Component 4: Helping children who are experiencing mental health difficulties

Key messages of Component 4: Helping children who are experiencing mental health difficulties

- Experiences in the early childhood years have the potential to affect long-term mental health.
- ECEC services are in a unique position to support children’s mental health as they have frequent and regular access to families.
- Promoting the value of seeking help for mental health difficulties can reduce the stigma associated with receiving help.
- Early recognition and intervention for children showing signs of mental health difficulties can prevent problems from impacting upon their development.
- Having policies and practices in place to support children who may be experiencing mental health difficulties can assist families to get access to the help they need.
Health difficulties in early childhood

Research has shown that up to 20 per cent of children from birth to school age experience mental health difficulties (Bayer, et al., 2008; Carter et al., 2010; Egger & Angold, 2006). Only one-quarter of these receive professional support and only half of those experiencing significant problems have access to mental health care (Sawyer et al., 2000). Mental health difficulties in early childhood, if untreated, can persist in later life. Recognising possible mental health difficulties and intervening early, can prevent problems from becoming worse and improve mental health outcomes for children now and into the future. ECEC services are in an ideal position to recognise and support children who may be experiencing mental health difficulties, as they interact with children and families on a frequent and regular basis.

Helping children experiencing mental health difficulties in KidsMatter Early Childhood

Component 4 focuses on the following two areas which contribute to helping children experiencing mental health difficulties:

Understanding children’s mental health and wellbeing

Staff recognise and support children who may be experiencing mental health difficulties. Early recognition of children who may be experiencing mental health difficulties means that families are more likely to access the help and support they need. The earlier children and their families receive support, the better. Understanding children’s mental health and wellbeing can also help educators to reduce any negative feelings that families may have about accessing mental health services.

Responding to children who may be experiencing mental health difficulties

Good relationships between ECEC services, families and mental health supports mean that more children can get access to the help they need and have improved mental health and wellbeing. Being aware of mental health services in the local area and how to access these can help both educators and families to support children with mental health difficulties. Early intervention and treatment provides parents, carers and educators with the strategies to support children’s development. Having the skills to support children’s development can also reduce stress for the child, their parents and educators alike.

Understanding children’s mental health and wellbeing

‘Early childhood mental health has been defined as a young child’s ability to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn—all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.’


This definition has been accepted by many in the field of early childhood mental health, as it considers all the aspects that have an influence on children’s health and wellbeing. In contrast, children who have difficulty managing their emotions, exploring their surroundings and building positive relationships are more likely to experience greater challenges throughout their lives with poorer long-term outcomes (Boyd et al., 2005).

‘Mental health difficulties’ is a term used to describe a broad range of emotional and behavioural difficulties that may cause concern or distress. They are relatively common and can include ‘mental health disorders’ which are more severe and/or longer-term mental health conditions.

‘Mental health disorders’ describes a clinically recognisable set of symptoms and behaviours associated in most cases with distress and difficulties in functioning, and which typically persist for a longer period of time—for example, Attention Deficit Hyperactivity Disorder (ADHD), depression and Obsessive Compulsive Disorder (OCD).
Some children in the community are at greater risk of developing mental health difficulties. Understanding the factors that put children at risk of mental health difficulties, the common signs and symptoms and the impact they have on children and families, can assist with the early recognition of mental health difficulties in children. This means that children and families can access support early, which has the potential to prevent problems or avoid problems becoming more severe. This also has the potential to minimise the effects of such difficulties on a child’s day-to-day experiences.

ECEC services are in a unique position to support children’s mental health as they have frequent and regular contact with children and families. This provides opportunities for collaboration with parents and carers in working together to recognise children who may be experiencing mental health difficulties. Within these relationships, individuals can share information about how to best support a child who is experiencing difficulties, allowing parents and carers to make informed choices about getting the help they need.

Early childhood staff, parents and carers can support children’s mental health by being aware of the potential difficulties that children may experience (Cavanagh, Lawrence & Hirst, 2010). One of the challenges of recognising these difficulties is that many children in this age group demonstrate age-appropriate behaviours that can also be interpreted as a potential problem. The rapid period of development in the early years means children’s behaviour needs to be viewed within this context. Children need the support of adults to help them develop the skills to manage situations or emotions in a more positive way. For example, it is quite common for toddlers to experience separation anxiety, but with time and support from adults, these feelings tend to lessen. However, a child who continues to experience high levels of separation anxiety in the preschool years and beyond, and across a range of settings, may require additional support (for example, from a mental health professional) to help them and their family manage these emotions.

Sometimes it can be difficult for adults to acknowledge that a child may be experiencing mental health difficulties, and talking with parents and carers about concerns can be particularly daunting. When partnerships are formed between ECEC services and families, as described in Component 3: Working with parents and carers, this can make sharing concerns and talking about sensitive issues less challenging.

‘Partnerships also involve educators, families and support professionals working together to explore the learning potential in everyday events, routines and play so that children with additional needs are provided with daily opportunities to learn from active participation and engagement in these experiences in the home and in early childhood or specialist settings.’ (Principle 2 of the EYLF) (DEEWR, 2009, p. 14).
Recognising children who may be experiencing emotional and behavioural difficulties early means that they can be referred to a mental health professional who can assess whether a significant concern is present. External mental health supports (for example, a mental health professional, or an inclusion support officer) can be helpful when a child is experiencing emotional and behavioural difficulties. They can provide useful information and strategies to assist parents, carers and early childhood educators in dealing with particular behaviours. Community services can also be helpful; sometimes they provide parenting groups or parenting programs that are designed to support parenting, which can also have an influence on children’s behaviour. There are a range of reasons why children behave the way they do, and many of them are not due to having a mental health difficulty. However, if children are showing emotional and behavioural difficulties, making some careful observations and discussing a child’s behaviour can help parents, carers and educators decide on the best way to support them.

