NSW
School-Link
Health and Education Working Together

# Responding to Mental Health Complexities

### A Resource for Schools

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January 2017

### What is School-Link?

School-Link is funded by NSW Health and works in partnership with the Department of Education, independent schools and many other government and non government organisations. School-Link aims to improve the mental health and wellbeing of children and young people through making positive links between health, education and other services. School-Link – South Western Sydney Local Health District (SWSLHD) covers a large district from Bankstown to Bowral. The School-Link initiative is part of the SWSLHD Infant, Child Adolescent Mental Health Service (ICAMHS).

School-Link provides a consultation service through School-Link staff who are experienced child and adolescent specialists and able to help with:

> finding the right service for children, young people and their families

> information about prevention and early intervention programs and consultation on complex cases

> accessing training to support children, young people and their families.

Further details go to: **www.icamhs.com.au**

### Why develop this Resource

We developed this resource as a direct result of our work with schools. School staff report problems working with many students with complex emotions, behaviours and family difficulties. While many school staff have the skills and confidence to deal with these difficulties, a significant number report feeling overwhelmed and lacking in confidence to respond to complex emotional, behavioural and/or mental health situations. These complex presentations can be thought of as a 'mental health crisis' in the school.

### Acknowledgements

We would like to thank the following supporters and contributors to the project: Ella Matthew, Giles Barton, and the dedicated education staff of South Western Sydney who provided invaluable feedback on the resource.

### School-Link

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# About this Resource

Schools are increasingly confident in identifying mental health concerns in the school setting: many enquiries to School-Link from school and health staff have included questions about how to manage a continuum of mental health complexities.

Given that one in four young people will experience mental health difficulties, schools need to do two things;

1. develop a whole-of-school approach to mental health and wellbeing; and

2. ensure consistent approaches to responding to a student needing more targetted mental health support.

When a student experiences a mental health emergency, or discloses a mental health issue, or engages in worrying behaviour such as self-harming, schools and staff sometimes feel that these kinds of issues need to be handed over to mental health professionals. However, calling in a mental health team (or even an ambulance or the police) can in itself be a very traumatic and intrusive process, and may not be necessary if the school and staff are set up to provide the necessary support.

Students who have a physical condition such as asthma or a broken leg are welcomed back to school at the earliest opportunity, with disability adjustments. The same approach must also be available for students managing a mental illness.

All schools must ensure that students with mental health disabilities are given equal access to education. Keeping students out of school may result in greater risk to the young person and a decline in mental health due to social isolation.

Schools provide a positive place of connection and community. All students benefit from the structure, connection and opportunities for engagement provided by schools. Participating in school life remains integral to the student's recovery.

This resource provides:

> best-practice models for schools to establish guiding principles for mental health and well-being for the whole school;

> tips for and approaches to responding to a child or young person undergoing a mental health concern; and

> practical strategies for schools to support students, families/carers and school staff.

We recommend that schools form a support team around the young person, to be "with" the young person as they express their concerns and seek additional supports. The school support team remains central to the student's wellbeing and recovery, even as they access external services.

Schools can use School-Link as a key interface with other health services, providing consultation on a range of mental health issues. The consultation includes supporting referrals to the most appropriate service for a child or young person and their family.

# What are mental health complexities at school?

These guidelines refer to a continuum of emotions and behaviours related to student mental health.

The mental health complexity may involve a student experiencing anxiety, depression or other mental health issues. Often, a student may have no formal mental health diagnosis, but may be dealing with family/social/relational problems that result in the student becoming distressed and disturbed, acting aggressively, or threatening to hurt others or themselves.

It's important to remember that mental health issues often manifest themselves as behavioural problems in schools.

Some of the behaviours that these mental health issues can cause include:

> Emotional dysregulation and extreme behavior changes. (e.g., out-of-control screaming, yelling, lashing out.)
> Withdrawal, crying, sobbing.
> Panic attacks.
> A dramatic and sustained change in personality or functioning.
> "Oppositional", "rebellious", "unmotivated" and "antisocial" behaviour.
> Total withdrawal from people and environment.
> Risk taking.
> Self destructive behaviors. (e.g., heavy drinking or drug use, head-banging, self-harming.)
> Threatening to hurt self or others.
> Violent play.

The initial response is to find a way to connect with the student, creating a safe place and environment where they can express themselves, process their experience and emotions, and have time to develop a sense of control. It is essential to maintain connection while seeking additional supports. This connection will support the student on the path to recovery and wellbeing.

## STIGMA – hasn't left the building

While there have been positive initiatives to help in the understanding of mental health concerns, stigma still surrounds mental health. Students and their families and carers may be comfortable talking to the school about physical health concerns such as asthma or nut allergies; but students and family members may be hesitant to disclose mental health concerns even when the school is supportive.

