

Acknowledgments

Supporting Students with Mental Health Problems - A Teacher's Guide was developed as part of a School-Link project in three high schools in the Wyong Shire - Central Coast.

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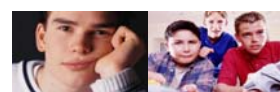
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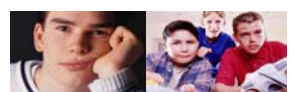
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Section 1: Overview

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Supporting Students with Mental Health Problems – A Teacher's Guide

1.1 Introduction

Mental health is a term used for a person's feeling of well being. Mental health is essential for an individual to experience healthy, constructive thoughts, emotions, behaviours and relationships. It is vital for a person to realise their goals and to cope with the variety of stresses encountered. Mental health is sustained by the person's resilience to the stresses and demands of life.

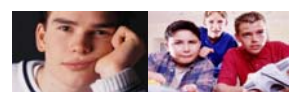
The terms 'mental health problems' and 'mental illness' are used to identify a range of often unobservable or hidden problems that inhibit a person's mental. The term psychiatric disability is the term used for the individual's experience of impairment caused by their mental illness. The causes of mental illness are not entirely understood but involve interplay between genetics, personality and life experiences.

Approximately 1 in 5 people, or 20% of all Australians, will experience a mental illness sometime in their life. Mental illness can occur at any time during a person's life, although certain types of mental illness occur more commonly at certain ages and are more common in males than females.

In general, the period of adolescence has a high rate of mental illness that can inhibit educational outcomes. However, it is important to note that a psychiatric disability is not a learning disability. Any learning disability is likely to be secondary to the experience of mental illness. Students with mental health problems are often very intelligent and may be gifted and talented but their experience of mental illness may inhibit their learning or their ability to display appropriate high school behaviours.

Students who have a difficult time learning or complying with rules due to a mental illness, are at greater risk of leaving school early. This in turn can lead to difficulty finding employment. According to the NSW Bureau of Crime Statistics and Research, elimination of long term unemployment would lead to a decrease in crime.

Schools have a responsibility to provide an equitable learning environment that addresses the individual learning needs of each student. Teachers are often the first to notice student difficulties and to begin the process of supports and reasonable accommodations for the student. Teachers who are the most successful, accept diversity and individual differences and utilise a variety of inclusive strategies across all educational settings activities.



1.2 Aim and Purpose

This resource has been developed for use by primary teachers and staff. The primary aim is to help staff maximise the success and school retention of students who are at risk of, or who experience mental health problems or mental illness.

The resource offers a range of inclusive strategies to ensure equitable access to opportunities for students to complete their primary/secondary school education. It will help teachers understand individual needs and to utilise teaching strategies that meet these needs. The strategies are useful for staff working with an individual or a group of students either in traditional primary education settings or in alternative education programs. The resource also includes a variety of up to date information and lists of related resources.

1.3 Principles, Philosophies and Legal Obligations

The principles, philosophies and legal obligations that underpin this resource include:

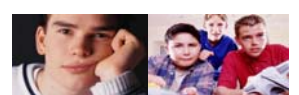
- Social responsibility and equity
- Federal Disability Discrimination Act (DDA) 1992
- Federal Disability Services Act (DSA) 1986
- NSW Disability Services Act 1993
- Anti-Discrimination Act 1977

The DDA (1992) prohibits discrimination on the grounds of past, present or future disability or imputed disability. Both the Federal DSA (1986) and the NSW DSA (1993) mandate certain standards of service to facilitate maximum success for people with disabilities. The DSA standards require organisations providing services to people with disabilities to:

- facilitate inclusion in the community
- foster independence and the whole range of life opportunities
- promote a positive, valued social image of people with disabilities
- continually develop and review their services in keeping with contemporary views of social responsibility and equity.

The NSW Department of Education and Training has a legal obligation to comply with the above legislation. The Department has evolved a range of policies in order to meet its legal responsibilities and duty of care and to meet the needs of all consumers of their services. Examples of these policies are the *Student Discipline Code* and the *Student Welfare Policy*.

This resource attempts to further address the responsibilities of the above legislation by framing innovative practices and procedures that help to retain *at risk* students in the high school system. This is particularly important because the law makes it illegal to discriminate against students with disabilities by denying access to educational services, exclusion or expulsion from the services or by subjecting the student to any other detriment. This applies equally to physical and psychiatric disabilities.



1.4 Potential Barriers to Primary Education

There is a range of barriers for people accessing primary education. These include:

- Lack of available options and information about options
- Lack of information about educational procedures
- Inconsistencies between education providers
- Poor coordination between educational services
- Lack of support funding
- Lack of appropriately trained staff
- Lack of assistive technology and equipment
- Limited or inappropriate curricula and inclusive practices
- Lack of recognition of impact of mental health problems on learning and behaviour
- Inappropriate school community attitudes and communications

1.5 Impact of Mental Health Problems and Mental Illness on Students in the school setting

It is important to note that the student, their parent/carer or their advocate will be the best sources of information about what the young person is experiencing and what supports are needed.

Students with Mental health problems may experience any of the following:-

- Fear in approaching authority figures
- Difficulty with concentration
- Difficulty screening out environmental stimuli
- Trouble maintaining stamina throughout the day
- Difficulty initiating and maintaining interpersonal contact
- Problems managing time and deadlines
- Limited ability to tolerate noise and crowds
- Difficulty focusing on multiple tasks simultaneously
- Extreme reactions to negative feedback
- Noticeable anxiety and confusion when given verbal instructions
- Limited ability to tolerate interruptions
- Restlessness
- Low self esteem
- Easily stressed
- Poorly developed appreciation of own ability
- Unwillingness to take risks in learning
- Moodiness and irritability

While all students may display these behaviours, it is the severity, frequency and duration of the behaviours that can create a barrier to success for students with mental health problems. Sometimes it is the nature of the mental illness and sometimes it can be the medication that interferes with the student's ability to learn and interact.

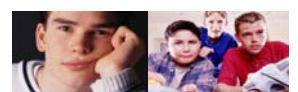


1.6 Overview of Strategies for Facilitating Communication, Behaviour Management and Inclusion in Primary Settings

- **General Communication Strategies for Working with Students with Mental Health Problems and Mental Illness**

The way staff communicate with students can have a tremendous impact on the way they perform in school, comply with rules and respond to the learning process. There are some general communication strategies that facilitate constructive communication and help to avoid communication barriers and conflict. These include:

- Use open communication
- Face the person/class but remember that people may not match your level of eye contact
- Allow lots of time for the other person to respond to you – do not rush them
- Be aware of varied needs for personal space
- Maintain positive proxemics i.e. use of facial expression, eye contact, body language and personal space
- Avoid terms such as: victim, sufferer, challenged, normal, condition, disorder, abnormal
- Avoid singling out student with mental illness where possible
- Make all tasks shorte, with a clear start and end
- Attempt to match the language style of the person/people you are communicating with
- Foreground important information
- Ask frequently and in a positive way if the person understands what you are trying to say
- Attempt to accentuate the positive
- Provide a written summary of discussions with students
- Provide all information in a variety of formats: oral, written and pictorial and in electronic format where possible
- Use plain English in all forms of communication
- Use short, simple sentences and stick to the point
- Use a variety of teaching styles
- Task analyse information and provide study notes and chapter outlines
- Label equipment
- Attempt to avoid overwhelming students with information
- Negotiate a learning contract that indicates the person's preferred learning style, how assessments will be conducted, any other accommodation and behavioural expectations



General Discipline and Behaviour Management Strategies

All behaviour is meaningful and communicates some need for the student. Even though it is not always possible to determine the communicative function of behaviour we can use a few simple strategies to deal with inappropriate and/or challenging behaviours. Teachers and schools sometimes choose behaviour management strategies based on the time required to implement the strategy or on the immediacy of the effect or on the overall effect. However, it is important to establish strategies and processes that promote opportunities for success and that help to establish and then sustain appropriate student behaviour.

The following are some general considerations about discipline and behaviour management that have the best chance of promoting positive behaviours.

- **Be proactive**
 - Utilise an Individualised Learning Program approach
 - Establish a behaviour plan for students where appropriate. (Assistance can be sought from Support Teacher Behaviour Services)
 - Recognise the triggers, cues and warning signs of individual students
 - Arrange the environment to avoid triggers, cues and distractors
 - Work with students to help them express their needs before the inappropriate behaviours occur
 - Listen, care, respond and take responsibility
 - Use a problem solving approach
 - Model and expect appropriate behaviour
 - Maintain an harassment free class environment
 - Use cooperative learning strategies
 - Use inclusive learning strategies
 - Gain all the extra support you can
 - Have a plan to support your own behavioural upsets
 - Establish a range of opportunities for success



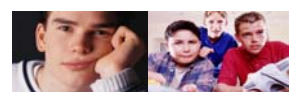
- Use cooperative learning methods
- Assign roles to all members/pairs/trios when working in groups
- Establish rules early, display them and remind often
- **Maintain behaviour**
 - Circulate within the room monitoring behaviours
 - Give positives, praise and rewards whenever needed
 - Publicly acknowledge appropriate behaviours
- **Manage behaviour**
 - Develop and consistently use behaviour consequences
 - Concentrate on appropriate behaviours
 - Give the student either/or choices
 - Attempt to ignore inappropriate behaviours when possible
 - Use privilege type rewards
 - Use a home-school or across school communications journal
 - Communicate instructions clearly
 - Use contingency management strategies
 - Have an emergency plan for dealing with challenging behaviours
 - Review the In-class behaviour support plan
 - Contact student's carers
 - Contact mental health case worker
 - Contact community support group such as refuge, DOCS

1.7 Duty of Care

There has been some discussion regarding how the school community can meet its duty of care to staff under the WorkCover Act while at the same time complying with competing legislation such as the Disability Discrimination Act (DDA), the Disability Services Act (DSA) and the Anti-Discrimination Act, when confronted with challenging behaviours displayed by students.

