Contents

03  KidsMatter Primary professional learning

07  Session 1: Understanding mental health difficulties

22  Session 2: Recognising and responding to mental health difficulties

30  Session 3: Supporting students to remain engaged
KidsMatter Primary professional learning uses a range of approaches to help schools work through the content of each of the four components. It’s important that the professional learning is delivered by a facilitator who has been trained by KidsMatter Primary. He or she will lead you through activities and discussions specifically designed to get you thinking deeply about the way your school supports student mental health and wellbeing.

This professional learning is supported by a range of informative and engaging videos, which were made in collaboration with dedicated professionals and inspiring KidsMatter Primary schools.

Videos include commentary by mental health and education experts about what approaches work best in a school setting.

They also showcase the stories and experiences of real schools engaging with KidsMatter, and the strategies they have found most effective.
KidsMatter Primary

would like to thank the following experts and schools for their contribution to this professional learning.

Assoc. Prof. Helen Cahill
University of Melbourne

Bob Bellhouse
Educational Consultant

Prof. Brian Caldwell
Managing Director,
Educational Transformations

Kaye Dennis
Educational Consultant

Prof. Beverley Raphael
ANU and University of Western Sydney

Prof. Stephen Zubrick
Telethon Institute for Child Health Research

Prof. Ann Sanson
University of Melbourne

Andrew Fuller
Clinical Psychologist

Actors in the video resources are from the Hunter School of the Performing Arts (NSW).

Focus group member
Inez French, Lumen Christi Primary School (Delacombe, VIC)

Trial schools
Teesdale Primary School (VIC)
Trinity College, Gawler River (SA)
Calwell Primary School (ACT)

St Mark’s Catholic Parish Primary School (VIC)
Leighland Christian School (Burnie Campus, TAS)
Wagaman Primary (NT)
Hastings Primary (VIC)
Rocherlea Primary (TAS)
Cobdogla Primary (SA)
Confidentiality

KidsMatter Primary materials focus on the children and families with whom participants work. Although sharing thoughts and ideas is important, the disclosure of personal stories is not advised. Participants should also avoid using names of students and families during group discussions.

Self care

You should only participate in this professional learning at the level with which you feel comfortable. Your school’s Employee Assistance Program (EAP) is there to help in the event that something arises for you on a personal level.

Here are some other useful contacts:

- **beyondblue**
  - Tel: 1300 224 636
  - [www.beyondblue.org.au](http://www.beyondblue.org.au)
  - Information and referral line

- **SANE Australia**
  - Tel: 1800 187 263
  - [www.sane.org](http://www.sane.org)
  - Information line – 9.00am-5.00pm weekdays
  - Online helpline, factsheets, resources

- **Lifeline**
  - Tel: 13 11 14
  - [www.lifeline.org.au](http://www.lifeline.org.au)
  - 24-hour telephone counselling

- **Australian Psychological Society (APS)**
  - Find a Psychologist service
Use of actors in the professional learning

The videos in this professional learning use actors to portray the experiences of individuals with a mental health difficulty, their classmates and teacher, and other school staff. Their stories are fictional and are used for illustrative purposes only. All individuals depicted have formally consented to be filmed. This professional learning 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 KidsMatter Primary professional learning project.
Session 1:
Understanding mental health difficulties
KidsMatter Primary is a national initiative that aims to contribute to:

- Improving student mental health and wellbeing,
- Reducing mental health difficulties amongst students, and
- Increasing support for students experiencing mental health difficulties.

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.

**Core Components**

<table>
<thead>
<tr>
<th>Guiding Principles</th>
<th>Positive school community</th>
<th>Social and emotional learning for students</th>
<th>Working with parents and carers</th>
<th>Helping children with mental health difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>The best interests of children are paramount</td>
<td>Respectful relationships are foundational</td>
<td>Diversity is respected and valued</td>
<td>Parents and carers are recognised as the most important people in children’s lives</td>
<td>Parents and teachers support children best by working together</td>
</tr>
<tr>
<td>Students need to be active participants</td>
<td>Schools, health and community agencies work together with families</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Whole-School Approach**

Planning for whole-school change

Professional learning, shared understanding and focus for staff

Partnerships with parents and carers, health and community agencies

Action within and beyond the classroom
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. They 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.
Four key models inform the KidsMatter Primary framework:

1. Model for mental health promotion, prevention and early intervention in schools (World Health Organization, 1994).
2. Risk and protective factors model (Commonwealth Department of Health and Aged Care, 2000; Spence, 1996).

