Helping children with mental health difficulties

Facilitator Guide
Acknowledgement

KidsMatter Australian Primary Schools Mental Health Initiative has been developed in collaboration with beyondblue, the Australian Psychological Society, the Principals Australia Institute and, with funding from the Australian Government Department of Health and Ageing and beyondblue.

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Last updated in March 2013
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What is KidsMatter Primary?

KidsMatter Primary is a flexible, whole-school approach to children’s mental health and wellbeing for primary schools. It works both on its own and as an umbrella under which a school’s existing programs can comfortably fit. KidsMatter Primary provides the proven methods, tools and support to help schools, parents and carers, health services and the wider community nurture happy, balanced kids.

KidsMatter Primary was developed in collaboration with beyondblue, the Australian Psychological Society, and the Principals Australia Institute, with funding from the Australian Government Department of Health and Ageing and beyondblue.

KidsMatter Primary fosters partnerships between the education and health sectors.

KidsMatter Primary takes schools through a two-to-three year cyclical process in which they plan and take action using a comprehensive whole-school approach to mental health promotion, prevention and early intervention. It allows for flexibility and can be tailored to schools’ local needs. In this way, KidsMatter Primary builds on the work schools are already doing to address the mental health and wellbeing of their students through national, state, territory and sector-based mental health initiatives and policies. KidsMatter Primary provides a range of resources and support throughout the implementation journey.

To read more about KidsMatter Primary, see the Participant Workbook and website: www.kidsmatter.edu.au.

Four components

Schools take action across four areas, known as ‘components’. Research has identified that these are the areas where schools can make a real difference in supporting their students’ mental health and wellbeing. These make up the core content of KidsMatter Primary.

Dividing KidsMatter Primary into the four components is a way of making the task of improving students’ mental health and wellbeing in schools more manageable. It also allows schools to focus their efforts more effectively, and include all the significant people and contexts in children’s lives that may impact on their mental health.

The four components of KidsMatter Primary are interrelated. Each is important for supporting student mental health and wellbeing.
Component 4: Helping children with mental health difficulties

Components 1, 2 and 3 of KidsMatter Primary encourage schools to address and strengthen the mental health and wellbeing of all students. Component 4 is unique in that it addresses the students who may show signs of – or may experience – mental health difficulties and require extra assistance.

Children with mental health difficulties experience considerable distress. So do their families and others who care for them, including school staff. If these difficulties persist, children are likely to have much poorer outcomes. On the other hand, getting help in the early stages of a child’s difficulty can mean that mental health issues are resolved before they become worse or entrenched, and can improve educational outcomes and the quality of life for children and their families.

While there is much evidence to support the effectiveness of getting help, very few children with mental health difficulties receive professional support. In some estimates, only one in four students get the help they need (Sawyer et al., 2001).

There is an important role for schools to help students who may be experiencing mental health difficulties. Firstly, within the boundaries of their position, school staff can help by recognising when a child may be experiencing difficulties. School staff can then respond to the child by promoting an inclusive, accepting environment. They may also use school policies and practices to facilitate access to support and referral pathways in collaboration with parents and carers. Finally, schools can be effective in minimising disruptions to learning and help students remain engaged in their education. This is best achieved by working closely with children, their parents and carers, and support services.

Two specific target areas have been identified for Component 4, with goals for each target area that assist schools to provide further support to children with mental health difficulties.

To read more, see the Component 4 literature summary in the ‘Additional reading’ section of the CD presentation.
Component 4 professional learning

Key learning outcomes

Component 4 professional learning helps participants understand the importance of getting help for students with mental health difficulties. Specifically, participants should be able to:

1. Understand mental health difficulties and the benefits of getting help in childhood.

2. Recognise the signs of mental health difficulties and know the procedures for responding in their school.

3. Identify strategies for supporting students with mental health difficulties to remain engaged in their education, and understand how all four components of KidsMatter Primary help achieve this.
What it covers

Component 4 professional learning is conducted over three sessions and can be delivered as a one three-hour session, or as three one-hour sessions.

This session enables participants to...

SESSION 1
Understanding mental health difficulties
- learn about Component 4 of KidsMatter Primary
- develop a shared understanding of mental health difficulties in childhood
- identify the role of school staff, including role boundaries, in addressing the needs of students experiencing mental health difficulties
- understand that getting help and support early is important for students and their families

SESSION 2
Recognising and responding to mental health difficulties
- recognise the signs of mental health difficulties in students
- develop or reinforce a shared understanding of school procedures for addressing concerns about a student’s mental health

SESSION 3
Supporting students to remain engaged
- identify or consolidate strategies for supporting students with mental health difficulties to remain engaged in their education
- understand how all four components of KidsMatter Primary help students who experience mental health difficulties.
Whole-school staff professional learning in KidsMatter Primary

Implementing KidsMatter Primary successfully requires the active participation of the whole-school community. Each of the four KidsMatter Primary components has a professional learning package designed to be delivered to all school staff by you, the facilitator.

Whole-school professional learning can help staff to:

- develop a shared understanding of children’s mental health and wellbeing and recognise the important role that staff play
- understand different school community perspectives, including those of parents, carers and students
- further understand what contributes to children’s mental health and wellbeing
- view examples of good practice and have the opportunity to practise specific skills
- identify avenues or opportunities to enhance their school’s practices relevant to each component
- contribute to the planning for implementation of KidsMatter Primary at their school.

Each component package contains three-to-four hours of content relating to the KidsMatter Primary target areas, and includes:

- a Facilitator Guide
- a CD presentation (including videos and slides)
- a Participant Workbook
- additional reading.

During a typical professional learning session, it’s the job of the facilitator to:

- understand the mental health, wellbeing, and educational concepts
- explain the concepts to the participants
- ask participants to make sense of the concepts, based on their own experiences, by facilitating discussions
- highlight key points for each concept, as noted in the Facilitator Guide
- answer any questions that may be raised by participants (or take questions on notice and respond at a later time)
- invite staff to complete the online feedback form at the completion of the training session.

The presentation process requires facilitators to:

- play video footage of health and education experts explaining key mental health concepts and illustrative school case studies
- lead participants in activities and discussions that relate to concepts presented in the videos and slides.
The professional learning component package supports facilitators to:

- provide consistent ‘gold standard’ presentation of complex mental health and wellbeing concepts
- provide consistent timing of delivery throughout sessions
- engage participants through activities and discussion
- accommodate multiple learning styles through the use of case studies, interviews, animated graphics as well as text-based resources
- offer actual (‘real world’) case studies of KidsMatter Primary to inspire and model implementation in schools.

The professional learning packages have been developed according to a number of adult learning principles. There are a range of models and theories that describe how adults learn best, but a common set of key principles proposed by Bryan, Kreuter and Brownson (2009) is that adults:

- are goal-oriented and need to know why they are learning
- are motivated to learn by the need to solve problems – they are practical and tend to focus on aspects of training that will be most useful to them in their work
- have life experiences and knowledge that they bring to a learning environment – this should be respected and built upon in training
- are relevancy-oriented and need learning approaches to match their needs
- are self-directed and autonomous – they need to be involved in the learning process in a collaborative manner and have the opportunity to shape their learning process.

These sessions have also been based on the following learning and training principles:

- Content must be evidence-based (Mitchell, 1999).
- A combination of didactic and interactive training is most effective for learning (Forsetlund et al., 2009).
- A range of primary and secondary learning strategies and media should be used to cater for different learning styles and to provide opportunities to reinforce learning (Davis, Thomson, Oxman, & Haynes, 1995).
- Practical activities are most effective in leading to change in practice (Hodges, Inch, & Silver, 2001).
- New learning should be explicitly linked to prior knowledge and opportunities should be provided for broader application (Dewey, 1938; Loucks-Horsely, Hewson, Love, & Stiles, 2003).
- Learning should be evaluated (Deane, Crowe, King, Kavanagh, & Oades, 2006).
Getting ready for delivery

You have been identified as a facilitator (or co-facilitator). You may be a member of the Action Team or an external support person or critical friend with relevant expertise. You will also have attended training to deliver the Component 4 professional learning to all school staff.
Role of the Action Team

The Action Team is made up of representatives of the school community and is responsible for planning and driving the implementation of KidsMatter Primary. The Action Team plays a central role during the professional learning event. Members will need forewarning that there is an opportunity for them to report on Component 4 either prior to the session or during Session 1. This report will include work commenced to date, such as the ‘How might KidsMatter Primary build on what we are already doing?’ activity from the Getting Started event, and initial results of the KidsMatter Primary surveys. They may also provide an update of ongoing Component 1, 2 and 3 work.

The Action Team can also assist you in the delivery of the professional learning, and can:

- provide a context to understand the school community so you can tailor the session if necessary – the information must be meaningful to participants
- write down and collate ideas generated during the session for further action
- take away the suggestions, ideas and questions from the session to inform their planning – specific gaps may require further discussion or action at a staff meeting
- help with logistics – eg scheduling school staff and session times
- provide administrative support – eg photocopying materials, identifying space for physical activities
- email to staff the Component 4 literature summary (found in the ‘Additional reading’ section of the CD presentation) for pre-reading ahead of the training session.

Some general topics to help you and the Action Team reflect on the school are provided below.

Points for discussion prior to session delivery:

- What is the current knowledge of staff about KidsMatter Primary?
  - Has the school staff briefing presentation been conducted yet (available on the website)?
- What is the current attitude of staff towards KidsMatter Primary?
- Are there any particular staff wellbeing issues that need to be considered?
- Who will be present and/or invited to the whole-school professional learning sessions (teaching staff, administration staff, support staff, parents and carers, community members)?
- Where is the school up to in its KidsMatter Primary implementation?
  - Has the school completed the KidsMatter Primary surveys?
  - Have staff completed the ‘How might KidsMatter Primary build on what we are already doing?’ activity from the Getting Started training?
  - In what other ways has the school community been consulted about the issue of mental health and wellbeing?
  - Has the Action Team started its component planning?
  - How will the Action Team incorporate ideas from the professional learning?
- To allow more time for the Action Team report in Session 1, consider providing all staff with a general recap on KidsMatter Primary at the staff meeting prior to the training session.
- If you will be including parents and carers in the training session, be especially mindful of the need for student/family privacy and confidentiality.