The courts have ruled that the employer must consider the best interests of the staff, must inform staff of risks, do a risk assessment and disclose to staff information necessary for them to protect themselves. Section 47 of the DDA states that direct compliance with laws prescribed for these purposes (in this case the WorkCover Act) are not unlawful.

Further, the courts have ruled that expulsion on the grounds of non-compliance with reasonable, consistent rules of discipline does not constitute discrimination. It is paramount to note, though, that the rules must be applied uniformly and reasonably across the whole school community. Otherwise the expulsion could constitute discrimination.



Section 2: Inclusive Practices

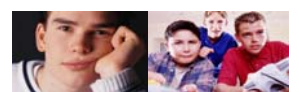
- 2.1 General Student Services that Support Inclusion.....page 11

- 2.2 Teaching and Classroom Strategies that Support Inclusion.....page 13

- 2.3 Professional Development.....page 15

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- 2.5 Strategies for Addressing the Impact of Mental Health Problems on Students.....page 18



Inclusive Practices: Teachers have a responsibility to provide an equitable learning environment that addresses the individual learning needs of each student. They are often the first to notice student difficulties and to begin the process of supports and reasonable accommodations for the student. Teachers who are the most successful accept diversity and individual differences and utilise a variety of inclusive strategies across all educational settings and activities.

This section offers a range of inclusive strategies to ensure equitable access to opportunities for students during their school education. Refer also to 1.6 Overview of Strategies for Facilitating Communication, Behaviour Management and Inclusion in Primary Settings on page 7-9

2.1 General Student services that Support Inclusion

1) Academic coach or study buddy/peer buddies (K-6)

An academic coach or study buddy helps the student to consolidate their learning and provides a sounding board for checking details about their learning.

2) Counselling

Counselling services can support the student in short term personal counselling, usually involving the parents when in primary school.

3) Referral to Learning Support Team

Students may need the support of a variety of up to date interventions to be successful. Provision of information about the types and availability of support services helps to maximise their opportunities and chances for success.

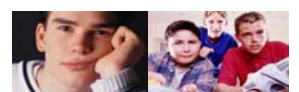
4) Assistance with early identification of problems

Early identification of problems means that strategies for success can be used to intervene before the student disengages from the learning process. A range of staff such as speech pathologists, psychologists, social workers and community liaison officers can help to identify problems and suggest early intervention strategies.

5) Assistance with setting priorities or organising study time (Stage 3,4,5)

Some students may have difficulty planning their learning. They may have difficulty deciding in what sequence tasks need to be completed or how much time to spend on particular components. The student can benefit from guidance and modelling of constructive decision making and time allocation.

6) Time management and study skills training (Stage 3,4,5)



This support strategy involves in-depth training in study skills and in managing learning and study time.

7) Peer support groups/Peer mediation/Tutors

Students can sometimes feel isolated or alone in their experience of mental illness. Peer support groups offer a venue for exchange of ideas, discussion and sharing success stories. The support group can exist in cyberspace or within the school setting.

8) Help with advocacy and rights issues

Students and their parents/carers are often unsure of and may lack the skills necessary to advocate for their rights. Provision of help with articulating needs, contacting support staff, teachers or agencies and negotiating support can help to ensure that needs are met.

9) Designated quiet space

Due to their experience of mental illness some students may find it difficult to tolerate noise or crowded spaces. The student may become agitated or uncomfortable or may act out. A Designated quiet space offers the student the chance to recoup their inner strength and then to rejoin their class or other ongoing activities.

2.2 Teaching and Classroom Strategies that Support Inclusion

10) Cooperative learning approach

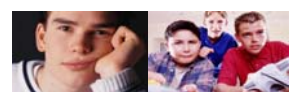
Cooperative learning involves forming student groups and utilising the skills and abilities of each member for the whole group to achieve an outcome. Each group member is required to contribute to the group's performance and are given tasks in relation to their ability. A cooperative learning approach facilitates information exchange, increases constructive decision-making and offers an opportunity for modelling good learning.

11) In-class behaviour support

Due to their experience of mental illness some students may have difficulty with impulse control, complying with reasonable behavioural requests or staying on task. Provision of behavioural prompts and support in class can help a student to learn to recognise cues or triggers to their behaviours and to begin to self regulate their behaviour.

12) Reader/writer/notetaker

Some students may experience attention and concentration difficulties or become confused or overwhelmed by information. This may mean they have difficulty reading or writing. Provision of a reader and/or writer means that the student can attend to the teacher without missing important information.



13) Early availability of texts/ reading lists/other materials

Due to their mental illness some students may need longer times to process information. Making information available early meets the needs of these students.

14) Extended time for completion of work with no penalty

Some students may require additional time to complete work due to difficulties with processing information, confusion and the intermittent nature of their experience or the side effects of medication. Provision of extra time without penalty meets the student's needs without advantaging them in relation to other students.

15) Mentoring

Students who lack self-direction, are impulsive or need help to understand concepts may benefit from an additional support in class. Mentors provide a model of successful student behaviour. (Mentors would only be used if trained)

16) Exams divided into segments with rest breaks

Some students will experience fatigue or will lack stamina. This can impede their success in exams or other types of timed assessments. Segmenting exams and allowing rest breaks can maximise success in assessments. Use of sensory down time and scheduled breaks.

17) Provision of assistive technology

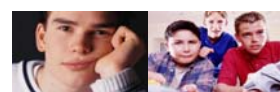
There is a range of assistive technology and equipment that can alleviate difficulties that students may experience. For example, students can be allocated a tape or video recorder to capture the content of lessons. An electronic whiteboard or copies of overheads can lessen the student's need to take notes. Provision of lap top computers with voice recognition and screen reader can alleviate other problems students may encounter. Use of Alpha Smart lap tops.

18) Modification of seating arrangements

Some students will experience difficulties in impulse control, in sitting in groups, with sitting with their back to the rest of the class or may feel the need to exit the room without causing disruption. Considerate seating arrangements can help eliminate student distress and can help to maintain class discipline.

19) Alternative formats for assessments (oral vs written)

Due to the nature of their mental illness or side effects of medication students may have difficulty with certain assessment formats. Students with benign hand tremors, fatigue or joint pain may find it difficult to write for extended periods and could be offered oral assessments. Students who become distressed in crowds, in front of people, or who have articulation difficulties may need to be offered written formats rather than oral assessments. This category also includes offering alternative assessment pathways such as recognition of prior learning, trial exams and substitute



assessments.

20) Flexible delivery

Flexible delivery is appropriate for students who experience intermittent illness/wellness or who experience the need for longer learning times. Flexible delivery includes such things as on-line learning, distance education, auditing classes, negotiated attendance –anything that eliminates or replaces the traditional set pace, set curricula and set structure that can disadvantage certain students.

21) Mixed mode delivery

Mixed mode delivery combines the traditional teaching practices with flexible strategies. This is a useful strategy when re-integrating a student back into traditional, mainstream education.

22) Curriculum adjustments to suit student's needs.

Due to their experience of fatigue, confusion or secondary learning difficulties, students could be offered an alternate activity, reduced content, readers for students or reduced on-task time.

23) Separate room for assessments

Some students become anxious in groups or are easily distracted. Offering these students a separate, supervised room in which to complete their assessments helps maximise the chance of success. Use of TAS staff to supervise students.

24) Personal feedback on performance

Some students may lack insight into their abilities, successes or overall performance. With certain mental illnesses the student may find it difficult to 'unlearn' information or behaviour. Frequent, constructive feedback on performance may help the student to stay on target.

25) Pass-out system

A system of allowing students to leave the class or other activity when distressed, angry or about to become disruptive allows them to learn and practice appropriate school behaviour and can maintain group orderliness. This can be done with Break Cards for years 3-6.

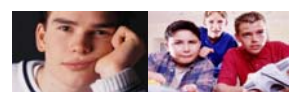
2.3 Professional Development

26) Training about mental illness (continual)

When staff are aware of the types of mental illness and the impact on the student's experience and behaviours they are more able to provide support for the students.

27) Training about inclusive practices

Inclusive practices mean that the whole school community experiences and facilitates access to equitable services and supports. Staff need to be informed about these practices in order to utilise them or to lobby for them. Disability standards for Education 2005, U.N Convention of the Rights of



Persons with a Disabilities.