Model for mental health promotion, prevention and early intervention in schools

KidsMatter Primary provides primary schools with a framework for mental health promotion, prevention and early intervention (PPEI). Mental health promotion covers a variety of strategies that increase the chances of more people experiencing better mental health. Promotion includes actions that create living conditions and environments that allow people to adopt and maintain healthy lifestyles. Mental health prevention is about the actions taken early to try to stop mental health difficulties from developing. Mental health early intervention refers to picking up early signs of mental health difficulties and doing something about it to prevent problems worsening.

Who?

Whole-school community, staff, students, parents and carers, health and community agencies

All students (and their parents and carers)

Students experiencing mental health difficulties (20-30% of students) and the 3-12% of students with mental health disorders, and their parents and carers

What does KidsMatter Primary do?

Creates an environment to promote positive mental health and wellbeing

Facilitates social and emotional learning (SEL) for students

Supports student engagement and connectedness at school and facilitates help-seeking for mental health difficulties

How?

Works with the whole community and provides support and information to staff, parents and carers

Through the curriculum, creates opportunities to practise skills and engages parents and carers

Supports children in school and develops clear processes and referral pathways (by working with parents and carers and health and community agencies)

(Adapted from World Health Organization, 1994)
Whole-school approach

A whole-school approach considers all the different aspects of the school such as the curriculum; teaching style; classroom climate; school culture and values; participation of all members of the school community; physical environment; partnerships with families and the community; welfare services; and the wellbeing of staff and students.

A whole-school approach involves the entire school community working together to create a vision for the kind of school it aspires to be, and developing the policies and practices to make this vision become the reality.

World Health Organization (WHO) research has demonstrated that change is more effective and sustainable when schools work on addressing these various aspects of their core functions.

Getting everyone involved is the best way to help people believe in the change and to follow the steps everyone agrees need to be taken. A whole-school approach helps embed the processes and practices into the fabric of the school.

Risk and protective factors

Research has identified a number of risk and protective factors that impact on the mental health and wellbeing of children. Risk factors are things present in a child’s life that increase the likelihood of them experiencing a mental health difficulty. Protective factors strengthen a child’s mental health and buffer against risk, making them less likely to develop a mental health difficulty.

Every day, schools have opportunities to reduce risk factors and build protective factors with the overall aim of improving students’ mental health and wellbeing. Different factors can impact on a child, and the presence of any particular risk factor does not mean that child will experience mental health difficulties. However, there are some key childhood risk factors that have a particularly strong effect on mental health (eg domestic violence).

The KidsMatter Primary framework can help you to understand the risk and protective factors in your school community, so you can best support your students and their families. This framework has informed the areas of focus for KidsMatter Primary schools (the four components).

Some examples of risk and protective factors associated with children’s mental health can be found on page 18 of this workbook.

“I think it’s important that we get a say because if they didn’t like, and we had no choice, you wouldn’t feel like you’re welcome here. But if you got your say, then you’d feel like they’re letting you in, and you’d feel like you’re meant to be here.”

Student, Hastings Primary School

“Most people would not remember a lesson taught at school, but they will remember a teacher who sowed something into their lives…”

Phil (teacher), Leighland Christian School
The socio-ecological model

The socio-ecological model of human development recognises the many influences on children’s mental health and wellbeing. The child is at the centre of the model, which explains that development occurs within the context of relationships with family, school and community. Children are further influenced by the wider social, economic, cultural, workplace and political forces in which their families, communities and schools exist.

The family is the main context for children’s development as it provides the most powerful and enduring influences on short and long-term health and social adjustment.