**Risk factors for mental health difficulties**

- Family history of mental health difficulties
- Lack of warm, trusting and supportive relationships with significant adults
- Limited experiences of peer social interaction
- Unstable home environment (for example, family violence, parental conflict)
- Inconsistent caregiving
- Limited social support networks
- Involvement with child protection
- Parental mental illness
- Physical health problems
- Exposure to major, or frequent, stressful life events
- Lower levels of parental education, income and employment
- Difficult temperament
- Impaired brain development
- Early separation from primary caregivers.

**Protective factors for mental health**

- Warm, trusting and supportive relationships with significant adults
- Positive social interactions with peers
- High-quality early childhood education and care
- Stable home environment
- Access to positive social support networks
- Good social and emotional skills
- Good physical health
- Financial security of parents
- Access to health care
- Community connectedness
- Easy temperament
- Well-developed cognitive skills (for example, learning, attention, motor skills)
- Supportive relatives (for example, grandparent, aunt).
Diagnosing children with mental health disorders

Sometimes people avoid seeking help as they fear being diagnosed with a mental disorder. Diagnosing children as having specific disorders can have advantages and disadvantages. Much care is taken when giving children a diagnosis, especially when they are very young. Diagnoses also have their advantages, as often this allows a child to receive government funding for supports and resources which can assist them in their development. One of the major reasons why diagnosing children could be problematic is that people may have a tendency to respond to the diagnosis rather than the child. Focusing on the descriptors (for example, behaviours, thoughts or emotions) of a disorder, and the individual experience of the child rather than a diagnostic label, may be a more helpful approach. This means that children get treated for who they are and their individual abilities and needs, rather than what is expected of them in terms of the diagnosis they have been given.

Advantages of a diagnosis or ‘label’

- Families may feel relief as there is an ‘explanation’ for their child’s difficulties.
- Being eligible for funding and support services.
- May lead to intervention.
- Can provide families with connection to other families experiencing similar difficulties.
- Can help people to find out information about how to support a child and their family.
- Families can be linked to practitioners who have experience and skills working with a particular difficulty.

Disadvantages of a diagnosis or ‘label’

- Suggests that people with the same diagnosis all show the same characteristics.
- Puts people in categories, giving the impression that there are clear boundaries between what is considered ‘normal’ and a ‘mental health difficulty’.
- Labels tend to stick and may influence other people’s expectations of the child.
- Parents go through a grieving process when a diagnosis is given and may feel guilty or to blame for their child’s difficulties.
- Labelling can devalue a child’s individuality.
- Children who are labelled with a difficulty may feel unintentionally isolated in the early childhood environment or their family.
Providing an inclusive and accepting environment for those experiencing mental health difficulties

Although mental disorders are extremely common, they carry a great deal of stigma in our society. These negative attitudes add to the stress that people with mental health difficulties already experience. There may be staff in your service who struggle with mental health issues, there will be families in your community who live with mental illness, and there will be children in your service who are challenged by emotional problems. Providing an environment that is supportive and accepting of mental health difficulties can help families, educators and other members of the ECEC service community cope better and feel supported when they are experiencing difficulties. Finding ways to reduce the negative attitudes associated with mental disorders can also support families to seek help. This is an essential component of supporting children with mental health difficulties, as families will be more likely to follow through with interventions and referrals if seeking help is encouraged and promoted.

Many cultural groups have different attitudes to mental health and mental disorders. It is important to try to understand cultural differences in attitudes to mental health at your ECEC service, as they may affect how families view and seek help for mental health difficulties.

Promoting mental health, addressing community attitudes associated with mental disorders, and seeking assistance, can help reduce the stigma associated with mental disorders. This has been shown to have a positive influence on the mental health and wellbeing of communities, families and children.

Emotional and behavioural difficulties in early childhood

Parents, carers and early childhood educators can support children’s mental health by being aware of possible signs of emotional and behavioural difficulties. Some of the difficulties which might be cause for concern are represented in five areas related to mental health: Behaviours; Emotions; Thoughts; Learning; and Social relationships (BETLS). The children whom families and educators are concerned about will have difficulties in more than one of these areas, as they all have influences on one another. For example, a child who is showing signs of difficulties in their behaviour may also have difficulties in managing their emotions and developing social relationships. It is also possible for children to show difficulties in a number of these areas as they form the basis of early childhood development. Therefore, some observation, discussion and reflection can assist when deciding whether there is a significant concern requiring further investigation.

Behaviours are often the first and easiest sign of a mental health concern to observe. Behaviours can be broken down into two broad categories: externalising and internalising.

- Externalising behaviours can include one or more of angry, impulsive, hyperactive (for example, restlessness difficulty paying attention) and non-compliant behaviours. These behaviours are relatively easy to recognise as they are quite disruptive and are likely to demand attention from staff and parents or carers.

- Internalising behaviours can include one or more of inhibited and over-controlled behaviours, such as withdrawal, worry, fearfulness and becoming easily upset. These behaviours can be a lot more difficult to detect, as they are mostly experienced internally by the child and don’t necessarily draw attention from others.
Younger children may also experience difficulties in regulating their behaviour. This means that they may have difficulties in settling into a predictable routine (for example, sleeping, feeding) or managing reactions to changes in the environment (for example, loud noise, bright lights).