28) Information about support services

To meet all the student's educational needs it may be necessary to provide a comprehensive range of services. Providing information about the range of available services will help to facilitate the students needs being met.

29) Mentoring

Staff can be offered the opportunity to discuss issues and strategies with more experienced staff. This sort of mentoring can take place formally or informally in the workplace and the cost is nil. Web services and Forums are also available on the net.

30) Supervision and debriefing

It is important for staff to feel the 'system' supports them and that they can formally raise issues of concern, get feedback on their performance and talk to someone if or when things go wrong. Supervision and debriefing can help to accomplish this.

31) Consultation/ LST Meetings

Staff can consult with School Counsellors, Welfare staff and staff who manage the student successfully in class. Regional support staff assist school wide systems.



2.4 School Wide Systems that Support Inclusion

32) Established culture of sharing information on successful approaches

By establishing a culture of sharing information the whole school community can begin to create innovative, resourceful and practical ways to support all students.

33) Maintenance of a resource file

It is important to keep a file of resources that can be used and shared by all the staff. This helps to eliminate re-invention of resources and offers new staff an opportunity to gain information and develop good practices.

34) Policies mandating relevant staff training, student selection, reasonable accommodations, discipline and student welfare

By creating policies that mandate certain training, standards, equitable practices and student supports, staff will have a framework for professional conduct.

35) School-wide rules for education of students with mental illness

Consistency is an important feature of supporting students with mental illness. Rules that are applied in an ad-hoc manner or implemented by only some staff may seem unfair to the students and may also serve to reinforce or maintain certain inappropriate school behaviours. Rules displayed visually and taught by all staff as key lessons.

36) Creative reward systems

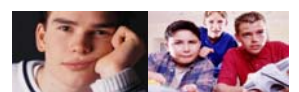
It is important that all students feel they are a valued part of the school community. Due to the nature of their experience of mental illness it may be difficult for some students to be rewarded. Establishing creative reward systems can improve student behaviour and performance.

37) Policies mandating Functional Behavioural Analysis approach

All behaviour has a communicative function. In order to effectively address and manage challenging behaviours it is necessary to determine the function for which the behaviour is being exhibited. A Functional Behavioural Analysis is a formalised systematic review of the causes, frequency, intensity, duration, meaning, context, system of reinforcers and consequences of the challenging behaviour. The Support Teacher Behaviour can assist with this analysis, discuss with Learning support Team.

38) Restructuring of problem settings

A number of problems can be alleviated by providing increased supervision of non-structured time, making changes to scheduling so that students known to display challenging behaviours have little contact with each other and creating student friendly spaces. In particular, strategies need to be developed to support these students in anxiety producing situations such as the playground, bus stop and toilets. Effective use of Teacher Aide Time to support students in



the settings where they require most assistance.

39) Representation on interagency committees (LST – case manager nominated)

The aim of interagency committees is to maximise the sharing of information and resources and to facilitate pathways to support. Delegating relevant staff to attend interagency meetings can help to establish the necessary range of support services for students with mental illness.

40) Designated student advisers/advocates for youth at risk

As mentioned previously, consistency is important in supporting youth at risk. Also mentioned before, it can be difficult for some students to articulate their needs or to negotiate for support. Designating a staff person to act as a personal and systemic advocate can help to obtain crucial support for the students.

41) System of monitoring trends and improvements

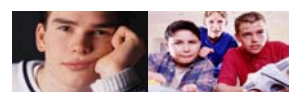
It is important to be able to determine whether support strategies are working, what variables contribute to their success and to substantiate their use. As well, it is important to be able to predict trends in support needs so that adequate resources can be made available and increased. Establishing a database of relevant information and outcomes can help to gain resources, to monitor trends and to document improvements or necessary changes. Using data to make informed decisions and evaluate progress.

42) On-line discussion forum

An on-line discussion forum offers the school community the opportunity to exchange ideas, get suggestions and obtain relevant information. It is cost effective, not time intensive and readily available when the support is necessary.

43) Risk Management Procedures

Risk management procedures for all students with a safety or violence history. Must be compiled by LST and conveyed to all staff/ parent/carers and evaluated after 5 weeks as stated in DET Policy for OHS.



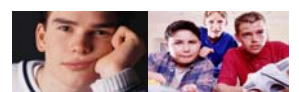
SECTION 2.5: Strategies to Address Impact of Mental Health Problems & Mental Illness on Students

This list includes inclusive communication and behaviour management strategies. For a further explanation of each strategy see the numbers in Column 3 which are cross-referenced to Section 2.1-2.4 (page 11-17). The list is not exhaustive – add your own ideas and share them with other staff!

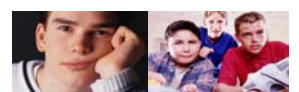
Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Aggressive • Angers easily • Annoyed easily • Argumentative 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Designated quiet space • In-class behaviour support • Mentoring • Flexible delivery • Use of pass out system • Behaviour management with creative rewards for appropriate behaviour • Use open communication and positive proxemics • Time – out scheduled • Take – up time • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Annoys others deliberately 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Designated quiet space • Cooperative learning approach • In-class behaviour support • Mentoring • Modified seating arrangement • Flexible delivery • Use of pass out system • Behaviour management with creative rewards for appropriate behaviour • Use open communication and positive proxemics • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Anxious and worried • Fearful 	<ul style="list-style-type: none"> • Academic coach or study buddy • Referral to Learning Support Team • Assistance with setting priorities • Time management and study skills training • Peer support • Allowance of withdrawal from subjects without penalty • Designated quiet space • Cooperative learning approach • Extended time to complete tasks • Modified seating arrangement • Alternative assessment format • Flexible delivery • Early availability of materials and assessment descriptions • Brain gym activities • Visual timetable • Visual cues • Visual communication card • Sensory down time • Scheduled time-out • Stress reduction activities • Relaxation techniques • FRIENDS program • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Avoids social situations 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Designated quiet space • Modified seating arrangement • Flexible delivery • Separate room for assessments • Structured playground-set up inclusive activities • Teach social skills in class setting • Set up cooperative learning tasks • <u>Other ideas:</u>



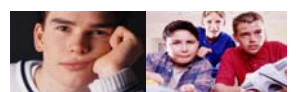
Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Blames others for mistakes 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Cooperative learning approach • Mentoring • Flexible delivery • Personal feedback on performance • Behaviour management with creative rewards for appropriate behaviour • Use open communication and positive proxemics • Develop self-esteem: give jobs/responsibility • Behaviour lotto – self regulate behaviour • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Change is difficult to deal with 	<ul style="list-style-type: none"> • Early availability of materials and information • Extended time for completion of tasks • Mentoring • Flexible delivery • Materials and information available in a range of formats • Visual Timetable • Use universal change symbol • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Completing tasks is difficult 	<ul style="list-style-type: none"> • In-class behaviour support and prompting • Extended time for completion of tasks • Alternative formats for assessment • Personal feedback on performance • Task analysis of all work • Clear instructions in style preferred by student • Use of visual task cards • Use of a timer to keep on task • Scaffolding tasks • <u>Other ideas:</u>



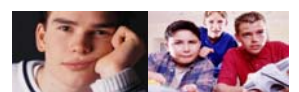
Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Compliance with rules or requests is difficult 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Cooperative learning approach • In-class behaviour support • Mentoring • Flexible delivery • Behaviour management with creative rewards for appropriate behaviour • Use open communication and positive proxemics • Teach expectations/rules and provide ongoing practice and feedback • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Concentration difficulties 	<ul style="list-style-type: none"> • Academic coach or study buddy • Time management & study skills training • Allowance of withdrawal without penalty • Cooperative learning approach • Extended time for completion of tasks • Exams divided into segments with rest breaks • Provision of assistive technology • Flexible delivery • Reduced course load • Separate room for assessments • Use of a timer to keep on tasks • Utilise "Brain Gym"/ learning connection activities • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Appears to be Deceitful 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Mentoring • Personal feedback on performance • Behaviour management with creative rewards for appropriate behaviour • Use open communication and positive proxemics • Exposure to experience of natural & logical consequences • Communication with parents • Self-esteem activities • <u>Other ideas:</u>



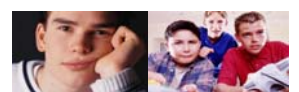
Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Delusions 	<ul style="list-style-type: none"> • Referral to Learning support Team • Assistance with setting priorities and organising time • Study skills training • Designated quiet space • Provision of assistive technology • Modified seating arrangement • Flexible delivery • Reduced course load • Use of pass out system • Check age – Young children often indulge in fantasy • Checking reality vs fantasy • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Detached from relationships 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Peer support group • Designated quiet space • Mentoring • Modified seating arrangement • Flexible delivery • Use cooperative learning techniques • Fair pair activities • Provide “job” or responsibility • <u>Other ideas:</u>



