

Mental health information sheets

Component 4: Early intervention for students experiencing mental health difficulties

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What does anxiety look like?

When will Sara stop worrying?

Ten-year-old Sara is hard to get to school in the mornings. She seems happy all weekend until Sunday night arrives. On school days, it's hard to get her out of bed. When she finally does get up, she takes ages to get dressed. She often complains to her mum that she feels sick. She says 20 times, "When are you picking me up from school?"

Sara usually does her homework without any fuss. Often she takes extra time to make sure it is just right. Lately Sara has not been paying attention in school and has been telling her teacher she feels sick and wants to go home.

At night Sara won't go to bed by herself. She says she's scared of burglars. She won't go on sleepovers to her friends' houses either. Her father thinks it's just a passing phase, but her mother is concerned.

Does Sara have a difficulty with anxiety?

She may have, so further investigation would be a good idea. Anxious children tend to see the world as a dangerous place. They fear getting hurt, either physically or socially. They can feel anxious even when there is no actual danger. The way children deal with their anxiety can make it worse. If children keep on avoiding the things that make them anxious they don't learn helpful ways to cope and their anxiety may keep growing. Everyone gets anxious in certain situations. In children, fears and worries are not unusual. If anxiety is extreme, it can stop children learning well, joining in with others and enjoying life.



What you might see in a child with anxiety difficulties

A child with anxiety difficulties may...

- seek reassurance often
- avoid situations they feel worried or scared about
- try to get others to do the things they are worried about
- tell you they have physical pains
- dislike taking risks or trying new things
- have lots of fears
- get upset easily
- have lots of worries.

Parents and carers might notice their child...

- clings to them
- asks for help with things they can do for themselves
- doesn't want to get ready for school
- won't go to sleep without a parent or carer
- asks, "will you do it for me?" a lot
- asks, "will you tell them for me?"
- often complains of stomach pains or headaches
- worries a lot about doing things right
- prefers to watch others rather than have a go
- is scared of the dark, dogs, injections, being alone, germs, tests
- often cries over small things
- complains, "he's teasing me," a lot
- always sees the dangerous side of everything.

Teach children helpful self-talk. Instead of saying to themselves, "I can't do this," encourage them to say, "I'll give it a go."

How parents and carers can help

Children with anxiety difficulties tend to lack confidence in their abilities and feel overwhelmed easily. They need to learn how to cope with worries and build confidence. Children with these difficulties benefit from parents and carers providing positive support and teaching them the emotional and thinking skills that can help them manage their worries.

Parents and carers can

- Teach children to be brave by showing them you believe they can do things and encouraging them to have a go even when they are scared or worried. You might remind them of a time when they were brave and it worked.
- Break larger goals into small steps that children can succeed with, and praise their success.
- Help them learn relaxation skills. Breathing slowly to calm down and imagining yourself coping in a scary situation are really helpful ways of managing anxiety. Doing it with them is a fun way to start.
- Teach children helpful self-talk. Instead of saying to themselves, "I can't do this," encourage them to say, "I'll give it a go." Help them to see that by worrying less they can do more and feel better about themselves.

Are you worried that your child is a bit like Sara?

Here's how to get help

- Talk with your child's classroom teacher about how your child is managing at school and find out what resources the school can offer.
- Ask to speak to the school psychologist or counsellor.
- Talk to your doctor about the possibility of an assessment and referral to a children's mental health specialist.

A mental health professional may diagnose an anxiety disorder when

- 1 a child gets anxious more easily and more often than other children of the same age
- 2 anxiety affects a child in lots of settings – at home, at school and in their community
- 3 the difficulties with anxiety greatly interfere with a child's ability to get on at home, school and with friends
- 4 the fears and worries seem to be out of proportion to the risks in a child's life.

For more, please refer to the KidsMatter Primary information sheets on recognising and getting help for children with mental health difficulties.

This resource is part of a range of KidsMatter Primary information sheets for families and school staff. View them all online at www.kidsmatter.edu.au



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About anxiety

Anxiety and mental health in children

Fearful and anxious behaviour is common in children. Most children learn to cope with a range of normal fears and worries. However, extra help may be needed when:

- children feel anxious more than other children of their age and level
- anxiety stops them participating in activities at school or socially
- anxiety interferes with their ability to do things that other children their age do easily
- the fears and worries seem out of proportion to the issues in their life.

When children become anxious more easily, more often and more intensely than other children, they may be diagnosed with an anxiety disorder. The most common anxiety disorders in children of primary school age are Phobias, Generalised Anxiety Disorder and Separation Anxiety. Research estimates that between approximately two and nine per cent of children and adolescents in Australia have anxiety disorders.

How anxiety affects children

In addition to feeling highly anxious, children's thinking is usually affected. The threat or danger they are concerned about appears to them to be much greater than it actually is. Thinking about the situation that causes them to be anxious makes them more worried and tense.

Children with anxiety may develop their own strategies to try to manage situations that cause them distress. Often this involves trying to avoid the situation or having a parent or other adult deal with it for them. Avoiding a situation makes it more likely that the child will feel anxious and be unable to manage it the next time. This behaviour makes it more difficult for the child to cope with everyday stresses at home, at school and in social settings.

Anxiety can also result in physical difficulties such as sleeplessness, diarrhoea, stomach aches and headaches (sometimes referred to as somatic complaints). It can also involve irritability, difficulty concentrating and tiredness.

How do you notice anxiety in children?

At home

- Fear and avoidance of a range of issues and situations.
- Headaches and stomach aches that seem to occur when the child has to do something that is unfamiliar or that they feel uneasy about.
- Sleep difficulties, including difficulty falling asleep, nightmares and trouble sleeping alone.
- Lots of worries and a strong need for reassurance.

At school

- Wanting things to be perfect. For example, a child may be so dissatisfied with his/her own work that he/she will tear it up and redo it several times.
- Reluctance to ask for help. Sometimes anxiety creates an obstacle that prevents children asking for help from the teacher about a problem with learning. Children who ask too much for reassurance may also be overly anxious.
- Difficulty joining in. Children with high levels of anxiety may be afraid to join in class discussion, take part in sport or games or go to school camp.
- Requests to go to sick bay. Anxious children often complain of stomach aches and headaches.
- Fearful of test situations. Some children do not do as well as they can in test conditions because they are struggling with anxiety. They may also be too self conscious to perform in front of the class.

Common anxiety disorders in primary school-aged children

Type of anxiety	What that means
Separation Anxiety	<p>Separation Anxiety relates to fear and distress at being away from the family. There is commonly a fear that something bad will happen to a loved one while they are separated. Fear of separation is considered developmentally appropriate up to two years of age, but it should lessen as children get older.</p> <p>Children with Separation Anxiety may complain about feeling sick. They may make frequent trips to the sick bay at school or sometimes refuse to go to school altogether. School camps and sleepovers are commonly major problems for children with Separation Anxiety.</p>
Phobia	<p>Phobia is diagnosed when particular objects, situations or events such as injections, spiders or heights bring about intense fear and avoidance even though realistically the threat of harm is small.</p>
Social Phobia	<p>Social Phobia refers to extreme levels of shyness and fears of being seen in a negative light. Children with Social Phobia avoid a range of social interactions such as talking to new people, speaking up in class or performing in public. They are frequently self conscious and will often have a limited number of friends.</p>
Generalised Anxiety Disorder	<p>Generalised Anxiety Disorder is diagnosed when children have excessive and unrealistic worries about a broad range of possibilities. They may worry about things that might happen, about their own past behaviour, or about how good they are at their schoolwork or how popular they are. They often lack confidence and need a lot of reassurance.</p>
Post Traumatic Stress Disorder	<p>Post Traumatic Stress Disorder may develop following a traumatic event such as being in a serious accident, experiencing a life-threatening event or witnessing extreme violence. Symptoms include changes in sleep pattern, irritability and problems with concentration. There may also be mental flashbacks and re-experiencing of the event. Themes relating to the trauma may be seen in children's drawings or in play.</p>
Obsessive Compulsive Disorder	<p>With Obsessive Compulsive Disorder, the child is affected by persistent unwanted thoughts, often about dirt or germs, or sometimes a need for symmetry. To try to stop the thoughts the child feels compelled to repeat a particular action, such as washing his or her hands or repeated counting. Older children usually recognise that the thoughts and behaviours do not make sense even though they are driven by them.</p>
School refusal	<p>Anxiety can lead to school refusal. When children refuse to go to school as a result of anxiety it is usually accompanied by physical complaints, such as stomach aches or headaches.</p>

How do anxiety disorders develop?

Humans are primed for survival to respond to situations where there are dangers or threats. Some people, including children, react more quickly or more intensely to such situations where there is danger or threat. The physical symptoms of anxiety (eg increased heart rate, faster breathing) are more easily triggered in children with anxious temperaments.

Having an anxious ('internalising') temperament often means that children react more to threats in the environment. This appears to be partly an inherited characteristic. Children with anxious temperaments are often cautious in their outlook and shy in relating to other people.

Sometimes stressful events trigger problems with anxiety. Children who experience more stressful events over their lifetime than others or who have gone through particularly traumatic events may experience increased anxiety.

Learning may also play a part in the development of an anxiety disorder. Some anxious children may learn that the world is a dangerous place. They may learn that it is easy to get hurt either physically or socially. They may fail to learn positive ways to cope and depend more and more on unhelpful ways of dealing with situations that cause them anxiety. Sometimes families may contribute to children's natural cautiousness by being over-protective. This can unintentionally encourage children to avoid situations they feel anxious about.

The KidsMatter Primary information sheet on children's temperaments provides suggestions for parenting practices to suit differences in children, parents and carers.

How are anxiety disorders diagnosed?

Feeling anxious or fearful at times does not mean that a child has an anxiety disorder. Whether or not a diagnosis is made depends on how often, how easily and how intensely a child experiences the emotional symptoms of anxiety and how much it interferes with everyday living. To make a diagnosis, mental health professionals usually talk to the child and to family members. They may also ask teaching staff, parents, carers and children themselves to fill out questionnaires.

The child's age is an important factor in deciding whether the anxiety is a serious difficulty. This is because having certain fears is normal for children. For example, if an infant cries when an unfamiliar person wants to hold him, his fear is judged as perfectly normal for his age. However, if a 12-year-old girl refuses to go to school because she fears something terrible will happen to her healthy mother, this may be evidence of an anxiety disorder.

See the KidsMatter Primary information sheets on fears and worries for strategies that can be used to help children cope.

Anxiety and other mental health difficulties

Children with anxiety can experience more than one type of anxiety difficulty or disorder. Anxiety can be more common in children with other developmental difficulties. For instance, it is common in children with Autism or Asperger's Syndrome and also can tend to occur in children with Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder. Anxiety and depression also often appear together. Children with anxiety symptoms can be more likely to grow to experience depression as teenagers, although this can depend on a lot of factors.



What professional supports are available?

Early assessment and professional support for children's anxiety difficulties is most beneficial. Psychological supports are very helpful for anxiety. Medication may be helpful in some cases, particularly when anxiety symptoms are very severe.

Psychological support for anxiety disorders not only reduces the current difficulties but also helps to prevent anxiety and depression at later ages.

- Psychological support for anxiety typically involves teaching children to reduce avoidance and use more effective coping skills, such as relaxation and learning how to replace unhelpful thoughts with helpful self-talk.
- For phobias, professional support may involve gradually being exposed to the feared object or situation and the teaching of coping skills.
- Professional support works equally well whether it is run in groups or individually.
- Families are often involved in professional support. Education about emotions and the role of anxiety is helpful for some families. Family members can provide important support as the child learns new coping skills and practises using them in situations they may have previously avoided. The involvement of parents and carers has been shown to be especially important for younger children.

For children whose anxiety is less severe, school-based social and emotional learning programs that build resilience and coping strategies can be very helpful.

How to assist children with anxiety problems

Children with anxiety difficulties are often quiet and obedient. This can lead to their difficulties being overlooked. It is important to take note of children's worries so that their difficulties can be addressed sooner rather than later.

To assist children with anxiety disorders it is important to have a coordinated approach both at home and at school.

Steps for learning how to cope with anxiety about speaking in front of others

Taking steps to overcome anxiety

The child helps to construct the steps from easiest to hardest then practises using coping skills to try the first step. When the child is able to cope without anxiety he/she moves up a step to the next level. Efforts should be acknowledged at each step using praise, rewards and positive self-talk.



General principles for assisting children with anxiety disorders

Increase children's helpful coping skills

Anxious feelings are fed by anxious thinking. It is important not to dismiss children's anxious feelings, but to help children see that the situations they are worried about may not be as bad as they think.

Teach by example

Showing children how you cope positively with feeling anxious or stressed and remaining calm and positive when they are feeling anxious can help them to feel more confident.

Avoid taking over

Children with anxiety are usually very happy for someone else to do things for them. However, if adults take over, it stops children from learning how to cope themselves.

Encourage children to 'have a go'

Having a go helps to show children that they can cope. Praise or reward them for every step they manage to take.

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Anxiety: Suggestions for families

Children with anxiety difficulties tend to see the world as a scary place.

They can be overly sensitive to their feelings and lack confidence in their own ability. They may try to avoid situations they see as difficult and as a result do not cope with challenges in their environment.

