

RESOURCE FOR TEACHERS

MENTAL HEALTH IN SCHOOLS

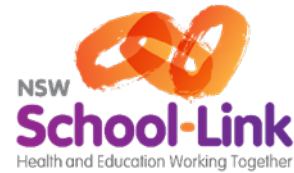
March 2024

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Purpose of the Resource

This resource is intended for Pre-service Teachers in their final year of study and new Teachers as an introduction to mental health within schools and any established Teacher as revision and reflection material.

This resource was developed by the School-Link Initiative – Illawarra Shoalhaven Local Health District with the support of Department of Education School Counselling Service staff.



This resource contains:

- Definitions of behaviour, mental health and how they are related.
- Descriptions of wellbeing and mental health concerns that may lead to challenging behaviours.
- Information on managing behaviours in the classroom.
- Details of supports available for Teachers.
- Links to access for further information.

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(NSW Department of Education Wellbeing Framework for Schools)

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Chapter One: Introduction

Mental ill-health can stand in the way of students becoming active, engaged, and productive members of their classrooms and school. Students with mental health problems may lack the same level of curiosity, engagement, and involvement found in their peers without these difficulties. Students with poor mental health are more at risk of a diminished quality of life as a result.

By being more aware that certain behaviours may reflect a mental health concern; implementing the strategies and accessing the supports detailed in this resource, students will have a much better chance of remaining engaged with their studies, demonstrate less disruptive behaviours and become productive members of society.

This chapter contains:

- The Three Key Messages – A Teacher's Role
- Details on wellbeing frameworks within schools
- Definitions of behaviour and mental health
- Managing behaviours and when to raise concerns

Three Key Messages – A Teacher's Role

1. The Teacher / Student Relationship

The most critical factor in managing behaviour and lessening the impact of mental illness in the classroom is the nature of relationship between teacher and students. Mutual respect, consistent application of rules, being open and approachable and offering help when needed to support students, makes for a harmonious and efficient classroom and often a reduction in difficult behaviours.

2. Engage and Communicate

Talking to students one on one, asking them how they are going and sensitively raising concerns is a powerful way to effectively engage students and resolve many concerns before they become significant problems. Involving families is a very important strategy, engaging and communicating with families allows a collaborative approach to addressing a students' behaviours both at home and school.

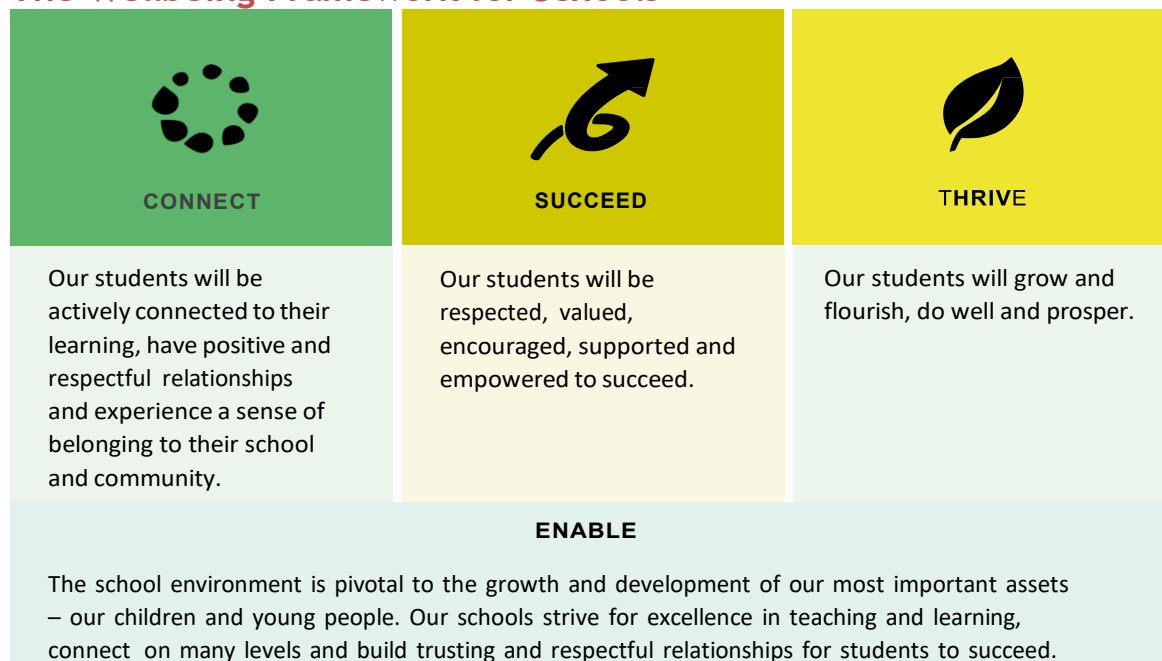
3. Available Support

If a Teacher's behaviour management strategies are not being effective in addressing a students' behaviour there are staff within the school such as School Counsellor / Psychologist, Year Coordinator or Learning and Support Teams who are available to provide advice for the Teacher, further support for the student and possibly facilitate referral to support services outside of school.

The NSW Department of Education Wellbeing Framework for Schools

The **Wellbeing Framework for Schools** outlines how NSW public schools aim to meet the needs of their students, through planning and decision-making at the local level.

The Wellbeing Framework for Schools



NSW Department of Education | The Wellbeing Framework for Schools

www.dec.nsw.gov.au April 2015

To **achieve excellence in wellbeing** for all students, the NSW Department of Education (DoE) expects that;

- Each school has a comprehensive and integrated strategy in place to support the cognitive, emotional, social, physical, and spiritual wellbeing of students in a context of quality teaching and learning
- Students, teachers and staff, and members of the wider school community have a shared understanding of the behaviours, attitudes and expectations that enhance wellbeing and lead to improved student outcomes
- Individuals care for self, and contribute to the wellbeing of others and the wider community
- Effective leadership is implemented in order to guide the development of school effectiveness
- The resources and expertise of the system at every level are targeted to meet the wellbeing needs of all students
- Quality teaching and effective professional practice are evident in every learning environment
- Teaching and learning occurs in environments that celebrate difference and diversity and recognise, respect and respond to identity and cultural background in all school activities

Reference:

https://www.det.nsw.edu.au/wellbeing/about/16531_Wellbeing-Framework-for-schools_Accessible.pdf

Catholic and Independent Schools

This package was written referencing the policies and procedures of the NSW Department of Education. Much of what is written here applies equally to Catholic and Independent schools, however policies and the provision of counselling and wellbeing services provided can vary. When working in a Catholic or Independent school it is advisable to look into the policies and procedures of that school to ensure that you and your students are receiving the best possible support and care.

Systemic Catholic schools

Also known as Diocesan schools, Systemic Catholic schools are administered by the 11 Catholic Dioceses within NSW and the ACT. Each Diocese is headed by a Bishop who, under Canon (Church) Law, has responsibility for the quality of Catholic schools in his Diocese.

The provision of student wellbeing and mental health services varies between Dioceses, in many cases school counselling services are contracted to a Catholic-based agency such as CatholicCare. Each Diocese also has a coordinator or advisor who will be able to assist a local systemic school to support a child with a special education need and their family or carers.

Reference:

<https://www.csnsw.catholic.edu.au/>



Independent schools

Independent schools are those schools not associated with the Department of Education or a Catholic Diocese, many are affiliated with a particular religion or promote a particular educational philosophy.

Each independent school coordinates its own student wellbeing and mental health supports.

Many independent schools are members of networks such as the Independent Schools Association of NSW or the Christian Education Network.

Reference:

<https://www.aisnsw.edu.au>

<http://www.cen.edu.au/index.php/2014-02-08-10-08-22/new-south-wales-and-act>

Understanding Behaviour and Mental Health

Defining behaviour

There are many different theories on how behaviour can be defined, assessed and managed, one such theory is Choice Theory by Dr William Glasser;

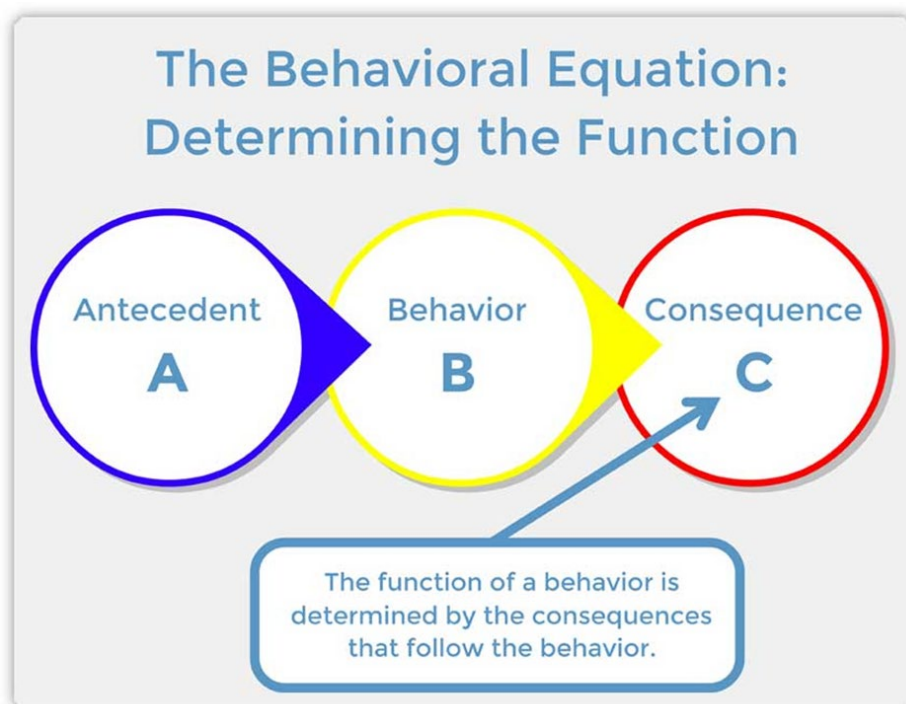
Choice Theory

Behaviour is simply what we say and do, or not do. All behaviour is a choice, and all our choices are based on what we think are our needs at the time. "We all do what we do for a reason".

Specifically, all behaviour occurs for one (or more) of the following four reasons;

1. Attention
2. Access to certain tangible item or activity
3. Escape or task avoidance
4. Sensory fulfilment

A persons' behaviour changes in response to events that occur in their environment and every behaviour will result in a consequence. A student will view a consequence as either positive (e.g. gained the attention of the teacher), or negative (e.g. ignored or told to get back on task). Either way the student will "learn" which behaviours will fulfil a particular need and the consequences of their behaviour can lead to or trigger other behaviour.



Reference:

<https://schools.ahrcnyc.org/functional-behavioral-assessment>

<http://www.choicetheory.com/ct.htm>

Defining mental health

Mental health is defined by the World Health Organisation as ‘a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.’

A **mental illness** is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. Mental illnesses are diagnosed according to standardised criteria.

A **mental health problem** also interferes with how a person thinks, feels, and behaves, but to a lesser extent than a mental illness. Mental health problems are more common and include the mental ill health that can be experienced temporarily as a reaction to the stresses of life.

Mental health problems are less severe than mental illnesses, but may develop into a mental illness if they are not effectively dealt with.

Most of us will experience a mental health problem at some time in our lives

About one in five Australians will experience a mental illness



One in seven of Australians aged 4-17 have a mental illness



But only one in four young persons with mental health problems receive professional help



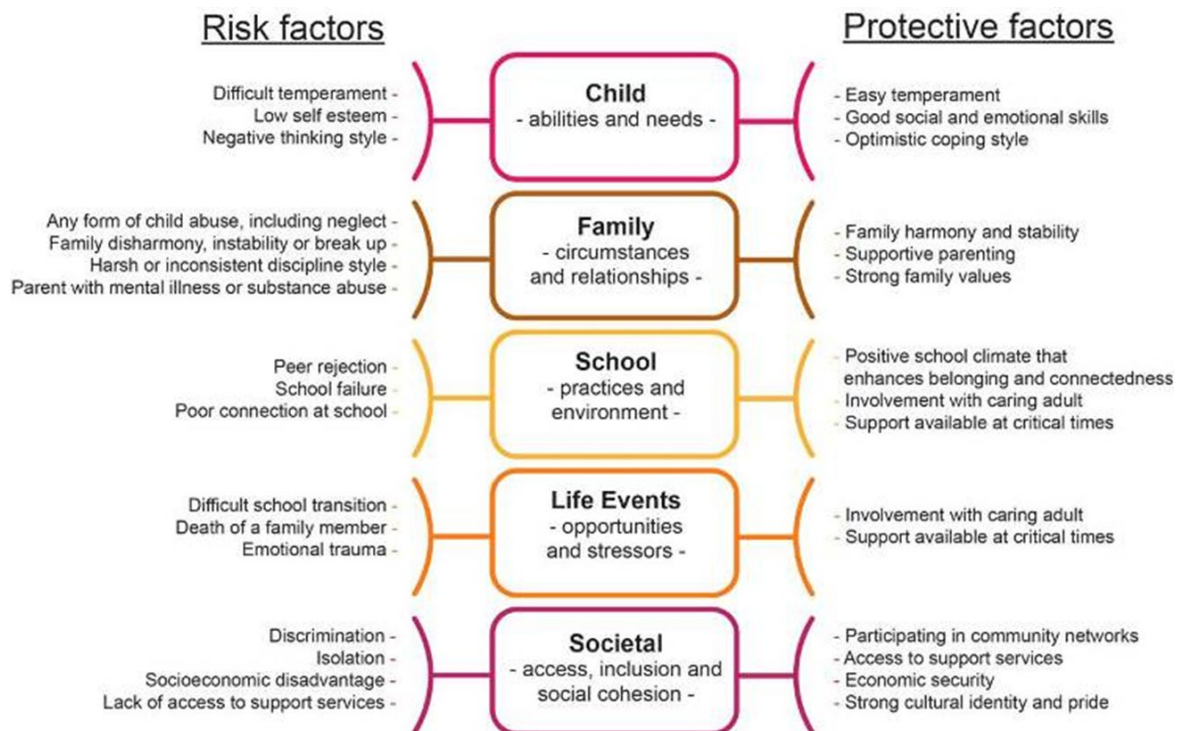
With the right kind of help, most people do recover and lead healthy, productive and satisfying lives

Reference:

<https://www.aihw.gov.au/reports/children-youth/mental-illness>

Mental health risk and protective factors

There are recognised risk factors that may increase the chances of someone developing a mental illness and protective factors that may assist in preventing or limiting the impact of a mental illness. Because everyone is different, risk factors do not impact on everybody in the same way and protective factors may not provide the same level of protection for all people.



Teachers can recognise risk factors and enhance protective factors

- Develop supportive and caring relationships with students.
- Get to know the students in your class and take an interest in their lives.
- Show your respect and care for your students by listening to their concerns non-judgementally and help them think through problems.
- Respect student's privacy when they share concerns with you.
- Provide a stable and nurturing environment at school which can provide a sense of reassurance and safety, a reliable daily routine and a welcoming environment.
- Take steps to address safety issues such as bullying.
- Teach students about managing emotions, relating to others, solving problems and conflict.
- Work with parents and carers to provide more effective support.
- Listen respectfully and with empathy, when parents and carers talk about the things affecting them and their children.
- Be open, empathic and non-judgemental to establish trust and build a cooperative approach to meeting student's developmental, mental health and wellbeing needs.
- Monitor and get help early to prevent mental health difficulties and reduce their impact.
- Engage the support and advice of the school welfare team and school counsellor / psychologist.

Reference:

KidsMatter, viewed Feb 2018, www.kidsmatter.edu.au (site now decommissioned and replaced with <https://beyou.edu.au>)

The relationship between behaviour and mental health

A teacher will experience student behaviour that may be influenced by mental health on a daily basis. Behaviour generally falls into one of two categories;

1. Acting Out

An 'acting out' student demonstrates poor behaviour openly, they may be aggressive, threatening, disruptive and demanding of attention, they can also prevent other students learning.