Additional points for the delivery of Component 4:

- How are students with mental health difficulties currently supported by the school?
- Are there any concerns staff might have in implementing Component 4?
- What are the current policies and procedures if a staff member is concerned about a student’s mental health (documentation of current procedures could be brought to the session)?
- What community support services does the school refer to?
- What are the main challenges for the school in Component 4?
- How confident are staff in working with students experiencing mental health difficulties?
- Will the school counsellor, psychologist or guidance officer be attending the professional learning? His or her attendance is highly recommended.
- Has the Action Team considered using an external professional with mental health expertise to co-facilitate the professional learning?

The responses to the KidsMatter Primary surveys are particularly useful for establishing relevant contextual factors for this component.
### Your checklist

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>CHECK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FACILITATOR MATERIALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD presentation*</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Facilitator Guide</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Participant Workbook</td>
<td>1 per participant</td>
<td></td>
</tr>
<tr>
<td><strong>GENERAL MATERIALS</strong></td>
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<td></td>
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<tr>
<td>Sticky notes</td>
<td>For each table</td>
<td></td>
</tr>
<tr>
<td>Butcher's paper or a whiteboard</td>
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<td></td>
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<tr>
<td>Markers</td>
<td>1 set</td>
<td></td>
</tr>
<tr>
<td>Pens</td>
<td>1 per participant</td>
<td></td>
</tr>
<tr>
<td><strong>FACILITATOR ACTIVITY MATERIALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Okay, or concerning? Facilitator instructions</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>B-E-T-L-S observation tool (example)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>B-E-T-L-S in action – considerations for discussion</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Component 4 information sheets for school staff, parents and carers</td>
<td>1 set per table</td>
<td></td>
</tr>
<tr>
<td>Documentation of school’s current referral procedures</td>
<td>1 per participant</td>
<td></td>
</tr>
<tr>
<td>Details of the Employee Assistance Program (see page 12)</td>
<td>1 per participant</td>
<td></td>
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</tbody>
</table>

*The CD presentation can be played on a computer. Ensure that the video can be heard easily by all participants.*
Self care and personal disclosures

Talking about childhood, school experiences and mental health difficulties can sometimes be difficult or trigger unpleasant memories for people – even facilitators. This often occurs when people discuss feelings of exclusion.

It’s important to remind participants at the beginning of each session that the KidsMatter Primary materials focus on the children they work with and their families. Although sharing thoughts and ideas is important, the disclosure of personal stories is not advised.

Participants should also avoid using the names of students or families during group discussions.

It’s a good idea to have a list of contacts available for participants (either school or community-based agencies) in the event that personal feelings arise that they would like to address further. Include the contact details of any employee assistance programs (EAPs) available to school staff. Again, the school Action Team and external support or critical friend can help to identify the relevant personnel within the school.

Some useful contacts for adults

<table>
<thead>
<tr>
<th>TELEPHONE</th>
<th>WEBSITE</th>
<th>SERVICE PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifeline</td>
<td>13 11 14</td>
<td><a href="http://www.lifeline.org.au">www.lifeline.org.au</a></td>
</tr>
<tr>
<td>beyondblue</td>
<td>1300 224 636</td>
<td><a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a></td>
</tr>
<tr>
<td>SANE Australia</td>
<td>1800 187 263</td>
<td><a href="http://www.sane.org">www.sane.org</a></td>
</tr>
<tr>
<td>Australian Psychological Society (APS)</td>
<td><a href="http://www.psychology.org.au/FindaPsychologist">www.psychology.org.au/FindaPsychologist</a></td>
<td>Find a Psychologist service</td>
</tr>
</tbody>
</table>

Symbols used in this guide

- Group discussion
- Reflection
- Activity
- Video
Understanding mental health difficulties

session 1
Session 1: Understanding mental health difficulties

What it covers

This session enables participants to:

• learn about Component 4 of KidsMatter Primary
• develop a shared understanding of mental health difficulties in childhood
• identify the role of school staff, including role boundaries, in addressing the needs of students experiencing mental health difficulties
• understand that getting help and support early is important for students and their families.

Session outline

<table>
<thead>
<tr>
<th>TIME (minutes)</th>
<th>TOPIC</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>SESSION 1 Understanding mental health difficulties</td>
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</tbody>
</table>

Start

KidsMatter Primary recap (recommended prior to session)

5

Introductory activity: Exploring our attitudes and beliefs

10

Introduction to Component 4
Video 1: Introduction to Component 4
Discussion: Implementation concerns
Video 2: What’s expected of me in Component 4?

10

Mental health difficulties
Discussion: Okay, or concerning?
Video 3: Experiences of mental health

15

Getting help
Video 4: The importance of getting help
Discussion: Getting help

15

Summary

5
Component 4: Helping children with mental health difficulties

WHAT’S NEXT?

KidsMatter Primary recap

SLIDE 1

WHAT'S NEXT?

COMPONENT 4: SESSION 1

SLIDE ORDER

SLIDE 2

Acknowledgement of Country

I would like to acknowledge the traditional custodians of this land and pay my respects to Elders past, present and future, for they hold the memories, the traditions, the culture and hopes of Aboriginal and Torres Strait Islander Australians.

SLIDE 3

KidsMatter Primary recap

Facilitator Guide
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<th>SLIDE 1</th>
<th>Component 4: Helping children with mental health difficulties</th>
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<tr>
<td>Notes</td>
<td>• Welcome participants to the KidsMatter Primary professional learning session for their school.</td>
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<table>
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<tr>
<th>SLIDE 2</th>
<th>KidsMatter Primary collaborating organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes</td>
<td>• KidsMatter Primary is a national initiative, and has been developed by the Department of Health and Ageing, beyondblue, the Principals Australia Institute and the Australian Psychological Society.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SLIDE 3</th>
<th>Acknowledgement of Country</th>
</tr>
</thead>
</table>
| Notes   | • Acknowledge the traditional owners of the land you’re gathered on. Personalise this as you wish.  
• Acknowledgement of Country is a way for the wider community to demonstrate respect for Aboriginal and Torres Strait Islander people. |
WHAT’S NEXT?

Today’s professional learning
- Session 1: Understanding mental health difficulties
- Session 2: Recognizing and responding to mental health difficulties
- Session 3: Supporting students to remain engaged
**Key messages**

- KidsMatter Primary is a whole-school framework for supporting students’ mental health and wellbeing. It is informed by current evidence about children’s mental health and wellbeing.

- KidsMatter Primary enables schools to systematically plan actions for mental health promotion, prevention and early intervention.

- The framework allows schools to tailor their actions to their local needs – rather than a single, prescriptive program – and is supported by an implementation process and a range of evidence-based resources.

- Schools take action across four areas – known as ‘components’ – that research shows can make a real difference to students’ mental health and wellbeing. Schools audit what they are doing well and what they could do better across each component. Strategies are developed for implementation within and beyond the classroom that become part of the school’s broader strategic plan.

- The Action Team drives KidsMatter Primary in schools, and is responsible for representing and incorporating the views of all school community members into the planning for each component.

- KidsMatter Primary was successfully piloted in 100 schools nationally during 2007 and 2008, and was shown to be effective in achieving mental health and wellbeing outcomes for students, as well as significant academic and educational benefits.

- The KidsMatter Primary components are interrelated and overlapping. Component 4 builds on the work already started in Components 1, 2 and 3.

**Notes**

- It is recommended that the KidsMatter Primary recap take place prior to delivering the professional learning to school staff.

- Review the school’s journey in KidsMatter using the following questions:
  - What does KidsMatter Primary continue to mean to our school?
  - What is different for students, parents, carers and staff as a result of our work in Components 1, 2 and 3?

- Refer participants to the Participant Workbook for more information about KidsMatter Primary. Mention that the KidsMatter website is also a helpful resource for further information, tools and resources.

- Invite the Action Team to provide a brief report on the school’s starting point for Component 4.

- To inform the report, the Action Team may like to use the KidsMatter Primary surveys (and any other available data) which highlights the strengths and challenges for the school community in Component 4.

- The Action Team should report on only the main themes arising as the topics will be explored together during the session.
Component 4: Helping children with mental health difficulties

**COMPONENT 4: SESSION 1**

**SLIDE ORDER**

**SLIDE 5**

Today's professional learning

- Session 1: Understanding mental health difficulties
- Session 2: Recognising and responding to mental health difficulties
- Session 3: Supporting students to remain engaged

**SLIDE 6**

**Session 1**

Understanding mental health difficulties

**SLIDE 7**

A positive learning community

What do we need from each other to get the most out of today?

**WHAT’S NEXT?**

Introductory activity
Component 4: Helping children with mental health difficulties

SLIDE 5

Today’s professional learning

Key messages

- KidsMatter Primary professional learning:
  - is a forum for your opinions and ideas
  - marks the beginning of an ongoing conversation about mental health and wellbeing in the school
  - enables the Action Team to incorporate all staff views and suggested approaches into their strategic planning for each component.

SLIDE 6

Session 1: Understanding mental health difficulties

A positive learning community

Notes

- It can be useful to name mental health and wellbeing as the area of focus for the professional learning.
- This professional learning encourages all participants to contribute their views and ideas, so it’s important that they feel safe doing so.
- It is recommended you ask participants how they wish to work so as to ensure the session promotes the voice of all staff in a respectful space.
- If you’re presenting to a group you know well, reminding them of your existing working agreement may be sufficient - it’s strongly suggested that you discuss this, however, so that expectations are clear.
- It can be helpful to record and display suggested rules and refer to them as needed throughout the session.
- Some parents and carers from the school community may be in the session, so respectful and confidential conversations are essential.
- It is important to remind participants that they will have various experiences of mental health themselves (or with family members) that may be triggered during discussions. This prompt can ensure that participants are aware and mindful of each other’s needs during the session.
- KidsMatter materials focus on the children participants work with and their families. Although sharing thoughts and ideas is important, the disclosure of personal stories is not advised. Participants should also avoid using names of students or families during group discussions.