## Mental health difficulties identified by schools

> **Anxiety and depression**
> **Developmental Trauma as a result of abandonment, abuse, and neglect during childhood**
> **Domestic Violence and Child Protection issues**
> **Eating Disorders**
> **Emotional Distress**
> **Grief and Loss**
> **Parents experiencing difficulties (Includes Mental Health, alcohol and other drugs, family stressors)**
> **Psychosis**
> **Self Harm**
> **Suicidal Thoughts**

*(SL Survey, 2015)*

> *The initial response is to find a way to connect with the student, creating a safe place and environment where they can express themselves, process their experience and emotions, and have time to develop a sense of control.*

# Section 1: Developing a positive school culture

> **Students do well in schools that are able to support them through positive and difficult times.**

The best responses to mental health concerns start with developing a knowledgeable and supportive school culture.

In any school community, students (and staff) may experience distress which can result in dysregulated behaviour and/or emotions. This has an impact on both the school and its wider community.

A positive school works towards creating a safe and inclusive space for all students.

Students do well in schools that are able to support them through positive and difficult times. For students who are going through difficult times, individual support plans are best developed early to prevent an emergency in the school.

See *Section 3A: Disability adjustments for students* in this Guide for practical strategies to support students with mental health issues at school.

## School Community

**Partnerships**
students
families
staff
professionals
communities

**Environment**
physical
culture
politics
procedures

**Practice**
curriculum
teaching
learning

## Indicators of wellbeing in adulthood appear to be better explained by social connection rather than academic competencies pathways.

*Reference – Promoting children and young people's emotional health and wellbeing: A 32-Year Longitudinal Study of Child and Adolescent, Pathways to Well-Being in Adulthood, Craig A. Olsson · Rob McGee · Shyamala Nada-Raja ·Sheila M. Williams, Springer Science+Business Media B.V. 2012*

Creating social connectedness and a sense of belonging have been proven to be even more important than academic capacity in helping students thrive in the world.

These are some ways your school can promote connectedness and belonging for all students.

### Top tips for a positive school

1. Greet students by name.
2. Show interest in the student's wellbeing and life outside of school.
3. Have warm and welcoming reception staff.
4. Have signs and other communication in community languages.
5. Provide diverse and inclusive extra-curricular activities.
6. Have musical activities including choirs and music groups for all students.
7. Offer community languages to all students. e.g. opportunity to learn Mandarin for non-Chinese students.
8. Create lunchtime connection activities for students who may not feel comfortable in the playground.
9. Conduct student, parent and staff surveys to regularly connect with their experiences.
10. Think of ways of structuring surveys and other feedback that promote student engagement.
11. Consult students as much as possible in decision making – individually and for the school.
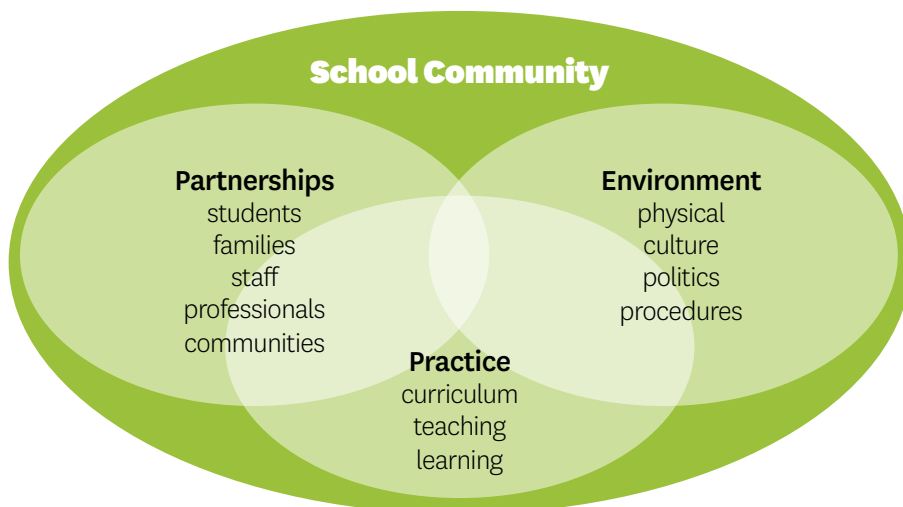
**Eight Principles to promote a whole-school approach to emotional health and well-being.**

**Curriculum, teaching and learning** to promote resilience and support, social and emotional learning.

**Enabling student voice** to influence decisions.

An **ethos and environment** that promotes respect and values diversity.