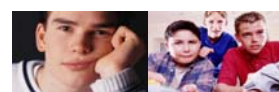
Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Deterioration in school work 	<ul style="list-style-type: none"> • Academic coach or study buddy • Referral to Learning Support Team • Assistance with setting priorities and organising study time • Peer support group • Designated quiet space • Early availability of materials and information • Extended time for completion of work • Mentoring • Exams divided into segments with rest breaks • Provision of assistive technology • Alternative formats for assessment • Reduced course load • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Disorganised 	<ul style="list-style-type: none"> • Assistance with setting priorities and organising time • Time management • Cooperative learning approach • Early availability of materials and information • Extended time for completion of work • Provision of assistive technology • Modified seating arrangement • Flexible delivery • Reduced course load • Personal feedback on performance • Visual timetable • Use visual lists for tasks • Visual cue cards • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Disoriented 	<ul style="list-style-type: none"> • Assistance with identification of problems • Assistance with setting priorities and organising study time • Time management • Designated quiet space • Cooperative learning approach • Early availability of materials and information • Extended time for completion of work • Mentoring • Provision of assistive technology • Modified seating arrangement • Flexible delivery • Reduced course load • Personal feedback on performance • Use of pass out system • <u>Other ideas:</u>



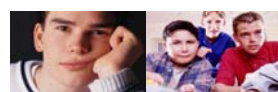
Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Distracted easily 	<ul style="list-style-type: none"> • Assistance with setting priorities and organising time • Designated quiet space • Cooperative learning approach • In-class behaviour support • Exams divided into segments with rest breaks • Modified seating arrangement • Flexible delivery • Use of pass out system • Seating- place in room away from “high stimulus” • Use screen to detach from stimuli • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Distressed easily 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Peer support • Designated quiet space • Extended time for completion of work • Provision of assistive technology • Modified seating arrangement • Alternative assessment formats • Flexible delivery • Use of pass out system • Social skills training • Anxiety prevention strategies e.g. FRIENDS program • Relaxation techniques • Stress reduction activities • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Eating habits are restrictive 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Referral to counsellor • Peer support • Flexible delivery • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Energy is lacking • Fatigue 	<ul style="list-style-type: none"> • Allowance of withdrawal without penalty • Designated quiet space • Cooperative learning approach • Extended time for completion of work • Provision of assistive technology • Flexible delivery • Reduced course load • Interview with parent • Water bottle on desk • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Feelings of being misunderstood 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Peer support • Designated quiet space • Mentoring • Alternative format for assessments • Flexible delivery • Reflective listening- STAFF • Goal setting/ problem solving skills • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Feelings of worthlessness 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Peer support • Designated quiet space • Extended time for completion of work • Mentoring • Self-esteem activities • Give responsibility • Break down tasks into small achievable steps • <u>Other ideas:</u>



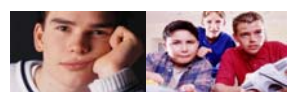
Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Hostile towards authority figures 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Designated quiet space • In-class behaviour support • Mentoring • Flexible delivery • Use of pass out system • Behaviour management with creative rewards for appropriate behaviour • Use open communication and positive proxemics • Provide a choice • Stay calm when giving a command • Watch body language • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Ideas are rigid and inflexible 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Cooperative learning approach • Extended time for completion of work • Mentoring • Alternative formats for assessment • Flexible delivery of curriculum • Reduced course load • Distraction can work • Visual timetable • Set routines • Use change symbol/give warnings • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Ideas or plans are unrealistic or impossible 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Cooperative learning approach • Extended time for completion of work • Mentoring • Provision of assistive technology • Flexible delivery • Short/long term goal setting • Self-esteem activities • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Impulsive 	<ul style="list-style-type: none"> • Allowance of withdrawal without penalty • Designated quiet space • Cooperative learning approach • In class behaviour support • Modified seating arrangement • Flexible delivery • Separate room for assessments • Personal feedback on performance • Behaviour management with creative rewards for appropriate behaviour • Task analysis of work • Use visual cues • Social stories to indicate what to do in situations • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Insight into inappropriateness of behaviour is lacking 	<ul style="list-style-type: none"> • Referral to Learning Support Team • In class behaviour support • Mentoring • Use of pass out system • Behaviour management with creative rewards for appropriate behaviour • Social story about correct behaviour response to situations • Behaviour rehearsal • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Interest in fun, play or activities is lacking 	<ul style="list-style-type: none"> • Peer support • Cooperative learning approach • Early availability of materials and information • Extended time for completion of work • Provision of assistive technology • Flexible delivery • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Memory problems • Forgetful 	<ul style="list-style-type: none"> • Academic coach or study buddy • Time management and study skills training • Allowance of withdrawal without penalty • Cooperative learning approach • Extended time for completion of tasks • Exams divided into segments with rest breaks • Provision of assistive technology • Flexible delivery • Reduced course load • Separate room for assessments • Use visual supports, lists, mind-maps etc • Cues on desk, on bag • Weekly diary for home • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Mood fluctuations 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Designated quiet space • Cooperative learning approach • Early availability of materials and information • Mentoring • Provision of assistive technology • Flexible delivery • Reduced course load • Use of pass out system • Diary on mood each day • Feelings labelling/monitoring with younger students • Relaxation techniques • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Motivation is lacking 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Peer support • Allowance of withdrawal without penalty • Cooperative learning approach • Early availability of materials and information • Extended time for completion of work • Mentoring • Provision of assistive technology • Alternative formats for assessment • Flexible delivery • Personal feedback on performance • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Negative ideas about self image 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Peer support • Designated quiet space • Extended time for completion of work • Mentoring • Modification of seating arrangements • Flexible delivery • Self-esteem activities • Parent involvement • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Overactivity 	<ul style="list-style-type: none"> • Allowance of withdrawal without penalty • Designated quiet space • Cooperative learning approach • In-class behaviour support • Modified seating arrangement • Flexible delivery • Separate room for assessments • Personal feedback on performance • Behavioural management with creative rewards for appropriate behaviour • Task analysis of work • Time-out/down time • Relaxation techniques • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Overreacts to criticism, comments or situations 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Designated quiet space • In-class behaviour support • Mentoring • Flexible delivery • Use of pass out system • Behaviour management with creative rewards for appropriate behaviour • Use open communication and positive proxemics • Emotional literacy training • Reflective listening • Goal setting techniques • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Persisting with tasks is difficult 	<ul style="list-style-type: none"> • Allowance of withdrawal without penalty • Designated quiet space • Cooperative learning approach • Extended time for completion of work • Provision of assistive technology • Flexible delivery • Reduced course load • Curriculum adjustments • Use a timer – gradually increase • Check levels of difficulty of task • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Physical complaints 	<ul style="list-style-type: none"> • Provision of writer/reader • Extended time for completion of work • Exams divided into segments with rest breaks • Provision of assistive technology (Alpha Smart) • Alternative format for assessments • Flexible delivery • Structured activities for playground • Relaxation/muscle tense releases activities • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Preoccupied with odd ideas or plans 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Assistance with early identification of problems • Assistance with setting priorities • In-class behaviour support • Early availability of material and information • Mentoring • Alternative assessment format • Flexible delivery • Reduced course load • Use of pass out system • Routine/visual timetable • <u>Other ideas:</u>



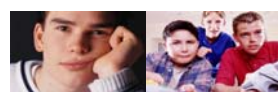
Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Preoccupied with order, perfection or controlling their environment 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Assistance with setting priorities • Cooperative learning approach • Early availability of materials and information • Extended time for completion of work • Alternative format for assessments • Flexible delivery • Reduced course load • Assistance with organisation • Routine/give warnings for change • Realistic goal setting • Task analysis • Relaxation techniques • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Problem solving difficulties 	<ul style="list-style-type: none"> • Academic coach or study buddy • Assistance with setting priorities and organising time • Cooperative learning approach • Extended time for completion of work • Flexible delivery • Choices • Using decision –making exercises • Routine/visual timetable • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Repetitive actions or routines 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Assistance with setting priorities • Cooperative learning approach • Early availability of materials and information • Extended time for completion of work • Alternative format for assessments • Flexible delivery • Assistance with organisation • Provide alternate stress reduction activity • Allow routines to be included in child’s day if appropriate • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Repetitive thoughts 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Assistance with setting priorities • Cooperative learning approach • Early availability of materials and information • Extended time for completion of work • Alternative format for assessments • Flexible delivery • Assistance with organisation • Use choice wheel • Provide visual communication systems • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Resentful or vindictive if corrected 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Designated quiet space • In-class behaviour support • Mentoring • Flexible delivery • Use of pass out system • Behaviour management with creative rewards for appropriate behaviour • Logical consequences • Use Restorative Justice language/worksheets • Restitution rather than punishment • <u>Other ideas:</u>