How you can help

Parents and other adults can help by supporting children to be brave. In order to be brave children need to have skills for understanding and managing their feelings. They need to learn about helpful thinking that they can use to encourage themselves to have a go, and they need to gradually build up their confidence by taking on small challenges.



Help to recognise and understand anxiety

A first step in helping children gain some control over anxiety is recognising when it occurs and how it affects them.

Model helpful coping

Being a good model involves showing children how to cope with emotions (not just telling them). Show children with anxiety how you use helpful self-talk in a difficult situation (eg "This looks a bit scary, but I'll give it a go").

Discourage avoidance

Sometimes when children say they feel sick, they are describing feeling anxious. It is important that children do not avoid things like school or homework unnecessarily.

Praise having a go

Encourage children with anxiety to attempt new things and praise them for trying. It is very important to emphasise trying rather than success when anxiety is an area of difficulty.

Introduce challenges gradually

Children build strength and resilience by learning to face challenges. It is important to begin with small challenges that children can meet. For example, a child who is frightened of dogs might start by walking past the house when the dog is barking without having to cross the road. This improves confidence for taking on more challenging steps.

Start small

Help the child to choose goals for becoming braver and to take small steps towards achieving them. Celebrate his or her success at each step. Experiencing even small successes helps to reduce anxiety.

Practise coping skills

Practise using coping strategies for challenging situations. Help children talk about problems and support them to come up with possible solutions.

Try not to get angry

If a child simply refuses to do something even after you have encouraged him/her and broken the task into steps, it may simply be overwhelming at that time. Sometimes, you need to back off and praise the child for doing as much as he or she could. Later, try again with smaller steps and encourage your child to have a go, one small step at a time.



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Anxiety: Suggestions for school staff

Children with anxiety difficulties are easily overlooked at school as they are usually quiet and obedient. Often they get anxious about doing the wrong thing, about their schoolwork not being perfect, and about social relationships. Worries about issues that arise outside of school may also interfere with their ability to concentrate in class or relate to others.

How school staff can help

Teach coping skills

Learning about feelings and how they can be managed can really help. Regular social and emotional learning that emphasises coping skills will be helpful in addition to regular, universal social and emotional learning instruction. Children with severe anxiety will benefit most from a social and emotional skills program targeted for children with internalising difficulties.

Discourage avoidance

The tendency to avoid difficult situations or tasks stops the student learning how to manage in spite of feeling anxious. Where necessary, the task or situation can be modified to provide more manageable steps. However, do not force a child to take on something that is too overwhelming.

Encourage 'having a go'

Encouraging students to participate and 'have a go' helps them get over doubts about their ability to manage. Giving positive feedback for trying can make a big difference.

Set realistic expectations

Feeling pressure to be perfect is common for children with anxiety disorders. Setting realistic expectations for academic work is important to help them learn to manage their anxiety and stress less.

Modify and monitor stressful activities

Test situations or class presentations may be particularly stressful for children with anxiety difficulties. Teachers may be able to modify assessment tasks to relieve some of the pressure, for example, by providing breaks during or extra time for tests, or having children present to small groups rather than the whole class. Monitor the child's progress and gradually provide more challenging requirements as confidence increases.

Develop independence

Provide opportunities for children with anxiety to take on special responsibilities that help them support their view of themselves as capable. Developing a sense of independence reduces their need for reassurance and builds confidence.

Access help when needed

Anxiety can be caused by a range of factors. When children's anxiety symptoms are severe or persistent it is important to consult with your school's student wellbeing staff member for further advice and support.

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What does Attention Deficit Hyperactivity Disorder (ADHD) look like?

Why can't Jason sit still?

Jason is seven years old and on the go from early in the morning until late at night. He starts getting dressed at 6 am but he's still not ready when it's time to leave for school. Jason gets easily distracted, can never find his things, and forgets what he is supposed to do. At school he has trouble staying in his seat. He gets frustrated quickly and can't concentrate for very long on his work, so he is falling behind.

When friends come over to his place, he is excited at first but gets upset when they don't do things his way. He starts one game then suddenly wants to change to a different one. Lately he's been saying, "School is boring, the work is dumb," and that he doesn't want to go.

Does Jason have ADHD?

It is not easy to say. Many children have lots of energy and like to be involved in everything that is happening. All children have problems with attention in certain situations.

Some kids have lots of energy and enthusiasm. Once they learn how to manage that energy they can go on to do great things!

What you might see in a child with ADHD

A child with ADHD may...

- change activities often without finishing them
- lose or misplace belongings
- forget what he or she is told to do
- be restless in situations requiring calm
- be always on the go
- have difficulties with planning and organisation
- have difficulties in social situations (eg turn-taking).

Parents and carers might notice their child...

- gets out the soccer ball to have a kick and then goes away and does something else
- leaves their jumper at school regularly (and lunchbox, hat and shoes!)
- agrees to brush their teeth but gets distracted and ends up doing something else instead
- can't sit and finish a meal
- can't sit still on car trips
- runs everywhere; can't wait to do the next thing
- never seems to wear out
- can't keep track of tasks
- gets confused easily when asked to get ready
- constantly interrupts others' conversations
- can't wait for his or her turn.

How parents and carers can help

Children with behaviours like Jason's benefit from learning how to get organised. Set up a plan with your child and help him or her to practise.

For example, if your child has difficulty in getting ready for school in the morning, here are some suggestions:

- Write a short list of the tasks that need doing before leaving the house.
- Get your child to help with the list by suggesting the steps or drawing pictures.
- Use the list as a visual prompt.
- Check each morning how well your child has done and reward success.
- Gradually expect your child to do more by him or herself.

Children may need lots of praise to begin with but as their skills develop, noticing and commenting on the benefits of the new skills and an occasional "well done" will usually be enough to keep them motivated.

Getting ready for school list:

Get dressed

Eat breakfast

Brush teeth

Pack school bag

Tell me when you are ready

Are you worried that your child is a bit like Jason?

Here's how to get help

- Make a time to talk with your child's classroom teacher to share concerns and find out about how your child is managing at school and find out what resources the school can offer.
- Ask to speak to the school psychologist or counsellor.
- Talk to your doctor about the possibility of an assessment and referral to a children's mental health specialist.

A mental health professional may diagnose ADHD when

- 1 a child shows the above behaviours far more often than other children of the same age
- 2 these behaviours occur at home, at school and in the neighbourhood.
- 3 these behaviours cause difficulties for the child with his friends, his teachers and his family and are greatly impacting upon their everyday life.

A diagnosis of ADHD can only be made by a mental health professional after a thorough assessment.

For more, please refer to the KidsMatter Primary information sheets on recognising and getting help for children with mental health difficulties.

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About Attention Deficit Hyperactivity Disorder (ADHD)

What is ADHD?

ADHD is a neuro-developmental disorder that first appears in childhood and is most commonly identified in the preschool and early school years. It is thought to affect between three to five per cent of children aged six to nine years. Boys are more likely to be diagnosed with ADHD than girls.

Since the symptoms of ADHD are seen in all children from time to time, it can be difficult to diagnose. Typically a diagnosis is made by the age of seven, when the symptoms are most obvious. Although the symptoms of ADHD may improve as children mature, as many as 60 per cent of those diagnosed with ADHD in childhood continue to have some symptoms in adulthood.

What would you notice in a child with ADHD?

The most striking features of ADHD in children are difficulties with paying attention, impulsive behaviour and over-activity. Children with ADHD find it hard to manage their immediate reactions and frequently act impulsively without appearing to think first. Children with impaired attention change their activities often without finishing what they are doing. They have difficulty concentrating and remembering what they are told to do.

Children with hyperactivity often talk a lot and behave noisily. They seem to be always 'on the go' and are frequently restless in situations where they need to be calm. Children with ADHD may be careless in dangerous situations. They may constantly interrupt, intrude on others, and have difficulty taking turns in games or conversation. Older children with ADHD are often not able to plan ahead or get themselves organised.

Attention difficulties and ADHD

Attention difficulties, being over-active, and acting on impulse rather than thoughtfully are seen in all children from time-to-time, and may be quite common at different ages. There is no clear cut-off between those with ADHD and those without. For a diagnosis to be made, the behaviours of concern should be far more common than are expected in children of the same age, occur in more than one situation, and cause difficulties in the child's ability to get on at home, at school or with friends. When behaviours are significantly out of step with the performance of other children, and are causing problems for a child at home, school and with friends, further investigation should be undertaken.



How does ADHD affect attention?

Children with ADHD have been shown to have minor differences in brain function compared to other children, especially with those thought processes that control attention and organise memory. These processes are known as 'executive functions' (referred to in the table as 'skill areas').

Executive functions allow us to set goals and maintain focus, screen out distractions, check our progress and regulate feelings. They are necessary for directing our own actions and controlling our emotions. They are also important for learning new things and for organising what is being learned in schoolwork. Because children with ADHD have difficulties with executive functioning, they often experience difficulty at school and in social situations. The most common difficulties are with sustaining attention and managing impulsive reactions. This pattern is referred to as hyperactive-impulsive ADHD. Other children may show inattentive ADHD, where their main problems are to do with the rate at which they can take in and process information.

Though difficulties with concentration and attention are central features of ADHD, they may still vary under different circumstances. For example, concentration may be good when the child is highly motivated by a video game but be much poorer when reading a book. Problems with attention mean that children with ADHD often experience learning difficulties at school. Poor attention for academic work may also be influenced by the child's expectation that he or she cannot succeed as well as others.

Executive function skills and related difficulties for children with ADHD

Skill area	Behaviours you might notice when there's a difficulty
Initiating activities	<ul style="list-style-type: none">• Has trouble getting started (eg on homework, chores, getting ready to go out).
Planning	<ul style="list-style-type: none">• Can't easily think through steps towards a goal (eg doesn't work out what is needed to complete a task, doesn't leave enough time to finish homework).
Prioritising	<ul style="list-style-type: none">• Unable to appreciate the importance of different tasks (eg may focus on small detail and lose track of a more important task).
Persisting	<ul style="list-style-type: none">• Finds it hard to keep going at tasks until they are completed.
Organising	<ul style="list-style-type: none">• Can't easily think through tasks in a logical way (eg may lose track of important items, may approach problems in a haphazard way).
Doing complex tasks	<ul style="list-style-type: none">• One or two things are manageable, but if a task requires several steps the child may get stuck or mix them up.
Inhibiting	<ul style="list-style-type: none">• Easily distracted when focus is required, and may find it difficult to control inappropriate impulses (eg repeatedly speaks out of turn in class).
Monitoring	<ul style="list-style-type: none">• Doesn't review own performance (eg doesn't check answers, doesn't keep track of time while getting ready for school).
Shifting	<ul style="list-style-type: none">• May be unsettled when moving locations or changing activities or when unforeseen circumstances arise.
Regulating emotions	<ul style="list-style-type: none">• May 'wind up' easily and have difficulty unwinding; may overreact to minor events.



Children with ADHD at school

Children with ADHD can have a difficult time in school as the very areas they have difficulty with are those which assist their learning and are expected of them at school. Sitting still, listening to instructions, speaking when it is appropriate, and completing written assignments are activities that involve executive functioning, and so are more difficult for children with ADHD. Their inability to maintain attention and control impulsive behaviour can interfere with the smooth running of the classroom. Their behaviour can also interfere with the learning of other children. School staff may find it difficult to meet their particular needs.

Although children with ADHD continue to learn, they often fall behind the progress of other children. As they get older, they may develop secondary problems, such as poor self-esteem and anxiety, because they do not easily fit into the regular classroom and often receive negative feedback about themselves as students. Early difficulties with attention have been shown to negatively affect achievement at school.



How is ADHD diagnosed?

A diagnosis of ADHD is not straightforward. It cannot be diagnosed by any one clinical or laboratory test. To make a diagnosis, a mental health professional needs to undertake a thorough assessment of many factors. These include the child's progress through early development, any prior experience of trauma or ill health, family circumstances, learning and school behaviours. Parents, carers and teachers should be asked about behaviours they have observed at home and at school. Sometimes parents, carers and teachers will be given questionnaires that rate children's behaviour to help the psychologist or doctor assess the severity of the ADHD symptoms. They will ask how much the symptoms affect the child's capacity to cope at home, at school and with friends. All of the information gathered will be combined to help the mental health professional come to a conclusion about whether the child has ADHD or not.

ADHD and other mental health difficulties

Children with ADHD are at greater risk of developing other mental health difficulties. In particular, these include behaviour and learning disorders, such as Oppositional Defiant Disorder, Conduct Disorder, learning and/or language disorders, which may occur alongside ADHD. Children with ADHD may sometimes also experience feeling depressed or anxious, have low self-esteem and difficulties with making or keeping friends.

What professional supports are available?

Both medical and psychological supports are available. While medical treatment prescribes medication to alter the way the brain reacts to information, psychological support emphasises teaching skills for improving attention and managing behaviours. A combination of medical and psychological treatments is often effective. Getting help early for ADHD is important to reduce the possibility of related problems of under-achievement in school and poor self-esteem.

Psychological treatments

Psychological professional support commonly involves:

- parent and carer education about ADHD, with specific focus on skills for managing the child's challenging behaviour
- school staff education about ADHD, with a focus on skills and strategies for managing the child's challenging behaviour and assisting their learning
- counselling and psychological support for the child, including education and advice, and skills training to improve concentration. Addressing issues of self-esteem, anxiety and peer relationships is also a crucial element of counselling.