**Leadership and Management** that supports and champions efforts to promote emotional health and well-being.

**Staff development** to support their own well-being and that of students.

**Targeted support** and appropriate referral.

**Working with parents and carers**.

**Identifying need** and monitoring impact of interventions.

### What is your school doing to work on each of these Eight Principles?

*Thinking about our school and how we support students:*

*We are most proud of*

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*We would like to change/add*

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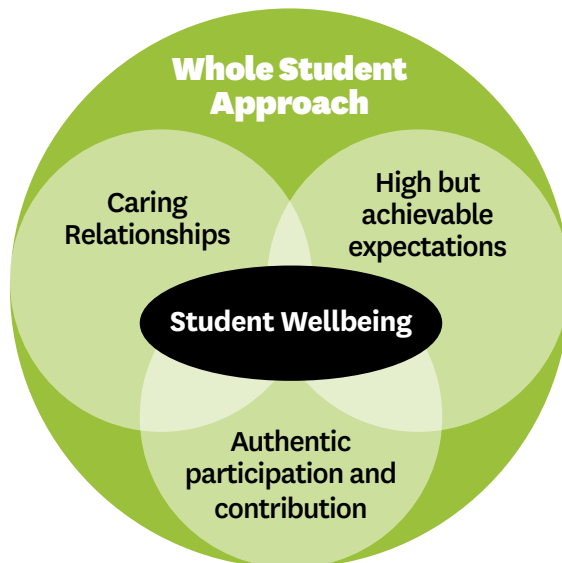*The influence of a good teacher can never be erased.*

## A whole-of-school approach

Creating a positive school environment using a whole-of-school approach will benefit not only at-risk students but the whole school community. Focusing on universal well-being at the school has the benefit of ensuring that all students have a sense of belonging and connection to the school.

The school is then in a better position to create the necessary supports and interventions for at-risk students.

On the next page is a list of the factors that might place a student in the 3-5% who need targeted/intensive support, or who may be selected for increased academic support and greater engagement.

**Whole Student Approach**

Caring Relationships

High but achievable expectations

**Student Wellbeing**

Authentic participation and contribution

## What the school needs to do

**Universal – all students**

School-wide, culturally responsive systems of support
**75-85% of students**

- Effective academic supports
- School-wide social skills training
- Explicit school behaviour expectations
- Positive classroom engagement
- Active supervision and monitoring
- Positive reinforcement systems
- Engagement with parents and carers, school and wider community

**Selected – at-risk students**

Classroom and small-group strategies
**10-20% of students**

- Increased academic supports and practice
- Increased social skills training
- Supporting self-regulation
- School-based adult mentors
- Check in, check out
- Engaging with parents
- Alternatives to out-of-school suspension
- Actively involve students in co-curricular activity

**Targeted/intensive – high-risk students**

Individual interventions
**3-5% of students**

- Intensive academic support
- Intensive social skills learning
- Individual support plans
- Engaging actively with parents
- Multi-agency involvement (wrap around services)
- Alternatives to suspension and expulsion
- Community and service training

**What does your school do to identify students with risk factors for mental health problems?**

**Do you discuss these issues in staff meetings?**

**Does your school's Emergency Management Plan/Risk Management have specific procedures for mental health support?**

# Risk factors and protective factors for child and adolescent mental health

*Mental Health and Behaviour in Schools, P9, UK Dept of Education, March 2015*

| Who is affected | Risk factors |
| --- | --- |
| **Child** | Complications during birth and early infancy |
| | Difficult temperament (overly shy or aggressive) |
| | Low self esteem |
| | Low intelligence |
| | Poor bonding with parents and carers |
| **Family** | Family disharmony, instability or breakup |
| | Harsh or inconsistent discipline style |
| | Parent/s with mental illness or substance abuse |
| | Siblings with a serious illness or disability |
| **School** | Peer rejection and/or bullying |
| | Academic failure |
| | Poor attendance |
| | Poor connection between family and school |
| **Life events** | Difficult school transition |
| | Death of a family member |
| | Emotional trauma |
| | Experience of physical or sexual abuse |
| **Society** | Discrimination |
| | Isolation |
| | Socio-economic disadvantage |
| | Lack of access to support services |

| Who is affected | Protective factors |
| --- | --- |
| **Child** | Easy temperament |
| | Good social and emotional skills |
| | Positive coping style |
| | Optimistic outlook on life |
| | Good attachment to parents or carers |
| **Family** | Family harmony and stability |
| | Supportive parenting |
| | Strong family values |
| | Consistency (firm boundaries and limits) |
| **School** | Positive school climate |
| | Sense of belonging and connectedness between family and school |
| | Opportunity for participation in a range of activities |
| | Academic achievement |
| **Life events** | Involvement with a caring adult |
| | Support available at critical times |
| **Society** | Strong cultural identity and pride |

# Section 2: Crisis response and checklist

## The immediate response*

1. **Ensure the immediate safety of other students and staff.**

2. **Stay with the student – ensure that the student is not left alone.**

   Contact someone in the school who the young person identifies as a 'safe person'. This may be a school counsellor, teacher, Year Co-ordinator or other trusted staff member. Do not automatically send the student to executive staff as this may make them worry that they are "in trouble" or being disciplined.