Background information

Common working agreements/ground rules for a successful session:

- Listen to each other
- Respect different perspectives
- Share only what you are comfortable sharing
- Respect confidentiality
- Engage in one conversation at a time.

The Participant Workbook includes a list of support services in the event that any issues arise for participants on a personal level. The school’s Employee Assistance Program (EAP) may also be a useful source of support to mention. The Action Team may like to display the EAP phone number in the staff room.
Component 4: Session 1

Slide Order

Slide 8

Introductory activity

What's Next?

Use of actors in the professional learning

The following videos use actors to portray the experiences of individuals with a mental health difficulty. Their stories are fictional.
**COMPONENT 4: SESSION 1**

**FACILITATOR NOTES**

### Slide 8

**Introductory activity: Exploring our attitudes and beliefs**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To orient participants to the professional learning, and have them reflect on their attitudes and beliefs about mental health difficulties in childhood.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials</td>
<td>• Agree/disagree signs in the <em>Participant Workbook</em> (pages 14-15)</td>
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</tbody>
</table>
| Instructions | 1. Ask participants to form pairs, and refer them to the ‘agree/disagree’ signs in the workbook.  
2. Recite the statements below one by one. After each, ask participants to discuss with their partner whether they agree or disagree with the statement, and hold up the sign that corresponds with their answer.  
3. After each statement, if time permits, ask for volunteers to share their reasons for choosing either response:  
  • *There are more challenges for children these days than when I was a child.*  
  • *Children can grow out of any social, emotional or behavioural problems they’re having.*  
  • *If needed, all families should accept help for their child when it’s available.*  
  • *People are comfortable to seek help in our community because everyone is accepting of mental health problems.*  
4. Explain that there are no right or wrong answers and that the purpose of the activity is to raise awareness of the variety of perspectives in the room. Emphasise that the complexity of the content area means simple answers and solutions are not readily available – this might have been demonstrated by uncertainty of participants in answering some statements. |
| Conclusion | Explain that we all have different understandings and attitudes toward mental health in childhood, and the best ways to help children. These are formed through a range of personal and professional experiences. Part of the work of Component 4 is about developing a shared understanding as a whole-staff group about how to best help students who may be experiencing difficulties with their mental health. |
COMPONENT 4: SESSION 1

SLIDE ORDER

SLIDE 9
Use of actors in the professional learning

The following videos use actors to portray the experiences of individuals with a mental health difficulty. Their stories are fictional.

SLIDE 10
Video 1

WHAT’S NEXT?
Discussion
Implementation concerns
SLIDE 9
Use of actors in the professional learning

Notes
- Explain to participants that the videos in this professional learning use actors to portray the experiences of individuals with a mental health difficulty, their classmates and teachers, and other school staff. Their stories are fictional and are used for illustrative purposes only.
- The professional learning resource does not otherwise intend to show individuals who may be experiencing a mental health difficulty. All other persons shown in these videos are members of participating KidsMatter Primary schools, or are content experts participating as part of the broader KidsMatter Primary professional learning project.

SLIDE 10
Video 1: Introduction to Component 4

Purpose
To introduce the content of Component 4 to participants.

Instructions
1. Play Video 1 (2:12).
2. Clarify understandings of Component 4 by inviting any comments, questions or concerns, and then summarise in line with the video’s key messages.

Key messages
- Component 4 is about getting help for students experiencing mental health difficulties.
- The work undertaken in Components 1, 2 and 3 has been instrumental in creating a school environment well placed to support students experiencing mental health difficulties.
- Getting help for children early in life can lay the foundations for lifelong mental health and wellbeing.
WHAT'S NEXT?

Component 4: Helping children with mental health difficulties

Component 4: Session 1

Slide Order

Slide 11

Implementation concerns

Discussion

WHAT'S EXPECTED OF ME IN COMPONENT

Video 2
### Purpose
To raise any concerns participants may have about implementing Component 4 in their school.

### Materials
- ‘Implementation concerns’ worksheet in the Participant Workbook (page 16)

### Instructions
1. Ask participants:
   - **What concerns do you have about implementing Component 4 in your school?**
2. Allow time for participants to record their thoughts on the worksheet. Then invite them to share any concerns they have with the larger group.
3. Mention that the next video (Video 2) aims to clarify what is, and what is not, expected of school staff in Component 4.

### Conclusion
Component 4 of KidsMatter Primary provides an opportunity for staff to focus on children with mental health difficulties. It will assist staff in recognising signs of concern, knowing who to raise concerns with, and assisting students to remain engaged at school.

### Background information
Graham and colleagues (2011) surveyed 508 Australian teachers on supporting mental health in education. The findings highlighted that while most teachers place a high importance on supporting student mental health, many were concerned about the expectations being placed on them to do so without adequate resources, training or support.

The following quotes come from participants in the research, which may be used as example concerns to stimulate discussion:

- “I deal with this everyday (depression, anger, withdrawal, relationship problems). I am unsure how to deal with it. I become concerned that I am under-acting, over-acting, or not supporting the issues correctly.”
- “I can’t become over-committed to one child in a crisis as there are 30 others in the classroom.”
- “Helping in this area is lowering the quality of education we can provide.”
- “Teachers feel totally inadequate in terms of knowledge.”
- “We are teachers, not mental health workers.”
- “We are not psychiatrists. We provide safe learning environments with reliable, trustworthy, adult figures. We can refer to these services, not provide these services.”
## Purpose
To clarify the role staff can play in helping children with mental health difficulties at school.

## Instructions
1. **Play Video 2** (3:50).
2. Refer to the concerns raised from the previous discussion, and clarify the role of staff in Component 4 as it is explained in the video.
3. Advise participants that any concerns they have might be addressed later in the session. Otherwise, the Action Team will make a note to address them as part of their planning for Component 4.

## Key messages
- Component 4 is not about school staff diagnosing students, or becoming mental health professionals.
- A staff member is not expected to have all the answers, and is not alone. Instead, they are part of a supportive, whole-school approach to supporting students with mental health difficulties that (ideally) engages with parents and carers, and is supported by health and community professionals.
- Component 4 is about ensuring school staff can recognise any signs of concern in a student, and know the appropriate response as part of the procedures developed by their school.
- Staff fulfill their core job requirements when they provide a positive learning environment and assist a student to stay engaged in their education.
Component 4: Helping children with mental health difficulties

WHAT'S NEXT?

Component 3: Experiences of Mental Health

Video 3

Component 4: Helping children with mental health difficulties

SESSION OVERVIEW

SLIDE ORDER

SLIDE 13

Discussion

Okay, or concerning?

<table>
<thead>
<tr>
<th>Good mental health</th>
<th>Poor mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoying and benefiting from:</td>
<td>Problems with emotions, behaviours or social relationships that:</td>
</tr>
<tr>
<td>• a satisfying family life</td>
<td>• lead to suffering</td>
</tr>
<tr>
<td>• relationships</td>
<td>• lead to distress in the family</td>
</tr>
<tr>
<td>• educational opportunities</td>
<td></td>
</tr>
<tr>
<td>• contributing to society</td>
<td></td>
</tr>
</tbody>
</table>

SLIDE 14

What makes it a mental health difficulty?

I get concerned when:

• the child has changed from their usual way of being
• it's happening across settings, and has been for a while (>2 weeks)
• it's distressing for the child and their family
• it's impacting on their life (school work, friendships, etc).
### Purpose
- To clarify participants’ understanding of when a student’s emotions and behaviour indicate additional support may be required.
- To highlight the importance of school staff not making conclusive judgements about student’s mental health (this is the domain of mental health professionals).

### Materials
- ‘Okay, or concerning? Facilitator instructions’ in the Facilitator Activity Materials (page 89)
- Information on mental health difficulties in childhood in the Participant Workbook (page 17)

### Instructions
Conduct the discussion as directed in the facilitator instructions (see the Facilitator Activity Materials).

### Conclusion
Emphasise that although Component 4 focuses on recognising when emotions or behaviour may indicate the need for additional support, it is not designed for staff to make judgments about student’s mental health. Component 4 will raise staff awareness about the typical range of emotions and behaviours that student’s experience as they develop. Common mental health difficulties, such as depression and anxiety, are outlined in Session 3 of this professional learning. This is to raise awareness only. It is the role of all staff to ensure students get the support they require to thrive in education, not to make assessments of student’s mental health (which is the role of mental health professionals).

### Key messages
- Everyone has ups and down in their mental health and can move along a continuum. For some children, difficulties may be transient and caused by events in their life (eg bullying). Often, these difficulties resolve once the stressor has gone away or been addressed.
- The level of concern will vary according to each child because of how well a teacher knows each child as well as the teacher’s knowledge and experience in working with children with mental health difficulties. The relationships staff develop with students are also a powerful form of support and assistance at school.
- Children’s emotions and behaviours might also be seen as either okay or concerning depending on the cultural norms and values of those interpreting them. As a result, the behaviour of children from minority cultural backgrounds is often perceived differently from those in majority groups.

### Notes
- Please note that Raphael’s (2000) definition of mental health for children on Slide 13 has been split across the continuum to distinguish between good and poor mental health.
### Purpose
To outline the different experiences of mental health in childhood.

### Instructions
1. Play Video 3 (5:42)
2. Ask participants:
   - *What stood out for you that adds to our discussion?*
3. Summarise in line with the video’s key messages.