**Emotions** refer to how the child is feeling. Children with emotional difficulties may have trouble identifying, expressing or managing their feelings. For example, some children may find it hard to calm down after being upset and this can take time even with the support of an adult.

**Thoughts** refer to how and what a child is thinking. A child may experience negative thoughts about themselves or their environment which prevent them from interacting with others or getting involved in experiences (for example, they may think that nobody likes them, or that their parent or carer won’t come back to pick them up). It can be hard to notice such thoughts in younger children who are yet to develop verbal skills. Sometimes inferences about what a younger child may be thinking can be made, based on their behaviours and emotions.

**Learning** refers to how well a child is able to take in, understand and remember information. It also relates to how well they can communicate and interact with others, and use their physical skills (for example, fine and gross motor skills). Children with difficulties in learning may not be able to understand what they have to do, or may struggle to complete a particular task, movement or action. They also might not be able to ask for help when they need it or be able to make friends because they are unsure of, or have forgotten, what to do or say.

**Social relationships** refer to a child’s ability to form relationships with others. A child with difficulties in this area may find it hard to form social and emotional relationships with significant caregivers or peers. They may also have difficulty understanding social cues and behaving appropriately in social situations (for example, a child may not respond when a staff member is making faces and smiling at them or may struggle with taking turns in group play).

Many of these behaviours can be observed in the early childhood years as children are exploring their surroundings, learning how to manage their emotions, testing boundaries and developing their skills. Most children will at some time act out physically or verbally, or feel worried or scared about particular situations. Through engaging in thorough observation you can determine whether there is a significant concern requiring discussion with families and further investigation.
Recognising mental health difficulties

ECEC services can recognise mental health difficulties by:

- developing strong collaborative partnerships with families, encouraging good communication about their child’s behaviour, and including any concerns they may want to share
- observing and recording children’s behaviour over an extended period of time
- having discussions with parents or carers about concerning behaviours you have noticed and sharing information about what may be triggering them
- undertaking professional learning activities that provide information on how to recognise mental health difficulties in early childhood
- providing opportunities for regular supervision and mentoring
- encouraging educators to engage in reflective practice and professional conversations about their everyday interactions with children and families
- having processes in place to assist educators in recognising and responding to children showing signs of mental health difficulties.

Emotional and behavioural difficulties in children from birth to school age

The rapid development occurring in the early years means that children display a great range of behaviours. Developmentally, behaviours that would be concerning in later childhood are more commonly seen in the early years. A major challenge is that children in this age group grow and develop at different rates and stages, making it difficult to recognise when a concern may be present (for example, one child may no longer show signs of separation anxiety by age two, while another may continue to feel distressed at age three).

Some signs of emotional and behavioural difficulties have been described for babies, toddlers and preschoolers. Understanding what behaviours are appropriate for each age group is important as what may initially be thought of as a concern, could actually be age-appropriate behaviour and vice versa. For example, toddlers and early preschoolers often throw tantrums, which are a sign that they are having trouble managing and expressing their emotions. In an appropriate environment and with the help of supportive adults, many toddlers begin to learn new ways of dealing with strong feelings and so the tantrum behaviour decreases. Some children may continue these behaviours as they get older, or experience tantrums a lot more often than others, which may be a sign that further assessment and support are needed. Being aware of emotional and/or behavioural difficulties can prompt educators to undertake some observation or discuss concerns with parents and carers.

Some emotional and behavioural concerns have been described for babies, toddlers and preschoolers in the following pages. In the examples we have provided some signs that may indicate a child in your care requires further support.
Recognising emotional and behavioural difficulties in babies and young children

These are general guidelines only, and they do not cover all situations. Talking with a health professional for reassurance and/or early help may be useful if:

- families or educators are worried about babies or young children
- children seem to be very different from other children of their age in development or behaviour
- children seem to go backwards, losing skills for more than a short time (this can happen at times when children are stressed).

Babies from birth to six months

All young babies have crying times as they adjust to the world. Sometimes this can be a way of communicating everyday needs. Often they may be hungry, as young babies have small stomachs and need lots of feeds, especially breastfed babies as breastmilk digests very easily. Sometimes they just cry and nothing educators, parents or carers do seems to work. Some babies cry more than others and this may be called colic.

Babies get comfort from gentle holding and rocking. By about three months of age the baby has adjusted better to the world, so generally the crying times become less frequent and babies are much more settled.

Some signs that babies might need more support

It would be appropriate to work together with the baby’s family to seek the advice of a health professional if the baby:

- does not cry for attention
- does not startle with noises when newborn
- has a high-pitched cry
- does not smile by eight weeks
- does not sleep for one five-hour stretch at night by three months
- does not make any little voice sounds by three months
- does not put on weight
- is not comforted by being held and crying periods don’t get less by three months
- stiffens and arches back often when held
- does not like to look at a parent’s face or look into their eyes.

If the baby’s parent or carer discloses that they are feeling stressed or experiencing depression much of the time, it is important to support them in getting the help they need. Supporting the mental health of parents and carers means that they can cope better, enjoy their babies and experience positive wellbeing.
Some signs that an older baby might need more support

It would be appropriate to work together with the baby’s family to seek the advice of a health professional if the baby:

- cannot settle to sleep even when their parent or carer is with them
- does not look into the parent’s or carer’s eyes
- does not enjoy little interactive games with their parent or carer
- cannot be comforted by their parent or carer when crying
- is withdrawn, not interested in playing and toys
- is not making lots of little voice sounds
- does not like eye contact
- stiffens and arches back when being held
- does not turn to you when you say their name
- is not starting to move around (for example, trying to roll or crawl)
- does not look for things when they drop them
- does not seem to especially want to be with their parent or carer
- does not understand some words by the end of the year.