3. **Talk to the student quietly and calmly.**

   The student may need support to regulate their emotions to a point where they are able to engage in a discussion. Do not rush this process, as it is important that the student feels some sense of control.

4. **Make a positive connection.**

   While this can be very challenging during the crisis, help the student feel comfortable by expressing your genuine concern for them and allowing them time to sit without talking if needed.

5. **Check out what's happening from the student's perspective.**

   Do not assume you know how the student is feeling and what the crisis is about. Allow the student to talk as much or as little as they want.

6. **Ask open-ended questions.**

   For example, ask, "How are you feeling", rather than, "Are you OK?" Ask, "Who would you like me to call?" rather than, "Would you like me to call your mother?"

7. **Gather information from others.**

   Find out what other support people and/or services the student is already engaged with.

8. **Contact the school counsellor.**

   Offer the service, but do not assume the student will want to speak with the counsellor.

9. **Contact a parent or carer, following your school's policies and procedures.**

   Be very careful where there are domestic violence and child protection concerns. Wherever possible, it is best to contact parents/carers by telephone or face-to-face.

10. **Keep the student involved as much as possible in decision-making throughout the emergency.**

    If decisions have to be made by school staff, keep the student informed at all times. This is important to ensure a sense of safety and trust in what can be an overwhelming experience for the student and staff.

11. **Make short term plans with the student using school policy and guidelines.**

    This may include referral to external services with support from the school.

*\* If you are supporting a student where the situation is life-threatening, call the ambulance and/or police immediately. The checklist is to help you support students not requiring ambulance or police.*

# What doesn't help

**Supporting students who are experiencing mental health crisis can be distressing not only for the student but also for the staff. It is common to feel worried about saying or doing the wrong thing.**

Try to avoid thinking or saying:

### "I am not qualified."

You are a caring and responsible adult with the resources of the school and other staff available to you. Most often, a child or young person simply needs a warm, caring and accepting response to help them.

### "They are just trying to get attention."

Behaviour may be attention-seeking – but it is important to recognise that an unheard or voiceless student may feel that extreme behaviour is the only way they can be heard. Ask yourself – what is behind this extreme behaviour?

### "This is not my area." "They need professional help, my job is teaching."

No-one expects school staff to become clinical therapists or counsellors, but simply to use your skills and compassion to help support the student and manage a specific situation.

### "They're just trying to get out of class."

In itself, this is a sign of something seriously wrong if extreme emotions and behaviours – and the consequences of these – are seen as preferable to being in class.

### "He just went off for no reason."

Many children and young people may appear 'moody' or 'touchy" – but hyper-sensitivity and misinterpretation, over-reaction, and an inability to manage emotions (dysregulation) can be signs of mental health problems and/or family problems.

### "I'm worried I might say the wrong thing and make things worse."

Having a caring, calming, stable presence is often the main need for the young person experiencing a mental health emergency. Often it's best simply to listen and acknowledge the young person's feelings during the crisis.

# Section 3: Planning for the student to remain at or return to school

Even if the student has only been away from the school for a day (or less), positive transition back to school will make a significant impact on supporting the student longer term. Positive transition plans include a student-centred approach, allowing significant input from the student, and consulting with the family and/or carers.

*"I was so worried about the student coming back to school I just wanted a letter from mental health saying they could guarantee he would be okay. I have a responsibility to all the other students at the school. I just needed a letter telling us he was safe to come back."*

## The Quest for a 'Mental Health Clearance' Letter

Schools have a responsibility to conduct a risk assessment to support a student to return to school, and this risk assessment may be supported by seeking advice from external support services. However, no clinician is able to guarantee or predict risk beyond the consultation room. The most effective strategy for immediate safety and longer-term wellbeing is establishing and maintaining a sense of trust, safety and connection. These strategies provide the best opportunity for improving wellbeing and positive outcomes for the student.

## The Three Pillars of Trauma Informed Care

**STAYING SAFE**

**MAKING CONNECTIONS**

**MANAGING EMOTIONS**

*"The first imperative is creating a safe place."*

*"Safety itself depends on … comfortable connections between traumatised children and their care-providers and mentors."*

*"Active listening can lay the foundation for self-reflection and thus help children develop 'stories' about their experiences, a critical element in the trauma recovery process."*

*Howard Bath, The 3 Pillars of Trauma-Informed Care, Reclaiming Children and Youth; Fall 2008; 17, 3 ProQuest*

1. **Develop a Personalised Learning Plan.**
Write and/or review in partnership with student and family/carers.