Learning new skills can help children with ADHD gain control over the main symptoms more quickly. All children require assistance from parents, carers and teachers to provide structures for their behaviour and learning until they have matured sufficiently to manage for themselves.

It is very important to establish a plan to help the child's learning at school. This plan should focus on ways to help the child overcome difficulties with executive functions. A coordinated approach between home and school has been shown to be of most benefit.

Medical treatment

Medication (ie psychostimulant medication such as methylphenidate and dextroamphetamine) can be prescribed to improve concentration and attention. These medications have been shown to improve brain functions related to memory. It is a short-lived improvement and not a cure. Not all children benefit from these drugs so discussion of the pros and cons with the prescribing doctor is important. Ongoing medical monitoring should examine whether the medication is making a difference and check for possible side effects such as sleeping difficulties and decreased appetite. Medication alone is usually not sufficient treatment for ADHD.

The best way to support and assist a child with ADHD is to have a coordinated approach both at home and at school.

How to assist children with ADHD

Having a child who has ADHD has been shown to put additional stress on family members. Typically, parents and carers find that they need to change their parenting strategies for children with ADHD to take into account the particular needs and abilities of the child. Similarly, the classroom, with its demands for concentration, presents difficulties for children with ADHD, and school staff can use teaching approaches and strategies that help to prevent children under-achieving.

The best way to support and assist a child with ADHD is to have a coordinated approach between home and school. ADHD is a disorder that can look different in different children, so it is important to be aware of each child's specific strengths and areas of need.



General principles for assisting children with ADHD

Provide structure

Children with ADHD require more routine and structure in their day than other children of a similar age. Try to ensure that rules and instructions are clear, brief and, where possible, presented in charts and lists.

Maintain a good relationship

Relationships can become strained with children with ADHD whose behaviour is often stressful to deal with. Having fun and taking note of children's interests are important in relationships. Trying to maintain a good relationship with children will assist with their self-esteem and help them to be more cooperative. Taking some time out where possible can also be important and can benefit everyone.

Become a keen observer

Keep an eye out for the things that trigger certain behaviours in the child (eg over-stimulation at birthday parties). Noticing these things will help in managing behaviours, namely by being able to put strategies in place to manage the situation.

Provide praise and positive reinforcement

It is important to provide positive statements and praise when children are behaving well, and to focus more on this than on negative statements about challenging behaviours. This is important for all children, but particularly for children with ADHD.

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Attention Deficit Hyperactivity Disorder (ADHD): Suggestions for families

Children with ADHD have difficulties with keeping their attention on the task at hand, not shifting from one thing to another, and thinking through the consequences following an action. These difficulties seem to delay the child in managing his or her own behaviour.

How you can help

Parents and carers can help by setting up clear expectations and routines. Children learn skills for self-management when they have a structure to guide their behaviour. Discipline strategies that work with other children also work with children who have ADHD, but they need to be put in place more strictly and over a longer time span until the child's self-management has developed. If you find yourself irritated by your child's behaviour, try to remember that he or she may be struggling more than other children to learn how to respond as expected.

Be consistent

Set up rules and daily routines to provide a structure for children with ADHD. Be consistent with your expectations. This helps children to remember what is expected of them so that they can learn to regulate their own behaviour.

Give clear instructions

Make instructions brief and to the point. If necessary ask your child to look at you and repeat them back to you to ensure that he or she has firstly focused and then is ready to hear and understand what you mean.

Give prompt feedback

Feedback and consequences work better when given straight away.





Avoid the negatives

Try to ignore minor misbehaviour. It is best to try to stay out of power struggles with your child. Try to also remain positive and avoid strong criticism.

Incentives before punishment

Use praise and reward to increase motivation and build cooperation. Program yourself to see the achievements rather than the mistakes. Look for reasons why the child has not done as expected and use consequences sparingly.

Less talking, more action

Showing children as well as telling them what is wanted ensures the message is understood. Follow through on what you have asked your child to do and help them to finish what they have started if required so that they can experience successes.

Teach skills

It can be very helpful for parents and carers to teach problem-solving skills, time management skills, and good work habits. Remember to spell out what is involved in easy steps. Provide lots of support and praise until your child becomes more independent with these skills over time.

Plan ahead

Help your child to make plans that organise what he or she has to do. Create lists and display them as reminders for your child.

Be a coach

Encourage rule following, monitor progress and increase motivation.

Look after yourself

Having a child with extra needs can be stressful. Be sure to take care of your own needs too.

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Attention Deficit Hyperactivity Disorder (ADHD): Suggestions for school staff

Assisting in the classroom

Helping children with ADHD to engage better in learning activities can be achieved by adapting classroom instruction to their need for support with self-management and organisation, as shown in the following examples.

Area of difficulty	Ways of adapting school room instruction
Initiating activities	<ul style="list-style-type: none"> • Ensure the child has understood instructions by asking him/her to look at you and repeat them. • List equipment needed for the activity at the child's workspace.
Planning	<ul style="list-style-type: none"> • Assist the child to make a list of steps needed to get to the goal. • Number the order of steps to be taken. • Teach problem-solving skills by considering pros and cons.
Prioritising	<ul style="list-style-type: none"> • Map goal-setting steps in graphic format.
Persisting	<ul style="list-style-type: none"> • Shorten assignments and work periods; use a timer. • Provide regular and timely feedback on progress. • Seat the child near a good role model.
Organising	<ul style="list-style-type: none"> • Provide the child with structure for project work and daily routine.
Doing complex tasks	<ul style="list-style-type: none"> • Set short-term goals in completing assignments. • Use a checklist and chart progress to make it more fun.
Inhibiting	<ul style="list-style-type: none"> • Ensure class rules are clear and understood. • Praise the child when he/she follows rules. • Cue the child to note the actions of others.
Monitoring	<ul style="list-style-type: none"> • List requirements of tasks. • Prompt self-monitoring (eg "Let's look at the instructions again. What do we need to check?")
Shifting	<ul style="list-style-type: none"> • Provide cues and procedures when changing activities. • Ensure practice and give positive feedback.
Regulating emotions	<ul style="list-style-type: none"> • Set up a behaviour contract with support for calming down. • Attend to effective self management with timely praise and rewards. • Prompt helpful self-talk (eg "I need to think things through before I act").





Assisting in the playground

Children with ADHD can have even more difficulty in the playground than in the classroom. Schools can help by promoting positive behaviours for all children in the playground and by providing structure and supervision at playtime.

- 1 Raise awareness in the whole school of fun and safety in the playground and involve children in creating strategies for making the time safe and full of fun.
- 2 Set up a system of positive reinforcement for acceptable playground behaviour. Give positive reinforcement for:
 - playing a game cooperatively
 - putting away play equipment
 - observing rules regarding regulated areas.
- 3 Provide some supervised playtime activities (eg group games or workshops). This can help children with ADHD to improve their social skills and reduce the school's need to deal with disruptive behaviour. In addition, an individualised plan for structuring lunch or recess time for a child with ADHD may be of benefit.

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What does autism look like?

Ash is on his own track

Meet Ash. Ash is 10 years old. He can tell you anything you want to know about trains. He can probably tell you things you don't want to know about trains too. Ash never stops talking, mostly about trains. He talks about which trains run better and which ones he wants to buy next time the family goes shopping. He talks on and on and doesn't seem to notice when people have stopped listening. He has been told many times not to talk so much but it doesn't help. He does it at school too, and it sometimes makes his teacher angry. Ash does well at school and loves reading – especially about trains.

Ash doesn't have any close friends. His parents think that it's because he talks on and on without listening to others. He usually wants to play games his way. But often his games end because he is obsessed with the rules. No one is having fun. He often asks his mother why boys come over to play with his brother but no one wants to come to play with him.

Ash seems to think more about trains than about people. Children who have difficulties with social communication like Ash benefit from learning how to tune into others' feelings and needs. Tuning into others helps them find better ways to relate and gives them tools to communicate more effectively in social situations.

Does Ash have an autism spectrum disorder?

Ash shows some of the behaviours that may be found in children with autism spectrum disorders. These are life-long conditions that affect children's development in lots of ways.

Experts think that autism spectrum disorders are due to differences in the way the brain develops and works. This can lead to patterns of difference in children with autism spectrum disorders and cause a number of difficulties for these children including social relationship difficulties (eg difficulty relating to peers).

Diagnosing autism spectrum disorders is not simple. Ash's behaviours can be seen in all children from time to time.



What you might see in a child with an autism spectrum disorder

A child with an autism spectrum disorder may...

- have trouble understanding nonverbal communication cues
- have poor conversation skills
- have strong memory for facts and details
- have interests that totally take over
- take things literally
- be good with computers
- have difficulty making friends.

Parents and carers might notice their child...

- doesn't look at them when speaking
- doesn't notice if they are bored or in a hurry
- talks on and on
- talks over others and doesn't listen
- remembers obscure information, and may insist on all fine details being right
- obsessed with one thing (eg knows everything about a particular make of car and never stops talking about it)
- if they are told to 'hold on', may take it literally and take hold of something
- doesn't understand jokes
- may prefer to work with computers rather than with people
- prefers to be with adults or younger children.

How parents and carers can help

- Comment on what other people are feeling. For example, you may say, "Your dad is frowning. He looks angry."
- Help your child to recognise social rules for communication. Try to make sure he or she listens to others and lets them take a turn in the conversation.
- Tell your child directly what to do if he or she is not sure how to communicate.
- When things go wrong, help your child to talk about what he or she was doing and feeling, what others were doing and feeling and to talk about what he or she could do next time to get a different result.
- Tune into strengths. Try to appreciate your child's unique perception of the world.

Are you worried that your child is a bit like Ash?

Here's how to get help

- Talk with your child's classroom teacher about how your child is managing at school and find out what resources the school can offer.
- Ask to speak to the school psychologist or counsellor.
- Talk to your doctor about the possibility of an assessment and referral to a children's mental health specialist.

To be diagnosed with one of the autism spectrum disorders, a team of mental health professionals will need to make a careful assessment. The team is likely to include a psychologist, a speech pathologist, an occupational therapist and a paediatrician.

For more, please refer to the KidsMatter Primary information sheets on recognising and getting help for children with mental health difficulties.

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About autism spectrum disorders

What are autism spectrum disorders?

Autism spectrum disorders are disorders that influence the way the brain develops and works. Many aspects of children's development are affected, causing difficulties with communication, social relatedness and unusual behaviours.

The most common of the autism spectrum disorders are Autism (also known as Autistic Disorder), High Functioning Autism and Asperger's Syndrome. The idea that there is a spectrum of autism disorders highlights that children may have symptoms that range from being very severe with impacts in most areas of their lives, to more moderate symptoms that are less limiting. Children with moderate symptoms of autism spectrum disorders are usually diagnosed with High Functioning Autism or Asperger's Syndrome.

How are autism spectrum disorders diagnosed?

There is no single test for diagnosing any of the autism spectrum disorders. To make a diagnosis, a thorough assessment is best undertaken by a team of mental health professionals. The team may include a paediatrician or psychiatrist, a speech pathologist, a psychologist and an occupational therapist. They will comprehensively review the child's progress through early development, any prior experience of trauma or ill health, family circumstances, learning and school behaviours. Sometimes teachers and families are asked to fill out questionnaires related to the child's behaviour. The diagnosis is based on all of the information collected.

Children with relatively severe Autism are usually diagnosed by the age of three years. Intellectual disability is common in this group. Those with High Functioning Autism or Asperger's Syndrome may not be given a diagnosis until later in primary school when their difficulties become more obvious in comparison to other children.

Key features of Autism in children

Autism causes problems (or symptoms) that may range from mild to severe. Difficulties with communication and social interaction are often the first things other people notice. Intellectual disability may occur in as many as three-quarters of those children who have Autism.

As of now, research has not identified any particular cause for Autism. Experts agree that brain development occurs differently in children with autism spectrum disorders, but research has not been able to isolate what makes up the specific differences. There is some evidence of genetic factors influencing the development of autism spectrum disorders.





What you might notice in a child with High Functioning Autism or Asperger's Syndrome

Language	In children with Autism, speech is usually slow to develop, is often used in unusual ways or may not develop at all. For example, children with Autism may echo speech and sounds made by others. This speech pattern is called 'echolalia'.
Behaviour	<p>In young children with Autism it is common to see repetitive behaviours like hand flapping or walking on toes. These repetitive behaviours do not appear to be voluntary or playful and children may become agitated if stopped from doing them.</p> <p>Low tolerance for stimulation of the senses is common in children with Autism. For example, they may hate to be touched, may over-react to noises that only seem slight to others or may dislike certain textures in food or clothing.</p>
Social interaction	Social relating is very difficult for children with Autism. Some children with Autism may appear aloof and uninterested in relationships with others. Difficulty in understanding what is going on around them may lead to anxiety and avoidant behaviour.
Play	<p>Imagination and the capacity to play are limited in children with Autism. Instead of playing, a child with Autism may be absorbed for hours by something as simple as switching an electric light on and off. The quality of play and use of imagination help to indicate the severity of symptoms of Autism.</p> <p>Children with Autism may have better-developed visual abilities than language abilities and enjoy activities like building toys and drawing, which allow them to use their strengths. The use of pictures and images may assist their learning of verbal material.</p>

High Functioning Autism or Asperger's Syndrome

Children with High Functioning Autism have a milder form of Autism and average or above-average intelligence. This is similar to Asperger's Syndrome, which many experts believe is a different label for the same set of developmental problems. To be diagnosed with these conditions a child must show unusual use of language, problems in relating in social situations and interests that are narrow, highly specialised and often unusual. Amongst this group of children, the pattern of strengths and weaknesses may vary a lot.