Toddlers from one year to three years

Toddlers are learning about being separate people and wanting to use their independence and say ‘no’. They don’t yet have good control of their feelings and are likely to have a tantrum if they are frustrated, for example when something does not go how they want it to. At the same time, they need lots of support from parents and carers as they go to and fro between being independent and needing support and comfort. They also like their world to be predictable, as this helps them feel safe with all the new things they are learning, so they are often very particular about what foods they like and do not want to try new things. They may also like to do things the same way each time, for example, read the same bedtime story, and get very upset if someone changes the way they do things. They find playing with other toddlers hard and need lots of adult support. If they have a dummy or other comfort toy, they need it when they feel stressed or separate from their carers; for example, at bedtime. They also find it hard to make choices although they want to try. They find it hard to share and take turns.

Older babies from six months to one year

Babies of this age are usually eating some solid food, and trying out their arms and legs by learning to sit up, crawl and then stand and perhaps walk. Soon after six months they learn that things still exist when they can’t see them, including parents and carers. Babies of this age become worried when they are apart from their parent or carer and might cry at bedtime or other times when they are separated. They often try to follow their parent or carer from room to room. This is a normal part of developing and realising that their significant caregivers are really important to them and keep them safe. They might also be afraid of strangers, and sometimes even people they know. Many babies still wake at night but can be quickly comforted by knowing a parent is with them. Some breastfed babies still wake for night feeds as well.
Some signs that a toddler might need more support

It would be appropriate to work together with the toddler’s family to seek the advice of a health professional if the toddler:

- has tantrums many times a day, or is not able to be comforted at the end of the tantrum
- is continually biting other children
- does not have any words by 18 months, or signs for words
- does not put two words together by two years
- does not look at things when you point at them, and does not point at things
- does not enjoy playing interactive games with parents or carers
- does not play
- does not smile and enjoy being with well-known adults
- uses toys repetitively, doing the same thing over and over such as spinning a wheel
- does not prefer to be with special parents or carers
- does not seem to notice when hurt
- does not imitate household tasks by age two
- does not like to be near other children
- is equally friendly to everyone and does not choose parents or carers
- does not seek out, or feel comforted by, parents or main carers when upset.

Preschoolers from three to five years

Preschoolers have made big strides in their knowledge and learning. They know that they are separate people with separate minds and they feel more secure when they are not with their parents or carers compared with when they were younger. They are learning to share and take turns although not always well, and to play cooperatively with other children, although friendships are often temporary, depending on what the games are. Four-year-olds may be very boisterous and ‘bossy’ from time to time and like to try out saying words that their parents don’t approve of. Children are usually having fewer tantrums by three and much less likely to be aggressive with each other. Three-year-olds may be ready for toilet training although some children take longer. They usually sleep well unless something is worrying them, although they still might want to know that parents or carers are near. Children may give up their dummy or comfort object by the time they are four.

Some signs that a preschooler might need more support

It would be appropriate to work together with the preschooler’s family to seek the advice of a health professional if the preschooler:

- has significant sleeping problems, waking a lot at night
- reverts to soiling or wetting often after being toilet trained
- masturbates a lot, even when in public
- is often defiant, refusing to obey parents
- does not enjoy being with children
- displays unprovoked aggression towards other children
- does not seek parents or carers for comfort
- does not play with other children
- does not ask questions
- is not able to separate from parent or carer even with support
- is not able to be understood by someone they don’t know, most of the time
- has ongoing fears that prevent enjoyment of life
- is not able to respond to another person’s point of view/feelings.

Adapted from:
Pervasiveness, frequency, persistence and severity

One of the major challenges of recognising the signs of emotional and behavioural difficulties in early childhood is deciding when a concern is significant enough to take further action. Concerning behaviours and emotions can sometimes be related to what is going on in a child’s surroundings or specific events in their life (for example, moving house, birth of a new sibling, or parents returning to work). Other concerning reactions can be associated with a particular situation (for example, feeling tired and irritable due to missed nap times).

Examining the pervasiveness, frequency, persistence and severity of children’s behaviours, thoughts and emotions can help staff recognise the level of concern present.

- ‘Pervasiveness’ refers to the number of settings in which a child is displaying particular behaviours, emotions and thoughts (for example, the ECEC service, home, when visiting friends or family).
- ‘Frequency’ refers to how often these behaviours, emotions and thoughts are observed (for example, rarely, all the time, only at certain times of year, after holiday periods).
- ‘Persistence’ refers to how long the behaviours, emotions and thoughts have been present for (for example, days, weeks, months).
- ‘Severity’ refers to how severe a child’s behaviours are (for example, mild, moderate or severe). Severity also relates to how much these behaviours are influencing a child’s day-to-day experiences and how a child’s behaviours compare to other children’s behaviours within the same age group.

The more pervasive, frequent, persistent and severe a particular group of behaviours, thoughts and emotions are, the higher the level of concern. How a child’s reactions compare to other children of the same age group and how much they influence a child’s day-to-day experiences also provide further indications as to the level of concern present. Taking time to observe a child who has been showing signs of difficulty can help staff understand the meaning behind a child’s behaviour (for example, is it situational, contextual or persisting?) and take the steps necessary to meet the child’s needs.
Observation: Using the BETLS tool

Observation can be used to get a fuller picture of a child’s behaviours, thoughts and emotions and an understanding of how pervasive, frequent and persistent they are. One way to collect such information is by using the BETLS tool developed by KidsMatter, which can help to organise observations of children when there are concerns about their behaviour(s).