After family, school is recognised as the most significant developmental context for primary school-aged children.

A school is a particular kind of learning community which is influenced by, and interacts with, the surrounding community. Students, families and school staff from many different backgrounds come together within this space.

The benefits for children can be maximised when the most significant people and contexts in their lives come together.

(Adapted from Bronfenbrenner, 1977)

“I think that’s part of that ‘community’ thing which is being lost a little these days. People want to be talking to somebody who cares, and I think that’s part of what we all feel about coming here. It’s just a really good feeling.”

Jenny (volunteer), Hastings Primary School
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.

**Target areas**

1. Understanding mental health difficulties and improving help-seeking
2. Responding to students experiencing mental health difficulties

**Goals**

- **a** School staff have an understanding of childhood mental health difficulties including common signs and symptoms, the impact on children and families, and factors that put children at risk.
- **b** School staff understand that getting help and support early is important for students and families experiencing difficulties.
- **c** The school provides an inclusive and accepting environment for community members who may be experiencing difficulties with their mental health.
- **d** The school has policies and practices that support students and families to seek help for mental health difficulties.
- **e** School staff have a shared understanding of their role, and its boundaries, in addressing the needs of students experiencing mental health difficulties.
- **f** The school has protocols and processes for recognising and responding to students experiencing mental health difficulties, including helping students to remain engaged in their education.
- **g** School staff have knowledge and skills for recognising and supporting student experiencing mental health difficulties, including how to access support and make appropriate referrals.
- **h** The school has effective working relationships and clear referral pathways with services and supports families to access these services.
- **i** The school works together with families and professionals who are involved in caring for their students’ mental health and learning.
Discussion
Exploring attitudes and beliefs

Agree
Disagree
Component 4 is not about school staff becoming mental health professionals.

It is designed to help establish a supportive whole-school approach so that all staff know:

• how to recognise signs of concern
• who to speak to about their concerns
• how to support students’ engagement at school.

“But I think what’s important for schools and teachers to remind themselves of is, by providing the work that they do to try and keep that child engaged in learning and engaged socially, they are doing their core job.”

Associate Professor Helen Cahill, University of Melbourne

Do you have any concerns about implementing Component 4?
Mental health difficulties in childhood

Remember: Most children are doing pretty well and can manage the normal ‘ups and downs’ of life. Variations and fluctuations in emotions and behaviour are a normal part of development for children – they often arise in response to change or other common life stressors. Therefore, it may not be helpful to view these instances as having a ‘mental health difficulty’.

Good mental health for children is...
“...the capacity to enjoy and benefit from satisfying family life, relationships, and educational opportunities, and to contribute to society in a number of age-appropriate ways. It also includes freedom from problems with emotions, behaviours or social relationships that are sufficiently marked or prolonged to lead to suffering or risk to optimal development in the child, or to distress or disturbance in the family.”
(Raphael, 2000)

In contrast, mental health difficulties include...
“...a very broad range of social, emotional or behavioural difficulties that may cause concern or distress. They are relatively common, may or may not be transient, but encompass mental health disorders, which are more severe and/or persistent.”
(Adapted from Everybody’s Business, 2001)

“What’s your language?”
Part of your work in KidsMatter Primary is to develop a shared language as a school. This language will enable open discussions about mental health and wellbeing in ways that are respectful and informed, and that encourage help-seeking.

KidsMatter Primary uses terms ‘mental health’ and ‘mental health difficulties’ to confront the stigma that continues to exist around this language, but you should use the language that helps you to work most effectively in your school community. Some schools prefer using terms like ‘wellbeing’ instead of ‘mental health’, and ‘social and emotional issues’ instead of ‘mental health difficulties’.

“Working out whether something does classify as a difficulty is really, I think, a matter of seeing how it is interfering with a child’s life and all aspects of their life: their relationships, their learning and so on. So if a problem is at such an extent that it is interfering with those things, I would classify it as a problem or mental health difficulty.”
Professor Ann Sanson,
University of Melbourne
Mental health difficulties in childhood

How common are mental health difficulties in children?

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

Are they becoming more common?