What you might notice in a child with High Functioning Autism (HFA) or Asperger's Syndrome (AS)

Language

Language difficulties in children with HFA or AS are related to comprehension. They may speak, read and write fluently as this area of language development is not usually delayed. Some of these children have very advanced word knowledge. However, they often understand and respond to words by taking the actual meaning of particular words, where this is not intended (see examples on the right). They often have difficulty understanding the hidden meanings in jokes or in sarcasm.

Watch out for meaning!

Common sayings like these might be confusing for children with HFA or AS:

- Looks can kill
- A flat battery
- Pull yourself together
- I caught his eye
- If you eat any more you will burst

Social communication

Children with HFA or AS have difficulties with awareness of nonverbal social cues as part of social communication. For example, they may not make eye contact with others. They are often overly talkative in conversation and do not take into account whether the person they are talking to is interested in the conversation. They may not notice when someone is upset until they start to cry. They may not register differences in tone of voice and therefore may mistake what others are meaning.

Social interaction

Children with HFA or AS may want to have friends but have difficulty in making or keeping them. Because they lack awareness of social cues they may barge into others' games or interrupt their conversations. Other children with HFA or AS may hang back and seem to be very distant. Relationships with other children may be awkward because these children lack understanding of others' needs and perspectives.

Interests

Children with HFA or AS often develop highly specialised interests. Sometimes these children have talents in art and music or in mathematics. Sometimes these interests are more eccentric, focused on gathering lots of facts about the specialty area they have chosen. Examples of these 'fact-finding missions' include collecting the engine numbers of all BMW red sports cars, or knowing everything about dinosaurs. Their interests appear obsessive.

Other associated difficulties

There are a number of other difficulties that often go along with the diagnosis but are not seen as central to it. Children with HFA or AS may have difficulties with attention and organisation. Clumsiness is not uncommon in this group of children. They may also show hypersensitivity to touch or over-reaction to loud noise. Children with HFA or AS are often reported to have good memories. They may be able to recite the contents of a 60 page book but their ability to use memory, except for rote learning, is usually affected. This reduces their ability to understand meanings that depend on particular circumstances or situations.

What professional supports are effective?

There is no one specific type of professional support to help children with autism spectrum disorders. Early intervention so that children and families can get appropriate specialised help is important. Because children with these disorders have different needs, careful assessment is required in order to develop a professional support plan which takes into account their strengths and difficulties.

School curriculum requirements should be adapted to meet the child's needs through the use of individualised learning plans. It is also important to build language skills and social relating skills so that children can engage more effectively in everyday situations. Speech pathologists have an important role to play in providing individualised programs and/or consultation to the school and family.

The school psychologist may help to plan ways the child can be taught, and to manage everyday behaviours at school. Psychological assistance may also be needed to reduce problem behaviours and improve emotional self-control.

Children with High Functioning Autism or Asperger's Syndrome often experience anxiety, and psychological help in these instances can be particularly useful.

The Australian Government Department of Health and Ageing (DoHA) has published a booklet which explains the professional support available: *Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Best Practice*.

Autism spectrum disorders are life-long disorders. Though children grow and learn new skills, difficulties with social interaction and communication may continue into adulthood. Adults with High Functioning Autism or Asperger's Syndrome may have difficulty in roles that involve working closely with other people but may be highly successful in jobs requiring special interests such as technological skills. It is important to focus on developing strengths and to put in place strategies to meet the needs of the individual child.

To assist children with autism spectrum disorders it is important to have a coordinated approach between home and school.

How to assist children with autism spectrum disorders

It is important to recognise that while the patterns of symptoms for children diagnosed with autism spectrum disorders are similar, no one child will have the same pattern of strengths and needs as another. Autism varies in severity and children may have very different levels of difficulty.

Helping strategies need to be carefully matched to the individual child and to the needs, goals and strengths of each family. Consistency of approach is crucial for helping children with autism spectrum disorders, so coordinating strategies at home and school is very important. Team work and planning that includes parents, teachers, the school psychologist, speech pathologist and other health professionals will help in achieving the best strategy for each individual student.



General principles for assisting children with autism spectrum disorders

Minimise change, maximise predictability

Children with autism spectrum disorders respond best to predictable environments that emphasise routine. They typically do not cope well with change and may become anxious or disruptive when routines are disturbed.

Provide step-by-step guidance

Children with autism spectrum disorders have difficulty with understanding abstract concepts. They learn best through clear and fully explained instructions and on-going guidance. This applies to learning behaviours and routines at home as well as to schoolwork.

Help them to learn about others' social and emotional needs

Social interactions are a key difficulty for children with autism spectrum disorders. They need to be shown how to notice others' feelings and points of view and how to respond appropriately.

Tune into strengths

Children with autism spectrum disorders often have significant strengths as well as difficulties. Tuning into their unique views of the world helps others appreciate what they have to offer. Focusing on strengths builds children's confidence and reduces anxiety.



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Autism: Suggestions for families

Please note: These suggestions are especially relevant for children with Asperger's Syndrome and High Functioning Autism.

Children with autism spectrum disorders have difficulty understanding social conventions. They may not recognise others' feelings or intentions. They may not understand reactions that most people would take for granted. These things affect their ability to relate well to others. It is also very common for children with autism spectrum disorders to have restricted or unusual interests. They are often concerned with small details.

How you can help

Parents and carers can help children to recognise social cues and expectations and learn appropriate responses. They can help children learn friendship skills and how to think about other people's points of view. Setting up predictable routines is important for these children. Knowing what to expect helps them deal better with change.

Teach social skills

Help children to recognise how the other person is responding, for example, when they are talking too much. Teach them to ask questions of the other person as well as just talking to them. Teach children about turn taking and sharing in games. It may also be helpful to teach your child to 'lose gracefully' when playing games.

Check for meaning

Make allowances for your child's difficulties with language. Make sure that he or she has understood the meaning of what you are trying to say, especially when talking about emotions or things that do not have an obvious meaning. Be careful about using sarcasm, mottos and slang.

Teach how to recognise nonverbal cues

Help your child to pick up on people's nonverbal emotional communications by commenting on them yourself. For example, you could explain the link between observed behaviour and emotions: "Your brother is running around a lot. Maybe he is excited."





Provide social opportunities

Provide opportunities for your child to meet and play with children of the same age. Select activities that you know will be within their capabilities. For example, a specific activity such as a trip to the movies with a friend may be more successful for your child than a sleep-over where plans and expectations are not as clear. You may need to be actively involved to help your child succeed with social events.

Have regard for the child's point of view

The way children with autism spectrum disorders think about their world is different from usual expectations. Understanding the child's perspective helps with establishing appropriate and effective consequences for problem behaviours.

Teach social problem-solving

Help children learn social problem-solving skills. When things go wrong, talk with your child about what he or she was doing and feeling, what others were doing and feeling and what he or she could do next time to get a different result.

Use positive discipline

Try to use positive feedback and praise for appropriate behaviour. Positive discipline works better than punishment for helping children to change their behaviour.

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Autism: Suggestions for school staff

Please note: These suggestions are especially relevant for children with Asperger's Syndrome and High Functioning Autism.

Children with autism spectrum disorders have particular difficulties with social communication that influence their learning and relationships at school. Their specific strengths and difficulties need to be taken into account when designing individual learning plans. Finding ways to include these children and accommodate their specific needs is also important for supporting their mental health and wellbeing. By recognising their special talents and interests, school staff can encourage these children's learning as well as encouraging others to accept and include them.



How school staff can help

Provide a predictable environment

It is important to put in place a structure that defines expectations clearly and prompts the required behaviour routines. A predictable environment will reduce student anxiety, confusion and behaviour problems and lead to better learning outcomes.

Build on strengths

Children with autism spectrum disorders often have specific talents and interests. Finding ways to incorporate their particular talents and interests helps to engage children in learning. Particular skills may also be strengths, such as skills for learning by repetition and rote memorisation.

Adjust language to support understanding

Adjust the complexity of language used to the child's level. Keep in mind the child's difficulty with symbolic language and metaphor and ensure that he/she understands your meaning.

Clarify expectations

Children with autism spectrum disorders may have unusual attentional strategies and unexpected ways of prioritising and planning. They often have limited organisational skills and may need additional assistance when required to conform to a set standard of presentation or performance in school work.

Use written prompts

Using written prompts can help some children with autism spectrum disorders understand and follow task requirements. For example, school staff may find it useful to give a written cue card to reinforce instructions and directions.

Use visual cues

Learning and understanding may be assisted in these children by visual 'scaffolding'. Use a variety of photos, real objects and diagrams during lessons and as reminders for important steps and procedures.

Adapt social requirements

Social requirements in the learning environment should be adapted to the individual child's capacities and strengths. Some children with autism spectrum disorders benefit from time with a peer helper; others may prefer some time working alone.

Teach skills for emotional regulation and perspective-taking

Children with autism spectrum disorders will benefit from a whole-school social and emotional learning curriculum. They are likely also to require additional support individually or in small groups to develop their specific skills, particularly, for example, in social awareness competencies.

Teach children to recognise nonverbal cues

Children with autism spectrum disorders can benefit from specific coaching that helps them learn to notice and respond appropriately to nonverbal cues such as facial expressions or voice tone and pitch.



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What do serious behaviour difficulties look like?

Sam is on a short fuse

Sam, who is eight years old, gets frustrated and angry very easily. He does not like being told what to do. He argues over every little thing. If his parents say no to him, he starts yelling and carrying on. With Sam, it feels like an ongoing battle. Once he is angry, he finds it very difficult to calm down. When he gets like this, it is impossible to reason with him. He has even picked up whatever is nearby and thrown it.

His teacher says Sam can get like this at school too. He wants to have the last say in everything. He even argues with the teacher about what he should do next. Last week, when he was sent to the Principal's office, he swore at the teacher and refused to go.

Sam is lively and always looking for fun but he has trouble making friends. At school, he has been sent in from the playground for fighting quite a few times, but he never believes it is his fault. He thinks others pick on him and treat him unfairly.

When children behave like Sam

When children behave like Sam they are sometimes seen as naughty. Sometimes their parents are blamed for not controlling the child's behaviour. But for some kids, being able to manage feelings and behaviour is much harder than for most. It's as if they are 'on a short fuse'. They react before they think. This gets in the way of them behaving better.

Children who act like Sam often bring out an angry reaction from people around them. They think others are overreacting and then start believing they are being treated unfairly. These children need extra help to learn new skills so that their behaviour changes.

It is important to help children with behavioural difficulties when they are young, because some of those with severe behavioural difficulties in the younger age group will have even greater difficulties in teenage years and adulthood. When children behave like Sam, adults try harder to discipline them. Yet they really need help in learning how to think things through. These children will benefit from learning why rules help them to live in harmony with others so that they can make good choices for themselves.



What you might see in a child with serious behaviour problems

A child with serious behavioural difficulties may...

- argue constantly with adults
- not do as they are told
- provoke others
- use physical aggression to get their own way
- blame others for mistakes.

Parents and carers might notice their child...

- abuses parents, carers and/or school staff
- thinks they're picking on him
- won't help when asked no matter how they try to reason
- thinks up rude names to call people and thinks it's funny
- teases a younger sibling (but hates being teased)
- pushes, hits, kicks parents and carers when angry
- punches a child who accidentally bumps into him or her
- says, "It wasn't me. She started it."

How parents and carers can help

- Remember to emphasise the good things about your child. Keep a record of all the things the child does well each day.
- Review them at the end of each day to remind yourself, as well as your child, of his or her good points and strengths.
- Set house rules. For example, using words not physical fighting.
- Be consistent about the rules you set and make sure that consequences for breaking them are appropriate and fair.
- Reward cooperation and getting on without conflict.
- Use time out (time away from each other) as a consequence for fighting.
- Communicate with the teacher so you can praise your child's school successes.

For more, please refer to the KidsMatter Primary information sheets on recognising and getting help for children with mental health difficulties.

Are you worried that your child is a bit like Sam?

It is hard to tell when a child has a serious behavioural difficulty. Many children get into fights and refuse to do what they are told at times.

Here's how to get help

- Talk with your child's classroom teacher about how your child is managing at school and find out what resources the school can offer.
- Ask to speak to the school psychologist or counsellor.
- Talk to your doctor about the possibility of an assessment and referral to a children's mental health specialist.

It may be a serious behavioural difficulty when

- 1 the child shows the behavioural difficulties far more often than other children of the same age
- 2 these behaviours occur at home, at school and in the neighbourhood
- 3 these behaviours cause difficulties for the child with friends, school staff and family.

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About serious behavioural difficulties

Serious behavioural difficulties and mental health

Many children's behaviour can be disruptive and challenging at times. As part of learning how to behave appropriately, children may test adult rules at home, school or in the community. Often such behaviour is a reaction to stress or frustration.