2. Acting In

An 'acting in' student is often quiet and withdrawn, they may have emotional difficulties which can result in unresponsive or even self-damaging behaviour. They can appear to be sad, passive or unmotivated; and their apparent irrational refusal to respond and co-operate may cause frustration for teachers and other students.

It is possible for a student to be displaying 'acting out' behaviours one day and 'acting in' another.

Areas of Concern: What may a teacher notice?

Some days teachers spend more face-to-face time with students than students do with their own parents or carers. Additionally teachers get to see students interacting with their peers in ways that parents or carers may not. This means that teachers may pick up on concerns about a student that a parent or carer has not had the opportunity to.

Broadly speaking a teacher may notice;

1. **Differences:** A student not behaving in the same way or not reaching developmental or educational milestones compared to their peers, this may be;
 - **Physical development**
 - **Emotional reactions**
 - **Interest in certain topics**
 - **Academic performance**
2. **Changes:** A student suddenly or slowly over time may demonstrate changes in their manner or appearance, such as;
 - **Behaviour**- 'acting out' or 'acting in'
 - **Social skills or engagement with peers and or staff**
 - **Academic performance or attitudes towards studies**
 - **Physical changes** – e.g. rapid gains or losses in weight, unexplained injury such as cuts on arms, appearing excessively tired or run down

Any milestone differences or change concerns once noticed should be reported to a supervisor or year coordinator.

Managing Possible Mental Health Related Behaviours

When faced with a challenging behaviour from a student for the first time it is usually not helpful to assume a mental health concern. The teacher should apply their normal behaviour management techniques and the behaviour may be managed. If the behaviour persists then teachers are encouraged to enlist the support and recommendations of other school staff such as a school counsellor, learning and support team or year coordinator.



If the child or young person has a diagnosed mental illness, knowledge that a recognised mental illness may have contributed to behaviour may be used to justify a different response. In these situations regardless of mental health diagnosis, a student who has deliberately chosen to break rules or be non-compliant should have appropriate discipline measures applied.

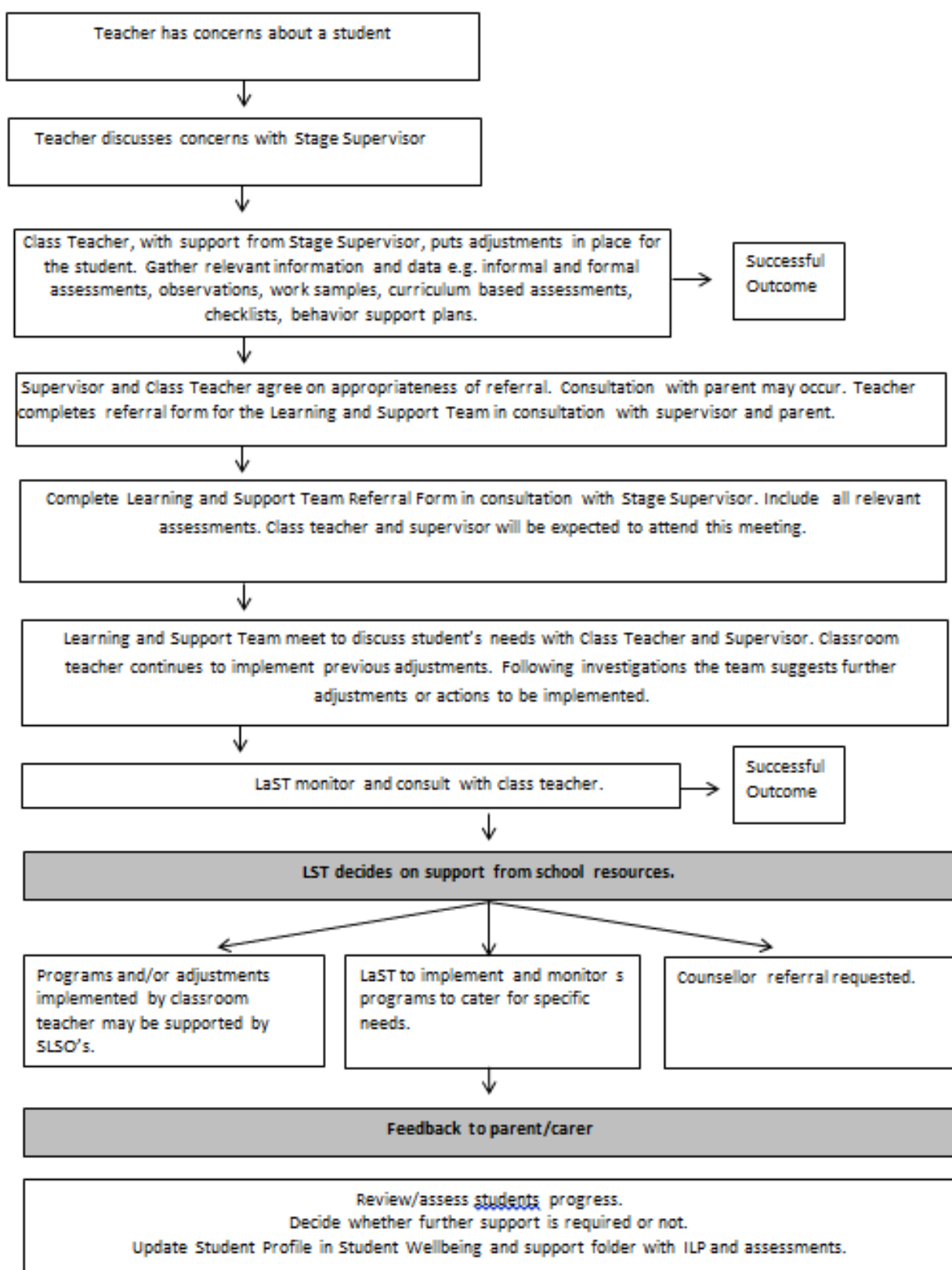
Social and Emotional Learning



Reference:

KidsMatter, viewed Feb 2018, www.kidsmatter.edu.au (site now decommissioned and replaced with <https://beyou.edu.au>)

Example: Raising Concerns Flowchart



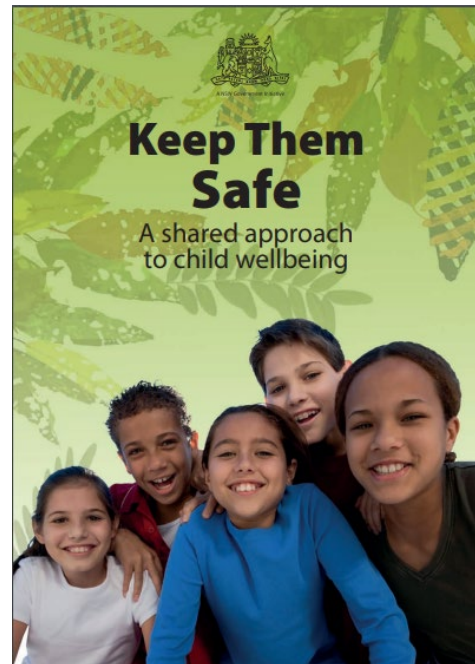
Child-Protection Concerns

In situations where a teacher has concerns about the safety, wellbeing or welfare of a student the teacher must inform their supervisor as soon as possible.

Issues such as; physical and/or sexual abuse, neglect, psychological harm, exposure to domestic violence, parental substance abuse and parental mental health concerns are known as 'risks of significant harm' and must be reported. All reports will go to the School Principal for action.

In NSW a Child Wellbeing Unit (CWU) supports NSW Department of Education Principals to use the Mandatory Reporter Guide and ensure that all concerns that reach the threshold of risk of significant harm are reported to the Child Protection Helpline.

The NSW Government's Keep Them Safe approach focuses on the way child wellbeing and child protection services are delivered in NSW. These systems and services include initiatives such as Child Wellbeing Units, Family Referral Services, and Family Case Management. On occasion teachers may asked to liaise with family support services to better understand a student's needs and support them at school.



Reference:

<https://education.nsw.gov.au/student-wellbeing/child-protection/child-protection-training>

<https://education.nsw.gov.au/student-wellbeing/child-protection/mandatory-reporting>

<https://dcj.nsw.gov.au/service-providers/deliver-services-to-children-and-families/targeted-earlier-intervention-program.html>



Chapter Two: Connect

Positive everyday interactions and a whole school approach to developing connectedness and positive relationships promotes improved mental health and improves educational outcomes.

This chapter contains:

- Examples of some of the pressures facing students and strategies to support students.
- Advice on raising concerns with students and parents or carers.
- Making connectedness and a positive mental health a part of everyday.

Social, emotional and educational pressures impacting on students

Schools are places of both learning and socialisation for young people. The value of positive day-to-day interactions across the whole school cannot be underestimated.

The impact of each of the below factors may show up in any aspect of the child's environment: home, school, community, or friendships. Each item are not seen as separate concerns as they all interact with and impact on each other.

Academic Stress

Stress is a part of life. Academic failure or an awareness of the possibility of failure is a major cause of stress in young people. Different teaching styles and the way teachers interact with students may also impact on student stress levels.

While some stress can be seen as motivating and even healthy, chronic and traumatic stress can increase the risk of developing a mental illness such as anxiety or depression and may lead to poor self-care and risk taking behaviours.

Students and teachers can learn to cope with stress by employing strategies, such as;

1. Examining the thoughts and beliefs about what is causing stress.
2. Learning to put a situation into its proper perspective, thinking positive.
3. Encouragement to take time to relax e.g. music, meditation, friends, physical activity.
4. Taking care of self; balanced diet, regular exercise, adequate sleep.
5. Avoiding excessive caffeine, sugar and alcohol intake.
6. Applying time management and prioritising skills.
7. Setting realistic and achievable goals.
8. Maintaining a work-life balance.
9. Talking with a good friend, trusted teacher or school counsellor.

When considering primary school students many of the above list still apply, though young children may have difficulty understanding some of these concepts or may have little control over them. Engaging the support of parents and carers is especially important for these students.

The beginning of the year is a great time for all year groups and in every subject to plan on how to manage stress and discuss time management and prioritising, self-care, thinking positive and being able to ask for help when needed.

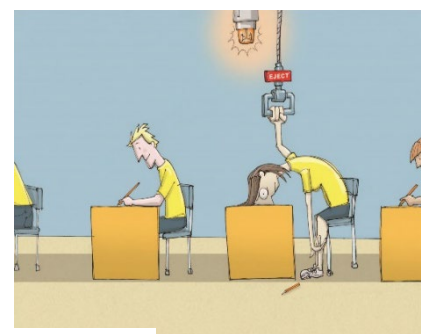


Image from:

BLACK DOG INSTITUTE
Because everyone deserves peace of mind

Connectedness

Connectedness can be developed by teachers by focusing on four areas:

- **Relationships** - connection with other individuals based on warmth, empathy, respect, positive regard and interest.
- **Belonging** - the sense of connection with a group or institution.
- **Inclusion** - the willingness to form relationships with people who are different from you and the ability to make them feel like they also belong.
- **Active participation** - the ability for individuals to take part in community and school life and contribute in meaningful, ongoing ways that have a positive impact on the individual as well as the community and school itself.

By adopting strategies across these four areas, teachers can create a positive classroom that helps each student fulfil their potential both academically and socially.



Reference:

MindMatters, viewed Feb 2018, www.kidsmatter.edu.au (site now decommissioned and replaced with <https://beyou.edu.au>)

Positive teacher – student relationships

Positive relationships promote a sense of school belonging and encourage students to participate cooperatively. Students develop confidence to experiment and succeed in an environment where they are not restricted by the fear of failure. Teachers are able to assist students with motivation and goal setting and students can turn to them for advice and guidance.

Ways to develop **positive teacher – student relationships** are:

- **Provide structure.** The majority of students respond to a structured environment, explain and constantly reinforce clear expectations to students.
- **Teach with enthusiasm and passion.**
- **Display a positive attitude.**
- **Make learning fun.** An enjoyable learning environment encourages participation.
- **Show an interest in student's lives** outside of the classroom. Demonstrate a genuine interest in the well-being of students.
- **Treat students with respect.** A teacher who respects their students will experience reciprocal respect from their students.
- **Create a secure and safe environment for students.** Set expectations where students do not criticise, bully or intimidate each other.

These strategies can have a large influence on preventing the development of a mental illness, or at least lessen the impact of an existing mental illness.

Bullying

Bullying is an ongoing misuse of power in relationships through repeated verbal, physical and/or social behaviour that causes physical and/or psychological harm. It can involve an individual or a group misusing their power over one or more persons. Bullying can happen in person or online, and it can be obvious (overt) or hidden (covert).

Single incidents and conflict or fights between equals, whether in person or online, are not defined as bullying.

Bullying is not a harmless part of growing up

The most obvious and immediate effect is reducing students' participation, learning and enjoyment of school. Feeling unsafe, being unable to focus on learning at school or staying away from school to avoid being bullied can lead to additional problems. Other impacts include physical health complaints and fatigue, mental health impacts such as depression and anxiety, and social implications including self-doubt and reluctance to participate in group activities.

Talking about bullying

- Talk about what bullying is before it happens so children can recognise it and know what to do.
- Tell children that bullying can happen to anyone but it is never okay.
- Most importantly, let children know how to get help if bullying happens.
- Talk with students about how they might handle other challenging social situations as well.



Image from:



Strategies for the classroom:

- Learn to recognise the warning signs that indicate students may be involved in bullying. Be alert to the specific subgroups of students that may be more likely to be involved in bullying.
- Talk about bullying before it happens, through discussion, lessons and other activities, and consider incorporating the topic into other work you are doing.
- Provide students with opportunities to learn and practise effective strategies for responding if they are bullied and if they see bullying happening to someone else.
- Ensure the classroom is a safe place for everyone and that students are clear about what constitutes respectful behaviour. Discuss that everyone can encourage and build positive relationships.
- Respond appropriately when bullying happens. Learn how to stop it, find out what happened, and support all students involved. Dealing with minor or major issues in a constructive and supportive manner will make a difference for everyone.

Reference:

<https://bullyingnoway.gov.au>

www.thinkuknow.org.au

Physical Health

Physical health concerns cover everything from a physical disability, including sensory disabilities such as vision or hearing problems, temporary and minor illnesses through to chronic illness such as diabetes, asthma or cancer and temporary or permanent injury.

How Can Physical Health Affect Learning?

A student with physical health concern or disability may miss significant amount of schooling which may have impact on their academic outcomes. The nature of the students' illness or disability may also mean that the student cannot participate in some activities in the same way as other students. The amount of school missed or difficulties in participating can lead to academic stress and social isolation.

Living with or experiencing a chronic illness can result in many changes, such as loss of independence and not being able to do things a student used to do. Consequently, students with a significant physical health concern are more likely to develop a mental illness as well.

Students with health concerns may have to deal with stigma (uninformed and negative attitudes) and bullying from others. Student and family attitudes such as a fear of stigma or lack of health literacy may inhibit help-seeking behaviours and accessing treatment.

<https://www.beyondblue.org.au/mental-health/wellbeing>

<https://education.nsw.gov.au/skills-nsw/students-and-job-seekers/support-to-help-with-your-studies/your-physical-and-mental-health>

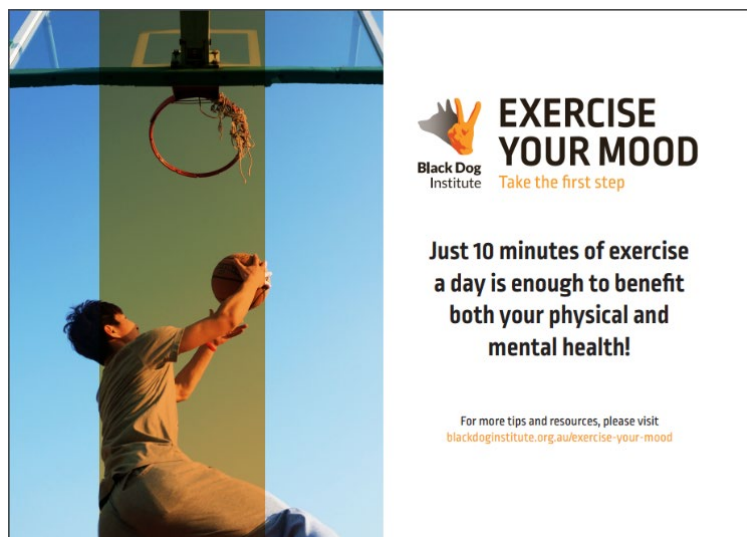
Strategies for the Classroom

Much of the support a teacher can provide to a student with a physical health concern or disability involve implementing adjustments to the classroom environment or teaching methods to enable the student to participate as much as possible.

