School mental health edition

childpsych:psychology practice and learning centre

childPSYCH News

A newsletter for professionals and parents

Volume 9, Issue 4
Term 4 2014

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School based mental health services

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Providing mental health services in school's has long been advocated as an effective means of early identification and treatment. Mental health problems are often a barrier to learning and need addressing. Common childhood issues such as behavioural problems and anxiety often limit the child's ability to learn to their potential.

School's generally employ school counsellors/school psychologists/Guidance counsellors. These professionals are often busy conducting a wide range of school psychology services such as special education assessments, writing reports, responding to critical incidents and consulting with teachers. When the length of the school day is taken into account, these professionals are left with little time to consult with all the children referred to them. Little wonder then that school mental health professionals report little time for mental health interventions such as counselling.

The argument for school based mental health services

Providing mental health services in schools increases the chances of children receiving psychological help should they need it. Studies have shown that barriers to seeking treatment such as transportation, parent time off work and costs are reduced. Children are therefore likely to receive timely and consistent psychological assistance. Moreover, the presence of school mental health professionals results in greater collaboration with the school. This in turn results in more holistic interventions, up skilling of teachers and improved communication about the child's needs.

School Based Intensive Mental Health Program

***"childpsych's Sb-IMHP* program showed a significant improvement in on-task behaviour, significant decrease in parenting stress and significant improvement in children's symptoms"**

Limitations of current practices

The involvement of outside agencies in the provision of mental health services in schools is not new. Often external psychologists can deliver interventions in the school setting. However, a frequent observation and concern raised by many researchers has been that these "solo" services are not systematic enough or broad enough to reach more students.

Best practice research indicates that involving the teachers and school in interventions is paramount for ongoing effectiveness of interventions. This means that teachers need access to the psychologist to consult about strategies they can use in their classrooms to assist with the child. In addition, being able to provide a wide range of services is also important. For example, working with a child with a behaviour disorder requires an assessment for a learning disorder, possibility of AD/HD and a knowledge of learning strategies. This often requires a team of specialist psychologists such as Educational Psychologists and Clinical Psychologists.

There is a growing concern by researchers involved in reviewing mental health services in schools, that services are not always delivered by appropriately qualified professionals. This is often the result of more stringently trained mental health professionals being costly to employ.

childpsych's School-based Intensive Mental Health Program

Out of a need to deliver more effective school-based mental health services, childpsych with the funding support of West Moreton Medicare Local, implemented a pilot study of the School-based Intensive Mental Health Program (Sb-IMHP) in a large school. The Sb-IMHP delivered a framework for the implementation of mental health services by an external provider on school grounds.

Providing two psychologists (Educational and Clinical Psychologists) and an Intern Psychologist, the program was implemented this year. Working in partnership with the school Guidance Officer and school management team, 17 at risk children were identified and received psychological interventions.

This involved regular meetings with the school to share results, tailoring of psychological interventions (not "fitting children to a existing treatment program"), encouragement of parents to attend counselling sessions and in-depth management of children. Some children participated in a group program AND received individual counselling services.

Results at the end of the 10 week program showed a significant improvement in on-task behaviour, significant decrease in parenting stress and significant improvement in children's social and behavioural functioning.

The Sb-IMHP program has since been implemented in three other schools. Other school's are being considered for 2015.

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Psychological Interventions for Bullying

Bullying is an extreme form of deliberate peer aggression such as verbal insults, telling lies about a peer, deliberately excluding a peer and physical harm. The difference between bullying and other forms of peer aggression is the intent of the bully. Bullies generally *intend* to harm the other peer and such intention is *repeated* over time. Typically there is a power imbalance where the bully has power over the victim.

School's have developed many procedures to deal with reports of bullying. Indeed our workplaces have strict guidelines around acceptable employee behavior and our society provides laws to address bullying behavior.

Bullying is expected to occur at least once in 10-20% of school aged children. Bullying therefore will be experienced by almost a quarter of children at some point in their schooling career. Referring to a child as a "bully" is not entirely helpful as it appears that many children will be a bully in one situation but a victim in another. In other words, a "bully" is not necessarily a "certain type of child". Instead, it seems certain environments give rise to bullying behavior and it is important to have interventions that encourage supportive school environments.

It is no surprise then that minimal teacher supervision is one reason for bullying. A teacher who walks around on play ground duty is more effective than the teacher who remains in one spot! A child is more likely to bully another when they are encouraged by their peers, believe the victim is weaker than them and feel their chances of getting caught are slight. Victims often report higher levels of anxiety and depressed mood and are less accepted by their peers.

Children who are bullied do appear to be unable to defend themselves against peer aggression. This is considered to be because of their social status, difficulty with being assertive and/or physical weakness. However, removed from the bullying environment, victims are usually able to have a fresh start and not be bullied again. Bullying therefore is quite situational and it is the responsibility of adults to provide a safe *environment*.

Children who bully tend to be more unhappy at school and more likely to report a depressed mood.

A culture of bullying is inadvertently reinforced by adults some times. This can include comments such as, "this is how Grade 3 boys act". Coercive and aggressive behavior in the home, such as overly strict parenting styles reinforce in a child's mind that aggression is acceptable.

It has been our experience in this clinic that we eventually treat victims of bullying who are now depressed and/or highly anxious. Psychologists typically use cognitive behavioural treatments to treat the victims depressed mood and anxiety. However, ongoing recovery is sometimes slow.

From a school environment perspective, a low tolerance for bullying behaviour, increased teacher surveillance during lunch hours and responding to the bully and victim's needs is paramount.

The use of Peace Keepers at lunch time helps break down any acceptance of bullying behavior. Some intervention programs advocate a no-blame approach but made sure the bully knows they are being watched and that the victim is being checked in with regularly. This no-blame approach has been shown to stop the bullying in 60% of cases.

A final word does need to go to emphasizing the importance of considering the bullies and victims needs. This requires consideration by a psychologist who can determine if the bully has some existing disorder (e.g. a behavior disorder but also depression) and the mental health of the victim. Timely responding is important.

School Based Intensive
Mental Health Program

Schools!

Enquire about our School-based Intensive Mental Health Program

Autism Services

childpsych provides specialist **autism "services focused on** assessment and diagnosis and intervention services. Our autism interventions are delivered by psychologists accredited to work with children with autism spectrum disorders.

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childpsych.net.au/autism-services

Delivering effective mental health interventions in schools

A tiered system for the delivery of mental health interventions is recommended for school's. This typically means that all student's are exposed to a "health curriculum" that teaches general resilience skills such as solving personal problems and being assertive. Many school's now cover various issues such as this throughout the curriculum or during set lessons (e.g. Life skills).

However, a further 5-15% of children can be considered at-risk of a mental health disorder. This can include for example, those children who are shy or those who have experienced significant stress in their life. These children often benefit from being involved in a group program that addresses their need. For example, in our School-based Intensive Mental Health Program, we identified several at-risk children who were from disadvantaged homes or had lost a family member and provided them with a program focussing on general resilience. Some children however, already have an intense mental health problem (usually 1-7% of students). These students require individual psychological counselling. Again, in our Sb-IMHP, we identified students with Autism and AD/HD and involved them in not only weekly group sessions but also individual counselling to address their behaviour. Their parents were heavily involved in treatment also.