For some children, serious behavioural difficulties develop into a pattern that can include acting impulsively, reacting with aggression, refusing to follow reasonable directions and defying adult authority. Children who behave in these ways usually have trouble with making and keeping friends. They may be the target of bullying because they overreact. Yet they may also bully others to try and get their own way. They are often in trouble with following the rules.

These patterns of behaviour interfere with children's social and academic development. They often lead to disciplinary consequences, such as school suspension, that interrupt learning. Children with serious behavioural difficulties often do not feel connected at school. They are more likely to experience low self-esteem and depression.

Parents, carers and teaching staff who are interested to know about children's disruptive behaviour in general will find many helpful ideas in other KidsMatter Primary information sheets, including those on managing anger, effective discipline, family relationships and Attention Deficit Hyperactivity Disorder (ADHD).



How do serious behavioural difficulties develop?

A combination of factors, including individual characteristics, social and environmental influences, may contribute to children developing serious behavioural difficulties. For example, some children may have reactive temperaments, which can mean that they are quicker to get frustrated and their anger may be more intense. This can sometimes prompt angry or harsh reactions from those who deal with them, which may unintentionally escalate the child's reactive behaviour.

The table following lists some of the common factors that contribute to the development of serious behavioural difficulties. A single factor alone should not be taken as an indication of serious difficulties. However, when several factors are present, behavioural difficulties are much more likely.

Contributing factors in the development of serious behavioural difficulties

Factor	What it means
Inherited factors	Some temperament characteristics contribute to behavioural difficulties. These include being easily irritated, having intense reactions and being difficult to soothe.
Ways of thinking	Children with serious behavioural difficulties often believe others are picking on them. The more they get into trouble, the more this negative bias is confirmed.
Neuro-psychological problems	Difficulties with the brain processes that organise memory and control attention may be similar to those of children with ADHD. There may also be difficulties with controlling emotions and understanding what other people are thinking and feeling.
Parenting practices	Over-reaction to the child's behaviour, lack of supervision and inconsistent discipline may contribute to serious behaviour difficulties.
Adverse social circumstances	Parental unemployment, financial hardship, poor housing and deprivation are common patterns of hardship amongst families of children with serious problem behaviours.
Peer influences	Gang membership or having an older sibling with Conduct Disorder is associated with the development of serious behavioural difficulties.
School	Feeling rejected by peers at school, school failure and inflexible discipline practices from teaching staff can lead to worsening of serious behavioural difficulties.

How behavioural difficulties escalate

Over time, children develop particular patterns of thinking and behaving that further shape the ways they interact with others and how others respond to them. For example, they may believe that others are always picking on them and see even accidental mishaps (eg a peer accidentally bumping into them) as an indication that someone is out to get them. These patterns of thinking and behaving lead to distress, coping difficulties and/or difficulties in relationships with others.

Children with severe behavioural difficulties can often trigger hostile responses from others.

Once children come to expect critical or punitive responses, they are less likely to admit failures or difficulties. They may try to maintain a sense of power or control by distancing themselves from adults and using threat, coercion and aggression to manage social situations. They often try to avoid punishment by denial or lying. They may have strong feelings of anger and resentment. Anger gives a sense of power, but also drives others away, while resentment and mistrust tend to block and distort emotional communication. Many of these children hide feelings of helplessness, low self-esteem and a need for affection.

Children with serious behavioural difficulties can be challenging to parents. Parenting practices that are very effective with other children in the family may not work for these children. Parents may find it hard to provide the extra structure and support that these children need, especially if they are also experiencing a range of social or personal difficulties themselves. Schools find it difficult to manage repeated rule breaking and aggressive behaviour. As a result of disciplinary problems and failure to be successful at school, children may lose interest and become disengaged with school, which can add to the risks and lead to further negative outcomes if not responded to.

Serious behavioural difficulties and diagnosis of a mental disorder

When children show persistent and extreme patterns of disruptive behaviours, they may be diagnosed by mental health professionals as having a Disruptive Behaviour Disorder. There is debate amongst professionals as to the usefulness of diagnosing Disruptive Behaviour Disorders. Some experts are concerned that mental health labels can cause children to be stigmatised. They argue that the strategies for assisting children with serious behavioural difficulties are the same for those whose behavioural difficulties may be less severe. They feel that the diagnosis can lead others to see the child rather than the behaviour as the problem. Unfortunately these sorts of assumptions can get in the way of effective professional support of children with behavioural difficulties.

Other mental health professionals say that the diagnosis helps to recognise those children who are most in need of additional help. They argue that early recognition and specialist intervention for Disruptive Behaviour Disorders is necessary particularly because these disorders can have very serious long-term consequences if not addressed early.

The two main diagnostic categories for severe behaviour problems are Oppositional Defiant Disorder and Conduct Disorder. Attention Deficit Hyperactivity Disorder (ADHD) is also sometimes included as a third category (see KidsMatter Primary information sheets on ADHD for more information).

What would you notice in a child with Oppositional Defiant Disorder?

Oppositional Defiant Disorder is described as a pattern of thinking and behaving that is impulsive and reactive. Children given this label may:

- argue constantly with adults
- refuse to carry out requests or conform to rules
- blame others for their mistakes or misbehaviour
- have frequent temper tantrums and show resentment
- behave in a negative, hostile way towards authority figures
- deliberately annoy others
- be quick to react when others annoy them.

What would you notice in a child with Conduct Disorder?

Conduct Disorder is not usually diagnosed in primary school-aged children. It is more commonly seen in adolescence when behaviours that were of concern at a younger age have grown to a more serious level. Children and adolescents are diagnosed with Conduct Disorder when:

- they bully others, start fights, assault others using a weapon, or show cruelty to animals
- they deliberately destroy, vandalise or set fire to the property of others
- they use deceit – they may steal, shoplift, lie or cheat to manipulate others
- they break important rules – they may evade school, stay out late without permission, or run away from home, and are often in trouble with the law.

Diagnosis of these disorders is only made when the behaviours occur far more frequently and are at a more severe level than for other children of the same age, when they interfere seriously with relationships with other children of the same age, when they interfere seriously with relationships with others at home or at school, and when they cause ongoing disruption to learning and to the community around them. They are more common in boys than in girls. Conservative estimates suggest that approximately three per cent of young people in Australia aged between six and 17 years, or 95,000 young people, have Conduct Disorder.

Disruptive Behaviour Disorders and other mental health difficulties

When children have Oppositional Defiant Disorder or Conduct Disorder they often have Attention Deficit Hyperactivity Disorder (ADHD) as well. Being impulsive is a common feature in all three of these disorders. It has been estimated that around one third of young people with Conduct Disorder also have ADHD. One in five young people with Conduct Disorder is depressed. When plans to help are devised, it is important that these and other co-occurring problems are taken into account.

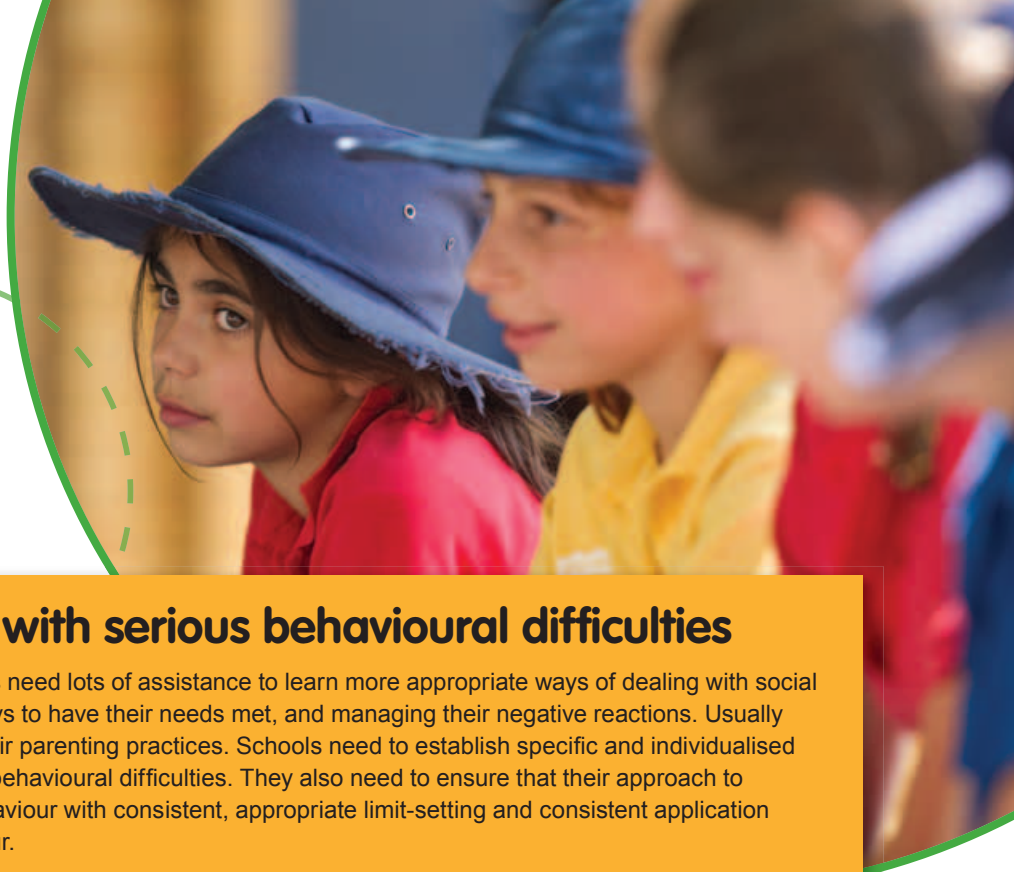
Without treatment about half of the children with serious behavioural difficulties will continue to show the same or more severe problems in adolescence. Over half of adolescents with Conduct Disorder develop ongoing personality problems and serious behaviours (eg self-harming, aggression and violence, substance use problems and delinquency).

What professional supports are effective?

Serious behavioural difficulties can be effectively managed before Conduct Disorder has developed. A combination of anger management, coping and problem-solving skills for children and education and support for parents and carers is likely to be needed. School staff have a significant role in ensuring that management of behaviours at school is consistent and effective. Early support is very important as behavioural difficulties are more difficult to change once they are well established. This can also help to reduce negative impacts on school learning and on self-esteem.

Relevant and specific social and emotional learning opportunities are needed for children with behavioural difficulties. These help them develop better ways of relating to others as well as strategies for managing difficult emotions (eg anger). Intensive learning of anger management, coping and social problem-solving skills in small groups has been shown to reduce behavioural difficulties.

Parents and carers are assisted by learning specific behaviour management skills for dealing with difficult behaviours. Meeting in small groups with other parents and carers whose children have similar difficulties helps to ensure that the parenting techniques learned are effective for their children's needs. Parenting groups should be facilitated by a skilled parenting educator who has training and expertise in helping parents and carers manage behaviour difficulties.



How to assist children with serious behavioural difficulties

Children with serious behavioural difficulties need lots of assistance to learn more appropriate ways of dealing with social situations and relationships, negotiating ways to have their needs met, and managing their negative reactions. Usually parents and carers will need to fine tune their parenting practices. Schools need to establish specific and individualised strategies to engage students with serious behavioural difficulties. They also need to ensure that their approach to discipline balances support for positive behaviour with consistent, appropriate limit-setting and consistent application of consequences for inappropriate behaviour.

General principles for assisting children with serious behavioural difficulties

Build cooperative relationships

Maintaining positive relationships with children whose behaviour challenges adult authority can be difficult, however it is very important. It is best for discipline to be directed toward the behaviour, not the child. Cooperation is undermined by negative feelings in the adult-child relationship. When adults' behaviour towards them is positive, children are usually more willing to cooperate.

Be clear, consistent and fair

Clear rules and consistent, reasonable consequences for misbehaviour are important. It helps when these rules are clear and fair to everyone. They should be discussed thoroughly and calmly in advance so that the child understands the rules and the reasons for them before any misbehaviour occurs. This is important to show these children that they are not being unfairly picked on.

Build positive social skills

Children who engage in disruptive or aggressive behaviour usually have few other strategies for coping with difficulties or getting what they want. Helping them build positive social skills provides other ways for them to respond.

Help children to understand and manage their emotions

Feelings like frustration and anger often trigger behavioural problems in children. Teaching children how to recognise and manage their emotions is very helpful for developing children's self-awareness and self-control.

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Serious behavioural difficulties: Suggestions for families

Dealing with children's behaviour problems is stressful and sometimes provokes anger in adults. Finding ways to reduce your own stress levels will help you deal more easily with your child. It may require extra effort at times to stay tuned in to your child's good points. Ensure that you have lots of fun time with your child. This enables the relationship to remain a positive one even though you need to set firm limits on your child's behaviour.

How you can help

Use positive strategies

Responding positively to your child's appropriate behaviour is essential. Both praise and incentive programs (star charts) can be very useful in encouraging positive behaviour.

Have reasonable expectations

Expectations need to be reasonable and appropriate for the individual child. For example, even though one child may have been happy and able to keep their room neat and tidy by the time they are seven years old, another child of the same age might find it too hard and become defiant when his or her parent insists on it.