Strategies in place to address stigma related social issues, may be implemented even before the child returns to school.

Reference:

https://www.sane.org/images/PDFs/2013-ALifeWithoutStigma_A_SANE_Report.pdf



Raising concerns with a student: The R U OK? Method

www.ruok.org.au contains a lot of information on how to raise a concern and ask Are you OK?



1. Ask



2. Listen



3. Encourage action



4. Check in

*The **R U OK?** mission is to inspire and empower everyone to meaningfully connect with people around them and support anyone struggling with life.*

1. Ask

- Be relaxed, friendly and concerned in your approach.
- Help them open up by asking questions like "How are you going?" or "What's been happening?"
- Mention specific things that have made you concerned for them, like "You seem less chatty than usual. How are you going?"
- If they don't want to talk, don't criticise them.
- Tell them you're still concerned about changes in their behaviour and you care about them
- Avoid a confrontation.
- You could say: "Please let me know if you ever want to chat" or "Is there someone else you'd rather talk to?"

2. Listen

- Listen without judgement.
- Take what they say seriously and don't interrupt or rush the conversation.
- Don't judge their experiences or reactions but acknowledge that things seem tough for them.
- If they need time to think, sit patiently with the silence.
- Encourage them to explain: "How are you feeling about that?" or "How long have you felt that way?"
- Show that you've listened by repeating back what you've heard (in your own words) and ask if you have understood them properly.

3. Encourage Action

- Ask: "What have you done in the past to manage similar situations?"
- Ask: "How would you like me to support you?"
- Ask: "What's something you can do for yourself right now? Something that's enjoyable or relaxing?"
- You could say: "When I was going through a difficult time, I tried this... You might find it useful too."
- If they've been feeling really down for more than 2 weeks, encourage them to see a health professional. You could say, "It might be useful to link in with someone who can support you. I'm happy to assist you to find the right person to talk to."
- Be positive about the role of professionals in getting through tough times.

4. Check In

- Pop a reminder in your diary to check in a week. If they're really struggling, follow up with them sooner.
- You could say: "I've been thinking of you and wanted to know how you've been going since we last chatted."
- Ask if they've found a better way to manage the situation. If they haven't done anything, don't judge them. They might just need someone to listen to them for the moment.
- Stay in touch and be there for them. Genuine care and concern can make a real difference.

For more detail check out: www.ruok.org.au

R U OK? Day is the second Thursday of September

But,

Every day is **R U OK? Day**

Obviously, you don't need to wait till **R U OK? Day** to ask somebody how they are going.

Make it a habit to be aware of how your students, family, friends and colleagues are going and check in on them from time to time.

Many schools run events around **R U OK? Day** check with your school to see how your class can be involved.

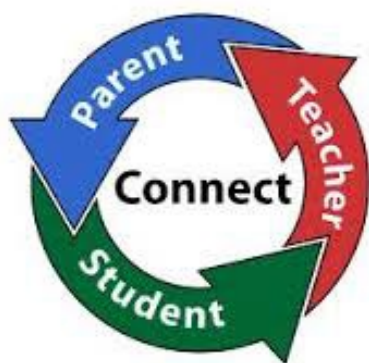


Talking to parents and carers

Being approachable to parents and carers

To be someone parents and carers feel they can talk to about their child. Jane Bluestein in 'Creating emotionally safe schools: A guide for educators and parents'. Stated that parents and carers identify with the following teacher attributes:

- Warmth
- Approachability
- Positive discipline
- Student-centeredness
- Effective classroom management
- Reliability
- Trust



A teacher is encouraged to **discuss general concerns** with parents or carers. A teacher may notice that a student for example; is more quiet than usual or they are not completing their homework to their normal standard. It would be very appropriate for a teacher to discuss this with student and also with parents or carers.

If during conversations with the student, parents or carers a teacher begins to suspect or is directly informed of the presence of a mental health problem, (or any other child welfare or safety concern), or is told that a known mental health problem is becoming worse; should consult with their supervisor, school counsellor or learning and support team.

Maintaining engagement and communication

Supporting a student with a mental health concern is a collaborative effort between the student, teacher, other school staff, parents or carers and other involved mental health services. The only way this can be done well is with respectful, clear and open communication with all those involved. This may mean catching up regularly with parents or careers, meetings with school welfare and executive staff and attending multi-disciplinary case conference meetings.

If both parents or carers and the school are aware of what is and isn't working at home and school this will help everybody involved to develop practices and supports that will best assist individual students.

Reference:

MindMatters & KidsMatter, viewed Feb 2018, www.kidsmatter.edu.au (site now decommissioned and replaced with <https://beyou.edu.au>)

Barriers to help seeking

For many young people there are a number of factors that may limit help-seeking:

- **Stigma and embarrassment about having a mental illness:** Stigma faced by themselves and their families or carers. "Because you can't see it, it's not real. Unless I'm in physical pain, there's no reason to go seek help."
- **Problems recognising symptoms:** when does it become a problem, when does it cross the normal threshold of stress and anxiety? It is hard to pinpoint, and many people believe that stress is a normal part of life.
- **Self-reliance:** young people wanting to deal with the problems themselves and rely on the fact that they can fix it rather than turning to outside sources and support. Young people may think that seeking outside support looks like weakness, or that they are incapable of dealing with 'normal real life' problems.
- **Trust:** many young people think that if they took their problems to an outside source of support then it could lead to breaches of privacy and confidentiality, and that their 'problems' would be exposed.
- **Hopelessness:** often the more hopeless the young person feels in their distress and problems, the more likely it is that they won't seek help. "I felt that no person or helping service could help."

Reference:

<https://au.reachout.com>

Breaking down barriers

A teacher is in a position to provide education to students that creates an environment that reduces the barriers to help seeking.

Positive past experiences: Positive past experiences of help-seeking or support can be a significant influence on help-seeking. This includes increased mental health literacy and service knowledge from earlier help-seeking.

Social support and encouragement from others: Influences such as parents who are supportive and open to professional support are a factor in good health and wellbeing, or friends who have had positive experiences, are also positive influences on help-seeking. Young people are more likely to seek or recommend help for a friend, than to seek help themselves.

Emotional confidence and mental health literacy: One of the most important factors in help-seeking is young people having the ability and confidence to identify and articulate their emotions, and their ability to recognise and understand the symptoms of a mental health difficulty.

Teachers have the opportunity while supporting a student to encourage support from other people in that's child's life; friends, family and staff. Teachers can address emotional issues when they arise and use them to address mental health literacy. These activities will generate positive experiences of help-seeking and encourage future help-seeking behaviours.

Reference:

<http://au.professionals.reachout.com/breaking-down-barriers-to-help-seeking>

Emotional intelligence and mental health literacy

Emotional intelligence is the capacity to be aware of, control, and express one's emotions, and to handle interpersonal connections and relationships thoughtfully and empathetically.

Mental health literacy is simply knowledge and beliefs about mental health.

There are four components of mental health literacy:

1. **Recognition of mental health:** Recognising what it is to be mentally healthy and being able to recognise the signs of when a mental health problem may be developing in themselves or somebody else.
2. **Beliefs about causes, risk factors and protective measures:** Understanding what it is that keeps a person mentally healthy, what can impact on a person's mental health and the steps that can be taken to protect a person's mental health. Alongside this is an understanding that everyone is different and can react to the same situation in different ways.
3. **Beliefs about interventions and likely outcomes:** Knowledge and beliefs about available supports and how they may benefit. Including professional help, medications and other interventions.
4. **Beliefs about stigmatising attitudes:** fear of stigma is often nominated as the issue of most concern to those with disorders. Stigma may inhibit help seeking and may also increase the distress of those with disorders and may affect their recovery. One relatively common belief is that personal weakness is a cause of mental disorders.

Developing emotional intelligence and mental health literacy are essential personal skills that are developed over a lifetime. Developing better understandings of and learning new techniques to manage strong emotional responses will benefit both students and teachers and help them achieve their potential.

Mental health and the PDHPE curriculum

Developing the skills and knowledge of emotional intelligence, mental health literacy, risk and protective factors, seeking help and helping others are contained within the PDHPE curriculum in early stage one all the way through to stage five. Much of the information presented and links contained in this document are good source material for developing lesson plans on these topics.

For High School Teachers not teaching PDHPE, including references to mental health and wellbeing in lesson plans is worthwhile as these may result in students confiding to their teacher that they are for example; under academic stress or that there are troubles at home. These type of reports will enable a teacher to assist the student get appropriate support.

Some examples:

- **Mathematics**- using population statistics on mental health for analysis
- **English**- most literature revolves around interpersonal conflict, personal trauma and growth
- **Visual Arts**-many artists have had well documented mental health concerns, this is often reflected in their artwork

Accidental Counselling

The term “Accidental Counsellor” (sometimes known as Incidental Counselling) refers to those situations anyone can find themselves in, both in personal and professional lives, when somebody discloses that they are, or are clearly affected by a mental health problem or illness.

While it is not a teacher’s role to be a counsellor when faced with one of these situations it would not be fair on a student to say “this is not my job- go and speak to someone else”. In these cases a teacher would be expected to ask what the problem is, listen without judgement, encourage and actively support action (such as engaging the school counsellor) and later checking in to ensure the student has gotten their support.

The values of professional counselling (and teaching) apply equally to “accidental counselling”:

- **Respect:** valuing the student without judgement and accepting their experience as valid and worthwhile.
- **Empathy:** understanding the depth of a student’s feelings, rather than feeling sorry for them.
- **Empowerment:** recognising the student as the expert in their personal situation, the student may be going through a difficult time but it does not mean they are incapable of responding to the situation.
- **Genuineness:** behaving honestly and authentically.
- **Trustworthiness:** matching words to actions and following through on promises. Trust enables someone to share their experiences.
- **Confidentiality:** keeping private (keeping Mandatory Reporting Guidelines and Chapter 16A of the Child Care and Protection Act in mind) whatever the student tells you, and not disclosing information about them without their permission.

When communicating with a distressed student a teacher can:

- Validate and acknowledge what the student has said.
- Notice non-verbal cues and actively listen without judgement.
- Make sure to reflect the feeling and content of what is conveyed.
- Use a calm voice and open body language.
- Convey respect and concern.
- Not prod for unnecessary details or try to explore the student’s history.
- Not try to fix the situation such as by saying ‘everything will be alright.’
- Offer a listening ear and support the person to work out their next steps.
- Be aware the risks involved in promising not to tell anyone as a condition of a student talking.
- Later check in with the student that they got the support they were after.
- **Remember to obtain support for yourself and for the other person if required.**

Reference:

<https://www.ruok.org.au>

Chapter Three: Succeed

Classrooms are a diverse collection of children who each have their own set of unique characteristics, strengths and weaknesses. Some children in your classroom may demonstrate some very positive attitudes towards challenges, others may be experiencing additional life stressors such as mental health or wellbeing concerns. These challenges can make coming to school to succeed in learning more difficult for these children.

This chapter contains:

- Descriptions on different aspects of positive mental health and how to encourage them
- Descriptions on different mental health disorders and what a Teacher may do to support

Positive mental health

Positive mental health is also more than just the absence of any mental health concern or illness. A person who is mentally healthy recognises his or her own abilities, can cope with life's normal stresses, can work or attend school regularly and productively, and is also able to make a contribution to the community.

Reference:

<https://mhaustralia.org/general/abcs-good-mental-health>

Understandably, schools are keen on encouraging students to develop emotional and behavioural skills that will lead them to being successful at school and successful as adults. Desired attributes are gathered together under terms such as; grit, motivation, resilience and self-esteem.



Grit

Grit has been described as the ability to work hard, endure, struggle, fail and try again as a key to achieving long-term success and happiness. Psychologist Angela Lee Duckworth defines grit as “perseverance and passion for long-term goals.”

Components of grit;

- Courageous in the ability to manage fear of failure.
- Being conscientiousness, careful and meticulous.
- Having long-term goals and the endurance to follow through.
- Resilient through being optimistic, creative and confident.
- Strives for excellence rather than demands perfection.

Reference:

https://www.ted.com/talks/angela_lee_duckworth_grit_the_power_of_passion_and_perseverance

Teaching students about grit;

- Encourage students to commit to something and work hard.
- Recognise that frustration, confusion and practice are normal.
- Step out of comfort zones and risk failure in order to learn something new or pursue a goal.
- Teach that failure is not the end but a learnt lesson.

Reference:

<https://afineparent.com/building-character/what-is-grit.html>



Motivation

Students that struggle with motivation often have poor learning outcomes. These students struggle to retain information, engage in classroom discussion, and at times become disruptive. Poor motivation can be due to not finding the content relatable or not engaging with the teacher's methods. Some students with difficulties in motivation may have underlying concerns such as learning difficulties, mental health problems or domestic issues.

There are two types of motivation at work in each student and classroom, classroom teachers can harness both to promote student learning. Each has advantages and disadvantages in the classroom.

1. **Intrinsic**— refers to an individual's motivation or internal desire to complete a task or engage in learning:
 - **Advantages** - can be long-lasting and self-sustaining, promotes student learning and focuses on the individual rather than rewards or punishments.
 - **Disadvantages** - can be slow to affect behaviour and can require special and lengthy preparation, a variety of approaches may be needed to motivate different students, requires getting to know students' interests.
2. **Extrinsic**— refers to an individual's desire to complete a task for reasons external to themselves or the task, such as grades, rewards, or approval, etc.
 - **Advantages** - readily produce behaviour changes, require little effort or preparation to establish, does not require extensive knowledge of individual students.
 - **Disadvantages** - can often distract students from learning subject content, can be challenging to devise appropriate rewards and punishments, often the rewards and punishments need to be escalated over time to maintain a certain effect level, does not work over the long term, once removed motivation often drops.

As a teacher it is possible to enhance students' motivation in the classroom.

- **Student-centred learning:** giving student's an input into the learning content provides them opportunities to feel in control of their learning and in turn will enhance their motivation.
- **Praise student action and effort rather than character or ability:** use statements of encouragement like, "your answers showed thought" as opposed to "you are a good thinker." These statements help focus the students on the process and effort required to complete a task rather than results or innate ability.
- **Provide learning goals:** these learning goals need to be realistic, achievable and based on students' perceptions of their own abilities. Goals set in consultation with students foster a greater sense of control in students.
- **Mastery vs Performance Goals:** encourage students to develop mastery in their learning rather than working for performance rewards. When goals are created by students, the goals become more personal and students are more likely to take ownership.
- **Teacher Expectation:** having high but realistic expectations of students can influence student performance.

Reference:

<https://teach.com/what/teachers-change-lives/motivating-students/>

<https://cft.vanderbilt.edu/guides-sub-pages/motivating-students/>

Resilience

“Resilience is the process of adapting well in the face of adversity. Resilience means “bouncing back” from difficult experiences.” (American Psychological Association)

People who are resilient are not immune to emotional pain or sadness; they still experience difficulty or distress in their lives. Resilient behaviours, thoughts, and actions can be learned by anyone.

How to build resilience in your students

Not only do confident, resilient students with a capacity for emotional intelligence perform better academically, these skills can also contribute to the creation of strong social bonds and supportive communities, and the maintenance of healthy relationships and responsible lifestyles

Reference:

www.education.gov.au/student-resilience-and-wellbeing

Teachers play a key role in the development of students’ resilience, via formal teaching opportunities and the informal learning that occurs through modelling and practice of new skills.