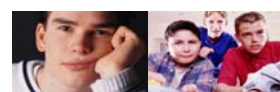


Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Restless 	<ul style="list-style-type: none"> • Allowance of withdrawal without penalty • Designated quiet space • Cooperative learning approach • In-class behaviour support • Modified seating arrangement • Flexible delivery • Task analysis of work • Separate room for assessments (use of TAS) • Personal feedback on performance • Behaviour management with creative rewards for appropriate behaviour • Allow movement in daily routine • Send on a message • Incorporate physical activity in each session • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Sadness • Depressed mood 	<ul style="list-style-type: none"> • Academic Coach or Study Buddy • Referral to Learning Support Team • Assistance with early identification of problems • Peer support groups • Allowance of withdrawal from subjects versus failing • Early availability of texts/other materials • Exams divided into segments with rest breaks • Flexible delivery • Reduced course load • Pass-out system • Calm-down area • Negotiated task time/content • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Self harm 	<ul style="list-style-type: none"> • Referral to Counsellor • Notify principal • Insure medical treatment if appropriate • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Self esteem is low 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Peer support • Designated quiet space • Extended time for completion of work • Mentoring • Modification of seating arrangements • Flexible delivery • Self-esteem activities • Peer support activities • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Shy and timid 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Designated quiet space • Cooperative learning approach • Modified seating arrangement • Flexible delivery • Separate room for assessments • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Sleep problems 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Allowance of withdrawal from subjects versus failing • Extended time for completion of work • Flexible delivery • <u>Other ideas:</u>

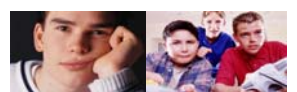
Impact on student	Recommended support strategies
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<ul style="list-style-type: none"> • Speech difficulties 	<ul style="list-style-type: none"> • Provision of assistive technology • Alternative format for assessments • Flexible delivery • Speech assessment • Language programs implemented by TAS • Use visual cue cards- give to student • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Stressful events are recalled frequently 	<ul style="list-style-type: none"> • Academic coach or study buddy • Referral to Learning Support Team • Referral to Counsellor • Assistance with time management and study skills • Peer support • Allowance of withdrawal without penalty • Designated quiet space • Cooperative learning approach • Early availability of materials and assessment descriptions • Extended time for completion of work • Modified seating arrangement • Allow time-out • Provide avenues to express feelings: art/music/diary etc • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Suicidal thoughts 	<ul style="list-style-type: none"> • Referral to Counsellor • Contact local mental health service 4320 3500



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Speech difficulties 	<ul style="list-style-type: none"> • Provision of assistive technology • Alternative format for assessments • Flexible delivery • Speech assessment • Language programs implemented by TAS • Use visual cue cards- give to student • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Thinking difficulties 	<ul style="list-style-type: none"> • Academic coach or study buddy • Referral to Learning Support Team • Time management and study skills training • Allowance of withdrawal without penalty • Cooperative learning approach • Extended time for completion of tasks • Exams divided into segments with rest breaks • Provision of assistive technology • Flexible delivery • Reduced course load • Separate room for assessments • Take-up time • Allow 20-30 seconds to process instructions • One instruction only • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Tremor makes movement awkward 	<ul style="list-style-type: none"> • Provision of writer • Extended time for completion of work • Exams divided into segments with rest breaks • Provision of assistive technology • Alternative format for assessment • Flexible delivery • Provide an amanuensis • Reduce writing tasks • O.T. exercises to assist • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none"> • Unpredictable 	<ul style="list-style-type: none"> • Allowance of withdrawal without penalty • Designated quiet space • Cooperative learning approach • Modified seating arrangement • In-class behaviour support • Flexible delivery • Separate room for assessments • Personal feedback on performance • Behaviour management with creative rewards for appropriate behaviour • Task analysis of work • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Violates or disregards others rights 	<ul style="list-style-type: none"> • Referral to Learning Support Team • Designated quiet space • Cooperative learning approach • In-class behaviour support • Mentoring • Modified seating arrangement • Flexible delivery • Use of pass out system • Behaviour management with creative rewards for appropriate behaviour • Restorative Justice language/worksheets • <u>Other ideas:</u>
<ul style="list-style-type: none"> • Waiting turn is difficult 	<ul style="list-style-type: none"> • Mentoring • Flexible delivery • Behaviour management with creative rewards for appropriate behaviour • Teach skills • Provide opportunity to practice • Positive reinforcement for waiting • <u>Other ideas:</u>



Impact on student	Recommended support strategies
<ul style="list-style-type: none">• Withdrawn	<ul style="list-style-type: none">• Referral to Learning Support Team• Peer support• Designated quiet space• Cooperative learning approach• Modified seating arrangement• Flexible delivery• Separate room for assessments• Set up small peer inclusive activities 1:1 • <u>Other ideas:</u>



SECTION 3:

Common Mental Health Disorders

and Their Impact on Students

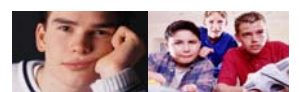
Common Mental Health Disorders and Their Impact on Students

Management of mental illness generally involves a combination of behaviour management, professional support, medical intervention and inclusive educational practices.

The following table does not list the signs and symptoms used to diagnose mental health disorders. It lists the impact the disorder has on the student's emotions, cognitions and behaviours and is to assist staff in their awareness of mental health problems and their impact on students.

It is also important to remember that all students may experience these emotions and cognitions and display these behaviours at times. However, it is their severity, frequency and duration that can create a barrier to success for students experiencing an episode of mental illness.

Anxiety Disorders	Impact on Student
Agoraphobia	<ul style="list-style-type: none"> • Problems with school attendance • Poor Concentration • Easily Distracted • Uncomfortable in social situations • Difficulty with travel • Intrusive thoughts • Avoids new and difficult situations • Fear of open spaces
Generalised Anxiety Disorder	<ul style="list-style-type: none"> • Avoids new and difficult situations • Restlessness or feeling keyed up or on edge • Is easily fatigued • Difficulty concentrating or mind going blank • Irritability • Muscle tension • Disturbed Sleep • Generalised worry



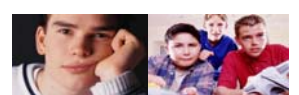
Obsessive Compulsive Disorder (OCD)	<ul style="list-style-type: none"> • Preoccupation with order, perfection, or controlling their environment • Feels driven to perform certain actions, routines or rituals • Repetitive and intrusive thoughts • Fear of contamination • Avoids new and difficult situations
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Anxiety Disorders(cont)	Impact on Student
Panic Disorder	<ul style="list-style-type: none"> • Extreme worry and fearfulness • Easily stressed and distressed • Hyper-vigilant • Shy or timid and often reluctant to join unfamiliar groups • Avoidance of school or other social situations • Terror of certain things • Poor concentration • Easily distracted • Frequently thinks about stressful event or object or situation • May experience physical complaints • Experiences panic attacks – may include fear of losing control, going crazy or dying • Persistent concern about having additional attacks
Separation Anxiety	<ul style="list-style-type: none"> • Excessive fear when separated from a significant person (usually a parent).Most common fear- that harm will come to the significant person or to themself • Refusal to stay away from home overnight • Multiple physical complaints such as headaches and stomach aches • School refusal



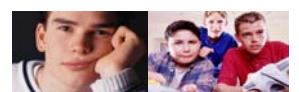
Post Traumatic Stress Disorder	<ul style="list-style-type: none"> • Recurrent and intrusive distressing recollections • Poor concentration • Easily Distracted • Hyper-vigilance • Avoids new and difficult situations • Diminished interest or participation in significant activities • Irritability or outbursts of anger • Social isolation • Sleep disturbances including nightmares • Recurrent distressing flashbacks • Intrusive preoccupations • Exaggerated startle response • Intense distress at exposure to cues associated with or resembling traumatic event
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Anxiety Disorders (cont)	Impact on Student
Social Phobia	<ul style="list-style-type: none"> • Marked and persistent fear in one or more unfamiliar social or performance situations (person recognises that the fear is excessive or unreasonable) • Avoidance, anxious anticipation or distress in the situation • Poor concentration
Attention Deficit and Disruptive Behaviour Disorders	Impact on Student
ADD	<ul style="list-style-type: none"> • Impulsive • Disorganised • Difficulty completing tasks • Difficulty waiting their turn • Difficulty sustaining attention • Extremely easily distracted • Forgetful • Difficulty dealing with change • Poor concentration • Frequently loses resources and belongings

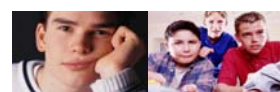


ADHD	<ul style="list-style-type: none"> • Extreme overactivity – can include talking excessively • Impulsive • Disorganised • Difficulty completing tasks • Difficulty waiting their turn • Extremely easily distracted • Forgetful • Difficulty dealing with change • Poor concentration
Conduct Disorder	<ul style="list-style-type: none"> • Overactive • Aggressive • Restless • Over-reactive • Reduced compliance • Deceitful • Destructive to property • Serious violations of rules • Often cruel to people or animals • Bullies, threatens or intimidates • Fail to complete work • Truanting or absconding • Disruptive

Disruptive Behaviour Disorders (cont)	Impact on Student
Oppositional Defiant Disorder (ODD)	<ul style="list-style-type: none"> • Disobedient • Hostile toward authority figures • Does not comply with requests or rules • May deliberately attempt to annoy others • Argumentative • Blames others for mistakes • Easily annoyed • Quick to anger • Resentful or vindictive if corrected • Low opinion of self worth • Pattern of negativistic behaviour
Pervasive Developmental Disorders	Impact on Student