### Key messages
- Most children experience good mental health, however there are some who experience mental health difficulties – either as a temporary reaction to a difficult situation, or as part of a more concerning mental health disorder.
- Children are unlikely to seek help for their mental health difficulties, and rely on the observations and concerns of the adults in their lives.
- Mental health difficulties include difficulties in cognitive and emotional processes. They disrupt social and emotional wellbeing, and impact on learning and social relationships.
- The extent to which a difficulty interferes with a child’s life determines whether it classifies as a mental health difficulty (e.g., if their difficulties impact on their ability to learn at school, maintain friendships, and/or participate in activities).
- The contributors to mental health difficulties are complex but involve the interaction of genetics and temperament with what’s going on in a child’s family life, peer groups, and school environment.
Component 4: Helping children with mental health difficulties

**WHAT'S NEXT?**

**COMPONENT 4: SESSION 1**

**SLIDE ORDER**

**SLIDE 16**
What causes mental health difficulties?

**SLIDE 17**
How common are mental health difficulties?

Estimates suggest mental health difficulties affect one in seven Australian primary school children.

How do you react when you see this statistic?

*(Source:*, 2000)*

**WHAT'S NEXT?**
How might this be reflected in a classroom?
## What causes mental health difficulties?

**Key messages**
- The causes of mental health difficulties are complex. Unlike some medical conditions that have a direct cause – such as the flu, which is caused by a virus – mental health difficulties are caused by multiple factors that interact in different ways depending on the individual child, their family and events in their life.
- The diagram on this slide shows some of the biological, psychological and social factors that influence children's mental health.
- Any one of these factors can have either a positive or negative influence on a child's mental health. In general, the number of negative factors (also known as risk factors) is a better predictor of whether a child will experience a mental health difficulty than the type of risk factor (although some factors are particularly detrimental and more likely to have a negative impact – eg, sexual or physical abuse).
- Protective factors can buffer against risk factors, and help maintain or re-establish mental health and wellbeing. Refer to the *Participant Workbook* for a list of risk and protective factors (page 18).

## How common are mental health difficulties?

**Key messages**
- Estimates suggest that one in seven Australian primary school children experience mental health difficulties.
- Ask participants: 

  *How do you react when you see this statistic?*

**Reference**
Sawyer et al. (2000).
SLIDE 18

How might this be reflected in a classroom?

WHAT'S NEXT?

Video 4

Component 4: Helping children with mental health difficulties
How might this be reflected in a classroom?

Notes

• Explain that this graph represents the number of children we could be concerned about. It is based on the national figures of one in seven children having a difficulty, in an average class of 28). According to this estimate, four will have mental health difficulties, and others will need to be monitored to ascertain whether a mental health difficulty is present or not.

• Ask participants:

  * Does this reflect your own class?

• If not, you might like to raise the following as possibilities:

  • Some mental health difficulties could be missed - for example, anxiety can be easily overlooked in a school setting.

  • A class may have an overrepresentation of children with mental health difficulties. The composition of the student population will significantly influence observed rates of mental health difficulties - for example, schools with high percentages of at-risk student groups, including:

    • students with a disability (Emerson & Hatton, 2007)

    • Aboriginal and Torres Strait Islander students (Zubrick et al., 2005)

    • students with a refugee background (Fazel & Stein, 2003).

Background information

• Comparing national averages to the opinions of participants can help to position the level of perceived need in a given school.

• The ‘one in seven’ statistic is a national average. Some schools have many more students with mental health difficulties, and others have fewer.
Component 4: Helping children with mental health difficulties

WHAT'S NEXT?

Discussion

Getting help
**Purpose**

To assist participants to understand the importance of getting help for mental health difficulties in childhood, and the role that a school can play in achieving good outcomes for students.

**Instructions**

1. Explain to participants that mental health difficulties that begin in childhood can have an ongoing impact into adulthood unless help and support is provided. The video looks at this experience, and features an actor portraying an adult (‘Nicola’) who has had ups and downs in her mental health since childhood.


3. Ask participants:

   *What are examples of supports at school that may have helped Nicola while growing up?*

   Some examples to aid discussion are:

   - Stronger relationships with staff and peers that gave her a sense of belonging (Component 1).
   - Social and emotional skills for coping (Component 2).
   - Access to information to help the family support Nicola during the divorce (Component 3).

**Key messages**

- For some children, signs of mental health difficulties in childhood may be transient and lead to nothing more concerning. However, 50 per cent of adult mental health difficulties begin before the age of 14 years, and only one in four children get the help they need.

- Children showing signs of mental health difficulties can have problems in their quality of life, including difficulties with academic work and staying in school; maintaining good relationships with others; and maintaining stable employment as adults.

- Schools can make a difference to outcomes for these students by helping them to remain engaged in their education, and arranging extra help when needed.
Getting help

Session 1 summary
- The term ‘mental health difficulty’ refers to a broad range of social, emotional or behavioural difficulties that cause concern or distress.
- Estimates suggest one in seven children has a mental health difficulty.
- A school can support good mental health outcomes by:
  - minimising barriers and facilitating access to help
  - helping children remain engaged in their education.
### Discussion: Getting help

**Purpose**
To enable participants to identify factors in their community that influence whether or not children get help for mental health difficulties.

**Materials**
- ‘Getting help’ worksheet in the Participant Workbook (page 20)

**Instructions**

1. Explain to participants that decisions to seek help are influenced by many factors — not only by a perceived need. Knowledge and accessibility of services and the extent to which environments contain barriers to help seeking are also factors for people seeking help.

2. Ask participants:

   *What are the things in our community that impact on whether or not a student who experiences mental health difficulties gets help?*

3. After some discussion, refer participants to the worksheet for a list of factors that influence whether children get help. Space is provided to write any other factors relevant to their community that arise during discussion.

4. Ask participants to write what they consider to be:
   - one significant barrier in their community to getting help for students
   - one thing their school does well to help
   - one thing their school could do better.

5. Invite volunteers to share their answers with the larger group. Mention that the strengths and challenges raised during the discussion will be noted by the Action Team to inform their planning in Component 4.

**Conclusion**
Conclude the discussion by explaining that there are many things that influence whether a child receives help for their mental health difficulties. Many aspects are out of the control of a school, but there are many other ways a school can facilitate help. To end on a positive note, highlight the good work the school already does to help students when needed. Emphasise that Component 4 is about building on this work, and continuing to facilitate access to help when needed.

### Session 1 summary

**Notes**

- Summary messages for this session are on the slide.
- Completion of this session will depend on whether this professional learning is being run as a single session or multiple sessions. At this stage, it may be helpful to give a brief overview of the session to come.
- Encourage participants to take a moment to reflect on the session, and make a note of any new learnings or ideas on the summary page of their Participant Workbook (page 21).
Recognising and responding to mental health difficulties

session 2
Session 2:

Recognising and responding to mental health difficulties

What it covers

This session enables participants to:

- recognise the signs of mental health difficulties in students
- develop or reinforce a shared understanding of school procedures for addressing concerns about a student's mental health.

Session outline

<table>
<thead>
<tr>
<th>TIME (minutes)</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESSION 2</td>
<td>Recognising and responding to mental health difficulties</td>
</tr>
<tr>
<td>10</td>
<td>Recap previous session, if necessary</td>
</tr>
<tr>
<td>Internalising and externalising behaviours</td>
<td>Discussion: Observing your students</td>
</tr>
<tr>
<td></td>
<td>Video 5: Internalising and externalising behaviours</td>
</tr>
<tr>
<td>40</td>
<td>B-E-T-L-S observation tool</td>
</tr>
<tr>
<td></td>
<td>Video 6: Recognising the signs of mental health difficulties</td>
</tr>
<tr>
<td></td>
<td>Activity (parts 1-4): B-E-T-L-S in action</td>
</tr>
<tr>
<td></td>
<td>Video 7 (parts 1-4): Case study</td>
</tr>
<tr>
<td>5</td>
<td>Discussion: Our school’s procedures</td>
</tr>
<tr>
<td>5</td>
<td>Summary</td>
</tr>
</tbody>
</table>
Session 2: Recognising and responding to mental health difficulties

Notes
- If necessary, repeat the summary slide from the first session.
- This may be important if you are running three one-hour sessions.
- Remind participants that while sharing thoughts and ideas is important, the disclosure of personal stories is not advised. Participants should also avoid using names of students or families during group discussions.

Discussion: Observing your students

Purpose
To consider common student behaviours that may cause concern, and to introduce the two categories of behaviours (internalising and externalising) seen in children with mental health difficulties.

Materials
- Butcher’s paper or whiteboard

Instructions
1. Ask participants:
   *What are the things you commonly observe in students you are concerned about?*

2. Prepare two columns on the whiteboard/butcher’s paper – one for internalising and the other for externalising behaviours. Don’t title the columns at this point. Write down the group’s observations as they correspond to either category.

   Participants may identify observations such as ‘disengaged’ or ‘angry’, which are not descriptive terms of children’s behaviour. If this happens, ask participants:
   *What does ‘disengaged’ look like in terms of behaviour? What do you actually see?*

   Participants may also identify behaviours which can present as both internalising and externalising (eg crying, self-harm). List these behaviours in a third middle column.

3. Refer to the list of behaviours on the whiteboard/butcher’s paper and explain that the behaviours staff observe in students of concern can be categorised into two broad areas – ‘externalising’ and ‘internalising’ behaviours. Add these titles to the columns and explain to participants that there are also behaviours which can present, and be classified, as both.