School staff often say that they see more and more children with mental health difficulties at increasingly younger ages. So, are mental health difficulties on the increase? Or has our awareness simply increased? We don’t have enough new research to know. The first and latest national data in Australia on children’s mental health difficulties was collected in 2000, and there has been no further comparable research within Australia since. Interestingly, research in the United States and the United Kingdom has found increased rates of some difficulties in recent years – but it’s not yet clear if this is also the case in Australia.

What causes mental health difficulties?

Risk factors

- Difficult temperament
- Low self-esteem
- Negative thinking style
- Any form of child abuse, including neglect
- Parent with mental illness or substance abuse
- Family disharmony, instability or break up
- Harsh or inconsistent discipline style
- School failure
- Poor connection at school
- Difficult school transition
- Death of a family member
- Emotional trauma
- Discrimination
- Isolation
- Socioeconomic disadvantage
- Lack of access to support services

Protective factors

- Easy temperament
- Good social and emotional skills
- Optimistic coping style
- Family harmony and stability
- Strong family values
- Positive school climate that enhances belonging and connectedness
- Support available at critical times
- Involvement with caring adult
- Support available at critical times
- Participating in community networks
- Access to support services
- Economic security
- Strong cultural identity and pride

(Adapted from Commonwealth Department of Health and Aged Care, 2000; Spence, 1996)

Mental health difficulties result from a complex interplay between the risk and protective factors in a child’s life. Put simply, a child may experience mental health difficulties when the protective factors are unable to buffer against either the number or potency of the risk factors present in their life.

Component 4: Helping children with mental health difficulties

18
The importance of getting help

50% of adult mental health difficulties begin before the age of 14.

50% Before 14 yrs 1/4

Only one in four children get the help they need.

For some children, signs of mental health difficulties in childhood may be transient and lead to nothing more concerning. But for others, signs of mental health difficulties can lead to future problems with their quality of life.

Schools can make a difference to outcomes for these students by:

- recognising the signs of mental health difficulties
- helping them remain engaged in their education
- arranging access to extra help and support when needed.

Remember:
If you are significantly concerned about a child, it is always best to take action. It is important to recognise and attend to their needs whether or not there is a diagnosis.

Getting help at any age is important, but help provided early in life lays the foundations for lifelong mental health and wellbeing.

“One of the things that’s exciting about the KidsMatter framework is that it provides intervention and prevention early in the life course. What we know about that is that early is better. It occurs at a time when we can reduce the potential knock on effect of mental health problems and really make a difference in the life prospects for a kid.”

Professor Stephen Zubrick, Telethon Institute for Child Health Research

Component 4: Helping children with mental health difficulties
A significant barrier in our community...

- Lack of services, long wait lists, or long distances to services
- Lack of access to transport or childcare to attend services
- Concerns about a child being labeled or receiving a mental health diagnosis
- Concerns about being judged as a parent or professional
- Parents not ready to seek help or acknowledge their child requires further assistance
- Adults who are not aware of or confident in recognising the signs of mental health difficulties in children
- Perceived stigma and disapproval of mental health difficulties and seeking help
- A belief that children don’t experience mental health difficulties or ‘grow out’ of them
- Negative opinions about helping professionals

Anything else?

The decision to seek help is influenced not only by perceived need, but also by knowledge and accessibility of available services, and the extent to which environments contain barriers to help-seeking.

Something we do well to help...

- Adults who can recognise the signs of a mental health difficulty
- Adults who know what professional help is available
- Clear referral pathways from school to services
- Families that feel supported to access help
- Positive attitudes towards seeking help (eg at home, at school)
- A coordinated approach between the family, school, and other professionals
- Services based in or linked to school
- Hearing about positive experiences with mental health professionals from others
- Affordable professional help
- Services that are tailored for children and families, including culturally-safe practices

Anything else?

Something we could do better...