1. Build positive student/teacher relationships

- a. Student/teacher relationships are important to student engagement and achievement
- b. Factors such as;
 - 1. Effective classroom management
 - 2. Clear expectations
 - 3. Effective instruction
 - 4. Teacher passion

2. Teach social and emotional skills

- a. Social and emotional learning programs in schools that contribute to positive student outcomes
- b. Explicitly teaching skills of;
 - 1. Self-awareness
 - 2. Self-management
 - 3. Social awareness
 - 4. Relationship skills
 - 5. Responsible decision-making

3. Foster positive emotions

- a. School connectedness and mutual respect contribute to positive student outcomes
- b. Creating a positive learning environment where students;
 - 1. Have a voice and choice
 - 2. Feel physically and emotionally safe
 - 3. Can use collaborative learning strategies to enhance relationships

4. Identify student strengths

- a. A strengths based approach focuses on student abilities and positive qualities builds confidence and a strong sense of self-worth.

5. Build a sense of meaning and purpose

- a. Engaging students with the local and global community
- b. Helping students to develop worthwhile goals increases wellbeing and positive outcomes

Reference:

<https://kidshelpline.com.au/teens/tips/resilience-a-stronger-you/>

<https://schools.au.reachout.com/resilience>

Self-esteem

The term self-esteem describes the evaluations that individuals make of themselves.

A student with high self-esteem will usually;

- Have a realistic view of themselves.
- Have a good understanding of their strengths and limitations.
- Develop healthy relationships.
- Be confident to take appropriate risks.
- Take on new challenges with confidence.
- Have a healthy reaction to praise.
- Take ownership of their achievements.
- Learn from mistakes and apply them to future learning.
- Establish realistic goals.

A student with low self-esteem may;

- Bully or threatening others.
- Appear disengaged.
- Be shy or withdrawn.
- Struggle to take ownership of their actions.
- Lie, copy or cheat.
- Blame others for mistakes.
- Present with challenging behaviours.
- Boast.
- Demand attention.
- Be focused on how others perceive them.
- Lack independence.

How can teachers foster self-esteem in students?

Teachers and school can play an important role in fostering students' self-esteem.

1. **Praise** – both in private and in front of their classmates. Start with a positive statement about their efforts before referring to what they need to work on.
2. **Mistakes** – give the student space to make mistakes, try not to immediately correct every single error. Avoid interrupting the student when they are working to correct them.
3. **Goals** – work with the students to set attainable goals throughout the year so that they can monitor their progress.
4. **Choice** - give students the opportunity to work collaboratively with you to make choices in the learning environment.
5. **Strengths** – give students the opportunity to use and build on their strengths in the learning environment.
6. **Encouragement** – encourage the students to take pride in their successes and to look forward to new achievements.
7. **Positivity** – model a positive and resilient attitude. Be aware of student's self-defeating behaviours and talk.

Reference:

<https://www.greatschools.org/gk/articles/teachers-foster-self-esteem-in-children/>

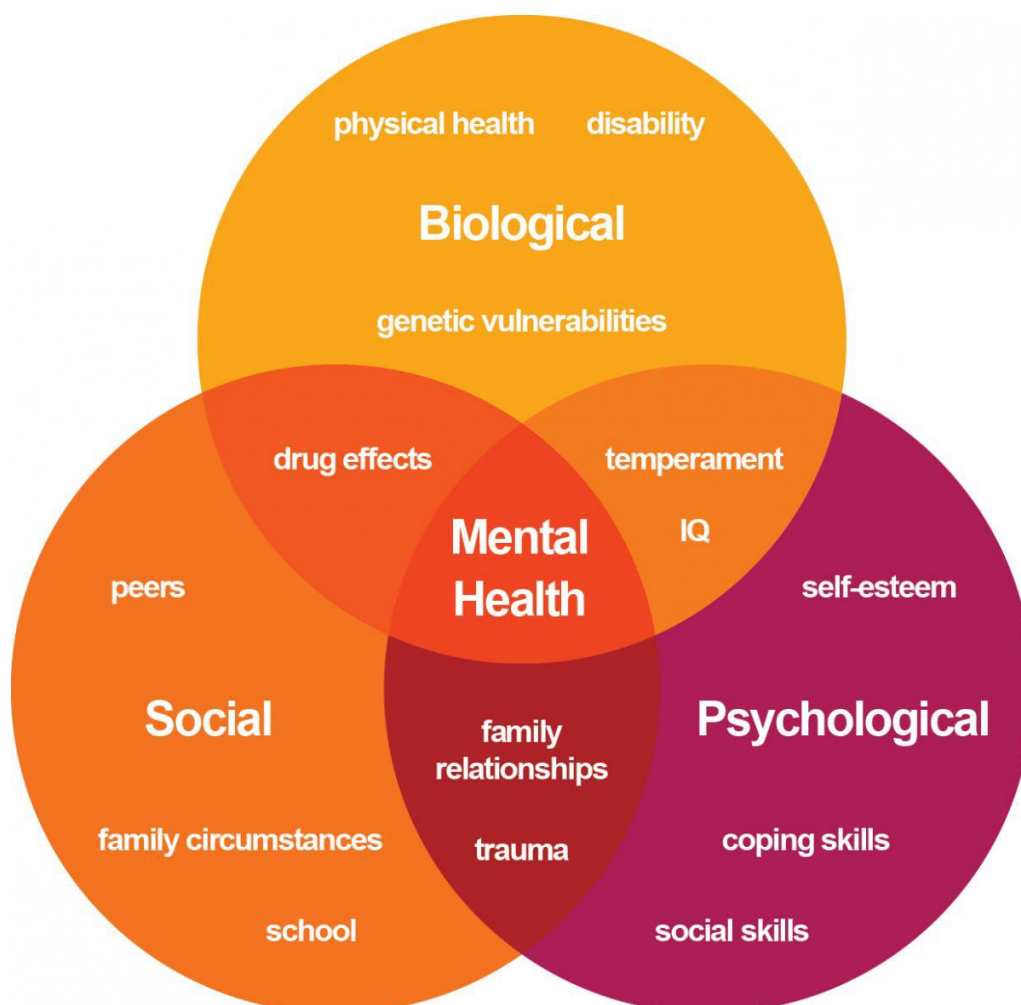
<http://www.teachhub.com/teaching-strategies-build-student-confidence>

Managing common mental health and wellbeing concerns in the classroom

This section hopes to give you a brief understanding of some of the more common mental health and wellbeing concerns that may be present in your classroom. This list is by no means exhaustive and it is not meant as a diagnostic tool to identify specific mental health concerns, but rather provide teachers with some basic strategies that can be implemented as support for those students in their classroom?

If you have any concerns regarding your students' mental health or wellbeing, it is important that you seek appropriate advice from your supervisor or Learning and Support Team.

Bio-Social Model of Mental Health



Reference:

KidsMatter, viewed Feb 2018, www.kidsmatter.edu.au (site now decommissioned and replaced with <https://beyou.edu.au>)

Alcohol and other Drugs

The Australian Secondary Students' Alcohol and Drug Survey is carried out every 3 years and targets students in years 7 to 12 across Australia. 2019 results identified that in relation to:

- **Tobacco:** 94% of 12-year-olds had no experience with smoking tobacco cigarettes which decreased to 61% of 17-year-olds. Only three per cent of all students had smoked more than 100 cigarettes in their lifetime with a peak of 10% among 17-year-old males.
- **Alcohol:** almost half of all Australian secondary students had consumed alcohol in the previous 12 months. Only 32% of students reported never drinking alcohol. 9% of 16-year-olds and 17% of 17-year-olds reported drinking five or more drinks on at least one of the past seven days.
- **Analgesics:** these were the most commonly used substance (licit or illicit) with 95% of students having used an analgesic at some time in their lives.
- **Tranquilisers:** use is low overall but increases with age.
- **Cannabis:** was the most commonly used illicit substance with 16% of students ever using cannabis and seven per cent using it the month before survey.
- **Inhalants:** use was negatively associated with age, with lifetime use decreasing from 19% of 12-year-olds to 10% of 17-year-olds.
- **Hallucinogens:** use was extremely low with 97% of all students never having used them. Age was positively related to hallucinogen use.
- **Amphetamines:** around two per cent of all students had used amphetamines other than for medical reasons at some time in their lives, with use increasing with age.
- **Performance or image enhancing drugs:** A small proportion of students (2%) reported ever using performance or image enhancing drugs, such as steroids, without a doctor's prescription.
- **Opiates:** The use of opiates or narcotics such as heroin or morphine was very uncommon, with only two per cent of all students ever having used this substance.
- **Cocaine:** 2% of all secondary school students have reported using cocaine.
- **Ecstasy:** Around three per cent of all students reported using ecstasy at some time in their lives. Students who had used ecstasy increased with age, peaking at 7% in 17-year-olds.

2022/23 Survey Results – data out early 2024

<https://www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2022-ndshs>

If you have any concerns about a student:

- Do not leave the person alone.
- Contact emergency services as required.
- Consult with senior staff and gain support.
- Provide a clear explanation to the person of the steps you are taking.

Anxiety

Anxiety is the body's physical response to fear. Some of the symptoms of anxiety might include:

- Racing heart
- Rapid breathing
- Sweaty palms
- Butterflies in your stomach

At some time most people experience feelings of anxiety and this is normal. However, feeling too much anxiety about something may develop into an Anxiety Disorder.

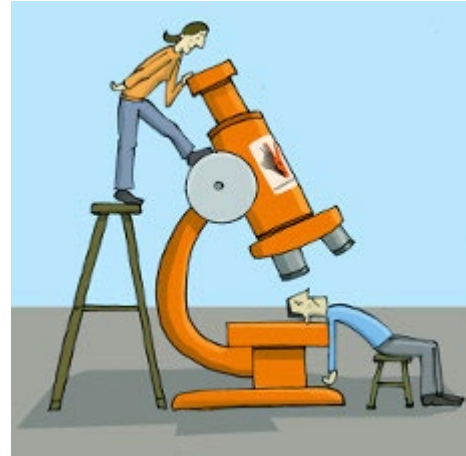


Image from:



What is an anxiety disorder?

People are usually said to have an anxiety disorder when the ***feelings of anxiety are significantly affecting their ability to function normally in life***. The symptoms of anxiety appear to be unrelated to actual danger but to situations, they perceive as dangerous.

There are a number of different types of anxiety disorder:

- **Generalised anxiety disorder:** persistent and overwhelming symptoms of anxiety in most areas of life.
- **Social anxiety disorder:** symptoms of anxiety that are specifically related to social interactions and situations.
- **Panic disorder:** the presence of panic attacks as well as a persistent fear of future panic attacks.
- **Separation Anxiety Disorder:** excessive fear or anxiety about separation from home or an attachment figure.
- **Obsessive Compulsive Disorder:** affected by persistent unwanted thoughts.
- **Agoraphobia:** anxiety about leaving a place they perceive as safe for fear of having a panic attack.
- **Specific phobias:** intense fear of objects or situations (e.g. dogs, birds).

Anxiety and School Refusal

School refusal is marked by a significant number of absences from school on an ongoing basis. School refusal is a more serious condition than separation anxiety. The issues behind school refusal are complicated and can be associated with a range of family and school factors accompanied by anxiety, sadness or depression, physical symptoms and social isolation.

How Does Anxiety Affect Learning and Development?

A small amount of anxiety often improves academic performance as it can motivate a person into action. Overwhelming and persistent symptoms of anxiety can make effective engagement in learning difficult.

Overwhelming and persistent anxiety can interfere with several aspects of cognition that are critical for successful learning and performance:

- Paying attention to what needs to be learned.
- Processing information effectively (e.g., organising or elaborating on it).
- Retrieving information and demonstrating skills that have previously been learned.
- Interferes with tasks that require high demands on working memory or problem solving skills (such as mathematics).

What Types of Behaviours Might You See in the Classroom?

(This is not a comprehensive or diagnostic list of behaviours)

- Excessive and persistent worry.
- Restlessness, inattention and irritability.
- Crying or losing temper easily or frequently.
- Avoidance and procrastination.
- Decline in academic performance.
- Withdrawal from social, class or school activities.
- Tiredness and fatigue.
- Wanting things to be perfect.
- Attendance problems.
- Excessive clinginess.

Strategies for the Classroom

- Try to make the environment as predictable as possible through set structures and routines.
- Consider the classroom environment to support children with anxiety (e.g. seating arrangements to minimise anxiety or distractions.)
- Exit plan - permitting students to leave the classroom if anxiety becomes unmanageable (with a pre-arranged safe place in the school, where they will be supervised by an adult).
- Modifying curriculum where necessary by shortening task lengths, alternatives to oral presentations or other assessments which may cause anxiety.
- Scaffolding, setting limits of work, particularly around any subjects or topics that cause extreme anxiety.
- Model calm responding.
- Be aware of physical symptoms of anxiety and provide activities to distract the child.
- Teach positive self-talk to the entire class.
- Encourage participation and gently discourage avoidance.
- Provide positive praise and reinforcement.

Reference:

<https://au.reachout.com/articles/what-is-anxiety>

KidsMatter, viewed Feb 2018, www.kidsmatter.edu.au (site now decommissioned and replaced with <https://beyou.edu.au>)

Attention Deficit Hyperactivity Disorder (ADHD)

What is ADHD?

Attention-deficit/hyperactivity disorder (ADHD) is a brain disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

How Does ADHD Affect Learning and Development?

ADHD is not a learning disability, but can cause difficulties in learning. Often students with ADHD have a higher incidence of learning difficulties in areas such as math and reading. Symptoms of hyperactivity and inattention in the classroom make it difficult for students to learn new information and apply information that they know.

Students with ADHD can have difficulty making friends and have a hard time making connections with other students. Students with ADHD may be impulsive and hyperactive, this may mean they struggle with their interactions with peers, they may be unaware of how their behaviours are affecting the people around them.

What Types of Behaviours Might You See in the Classroom? (This is not a comprehensive or diagnostic list of behaviours)

A student with inattentive behaviours of ADHD:

- Makes careless mistakes in school work, overlooks details.
- Is easily distracted or side-tracked.
- Has difficulty following instructions.
- Doesn't seem to be listening when spoken to directly.
- Has trouble organizing tasks and possessions.
- Often fails to finish work in school or chores in the classroom.
- Often avoids or resists tasks that require sustained mental effort, including doing homework.
- Often loses homework assignments, books, jackets, backpacks, sports equipment.

A student with hyperactive or impulsive behaviours of ADHD:

- Often fidgets or squirms.
- Has trouble staying in seat.
- Runs and climbs where it's inappropriate.
- Has trouble playing quietly.
- Is extremely impatient, can't wait for their turn.
- Always seems to be "on the go" or "driven by a motor."
- Talks excessively.
- Blurts out answers before a question is completed.
- Interrupts or intrudes on others conversations, activities, possessions.

Strategies for the Classroom

- **General behaviour strategies**

- Interventions and strategies should target the specific behaviour causing concern rather than general ADHD strategies.
- Reinforcement of positive/appropriate behaviours is essential.
- It is important that any intervention plan is based upon a careful functional assessment of behaviour.

