



School Link - Body Brain Belonging (Supporting the Supporters)

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South Western Sydney Local Health District (SWSLHD)

Covering the Local Government areas:

Camden

Campbelltown

Fairfield



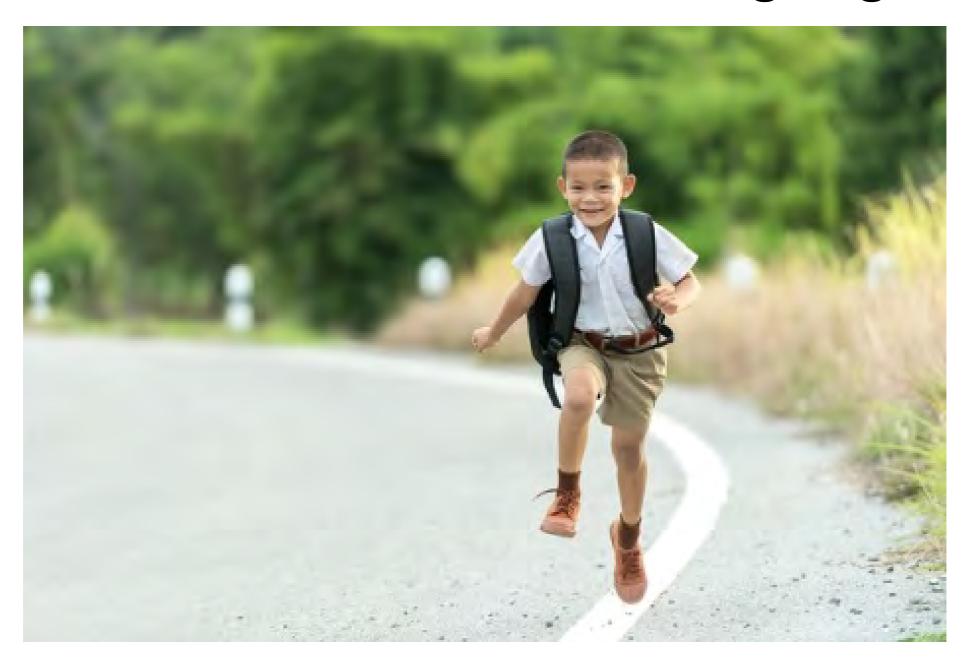
WESTERN NSW LHD

SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT

WOLLONDILLY

School Link SWSLHD

who we are & where we are going...





Body Brain Belonging

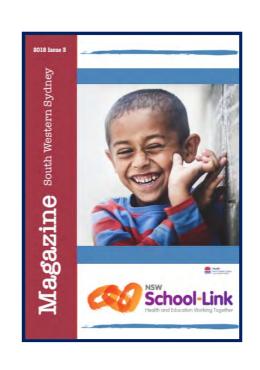
'Decades of research have shown that self-regulation is the foundation of healthy human development; adaptive coping skills; positive parenting; learning; safe and caring schools; and vibrant communities.'

Dr Stuart Shanker, The Mehrit Centre

Current SL Core business & Projects

- Clinical consultation
- School Link Talks
- School Link magazine
- Holiday z cards
- LGBTI Fact Sheet & Guidelines
- Professional development @ schools
- Upcoming resource (BBB)





Professional Development



School Link Professional Development Form



| School: | |
|---------------|----------------------------------------------------------------------------------------------|
| Address: | |
| Contact Name: | Position: |
| Email: | Phone: |
| | the following professional development modules and / or tailor training specific to your nee |
| | ejerrea module and length of time for the training below. |
| Module: | Trauma Training for touchers (TTT) |
| | Trauma Training for teachers (TTT) |
| | Responding to Mental Health Complexities |
| | Emotional and Behavioural Regulation |
| | Sensory Processing intensive (Note: minimum 1.5hr session) |
| | Other (please specify) |

Consulting Service

Phone our School Link Team for a brainstorm and advice.

Common consult themes:

- Developmental Trauma
- Suicidal ideation/attempts
- Drug & alcohol use
- Sexualised Behaviours
- Personality Disorders
- Self Harm
- Externalising behaviours: aggression, defiance, etc.
- Internalising behaviours including childhood anxiety and depression
- LGBTI related issues
- Disordered eating





Our new resource



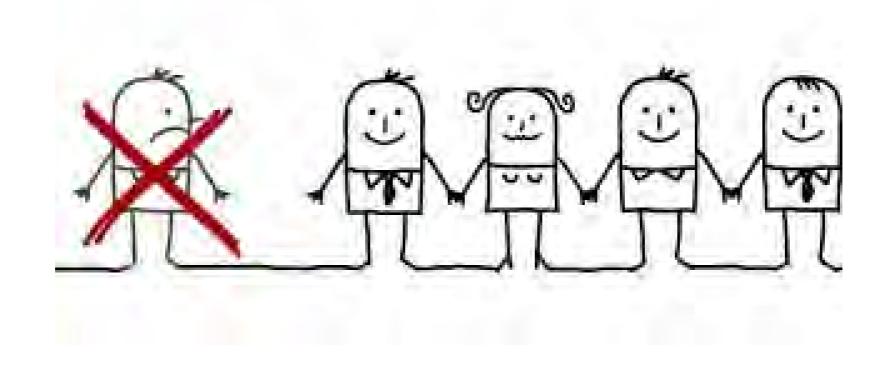


What do we want to avoid?

