We Do Better Together: Supporting the Mental Health and Wellbeing of Primary School Children and their Families

Thursday, 27th November 2014

Tonight’s panel
• Ms Sarah Letho (primary welfare officer)
• A/Prof Michael Fasher (GP)
• Dr Lyn O’Grady (psychologist)
• Ms Sally Young (social worker)

Facilitator
• Ms Vicki Cowling (psychologist and social worker)
Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the ‘general chat’ box. For help with technical issues, post in the ‘technical help’ chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chatbox.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Outcomes

Through an inter-disciplinary panel discussion about the Harper family, at the completion of the webinar participants will:

- Develop an increased awareness of the benefits of collaboration between mental health practitioners across primary school, health and community settings
- Develop strategies to achieve effective and timely collaboration to support primary school-aged children experiencing mental health difficulties and their families
- Develop an increased awareness of the benefits and opportunities for involvement with initiatives such as KidsMatter when working with primary school-aged children.

NB: The case study is designed to be open ended in order to raise questions, provoke thought and generate discussion.
Primary Welfare Officer perspective

Component 1 – Positive School Community

Emphasis on schools to focus on building a positive school culture that provides safety and security for children, promotes a sense of belonging and supports the development of positive relationships. An environment characterised by positive relationships where children feel they belong are key protective factors.

• Tom and Zoe’s teachers seem to be understanding in recognising the changes in the children’s behaviour
• Understanding the school wellbeing policies
• Collaborative relationships between teaching staff; discussions between current and previous teachers of Tom and Zoe has assisted the consistent approach in helping understand Tom and Zoe

Primary Welfare Officer perspective

Component 2 – Social & Emotional Learning

Effective social and emotional learning (SEL) curriculum for all students and opportunities to practise their skills. SEL helps schools to think about how to embed the teaching of social and emotional skills in the school curriculum, with opportunities for children to practise these skills across a range of contexts. As part of the structured social and emotional learning taught at school, students learn skills to cope with strong emotions. By learning effective problem solving skills, students can feel better equipped to deal with challenges that may arise.

• The SEL curriculum or program is not explicitly stated in the case study but given the school is two years into the KidsMatter initiative, the school is likely to have had a SEL program implemented
Component 3 – Working with Parents & Carers

Encourages schools to build strong relationships with the families in their community and create opportunities for families to get involved. Good relationships between families and schools create more opportunities for families to be involved at the school. Families and school staff can work together to develop children’s social and emotional learning and strategies for coping with strong emotions.

- Good connection (open communication, warmth, accessibility) between Tina (Mum) and the teachers in sharing their concerns about Tom and Zoe
- Some family relationship difficulties present – Tina/John arguing about their working hours and who should be looking after the children
- Grandparents are caring for the children before/after school for some of the week
- Risk and protective factors in the family

Primary Welfare Officer perspective

Ms Sarah Letho

Component 4 – Helping Children with Mental Health Difficulties

Supports school staff to recognise signs that a child might be experiencing social or emotional difficulties and take appropriate action. Learning about and understanding mental health difficulties helps to build confidence in school staff. This means that support can be provided sooner to children affected by mental health issues who are at risk of anxiety. It also means that children who are presenting with anxiety can be supported by school staff working with parents and connecting children with health professionals and community services.

- Teachers recognising and understanding Tom’s mental health presentation and how it is impacting them at school. Teacher followed school policy regarding the process for concerns about a student; speaking to previous teachers and raising concern with the parents

Primary Welfare Officer perspective

Ms Sarah Letho
Component 4 – continued

- Tom’s teacher referred him to the school counsellor for three sessions to address the anxiety
- External counsellor then recommended due to time constraints (?) of school counsellor
- GP sought for physical complaints; mental health complaints were also discussed and psychologist was sought
- GP referred to CAMHS to support Tom, the family and school
- Principal also referred Tom to a nearby Medicare Local
- Meeting arranged by school counsellor with Tom’s parents/teacher to discuss various options for Tom and his family and how the school can provide continued support

Primary Welfare Officer perspective

Further comments

- Fernbark Primary School appears to have utilised all four components in some way – main emphasis on component 4; in assisting the mental health difficulties for Tom but further emphasis needed for Zoe
- Further discussion around how the teachers themselves can assist Tom and Zoe
- Further discussion around the changes in Tom and Zoe’s behaviour – using the B-E-T-L-S approach (Behaviour, Emotions, Thoughts, Learning, Social Relationships)
- Based on the information listed, we would probably not utilise ELMHS/CAMHS at this stage. Instead of Medicare Local, our school would tend to utilise the support of onPsych or Ozchild’s Shine Assist Program for psychological support or further support from Student Support Service Officers (SSSOs)
- In our school system, possible use of linking with external local community links i.e. Anglicare/Child FIRST for family support services.
- Discussing the risk/protective factors for Zoe/Tom
General Practitioner perspective

Background reflections

• It is inevitable that children feel anxious
• Children can learn to manage anxious feelings
• Learning to name the feeling is step 1
• Anxious adults may discount the child’s feeling

General Practitioner perspective

Background reflections

• Children are commonly overwhelmed by anxiety
• The aim is reducing the state of being overwhelmed
• The target is not reducing the feeling
• Living anxiously is often modelled by parents
General Practitioner perspective

Background reflections

• “The psycho – social enquiry should proceed in parallel with the biological enquiry” (Prof Tim Usherwood)

• A 7 yo girl was sent home from Fernbark Primary School after c/o of blurred vision and the room swaying to her teacher