- **Classroom environment and teaching method**

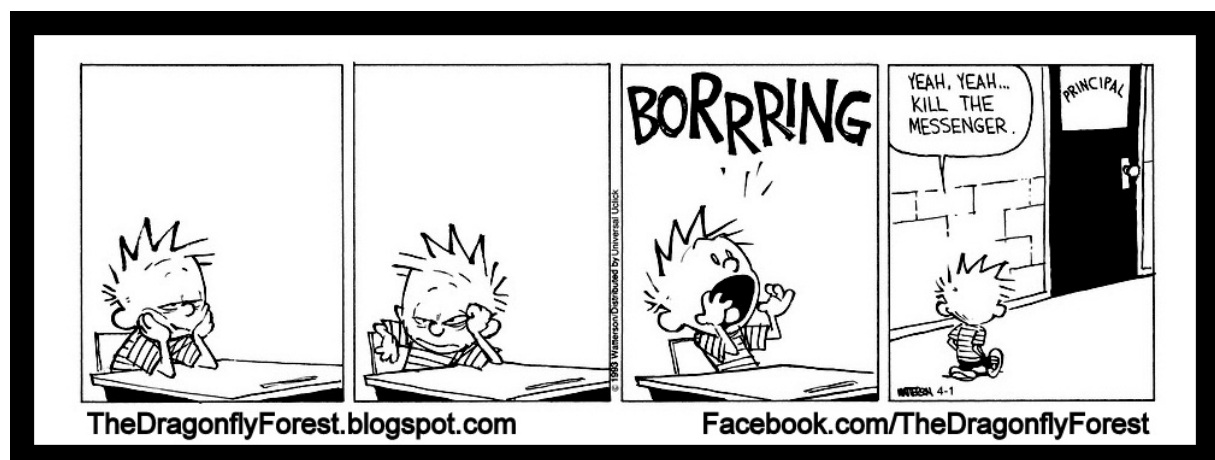
- Longer tasks should be broken up into smaller manageable parts and regular feedback provided. Task completion time can be monitored with timers.
- Using teacher-directed instruction where possible increases on task attention.
- Have clear outlines of what task completion looks like (e.g. your maths is completed when you have finished and marked 6 problems).
- Always ensure the student is paying attention before given verbal directions and where possible follow up with written directions.
- Minimise the number of consecutive directions given at once.
- Provide scaffolds for task and assignment completion.
- Support the student to keep their work area uncluttered and minimise distractions in their immediate vicinity.
- Allow the student concentration breaks to improve overall concentration.

Reference:

<https://childmind.org/article/whats-adhd-and-whats-not-in-the-classroom/>

<http://www.ldonline.org/article/5911/>

<https://www.understood.org/en/school-learning/partnering-with-childs-school/instructional-strategies/at-a-glance-classroom-accommodations-for-adhd>



Autism Spectrum Disorders (ASD)

Autism spectrum disorder is a neurodevelopmental disorder that affects how a person perceives and socializes with others. People with ASD struggle with social interaction and communication. ASD also includes limited and repetitive patterns of behaviour. Within the "spectrum", there is a wide range of symptoms and severity.

Autism spectrum disorder in its current definition includes conditions that were previously separate: Autism, Asperger's syndrome, childhood disintegrative disorder and unspecified pervasive developmental disorder.

How Does ASD Affect Learning and Development?

- **Impacts on Development**
 - Children with ASD may develop skills at a slower rate than their peers.
 - The main impact on development is usually within language. Children with ASD may develop language at a slower rate, only develop limited expressive language, or remain non-verbal.
- **Impacts on attention and interaction**
 - Children with ASD often do not develop typical behaviours associated with social interaction, such as making eye contact, waving or saying goodbye, responding when their name is called or responding to another's emotions.
- **Impacts on understanding**
 - Children with ASD have difficulties understanding that other children have different thoughts, ideas, and emotions than their own.
 - Children with ASD often have little awareness of how their behaviour affects others or why other children behave as they do.
- **Impacts on control and regulation**
 - Children with ASD will often have significant difficulties with focus, attention, transitions, organisation, memory, time management, and emotional regulation. Difficulties with these executive functioning skills affect skills such as being organised, working cooperatively, or completing complicated multi-step task such as in mathematics.

What Types of Behaviours Might You See in the Classroom?

(This is not a comprehensive or diagnostic list of behaviours)

- Have trouble understanding nonverbal communication.
- Difficulties with eye contact.
- Have poor conversation skills – doesn't understand how to take turns in a conversation or how to maintain a conversation.
- Has a strong almost obsessive interest in a certain topic and has a good knowledge in this area but lacks a broader general knowledge.
- Takes things literally – struggles to understand humour, has difficulty moving after a real or perceived incident.
- Difficulties interacting with peers – may prefer to interact with adults or younger children than peers.

Challenging Behaviours

Children with ASD might exhibit challenging behaviours for a number of reasons, some of which may be because they:

- Do not understand a particular situation.
- Lack the appropriate language or communication skills to express their needs or wants.
- Are experiencing anxiety in a situation.

Some situations, which may trigger challenging behaviours in children with ASD, could include:

- Changes in routines or rituals.
- Transition time.
- Sensory sensitivities.
- Sensory overload.
- Unrealistic expectations.
- Tiredness.
- Discomfort.

Strategies for the Classroom

Children on the Autism Spectrum are incredibly unique and will need individualised plans for support

- Understand how a particular child's autism affects learning. Use their particular strengths to teach new skills. Use their special interests to motivate and engage their strengths are motivated by their interest.
- Be aware of communication difficulties. Allow time to process verbal information, use visuals, and don't overload them with verbal information.
- Emphasise routine and structure. Using visual supports for routine and structure
- Model and explicitly teach social skills regularly.
- Encourage the wider school community to use similar strategies in all settings within the school.
- Provide warning of any impending change of routine, or switch of activity.
- To prevent sensory overload provide children with a place to escape the constant barrage of noise and visual stimulus by creating a quiet corner in a low traffic area of the classroom.

Reference:

http://raisingchildren.net.au/articles/autism_spectrum_disorder_learning.html/context/1037

https://www.autismspeaks.org/sites/default/files/sctk_supporting_learning.pdf



Behaviour related to Learning Difficulties

'Learning Difficulties' refers to difficulties in learning that can be caused by internal factors (medical, physical, neurological), and/or, external factors, (family, communities, opportunities, experiences). The most common forms of learning difficulties are in reading and spelling, but they may also be found in other areas of functioning including spoken language and mathematics. Individuals can present with a specific difficulty in one or more areas and have average or above average performance in other areas. Specific learning difficulties are not intellectual impairments. Students with intellectual impairments are assessed as having reduced cognitive capacity, which has a global impact on learning and daily functioning.

Many learning difficulties are known by different terms, some commonly known terms are:

- **Dyslexia** – difficulties with reading and writing
- **Dyscalculia** – difficulties with mathematics
- **Dyspraxia** – difficulties with coordination (verbal and motor)

How Do Learning Difficulties Affect Learning and Development?

Outcomes for children with learning difficulties vary depending on the extent of the difficulty as well as how it is treated. Children with a learning difficulty who receive no appropriate supports during school can experience a range of negative outcomes including academic failure, the development of disruptive behaviours at school, increased likelihood of school drop-out, unemployment, social difficulties, low self-esteem and depression.

What Types of Behaviours Might You See in the Classroom?

(This is not a comprehensive or diagnostic list of behaviours)

Apart from the specific behaviours that are associated with a child's specific learning difficulty some children may present with challenging behaviours in the classroom as a method of task avoidance.

Behaviours that may indicate a child is struggling with a specific learning difficulty may include:

- A tendency to be easily distracted and less focused than other students.
- Lack of motivation.
- Slowness to start and difficulty in the completion of set tasks.
- An unwillingness to read for pleasure and/or participate in competitive maths games.
- Preference for 'hands on' tasks and activities such as sport, physical education, drawing, art and craft, etc.
- An inclination to rush, produce sloppy written work, or say the task is 'boring' or 'too easy/hard.'
- A greater reluctance to seek teacher support than other students.
- An inclination to call out and fail to take turns.
- A lack of self-esteem and the tendency to follow the lead of others.
- School avoidance.
- Task avoidance.
- Failure to complete in class tasks or homework.
- Refusing to follow directions.
- Difficulties with peer relationships.
- Disorganisation.

Strategies for the Classroom

Early and accurate identification of learning difficulties is vitally important to facilitate future positive outcomes. If a teacher suspects a learning difficulty early referral for adequate assessment and identification is needed.

- Develop an Individual Learning Plan to support the student's specific learning needs in the classroom.
- Teach small amounts of material and emphasise key points.
- Where possible, workloads and time frames should be adjusted to allow individuals to work at their own pace and ensure they have adequate time to complete tasks.
- Allow alternative forms of presenting work.
- Make the tasks highly motivating by aiming them at the child's level of interest and understanding.
- Avoid making negative comments.
- Reward effort and any successes, even if they are small.
- Develop non-academic areas of competence, such as sports, art or music.
- Focus on what the student can do rather than what he/she cannot do and build on his/her strengths.
- Help students to realise that making mistakes is part of the learning process.
- Teaching students using multi-sensory techniques.
- Provide clear, simplified, and concrete instructions.

Reference:

<https://education.nsw.gov.au/campaigns/inclusive-practice-hub/all-resources/secondary-resources/understanding-disability/specific-learning-difficulty>

<https://3dn.unsw.edu.au/project/intellectual-disability-mental-health-e-learning>



Depression

Depression is more than just feeling upset or sad – it is a serious condition which makes coping with day-to-day life to be hard and leaves you feeling down most of the time (Youth Beyond Blue).

Around one in 35 young Australians aged 4-17 experience a depressive disorder (The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing).

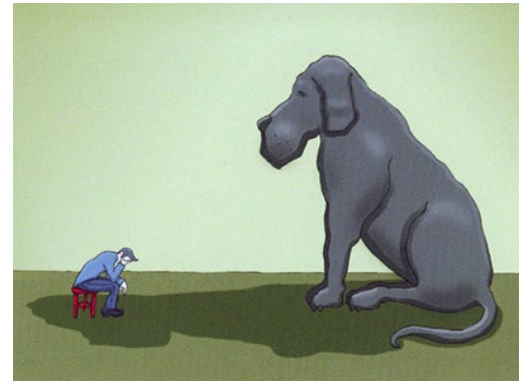


Image from:



Children can suffer from a number of different types of depression.

- **Major depression.** Which is when a child has significant signs and symptoms of depression that has lasted for a period longer than two weeks.
- **Dysthymia** (persistent depressive disorder). Symptoms are generally less severe. These children will experience a depressed or irritable mood on most days for at least 1 year.

How Does Depression Affect Learning and Development?

- **Implications for Learning**
 - Poor concentration.
 - Lack of focus and motivation.
 - Giving up easily due to lack of confidence.
 - Forgetfulness and indecision.
 - Diminished ability to think clearly and problem solve.
 - Underachievement.
- **Implications for Social and Emotional Well-being**
 - Isolation from peer group.
 - Difficulties developing positive relationships.

What Types of Behaviours Might You See in the Classroom? (This is not a comprehensive or diagnostic list of behaviours)

- **Academic Signs**
 - Need additional time to complete classroom and homework assignments.
 - Decreased participation in classroom activities.
 - Failing to complete classwork, or doing so poorly.
 - General decline in overall performance.
- **Cognitive Signs**
 - Difficulties concentrating in class.
 - Difficulties remembering or recalling information.
 - Poor organisation in their work.
 - Loss of confidence.
 - Difficulties with processing tasks or problem solving.

- **Social/Behavioural Signs**
 - Change in or withdrawal from peer group.
 - Defiance or withdrawal in class.
 - Risk taking behaviours.
 - Tiredness.
 - Missing school.
 - Complaining of being ill.
 - Irritability.
 - Apathy.
- **Emotional Signs**
 - Drop in self-esteem.
 - Difficulties with emotional regulation.
 - Talk of hurting self.
 - Excessive guilt.
 - Feeling of worthlessness.

Strategies for the Classroom

- Give positive feedback on academic, social, and behavioural performance.
- Develop a home–school communication system to share information on the child's academic, social, and emotional wellbeing.
- Provide the student with opportunities for “self-time out” when they are feeling excessively sad or irritable.
- Allow the student more time to respond to classroom activities (either written or verbal).
- Reduce homework or extend deadlines, as necessary and appropriate.
- Provide opportunities for success through small, attainable goals. Help the student to self-monitor progress.

Reference:

<https://www.beyondblue.org.au/mental-health/depression>

<https://headspace.org.au/professionals-and-educators/health-professionals/resources/depression/>

KidsMatter, viewed Feb 2018, www.kidsmatter.edu.au (site now decommissioned and replaced with <https://beyou.edu.au>)



I Had a Black Dog: Book by Matthew Johnstone

Disruptive and Conduct Disorders

Disruptive behaviour disorders include two similar disorders: oppositional defiant disorder (ODD) and conduct disorder (CD). Both these disorders have symptoms in common which include: defiance of authority figures, angry outbursts, and other antisocial behaviours such as lying and stealing.

The severity of symptoms in Conduct Disorder are more significant and this disorder tends to be diagnosed in older children that have often had a history of Oppositional Defiant Disorder.

What is Oppositional Defiant Disorder?

Oppositional Defiant Disorder (ODD) is a persistent pattern of defiant, disobedient and hostile behaviour towards others, occurring frequently over a period of at least six months. The behaviour will occur more frequently and be more severe than is expected developmentally, it will also significantly affect daily functioning for the child.

A child or young person with this disorder will have difficulties with emotional regulation, especially anger, they will be defiant with authority figures such as parents or teachers, and may deliberately break rules and do things to annoy others.

What is Conduct Disorder?

Conduct Disorder usually presents with a more persistent pattern of serious behaviours than ODD, and is usually diagnosed at a later age than ODD. Conduct disorder is a chronic pattern of serious behaviour over 6-12 months, these behaviours cause significant dysfunction in all aspects of the person's life, such as home, school or work, and the community.

Behaviours may include aggression or cruelty towards people or animals, property damage, serious violation of rules, blatant disregard for social norms or for the rights of others, deceitfulness or theft. A diagnosis of CD often occurs when a child's behaviour has come to the attention of law enforcement services.

How Do Disruptive Behaviours Affect Learning and Development?

Children with disruptive behaviours are continually challenging rules and teacher instruction; they are often excluded from learning for periods of time due to their difficult behaviours. These behaviours make consistent engagement in learning difficult and these children often develop significant delays in their learning.

Reference:

<https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/children-with-conduct-disorder>

Response Ability, viewed Feb 2018, www.responseability.org (site now decommissioned and replaced with <https://beyou.edu.au>)

What Types of Behaviours Might You See in the Classroom?

(This is not a comprehensive or diagnostic list of behaviours)

Students with Oppositional Defiant Disorder can

- Be defiant or refuse to cooperate.
- Have a negative attitude.
- Have difficulties with emotional regulation.
- Be stubborn.
- Show low self-esteem.
- Have trouble becoming independent from their primary carer.
- Question and 'bend' the rules.
- Deliberately provoke others.
- Lack accountability; blame others.
- Be resentful towards other students.
- Swear or be unkind and use aggressive language.

Students with Conduct Disorder can

- Show signs of a learning difficulty.
- Have high absence/truancy rate.
- Run away from home regularly.
- Have ongoing parental conflict.
- Have low self-esteem.
- Show deliberate hostility, defiance, bullying, aggression, and physical attacks towards others.
- Be hyper-vigilant towards others.
- Be dishonest for their own personal gain.
- Demonstrate significant risk taking behaviours.
- Blame others for their own wrongdoing.
- Show little empathy or compassion for others.
- Have lack of remorse or guilt in regards to behaviours.
- Have poor emotional regulation or lack of emotion.
- Engage in illegal activity.

Strategies for the Classroom

- Avoid unstructured or free time.
- Have clear structure and routine.
- Modified task expectations, set achievable tasks.
- Minimise distractions, interruptions and noise.
- Modify your expectations and scaffold what you expect.
- Have clearly defined and consistent boundaries and consequences.
- Avoid arguments, state facts and avoid emotional statements.
- Have a crisis plan for if things go wrong to support staff.
- Give extra personal space, minimise verbal dialogue.
- Avoid public displays of praise, give private awards.
- Give take up time, processing time.
- Have a seating plan.
- Pick your battles, let things go if they are not disruptive.
- Ignore statements that are designed to offend.
- Give choice when issuing consequences.
- Avoid power struggles.
- Avoid raising your voice.
- Use "start" requests rather than "stop" requests. "Do" requests are more desirable than "don't" requests.
- Speak to the student privately about his or her behaviour instead of in front of others, to prevent loss of face and avoid escalation.

School Refusal

School refusal is when children have prolonged absences from school with parents' knowledge due to high levels of distress and reluctance about going to school on a regular basis. Many of these children experience significant physical and emotional symptoms in relation to attending school, such as nausea, vomiting, diarrhoea, anxiety attacks and tantrums.