   Example list:

<table>
<thead>
<tr>
<th>Internalising</th>
<th>Externalising</th>
<th>Internalising and Externalising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoiding tasks</td>
<td>Getting into fights/arguing</td>
<td>Crying</td>
</tr>
<tr>
<td>Perfectionism</td>
<td>Bullying others</td>
<td>Self-harm</td>
</tr>
<tr>
<td>Not asking questions</td>
<td>Becoming easily distracted</td>
<td></td>
</tr>
<tr>
<td>Withdrawing from peers</td>
<td>Screaming</td>
<td></td>
</tr>
<tr>
<td>Physical complaints</td>
<td>Impulsivity</td>
<td></td>
</tr>
<tr>
<td>Quietness</td>
<td>Hitting or biting others</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion
There are a range of behaviours that school staff see every day in the school setting. Classifying these can help to understand them better.
Component 4: Session 2

Slide Order

**Slide 24**

Video 5

**Slide 25**

B-E-T-L-S observation tool

A tool for gathering information about a student across key areas:
- Behaviour: What is the child doing?
- Emotions: What might the child be feeling?
- Thoughts: What might the child be thinking?
- Learning issues: What areas of learning is the child having difficulty with?
- Social relationships: What areas of social functioning is the child having difficulty with?

**What's Next?**

Video 6
SLIDE 24
Video 5: Internalising and externalising behaviours

Purpose
To enable participants to understand ‘internalising’ and ‘externalising’ behaviours, and how they may present at school.

Instructions
1 Play Video 5 (4:02).
2 Ask participants: What stood out for you?
3 Summarise in line with the video’s key messages.

Key messages
• Children’s mental health difficulties can be classified as being one of two types: ‘internalising’ and ‘externalising’.
• Children with internalising difficulties show behaviours that are inhibited and over-controlled – they ‘hold things in’. These children may be more likely to go unnoticed in the classroom.
• Children with externalising difficulties show behaviours that are under-controlled – they ‘let things out’.
• Children experiencing the same emotion may display different types of behaviour. For example, anxiety might be observed by a teacher as externalising behaviour (talking constantly in class and interrupting others) or internalising behaviour (not asking questions, avoiding tasks).
• While these two categories exist, about one-third of children show behaviours associated with both internalising and externalising difficulties.
• Care is needed in applying diagnostic categories to children as development is fluid. Applying a label matters less than having a clear picture of the difficulties a child is facing.

Background information
• A diagnosis is a label that helps mental health professionals make sense of a child’s emotions and behaviours. Diagnosing a child as having a particular disorder can help to decide what treatment is needed. For families, it can be a relief to have a name for what is going on for their child. However, it is important to recognise that a diagnostic label merely describes a pattern of common symptoms. Even though a child may be diagnosed with a mental health disorder, it remains very important to recognise their strengths and meet their individual needs.

SLIDE 25
B-E-T-L-S observation tool

Key messages
• KidsMatter Primary has designed a tool that can be used to document observations relating to the key aspects of mental health – ‘B-E-T-L-S’ (Behaviour, Emotions, Thoughts, Learning and Social relationships). The B-E-T-L-S observation tool enables staff to gather information about a student across these key areas.

Notes
• Introduce participants to the B-E-T-L-S observation tool in the Participant Workbook (pages 25-26) in preparation for the next video and activity.
Component 4: Session 2

Slide 26

Video 6

Recognising the signs of mental health difficulties

What's next?

Activity (Introduction)

B-E-T-L-S in action

This activity uses a fictitious case study of ‘Tim’, a student whose teacher has concerns about his mental health.

The task is to simulate the process of performing a B-E-T-L-S (behavioural, environmental, task-related, leadership) analysis to understand the situation and develop an appropriate intervention strategy.
## Purpose

To introduce participants to the B-E-T-L-S observation tool.

## Instructions

1. Explain that the video contains a student actor portraying a student with a mental health difficulty.
2. Ensure participants have the B-E-T-L-S observation tool in the *Participant Workbook* (pages 25-26) at hand.
4. Summarise in line with the video’s key messages.

## Key messages

- Teachers know children well and, as a result, can often recognise signs of concern in their students.
- The B-E-T-L-S observation tool is a way for staff to organise their thoughts about a student across the key areas: Behaviour, Emotions, Thoughts, Learning, and Social relationships (B-E-T-L-S).
- Behaviour is often the first and easiest sign of a mental health difficulty to observe. Behaviours such as yelling and crying are often easily noticed. However, behaviours such as avoidance and a reluctance to try new things are not as readily noticed.
- What a child is feeling (emotions) and thinking (thoughts) may be less obvious to others, but can have an impact on how they behave.
- Emotions, like sadness, anger, or anxiety, are what the child might be feeling. Children may also have certain thoughts about themselves, others, or the future. Both what children think and what they feel may influence what they do.
- The B-E-T-L-S observation tool is used to gather information about a child in different situations, over time, and from different people’s perceptions. It is also used to identify the student’s strengths.
- This information is helpful in determining the degree of concern about a child, based on the criteria of:
  - **Impairment**: What areas of life are being negatively affected?
  - **Pervasiveness**: In how many settings is it happening?
  - **Frequency**: How often is it happening?
  - **Persistence**: How long has it been happening?
- Staff can develop empathy for students by reflecting on the emotions and thoughts that drive a students’ behaviour. Reflection also helps distance themselves emotionally from the frustrations that may arise while working with a student.
COMPONENT 4: SESSION 2
SLIDE ORDER

SLIDE 27

Activity (Introduction)

B-E-T-L-S in action

This activity uses a fictitious case study of 'Tim', a student whose teacher has concerns about his mental health.

The video is designed to facilitate discussion of the use of the B-E-T-L-S observation tool. It also provides an opportunity for you to discuss with your colleagues how you might respond to similar situations.

WHAT'S NEXT?

Video 7 (part 1)
Activity (introduction):
B-E-T-L-S in action

To demonstrate to participants how the B-E-T-L-S observation tool can be used in practice.

Materials

- ‘B-E-T-L-S in action (introduction)’ in the Participant Workbook (page 24)
- ‘B-E-T-L-S observation tool’ in the Participant Workbook (pages 25-26)
- ‘Staff decision-making flowchart (example)’ in the Participant Workbook (page 27)
- ‘B-E-T-L-S observation tool (example)’ in the Facilitator Activity Materials (pages 90-91)
- ‘B-E-T-L-S in action – considerations for discussion’ in the Facilitator Activity Materials (page 92)

Instructions

1 Prior to the session, familiarise yourself with the activity materials listed above which will guide you during delivery.

2 Ensure participants have the activity introduction and the B-E-T-L-S observation tool at hand. It is likely they will only have time to complete the first page of the observation tool. However, the second page for staff reflections may be completed if time permits or out of session.

3 Introduce the activity by covering the following points:
   • The activity is set over four parts and features a video case study of ‘Tim’, a fictitious student. Tim’s ‘teacher’ is concerned about his mental health, and the video follows her as she gathers information about Tim to decide whether or not she should be concerned.
   • The video provides stimulus for participants to practise using the B-E-T-L-S observation tool over four stages:
     Part 1: Getting to know Tim in the classroom
     Part 2: Talking with other staff
     Part 3: Talking with Tim’s parents
     Part 4: Final comments about Tim
   • The video provides an example of how to respond to concerns. It is an opportunity for participants to discuss with colleagues how they might go about things, similarly and differently, to the approach taken by Tim’s school. People are likely to notice different things.
   • Participants are not expected to complete the B-E-T-L-S observation tool in one sitting, but add to it over time.

4 If you are facilitating a large group you may, at this point, choose to break participants into five (or multiples of five) smaller groups. Ask each group to focus on one section of the B-E-T-L-S observation tool during the activity (eg Behaviour, Emotions, Thoughts, Learning and Social relationships).
COMPONENT 4: SESSION 2

SLIDE ORDER

WHAT'S NEXT?

SLIDE 28

Video 7 (part 1)

CASE STUDY

SLIDE 29

Activity (part 1)

B-E-T-L-S in action

Getting to know Tim in the classroom

What do we know about Tim?

SLIDE 30

Activity (part 1)

What do we know about Tim?

Component 4: Helping children with mental health difficulties

Facilitator Guide
### Component 4: Session 2

#### Facilitator Notes

<table>
<thead>
<tr>
<th>Slide 28</th>
<th>Video 7 (part 1): Case study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide 29</td>
<td>Activity (part 1): B-E-T-L-S in action</td>
</tr>
<tr>
<td>Slide 30</td>
<td>What do we know about Tim?</td>
</tr>
</tbody>
</table>

**Instructions**

1. Ask participants to think about all the areas of the B-E-T-L-S observation tool as they watch Part 1 of the video.
2. Play Video 7 (part 1) (1:58), which shows an interaction between Tim, his teacher and his classmates.
3. Ask participants to fill out the B-E-T-L-S observation tool in their workbook based on what they learnt about Tim in Part 1 of the video.
4. Invite them to share their observations with the group (prompt for responses for the B, E, T, L, and S). Use Slide 30 to show examples of the kind of information that may be gathered about Tim.
5. Highlight that in this case study, the teacher has decided to consult with some colleagues next, including a senior member of staff.
COMPONENT 4: SESSION 2
SLIDE 31
SLIDE 32
SLIDE 33
WHAT’S NEXT?
## Component 4: Session 2

### Facilitator Notes

<table>
<thead>
<tr>
<th>Slide 31</th>
<th>Video 7 (part 2): Case study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide 32</td>
<td>Activity (part 2): B-E-T-L-S in action</td>
</tr>
<tr>
<td>Slide 33</td>
<td>What more do we know about Tim?</td>
</tr>
</tbody>
</table>

### Instructions

1. Ask participants to think about all the areas of the B-E-T-L-S observation tool while watching Part 2 of the video.

2. Play Video 7 (part 2) (2:15), which shows Tim’s teacher consulting with colleagues to gather further information about Tim.

3. Ask participants to add any new information about Tim to their B-E-T-L-S observation tool.

4. Invite them to share their observations with the group. Prompt for responses for the B, E, T, L and S. Use Slide 33 to show examples of new information gathered about Tim.

5. Highlight that in this case study, the teacher has followed the advice of her senior colleague and has decided to talk to Tim’s parents.
Component 4: Helping children with mental health difficulties

WHAT'S NEXT?