Have clear and consistent rules

Ensure rules are clear, well-known by all of the family, and consistently enforced. It will help if all members of the family follow the same plan. It is very important to manage your own frustration and stick to the rules, even when your child is at his or her most annoying and disobedient.

Avoid power struggles

Getting involved in arguments and power struggles only makes oppositional behaviour more likely. Stating expectations calmly, clearly and reasonably is much more effective. It also helps to reduce your stress levels and those of your child.





How you can help – continued

Use punishment sparingly

Building appropriate skills is more effective than trying to stop bad habits with punishment.

Help children to manage emotions

Learning ways to manage emotions is very important for these children. Show them by your example ways to cool down and walk away when emotions are running high.

Help children develop a sense of care and responsibility

Talking with children about the consequences their behaviour has for other people helps them learn to consider the feelings of others.

Monitor your child

Keep track of your child's whereabouts, what he or she is doing and with whom. This is important especially as your child gets older, as his or her impulsiveness may lead him or her into trouble.

De-stress

Manage your own stress levels by scheduling time to do something you enjoy.

Learning ways to manage emotions is very important for these children. Show them by your example ways to cool down and walk away when emotions are running high.

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Serious behavioural difficulties: Suggestions for school staff

Children with behavioural difficulties cause stress to those around them. As dealing with students with difficult behaviours is stressful, make sure you have support from colleagues. An effective discipline strategy needs to balance rules and consequences with individual and specific support for positive behaviour. It is important to engage children in learning and to build their belief that they can achieve at school. This can be achieved through having frequent small successes.

How school staff can help

Build relationships

Communicating interest and positive regard for the child helps to build a relationship and encourages cooperation.

Use positive reinforcement

Look out for and praise the student's appropriate behaviour. Be sure to emphasise when the child is doing things right.

Have positive expectations of all students

Create a classroom environment that affirms positive behaviour in all students. Establish classroom rules that are clear and fair. It is important to make sure they are well displayed and reinforced consistently. It often works well when students contribute to the construction of the rules and have a sense of ownership of them.



How school staff can help – continued

Avoid power struggles

Whenever possible, give students options and avoid direct commands.

Establish a 'cool down' strategy

Children who are prone to angry outbursts can manage them better if they have an appropriate 'cool down' strategy. This might include using an 'anger thermometer' to tell them when it's time to take a deep breath or walk away from an angry confrontation. (See the KidsMatter Primary information sheets on managing anger for more suggestions). Seek advice from the school's student wellbeing staff member, school psychologist or counsellor on helping these children develop emotion management skills that work for them.

Match level of instruction to the child's ability

Make sure what is being taught is appropriate to the child's ability. If the work is too difficult (or too easy) the student will be frustrated and problems may escalate.

Make learning fun

When students have completed set work, allow time to do something they find more enjoyable. For example, access to a computer may encourage a student to work well.

Support belonging through structured activities

Children with disruptive behaviours often feel alienated from others. Structure activities to ensure that the student with the behavioural difficulty feels that he or she belongs in the group.

Use social problem-solving

Try to use everyday situations to reinforce learning of social problem-solving skills. Helping children to identify consequences and generate possible solutions to problems helps them learn to think through situations. It can also reduce the tendency to see others as being at fault or as treating them unfairly. See the KidsMatter Primary information sheets on resolving conflict for further strategies.



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What does depression look like?

What's making Danielle so moody?

Danielle has been very touchy lately. She snaps at her brother. She snaps at everyone. Yet when her mother tells her off, she often bursts into tears and complains, "I never do anything right. You're always picking on me!" Then she goes off to her room and sulks. This has been happening more and more. She will mope around for a while and then get cranky again and start picking fights with her brother. Danielle used to swim and play soccer, but she doesn't want to anymore. Now she is having problems at school too. Her mother got a note from her teacher to say that she had an argument in class and left the room. Danielle just says school is boring.

Is Danielle depressed?

It's possible, so further investigation would be important. An ongoing pattern of irritable behaviour can be a sign of depression. Being depressed is not just being sad or unhappy. Depression is a serious disorder. However, getting the right type of help and getting it early can make it much easier to deal with and to support Danielle and her family to get back on track.

A child who is depressed may

- have low energy and be difficult to motivate
- lose interest easily in an activity they usually enjoy
- have difficulty concentrating
- make a lot of negative comments about themselves
- look for what's wrong rather than see the positives in situations
- be very difficult to please
- be irritable, easily annoyed or upset
- seem sad and cry easily and be difficult to soothe
- either have no interest in food or overeat
- have trouble sleeping.

Children affected by depression need to feel supported and understood.

Activity is important to help them feel better, so try to keep up sports and interests they enjoy. This can also help to show them that life is not all gloom and doom.

How parents and carers can help

- Help children open up by showing interest and listening to them talk about school, friends and home.
- If unsure how the child is feeling – ask! If they say, "Don't know," suggest some feelings words and see if any hit the mark with them.
- Help children to get moving by making sure they have engaging activities and are not left with too much time to worry.
- Physical activity is a natural antidepressant. Encourage physical activities, such as walking, running, roller-blading, bike riding, swimming – anything that's physical will help. Don't wait too long for 'down' moods to become 'happy' moods. If the change of mood is very severe or goes on for a few weeks without improving, take action. Make an appointment with a doctor or a mental health professional. Seeking help early for your child is the best thing you can do.

Depression affects children's thinking as well as their mood and their behaviour. They may think they are worthless or that things will never get better. Children who are affected by this kind of negative thinking need help. Professional support from a mental health specialist can help them learn skills to tackle the depression and get back to feeling better about themselves and about their lives.

Are you worried your child is a bit like Danielle?

Here's how to get help

- Talk with your child's classroom teacher about how your child is managing at school and find out what resources the school can offer.
- Ask to speak to the school psychologist or counsellor.
- Talk to your doctor about the possibility of an assessment and referral to a children's mental health specialist.

A mental health professional may diagnose a depressive disorder when

- 1 there is a marked change from the child's previous behaviour or the child's behaviour is not what you would expect at this age or for this child
- 2 the behaviour is seen in more than one situation and the depressed mood colours everything the child does
- 3 the behaviour causes problems at home, school and with friends, and the difficulties seriously interfere with the child's ability to get on or to enjoy themselves.

Sometimes children who are experiencing depressed mood may talk about wanting to die or harm themselves. It is important to take seriously any talk about wanting to die or harm oneself from a child of any age. Such thoughts and talk indicates a high level of distress that requires attention. Consultation with a professional mental health practitioner will be required to support the child and family.

For more, please refer to the KidsMatter Primary information sheets on recognising and getting help for children with mental health difficulties.



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About depression

What is depression?

Feeling depressed is more than just feeling sad. It's normal to feel sad as a result of being hurt or of losing something or someone special. Depression affects people's thinking. They see themselves and the future negatively. Along with feeling sad or irritable it may seem that nothing is worthwhile. From time to time everyone feels depressed, but it usually doesn't last. A diagnosis of depression is made only when the depressed mood has lasted more than two weeks, when it is intense, and when the symptoms of depression interfere with the person's ability to manage everyday things.

What would you notice in a child with depression?

Children with depression are hard to engage and motivate. Their low mood may be constant. They may cry and whinge and be very difficult to soothe. The child may become irritable easily. Outbursts of anger may result in feelings of misery and guilt. School staff may notice that the child looks sad and withdrawn or seems especially sensitive.

Signs of depression in children

Children are often unable to explain how they are feeling, especially when depressed. In diagnosing depression mental health professionals look for key signs and symptoms in children's behaviour. When several of the following signs or symptoms occur together and are out of character for the child, they indicate that the child needs assessment and support from a mental health professional with experience treating children with depression.



Children are often unable to explain how they are feeling, especially when depressed.

What you might see in a child with depression

Symptoms and signs	What you might notice
Loss of pleasure	Uninterested in usual activities
Apathy	Bored, hard to motivate
Fatigue	Tired all the time
Psychomotor retardation (slowed movements)	Dawdling, dragging self around
Restlessness	Fidgeting, can't settle
Irritability	Cranky, bad-tempered
Agitation	Nervous, jumpy
Sleep problems	Problems going to sleep or staying asleep, waking early, or sleeping a lot
Sadness	Unhappy, seems 'down' most of the time
Worthlessness, feeling unloved	Feels bad about him/herself
Guilt	Blames him/herself excessively
Social withdrawal	Lonely, avoids other people
Accident prone, thoughts of suicide	Talks about death or hurting him/herself
Poor concentration	Doesn't listen, can't focus on tasks
Memory difficulties	Forgets details, forgets to do task
Impaired thinking processes	Draws wrong conclusions, expects the worst
Impaired decision-making	Can't make up mind

When adults are depressed, feelings of sadness are often very obvious. In children, irritability may be more noticeable than sadness. Sleep changes in children are more likely to be a change to sleeping less rather than sleeping more. Loss of appetite and weight loss sometimes occur in children but are less common than in adults with depression.

As well as behaviours that can be observed, children with depression have thoughts of self-criticism and helplessness. For example, depressed children may think their parents or carers favour other children in the family or that they are useless. Some children also have thoughts of suicide. It is important to take seriously any talk about wanting to die or hurt oneself from a child of any age. Whether such talk represents a clear intention of suicide or is a way of expressing feelings of depression, it indicates a high level of distress that requires attention.

What puts children at risk of depression?

- Children who get depressed often live in families where other members have also experienced depression. This may be due to a number of possible factors, for instance family history (genetic factors). Alternatively it may be that living with adults who are depressed may change how parents or carers and children relate. A third possibility is that the stress affecting the child affects the whole family.
- Stressful events such as a death of a parent, parental divorce, changing school or being bullied may trigger an episode of depression in children.

What helps to protect children from depression?

- Children with easy temperaments, who are able to regulate or get control over their emotions, are less likely to develop depression. Children can also learn skills for managing their emotions, and this helps to build up resilience.
- Having warm and supportive relationships helps to provide protection from depression. Parents and carers, school staff and friends who provide support can help to buffer the effect of life stresses. They also provide models for children to learn problem-solving and coping skills.



How is depression diagnosed?

If you are concerned that a child may have depression you should seek a mental health assessment. Your child's school counsellor/psychologist or family doctor can help with this. They may refer you and your child for specialist assessment to a psychologist, psychiatrist or counsellor who works with children. There is no single test that can tell us whether a child has depression or is just feeling down. The diagnosis of depression depends very much on how intense the symptoms are and how much they interfere with the child's ability to get on with everyday things. To help with the diagnosis, the mental health professional will need to find out about your child's emotions and behaviours, physical changes and stresses that have been experienced by the child in the last few months. This information will be gathered by talking to parents and carers, the child themselves and, where possible, also to teachers. Sometimes parents and carers will be given questionnaires that help to assess how big an impact the child's symptoms are having. The mental health professional will use the information they gather to put together a professional support plan that will suit the child and the situation.

Types of depression

Major Depression is diagnosed when symptoms are severe enough to cause problems at home, at school and with friends. Dysthymia may be diagnosed when symptoms are milder but continue for a long time and limit the child's ability to cope with everyday situations.

Depression and other mental health problems

Depression and anxiety often occur together. Symptoms of anxiety in children include having fears and worries and complaining often of aches and pains. See the KidsMatter Primary information sheets on anxiety for further information.

Depression and Conduct Disorder may also occur together, especially when the child gets closer to adolescence. See the KidsMatter Primary information sheets on serious behavioural difficulties for further information on Conduct Disorder.

To assist children with depression it is important to have a coordinated approach between home and school.

What treatments are effective?

Psychological treatments are best for depression in children. While antidepressant medication has been found to be helpful for adults, the evidence of its effectiveness for children is unclear. There is debate amongst medical researchers about the safety of antidepressant medication for children and adolescents. It is therefore important to discuss any concerns around risks with a medical practitioner.

Evidence shows that psychological professional support can:

- reduce the time it takes to recover from depression
- decrease the likelihood that another bout of depression will occur.

Coping skills learned through professional support help to protect the child from getting depressed again. Cognitive Behaviour Therapy is a particularly helpful psychological professional support for children. It helps by identifying the negative thinking patterns that lead to feeling depressed and teaching children skills for changing them. The therapy will be tailored to the individual child, but is likely to include learning age appropriate skills for:

- telling the difference between optimistic and pessimistic thoughts
- challenging the child's own negative thinking patterns
- solving problems in more helpful ways
- relaxation and exercise
- engaging in activities that the child enjoys.

The therapy can be offered in groups or to an individual child.

Psychological professional support that involves the whole family is also helpful and especially important in supporting your children. Parents and carers can play a key role in encouraging children to use the new coping strategies and setting up opportunities for practising them.

To get the best outcome, a professional support plan needs to include strategies to modify the stresses experienced in the child's environment. For example, if the child is being bullied, action should be taken to stop it and prevent it from recurring. If there is conflict in the child's family, this should be addressed. If there is a family member who is also suffering from depression, they may be encouraged to seek help for themselves as well as for the child.

How to assist children with depression

Depression is a common disorder but it can be overlooked in children. Since the symptoms of depression are often negative behaviours (eg irritability, whingeing), it is easy for adults to feel annoyed by them and to blame or punish the child for his or her behaviour. This can lead to missing other signs of depression. Paying attention to your child's emotions will help in noticing signs of depression earlier so that help can be accessed.