Children who refuse school do not typically engage in antisocial behaviour that is associated with truancy, such as lying, stealing or destruction of property. School refusers are typically of average academic ability or higher and when at school, these children are generally compliant in the classroom and well behaved.

School refusal is typically linked to anxiety in the child, and is often associated with early separation anxiety and/or generalised anxiety disorder (persistent worrying across a range of issues). School refusal can become an entrenched on-going issue. It can become more difficult to address in the later years of schooling because the anxiety may be based on a distant anxious memory and staying at home may have become a comfortable habit. Often parents feel disempowered and unable to address the school refusal.

The basis of school refusal for an individual child is often complex, some contributing factors can be:

- Difficulty making friends.
- Difficulty communicating with teachers.
- Unidentified/unaddressed/perceived bullying.
- Transition to a new school or high school.
- Legitimate absence due to illness.
- Traumatic life events.
- Stressful events at home.
- Family conflict.
- A parent returning to work.
- Separation anxiety.
- A phobia.
- Learning difficulties.
- Social problems at school.

How Does School Refusal Affect Learning and Development?

Prolonged absences from school mean that children miss out on important parts of the curriculum, which is detrimental to their learning and development. Frequent absences might jeopardise children's social relationships.



What Types of Behaviours Might You See in the Classroom? (This is not a comprehensive or diagnostic list of behaviours)

- 50 per cent or less school attendance during the past month.
- Tearfulness.
- Increase in stomach-aches, dizziness, headaches and other physical complaints.
- Lack of friends, social isolation or withdrawal.
- Decreased participation in class activities.
- Nervousness.
- Difficulty concentrating or remaining on task.

Strategies for the Classroom

- Create a welcoming, engaging environment that helps students feel connected to their school and teachers.
- Provide positive rewards and praise for school attendance.
- Keep an open communication agreement with the student.
- Show empathy and validate a student's feelings when they express concerns or experience difficulties.
- Provide a safe place where students can go when feeling stressed or overwhelmed.
- Ensure any appropriate curriculum adjustments have been made if the student has a learning difficulty.
- Where possible, be flexible in your expectations – give an extension for homework or classwork, allowing them to work in a quiet space rather than the classroom, or providing alternative tasks.

Reference:

KidsMatter, viewed Feb 2018, www.kidsmatter.edu.au (site now decommissioned and replaced with <https://beyou.edu.au>)



Problematic Interactive Media Use (PIMU)

Media when overused or used compulsively, can interfere with a student's daily life and lead to poor school performance, family conflicts, emotional and psychological concerns and relationship problems. While these problems have been called a variety of different names such as, "Internet Addiction", "Internet Gaming Disorder," "Gaming Disorder," and "Media Addiction", these terms all refer to Problematic Interactive Media Use (PIMU).

Problematic Interactive Media Use often appears in one of the following four ways:

- **Gaming**—including excessive gaming on a computer, console, or mobile device, where the child or teen plays for hours on end, often only taking breaks when forced.
- **Social media**—including using social media as a primary way to connect with others instead of through face-to-face communication.
- **Pornography**—including obsessive pornography use that results in sexual dysfunction.
- **Information-seeking**—including spending hours of time online surfing websites and binge-watching videos in place of other activities.

It is not a specific device or activity that is problematic, it is the interactivity that attracts young people, keeps them engaged, and immerses them to the point where they lose track of time and place.

While one of the most common symptoms of PIMU is a fixation with screen media, other symptoms exist:

- Poorer personal hygiene
- Decrease in school performance
- Social withdrawal

PIMU can also contribute to health problems, such as weight gain, eating disorders, and problems sleeping.

It has been found that many of the young people with PIMU are struggling with underlying conditions such as ADHD, anxiety, depression that may have been unseen in their everyday lives, but revealed themselves in the interactive media environment (such as gaming) which provided distraction, mastery or "self-medication". When the young people's underlying condition is treated along with behavioural therapy for PIMU, they usually do well.



Strategies for the classroom

- Be aware that the perceptions of the benefits or harm of social media may be different when comparing adult opinions to students.
- Encourage students to treat all aspects of media as tools used for what they do well and then put away so as not to impact on other aspects of life such as sleep, relationships, homework and outdoor activities.
- Do not promote the abstinence of all screen media, this is unsustainable as students use technology for school, socialising and entertainment.
- Contrast the superficiality of connections via media to face to face deep connectedness
- Discourage multitasking, multitasking on tasks that require concentration prevents focusing on critical thinking and leads to a 56% reduction in understanding and 80% loss of retention (Centre on Media and Child Health).
- Address fear of missing out (FOMO), encourage students to filter who they see in their feed, set time limits on different forms of media use, and be aware of what they are posting so as to not contribute to other people's FOMO.
- Address self-defence concerns, similar to FOMO, a young person may feel they need to check social media constantly to find out what others may be saying about them.
- Encourage authentic social media, while social media relationships should never replace real-life relationships as they use the same qualities that are needed in real life relationships.
- Talk to your students about the ramifications of their social posting.

Reference:

<https://www.esafety.gov.au/research/youth-digital-dangers>



Problematic Sexualised Behaviours

Children's curiosity can lead to exploring their own and each other's body parts by looking and touching. They may peek when family members are in the bathroom or changing clothes or try to listen outside the bedroom. They may look at magazines, books, videos, and on the internet.

Many things can be part of the concerning behaviour, from being bored and finding it hard to manage emotions, to seeing sexually explicit material on the internet, or experiencing sexual abuse.

It can be hard to tell the difference between "normal" sexual behaviours and behaviours that are signs that a child may be developing a problem. True Relationships & Reproductive Health have developed a tool that is a helpful guide for professionals to use when faced with sexual behaviour from children. It is accessed as an app or an online tool;

Reference:

chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.facs.nsw.gov.au/_data/assets/pdf_file/0018/415440/6.-FACS-The-Kit-Working-with-children-who-display-sexually-harmful-behaviour.pdf

Sexualised behaviours traffic light system:



Strategies for Teachers

- inform your immediate supervisor if you are concerned about a child's sexualised behaviour
- work with supervisor, learning and support team and other involved staff to ensure the safety of the student and other students.

Reference:

<http://www.health.nsw.gov.au/kidsfamilies/protection/Pages/New-Street-Services.aspx>

Self-harm

What is Self-Harm?

Self-harm involves deliberately harming oneself physically via for example; cutting, burning, hitting, scratching, biting, or consuming harmful substances. A young person may engage in self-harm behaviour without suicidal ideation. However, self-harm is a risk factor for suicide and consistent responses founded upon compassion are therefore required.

Self-harm is often used to try and control difficult and overwhelming feelings or to gain some kind of relief from emotional pain. It may also be used to express anger, to feel 'something' or to communicate a need for help.

One in 10 Australian adolescents have engaged in self-harming behaviour. The rates have significantly increased over the past decades with 23% of young women aged 16 – 17 having self-harmed in their life time. Self-harm is more common after the onset of puberty. The average age at which self-harm first occurs is 12-14 years.

There are specific groups of young people who have increased prevalence of self-harm:

- Women and girls.
- Those with a mental illness.
- Living in out – of - home care.
- ATSI backgrounds.
- LGBTQIA+ young people.
- Living in rural or remote areas.
- In immigration detention or juvenile justice facilities.
- Those with an emerging personality disorder.



Reference:

<https://safeminds.org.au/schools/nip-it-in-the-bud/notice/whats-normal/emotional-distress/mental-health-problems/anxiety/depression/trauma/coping/self-harm/>

What Types of Behaviours Might You See in the Classroom?

(This is not a comprehensive or diagnostic list of behaviours)

Some behavioural changes that may indicate that a young person is struggling and may indicate a range of mental health problems requiring additional support.

Signs that a young person may be self-harming

- Inappropriate dress for the seasons e.g. long sleeves and jumpers in warm weather
- Overuse of wrist bands, jewellery or coverings.
- Unwillingness to participate in events/activities which require less body coverage e.g. swimming or physical education classes.
- Mental illness such as depression or anxiety.
- Unexplained burns, cuts, scars or other markings on the skin.
- The person's explanations for above seem implausible or could only account for one instance, not all e.g. "My kitten scratched me", "I fell over and grazed myself."

Responding to self-harm in young people

- If the self-harm requires medical intervention, attend to that first, if serious contact emergency services.
- Inform the Principal.
- Demonstrate compassion - recognise that the behaviour has meaning which may be hard to discuss.
- Stay with the young person until they are safe.
- Ask them directly if they are suicidal. If the young person discloses thoughts of suicide, professional help should be sought immediately.
- Consider the impact of these behaviours on yourself and others and seek further support and advice.

The relationship between self-harm and suicide

Self-harm and suicide are two distinct behaviours: A young person may self-harm without suicidal intent, and a young person may suicide without ever engaging in self-harming behaviours such as cutting. However, it is important to note that unintentional death may occur as a result of self-harm and that self-harming behaviours, even without suicidal intent, are a risk-factor for suicidal ideation. All instances of self-harm or suicidal ideation should therefore be responded to appropriately with the utmost empathy and care.

Reference:

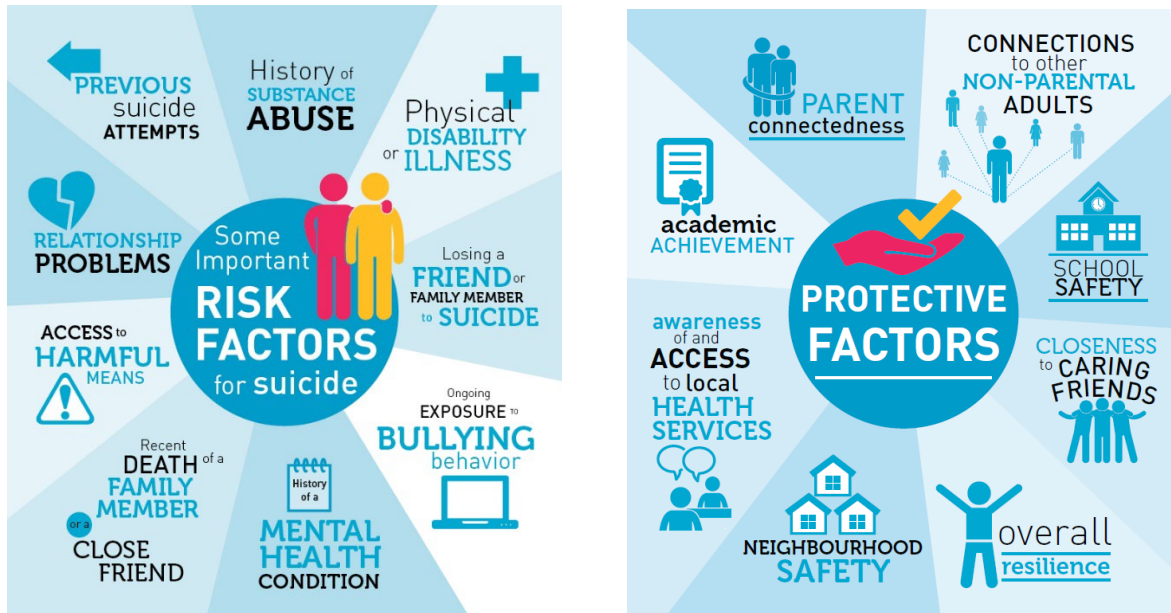
MindMatters, viewed Feb 2018, www.mindmatters.edu.au (site now decommissioned and replaced with <https://beyou.edu.au>)

<https://www.lifeline.org.au/get-help/topics/self-harm>

Suicide

Youth suicide affects families every day in Australia. It is the leading cause of death among young people, with around 350 young people aged 15-24 dying by suicide in 2013.

Risk and protective factors for suicide



Resource:

<https://beyou.edu.au/resources/suicide-prevention-and-response>

Suicide: distinguishing between acute and chronic risk

Acute risk refers to the very real risk of a person completing suicide.

Characteristics of acute risk may include:

- The person has a clear plan for suicide.
- The means by which the person intends to die is potentially lethal.
- The person has access to the means, or can readily gain access to the means, to enact the plan.
- There is nothing to suggest hope of rescue.
- The person expresses feelings of hopelessness regarding the future.
- Delusions may be present, causing the person to believe they must die.
- Comorbid depression and/or substance abuse is present.

Chronic risk behaviour tends to be less harmful and the person does not wish to die. These behaviours are usually recurring responses to interpersonal stress, particularly to a sense of rejection and abandonment, and act as a means of communicating emotional distress.

However, accidental death remains a risk. Ambivalence about dying may also form part of the pattern, for example, the person may have a suicide plan which they do not intend to immediately act upon but serves to mentally give them a way out and thereby allow them to continue to live.

Strategies for teachers

Most schools will have a Suicide Response Plan in place, it is important that all staff have access to, are familiar with and are able to implement the protocols described in the plan.

In the absence of a School Suicide Response Plan, interventions for a (acute or chronic) suicidal person involve;

- Do not leave the person alone / keep the person safe.
- Inform the Principal.
- Follow your schools emergency management protocols.
- Reduce access to the means of suicide.
- Support any other affected students.
- Never agree to keep a plan for suicide secret.
- Do not use guilt or threats.

Reference:

<https://projectairstategy.org/index.html>

<https://headspace.org.au/assets/School-Support/HSP217-National-Responding-Suicide-Attempts-FA2-LR.pdf>

MindMatters, viewed Feb 2018, www.mindmatters.edu.au (site now decommissioned and replaced with <https://beyou.edu.au>)



Trauma

The National Institute of Mental Health (USA) defines childhood trauma as; “The experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects.” This may be a single event or a series of events.

Resource:

<https://www.blueknot.org.au/Resources/General-Information/What-is-childhood-trauma>

Childhood trauma symptoms can go largely unrecognised. Trauma related behaviours can often be labelled as: frustration, acting out or difficulty concentrating. Often students are misdiagnosed with anxiety, behaviour disorders or attention disorders. For children who have experienced trauma, learning can be a big struggle.

What to consider for a child or young person who has experienced trauma?

- Children and Young People who have experienced trauma aren't trying to push your buttons.
- Children and Young People who have been through trauma worry about what's going to happen next.
- Even if the situation doesn't seem that bad to you, it's how the child feels that matters.
- Trauma isn't always associated with violence.
- You don't need to know exactly what caused the trauma to be able to help.
- Children and Young People who experience trauma need to feel they're good at something and can influence the world.
- There's a direct connection between stress and learning.
- Self-regulation can be a major challenge for students suffering from trauma.
- It's OK to ask Children and Young People point-blank what you can do to help them make it through the day.
- You can support Children and Young People with trauma even when they're outside your classroom.

(National Institute for Trauma and Loss in Children: We Are Teachers: 10 things about childhood trauma every teacher needs to know: February 2016)

Should you have concerns about a student or suspect they may have been exposed to a traumatic event, seek advice from your direct supervisor.

What Types of Behaviours Might You See in the Classroom?

- Anxiety, fear, and worry about safety of self and others.
- Worry about recurrence of violence.
- Difficulties with attention and/or concentration.
- Withdrawal from others or activities.
- Angry outbursts and/or aggression.
- Absenteeism.
- Difficulties developing trust with peers and teachers.
- Difficulties responding appropriately to social cues.
- Somatic complaints (e.g., headaches, stomach-aches, overreaction to minor bumps and bruises).

- Inconsistent school performance.
- Hyper vigilance to loud noises, physical contact, bright lighting, or sudden movements.
- Fascination with death and dying.
- Difficulty with authority, redirection, or criticism.
- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day).
- Avoidance behaviours (e.g., resisting going to places that remind them of the event).
- Unusual or absent emotional responses.

How do you support these students in your classroom?