B-E-T-L-S in action
Final comments about Tim
What don't we know about Tim?
What else would you like to find out?
How concerned are you about Tim?
What's your next step?

SLIDE 34
Video 7 (part 3)
CASE STUDY

SLIDE 35
Activity (part 3)
B-E-T-L-S in action
Talking with Tim's family
What more do we know about Tim?
What are Tim's strengths?
What are the strengths of Tim's family?

SLIDE 36
Activity (part 3)
What more do we know about Tim?
### SLIDE 34
**Video 7 (part 3): Case study**

**SLIDE 35**
**Activity (part 3): B-E-T-L-S in action**

**SLIDE 36**
**What more do we know about Tim?**

**Instructions**

1. Ask participants to think about all the areas of the B-E-T-L-S observation tool while watching Part 3 of the video.
2. Play Video 7 (part 3) (2:25), which shows Tim’s teacher talking to Tim’s parents.
3. Ask participants to add any new information they’ve gathered about Tim to their B-E-T-L-S observation tool.
4. Ask participants:
   - **What are Tim’s strengths?**
     Some examples are: reading at a higher grade level, trying hard with his work, academic competence.
5. Ask participants:
   - **What are the strengths of Tim’s family?**
     Some examples are: willingness to attend the meeting; openness to share information; an awareness and acceptance of who Tim is and what he likes; a willingness to work with the school to explore issues further.
6. Use Slide 36 to show examples of additional information gathered about Tim from the conversation with his parents.
Component 4: Component 4: Helping children with mental health difficulties

**WHAT’S NEXT?**

**SLIDE 37**

*Activity (part 4)*

**B-E-T-L-S in action**

- Final comments about Tim
- What don’t we know about Tim?
- What else would you like to find out?
- How concerned are you about Tim?
- What’s your next step?

**SLIDE 38**

*Video 7 (part 4)*

**CASE STUDY**

**WHAT’S NEXT?**

**Our school’s procedures**
Activity (part 4): B-E-T-L-S in action

Video 7 (part 4): Case study

Instructions

1. Conduct a group discussion using the following questions:
   - What don’t we know about Tim?
   - What else would you like to find out?
   - How concerned are you about Tim?
   - If Tim went to your school, what would your next step be?

2. Play Video 7 (part 4) (1:17), which offers some final comments on the case study.

3. Refer participants to the example decision-making flowchart in the Participant Workbook (page 27) for addressing concerns about a student.

Conclusion

Conclude the four-part activity by explaining that the case study doesn’t provide enough information about Tim for participants to make any firm determinations about his mental health. This is intentional, as it is not the responsibility of most school staff to do so. Instead, staff can best help by using their knowledge of a student to share information with the appropriate people involved in the student’s care.

Notes

- If concerns emerge that a student may be experiencing abuse or neglect during the course of collecting observations, staff are advised to follow their school’s established mandatory reporting protocols.
- Monitor comments about Tim’s family, reminding staff about the parameters of their roles when necessary.
SESSION OVERVIEW

SLIDE ORDER

SLIDE 39
Discussion

Our school's procedures

SLIDE 40
Session 2 summary

- The B-E-T-L-S observation tool is a structured way to gather information about students you may be concerned about.
- School staff should report their objective observations and not diagnose mental health difficulties in students.
- Ensure you're familiar with your school's procedures for recognising and responding to signs of concern.
- Your school's procedures will be developed further by the Action Team.

END OF SESSION
Discussion: Our school’s procedures

To enable participants to discuss and clarify their school’s procedures for dealing with concerns about a student.

Purpose

To enable participants to discuss and clarify their school’s procedures for dealing with concerns about a student.

Materials

• ‘Our school’s procedures’ worksheet in the Participant Workbook (page 28)

Instructions

1. Divide participants into a minimum of two groups.
2. Outline that you are going to quickly check whether they have a shared understanding of their school’s procedures for dealing with concerns about a student.
3. Invite each group to work through the answers to each of the questions in the worksheet.
4. Invite a spokesperson from one group to report back to the other group/s. Compare their answers to see whether there is a shared understanding of the schools’ procedures amongst all staff.
5. Ensure that all participants know who to talk to and at what point to approach them with concerns at their school (at least).
6. You may like to refer participants to the second page of the B-E-T-L-S observation tool (page 26). This includes reflection/planning questions, and could be a useful resource for staff to use to structure the conversations they have with other staff members when deciding on appropriate action to take.

Conclusion

This discussion is an opportunity for the Action Team or welfare personnel to ensure participants are aware of current and proposed policies and practices to recognise and assist students with mental health difficulties.

Notes

• Answers are not required to all discussion questions. Questions are simply designed to encourage staff to think about often-forgotten aspects of schools’ procedures. By doing so, staff can begin to think of ways to modify processes in their school if necessary. The Action team will use this information in their Component 4 planning processes.
• To add another layer to the discussion, you could compare both groups’ answers to the school’s documented procedures for responding to concerns about a student’s mental health – noting where similarities and differences exist.

Session 2 summary

Notes

• Summary messages for this session are on the slide.
• Completion of this session will depend on whether this professional learning is being run as a single session or multiple sessions. At this stage, it may be helpful to give a brief overview of the session to come.
• Encourage participants to take a moment to reflect on the session, and make a note of any new learnings or ideas on the summary page of their Participant Workbook (page 29).
Supporting students to remain engaged
Session 3:
Supporting students to remain engaged

What it covers
This session enables participants to:

• identify or consolidate strategies for supporting students with mental health difficulties to remain engaged in their education
• understand how all four components of KidsMatter Primary help students who experience mental health difficulties.

Session outline

<table>
<thead>
<tr>
<th>TIME (minutes)</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>SESSION 3</td>
<td>Supporting students to remain engaged</td>
</tr>
</tbody>
</table>

Start

Recap previous session, if necessary

5

Methods of support
School-based strategies

Activity: Teaching strategies

20

Video 8: Component 4 and your KidsMatter journey
Activity: Four-component support plan

20

Session 3 summary
Component 4 summary

5

Activity: Taking action

10

Discussion: Magic moments (recommended follow-up discussion outside of session)

End

Tell us what you think!
COMPONENT 4: SESSION 3

SLIDE 41

SLIDE 42

WHAT'S NEXT?

School-based strategies: Why do we need them?

- External referrals are not always necessary, acceptable or available.
- The best outcomes are achieved when children are supported at school – even when external services are involved.
- Schools provide a consistent, structured, and responsive environment that supports students with mental health difficulties.
- School staff know their students, and their relationships with them are integral to supporting their mental health.

Schools have an important role to play in each of these methods of supporting students.
Session 3: Supporting students to remain engaged

- If necessary, repeat the summary slide from the second session.
- This may be important if you are running three one-hour sessions.
- Remind participants that while sharing thoughts and ideas is important, the disclosure of personal stories is not advised. Participants should also avoid using names of students or families during group discussions.

Methods of support

- There are different ways schools can support students and help them to remain engaged in their education.
- Action (ideally) occurs in all three methods of support:
  - Mental health promotion.
  - Referral (internal and/or external).
  - School-based strategies (eg teaching practices, social and emotional learning programs).
- The focus of this session is ‘school-based strategies’. Mental health promotion is already occurring as part of Components 1, 2 and 3. Exploring the school’s referral pathways and relationships with external agencies will be undertaken by the Action Team and is not covered in this professional learning.
COMPONENT 4: SESSION 3

SLIDE ORDER

SLIDE 43

School-based strategies: Why do we need them?

- External referrals are not always necessary, accepted or available.
- The best outcomes are achieved when children are supported at school – even when external services are involved.
- Schools provide a consistent, structured, and responsive environment that supports students with mental health difficulties.
- School staff know their students, and their relationships with them are integral to supporting their mental health.

SLIDE 44

Teaching strategies

- Strategies for supporting students are best tailored to their unique needs, and build on their strengths.
- School staff need to be careful about labelling their students – but a child in the classroom may have a confirmed diagnosis from a mental health professional.
- Understanding the common mental health difficulties can provide a starting point for strategies that may be effective to help them remain engaged in their education.
- anxiety
- Autism Spectrum Disorder depression
- ADHD
- serious behaviour problems

WHAT’S NEXT?

Activity

Teaching strategies
School-based strategies: Why do we need them?

Key messages

- It is important that students are referred to specialist services when needed, but it is not always necessary, available or timely.
- Most importantly, it is the decision of a student’s parents or carers as to if and when a referral is placed. There are many reasons why parents or carers may not be willing to consent to a referral.
- Students will always need to be supported in the school environment, regardless of referrals to external agencies. Of course, the best outcomes are achieved when all the adults in a child’s life are working together to help them.
- By regularly attending school, students are provided with a consistent and structured environment. They are also afforded opportunities to develop trusting and responsive relationships with school staff. These are all protective factors and are beneficial to mental health.

Teaching strategies

Key messages

- School staff often implement creative strategies for supporting students at school. This comes from knowing their students, tailoring strategies to their unique needs, and building on their strengths. This is the best way to support students.
- In general, school staff will notice that certain strategies tend to work best with particular types of mental health difficulties.
- School staff need to be very careful when talking about labels in relation to their students. However, there may be a child in the classroom with a confirmed diagnosis from a mental health professional.
- The slide shows five common types of mental health difficulties in childhood. The next activity explores strategies likely to be effective for each type of mental health difficulty.
- Participants may find that the strategies for helping students with these difficulties are similar to strategies that support any student in the classroom, and indeed, are good teaching practice.

Notes

- Please note that there is ongoing debate about how to classify Autism Spectrum Disorder and ADHD. They are included here as examples of the social, emotional and behavioural difficulties school staff encounter in the classroom.
Component 4: Session 3

**SLIDE ORDER**

Session Overview

1. **SLIDE 45**
   - Activity
   - Teaching strategies

WHAT'S NEXT?