- **Behaviour** is often the first and easiest sign of a mental health concern to observe. In addition to observing how a child is behaving, it is also important to consider the below.

- **Emotions** how the child is feeling (or how you think they might be feeling).

- **Thoughts** what the child is thinking (or what you consider they might be thinking) and the child’s strengths and areas for development (for example, areas of the child’s life on which this behaviour may be having an effect).

- **Learning** what learning areas are being affected?

- **Social relationships** what social areas are being affected?

For example, a staff member observes that a child is not responding to an adult’s greeting (Behaviour). The staff member thinks that the child may be feeling shy or scared (Emotions) because the child might not know how to respond to the adult (Thoughts). This could impair how they learn to communicate with adults (Learning) and also affect how they interact with others (Social relationships).

The purpose of the BETLS tool is to:

- gather and formally document observations about concerns with a child’s behaviour, development and wellbeing by noting their Behaviours, Emotions, Thoughts, Learning and Social relationships

- organise observations and thoughts about a child

- examine how pervasive, frequent, persistent and severe a child’s behaviour is

- begin to understand the meaning behind a child’s behaviour

- support the discussion of concerns with other educators along with the parents or carers of the child.

The BETLS chart is an information-gathering tool to guide further discussion and decision making to support a child’s development and wellbeing. It is not a diagnostic tool.
<table>
<thead>
<tr>
<th><strong>Behaviours</strong></th>
<th><strong>Emotions</strong></th>
<th><strong>Thoughts</strong></th>
<th><strong>Learning</strong></th>
<th><strong>Social Relationships</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the child doing? (for example, unsettled at sleep time)</td>
<td>What is/might the child be feeling? (for example, sad)</td>
<td>What is/might the child be thinking? (for example, ‘I’m missing my mum’)</td>
<td>What learning areas are being affected? (for example, difficulty concentrating)</td>
<td>What social areas are being affected? (for example, avoids group situations)</td>
</tr>
</tbody>
</table>

**Pervasiveness**
- **WHO** is present at this time? Staff? Parents or carers? Other family members? Other children?
- **WHERE** do these things occur? One setting? Multiple settings?
- **WHEN** do these things occur? Times of the day? What’s happening before? What’s happening after?  

**Frequency**
- **HOW OFTEN** does this happen? Times per day/ per week?  

**Persistence and severity**
- **HOW LONG** has this been happening? Always? Just started? Built up over time?
- **HOW MUCH** is this influencing the child’s life? Mildly? Moderately? Severely?
**Staff self-reflections**

*Your feelings:* How does this situation make you feel? What additional support may you need?

*What have others noticed about this child?*

*Strategies:* What things have been tried with the child? Who implemented these strategies? What was the outcome?

*Other factors to consider:* What cultural factors might be playing a role in this situation? Have there been any changes in the child’s life or in the service?

*What might you do next?* Talk to a colleague? Talk to the Director? Talk with the child’s parent or carer?

*What more information do I need about this child?* Where could I get more information?
Using the BETLS tool
The BETLS tool is used to gather more information about a child you have some concerns about. The tool can be used over a period of time in order to get a greater understanding of why a child may be behaving in a particular way. It also has space for educator self-reflection which can provide further indications about the meaning behind a child’s behaviour and how it impacts on others.

The BETLS tool helps staff to gather information about the pervasiveness, frequency and persistence of the child’s behaviour and how much this affects their daily experiences. This is especially important when determining what to do next.

Special attention should be given to a behaviour if it is especially:
- pervasive across settings
- occurring frequently
- persisting over a long period (longer than two weeks)
- significantly affecting the child’s ability to learn, play and interact socially.

What to observe when using the BETLS tool
Observing children doing a variety of things in a range of settings can provide a greater understanding of the meaning behind their behaviours, thoughts and emotions. Play is how young children learn and interact with their environment and is a major part of what they do day to day. Observing young children playing can provide a lot of information about how particular behaviours, thoughts and emotions are influencing their experiences. Educators may also observe children during group times (for example, how they attend to someone reading a story), meal times and nap times, to learn more about how the child’s behaviours, thoughts and emotions impact upon them in these situations.

Consulting before acting
It is always helpful to talk through a concern about a child with other staff members and the BETLS tool provides a basis for beginning this conversation. This encourages educators to support each other with decision making and action, rather than having to act alone. Educators are not expected to take sole responsibility for deciding whether the information gathered is ‘concerning’ enough to warrant action. Ensuring that all staff and educators are aware of who they can talk to when they are concerned about a child means that they don’t have to feel like they have to act alone and can get the support they need.

Talking to parents or carers about a specific concern can often be challenging for early childhood educators; however, as discussed in Component 3: Working with parents and carers, forming collaborative partnerships with families can support this process. Being informed about what services are available in the local community and having processes in place to support families to seek help, can benefit children’s mental health and wellbeing. Many ECEC services also have a number of children involved in their programs who have already been recognised as having emotional and behavioural difficulties. Ensuring that the early childhood staff have access to support for working with these children is beneficial to the child, their family and the ECEC service.
Discussing concerns with parents and carers

Having already documented observations of a child showing signs of emotional and behavioural difficulties can be helpful when discussing concerns with parents and carers. Sharing such information with parents and carers can be challenging. Parents and carers may have different views or perspectives from staff about the triggers and nature of a child’s difficulty. Building collaborative partnerships with families, as presented in Component 3: Working with parents and carers, can support communication between staff, parents and carers when there is a concern.

Families and staff can develop a shared understanding and trust that supports discussion and problem solving about a concern when they:
- show respect for one another’s knowledge
- communicate on a regular basis
- share decision making
- respect diversity and different perspectives
- have access to support networks.