When you are concerned about changes in children's behaviour and mood that suggest they may be feeling depressed, the first step is to talk with them. Even when children are not able to explain why they are unhappy, talking with them about problems in a supportive way can often start to improve their mood. If the child's mood and behaviour does not improve in a few weeks, it is important to seek help from a mental health professional.

General principles for assisting children with depression

Be supportive and make time to listen

Let the child know that it is okay to ask for help and that you are ready to listen to whatever he/she wants to say. If a particular situation has caused him/her distress, help the child to solve the problem or find ways yourself to improve the situation.

Keep a focus on normal routines and activities

When children are depressed their thinking gets clouded by lots of negatives. The more they think about them, the bigger they become. Encouraging children to keep up with normal routines and activities helps to distract them from negative thinking patterns.

Keep active

Depression slows down children's bodies as well as their minds. Keeping active helps to restore physical health and improves children's mental health and wellbeing.

Seek professional help

When concerned about a child who may have depression, take prompt action to seek help. Getting help early is best.



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Depression: Suggestions for families

Children with depression may see the world as hopeless and themselves as helpless. Ordinary things often seem too hard. They tend to feel bad and don't know how to feel better.

How you can help

Parents, carers and school staff can help children with depression by being understanding and supportive. They can show they care by listening and by helping them to sort out problems. They can spend time together with children and let them know they are confident that things will get better.

Provide time and space to talk

Make time and space for your child to talk to you. It works best when you can be unhurried and uninterrupted. Often children find it easier to talk when doing something with you. Doing ordinary things like playing with you at home, going on a shopping trip, or going for a long drive might provide opportunities for them to open up.

Listen fully

If you want your child to talk, it is best not to judge what they say or offer advice. Allow crying or whatever else helps get out whatever is on your child's mind. Help the child feel understood by listening carefully before responding.

Help them think again

When the child reports a negative experience, gently ask whether there might be another explanation for things happening the way they did and try to help the child see that it's not as awful as he/she thinks. Help them find other ways to solve the problem.





Encourage contact with others

Friends can help to reduce unhappy feelings – it helps to know you're liked, loved and appreciated.

It can help to think about others and not just yourself. Friends can also suggest better ways of thinking about situations.

Do fun things

Having fun can be very helpful. Although children who are depressed may be reluctant to participate at first, fun activities can be extremely helpful for lifting their mood.

Encourage relaxation

Having quiet time is important. Time out for your child to relax can reduce nervous tension.

Don't wait to seek help

Depression in children is serious and usually does not get better by itself. If you are concerned about your child, don't wait for things to change. Talk with school staff about how your child is going at school. Ask the school about speaking with the school psychologist or visit your family doctor and if necessary get a referral for treatment.

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Depression: Suggestions for school staff

Children who are depressed have difficulty concentrating in class and completing their work. They may have difficulty relating to classmates and to teaching staff. Their learning suffers and there may be long-term effects on their school achievement unless they receive professional support promptly.

How school staff can help

School staff can notice signs of depression by observing changes in children's behaviour and mood. They can address any school-based triggers that may be impacting on children's mental health and wellbeing. Peer group difficulties, especially bullying, are common triggers for children's depression.

Connect with parents and carers

It is important to share information obtained through school observation and to find out whether the child's mood is similar at home. When mood and behaviour changes are evident in more than one setting (eg home and school) it usually indicates that the child's mental health difficulties are more serious.

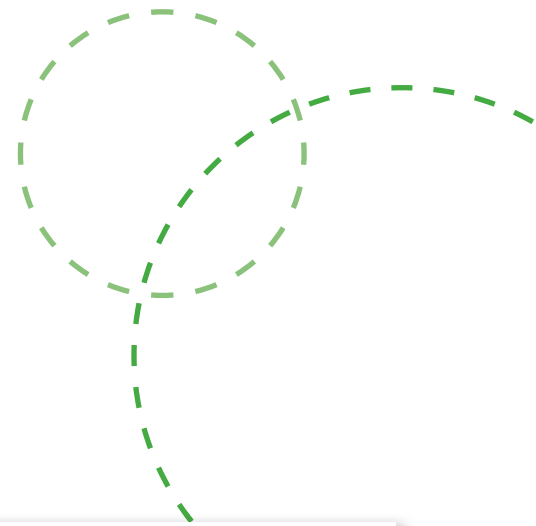
Talk with the school student wellbeing staff, psychologist or counsellor about your concerns

Discussion may be helpful in coming to a conclusion about what should be done to help the child who has raised concern. It may lead to a meeting being set up with the parent or carer to talk further.

Give positive feedback

This is important for all children. It is even more important when children are depressed, as they may have a tendency to screen out positives and tune into negative feedback about themselves which can maintain their low mood.





Let children know you have confidence in their ability and support them to succeed socially and academically.

Provide opportunities for success

Let children know you have confidence in their ability and support them to succeed socially and academically.

Encourage getting involved

Children with depression may lack their usual level of energy and complain of being bored. Provide praise and encouragement for their efforts. Try to engage them in physical activity and pleasant events.

Model positive actions

Label experiences to encourage interactions that promote positivity. For example: "That was fun," "I liked Jack's joke. It made me smile," "I like stories with happy endings. They make me feel happy too."

Foster positive social relationships

Children who are depressed often withdraw from social contact. However, friends can be important supports. You may need to remind others about how to help everyone feel they belong.

Teach problem-solving skills

These can help children who are depressed to generate a range of possible effective solutions.

Provide extra learning support

School staff may be able to help the child to catch up once the depression has started to lift. This is important as falling behind in school work can be a source of stress that may aggravate depression.



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How mental health difficulties affect children

“There is no health without mental health”

This statement from the World Health Organization emphasises how mental health involves everybody. Mental health – the way we think or feel about ourselves and what is going on around us, and how we cope with the stresses of life – affects our sense of wellbeing as well as our physical health. In this sense everyone has mental health.

Good mental health is vital for learning and life. Children who are mentally healthy are better equipped to meet life’s challenges. They also learn better and get on better with others. Good mental health helps children enjoy and benefit from their everyday experiences, have positive relationships with their families, friends and school staff, and contribute to their community in ways that are appropriate for their age. Good mental health in childhood provides a foundation for positive mental health and wellbeing, now and into the future.

Having good mental health does not mean never having worries or feelings of distress. Everyone goes through ups and downs which can affect the way they feel and behave. Feeling worried, sad, frustrated or angry are all normal emotions. Mentally healthy children are able to use positive coping skills appropriate to their age to manage feelings and deal with difficulties. They develop helpful coping skills as part of their normal development and are not held back by emotional or behavioural problems.

Mental health difficulties

Mental health difficulties affect approximately 14 per cent, or one in seven, of Australian children. Most people will experience mental health difficulties at some point in their life, including children. It’s normal to go through a period of difficulty and then improve. At these times, children will benefit from support from the important adults in their lives. But, sometimes, mental health difficulties in children can be ongoing and can interfere with many aspects of their life.



Mental health difficulties – continued

Mental health difficulties affect children's emotions and behaviour, and can cause concern for the child, parents and carers, and also the child's school. Other terms for mental health difficulties include mental health problems and emotional/behavioural problems. In some cases when difficulties are persistent and/or severe they may be diagnosed as a 'mental disorder' by a mental health professional.

Attention Deficit Hyperactivity Disorder (ADHD), anxiety and depression are examples of common mental health difficulties in primary school-aged children. Diagnosis is based on established international criteria that define specific sets of symptoms and behaviours for each disorder. For a diagnosis to be made, the symptoms must be severe enough to cause distress and interfere with the child's ability to get on with everyday activities and enjoy life.

Because mental health difficulties can place enormous stress on children and families, professional help can be a useful aid. However, children with mental health difficulties often do not receive appropriate professional support for a number of reasons, such as parents not knowing where to go for help. One of the major aims of KidsMatter Primary is to make information about children's mental health and ways to get help available to parents, carers and school staff so that children experiencing mental health difficulties can receive appropriate treatment.

Identifying children's mental health difficulties early and providing helpful professional support can make a significant difference to children's lives. It can help to resolve mental health difficulties before they become worse, improving the quality of life for children and their families. Early recognition and effective responses are important and provides children with skills for positive coping that have lifelong benefits for their mental health and wellbeing. The earlier in life difficulties are addressed, the better chance a child has at reducing the impact on their long-term mental health and wellbeing.



What kinds of mental health difficulties do children experience?

Children's mental health difficulties are generally classified as being one of two types: 'internalising' and 'externalising'. Children with internalising difficulties show behaviours that are inhibited and over-controlled. They may have a nervous or anxious temperament and be worried, fearful and/or withdrawn. Children with externalising difficulties show behaviours that are under-controlled. They may have a more challenging temperament, shown in impulsive or reactive behaviour. Sometimes this pattern can lead to difficulties with attention, aggression or oppositional behaviour.

Externalising behaviours cause difficulties for others as well as for the children themselves. It is not uncommon for children to show behaviours associated with both internalising and externalising patterns of behaviour. The typical features associated with each pattern are summarised below.

Features associated with children's 'internalising' difficulties include:

- nervous/anxious temperament
- excessive worrying
- pessimistic thinking
- withdrawn behaviour
- peer relationship difficulties (eg can be isolated).

Features associated with children's 'externalising' difficulties include:

- challenging temperament
- reduced problem-solving skills
- attention difficulties, hyperactivity
- oppositional behaviour (eg doesn't like to be told what to do; won't follow rules)
- aggressive behaviour.

Children with ADHD often show severe externalising difficulties. Children with other serious behaviour problems also show externalising patterns of behaviour, such as persistent aggression. Children with severe internalising difficulties may be diagnosed with an anxiety disorder or with depression.

Is a diagnosis necessary?

A diagnosis is a medical label that helps mental health professionals make sense of the child's symptoms. Diagnosing a child with a mental health difficulty can help to decide what treatment is needed. However, making an accurate diagnosis can sometimes be difficult. This is because children's growth and development varies from one child to another and an individual child may show some symptoms of a mental health difficulty but not others.

For families it can often be a relief to have a name for what is wrong. A diagnosis helps them to explain why their child behaves as he or she does. However, it is important to recognise that a diagnostic label merely describes a pattern of common symptoms. Even though a child may be diagnosed with a particular mental health difficulty (sometimes referred to as a disorder) it remains very important to recognise his or her strengths and meet his or her individual needs.

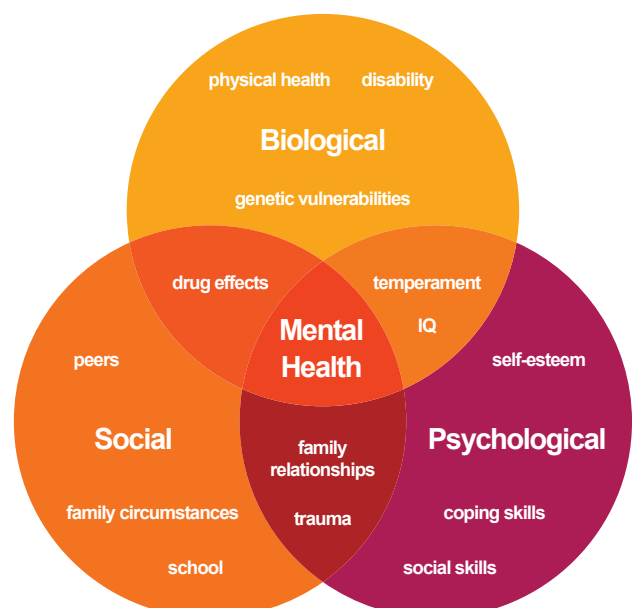


What causes children's mental health difficulties?

Understanding what causes children's mental health difficulties is complex. Unlike some medical conditions that have a direct cause (eg the flu is caused by a virus), mental health difficulties are considered to be caused by multiple factors that interact in different ways depending on the individual child, family and social circumstances. The diagram to the right shows some of the biological, psychological and social factors that influence children's mental health. Any one of these factors can have either a positive or negative influence on a child's mental health. For example, self-esteem may be high or low, family circumstances may be positive or difficult, and both may vary at different times.



The biopsychosocial model of health



Risk factors

- Difficult temperament
- Low self-esteem
- Negative thinking style

Child

Protective factors

- Easy temperament
- Good social and emotional skills
- Optimistic coping style

- Family disharmony, instability or break up
- Harsh or inconsistent discipline style
- Parent/s with mental illness or substance abuse

Family

- Family harmony and stability
- Supportive parenting
- Strong family values

- Peer rejection
- School failure
- Poor connection at school

School

- Positive school climate that enhances belonging and connectedness

- Difficult school transition
- Death of a family member
- Emotional trauma

Life Events

- Involvement with caring adult
- Support available at critical times

- Discrimination
- Isolation
- Socioeconomic disadvantage
- Lack of access to support services

Social

- Participation in community networks
- Access to support services
- Economic security
- Strong cultural identity and pride

Risk and protective factors for children's mental health

One way to understand mental health in children is through risk and protective factors.

A number of specific factors have been identified through research that increase the risk of children experiencing poor mental health. Other factors have been identified as having a protective effect. Protective factors act to strengthen children's mental health and wellbeing, making them less likely to develop mental health difficulties. They help to balance out the risk of developing mental health difficulties and build resilience; the ability to cope with life's difficulties.