General Practitioner perspective

System issues

• Well defined, accessible, local pathways to quality care would reduce the risk of medical mismanagement

• A health literate community would reduce the risk of medical misadventure

• Outcome measurement for quality improvement
General Practitioner perspective

The Harpers

• First: the need to understand the strengths and weaknesses of this family

• Then: the need to understand the strengths and weaknesses of family members

• Anxiety is adversely affecting the daily living of 2 children

General Practitioner perspective

The Harpers

• It is uncommon to find an anxious child without there being at least one anxious parent

• Often the history goes back generations

• A focus on the needs of family members must be paralleled with a focus on family functioning
Psychologist perspective

First thoughts
Hopefulness – time of opportunity as much as challenge
• Schools’ awareness and responsiveness
• Parents’ willingness to hear school’s concerns and act on them
• Signs of concern are present but not at crisis point
• Children are young enough for effective intervention to support them now and into the future – and strengthen the family unit

Why now? Complex web?
• Changes at home? Impact of conflict between Tina and John?
• Anything new or different at school? (e.g. friendships for Tom)
• Previous concerns (e.g. Tom separating from Tina)?
• What might be relevant developmentally for each child?

Anxiety within the family – patterns of behaviour (genetic/learned)
• Focus on Tom or family as a whole?

Psychologist perspective

Supporting adults in order to support children
Parents
• Identify and respond to underlying issues (e.g. family history of anxiety, current parental conflict/tensions, communication style)
• Build parents’ self efficacy – promote their resilience in order to build resilience in children; strengths based approach – what has worked before? What works well?
• Promote social support – “we are not alone with our struggles” (School activities? Parenting program?)
• Enhance parenting skills (e.g. skills to manage Tom’s behaviour at home, building relationship between Tom and Zoe, family communication skills)
• Information about anxiety (KidsMatter resources)
Psychologist perspective

Other adults to consider

Grandparents
  • Impact of caring for Tom and Zoe on them – change in the grandparent role?
  • Support for them, including information, being included in meetings
  • Their perspective might add different and valuable insight

Classroom teachers/school staff
  • Impact of Tom (and Zoe) in their classrooms
  • Responding to the attendance issue – developing a plan
  • Knowing how best to help them/not making things worse
  • Managing their own feelings of concern/anxiety that may be triggered
  • Continuing to document observations using KidsMatter’s BETLS tool

Psychologist perspective

Collaboration and effective communication

School and family will continue to support children while access to external mental health support is being arranged
  • Identify what has helped in the past
  • Develop short term plans focused on main priorities
  • Maintain regular contact between home and school

External mental health professional/s having access to the school
  • Clear roles and boundaries
  • Meetings to enable consistent approaches across home and school
  • Possible role of the school psychologist/counsellor as a conduit for communication?
**Psychologist perspective**

Current and emerging intervention for children’s anxiety

- Cognitive Behavioural Therapy - recognize unhelpful thoughts, challenge them (incorporating play for younger children), step plan and exposure
- Universal social and emotional skills development, including self awareness, coping, relaxation
- Parenting skills training
- Parents and teachers adult resilience program in parallel to children’s sessions
- Online programs – BRAVE Program (8 – 17 year olds)
- Mindfulness

**Social Worker perspective**

Assessment questions

- Importance of developmental history and cross-sectional information to obtain a sense of the depth, pervasiveness and suffering that the anxiety causes Tom
- Importance of seeing the parents and potentially the grandparents
- The importance of seeing Tom, in an age appropriate way, to understand the way he thinks and feels
- Listen for anxieties about dreams, somatic worries, school, friendships and separation anxiety
Systemic Issues in the family

- Listen for, is this an anxious family or an overwhelmed family? If this is so, is this over a long time or more related to current circumstances?
- The question of seeing the family given Zoe is also symptomatic
- What is the meaning of separation, change and developmental transition in this family. For example mother’s return to work, Tom going into grade 1, grandparents looking after the children
- The sibling relationship, how much does the role each sibling take in the family enhance rivalry?
- Is there a parallel between the arguing between the parents and fighting between the siblings?

Referral risks and challenges

- Each agency, teacher, school counsellor, GP, ATAPS worker will have a somewhat different professional language and may have different goals or views on what would be useful
- The parents may also have different views, between themselves or with the professional network about seeking help for Tom or Zoe
- Any referral acts as a bridge to another service which may or may not succeed. How is the referral seen, is there anxiety about a mental health referral?
- The advantages of the ATAPS system in its accessibility but it does not completely support the practitioner to do family therapy, if needed
Social Worker perspective

Collaboration: the challenges

- “Collaboration is never easy, which is why it is more talked about than practised...It requires a great deal of work” Anxiety and the Dynamics of Collaboration: Woodhouse and Pengelly 1991
- The dangers of professional rivalries and anxieties, misperceptions and often lack of time, compromise collaboration
- The issue of consent for information sharing and collaboration, important to work out
- What information needs to be shared and what information needs to be private?

Social Worker perspective

Further thoughts

- The family system and the professional network may be as complex as each other
- The more anxiety there is about a family, the more vulnerable the system is to splitting or fragmentation or polarization of views
- Listen out for parallel process phenomena
- Important that both Tom and his family remain at the centre of any intervention
Thank you for your participation

• Please ensure you complete the exit survey before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.

• Each participant will be sent a link to online resources associated with this webinar within two to three business days.

Are you interested in leading a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpn.org.au

Thank you for your contribution and participation