The best way to support children is in partnership with their families. Families can provide an understanding of their child and share any particular circumstances that may be important when working with children. Involving parent perspectives gives further understanding to the meaning behind a child’s behaviour.

Setting up an appropriate space for discussing concerns with parents and carers is an important part of making everyone feel comfortable and open to sharing information. The ‘Discussing Concerns’ flow chart (p. 80) provides some guidelines for talking with parents or carers about a concern. Having the appropriate space and time for meeting with families can be especially challenging for ECEC services. Going through this flow chart may assist educators to work with families to best meet the needs of their child. It also helps to overcome some of the concerns educators may have when meeting and speaking to families about their child. Families may also come to the service with their own concerns about their child. This flow chart can help staff be prepared for these interactions.

The Discussing Concerns flow chart expands on what was covered in Component 3: Working with parents and carers, by providing more detail about speaking to parents in relation to a specific concern. Early childhood educators may use the five stages in this flow chart as a guide to prepare for a meeting, or as a self-reflection tool following a meeting with parents and carers.
1. Preparing for meeting

Things to consider:

Practical issues
- How will the parent be contacted? How will you tell them what the meeting is about?
- If the meeting has been prompted by a parent/carer how will you prepare?
- What is a suitable meeting time? Will there be a private space available during this time?
- Who will be present at the meeting? Have parents or carers been told who will be there and asked who they would like to attend/bring along (for example, a staff member with whom they have a close relationship, a relative for support)?
- What information has the parent or carer indicated that they would like to discuss?
- Is a translator required? Will relief staff be required? Refreshments?
- Have I reflected on the nature and outcomes of any previous discussions with these parents/carers?

What is the meeting about?
- Have the observations (for example, BETLS) of the child been reviewed? What are the main areas of concern? What strategies have been used to support the child, how well have they worked?

2. Talking with parents and carers

Things to consider:

What will make the parent or carer comfortable? How will you start the conversation?

Listen to parents/carers
- What do they already know?
- What do they want to happen?

Start conversation—using everyday language
- What are the strengths of the child? What areas are of concern to staff?
- How do parents feel about observations made? Are their experiences at home the same/different?
- Are there any possible reasons for the child’s behaviour that the staff may be unaware of?
- How will you work together to manage a concern? What strategies does the parent think could be tried? Have you both recorded a plan that everyone is happy with?

3. Responding to feelings and reactions

Things to consider:

Being aware of yourself
- What are you showing in your body language? Do you have a relaxed and open posture?
- Are you aware of how you are feeling and what you are thinking?
- Are you presenting only observations? Are you aware of any assumptions you may be making about the child’s behaviour?

Getting a sense of parents'/carers' feelings
- What may the parent be feeling? Are they showing signs of how they feel in their communication style or body language?
- How will you respond to a parent or carer who may be feeling uncomfortable, worried or upset by what is being discussed?
- How will a difference in opinion, between staff and parents/carers, be managed?
- Have parents/carers been given the opportunity to ask questions? Have you thought about how you will respond to these? Do you know enough to respond?
- Have both staff and parents/carers agreed on what the concern is and how it should be managed?
- What does the parent feel should happen next?
Responding to children who may be experiencing mental health difficulties

Sharing discussions with parents and carers about concerns for a child’s mental health may involve deciding what to do next. ECEC services that have knowledge of services available to support children’s mental health in their community, can encourage families to seek help. Developing collaborative partnerships between early childhood educators, families and mental health supports means that children get access to the help they need and educators and families can work together to support children. Many ECEC services work with children who have already been identified as having emotional and/or behavioural difficulties. Having strategies to manage children’s behaviour can build educators’ confidence in supporting a child’s development and their mental health.

Keep in mind the unique and individual needs of each child, and that one mental health service which has worked well for one child and family may not be helpful or the best fit for a different child and family with a similar difficulty. Sometimes families need to seek support from more than one service in order to find the best fit for them. ECEC services can assist families to seek help through providing support, information when required and encouragement.

ECEC services may also seek help for their own management and support of a child with additional needs. They may make contact with inclusion support facilitators, mental health consultants or their regional support workers to support educators in their work with children who may be experiencing emotional and behavioural difficulties. These professionals can provide guidance and strategies to support the development of children with additional needs.

Encouraging and supporting help-seeking at your service

There are many children experiencing emotional and behavioural difficulties who don’t obtain the support they need. Through their relationships with families, children and community services, ECEC services can play an important role in increasing the number of children and families who make contact with mental health supports.

There are a number of reasons why families don’t seek help for their child’s emotional and behavioural difficulties. Some of these include:

- attitudes and beliefs about mental health—there are some perceptions within the community that young children don’t experience mental health difficulties, or that they will grow out of them without intervention
- not recognising that a child may be experiencing a mental health difficulty—being unaware of the signs, or having different views on what is and isn’t a difficulty
- not feeling confident and supported—being unsure of whether a child is having difficulties, feeling overwhelmed by difficulties or not knowing what to do
- having difficulty getting access to mental health services—living in a community where the number of services are limited, or there are long waiting lists, or it is hard for families to get to appointments
- practical issues—such as family financial difficulties, negative experiences when seeking help previously or concerns about privacy.
ECEC services can encourage and support help-seeking in a number of ways, such as:

- developing partnerships with families and having discussions about children’s mental health and wellbeing
- learning about the various cultures of families who attend your service and their perspectives of children’s mental health—understanding cultural practices may help in explaining a mental health concern to a family
- forming relationships with mental health supports in the community
- hosting information nights where speakers from mental health services can present to parents, carers, and educators and staff
- attending training on various topics related to children’s mental health
- making private space available for families to meet with mental health supports at the ECEC service
- advertising parenting groups or other support groups running in the local community
- in the case of limited services in the area—discussing with a family the best ways to support a child and tapping into resources that are available (for example, inclusion support officers, books, web training)
- making information available about local low-cost or after-hours services
- maintaining a service database/list of local mental health services.