Common barriers

- Lack of services, long wait lists, or long distances to services
- Lack of access to transport or childcare to attend services
- Concerns about a child being labeled or receiving a mental health diagnosis
- Concerns about being judged as a parent or professional
- Parents not ready to seek help or acknowledge their child requires further assistance
- Adults who are not aware of or confident in recognising the signs of mental health difficulties in children
- Perceived stigma and disapproval of mental health difficulties and seeking help
- A belief that children don’t experience mental health difficulties or ‘grow out’ of them
- Negative opinions about helping professionals

Anything else?

Discussion

Getting help

(Shanley, Reid & Evans, 2008)
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.

Things to remember, new ideas to note, actions to take
Session 2: Recognising and responding to mental health difficulties
Recognising signs of mental health difficulties

About the B-E-T-L-S observation tool

School staff know children well. As a result, they are often well-placed to recognise signs of concern. 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 perspectives. It is also used to identify a student's strengths. 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:** What is the child doing?

**Emotions:** What might the child be feeling?

**Thoughts:** What might the child be thinking? (about themselves, others, and the future)

**Learning:** What areas of learning is the child having difficulty with?

**Social relationships:** What areas of social functioning is the child having difficulty with?

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?

Should I be concerned?

If the concerning signs and behaviours:

- persist over time (>2 weeks)
- are noticeable across different situations and contexts
- interfere with functioning (for example, schoolwork, relationships) and cause distress to the person and others.

If you are concerned:

- act on the side of caution
- speak to the Wellbeing Coordinator, Deputy Principal or Principal at your school
- you do not have to act alone.
This 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.

Think about the following things when watching each stage of the video.

<table>
<thead>
<tr>
<th>Part</th>
<th>Things to think about</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1:</td>
<td>• What might Tim think about what’s going on?</td>
</tr>
<tr>
<td>Getting to know Tim in the classroom</td>
<td></td>
</tr>
</tbody>
</table>
| Part 2:        | • Who is the appropriate staff member to talk to?  
• What kind of guidance does a teacher need from the Wellbeing Coordinator, Deputy Principal or Principal?  
• How should this conversation be structured?                                                                                                                                                       |
| Talking with other staff |                                                                                                                                                                                                              |
| Part 3:        | • How do you judge when it’s best to talk to parents or carers about your concerns?  
• Who on staff is best placed to talk to parents and carers?  
• How do you best set the scene for this conversation?                                                                                                                                                         |
| Talking with Tim’s parents |                                                                                                                                                                                                              |
| Part 4:        | • What are the risks in jumping to conclusions about what might be going on for a child?  
• How do we withhold our natural tendency to judge, and keep ourselves open to all possibilities?                                                                                                                |
| Final comments about Tim |                                                                                                                                                                                                              |

The video is stimulus material for practising 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 go about things, similarly and differently, to the approach taken by Tim’s school.
# B-E-T-L-S observation tool

<table>
<thead>
<tr>
<th>Child’s name and age:</th>
<th>Behaviours</th>
<th>Emotions</th>
<th>Thoughts</th>
<th>Learning</th>
<th>Social relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is the child doing?</td>
<td>What is/might the child be feeling?</td>
<td>What is/might the child be thinking?</td>
<td>What learning areas are being affected?</td>
<td>What social areas are being affected?</td>
</tr>
</tbody>
</table>

## Pervasiveness

**WHO** is present at this time? *Staff? Parents or carers? Other family members? Other children?*

**WHERE** do these things occur? *One setting? Multiple settings?*

**WHEN** do these things occur? *Times of the day? What’s happening before? What’s happening after?*

## Frequency

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

## Persistence and severity

**HOW LONG** has this been happening for? *Always? Just started? Built up over time?*

**HOW MUCH** is this influencing the child’s life? *Mildly? Moderately? Severely?*
**B-E-T-L-S observation tool**

<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></td>
</tr>
<tr>
<td>What have others noticed about this child?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Strategies: What things have been tried with the child? Who implemented these strategies?</td>
</tr>
<tr>
<td>What was the outcome?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Other factors to consider: What cultural factors might be playing a role in this situation?</td>
</tr>
<tr>
<td>Have there been any changes in the child’s life or in the school?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>What more information do I need about this child? Where could I get more information?</td>
</tr>
</tbody>
</table>
Did you know...?