**KidsMatter Primary supporting resources**
- School stores
- Implementation tools
- E-newsletters
- Website for families
- Program's guide

Component 4: Information sheets
- Children with mental health difficulties
- Anxiety
- Depression
- Children with ADHD
- Children with serious behavioral problems
### Purpose
To increase participants’ knowledge of the common presentations of mental health difficulties in primary school children, and to provide additional strategies that can be used by participants to help students remain engaged in their education.

### Materials
- ‘Types of mental health difficulties’ information in the Participant Workbook (page 32)
- ‘Teaching strategies’ worksheet in the Participant Workbook (page 33)
- ‘Teaching strategies for common mental health difficulties in childhood’ information in the Participant Workbook (page 34)
- KidsMatter Primary Component 4 information sheets

### Instructions
1. Ask participants to form small groups.
2. Allocate each group to a particular childhood mental health difficulty – anxiety, depression, Attention Deficit Hyperactivity Disorder (ADHD), serious behaviour problems, and Autism Spectrum Disorder.
3. Ask participants to review the common signs of each mental health difficulty in the workbook and, within their group, discuss how a child with this kind of difficulty might appear in a classroom.
4. Next, ask groups to brainstorm strategies they might use to assist a student with the mental health difficulty in the classroom (or at school generally), and record their ideas in the worksheet.
5. Refer to the strategies for dealing with mental health difficulties in the workbook, and ask the groups to compare them to those they came up with in the brainstorm. Give each group the KidsMatter Primary Component 4 information sheets for future reference.
6. Invite each group to share their top three strategies.

### Conclusion
Remind participants that by understanding the types of mental health difficulties in childhood, they have a starting point for strategies that can meet the student’s needs and help them remain engaged at school. Emphasise that this information is a starting point only, and continued learning is encouraged to incorporate more strategies into their practice.

### Notes
- You may also like to ask:

  What other credible sources of information do school staff access about mental health difficulties? Are there any they can recommend to the group?

- Some ideas include:
  - talking with colleagues who have assisted a child with similar mental health difficulties and determining what they have found helpful
  - communicating with parents and carers about problems and progress, and asking what works at home
  - communicating with the treating mental health professional – he or she might have some extra tips
  - arranging for local child and adolescent mental health service staff to attend to share further information about children’s mental health difficulties.
COMPONENT 4: SESSION 3

SLIDE ORDER

SLIDE 46

KidsMatter Primary supporting resources

- School stories
- Implementation tools
- E-newsletters
- Website for families
- Programs Guide

Component 4 information sheets
- Children’s mental health difficulties
- Depression
- Children with ADHD
- Children with serious behavioural problems

SLIDE 47

Video 8

WHAT’S NEXT?

Four-component support plan
Key messages

- The KidsMatter Primary website contains many resources relevant to Component 4 for school staff and parents and carers, including:
  - school stories
  - implementation tools
  - enewletters
  - website for families
  - information sheets.
- The online KidsMatter Programs Guide catalogues a range of programs which have been developed to help students experiencing mental health difficulties in a school setting.
- Refer staff to the Component 4 information sheets already provided.
- If time permits, show the group the KidsMatter website, including the Component 4 programs in the Programs Guide.

Video 8: Component 4 and your KidsMatter journey

Purpose

To demonstrate how all four components of KidsMatter Primary are helpful to students experiencing mental health difficulties, and to provide a comprehensive approach to supporting and promoting mental health for all children.

Instructions

1. Play Video 8 (7:18)
2. Ask the question:
   What stood out for you?

Key messages

- Action across all four components of KidsMatter Primary provides comprehensive support for children experiencing mental health difficulties – not just in Component 4.
- The four components are interrelated. Together, they provide all students with a safe environment in which they and their families are cared for and supported, and given the means to build good mental health and wellbeing for life.
WHAT'S NEXT?

Session 3 summary

- Schools can help students to remain engaged in their education by:
  - promoting mental health (through Components 1, 2 and 3)
  - working with families
  - facilitating referrals and working with other professionals
  - implementing school-based strategies.
- The four components work together to support all students, especially those with mental health difficulties.
### Activity: Four-component support plan

**Purpose**
To reinforce the way KidsMatter Primary, in its entirety, effectively responds to and supports children experiencing mental health difficulties.

**Materials**
- ‘Four-component support plan’ in the *Participant Workbook* (page 35)

**Instructions**
1. Divide participants into pairs.
2. Ask them to imagine that Tim (from the case study shown earlier) attends their school.
3. Then they can complete the support plan to identify some of the ways their school could support Tim across each of the components.

**Conclusion**
Conclude the activity by encouraging staff to consider the gaps in the support Tim may receive at their school. Reinforce that effective support for mental health difficulties is not restricted to referring children for specialist treatment. It includes action across all four components of KidsMatter Primary.

**Notes**
- This activity demonstrates a process for ensuring a holistic approach to supporting students. Areas that might have been overlooked or under-utilised can be highlighted and addressed as part of a support plan for a student.
- In practice, the support provided by the school will be planned by welfare personnel in consultation with relevant others. These include the concerned teacher, parents or carers of the child, and mental health professionals if needed.
- The support plan may be used as a reminder of the benefits of ongoing work in KidsMatter Primary Components 1, 2 and 3, all of which can support children with mental health difficulties. Although it may assist the development of an individual student support plan, the support plan alone is not intended for this purpose.
Component 4: Helping children with mental health difficulties

Component 4: SESSION 3

SLIDE ORDER

SLIDE 49
Session 3 summary
- Schools can help students to remain engaged in their education by:
  - promoting mental health (through Components 1, 2 and 3)
  - working with families
  - facilitating referrals and working with other professionals
  - implementing school-based strategies.
- The four components work together to support all students, especially those with mental health difficulties.

SLIDE 50
Component 4 summary
- Schools can help students with mental health difficulties by:
  - understanding mental health difficulties
  - creating an inclusive and accepting environment which encourages help-seeking
  - developing clear processes for recognising and responding to concerns
  - developing relationships and referral pathways with services, and supporting families to access them.

SLIDE 51
Component 4 summary
- Schools can help students with mental health difficulties by:
  - working together with families and professionals involved in caring for students
  - developing knowledge and skills to support students to remain engaged in their education
  - continuing to work through KidsMatter Primary Components 1, 2, 3 and 4.

WHAT'S NEXT?
- Taking action
### Session 3 summary

- The summary messages for this session are on the slide.

### Component 4 summary

### Component 4 summary

<table>
<thead>
<tr>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>These slides review the content of all three sessions of the professional learning.</td>
</tr>
<tr>
<td>The next step for the Action Team is to continue planning for Component 4 informed by the ideas generated in these sessions.</td>
</tr>
<tr>
<td>It is likely that the sessions will have encouraged participants to reflect and, in so doing, begin an awareness-raising process for themselves as individuals and as a whole-staff group.</td>
</tr>
<tr>
<td>This session is the beginning of the work of the Action Team who will regularly include staff in planning and update them of their progress.</td>
</tr>
<tr>
<td>Encourage participants to use their Participant Workbook as an ongoing record of ideas and reflections, and to refer to the KidsMatter website for further resources and updates.</td>
</tr>
</tbody>
</table>
Component 4: Helping children with mental health difficulties
### Activity: Taking action

**10 min**

#### Purpose
To ensure the key messages from the professional learning are incorporated into personal and school-wide plans for future development.

#### Materials
- ‘My personal action plan’ worksheet in the *Participant Workbook* (page 38)
- ‘Planning school-wide action’ worksheet in the *Participant Workbook* (page 39)

#### Instructions
1. Invite participants to complete the personal action plan.
2. Ask participants to complete the plan for school-wide action – this is a tear-off worksheet so participants may share their ideas with the Action Team.

#### Conclusion
Remind participants that the opinions and ideas developed in this professional learning will be incorporated into the Action Team’s whole school planning for Component 4. This is an essential part of KidsMatter Primary, and the way in which the professional learning feeds into whole-school improvement.

#### Key messages
- Individuals can take action immediately to start enhancing their practice in helping children with mental health difficulties.
- The personal action plan can help goals become achievable, and assists participants to:
  - outline a specific, measureable and attainable goal
  - consider the obstacles to progress, and plan in advance how to overcome them
  - make a public commitment (to the group, or a partner) to keep them motivated
  - set a review date to monitor progress.
- It can take time to develop, so participants may need to continue planning outside of the session.
- Some participants may benefit from hearing the ideas of others to stimulate their own thinking.
Component 4: Helping children with mental health difficulties

WHAT'S NEXT?

Tell us what you think!

- Did you find this training session useful?
- Do you have any thoughts on the KidsMatter Primary resources provided?
- Please take a minute to provide your anonymous feedback at: www.kidsmatter.edu.au/primary/component5/feedback

Facilitator Guide
Discussion: Magic moments

This is an optional discussion that the Action Team may like to conduct with participants after Component 4 has been implemented.

**Purpose**

To acknowledge and celebrate the achievements and milestones of the school's journey to date in KidsMatter Primary.

**Materials**

- 'Magic moments' worksheet in the *Participant Workbook* (page 42)

**Instructions**

1. Ask participants to reflect on any significant moments they have noticed during their school's journey with KidsMatter Primary so far.

   Use some prompt questions to help participants flesh out the memory, such as:
   - **Who was involved?**
   - **How did it come about?**
   - **What were the circumstances?**
   - **What are the longer-term effects of this moment?**
   - **How can you build on this moment?**

2. Join participants into pairs or small groups and invite them to discuss their memory and the implication the memory has for their professional practice or for the school. They can record their memories on the worksheet.

**Conclusion**

Conclude the activity by noting that many 'magic moments' occur daily in schools, especially when undertaking a whole-school initiative like KidsMatter Primary. Often these moments have been instrumental in ensuring the success of KidsMatter Primary in the school but go unnoticed or are not remarked upon. This activity provides an opportunity to reflect on these moments, and remind participants of the good work that they can continue to build upon.