Developing collaborative partnerships between families, staff and mental health supports

Due to the significant amount of contact that educators and staff have with children and their families, ECEC services are in a good position to build collaborative partnerships between families, the ECEC service and mental health professionals. Children’s mental health and wellbeing benefits when services and families form collaborative partnerships with their local community support services and mental health professionals. There are a range of ways in which ECEC services can assist children and their families to access interventions.

By increasing access to mental health support services, early childhood educators can make a significant difference in the lives of children who may be experiencing emotional and behavioural difficulties. Building educator capacity and confidence in recognising the early signs of mental health difficulties in young children is an important aspect of increasing access to mental health support.

Early treatment and intervention involves providing children with effective support before emotional and behavioural difficulties become worse. The sooner children can access interventions, the better the outcomes. For treatment and intervention to be successful, it is important that it is provided in partnership with families, and that it is planned and coordinated.

Collaborative partnerships with community support services and having service policies and practices which indicate how to support children and families who may be experiencing emotional and behavioural difficulties, can help staff to feel confident about how to proceed when they have concerns about a child’s mental health. There are a range of ways in which ECEC services can support children and families to access interventions. Some services have very limited resources and supports while others have access to a range of supports in the community. Some services work closely with, or are even integrated with, their local community agencies and are able to offer services and interventions on site. It is helpful if each service identifies both the needs of the children and the supports available to them, and provides this information to the families.

Some children within an ECEC service will have already been identified as having difficulties, and may have been referred for a mental health assessment or been given a diagnosis. Staff can play an important role with these children and families by providing support and observing their progress. Educators can continue to monitor and support children and can reinforce intervention strategies discussed with parents or carers. Through their relationships with families, educators can also provide feedback on whether the intervention is helping the child and their family in the ECEC setting. It is essential to seek feedback from parents, carers and educators on how children are going, once they begin receiving support from mental health services. If an intervention does not seem to be working, in collaboration with families, ECEC services can seek out further information and support from mental health services that may be involved with a child and family. When ECEC services reflect on, identify, and if possible, address reasons why families are not accessing the help they need, this can create opportunities for educators to support the seeking of help.
Common diagnoses in the early childhood years

There is some controversy about the diagnosis of very young children with the following disorders. However, there is also evidence to suggest that with well-informed observation, assessment and understanding of the child, a diagnosis may be made by a mental health professional. Many ECEC services already work with children who have received a particular diagnosis. There may also be some children at your service showing some signs of emotional and behavioural difficulties who will be diagnosed with a disorder at some time. Some common diagnoses of children from birth to school age include:

- **Disruptive behaviour disorders** are characterised by frequent and prolonged tantrums, aggressive behaviour, difficulties in self-control and high levels of activity. The most common disruptive behaviour disorder diagnosed in the early years is Attention Deficit Hyperactivity Disorder. Children with ADHD find it hard to control their immediate reactions and frequently act impulsively without thinking first. They may change their activities often without finishing what they are doing. They have difficulty concentrating and remembering what they are told to do.

- **Oppositional Defiant Disorder and Conduct Disorder** also fall under this category; however they tend to be more often diagnosed in school-aged children. Early childhood educators can support children with disruptive behaviour disorders by providing routine and structure in their environment; maintaining supportive relationships with them; keeping an eye out for things that trigger certain behaviours to help manage them; and by providing praise and positive reinforcement when children are behaving well.

- **Developmental disorders** occur when a child does not achieve the normal developmental skills expected for their age group. This affects their ability to learn, play, control behaviour and form relationships with others. A developmental disorder may be present from birth, however it often isn't recognised until a child is required to engage in more challenging social and learning experiences. Some examples of developmental disorders include Autism Spectrum Disorder and language disorders. ECEC services can have a large role in supporting the area of development in which the child needs help.

- **Anxiety disorders** occur when a child experiences excessive worry, concern or fear frequently and during common day-to-day experiences. Children with anxiety disorders feel worried and fearful at a level that does not match the situation at hand (for example, fear that their parent will get hurt if they are not with them) and is not similar to that experienced by children of a similar age. Some examples of anxiety disorders include Generalised Anxiety Disorder, Specific Phobia and Separation Anxiety Disorder. Developing trusting relationships with children and working together with families can help reduce the fears and worries that children with anxiety disorders can experience.

- **Depression** is characterised by sadness that is persistent, prevents a child from experiencing joy, and affects their ability to engage in common daily experiences. The play and everyday activities of depressed children that are usually fun and enjoyable, may reflect sad and negative themes. Depressed children may also feel excessive guilt and shame in response to both negative comments or praise, become highly anxious, be irritable and restless and report frequent aches and fatigue that can't be explained by physical causes. Many children can show this level of sadness due to a specific situation, such as a death of a loved one or separation of parents/carers. However, a depressed child's sadness is not usually associated with a particular event and is lasting. Providing opportunities for children with depression to express their feelings, experience success and develop relationships, are some ways early childhood educators can support them.