2. **Gather further information.**
With consent from the student and family, connect with identified support workers, including school staff and external specialists.

3. **Keep it simple.**
Remember that any plans and documents should be simple, manageable and practical for the student and staff.

4. **Keep communicating.**
It is important that everyone involved is kept up-to-date with what is happening, and that the student is at the centre of all planning and actions.

5. **Hold student-friendly meetings.**
The best environment to meet with a student involves only one representative from the school and the student's chosen support person, including a family member or carer. Too many staff can be overwhelming for a student who may already be feeling vulnerable and anxious. The guiding principle for a positive meeting is to create an environment where the student feels safe and comfortable. This will increase the chances of the student being able to speak openly and discuss their needs.

6. **Ensure the Student Personalised Learning Plan involves everyone.**
Sit down with the student and parents/carers, and perhaps the School Counsellor, and help develop a plan to support the student to positively engage at school with relevant disability adjustments. It is important to be guided by the knowledge and experience of the student and the parents/carers. They are living with the disability daily, and will have valuable information and ideas to inform the plan.

# Short term: Student-focused safety and support plan

This plan can support the student to identify strategies they would like to put in place when returning to school after a complex health concern.

Student name

Date of birth

Year level

Date

Our school sees every student's health and well-being as a priority for learning. As a school we will be flexible around each student's needs to ensure you feel safe and cared for. This plan will help us do this together.

**The school will ensure regular contact and communication to check on your health and well-being. Do you have a preferred way you would like to do this?**

Agreed contact *(TICK)*

☐ Every 2 hours      ☐ Every 4 hours      ☐ Every day

How long do you want this to happen?

**We understand a flexible time-table may be needed for a period of time. How would you like this to look?**

Start date

End date

Review date

Actions, plans and goals to assist my health and well-being at school

People I can talk to if I'm not OK at school

Preferred location(s) for receiving support, e.g. quiet room in library

Additional comments

*Based on an example published by the Student Wellbeing and Engagement Division, Department of Education and Early Childhood Development, Melbourne, Victoria February 2013.*

# Section 3A: Adjustments for students

**The Disability Standards for Education, 2005 provides a framework to ensure that students with disability are able to access and participate in education on the same basis as other students. For more information including resources see, www.education.gov.au/disability-standards-education**

The Disability Standards for Education 2005 (the Standards) clarify the legal obligations of education and training providers and seek to ensure that students with disability can access and participate in education on the same basis as other students. The Standards were formulated under the Disability Discrimination Act 1992 and came into effect in August 2005.

All students have the right to access education in a safe and supportive setting.

Collaborative planning is the process for personalising learning and support. Students with disability may require reasonable adjustment to participate in learning. Building on a student's strengths to meet their individual needs is important.

A student managing mental health difficulties, like other students with disability, may require a personalised learning and support plan, including adjustments that have been identified through a collaborative planning process.

Because mental illness, like many other disabilities, can be acute or of short duration or chronic or ongoing, adjustments must be regularly reviewed to ensure they remain relevant to the needs of the student.

Students dealing with complex situations and emotions may have difficult days intermingled with better days. Planning for adjustments for students managing mental health difficulties should always take into account the episodic nature of a student's mental health illness and periods of their wellbeing.

It is also important to understand that some students, who experience mental health complications, may also have other disabilities, for example, a physical disability or syndrome. Adjustments should be flexible and take into account all features of disability that impact a student's learning, including a student's strength as this will better support them at school.

*(SAMH Scotland: Making Reasonable Adjustments for MH)*

> *All students have the right to access education in a safe and supportive setting. This includes students who are managing mental health difficulties.*

*Joe is 16 years old and attending his local high school. Joe was recently diagnosed with psychosis and is currently being supported by the local health service. Joe enjoys school and was keen to resume his studies. Although his condition is now stable, he still hears voices from time to time, making it difficult to concentrate in class.*

*Joe identified that it would be helpful to take a break outside of the classroom as needed. In consultation with Joe and his mother, the school developed a plan that supported him to leave the classroom using a signal card that he placed on his desk when leaving the classroom. This small adjustment has allowed Joe to successfully continue with his studies and he is now completing Year 11 and looking forward to going on to university.*

# Adjustments for students at school

**Assessing the learning and support needs of the student is critical to determine the adjustments that might support the student. Identifying a student's strengths and needs should be based on evidence.**

**Here are some examples of adjustments.**

## Change attendance times

There are many reasons why a student might have difficulties with school attendance. For example, a student might need to access a service that is only available during school hours, or they might find it difficult to function in the morning, perhaps as a result of prescribed medication, but they may be able to work later in the day.

## Allow the student to take rest breaks

Some students might have difficulty concentrating for long periods of time: breaking up a student's day may be helpful to support a student's learning.