- **Be predictable** - maintain routines, have clear and consistent rules and consequences. Prepare the student for any changes in routine or environment.
- **Give choices** - providing students with some choices or control when appropriate will help them to feel safe.
- **Consequences** - set clear, firm limits for inappropriate behaviour and develop logical consequences—rather than punitive punishments.
- **Awareness** - recognise that behavioural problems may be transient and related to trauma. Be sensitive to cues in the environment that may cause a reaction in the traumatised student. Problem behaviours may increase near an anniversary of a traumatic event.
- **Safe Space** –Protect the traumatised student from peers’ curiosity and protect classmates from the details of a student’s trauma.
- **Manage your own reactions** - traumatised students often try to control the emotions of the adults in their lives. Try to avoid having the child control your emotions by making you angry or upset. Take time to reflect and calm yourself. Be aware of your own emotional arousal and regulation.
- **Acknowledgment rather than Praise** - traumatised students often do not respond well to praise but do need positive reinforcement for good decisions and choices. Focus on actions, so the student can feel good about something they have done, rather than have to think about whether or not they are intrinsically good or bad. Acknowledgement differs from praise in that it uses descriptive words instead of evaluative words, and it is offered as much during the process as for the achievement.

(Adapted from Child Trauma Toolkit for Educators, October 2008, The National Child Traumatic Stress Network)

Resource:

Australian Childhood Foundation: <http://www.childhood.org.au/>

<https://www.qut.edu.au/courses/graduate-certificate-in-education-trauma-aware-education>

KidsMatter, viewed Feb 2018, www.kidsmatter.edu.au (site now decommissioned and replaced with <https://beyou.edu.au>)

Chapter Four: Thrive

It is the responsibility of the school and school staff to ensure that all students thrive because their physical, social, emotional, behavioural, and educational needs are being supported through quality teaching, learning and inclusive engagement.

This chapter contains:

- Descriptions of systems and supports available for teachers and students
- Discussion on home environment and their impact on students

Educational Support

The Department of Education has specific disability criteria to identify students with a disability. These include; Intellectual disability, physical disability, language difficulties, hearing Impairment, vision Impairment, deaf/blind, mental health problems, and autism. School counsellors work with school staff to identify these disabilities, which are confirmed by Senior Psychologists, Education. Students with a disability are identified as students requiring increased support, and may be eligible for support options outlined below.

Classroom Adjustments

The teacher, sometimes with the support of their supervisor and school learning and support team, makes adjustments within the classroom environment. An adjustment is any accommodation that can be made by the classroom teacher to increase optimal learning, or school participation.

The following are some examples of areas of adjustment;

- **Environment;** planned seating, reduction in distractions.
- **Motor Activity;** physical adaptations, increase in sensory activity.
- **Time Management;** the use of visual aides to promote independence.
- **Social Support;** social stories, peer tutoring, cooperative learning.
- **Provision of Materials;** large print on paper, reduction of note-taking.
- **Presentation of Subject Matter;** kinaesthetic, visual etc.
- **Use of specialised equipment;** device, slope board, gym ball.
- **Transition Support;** between schools or if leaving school.

The below links contain further details on the assessment and implementation of adjustments, disability provisions and transition supports.

Reference:

<https://education.nsw.gov.au/campaigns/inclusive-practice-hub/all-resources/secondary-resources/other-pdf-resources/nesa-adjustments#:~:text=Adjustments%20are%20actions%20taken%20that,needs%20of%20the%20individual%20student.>

Support Plans

Support Plans are formalised documents developed and signed by the Learning and Support Teams (LST), classroom teacher, families, and student where applicable, that clearly defines student need, and aims to outline goals that increase learning, behaviour, or school success.

Individual Education Plan – IEP

An IEP is developed to assist with student learning. They are designed to assist with student educational development, and are aimed at encouraging learning success for individual student need. Generally, all students identified with a disability, should be working toward negotiated Individual Education Goals. Students who are identified as Gifted and Talented may work toward an IEP that extends their learning. Students who are working below expected grade level may work toward an IEP that targets a specific goal allowing them to continue to develop skills, and achieve success at their level. IEP's are reviewed often.

Behaviour Support Plan – BSP

BSPs are developed to modify behaviour, and support students with behavioural needs. BSPs are designed to assist students by providing strategies to ensure the best possible outcomes for the student by; Identifying the behaviour and triggers, Developing management strategies, reviewing the plan and its effectiveness within a time frame.

Health Care Plan – HCP

HCPs support students who have health care needs at school. These students have medical conditions and/or disabilities which either places them at high risk of an emergency at school, or which require the co-ordinated involvement of a range of people at school. The HCP is developed under the guidance of a medical professional, and parents. HCPs are updated each year, if not before.

Support Classes

Specialist support classes cater for students with identified disabilities:

- Intellectual disabilities
- Mental health disorders
- Autism spectrum disorder
- Physical disabilities
- Sensory impairments
- Behaviour disorders

Specialist support classes in regular schools have fewer students than regular classes. Every specialist class has a teacher and a school learning support officer. Class teachers – in consultation with parents and carers and allied health professionals, where appropriate – are responsible for planning personalised learning and support for each student. Students in support classes have the opportunity to participate in the school and community activities their school offers, on the same basis as students in regular classes.

Support Schools

Special schools provide specialist and intensive support in a dedicated setting for students identified with a disability and moderate to high learning and support needs. Special schools (also known as schools for specific purposes or SSPs) support students with intellectual disability, mental health disorder or autism spectrum disorder, students with physical disability or sensory impairment, and students with learning difficulties or behaviour disorder. They cater for students from kindergarten to Year 12 who meet the department's disability criteria.

Specialist support classes in special schools have fewer students than regular classes. Every specialist class has a teacher and a school learning support officer. Class teachers – in consultation with parents or carers and allied health professionals, where appropriate – are responsible for planning personalised learning and support for each student.

Other Educational Support

Suspension centres cater for students who are on long suspension (5-20 days) and have been identified by their school as likely to benefit from a structured program to assist their successful return to schooling as soon as possible.

Hospital Schools provide educational services for students who are inpatients in some hospitals in NSW. Hospital schools provide an emotionally supportive environment and assist students to return to school after hospitalisation with as little disruption as possible.

For more information; The 'Every Student Every School' initiative is a Learning and Support Framework for all NSW public schools

[chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://srspgreensquare.schools.nsw.gov.au/content/dam/doe/sws/schools/s/srspgreensquare/localcontent/learning-and-support.pdf](https://efaidnbmnnnibpcajpcglclefindmkaj/https://srspgreensquare.schools.nsw.gov.au/content/dam/doe/sws/schools/s/srspgreensquare/localcontent/learning-and-support.pdf)

Adolescent Mental Health Inpatient Unit

(Service within the Illawarra Shoalhaven Local Health District (ISLHD))

The **ISLHD Adolescent Mental Health Inpatient Unit** is a 6 bed purpose built unit. It is a tertiary health care unit declared under the Mental Health Act, 2007 and provides mental health assessment and treatment to young people 12 – 17 years requiring inpatient management. Most young people admitted to the Unit will require assessment and treatment of severe mental health disorders.



Home Environment

What happens at home has a clear impact on a student's social functioning and behaviour at school, similarly events at school can impact on a student's behaviour at home. Students with highly involved parents and teachers, who communicate effectively with each other, generally do better in these areas.

A safe and supportive environment at home (or at school) is set up in a way that supports positive relationships and good communication in which all children can feel socially, emotionally and physically safe and valued.

Additionally, lifestyle factors that lead to poor physical health can be equally as impactful on mental health.

- Smoking and drug or alcohol use
- Poor diet
- Poor sleep
- Stressful or unhappy school, home or work environment
- Lack of relaxation time

Reference:

Response Ability, viewed Feb 2018, www.responseability.org (site now decommissioned and replaced with <https://beyou.edu.au>)



Homelessness

According to the 2011 Australian Bureau of Statistics Census, approximately 44,000 children and young people in Australia are homeless. Most of the homeless youth aged 12-18 years in 2011 were in 'severely' crowded dwellings (56%) or in supported accommodation for the homeless (28%). While 8% of homeless people aged 12-18 years were staying temporarily with other households.

How Can Being Homeless Affect Learning?

Homeless young people have much worse health and mental health than others their age. For example, 61% of homeless young women in one study experienced very high or high levels of psychological distress, compared with 19% of young women in the general population. They have much higher incidence of reported self-injury and attempted suicide.

With education disrupted and no stable home address, homeless young people have a greater likelihood of leaving school early and significantly higher unemployment rates than their peers

Reference:

<https://www.missionaustralia.com.au/media-centre/media-releases/mission-australia-s-homelessness-impact-report-reveals-rising-demand-for-services>

What Might You See in the Classroom?

- Uniform issues: not wearing the right uniform, wearing the same uniform repeatedly and/or wearing uniform that is noticeably unwashed
- Attendance issues: consistently arriving late or arriving very early, and often skipping days
- School work issues: not doing homework, not being able to keep up in class because of tiredness or distraction, falling behind in classes
- Lunch issues: not bringing lunch to school or not having money for the canteen
- Mental health issues: such as a severe decline in psychological wellbeing, behavioural issues and rule-breaking

Strategies for the Classroom

- Offer encouragement and understanding and recognize the child's talents and accomplishments
- Don't penalise students who are homeless for being late before finding out their circumstances
- Assign projects that can be broken into small components to ensure students have at least some success.
- Maintain the child's privacy and discuss homework situations away from other classmates
- Encourage a support network of friends

Loss and grief

Losing someone or something we're close to can be a painful experience at any age. It can sometimes feel like life without that person or thing is impossible, and grieving takes time.

Children need lots of reassurance and support from caring adults to help them come to terms with what has happened. While grief is a normal reaction to loss, feelings of anxiety or sadness may be intense and long-lasting – especially following the death of a close family member, or when families are dealing with traumatic circumstances.

Other losses may include:

- The death of a family member, friend or pet.
- Separation of parents and family break-up.
- Change of schools or moving house.
- Loss of a friendship.
- Relocating to a new community, city or country.
- Having a disability or medical condition.
- The end of a young person's relationship.
- Having a family member in hospital for a long time.

What Might You See in the Classroom?

Common grief reactions can include:

- Crying.
- Being anxious.
- Having bad dreams.
- Clinging to parents or guardians.
- Anger.
- Irritability.
- Unsettled.
- Losing motivation for school and other activities.

Reference:

<https://beyou.edu.au/fact-sheets/grief-trauma-and-critical-incidents/grief>

Strategies for the Classroom

A sensitive and informed approach to bereavement will most often be enough to provide support to students. Some students may need more structured support, and teachers and leaders can assist with this by providing access to information about in and out of school counselling and other services.

Important guiding principles are to stay open and receptive to each child and their experiences and behaviours and to gain the support of school counselling services for both student and teacher.

Reference:

<https://www.goodgrief.org.au/blog/when-bereavement-touches-school>

Separated Families

A 2010 study by the Australian Bureau of Statistics (ABS) found that; 'Around one in four of today's children will experience parental divorce/permanent separation before the age of 18 and one in twenty will experience the death of a parent.'

Reference:

<https://www.abs.gov.au/ausstats/abs@.nsf/lookup/4102.0main+features40sep+2010>

How Can Being from a Separated Family Affect Learning?

The 2010 ABS also found that 'On average, those who experienced parental divorce or separation and those who experienced the death of a parent as a child had lower levels of school completion, employment participation and lower personal income as an adult than those who did not.'

What Might You See in the Classroom?

Many parental separations occur amicably with minimal impact on the child. However, in families where there is a high level of conflict and animosity between parents, children are at a greater risk of developing emotional, social and behavioural problems, as well as difficulties with concentration and educational achievement.

Strategies for the Classroom

- Provide students with an environment in which they feel physically and psychologically safe.
- Schools and teachers should remain impartial at all times, avoid getting caught up in discussions with a parent about the other parent, refer concerns onto your direct supervisor.
- Be aware of court orders involving the student, including which parent is authorised to pick the child up from school.
- Be aware and respectful of student's situations when discussing families and parental roles in classroom activities.

Family Relationship Advice Line: www.familyrelationships.gov.au

Reference:

www.familycourt.gov.au/wps/wcm/connect/fcoaweb/reports-and-publications/publications/children



Young Carers

Young carers are people up to 25 years of age who care in families where someone has an illness, a disability, a mental health issue or who has an alcohol or other drug problem. The person they care for may be a parent, partner, sibling, their own child, relative or friend.

How Can Being a Young Carer Affect Learning?

Prolonged absences from school mean that children miss out on important parts of the curriculum, which is detrimental to their learning and development. Frequent absences might jeopardise children's social relationships.

What Might You See in the Classroom?

Young carers can sometimes:

- Have difficulty concentrating.
- Inability to complete homework and assessments despite engagement in class.
- Inability to have forms signed at home and gain parental support for school activities.
- Financial stress including an inability to pay for excursions, school fees, new uniforms etc.
- Having a dirty uniform or being poorly groomed.
- Be late for school or absent a lot.
- Appear anxious, tired and withdrawn.
- Be bullied or isolated from other children.
- Have symptoms of anxiety, depression and low self-esteem.
- Act older than their age.
- Avoid conversations about family.

Strategies for the Classroom

- Listen carefully and believe their experiences, validate their role as a young carer.
- Encourage a support network of friends and professionals.
- Provide flexible learning options.
- Allow young carers extra time with an assignments and homework.
- Be flexible in arranging parent/teacher meetings.
- Respect the young carer's privacy.
- Offer referral to school counsellor.

Reference:

<http://www.carersaustralia.com.au/about-carers/young-carers2/>

<http://www.youngcarersnsw.org.au/>

Chapter Five: Enable

Some students will bring with them experiences, attitudes, and difficulties that will prevent them from successfully engaging in learning and school activities. Through various behaviour management strategies, developing positive relationships and providing additional supports where needed most students are enabled to get the most out of school.

This chapter contains:

- Details on staff within schools and the role they play in supporting students.
- Information on personal support available for Teachers.
- Resource lists.

Supporting Student Wellbeing and Engagement

Teachers

Teachers are expected to provide inclusive, quality teaching and learning activities to *all* students in their classes, celebrating diversity and recognising, respecting, and responding to identity and cultural background sensitivities.

A teacher is often the first to notice a student experiencing difficulties, and can implement various strategies, accommodations, or modifications to assist a student reach their potential. However, often the needs of the student may require increased support or assistance from school and community resources.

Some students will already be receiving specialist mental health intervention, perhaps from the school counsellor, or maybe from an external service provider. In these situations it is a good idea to keep in regular contact with the staff who is providing support or is in contact with the external service. This will enable the teacher to be aware of what support the student is being provided, how to contribute to that support and to be able to raise any additional concerns if necessary.

Learning and Support Teams

A Learning and Support Team is a whole school planning and support mechanism. It addresses the learning support needs, welfare, and wellbeing, of students through the coordination, development, implementation, monitoring and evaluation of educational support programs.

The Learning and Support Team:

- Supports teachers in identifying and responding to the additional learning needs of students.
- Facilitates and coordinates a whole school approach to improving the learning outcomes of every student.
- Coordinates planning processes and resourcing for students with disability and additional learning and support needs.
- Designs and implements the supports required to build teacher capacity so that all students access quality learning.
- Develops collaborative partnerships with the school, parents and carers, other professionals and the wider school community.

School Counselling Service

The School Counselling service is made up of; School counsellors who are qualified Teachers with a degree in psychology, and post-graduate qualifications in school counselling, and School Psychologists are Registered Psychologists.

School Counsellors and School Psychologists:

- Provide counselling to students, individually and in groups, including appropriate short term therapeutic interventions undertaken within the constraints of their training, experience and supervision.
- Work in consultation with the principal, school executive, staff and regional student support services to improve student learning and wellbeing outcomes and implement current departmental priorities.
- Work collaboratively with learning support teams, parents and caregivers, and other agencies, to develop appropriate school based support for students.
- Carry out cognitive, social, emotional and behavioural assessment of students referred by the learning support team, report the results of assessments and interventions to parents and teachers, and collaborate to improve learning and wellbeing outcomes.
- Contribute to the social, emotional, and academic development of students by participating in student welfare committees.
- Contribute to the development of and planning for students with special needs by assisting review committees in the design and or delivery of educational plans.
- Respond, as part of a team, to schools experiencing emergencies.
- Provide long suspension reports to principals with recommendations for future management
- Assist and support parents and caregivers in addressing the social, emotional, and educational development of their children.
- Refer students and/or their families and caregivers to other agencies that will support the development of student health and wellbeing outcomes.