- **Trauma** can be understood as an emotional, psychological and physiological response that accompanies experiences of threat, violence, and life-challenging events. Trauma overwhelms our ability to cope. Infants and young children are very vulnerable to the effects of trauma because their brain is still developing. Because of this, trauma can impact on all areas of children's development. Sometimes the effects of trauma are immediate. Sometimes they can take some time to appear. Trauma can affect children's development, learning, play, friendships, routines such as eating and sleeping, behaviour, cognitive skills such as memory and planning, physiological states and emotions. Importantly, trauma can disrupt children's sense of safety within relationships. This can make it difficult for children to form connections, and feel secure, engaged and settled. How families and educators respond is very important in helping children to cope with a traumatic event. Providing reassurance about safety, comfort when distressed, and predictable routines are ways early childhood educators can support children.
Mental health supports for children and families

In most communities there are a range of services available to support the mental health of children and their families. Not all children showing signs of mental health difficulties require a specialist referral and many may benefit from other types of supports for mental health in the community. Some examples of specialist and community mental health supports include:

- **General Practitioner** can provide referrals to mental health professionals such as psychologists, social workers and occupational therapists under the Medicare system, providing a number of sessions for free (if they are bulk-billed) or at a subsidised rate. They can also provide other referrals for specialists such as speech pathologists, paediatricians, psychiatrists and occupational therapists. In some cases these services may be fee-based.

- **Community-based programs** may provide sessions run by professionals on strategies for dealing with particular concerns (for example, challenging behaviour, sleep difficulties) for educators and parents or carers.

- **Psychologists, social workers, occupational therapists, speech pathologists and other health professionals** can provide families with support around mental health concerns by suggesting strategies for working with the child. Some of these professionals can also conduct assessments for diagnosis where appropriate.

- **Maternal child and health nurses** can provide families with information on child development, and may provide guidance on useful community programs and professional services.

- **Professional development and training** can provide training for educators around strategies for working with children who have specific mental health difficulties.

Supporting children with mental health difficulties

Supporting children with mental health difficulties can often be challenging as, at times, they may display a range of behaviours that can be difficult to manage. However they may also come to the service with supports already put into place; they may have plans that can provide staff with strategies and information for managing their emotional and/or behavioural difficulties, or their parents or carers may be able to offer some strategies that they have found useful. Emotional and/or behavioural difficulties can arise within the ECEC service, whether or not a child is connected with external supports. ECEC services can find this stressful if they don’t feel equipped to manage such situations. Finding ways of managing emotional and/or behavioural difficulties within the ECEC service supports both staff and children, having a positive effect on their mental health and wellbeing.

ECEC services may come up with strategies to respond to emotional and behavioural difficulties by:

- undertaking some observations (for example, using the BETLS tool) to see if behaviours are triggered by particular experiences at the service

- talking to other staff—early childhood educators and staff come with a great range of experience and knowledge which they may be able to share with other staff

- meeting with parents and carers—educators and families can work together in finding ways to respond to particular behaviours; parents and carers may also be able to share what works well for them at home

- meeting with families and external support workers for the child—this can be useful for discussing new strategies, getting access to information and resources and tapping into other supports that may be available (refer to Discussing Concerns flow chart)

- attending training sessions—early childhood educators may attend sessions on responding to behaviours of children with specific mental health difficulties.
Target Areas of Component 4: Helping children who are experiencing mental health difficulties

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<tr>
<th>TARGET AREAS</th>
<th>GOALS</th>
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<tbody>
<tr>
<td><strong>TARGET AREA 1</strong></td>
<td>Understanding children’s mental health and wellbeing</td>
</tr>
<tr>
<td>▪ Educators have an understanding of mental health difficulties in early childhood including common signs and symptoms, their impact on children and families, and factors that put children at risk.</td>
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<tr>
<td>▪ Educators understand that getting help and support early is important for children (and families) experiencing difficulties.</td>
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<tr>
<td>▪ The service provides an inclusive and accepting environment for parents, carers and children who may be experiencing difficulties with their mental health.</td>
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<td>▪ The service has policies and practices that support children and families to seek help for mental health difficulties.</td>
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<td><strong>TARGET AREA 2</strong></td>
<td>Responding to children who may be experiencing mental health difficulties</td>
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<td>▪ Educators have a shared understanding of their role, and its boundaries, in addressing the needs of children experiencing mental health difficulties.</td>
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<tr>
<td>▪ The service has protocols and processes for recognising and responding to children who may be experiencing mental health difficulties.</td>
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<tr>
<td>▪ Educators have knowledge and skills in recognising and supporting children who are experiencing mental health difficulties, including how to access support and make appropriate referrals.</td>
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<tr>
<td>▪ The service has effective working relationships and clear referral pathways with support services, and supports families to access these services.</td>
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Some examples of links between Component 4 and the NQS Quality Areas:

- 2.1: Each child’s health is promoted.
- 4.2.2: Educators, coordinators and staff members work collaboratively and affirm, challenge, support and learn from each other to further develop their skills, to improve practice and relationships.
- 5.1.1: Interactions with each child are warm, responsive and build trusting relationships.
- 6.3: The service collaborates with other organisations and service providers to enhance children’s learning and wellbeing.

Component 4 of the KidsMatter Early Childhood initiative specifically relates to four Quality Areas of the National Quality Standard: Children’s health and safety; Staffing arrangements; Relationships with children; and Collaborative partnerships with families and communities. Educators are well placed to promote children’s mental health when they develop positive relationships with families, carefully consider the physical and emotional quality of the environment at the service, recognise their own professional expertise and seek out assistance when needed. The trust and respect developed through family–educator partnerships plays an important role when children may be experiencing mental health difficulties. Together, families and educators can work with mental health services to facilitate referrals and access to intervention when needed.