills. Although it is not usually the role of teachers to directly lead on mental health initiatives and conversations, teachers are likely to be approached by young people as trusted adults.

Listening and supporting compassionate self-exploration

If a teacher can offer a safe and non-judgmental space while the young person talks about their USEs to make meaning of their experiences, cultivating curiosity and reducing distress, it may be that the young person's overall health and wellbeing improves, and thus the young person's ability to engage fully in their education. Having this conversation may also indicate whether the young person may benefit from seeking further help and support through their family doctor, school counsellor or mental health service. Based on our research and knowledge of the existing literature, we have developed the following figure as a quick reference guide. There is a growing body of literature highlighting the beneficial role of compassion focused therapy approaches for people who hear voices (e.g., Heriot-Maitland, McCarthy-Jones, Longden, & Gilbert, 2019; Norman, Correia, & Paulik, 2020). Whilst we are not recommending specific training in 'compassion for voices' for teachers due to the emerging nature of the evidence base for young people and scope of an already extremely busy role for teachers, there are existing tools teachers could direct young people and parents towards. The following sources offer three practical resources, although an increasing number are available:

1. [Film: Compassion for Voices: a tale of courage and hope](#)

2. [Positive Thinking Self-Talk Activity Sheet from Twinkl](#)

3. [The 'How to Teach Self-Compassion to Children' resource page offers a range of relatively straightforward exercises for nurturing self-kindness with children and young people that can be helpful for ongoing wellbeing](#)

Sharing information and signposting

In addition to bringing talking therapies into schools and nurturing earlier interventions as recommended in the 'Transforming children and young people's mental health provision' Green

Paper (2017), we would also recommend psychoeducation for both educators and young people in relation to USE sand other stigmatised experiences, to create a shared language for often silenced experiences and opportunities for curious conversations to facilitate meaning making and reduce distress. For example, Voice Collective is a UK wide project that supports young people who hear voices, see visions, or have other sensory experiences or beliefs. There are a number of resources for young people, parents and educators available that can support education and raising awareness, which can in turn address the internalisation of stigma through normalisation and providing language for further supportive conversations.

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