Reactive responses
Waiting for a crisis before planning
Isolating the young person
Exclusion from school

'Stigma hasn't left the building'

P5 Responding to Mental Health Complexities



The Quest for a Mental Health Clearance Letter

No clinician is able to guarantee or predict risk beyond the consultation room ie Discharged from emergency, considered safe to be in the community & participating in daily activities (which includes school).



Supporting the well-being of children: What are the challenges?



What doesn't help

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

Try to avoid thinking or saying:

"I am not qualified."

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

"They are just trying to get attention."

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

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

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

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

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

"He just went off for no reason."

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

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

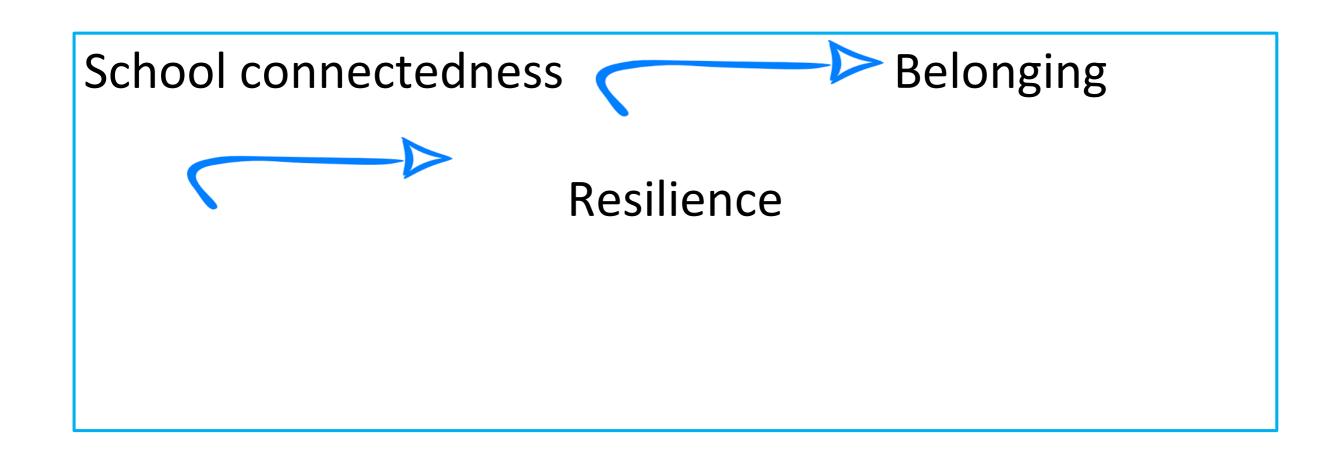
Having a caring, calming, stable presence is often the main need for the young person experiencing a mental health emergency. Often it's best simply to listen and acknowledge the young person's feelings during the crisis.



Supporting the mental health of all students

Whole school & Targeted Approaches (Beyond individual students)





Risk factors and protective factors for child and adolescent mental health

Mental Health and Behaviour in Schools, Pg. UK Dept of Education, March 2015

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

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

Ideas for helping a student to belong

- What are their interests?
- Which staff member do they have the greatest connection with?
- What do their peer relationships look like?
- What have their experiences of belonging been outside of the school setting (family, community)?
- Who and where can we link them in?
- Matching their interests
- Connections in different settings



Belonging through co-curricular activities















Responding to a mental health crisis

Section 2: Crisis response and checklist

The immediate response*

- Ensure the immediate safety of other students and staff.
- Stay with the student ensure that the student is not left alone.

 Contact someone in the school who the young person identifies as a 'safe person'. This may be a school counsellor, teacher, Year

 Co-ordinator or other trusted staff member. Do not automatically send the student to executive staff as this may make them worry that they are "in trouble" or being disciplined.
- Talk to the student quietly and calmly.

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

Make a positive connection.

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

- Check out what's happening from the student's perspective.
 - Do not assume you know how the student is feeling and what the crisis is about. Allow the student to talk as much or as little as they want.
- Ask open-ended questions.

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

Gather information from others.

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

- Contact the school counsellor.
 - Offer the service, but do not assume the student will want to speak with the counsellor.
- Contact a parent or carer, following your school's policies and procedures.