• In November 2006, the Australian Government extended the Medicare Benefits Scheme to include mental health care treatments for adults and children experiencing mental health difficulties and problems (the Better Access to Mental Health Care Program).

• This extension provides those experiencing mental health problems with the ability to access a Medicare rebate for services provided by an eligible allied health care professional (including psychiatrists, psychologists, occupational therapists or social workers).


How do I know if a child is eligible?

1 Families need to make a double appointment with a GP, requesting a Mental Health Care Plan Consultation.

2 The GP will assess whether the child has a mental health problem covered by the extended Medicare rebates to be eligible for assistance.

3 If deemed eligible, the GP will make a referral to an appropriate allied health professional and the child can start receiving assistance.
Discussion
Our school’s procedures

School processes

• Who should staff speak to when they have a concern?

• When should they approach their colleague? How should the concern be communicated?

• Who else needs to be involved in the discussion?

• How are conversations documented and confidentially stored?

• Are there policies and procedures in place for addressing the way our school supports students’ mental health and wellbeing?

• How are individual staff supported?

Working with parents and carers

• Who is best-placed to speak with the student’s parents or carers about the concerns and when?

• How are parents and carers involved in decision-making about the next steps?

• How are parents and carers supported?

Other considerations...

• Who identifies available and appropriate external agencies to refer to?

• Who follows up whether the referral has been accepted?

• Who is the key contact at school for the external agency?

• What’s in place to ensure the agency, families and the school work together?
Session 2 summary

Things to remember, new ideas to note, actions to take

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.

Ensure you’re familiar with your school’s procedures for recognising and responding to signs of concern.
Session 3:

Supporting students to remain engaged
Types of mental health difficulties in childhood

There are different ways of thinking about mental health difficulties in childhood. One approach groups the common types of difficulties into categories. School staff will be familiar with these categories, or ‘disorders’, and are likely to have taught students with these difficulties in their classroom.

The common types of difficulties that school staff may be aware of are:
- Anxiety
- Depression
- Serious behaviour problems
- Attention Deficit Hyperactivity Disorder (ADHD)*
- Autism Spectrum Disorder*

School staff need to be very careful when talking about labels and their students, as has been discussed in this professional learning. Often, they will have a student in their classroom with a confirmed diagnosis from a mental health professional. In these cases, it can be helpful to understand the diagnosis. Increased understanding also helps staff consider strategies to help the student remain engaged in their learning.

*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.

What’s in a diagnosis?

A diagnosis is a label that helps 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. Often a child meets the criteria for a number of disorders. It is very important to recognise a child’s strengths and meet their individual needs, even if they have been diagnosed with a mental health disorder.
Types of mental health difficulties

Anxiety

**Essential features of anxiety** are: persistent worry, apprehension and fear which cause distress that is more frequent and severe than in other children of the same age.

A child with anxiety problems might: seek reassurance often; avoid situations they feel worried or scared about; try to get others to do things they are worried about; tell you they have physical pains; dislike taking risks or trying new things; have lots of fears; get upset easily; or have lots of worries.

These children need to experience success in spite of feeling anxious. This shows them they can cope.

Serious behaviour problems

**Essential features of serious behaviour problems** are: persistent patterns of impulsivity, aggression, refusal to follow directions, and defiance that is more frequent and severe than in other children of the same age.

A child with serious behaviour problems might: argue constantly with adults; disobey instructions; provoke others; use physical aggression to get their own way; blame others for mistakes; or be destructive toward property.

These children assume others are against them. They need help to change their thinking patterns.

Attention Deficit Hyperactivity Disorder (ADHD)

**Essential features of ADHD** are: a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than in other children of the same age.

A child diagnosed with ADHD might: change activities often without finishing them; lose or misplace items; forget what he or she is told to do; be restless in situations requiring calm; always be on the go; have problems with planning and organisation; or not be thoughtful in social situations.

These children act before they think and require external supports to guide their action and prompt their thinking.