## Allow extra time for tasks and extending deadlines

In the collaborative planning process, it may be identified that a student requires more time to complete class tasks and/or assessment activities. Examples include extensions for due dates of assignments and more time to complete classwork.

## Adjust the classroom environment

For some students, noisy environments and intensive lighting might adversely affect their ability to focus and concentrate. Adjustments to the learning environment, made in consultation with the student might also require advice from external service providers.

## Change communication methods according to need

For students and families, there may be times when it is hard to communicate face-to-face. At these times students might nominate an alternative method, for example email, text messages, letters.

## Allow changes to assignments

It can be helpful to allow a student to complete a task in a different way. For example, if a student is experiencing anxiety and the class is required to do a presentation, you can exempt the student from presenting or delivering their work to the class. Instead, you can assess their work and provide feedback to the student based on their planning, organisation and content.

## Allow changes after a period of absence

When a student is unwell or has just returned from a period of absence, you can adjust their workload by reducing or altering the content of the lesson program until the student has fully transitioned back to school and is feeling better.

## Allow the use of headphones if appropriate

Using headphones can assist students with their concentration.

## Allow the student to use a recording device

Recording devices can benefit students who find it hard to take notes in class, perhaps because of concentration difficulties. The student can then write up their notes later on.

## Give handouts

Providing handouts of material can also support students who are having difficulty with concentrating and/or with handwriting. Having handouts can free the student to focus on the lesson.

## Allow changes to exam conditions

Adjustments may be required to support the student with exams. These should reflect the adjustments made to teaching and learning activities. For example extra time may be needed.

# Section 4: Staff development, health and wellbeing

School staff are dedicated to providing a professional and supportive environment for all students.

Working with students who are distressed and managing significant challenges can impact on the wellbeing of staff. The best kind of schools value positive and caring relationships at all levels. This includes between staff, between staff and students, staff and parents and the broader school community.

## Top tips for supporting school staff

1. Create and maintain a positive and safe school environment.
2. Provide regular opportunities for staff to connect with each other.
3. Have open communication including support for staff to share experiences including challenges in the school.
4. Provide professional development opportunities including interest areas of staff.
5. Take a team approach that avoids staff working in isolation, particularly when managing students dealing with complex needs.
6. Provide debriefing after an incident or challenging experience including teachers, executive staff and administration staff.
7. Ensure opportunities for ongoing support and debriefing with colleagues.
8. Provide clinical supervision for counselling staff.
9. Ensure effective orientation for new graduates and staff who are new to the school. This includes clear reference to the school's model of care for responding to mental health emergencies.

> *Never believe that a few caring people can't change the world. For, indeed, that's all who ever have.*
> Margaret Mead

## Self care for educators

Working with students with complex needs including developmental trauma takes a toll on children, families, schools, and communities. This can also take a toll on school professionals.

Any educator or staff member who works directly with traumatised children and adolescents is vulnerable to the effects of trauma (referred to as compassion fatigue or secondary traumatic stress or vicarious trauma). This can cause staff to become physically, mentally, or emotionally worn out, or to feel overwhelmed.

> "
>
> *I was caught in a trap thinking "I am the professional and I should be able to deal with this" and feeling afraid to ask for help. It was only when I started talking with colleagues about how I was feeling that I realised others had been through the same thing.*
>
> *It took me a while to realise that I wasn't looking after myself and this made dealing with students who are distressed even harder. I found it really helpful to talk to other teachers, they didn't have all the answers but it was just good to share our experiences and support each other.*
>
> "

## The best way to deal with 'compassion fatigue' is early recognition

**1. Be aware of the signs.**
  > Increased irritability or impatience with students
  > Difficulty planning classroom activities and lessons
  > Decreased concentration
  > Denying that traumatic events impact students, or feeling numb or detached
  > Intense feelings and intrusive thoughts, that don't lessen over time.
  > Dreams about students' stories.

**2. Don't go it alone.**
Anyone who knows about or hears stories of trauma needs to guard against isolation. While respecting the confidentiality of your students, get support by working in teams, talking to others in your school, and asking for support from administrators or colleagues.

**3. Recognise compassion fatigue as an occupational hazard.**
When an educator approaches students with an open heart and a listening ear, compassion fatigue can develop. All too often educators judge themselves as weak or incompetent for having strong reactions to a student's experience. Compassion fatigue is not a sign of weakness or incompetence; rather, it is the cost of caring.

**4. Seek help with your own traumas.**
Any adult helping children, who also has his or her own unresolved traumatic experiences, is more at risk for compassion fatigue.

**5. If you see signs in yourself, talk to a professional.**
If you are experiencing signs of compassion fatigue for more than two to three weeks, seek counselling with a professional who is knowledgeable about trauma.