The diagram above shows some key examples of risk and protective factors that influence children's mental health. It is important to note that just because a child is exposed to mental health risk factors, it does not mean he or she will experience mental health difficulties. However, when multiple risk factors are present this likelihood is significantly increased.

The relationship between risk and protective factors is complex. However, it is known that reducing risk factors and building protective factors in children has a positive effect on their mental health and wellbeing. KidsMatter Primary works to strengthen children's protective factors during their primary school years to improve their mental health and wellbeing.





What to expect in a mental health assessment

Whether or not a diagnosis is made, it is necessary to get an accurate picture of what the difficulties are before effective professional support can be provided. This information is gathered by conducting a mental health assessment.

The mental health assessment occurs at a consultation meeting in which a mental health professional (or sometimes a team) looks into the child's difficulties, background and current needs. Sometimes more than one meeting is required. The mental health professional is likely to ask questions about the child's early history, progress and difficulties at school, and the family situation.

He/she will want to know such things as:

- in what situations the problems occur
- how the child gets on with other children and family members
- whether there are learning difficulties
- the child's strengths and interests.

You may be asked to complete questionnaires that will enable your child's behaviours to be compared with others of the same age. You might be asked to keep a record of your child's behaviour for a period to help the mental health professional get an accurate picture of the extent of your child's difficulties. Recording your observations can also help you to get a clearer picture about your child's difficulties. The information you provide at the assessment meeting is considered confidential. It cannot be shared with anyone else without your permission. All of the information gathered in the assessment will help the mental health professional understand the difficulties and the way your child and family has tried to manage it up until now. Based on this understanding he or she will decide what kind of professional support will be most appropriate.

Professional support

After the assessment has been completed, the mental health professional will evaluate your child's difficulties and consider his or her strengths and needs. The mental health professional will discuss a plan for professional support with you and may recommend support (such as counselling) for:

- the child on their own
- the child in a group of children with similar difficulties
- the family as a whole
- parents and carers to help with understanding and managing your child's behaviours.

You are entitled to ask questions too. You might like to ask:

- What is the evidence that the professional support will be useful for my child? What other options are available?
- How will I be involved with my child's support?
- How will I know if the professional support is working?
- How long should it take before I see an improvement?
- If my child needs medication, are there any side effects I should be aware of?

Professional support for mental health difficulties can often require learning new skills and new patterns of relating to others. This takes time. Progress should be reviewed regularly with the mental health professional or with your referring doctor to make sure the professional support is effective.



Mental health professionals who may help with children's difficulties

School psychologist/school counsellor

Talk with your child's school about the possibility of seeing the school psychologist or counsellor. School psychologists and counsellors provide assessment and support for children with mental health difficulties. They advise parents and carers and school staff about helping individual children and may recommend specialist services outside the school.

General practitioner (GP)

Your family doctor will give advice and help you decide whether further investigation and treatment is needed. A doctor's referral is needed to be able to claim the Medicare rebate for mental health treatment from other professionals.



Other mental health professionals who can help

Paediatrician

Paediatricians are doctors who specialise in treating children. They consider what is developmentally appropriate behaviour for children at different ages to determine if the difficulty relates to physical or mental health.

Psychiatrist

Psychiatrists are doctors who have undertaken additional training to become specialists in mental illness.

Psychologist

Psychologists provide assessment and treatment for a range of mental health difficulties. They do not prescribe medication but offer a range of other professional supports, such as counselling.

Social worker

Social workers help individuals with mental health difficulties to resolve associated psychosocial problems and improve their quality of life.

Occupational therapist

Occupational therapists are trained to assist people to overcome limitations caused by injury or illness, mental health difficulties or developmental delay.

Mental health nurse

Mental health nurses specialise in working with people experiencing mental health difficulties.

Please refer to the KidsMatter Primary information sheets on anxiety, depression, ADHD, serious behaviour difficulties and autism for more on these specific mental disorders.

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Knowing when to get help

Parents and carers are usually the first to recognise when their child has difficulties with their emotions, thinking or behaviour. Sometimes, these difficulties may be more obvious at school where teaching staff have the opportunity to observe a range of children and their behaviour. Early signs of difficulty include having trouble managing emotions (anger and/or anxiety), or coping with change, thinking negatively about themselves (eg often saying, "I'm no good"), working cooperatively and/or making and keeping friends.

Look for B-E-T-L-S

The key things to observe when you are concerned that children may have mental health difficulties are:



Behaviour



Emotions



Thoughts



Learning



Social relationships

How to gather good observations

- Focus on specific things that happen (what you actually see and hear rather than what you think about it).
- Take note of when a particular behaviour happens, where it happens and how often it happens.
- Notice what things trigger children's difficulties and what things make them better.

Gathering good observations of particular behaviours is often a first step towards helping children. Looking for all the 'B-E-T-L-S' allows you to get a clearer understanding of a child's difficulties. This means better decisions can be made about when children need help and how to help. Finding out how your child responds in different settings allows you to get a more complete picture about your child.



Observation clues

What to consider

What are the specific things your child does that concern you?
Consider your child's behaviour, emotions, thinking, learning and social relationships.

When and where do they occur?

Are there any specific triggers?

How often do these things occur?

What makes them better or worse?

How long has your child had this difficulty?

Behaviours that parents and carers might notice

My daughter seems to worry a lot. It stops her from having fun. She gets worried about things at school. She worries that her homework will not be good enough. She worries that the other children won't play with her.

Getting ready for school in the morning is the worst time, especially Monday morning.

At least once or twice a week. She seemed to get worse when one of her friends was moved to a different class.

She feels better when her friends phone her at home. She seems to feel included then.

Since the start of the year. Some children were teasing her because she wears glasses. They stopped it but she stayed anxious.

Additional factors to take into account

How well the child manages feelings.

Usually bottles things up, but then cries over something small. Once upset she can be hard to soothe.

How learning is affected.

She does well in class because she puts in a lot of effort. But if she has to do a talk or present her work she gets panicky.

How well the child relates to peers and others.

Seems okay with her close friends. But she is very shy with new people.

Any comments the child makes about him or herself or the situation.

She says things like, "I'm dumb," and, "Nobody likes me."
She seems to put herself down a lot.

Getting help for your child

If you are concerned that your child has excessive worries, fears or feels 'bad' about her or himself and you are not sure how to go about getting help, try the following steps:

Find out more

Talk to school staff or others who have regular contact with your child and find out if they have concerns about your child.

Talk to your child's school about seeing the school psychologist or counsellor

The psychologist or counsellor at your child's school can listen to your concerns and discuss options for helping your child at home and at school.

See your general practitioner

Your doctor can explore any physical health concerns and help you decide about the need for further mental health assessment and professional support by referring you to a children's mental health specialist if required.

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Getting in early for mental health and wellbeing

Keeping children healthy and happy involves looking after their mental health as well as their physical health. Mental health is how we think or feel about ourselves and what is going on around us, and how we cope with the ups and downs of life.

Good mental health helps us to form positive relationships with others, handle challenges and be able to generally enjoy life. With good mental health, children think positively about themselves and learn and achieve better results at school. Good mental health in childhood lays the foundations for positive mental health and wellbeing, now and into the future.

Mental health difficulties in children

Mental health difficulties affects children's behaviour, feelings, ability to learn, social relationships, as well as their physical health and wellbeing. About half of all serious mental health problems in adulthood begin before the age of 14 years. In Australia it is estimated that approximately one in seven children experience mental health difficulties. There are many ways that parents, carers and school staff can support children who are experiencing mental health difficulties. Some of these may be parents, carers and school staff working in partnership to come up with ways of supporting the child, attending information sessions on particular childhood mental health difficulties or getting a referral to a mental health professional.

Although there are many effective supports for children experiencing mental health difficulties, many children do not receive the help they need. This can happen because families are unsure of whether their child has a difficulty, or they do not know where to go or what to do to get mental health support. Schools can be an ideal place for families to access information about supporting the mental health and wellbeing of their children. Sometimes parents and carers may feel concerned about raising mental health concerns due to misunderstandings and negativity that they feel may exist about mental health difficulties.

The positive way in which families and schools support each other in relation to mental health and wellbeing will help parents and carers to seek support and assistance in a timely way.



Everyone has difficulties at times

Most people will experience mental health difficulties at some point in their life, including children. Getting help early for children's mental health difficulties is important. When children don't get help for mental health difficulties they can end up feeling bad about themselves.

They might have trouble getting on with others or struggle with their school work. It can also lead to health problems and family conflict. Problems that are not addressed can get bigger and affect children as they grow up. The earlier in life mental health difficulties are addressed, the better chance a child has at improving their long-term mental health and wellbeing.

Your child's school will have further information and resources that can help parents and carers understand more about children's mental health and wellbeing. School staff can also help you find out what children's mental health services are available in your local area.



To help parents, carers and teaching staff understand about children's mental health difficulties, KidsMatter Primary has developed a series of information sheets. Available at www.kidsmatter.edu.au, these resources provide information about children's mental health difficulties, how you can help and how you can find professional help when needed.

Mental health professionals have developed a number of very successful ways for helping children with mental health difficulties and their families. Just like taking your child to the doctor with physical health problems, it is important to get help and advice for mental health difficulties.

Helping children to be mentally healthy is a major part of caring for kids. Caring families, schools and communities working together offer strong support for children's mental health and wellbeing. Sharing knowledge about what to do and where to go for help can make a big difference to children's lives.

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Recognising mental health difficulties: Suggestions for families

Children's mental health difficulties and how to get help

Some children have emotional and behavioural difficulties that are mild, short-lived and can be resolved with minimum help and support. Others may have difficulties that seem more serious, and interfere with everyday life. Their emotions or behaviour seem to be different to other children of the same age. When problems occur for more than a few weeks and interfere with school, home, friendship or daily life, it is probably time to seek assistance.

The following signs may indicate your child has a difficulty that needs professional attention

- Frequent, unexplained temper tantrums
- Unusual fears
- Difficulty in going to sleep or staying asleep
- Sadness and feelings of hopelessness that don't go away
- Avoiding friends or family and wanting to be alone most of the time
- Refusing to go to school on a regular basis
- Inability to get along with other children
- Hyperactive behaviour or constant movement beyond regular playing
- Noticeable disinterest or decline in school performance
- Frequent aggressive reaction (more than typically expected in the situation)
- Severe difficulties with concentration, attention and organisation
- Significant changes in behaviour over a short period of time





Things to take into account when deciding on the need for treatment

- 1 How severe the symptoms are in terms of:
 - how much distress they cause
 - how often they occur.
- 2 How much impact the symptoms have on the child:
 - at home
 - at school
 - elsewhere.
- 3 How the child's behaviour and feelings compare with that of other children the same age.
- 4 Any particular experiences within the child's family, school, community or culture that may be influencing the behaviours of concern.
- 5 How the difficulties are affecting the child's:
 - behaviour
 - emotions
 - thoughts
 - learning
 - social relationships.

Your doctor or school psychologist/counsellor can provide further advice.

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Recognising mental health difficulties: Suggestions for school staff

In partnership with parents and carers, school staff in primary schools play an important role in children's development. As they have a great deal of contact with their students, school staff are in a position to notice when children are experiencing mental health difficulties. They can make a positive difference to children and their families by assisting them to access help for children's mental health difficulties.

Children showing early signs of difficulty may have trouble managing their emotions (anger and/or anxiety), coping with change, working cooperatively and/or making and keeping friends. Some of the signs of difficulty that school staff might notice include the following:

Behaviours

- Frequently avoiding situations that are challenging
- Fussiness
- Withdrawal
- Perfectionism
- Poor concentration
- Constant tiredness in school
- Overactivity
- Being easily distracted
- Impulsivity
- Destructive behaviour
- Defiant behaviour
- Non-compliance
- Repetitive behaviours
- Unusual and restricted interests

Learning issues

- Lack of problem-solving skills
- Academic difficulties
- Difficulties maintaining focus/attention
- Not hearing all of the instruction
- Not completing work

Thinking

- Self-blaming
- Low self-worth
- Persistent negativity/pessimism, excessive worrying
- Thinking others are 'out to get them'
- Thinking in strange or unusual ways



Emotions

- Nervous temperament
- Fearfulness
- Sadness and feelings of hopelessness that don't go away
- Persistent moodiness
- Poor self-control
- Irritability
- Challenging temperament
- Excessive anger (more than what would typically be expected in the situation)



Social issues

- Severe shyness
- Being isolated
- Lack of perspective-taking skills
- Over-talkativeness
- Poor social skills
- Being argumentative
- Aggression towards others
- Communication difficulties
- Problems in relating to others



These kinds of behaviours occur in all children some of the time. It is not the role of school staff to provide assessment or treatment of individual children, but there are some things that can be done to help:

- Support parents and carers by listening to their concerns and by helping them to access information and further advice regarding children's mental health.
- Seek advice from the school welfare team, including the school psychologist or school counsellor, when there are concerns about a particular child.
- Talk with parents and carers to work out the best way to assist the child together.
- Adapt teaching and behaviour management strategies to cater for children's mental health and learning needs.
- Continue to provide assistance for students and for parents and carers while children are receiving professional support for mental health difficulties.
- Ensure that there are policies and practices within the school to support students and families to seek help for mental health difficulties.

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