Depression

**Essential features of depression** are: sadness, lack of interest in previously enjoyed activities, self-criticism and pessimism about the future that is more frequent and severe than in other children of the same age.

A child who is depressed might: have low energy; be difficult to motivate; lose interest easily in an activity they usually enjoy; make negative comments about themselves; be difficult to please; be easily annoyed or upset; cry easily and be difficult to soothe; have either little interest in food or overeat; or have trouble sleeping (and may be tired at school).

These children assume problems are insurmountable and are their fault. They need help to change their thinking patterns and support to re-engage with enjoyable activities.

Autism Spectrum Disorder

**Essential features of Autism Spectrum Disorder** are: impairment in social relationships, difficulties communicating, and inflexible behaviours that are more frequent and severe than in other children of the same age.

A child with an Autism Spectrum Disorder might: have trouble understanding nonverbal communication cues; have poor conversation skills; have a strong memory for facts and details; have interests that totally take over; take things literally; be good with computers; have difficulty making friends.

These children do not pick up typical social cues. They need explicit teaching of relevant micro-communication skills.
Strategies for assisting children with anxiety
- minimise avoidant behaviour
- assist the child to be brave – to ‘have a go’
- reinforce competence, discourage perfectionism
- encourage positive self-talk
- teach coping skills
- set realistic expectations
- modify and monitor stressful activities
- develop independence

Strategies for assisting children with serious behaviour problems
- avoid confrontation – plan ahead
- set realistic goals with child about expected behaviour
- talk through incidents to assist the child to see consequences
- build problem-solving skills as an alternative to aggression
- use positive reinforcement
- have positive expectations of all students
- avoid power struggles
- establish a ‘cool down’ strategy
- match level of instruction to the child’s ability
- make learning fun
- support belonging through structured activities
- use social problem-solving

Strategies for assisting children with Attention Deficit Hyperactivity Disorder (ADHD)
- provide high structure and high monitoring
- set achievable goals
- break up tasks into smaller steps
- minimise verbal instruction
- check instructions have been heard
- build organisational skills
- reinforce goal-following behaviours
- maintain a skill-building focus even if child is taking medication
- use a problem-solving model to help them sequence their thoughts

Strategies for assisting children with depression
- adjust work requirements to match the child’s current mental resources
- prompt positive responding about events (e.g. “What did you enjoy about that book you read?”)
- give positive feedback
- provide opportunities for success
- encourage involvement in physical and classroom-based activities
- label positive experiences
- foster positive social relationships
- teach problem-solving skills
- provide extra learning support if the child has fallen behind

Strategies for assisting children with Autism Spectrum Disorders
- provide high structure
- anticipate problems with non-literal communication
- provide a predictable environment
- build on existing strengths
- adjust language to support understanding
- clarify expectations
- use written prompts
- use visual cues
- adapt social requirements
- teach skills for emotional regulation and perspective-taking
- teach children how to read nonverbal cues

Teaching strategies for common mental health difficulties in childhood

You may find that these strategies are central to good teaching practice for any student.
Activity
Four-component support plan

Complete the support plan to see how your school would help Tim (from the case study) across the KidsMatter Primary components.*

<table>
<thead>
<tr>
<th>KidsMatter Primary components*</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>Options for improving target areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive school community</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This student and their family have a sense of belonging at school, and opportunities are provided for involvement with the school community</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>This student has a positive relationship with at least one teacher at school and several peers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>The classroom teacher feels supported in their efforts to help the student</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Social and emotional learning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lessons are provided to develop this student’s skills in the core social and emotional competencies:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-awareness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Social awareness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Self-management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Responsible decision-making</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Relationship skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>This student is provided with regular opportunities to practise skills they are learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Working with parents and carers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The teacher has a collaborative working relationship with the student’s parents or carers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>The parents or carers of this student have been provided with information about resources and services in the community that may support their parenting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>The parents or carers are being supported in getting help for their child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Helping children with mental health difficulties</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School staff working with the student understand their mental health difficulties</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>In-school strategies have been identified to help this student, and are being implemented in a coordinated way by staff working with this student</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>If a referral to an external agency is required, are there potential barriers for this family in accessing help?</td>
<td>List:</td>
<td>How might these be addressed?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Not all the KidsMatter Primary target areas are represented here.
Component 4: A parent’s story

“When I first brought my son to school, I had identified a need in my son and it was just a great feeling to know that **his teacher also identified the need**. And so through that I’ve been supported in amazing ways and **my son of course has been supported** as well.