**6. Attend to self care.**
Guard against your work becoming the only activity that defines who you are. Keep perspective by spending time with children and adolescents who are not experiencing traumatic stress. Take care of yourself by eating well and exercising, engaging in fun activities, taking a break during the workday, finding time to self-reflect, allowing yourself to cry, and finding things to laugh about.

*Resource: Figley, C.R. (1995). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.*
*New York: Brunner/Mazel, Inc.*
*www.nctsn.org/sites/default/files/assets/pdfs/CTTE_SelfCare.pdf*

# Section 5: Where can I get help and advice?

When a person is distressed they are seeking help and connection. They may need to talk, or they may just sit with someone they feel safe with. When a person is looking for support and is sent away with a brochure or told to look up a website, they can be left feeling more lonely and isolated.

The answer always is positive and genuine connection. All students, regardless of their experience, will feel better able to manage if they feel the school staff care about them and how they are doing.

It is important to be aware that many services have waiting lists or have restricted referral criteria and/or limited capacity. However, the best way to connect with community agencies is not during an emergency. Finding the right service for a student often involves research to ensure the right service at the right time. This includes listening to the student's experience, making a connection with the student and problem-solving together.

Listed below are local contact numbers that may assist you in supporting a student at your school. We have also listed a number of useful web links.

**School-Link provides a consultation service including help finding the right service for each student.**

School-Link **www.icamhs.com.au**

School-Link SWSLHD **9616 4265**

In case of an emergency please dial **000**

Mental Health Access Line **1800 011 511**

Child Protection Helpline **132 111** or **133 627** (mandatory reporters)

For South Western Sydney Local Health District service numbers go to **www.icamhs.com.au**

## Local contacts:

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# Linking in

## The Australian Childhood Foundation

www.childhood.org.au/home

The Australian Childhood Foundation is a not-for-profit organisation that works to support children and families devastated by abuse, family violence and neglect. The foundation provides counselling, therapeutic care, research, education, prevention programs and advocacy.

## Autism Spectrum Australia (ASPECT)

www.austismspectrum.org.au

Autism Spectrum Australia (Aspect) is a not-for-profit autism specific service provider. The service aims to overcome the isolation of autism and to build confidence and capacity with people who have an autism spectrum disorder, their families and communities by providing information, education and other services.

## BITE BACK

www.biteback.org.au

BITE BACK is a place for 12-18 years olds where people share stories about dealing with rough times and enjoying the good times. Bite Back is part of the Blackdog Institute.

## Bursting the Bubble

www.burstingthebubble.com

Explains how teens can identify violence and abuse within the family, and what can be done to help. Includes FAQ, personal stories, legal advice and lists of services

## Children of Parents with Mental Illness (COPMI)

www.copmi.net.au

COPMI provides information for family members across Australia where a parent has a mental illness and for people who care for and work with them.

## Headspace

www.headspace.org.au

Headspace provides mental and health wellbeing support, information and services to young people and their families across Australia.

## Kids Helpline

www.kidshelp.com.au

Kids Helpline is Australia's only free, private and confidential telephone and online counselling service specifically for young people aged between 5 and 25.

## KidsMatters

www.kidsmatter.edu.au

## Parentline

www.parentline.com.au

Parentline is a confidential telephone counselling service providing professional counselling and support for parents and those who care for children. The aim of Parentline is to nurture and support positive, caring relationships between parents, children, teenagers and significant other people who are important to the well-being of families.

## Project Air

www.projectairstrategy.org

Project Air enhances treatment options for people with Personality Disorder and their families and carers.

## Raising Children

www.raisingchildren.net.au

The Australian parenting website provides comprehensive, practical, expert child health and parenting information and activities covering children aged 0-15 years.

## Reach Out

www.reachout.com

ReachOut.com is an online youth mental health service that is accessed by more than 4,500 people every day. The online service is accessible 24 hours a day, 365 days a year, providing practical information, tools and support to young people for everyday troubles to really tough times.

## Strengthening Families Resourcing Parents

www.resourcingparents.com

Strengthening Families Resourcing Parents was established to provide parenting education information and support to parents and carers of children aged 0-18 years.

## Twenty 10 Gay and Lesbian Youth and Family Support Service

www.twenty10.org.au

Twenty10 is a community not-for-profit that supports and works with young people, communities and families of diverse genders, sexes and sexualities

## Young Carers NSW

www.youngcarersnsw.asn.au

The Young Carers NSW website supports young people aged up to 25 years old who help care for someone in their family with a long term illness, disability, mental illness, drug or alcohol problem.

## Youthbeyondblue

www.beyondblue.org.au

# Additional information

## Engaging with students, families and carers

Research highlights the importance of engaging parents, families and carers in all aspects of school life. While we understand that there may be times when schools have actively worked to involve parents and carers and engagement has been difficult, it is important to continue to work on connecting with families and carers wherever possible.