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

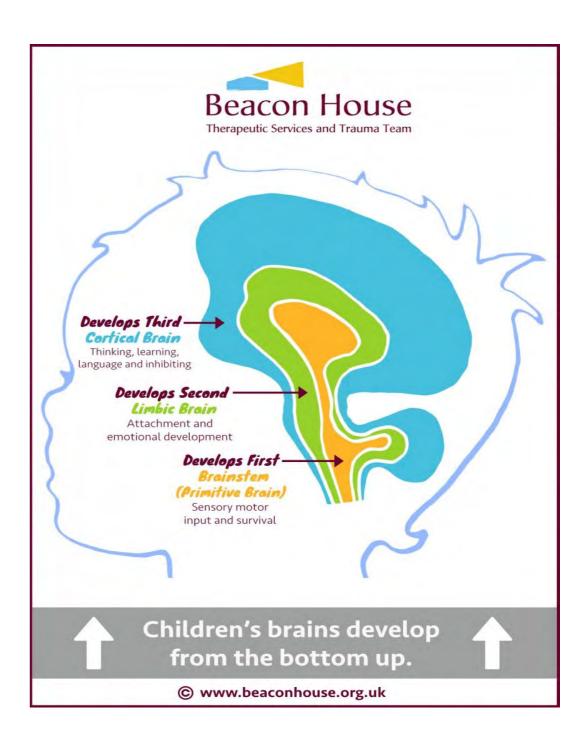
- Keep the student involved as much as possible in decisionmaking throughout the emergency.
 - If decisions have to be made by school staff, keep the student informed at all times. This is important to ensure a sense of safety and trust in what can be an overwhelming experience for the student and staff.
- Make short term plans with the student using school policy and guidelines.

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

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

Brain & Behaviour in a Crisis

Brainstem: survival system
Limbic brain: emotional system
Cortical brain: thinking system



Responding in a crisis

The brain:

Where are they operating from

BRAIN STEM – survival mode

Drink of water
Change of body position
Change of environment
(inside/outside)
Move to a quiet space
Less visually stimulating
Less fluoro lighting.
Do they need to sit or walk?
Use a calm, reassuring tone

Avoid over-talking, over-explaining



LIMBIC SYSTEMS – emotional mode

Validate the emotion eg you seem really upset Find a person who the student connects with to be with them during this time Avoid time-out

CORTICAL BRAIN – higher order thinking

After considering the physical/safety and emotional needs...
Support for student to cognitively reflect experience
& student to suggest alternatives



Writing a Support Plan

| This plan can support the stude place when returning to school a | nt to identify strategies they would like to put in after a complex health concern. | Actions, plans and goals to assist my health and well-being at sci |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Student name | | |
| Date of birth | Year level | j |
| Date | | *************************************** |
| Our school sees every student's As a school we will be flexible ar safe and cared for. This plan will | health and well-being as a priority for learning, ound each student's needs to ensure you feel help us do this together. | People I can talk to if I'm not OK at school |
| The school will ensure regula | r contact and communication to check on to you have a preferred way you would like | |
| Agreed contact (TICK) | | |
| Every 2 hours Ever | y 4 hours Every day | Preferred location(s) for receiving support, e.g. quiet room in library |
| How long do you want this to ha | nnen? | |
| We understand a flexible time | e-table may be needed for a period of time. | |
| How would you like this to lo | ok? | |
| | | Additional comments |
| | | |
| | | |
| Start date | End date | |

When developing a plan consider:

Brain:

Do we need strategies/adjustments to be:
 Cognitive? Emotionally calming? Regulating?

Body:

What specific regulating strategies may be needed specific to student's needs?



Belonging:

- Who do they connect with?
- What activities help them feel more connected to school;
- what additional opportunities could build on this interest/strength/value?

Adjustments for students at school

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

Here are some examples of adjustments. Change attendance times

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

Allow the student to take rest breaks

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

Allow extra time for tasks and extending deadlines

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

Adjust the classroom environment

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

Change communication methods according to need

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

Allow changes to assignments

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

Allow changes after a period of absence

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

Allow the use of headphones if appropriate

Using headphones can assist students with their concentration.

Allow the student to use a recording device

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

Give handouts

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

Allow changes to exam conditions

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

1. Develop a Personalised Learning Plan.

Write and/or review in partnership with student and family/carers.

2. Gather further information.

With consent from the student and family, connect with identified support workers, including school staff and external specialists.

3. Keep it simple.

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

4. Keep communicating.

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

5. Hold student-friendly meetings.

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

Ensure the Student Personalised Learning Plan involves everyone.

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

Child Protection

 Ensure child protection screening occurs when mental health difficulties occur.

 Child abuse and/or attachment complexities are a significant risk factor for a range of mental illnesses.

Responding to Mental Health Complexities-

The Role of Schools

- Actively working towards creating a sense of belonging, connection & safety at school.
- Having an individualised plan including adjustments for students who are managing mental health challenges.
- Focusing on the whole student beyond a diagnosis

Contacts



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Infant Child Adolescent Mental Health Service www.icamhs.com.au

Consultation Mobile – 0484 334 227



School Link – statewide contacts



www.nswschool-link.com