Activity adapted from Butler and colleagues (2011).
Tell us what you think!

- Did you find this training session useful?
- Do you have any thoughts on the KidsMatter Primary resources provided?
- Please take a minute to provide your anonymous feedback at:
  www.kidsmatter.edu.au/primary/componentfeedback
Tell us what you think!

Key messages

- KidsMatter Primary would like to hear what you think of their resources and whether you have found this session useful.
- Every participant, including the facilitator, is invited to give feedback.
- Individual responses are confidential and go direct to the KidsMatter Primary national team for quality assurance purposes – they will not be seen by the school Action Team.
- Feedback is also an important step in helping us move towards formal recognition as a KidsMatter Primary school.
- The link to the online feedback form is in the Participant Workbook: www.kidsmatter.edu.au/primary/componentfeedback
- You may also be sent a reminder email after the session.

Notes

- Invite participants to complete the online feedback form (they will be commenting on the content of the session, not your presentation).
- Thank the group for their participation and conclude the session.
- After the session, send out a follow-up thank you email to participants (suggested wording):
  
  Dear staff,

  Thank you for your participation in the recent KidsMatter Primary Component 4 professional learning session/s.

  Your feedback is very important to KidsMatter Primary and will help ensure that these sessions are effective and meet your learning needs. We would appreciate your assistance in completing this short survey.

  1 Your responses are anonymous.
  2 It is important that you give your honest views.
  3 Responses are viewed only by the KidsMatter Primary National team for quality assurance purposes.

  Click here to give your feedback:
  www.kidsmatter.edu.au/primary/componentfeedback
Discussion
Okay, or concerning?
Facilitator instructions

Instructions

1. Invite the group to think about the behaviours and experiences of students along the mental health continuum. Explain that the continuum represents ‘good mental health’ at one end, and ‘poor mental health’ at the other (on Slide 13). Remind participants to speak hypothetically, rather than about specific students.

2. Ask participants to think about the experiences of students at the ‘good mental health’ end of the continuum:
   - What are these students like at school each day?
   - Are they able to thrive educationally?
   - What is their experience of school both in and outside the classroom?
   - Are they happy and enjoying classes with you and other staff all the time?

3. Ask participants to think about the experience of students at the ‘poor mental health’ end of the continuum:
   - What are these students like at school each day? Are they thriving educationally?
   - What is their experience of school both in and outside of the classroom?
   - Are they finding things difficult all of the time or just occasionally in your class or with all staff?
   - What are the key strengths you see in these students?

4. Now ask participants to think about the middle of the continuum:
   - What are these students like at school? Are they thriving educationally?
   - What is their experience of school both in and outside of the classroom?
   - What ups and downs or inconsistencies do you see in their emotions and behaviour?

Finally, ask all participants:

5. What things would you consider when deciding if a student in the middle was okay or showing sign of a possible social or emotional difficulty?

6. What is one thing a school could do to move a student a little further along the continuum towards good mental health?

Refer to Slide 14, which has some guidelines for determining whether a child’s emotions and behaviours are okay or may be more concerning. Participants might also consider the following:

1. Is it typical behaviour for their stage of development?
2. Is it simply their nature, personality or temperament?
3. Are they just having a tough time of late? A bad day?
4. Has something significant happened in their life?

Refer participants to the information on mental health difficulties in childhood in the Participant Workbook (page 17) for further reading.

Conclusion

Emphasise that although Component 4 focuses on recognising when emotions or behaviour may indicate the need for additional support, it is not designed for staff to make judgments about student’s mental health. Component 4 will raise staff awareness about the typical range of emotions and behaviours that student’s experience as they develop. Common mental health difficulties, such as depression and anxiety, are outlined in Session 3 of this professional learning. This is to raise awareness only. It is the role of all staff to ensure students get the support they require to thrive in education, not to make assessments of student’s mental health (which is the role of mental health professionals).
**B-E-T-L-S observation tool**

*(example)*

<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>Yelling/ outbursts.</td>
<td>Sad.</td>
<td>Tim commented in class “I'm not invisible, you know”. &lt;/br&gt;Tim may be thinking that no one cares about him or wants to listen.</td>
<td>Tim becomes upset if he makes mistakes in his school work.</td>
<td>Tim is isolated and withdrawn in the playground. His has not established any friendships.</td>
</tr>
<tr>
<td>Socialisation difficulties/sits on his own.</td>
<td>Angry.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawn.</td>
<td>Lonely.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict with dad at home.</td>
<td></td>
<td></td>
<td></td>
<td></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?  
**Who’s happening after?**

- WHO – other children; staff; parents.  
- WHERE – school (classroom, playground, library); home.  
- WHEN – engaging in classroom group work, in the playground, at home with his parents

**Frequency**

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

- Every lunchtime Tim tends to be alone.  
- When group work occurs in the classroom.

**Persistence and severity**

**HOW LONG** has this been happening for? Always? Just started? Built up over time?  
**HOW MUCH** is this influencing the child’s life? Mildly? Moderately? Severely?  

- Parents have noted Tim has always tended to be a loner, and prefers his own company.  
- Teachers have noticed that Tim has not made friends in the last 6 weeks.  
- Mildly to moderately affecting his life – limited socialisation with his peers, causing some family conflict, and affecting his ability to engage in group work.
B-E-T-L-S observation tool (example)

<table>
<thead>
<tr>
<th>Your feelings: How does this situation make you feel? What additional support may you need?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to be able to help Tim – he can become so angry and upset at group times and hasn’t made any friends. I would like him to be able to work with his peers in the classroom and establish some friendships.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What have others noticed about this child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Another staff member has noticed that Tim prefers to read in the library at lunchtime and doesn’t interact with other children. Parents have noticed that Tim prefers to be on his own and that he can get into conflict with his father.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategies: What things have been tried with the child? Who implemented these strategies? What was the outcome?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher in the library chats to Tim when he comes in to see how he has been. I help prompt Tim to take turns when sharing information in a group. Parents have tried putting him into group sports to help his socialisation skills. Parents are currently busy working Saturdays so find it difficult to drive him. He is also reluctant to play sports.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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 school?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What might you do next? Talk to a colleague? Talk with the child’s parent or carer? Use child and family strengths to help you think of strategies? What more information do I need about this child? Where could I get more information?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I may need to talk with his parents further about how we can support Tim. I may also need to talk to a knowledgeable staff member to see what other support services are available. I may also talk to colleagues about ways to assist Tim in group situations (i.e. prompting him to take turns, speak assertively), and encourage him to interact with a small group of peers at lunchtimes.</td>
</tr>
</tbody>
</table>
This table outlines some points which participants may raise during the activity, and topics for further discussion, to help you prepare to deliver this activity.

<table>
<thead>
<tr>
<th>Part 1: Getting to know Tim in the classroom</th>
<th>Considerations</th>
<th>Further discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is Tim being bullied?</td>
<td></td>
<td>• When and how should you talk to the child about their emotions and behaviour?</td>
</tr>
<tr>
<td>• Is Tim’s behaviour internalising, externalising, or both?</td>
<td></td>
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<tr>
<td>• Tim is placed in a working group with girls only.</td>
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<tr>
<td>• The teacher talks to Tim in a playground setting in front of other children.</td>
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<tr>
<td>• What does Tim think about what’s going on?</td>
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<tr>
<th>Part 2: Talking with other staff</th>
<th>Considerations</th>
<th>Further discussion</th>
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<tbody>
<tr>
<td>• Is Tim having difficulties settling into the school after being there only 6 weeks?</td>
<td></td>
<td>• Who is the appropriate staff member to talk to?</td>
</tr>
<tr>
<td>• How helpful is the conversation with a colleague?</td>
<td></td>
<td>• What kind of guidance does a teacher need from a senior staff member?</td>
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<tr>
<td>• Is Tim’s behaviour ‘just him?’ Should a staff member be concerned if a child enjoys spending time on their own?</td>
<td></td>
<td>• How should this conversation be structured?</td>
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<thead>
<tr>
<th>Part 3: Talking with Tim’s parents</th>
<th>Considerations</th>
<th>Further discussion</th>
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<tbody>
<tr>
<td>• Is Tim experiencing conflict at home?</td>
<td></td>
<td>• How do you judge when it’s best to talk to parents about your concerns?</td>
</tr>
<tr>
<td>• Does Tim simply enjoy his own company and not want to socialise?</td>
<td></td>
<td>• Who on staff is best placed to talk to parents?</td>
</tr>
<tr>
<td>• Is Tim entering puberty?</td>
<td></td>
<td>• How do you best set the scene for this conversation?</td>
</tr>
<tr>
<td>• What are some assumptions and comments about Tim’s family (such as his Dad’s desire for Tim to be sporty)?</td>
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<thead>
<tr>
<th>Part 4: Final comments about Tim</th>
<th>Considerations</th>
<th>Further discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What are the risks in jumping to conclusions about what might be going on for a child?</td>
<td></td>
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<tr>
<td>• How do we withhold our natural tendency to judge, and keep ourselves open to all possibilities?</td>
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</tbody>
</table>
References


This disc can be played using both Windows and Macintosh computers.

Insert the disc into your computer’s CD drive – if you are on a Windows machine the disc will play automatically unless you have adjusted your settings to specify otherwise. Windows 7 users may be prompted to ‘Run KMP_C4_WIN.exe’ and will experience this dialogue box every time the disc is inserted until the ‘Always do this for software and games’ option is checked.

To open the application manually, follow these instructions:

**WINDOWS**: Go to My Computer, right-click on CD Drive and select open. Double-click KMP_C4_WIN.exe file to open.

**MAC**: Double-click KMP_C4 icon on the desktop to bring up a new Finder window. Double-click KMP_C4_MAC.app to open.