Every student from pre-school to Year 12 in NSW public schools is able to access the school counselling service. However, school counsellors MUST have informed consent (agreement from the student to participate after achieving an understanding of what is involved) before they are able to support in any way. Parents also need to be involved for those aged under 16 years of age.

Access to the school counselling service is gained by:

- Self-referral from students.
- Referral from parents/carers.
- Referral through the school's learning and support team (with parental informed consent).
- Referral from a classroom teacher.

Senior Psychologists, Education

Senior Psychologists, Education coordinate and professionally supervise a team of school counsellors and psychologists. They work closely with local Educational Service Teams and school counselling teams to assist schools to improve student learning and welfare outcomes and implement departmental priorities.

Itinerant Support Teachers

Itinerant support teachers visit schools and other approved educational centres to help support students and young children with confirmed disability. Itinerant support teachers work directly with students and in partnership with School Service Teams, parents and carers and other support agencies to plan personalised learning and support.

Other School Based Supports

Students identified as requiring support, may receive increased support from their school based staff, or through the DoE. These staff include;

- **School Learning Support Officer (SLSO)**; assists students with a targeted need, through the development of a specialised program (e.g. Individualised Learning Plan).
- **Learning Support Teacher (LST)**; a qualified teacher employed by the school to deliver specific support programs to students.
- **Other Qualified External Resources**; external services (e.g. Speech Therapist or Social Worker) may be employed by the school due to an identified need.



Looking after yourself

Teachers are guides and role models who have a massive influence on students' ability to achieve their potential. If teachers' themselves feel that they are not achieving their own social, emotional and educational potential then their chances of assisting students achieve social, emotional and educational potentials are very much reduced.

Proactive Strategies

Stress

A 2017 survey by the Australian College of Educators found that in a typical week 48% of teachers felt stressed. Work-related stress can lead to conditions such as depression, anxiety, nervousness, fatigue and heart disease. Of all the work-related injuries and illnesses teachers suffer from, it is this which results in the most time off work and the most long-term consequences.

Coping with the effects of others' trauma can be draining and can have lasting negative effects. It is not uncommon for educators who deal with traumatised children to develop their own symptoms of traumatic stress. This is known as secondary traumatic stress.

Signs of Stress

Stress can impact all areas of your life. The effects can range from mild to debilitating. If you think you might be at risk, be alert for any of the following symptoms:

- **Emotional** — feeling numb or detached; feeling overwhelmed or maybe even hopeless.
- **Physical** — having low energy or feeling fatigued.
- **Behavioural** — changing your routine or engaging in self-destructive coping mechanisms.
- **Professional** — experiencing low performance of job tasks and responsibilities; feeling low job morale.
- **Cognitive** — experiencing confusion, diminished concentration, and difficulty with decision making; experiencing trauma imagery, which is seeing events over and over again.
- **Spiritual** — questioning the meaning of life or lacking self-satisfaction.
- **Interpersonal** — physically withdrawing or becoming emotionally unavailable to your co-workers or your family.

Managing Stress

Individuals can protect against and manage stress by practicing self-care through regular exercise, a healthy diet, and sufficient sleep. Activities such as yoga or meditation can be helpful in reducing general stress. It is important for staff to take time away from the stress-inducing situation. Spending time with family or friends, or focusing on a project or hobby can help. A counsellor can also be a resource for strategies to cope with the symptoms and to heal.

Reference:

<https://www.headsup.org.au/your-mental-health>

Resilience

How do you improve and maintain your resilience?

1. Make changes in your lifestyle

- a. Practice being assertive in conversations, learn how to speak up for yourself and recognise if you are being taken advantage of.
- b. Spend time on your interests and hobbies. Doing activities that give us a sense of purpose and accomplishment reduce stress.

2. Improve your physical health

- a. Get adequate sleep. Being tired can reduce a person's ability to cope in stressful situations.
- b. Make time for physical activity.
- c. Maintain a healthy diet. Stress can often influence a person's food choices.

3. Be kind to yourself

- a. Engage in positive self-talk.
- b. Learn effective ways to relax.
- c. Accept that everyone makes mistakes and learn how to move forward.
- d. Reward yourself regularly.

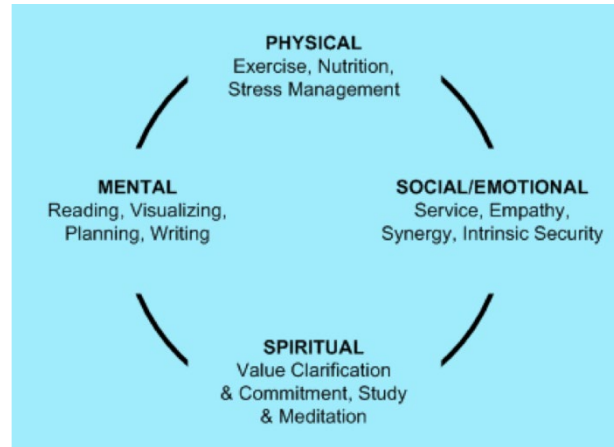
4. Develop your relationships

- a. Build trusting and loving relationships.
- b. Keep the channels of emotional communication open.
- c. Search for new experiences and keep a diverse group of friends.

4-Quadrants Plan

A useful self-analysis tool to identify, prioritise and maintain wellbeing across **Physical, Mental, Emotional and Spiritual** dimensions. Having something in each quadrant is a good start in maintaining wellbeing.

Teachers can also incorporate strategies such as; mindfulness, meditation, breathing exercises and visualisation into their life and work.



Reference:

<https://laywi4us.wordpress.com/2013/04/23/the-7-habits-of-highly-effective-people-stephen-r-covey/>

<https://schools.au.reachout.com/teacher-wellbeing>

<https://positivepsychology.com/perma-model/>

Employee Assistance Program

The Employee Assistance Program (EAP) is a service provided by the NSW Department of Education to support the health and wellbeing of its employees.

The Employee Assistance Program is an independent, confidential and free professional counselling service and is provided by external, registered psychologists with clinical experience. The services offered include face-to-face or telephone counselling, management consultation services, mediation and post serious incident/trauma counselling to support workplaces dealing with traumatic situations.

The service can be used by employees to assist them in dealing with issues such as:

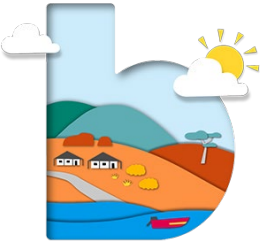
- Relationship difficulties.
- Work-related problems.
- Substance abuse issues.
- Financial and gambling difficulties.
- Child and family issues.
- Personal and work trauma.
- Grief and bereavement.
- Harassment and discrimination.
- Emotional problems.

Check with your school for the current EAP contact details.



Resources

Further mental health in schools information

https://beyou.edu.au 	Be You promotes mental health and wellbeing, from the early years to 18, and offers educators and learning communities' evidence-based online professional learning, complemented by a range of tools and resources to turn learning into action. Be You empowers educators, helping them to develop valuable mental health skills and knowledge, while also providing an effective model for implementing a whole-learning community approach to mental health and wellbeing.
http://au.professionals.reachout.com 	ReachOut is Australia's leading online mental health organisation for young people and their parents. Our practical support, tools and tips help young people get through anything from everyday issues to tough times – and the information we offer parents makes it easier for them to help their teenagers, too.
https://www.projectairstrategy.org/UOW225734.html 	Project Air Strategy for Schools provides a comprehensive set of resources which have been developed to assist schools better recognise and respond to young people with complex mental health problems. These resources include a new guidelines, fact sheets, train the trainer resources and a short film 'Chloe's story' which aim assist teachers, school counsellors and health staff to better recognise and respond to young people with complex mental health problems, including self-harm, suicide, trauma and emerging borderline personality disorder.
https://headspace.org.au 	Headspace provides tailored and holistic mental health support to 12 - 25 year olds. With a focus on early intervention, they work with young people to provide support at a crucial time in their lives – to help get them back on track and strengthen their ability to manage their mental health in the future.
https://education.nsw.gov.au/teaching-and-learning/professional-learning/teacher-quality-and-accreditation/strong-start-great-teachers 	Strong start, Great teachers contains information, advice, guidance and ideas that can be used by schools to create customised, school-based induction programs that meet the needs of their beginning teachers in the critical first years of teaching.
www.acer.edu.au 	The Australian Council for Educational Research creates and promotes research-based knowledge, products and services that can be used to improve learning across the lifespan.



The cover of the 'Teacher's Guide' is designed to look like a hand-drawn poster. At the top, there is a horizontal banner with a colorful illustration of diverse primary school children. Below this, the title 'TEACHER'S GUIDE' is written in large, bold, blue capital letters. Underneath the title, the subtitle 'Supporting the wellbeing of primary school children' is written in a smaller, blue font. The main body of the poster has an orange background with a torn-edge effect. On this orange background, there are four paragraphs of text in black, describing the guide's purpose and how it can be used. A QR code is located on the left side of the orange section. To the right of the QR code, the text 'Access the Teacher's Guide:' is followed by a URL. At the bottom of the orange section, there is a blue banner with white text stating that the resource is free for school staff. The bottom of the poster features logos for the NSW Government, Illawarra Shoalhaven Local Health District, and the NSW School-Link initiative, along with a statement about the guide's development.

TEACHER'S GUIDE

Supporting the wellbeing of primary school children

A New Resource for Primary School Teachers

The Teacher's Guide provides intervention strategies to support a Primary School student demonstrating behaviours of concern, which may be affecting their capacity to engage educationally or socially.

Each intervention strategy can easily be applied by a teacher in the classroom or playground, they require no additional training or the purchase of extra resources.

Each intervention strategy has a strong evidence base. Interventions were selected via a comprehensive literature search of health and educational databases.

The Teacher's Guide takes an early intervention approach, applying effective intervention strategies early may prevent a behaviour escalating into something more difficult to manage. If behaviour is not addressed by these interventions, this may indicate that the student requires more specialist support.

Access the Teacher's Guide:
<https://www.islhd.health.nsw.gov.au/services-clinics/school-link-teachers-guide>

This free resource is for any school staff working with Primary School students.

 **Health**
Illawarra Shoalhaven
Local Health District

The Teacher's Guide was developed by the
School-Link Initiative of the Illawarra
Shoalhaven Local Health District

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

Teacher training opportunities

BRiTE: Building Resilience in Teacher Education

The BRiTE project aims to help pre-service teachers build awareness of the skills and practices that will help facilitate resilience in their teaching career. The BRiTE project provides an online resource and professional learning experience targeted at pre-service and early career teachers.

www.brite.edu.au

QPR

People trained in QPR (Question, Persuade, and Refer) learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

<https://www.qprinstitute.com/about-qpr>

SMART Online Training (Australian Childhood Foundation)

The SMART (Strategies for Managing Abuse Related Trauma) Program is an online learning course that focuses on supporting children and young people in a range of educational and other settings.

<http://www.childhood.org.au/for-professionals/smart-online-training>

Mental Health First Aid

Youth MHFA Edition 3

The Youth Mental Health First Aid Course is for adults working or living with adolescents, those aged between approximately 12 and 18 years. This course is particularly suitable for parents, teachers, sports coaches, and youth workers.

Teen MHFA

The teen MHFA Course teaches high school students in years 7-9 and 10-12, how to provide mental health first aid to their friends. Format is 3 interactive classroom sessions of 75 minutes each, on non-consecutive days.

MHFA for the Suicidal Person

The 4-hour Mental Health First Aid for the Suicidal Person Course covers understanding information about suicide rates and risk factors in the Australian context. Reviewing the first aid guidelines of how to intervene when someone is experiencing suicidal thoughts and behaviours and practicing these skills in a safe environment.

<https://mhfa.com.au>

Staying Connected When Emotions Run High

Introduces professionals to frameworks and relationship strategies to become a greater resource to someone who has changeable and overwhelming emotions; who displays impulsive and destructive behaviour; behaves in a way that makes them a danger to self or others and experiences relationship difficulties.

<https://www.islhd.health.nsw.gov.au/services-clinics/family-and-carer-mental-health-program-0/staying-connected-when-emotions-run-high>

Accidental Counsellor

Accidental Counsellor training equips people to recognise when others are struggling, to respond appropriately with confidence, and to refer them to the best place for help.

Many organisations, including Lifeline and TAFE offer this training, ranging from 4 hour to two day courses.

Project Air

Project Air Strategy for Schools provides a comprehensive set of resources which have been developed to assist schools better recognise and respond to young people with complex mental health problems.

<https://www.projectairstrategy.org/index.html>

Queensland University of Technology

Graduate Certificate and Masters of Education in Trauma-Aware Education

<https://www.qut.edu.au/courses/graduate-certificate-in-education-trauma-aware-education>

<https://www.qut.edu.au/courses/master-of-education-trauma-aware-education-specialisation>

Referral options

Teachers are not expected to be involved in the physical referral of students to external mental health services, however a useful number for everyone to know how to access timely and appropriate mental health care is the Mental Health Line:

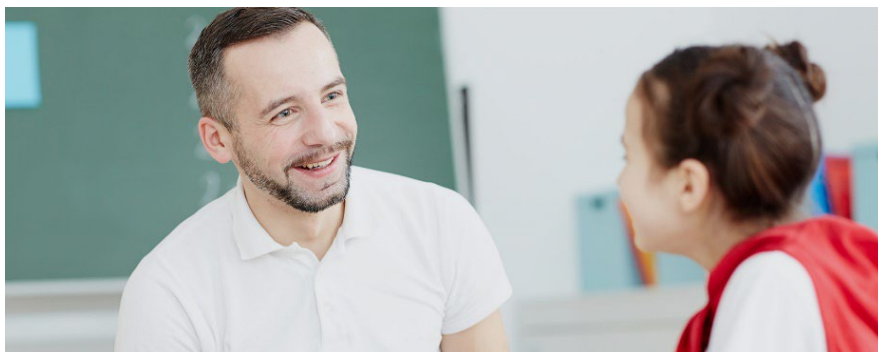


Other important contact numbers:

Emergency Services	000
Mental Health Line	1800 011 511
Family Referral Service	1800 663 863
Lifeline	13 11 14
Parent Line	1300 1300 52
Suicide Call Back Service	1300 659 467
Poisons Information	13 11 26
Domestic Violence Line	1800 65 64 63
Child Protection Helpline	132 111
Mensline	1300 78 99 78
National Eating Disorders Support Line	1800 33 46 73
Kids Help Line	1800 55 1800
Drug and Alcohol Helpline	1300 652 226
Gambling Help Line	1800 858 858
Translating and Interpreting Service	13 14 50

Becoming a School Counsellor

School counselling staff assist students of all ages by providing a psychological counselling, assessment and intervention service. They work collaboratively with principals, teachers, learning and support teams, parents and carers, and other agencies to support learning and wellbeing outcomes for students.



Teachers wanting to become a school counsellor in NSW public schools must be approved by the NSW Department of Education for full time employment and have completed an [Australian Psychology Accreditation Council \(APAC\)](#) approved sequence of psychology.

For more detail on the criteria or become a School Counsellor access the below link;
<https://education.nsw.gov.au/teach-nsw/explore-teaching/high-demand-teachers/school-counsellors>

A scholarship may be available to complete studies to become a School Counsellor.

The NSW Department of Education also employs School Psychologists to work alongside School Counsellors. School Psychologists are all Registered Psychologists.

Catholic and Independent Schools

School Counsellors in Systemic Catholic Schools in each Diocese are usually managed by organisations such as CatholicCare. School Counsellors in Systemic Catholic Schools are usually Registered Psychologists or Social Workers.

Independent School Counsellors or Welfare Staff are usually employed directly by their school and have a range of professional qualifications. Contact each individual school for more details.