<p>Asperger's Disorder</p>	<ul style="list-style-type: none"> • Obsessive interest in stereo-typed and restricted areas • Stereo-typed and repetitive patterns of behaviour including motor mannerisms; inflexible adherence to non-functional specific routines/rituals; preoccupation with parts of objects • Significantly impaired social skills which includes: <ul style="list-style-type: none"> - failure to develop peer relationships - ; lack of social or emotional reciprocity - poor use of non-verbal behaviours such as eye to eye contact, facial expression • Predominantly visual learning style • Difficulty with change of routines
<p>Autism</p>	<ul style="list-style-type: none"> • Marked impairment in non-verbal social skills such as eye contact, facial expression, body posture • Failure to develop age appropriate peer relationships • Lack of spontaneous seeking to share enjoyment or interests • Lack of social or emotional reciprocity • Delay in or lack of speech <ul style="list-style-type: none"> or Impairment in ability to sustain conversation or Stereotyped and repetitive use of language • Restricted repetitive and stereotyped patterns of behaviour, interests and activities

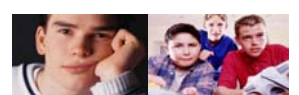


*Developmental Trauma	Impact on Student
*Developmental Trauma (resulting from prolonged and/or significant trauma, abuse and/or neglect)	<ul style="list-style-type: none"> • Impulsive behaviours • Detachment or difficulty in forming relationships • Unpredictable emotional reactions • Lack of empathy • Easily frustrated • Lacking self direction and motivation • Pattern of negativistic/oppositional behaviour • Poor Concentration • Easily Distracted • Hyper-vigilant • Outbursts of anger • Sleep disturbances • Avoidance or distress in certain situations • Erratic Moods • Identity Confusion
Eating Disorders	Impact on Student
Anorexia Nervosa	<ul style="list-style-type: none"> • More than 15% below ideal body weight • Thinking difficulties • Lack of energy • Distorted perceptions of own body weight and/or shape • Restricted eating practices • Difficulty preparing food • Social withdrawal • Intrusive preoccupations • Frequently co-occurs with Anxiety and/ or Depression (see Impact on Student as listed under these disorders)
Bulimia Nervosa	<ul style="list-style-type: none"> • Recurrent episodes of binge eating • Lack of energy • Thinking difficulties • Frequent and extreme weight fluctuations (can be within normal weight range) • Social withdrawal • Sense of lack of control over eating • Bulimia frequently co-occurs with Anxiety and/or Depression (see Impact on Student as listed under these disorders)

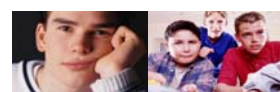
*** Disclaimer:** The majority of the disorders listed are categorised according to the references listed at the end of this section. *Developmental Trauma* is not. It is similar in description to the DSM IV TR adult category of both *Personality Related Disorders* and *Complex Post Traumatic Stress Disorder*.



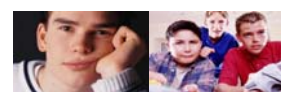
Mood Disorders	Impact on Student
Bi-polar	<ul style="list-style-type: none"> • Extreme fluctuations in moods • Has periods of wellness • Manic phase <ul style="list-style-type: none"> - Overactivity - Rapid speech - Lack of inhibition - Irritability - Grand or unrealistic ideas or plans - Lack of insight that their behaviour is inappropriate • Depressive phase <ul style="list-style-type: none"> - Lack of energy - Lack of motivation - Negative thoughts about self - Suicidal thoughts - Loss of interest in fun, play or friends - Concentration and memory problems
Depression	<ul style="list-style-type: none"> • Overwhelming sadness • Deterioration in school work • Concentration problems • Low opinion of own worth • Fatigue • Lack of motivation • Significantly diminished interest in having fun and other usual activities • Social withdrawal • Problem solving difficulties • Difficulty engaging in conversations • Feelings of being misunderstood • Sleep problems • Suicidal ideation



Mood Disorders (cont)	Impact on Student
<p>Dysthymia</p>	<ul style="list-style-type: none"> • Depressed/irritable mood for most of the time, for more than a years duration with two or more of the following: <ul style="list-style-type: none"> - poor appetite or overeating - significant changes in sleep pattern - low energy or fatigue - low opinion of own worth - poor concentration or difficulty making decisions - feelings of hopelessness
<p>Manic Episode</p>	<ul style="list-style-type: none"> • period of abnormally and persistently elevated mood lasting at least a week with the presence of at least three of the following: <ul style="list-style-type: none"> - inflated sense of self worth or grandiose ideas - significantly decreased need for sleep - much more talkative than usual - racing thoughts - very distractible - increase in goal-directed activity (social, academic, occupational or sexual) - increase in agitated behaviour - excessive involvement in pleasurable and/or high risk activities e.g. spending sprees, sexual activities

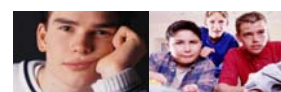


Neurological/ Developmental Disorders	Impact on Student
Communication Disorders	<ul style="list-style-type: none"> • Scores on standardised measures significantly lower for expressive language than receptive language and/or non-verbal intellectual capacity • Difficulties with expressive and/or receptive language which significantly interfere with academic and occupational performance or social communication
Learning Disorders	<p>Achievement (as measured in standardised tests) is significantly below what is expected for the person's age and intelligence in</p> <ul style="list-style-type: none"> • Reading • Mathematics • Written Expression
Psychotic Disorders	Impact on Student
Psychosis	<ul style="list-style-type: none"> • Disorganised ideas • Disorientation • Hallucinations (eg seeing, hearing things that aren't there) • Delusions (eg bizarre ideas) • Rigid ideas • Confusion • Disorientation • Lack of motivation • Social withdrawal and/or phobia • Difficulty persisting with tasks • Difficulty carrying on a conversation • Lack of emotion • Preoccupation with odd ideas • Thinking difficulties • Concentration problems • Difficulty dealing with changes • Paranoia • Frequently co-occurs with Anxiety and/ or Depression (see Impact on Student as listed under these disorders)



Somatoform Disorders	Impact on Student
Conversion Disorder	<ul style="list-style-type: none"> • Physical symptoms which suggest a neurological or medical condition but which have a psychological basis • Symptoms are not intentionally produced and cannot be fully explained by a medical condition, the effects of a substance or as a culturally accepted experience • There is significant deterioration in social and/or occupational functioning
Hypochondriasis	<ul style="list-style-type: none"> • Preoccupation with fears of having a serious disease based on the persons misinterpretation of bodily symptoms which persist despite medical assurance and evaluation and causes significant social or occupational impairment
Substance Related Disorders	Impact on Student
Substance Dependence	<p>A maladaptive pattern of substance use which includes:</p> <ul style="list-style-type: none"> • Increasing tolerance of the substance; • Significant distress or impairment in social or occupational function when attempting to withdraw from substance • Persistent desire or unsuccessful attempts to control substance use • Excessive amounts of time spent in obtaining substance • Reduced/ceased social or occupational activities because of substance use • Continued substance use despite awareness of having a persistent or recurrent problem
Substance Intoxication	<p>Temporary, significant maladaptive behaviour or psychological changes due to the use of a substance .Eg aggression, quick and extreme changes in mood, impairment in ability to think and impairment in social and occupational functioning</p>

References: *DSM IV TR*
ICD 9:CM International Classification of Disorders
9th Edition, Clinical modification



SECTION 4

Alternative Programs

Alternative Programs

There are a number of considerations when planning, developing and implementing alternative education programs that foster success.

Coordination

- strong links between agencies
- clear pathways between programs
- local approach
- access to youth supports, to health services and work options

Planning

- organisational flexibility
- operating from a youth friendly environment
- low student teacher ratio
- freedom to leave and rejoin as necessary
- careful selection of staff
- individual attention
- professional development of staff
- involvement of students in decisions about programs

Program Content

- focus on basic skills
- use activities that allow creative expression
- emphasis on informal learning
- program flexibility and flexible delivery
- use student strengths and interests as a starting point
- learning outcomes should be embedded across the curricula

Program Approach and Style

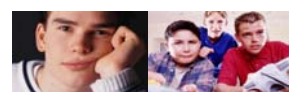
- include personal, social and educational goals
- intensive support and nurturing
- small groups or 1:1
- opportunities to make learning tangible and visible
- holistic

Relationships and Interactions

- encourage student responsibility
- opportunities to discuss issues
- positive regard for all
- mutual respect
- advocacy

Staff Qualities

- superior relational skills
- committed and persistent



- flexible and creative
- tolerant of noise and mess
- welcome of diversity
- able to see beyond current problems and crisis

SECTION 5

Scenarios

Scenarios

The following presentations are included to provide insight into:

- the young persons experience of an episode of mental illness
- the impact of mental illness on the young persons learning and social interaction
- possible treatment options and collaborative support strategies between the school and the Child and Adolescent Mental Health Service (CAMHS).

The scenarios are representative of presentations that are seen by a *CAMHS* service. They outline practice issues and are intended to promote discussion and collaboration in schools.