There have been **referrals to professionals outside the school** because of his behaviours. But there’s just been awesome **strategies put in place in the classroom** and this year has been a journey, but it’s definitely **a journey of great growth**. I’ve noticed that his **self-esteem is higher**. I have had reports that his emotional meltdowns have become less frequent, and I know that this is just a journey he’s on at the moment and, through staying at this school, I know – well, I am hoping and I’m sure it’s going to be the case – by the time he leaves primary school, he’s going to be a **strong, independent, young person** with high self-esteem and high self-confidence.

Enrolling my child in **a school that has KidsMatter** was important to me. My child suffered, really, a lot of huge, angry outbursts last year and displayed poor regulation in his frustration and anger. The triggers were unknown. When I thought that I could get on top of the triggers then something else would occur and it was **very distressing as a parent to not know what to do**, but to know something needs to be done...so when I researched KidsMatter and saw the four components attached to the KidsMatter program, I **knew that I was going to be actively involved**, I knew that the **teachers had done training and that there would be a focus on my son’s behaviours.”

Parent, Hastings Primary School
Professionals outside the school

**General Practitioners (GPs)**
will help families decide whether further investigation and treatment is needed. A doctor’s referral is required in order to claim the Medicare rebate for mental health treatment from other professionals.

**Paediatricians**
are doctors who specialise in treating children. They consider what is typical behaviour for children at different ages to determine if a problem is physical or emotional.

**Psychiatrists**
are doctors who have undertaken additional training to become specialists in mental illness.

**Psychologists**
provide assessment and treatment for a range of mental health difficulties. They do not prescribe medication.

**Allied health professionals**
help individuals with mental disorders to resolve associated psycho-social problems and improve their quality of life.
Think about what you’ve learnt during the professional learning. What do you want to add to your own practices of helping children with mental health difficulties?

<table>
<thead>
<tr>
<th>My goal for Component 4 is...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Is your goal **SMART**? (Tick next to each of the criteria it meets. Rewrite as necessary)

- **Specific** – Do I know exactly what it is I want to accomplish?
- **Measurable** – Will I know if I have accomplished the goal? Can I measure my progress?
- **Attainable** – Do I see myself able to reach the goal?
- **Realistic** – Am I willing and able to work towards the goal?
- **Timed** – Does the goal have a defined time frame?

Why is it worth it? I’m willing to commit to this goal because...

What might stand in the way of you achieving your goal?

How will you work around the obstacles?

<table>
<thead>
<tr>
<th>Obstacles</th>
<th>Ways I’ll work around them</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The people I’ll tell about my commitment to help keep me motivated are...

I’ll review my progress towards my goal on this date:

Component 4: Helping children with mental health difficulties 38 Participant Workbook
Planning school-wide action

Think about any ideas you have for what your broader staff group and the entire community could do to enhance your school’s approach to helping children with mental health difficulties.

Write your ideas below and tear them off. Your ideas will be provided to the Action Team to help plan school-wide action.

Ideas for staff to enhance our approach to helping children with mental health difficulties:

Ideas for the entire school community to enhance our approach to helping children with mental health difficulties:
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.

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
✓ 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.
Think of a significant moment you have observed during your school’s journey with KidsMatter Primary so far.

- 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?
Tell us what you think!

Your feedback is very important and will ensure that the KidsMatter Primary professional learning sessions are effective. Your feedback can also be counted towards our formal recognition as a KidsMatter Primary school.

Every participant, including the facilitator, is invited to provide feedback. Responses are anonymous and are viewed only by the KidsMatter Primary national team for quality assurance purposes.

Please provide your feedback at:

www.kidsmatter.edu.au/primary/componentfeedback