Families are the first educators of their children and they continue to influence their children's learning and development during the school years and long afterwards. Schools have an important responsibility to help nurture and teach future generations: families trust schools to provide the educational foundations for their children's future. At the same time, schools need to recognise the primary role of the family in education. Families and schools must work together in partnership.

*Ref FAMILY - SCHOOL PARTNERSHIPS FRAMEWORK*
*A guide for schools and families*
*http://www.familyschool.org.au/files/3013/8451/8364/ Family-school_partnerships_framework.pdf*

### Top tips for working with families and carers in school

1. Tap into the interests of parents.
2. Break down the teacher/non-teacher barrier by allowing for activities that are not directly education-related.
3. Use personal contact. It is the most effective form of communication.
4. Communicate, communicate, communicate.
5. Be a venue for, and agent of, parental self-growth.
6. Ask for, and value, the opinion of parents outside the formal school structures.
7. Create an environment that encourages parental autonomy.
8. Emphasise the connection with the child's education.
9. Go out of your way to make parents feel welcome and valued.
10. Build bridges across cultural and language divides.
11. Be sensitive to parents' sensibilities.
12. Be prepared to engage in community capacity-building.
13. Show leadership, be visible and available.
14. Be realistic, patient, and a bit brave.
15. Make it clear you think of parents as genuine partners.
16. Don't be frightened to ask parents to help solve big problems.
17. Open your mind to parents' needs and attitudes.
18. Appoint a parent/community liaison person to the staff.
19. Create a place that parents can call their own.
20. Acknowledge and celebrate parents' input.

# Confidentiality and duty of care

> **Sharing information without prior discussion and consent may result in further distress to the student and impact on the relationship between the student and the school.**

## Who needs to know?

Deciding how much information to share, and with whom, is an important part of the planning process. These are complex considerations, at the heart of which is a young person's right to privacy and confidentiality. Sharing information without prior discussion and consent may result in further distress to the student and impact on the relationship between the student and the school. The child/young person must be involved wherever possible and consulted on his/her views.

## Tips for managing confidentiality and duty of care

While professionals should be guided by their own school policies regarding information sharing and confidentiality, these tips may assist you in your planning.

1. Using age-appropriate language, clearly explain what is going to happen and the choices available to the student.

2. Take age and understanding into account when involving children and young people in discussions and decision-making.

3. Do not make promises of confidentiality that you cannot keep. Let the child/young person know when you may have to share information without their consent.

4. Do not share information a student gives without the child/young person's permission other than in exceptional circumstances. Such exceptional circumstances will include when:

   > A child is not old enough or competent enough to take responsibility for themselves

   > Urgent medical treatment is required

   > The safety and wellbeing of a child/young person is at risk or there is the possibility of harm to self or other (i.e. child protection or suicide)

   > There is a statutory requirement or court order

   > For the prevention, detection or prosecution of serious crime

*(Reference - Wiltshire Model Guidance)*

**Responding to Mental Health Complexities**: A Resource for Schools

# Child protection

Where mental health difficulties are identified, it is important to screen for child protection risks. Research clearly identifies links between child protection concerns and mental health distress in children and young people.

Child abuse is a risk factor for a number of mental illnesses that may be diagnosed in childhood, adolescence or adulthood. Not all children who have suffered abuse will develop a diagnosable mental illness, but in general there is a higher risk of developing:

> A depressive illness, such as major depression or clinical depression.

> Anxiety disorders, including panic disorder, social phobia, generalised anxiety disorder and post-traumatic stress disorder.

> Disruptive behaviour disorders and risk-taking behaviour, including conduct disorder or oppositional defiant disorder and anti-social behaviour disorder.

> Substance abuse disorders, with dependence on alcohol or other drugs.

> Eating disorders such as anorexia or bulimia.

> Personality disorders in adulthood.

The degree to which abuse increases the likelihood of a mental illness varies from study to study. It is difficult to measure this because often there is more than one form of abuse and the circumstances vary widely. One study has suggested that victims of childhood physical abuse have a 40% chance of being diagnosed with major depressive disorder at some stage in their life and a 30% chance of being diagnosed with a disruptive behaviour disorder.

*(REF: http://www.responseability.org/ data/assets/pdf_file/0019/4807/Child-Abuse-and-Mental-Health.pdf)*

As schools are mandated child protection reporters, if there is reasonable concern that a child may be at risk of harm this will always override a requirement to keep information confidential. For further guidance contact your Child Wellbeing Unit.

**www.community.nsw.gov.au/preventing-child-abuse-and-neglect**

NSW
**School-Link**
Health and Education Working Together