Daniels Scenario

Initial Presentation

Daniel is a 14-year-old boy who was referred a C.A.M.H.S. service after being admitted to hospital for abdominal pain. Staff noted that he appeared anxious, withdrawn and woke very early in the morning (in hospital and at home) and questioned whether he was experiencing Depression.

On referral the parents main concerns were:

- recurrent episodes of abdominal pain
- poor school performance
- the impact of being bullied particularly in high school
- school refusal
- withdrawal from other social settings

Daniel also reported having experienced some panic attacks.

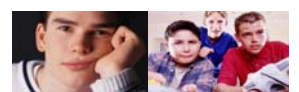
Relevant History:

i) Developmental History

- Daniel had some birth trauma and was consequently in a humidicrib for 4 days.
- He was a bed wetter until age 9 years but early milestones were otherwise normal. Daniel was observed to have poor fine and gross motor skills at age 4-5yrs.

ii) Medical History

- frequent middle ear infections up until 5 years age.



- diagnosed with Attention Deficit Disorder at age 10 yrs and was given medication with some improvement in concentration and distractability but no significant change in academic performance.

iii) Educational History

- Daniel had always experienced difficulties socialising at school and reported being bullied since Year 4. At high school he spent his free time accompanying a sympathetic music teacher whenever he could.
- It was reported that he had been good at reading and spelling but had poor comprehension from Year 1. This has continued into high school.
- Parents arranged extra tutoring in Yr 6 but Daniel had not responded well to this.
- Since starting high school 2 years ago Daniel has complained frequently of being bullied and has increasingly refused to go to school or even get up on some occasions. At the time of referral he was not attending school at all.
- The School Counsellor had done a psychological assessment using the WISC-111. Results showed him to be in the average range for his age with a specific weakness in processing speed. He was noted to have poor organisation and planning skills and some obsessive behaviours.
- Recommended learning strategies were:
 - flexible time limits to complete tasks
 - copies of notes which can be taken home
 - minimal writing of information from the board
 - tasks broken down into a number of steps to assist with difficulties in recall
- The Home School Liaison Officer phoned and visited Daniel and his mother but was not able to access the family readily as both parents work some distance from home.

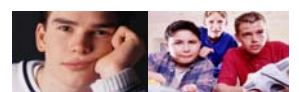
Mental Health Intervention:

Daniel was seen by the Adolescent Psychiatrist, diagnosed with an Anxiety Disorder and Pervasive Developmental Disorder and commenced on medication. The CAMHS Worker educated Daniel and his parents about the interplay between Anxiety, family dynamics and avoidance of anxiety producing situations. Daniel was taught Cognitive Behaviour Therapy skills including the relationship between thoughts, feelings and behaviour and relaxation techniques. He was also taught problem solving and assertiveness skills.

School Management Strategies

Daniel refused to return to the same school but agreed to attempt re-integration into another school. The CAMHS Worker liaised with the Home School Liaison Officer and this was arranged. A meeting occurred between Daniel, his parents, the CAMHS clinician and the School Principal to discuss strategies to support Daniel as he re-commenced school.

Re-integration occurred over a period of 4 months with support from the Support Teacher Learning and teacher's aide time was applied for. Several meetings occurred involving Daniel, the CAMHS Worker and relevant education staff including the School Counsellor, the Deputy Principal and the Teacher's Aide to discuss support especially during exam time and selection of electives for Year 9.



Mental Health Intervention (cont)

The CAMHS Worker continued to see Daniel until he was able to commute to school independently.

He was then referred to an Anxiety Group.

Daniel is now integrated back into mainstream school and is attending full-time. On last report Daniel was still experiencing some bullying but was coping with being back at school, had a couple of friends and was proud of his increased independence. Some relapse prevention strategies were discussed in anticipation of future difficulties.

Dana's Scenario

Initial Presentation:

The School Counsellor referred Dana, a 17-year-old girl in Year 11 to a CAMHS service. She had been diagnosed with Depression by a GP and given medication 12 months previously. The School Counsellor had met with Dana's parents. On referral the main concerns expressed were:

- increasing episodes of suicidal thoughts and self-harming behaviour often following episodes of conflict in the family
- increased use of marijuana and binge drinking (Dana's concern – mother is unaware of this)
- deterioration in academic performance
- frequent episodes of verbal aggression towards parents and friends

Relevant History:

i) Psychosocial

Dana's family migrated from Europe when she was a small child. Her parents were from different traditional religious and cultural groups, which caused ongoing conflict in the family. Soon after arriving in Australia her parents separated. Dana's mother has experienced numerous episodes of Depression. Conflict between both sides of the family has been ongoing and intense and in the past Dana witnessed frequent episodes of verbal and physical aggression. Consequently, her contact with her father and older sister has been very limited.

ii) Developmental

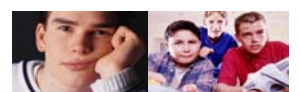
Mother reported normal milestones and early development. Dana talked well at an early age.

iii) Medical

Numerous episodes of Asthma – required hospitalisation at eight years of age. No other significant medical history reported.

iv) Educational

Dana had always been a high achiever at school until Year 10 when a gradual deterioration in her school performance and interaction with peers and staff was observed. She struggled with concentration in class and was observed by teachers to be often staring into space. School staff had noted that Dana was sometimes the class clown, sometimes uncharacteristically verbally aggressive and sometimes withdrawn. Dana is very creative and she was generally able to



maintain her normal behaviour and performance in art.

Mental Health Intervention

Dana disclosed to the CAMHS Worker that a family friend had sexually assaulted her twice at 9 years of age. She had never talked to anyone about this but had started experiencing frequent intrusive thoughts, memory flashbacks and nightmares about the assaults and was finding it hard to sleep. Dana showed insight into the connection between these symptoms and her poor concentration and short-term memory. The symptoms had started to diminish about six months ago but re-occurred following the family's contact with the perpetrator of the assault and a period of escalating family conflict. Dana refused to be involved in any legal action or sexual assault counselling. She reported experiencing increased periods of feeling overwhelming sadness and helplessness especially around her limited contact with her father and sister and also around her mother's restrictions on her interaction with peers. Dana had started sneaking out at night and going to parties but always felt a lot of guilt about this and about her subsequent drug and alcohol use.

School Management Strategies

- The school counsellor saw Dana on a regular basis, monitored the level of her Depression and liaised closely with The CAMHS Worker. She was included in a group for students with Depression. The Head Teacher Welfare made staff aware that it would assist Dana to have:
 - flexible time limits to complete tasks
 - copies of notes which can be taken home
 - tasks broken down into a number of steps to assist with difficulties in recall
 - liberty to leave the classroom if necessary
 - a calm, positive but authoritative approach when dealing with challenging behaviour.

Mental Health Intervention (cont)

Dana was seen by the Adolescent Psychiatrist and diagnosed with Post Traumatic Stress Disorder and Depression. Her medication was changed. The CAMHS Worker worked with Dana to improve not only her awareness of the impact of the trauma and family conflict but also to help her identify the strengths she has which have helped her survive her experiences. Dana could identify the following strengths:

- her ability to seek help and support from significant people. Eg: her religious cultural group; a couple of trusted school friends; her Art teacher
- her own creative ability through which she expresses a lot of emotion, especially anger
- her belief in herself as being talented and having a lot to offer others who have been through difficult experiences.

Individually and in a group setting she was taught skills in:

- how to take control of her thoughts, emotions and related behaviours
- conflict resolution
- problem solving
- self-nurturance.

It was not possible to involve Dana's father so the clinician assisted her mother to gain insight into the impact of:



- Dana's experiences of assault and family conflict
- her own Depression
- cultural/social restrictions on her daughter.

Eventually Dana became more assertive and her mother reluctantly agreed that she could see her father and sister on a more regular basis. She also accepted assistance for her own mental health problems. Dana started a part-time job and has negotiated greater social freedom with her mother. The parental conflict has not lessened but Dana is more able to separate herself from it. Dana has lost a number of former friends and knows that some teacher's are wary of her but also feels she has learnt a lot about who she can trust. She reports that she has stopped using marijuana and decreased her use of alcohol with occasional episodes of binge drinking. Her counsellors remain concerned about her vulnerability during and after periods of intoxication. The suicidal thoughts and periods of Depression have lessened and Dana now feels more confident in her ability to handle her thoughts and intense emotions. Her ability to concentrate is increasing and she is determined to improve her school performance over time so that she can assist others who have had similar experiences.

Tania's Scenario

Initial presentation

Tania is a 17 year old girl who lives with both parents and her 3 younger siblings .She was referred to an Early Psychosis unit 18 months ago. At the time she was experiencing increasing suicidal ideation and a history of 4 years of cyclical mood changes, which had increased in intensity over the previous 12 months.

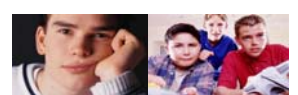
Other concerns expressed by the parents:

- Tania had become very aggressive verbally. Her mood was elevated and she was often awake very late at night and early in the morning.
- She would sometimes look startled for no apparent
- They had noticed periods where Tania withdrew completely from the family for extended periods of time
- A deterioration in academic performance which is considered to be particularly important in this family.
- Tania often complained that people were talking about her at school and in social situations.
- Her mother had been diagnosed with Bipolar Affective Disorder 8 years ago and the parents strongly suspected that Tania might also have the disorder.

Tania reported that as a child she had often felt isolated and had started experiencing panic attacks when she was 11 years old. When asked if she was experiencing anything unusual she acknowledged that she was hearing voices that called her names and told her to die.

Tania also acknowledged that she had used significant amounts of marijuana over the last 12 months. Her parents were not aware of this.

Relevant History: Her parents had taken her to a Family Counselling Service when she was 7 years old because they were concerned about her being withdrawn and a " *Worrier* ". High levels of family conflict and expectations of high academic achievement were noted at



that time. The Counsellor noted that Tania was very responsible for her age and had a lot of anxiety around performing well in all areas.

Developmental History

Tania had been an unsettled baby. She had talked at a very early age. Otherwise her milestones were normal.

Medical History

Tania had suffered with Eczema and Ear infections from an early age. She had had no other significant health issues.

Educational History:

At the time of presentation to the Early Psychosis unit some of her teachers had noticed that there were periods when she was very active, easily agitated and wanting to achieve uncharacteristic and unrealistic goals such as competing in a pentathlon and becoming a movie star. Tania had performed at a high standard academically until the age of 15.

School staff had also noticed periods where she seemed very unhappy, had no motivation to do school work or her usual sporting activities and often to have poor concentration.

Mental Health Intervention

She was seen by the Child and Adolescent Psychiatrist and started on the relevant medication.

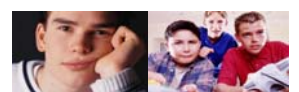
Over the 18-month period Her Adolescent Health Worker educated Tania and her family about:

- the impact of her illness
- potential triggers to further episodes such as stress, unrealistic expectations, unresolved conflict
- relapse prevention strategies such as regular sleep and exercise, not using alcohol excessively, self monitoring of emotional well being
- Cognitive behaviour strategies to self-monitor and control Anxiety.
- The importance of Tania maintaining normal social contact with peers as much as possible.
- Having realistic and achievable academic goals.

School Management Strategies

With Tania's agreement the Adolescent Worker also liaised with the School Counsellor and Year Adviser and arranged a meeting between them, Tania and herself. With their assistance and support, Tania decided to attend school for reduced hours each week and complete Year 11 over 2 years. Her parents resisted this decision but eventually accepted that it was Tania's decision and in her best interest.

Tania still experiences episodes of elevated moods, reduced sleep, some paranoia and anxiety but has an awareness of this, and generally manages these well with assistance from her family, school staff, a few close friends and her Adolescent Worker. Her medication has been reduced to a minimum. She still has episodes of risk taking in her use of high amounts of Marijuana at parties although she is aware of the impact this has on her well being Tania has been able to remain at school. She has not been able to maintain the same



academic standard as she had previously, which her parents have found very difficult to come to terms with. Tania is confident that she will still be able to meet her goal of becoming an Environmental Scientist but recognises that it is going to take her longer.

Key Learning Points for Reflection or Discussion

- What other school supports, services and/or classroom strategies would you have considered for these students? (Section 2 of the manual has some suggestions)
- What aspects of the history in these scenarios have you found useful in your understanding of mental health issues? Maintaining confidentiality is vital for mental health clinicians and school counsellors to build rapport and trust when working with young people. However teachers often express the view that they need more information about their students to be able to understand and deal with them effectively. Are there ways that we could approach this issue which would meet:
 - the student's need for privacy
 - the counsellors' legal and ethical requirement to maintain confidentiality
 - the value of teachers having more information?
- Child and Adolescent Mental Health Services recognise that children and young people generally have an episode of mental illness rather than a permanently diagnosed mental illness. This can be problematic in the school setting where a diagnosis is needed for funding. How can Health and Education staff work collaboratively around this issue to reduce the effects of stigma?
- How can schools and CAMHS services engage the broader community in supporting vulnerable students?
- What are the limits of a teacher's duty of care with students with mental health disorders and/or drug and alcohol issues? Eg in the area of reports to DOC's, referral, and/or professional responsibilities as opposed to personal and/or ethical responsibilities.



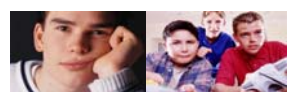
Section 6

Resources

6.1 For School staff.....page 48

6.2 For Parentspage 50

6.3 For Kidspage 51



Useful Websites and Phone Contacts For School Staff:

<http://smhp.psych.ucla.edu>

This American site offers a range of information regarding mental health issues in the school setting such as bullying, responding to a crisis, and barriers to learning

<http://auseinet.flinders.edu.au>

This Australian site offers a range of information, education and strategies for good practice. The site has many links.

www.friendsinfo.net

This site is about preventing childhood anxiety and depression through the building of emotional resilience.

www.curriculum.edu.au

This site offers a wide range of resources and information regarding mental health for secondary schools.

www.tourettesyndrome.net/education.htm

This site is maintained by the Tourette Syndrome Association and contains a wealth of information for teachers and parents including "*Creating a user friendly classroom*", "*Screening for homework problems*" "*Screening for sleep and organisation problems*". The site has many links to other very useful sites.

www.mentalhealth.com

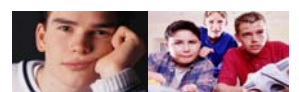
This Canadian site offers lots of information about various types of mental illness and their impact.

www.education.tas.gov.au/admin/hr/policies

This site provides a guide to meeting obligations under the Workplace Health and Safety Act 1995. It offers a sample Emergency Action Guide current at November 2002.

www.behavior.org/virtual

This site is the Behavioural Virtual Community. It is a place where people can interact and exchange information and resources on important behavioural issues at home, school and in society.



www.nswtf.org.au/edu

This site offers a summary of considerations about supporting safe work environments and comments regarding maintaining the best interests of employees when addressing competing legislative requirements.

www.anu.edu.au/disabilities/altass.html

This Australian site offers suggestions for alternative assessments for students with disabilities.

www.studentservices.uwa.edu.au

This site contains the manual, *Managing Oral Examinations – For Students with Disabilities – A Guide for Staff and Students* published by the University of Western Australia.

www.anu.edu.au/disabilities/tech.html

This Australian site offers links to sites relating to different types of assistive technology.

www.headroom.net.au

This site provides useful information on mental health for parents, young people, teachers and mental health professionals. It also provides links to other relevant sites.

www.eddept.wa.edu.au/SAER/resource/content.htm

This Australian site offers a range of resources generated by the Students at Educational Risk Project. They include resources for re-engaging young people in school, behaviour management in schools, planning alternative education programs, behaviours of gifted and talented students and working with parents and care-givers.

www.det.nsw.edu.au

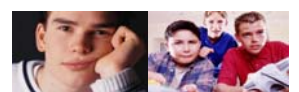
This site contains the resource kits, *Safe Secure Harmonious Schools*, *Successful Outcomes for Youth at Risk*

www.newcastle.edu.au/services/disability

This site contains a full directory of support services available on the Central Coast of New South Wales.

www.madnation.org/ozmad.htm

This site is maintained by the Australian Mental Health Consumer Movement and provides very useful information on mental health and psychiatric disability issues.



Useful Websites and Phone Contacts

For parents:

www.healthysa.sa.gov.au

This site provides very useful information about how mental illness and how it can affect children and families. The site lists other useful sites and links.

www.napcan.org.au

This site offers a range of educational, culturally sensitive resources for parents and children. It offers behaviour management ideas, positive parenting ideas, and helps you to understand how children behave and respond at different ages and stages.

www.parenting.nsw.gov.au

This site has lots of ideas for positive parenting and understanding you kids.

www.eddept.wa.edu.au/SAER/resource

This site offers resources for parents relating to working with teachers, support and services for students at educational risk .

www.behavior.org/virtual/BVC_home.cfm

This site is the Behavioural Virtual Community. It is a place where people can interact and exchange information and resources on important behavioural issues at home, school and in society.

www.newcastle.edu.au/services/disability

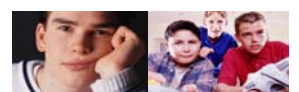
This site contains a full directory of support services available on the Central Coast of New South Wales.

www.humanrights.gov.au/disability_rights

This site contains answers to frequently asked questions regarding disability and discrimination. It has links to other relevant sites.

<http://www.madnation.org/ozmad.htm>

This site is maintained by the Australian Mental Health Consumer Movement and provides information on mental health and psychiatric disability issues.



www.tourettesyndrome.net/education.htm

This site is maintained by the Tourette Syndrome Association and contains a wealth of information for parents and teachers including "Preparing for a meeting with your child's school and helping your child with homework". The site has many links to other very useful sites.

www.headroom.net.au This site provides useful information on mental health for parents ,young people ,teachers and mental health professionals.

Useful Websites and Phone Contacts

For kids:

www.reachout.com.au

This site is especially designed for children and young people and offers lots of information about getting help and learning how to cope. It is an interactive site and there is a chat room and bulletin board.

<http://www.headroom.net.au>

This site provides useful information on mental health for parents, young people, teachers and mental health professionals.

