

Ministerial Advisory Committee: Students with Disabilities

Mental Health
and Children
and Students
with a Disability

March 2007



Government
of South Australia

A report of the
Ministerial Advisory Committee:
Students with Disabilities (MAC:SWD)
South Australia
March 2007

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Executive summary

This report was written at the request of the Minister for Education and Children's Services to inform government of the issues faced by families, educators and professionals concerned with the mental health of children and students with a disability. The focus of this report has been on the population of children and students with a disability from birth to year 7 of schooling (approximately 12 years of age) and their families.

This report provides information about the status of children and students with a disability in the current debate about mental health problems and gives some guidance on areas for further development.

The prevalence of mental health problems among adolescents and adults with a disability is much higher than for those without a disability, ranging between 40 and 60 per cent for some groups. The project identified that, despite this high percentage, the strategic plans of government and non-government agencies, as related to mental health, do not specifically identify people with a disability as a high risk population.

All states and territories have a legal obligation under the Disability Discrimination Act (1992) and the supporting Disability Standards for Education (2005) to ensure that children and students with a disability have the right to education and training opportunities on the same basis as students without disability. Education providers must make reasonable adjustments to accommodate the needs of children and students with a disability, including their mental health.

The Australian community has been informed by recent research and has begun to recognise that mental illness is one of the leading causes of disability in Australia. Within the disability community, the recognition and inclusion of mental illness as a disability type, known as psychiatric disability, is relatively new, as specified by the Disability Discrimination Act (1992).

In recent years, governments, at all levels, have put emphasis on the work needed in order to understand better the needs of people experiencing mental health problems and mental illness. Increased attention has been paid to the mental health needs of young people and their families with the aim of reducing the incidence of mental illness in adulthood, and therefore the corresponding

Executive summary *continued*

demand for mental health services. Some, but considerably less, attention has been focused on the mental health needs of young people with additional disabilities (eg intellectual, physical or sensory) as a particular cohort. People who are diagnosed as having more than one disability coexisting (eg intellectual disability with mental illness) are often referred to as having dual, multiple or co-morbid disabilities.

This report was written at a time when many positive changes were occurring in the field of mental health and mental health service development. The South Australian government has identified mental health as an area requiring a specific focus and wants a 'well-connected mental health system' (Government of South Australia, 2007, p 18), with an emphasis on primary health care, education and interconnected services. To emphasise this point, the Minister requested that the Minister for Mental Health and Substance Abuse nominate a representative to co-chair the Ministerial Advisory Committee: Students with Disabilities mental health project group.

During 2006, a study into the mental health of adolescents and adults with an intellectual disability was begun by researchers from Monash University (Victoria) in partnership with the Intellectual Disability Services Council (now Disability SA), Minda Incorporated and the South Australian Department of Education and Children's Services. This study, entitled the Lifespan Project, is ongoing.

Also in 2006, the South Australian Social Inclusion Board conducted two investigations, one related to mental health in the general population, the other to students with disabilities and post-school pathways. The South Australian Social Inclusion Board's Mental Health Reference Group held consultations to investigate various aspects of the community's mental health needs. The Office of Disability and Client Services was involved with these

consultations, along with Carers SA and the Disability Advocacy and Complaints Service. These agencies provided links to disability services and the needs of the disability community. The report on the findings of these consultations was not available at the time of writing. However, the Ministerial Advisory Committee: Students with Disabilities considers that it would be essential that the needs of children and students with a disability are considered explicitly in the implementation of the Social Inclusion Board's recommendations.

The Social Inclusion Board's Disability Reference Group consulted on the needs and pathways of young people with a disability moving from school to post-school occupations. The Ministerial Advisory Committee: Students with Disabilities' executive officer was involved with these consultations. The report of the Disability Reference Group, released in August 2006, was entitled *Better pathways: Consultation paper* (Social Inclusion Unit, 2006).

The Youth Affairs Council of South Australia surveyed young people and those who work with young people on their views of mental health and the service system which supports young people's needs. This project was established by its Policy Council in late 2005, in response to polling which revealed mental health area to be the policy area of greatest current concern in the youth sector. The report of this survey, *Getting through: Responding to young people's mental health issues in the youth sector* (Youth Affairs Council of South Australia, 2006) did not specify whether young people with a disability and their workers participated. The needs of this specific cohort were not discussed separately in this report.

However, recently in the United Kingdom, The Foundation for People with Learning Disabilities published guidelines to inform mental health services of ways to support and be inclusive of

Executive summary *continued*

young people with learning disabilities. These guidelines, entitled *This is what we want* (The Foundation for People with Learning Disabilities, 2006), summarise the findings of consultations with children and young people with learning disabilities and their families from the United Kingdom about how to improve mental health services for this population.

The 2006 Ministerial Advisory Committee: Students with Disabilities' project examined the mental health provisions for children and students with a disability in childcare, preschools and schools in South Australia. The project drew on the expertise of members of the project group who were selected and nominated for their involvement in mental health, education and disability systems. Project group membership included parents, consumers, educators and disability and mental health professionals.

As a result of the project's investigations, the committee found that childcare and education professionals seek specific and yet at times different information on the mental health needs of children and students with a disability. Professionals from child and adolescent mental health services seek more specific knowledge about the effects of disability on mental health. These workers want to know what effect specific disabilities have on generic mental health problems and disorders, and how they need to differentiate their work practices to accommodate this group of clients. Similarly, professionals from disability services seek to know more about mental health care for their clients and about pathways to obtaining services for their clients' mental health problems. Both groups want to know which mental health interventions were most useful for particular groups, including information about specific support requirements and approaches relevant to disability types.

The project identified the need to share information on how:

- to include children and students with a disability in mainstream curricula that promote positive mental health within schools (and through external consultancy)
- family, childcare, preschool and school environments can act to promote positive mental health specifically for this cohort
- best to respond to mental health problems and disorders
- to engage the assistance of specialist mental health care services when required.

While funding for intensive mental health support is available in all three education sectors, the project identified that:

- there continues to be a gap between the available resources and the identified need
- ongoing support requirements for students and children with high needs is a particular gap
- at times funding was for a shorter duration than required
- there were not enough alternative school placements for children and students with acute mental health care needs unable to attend their local school.

The body of professional knowledge and information on the combined topic of disability and mental health is still emerging. Information on mental health for children from birth to year 7 of schooling and their families is mostly generic and does not necessarily make the connection between mental health and disability.

The project identified that through continued research, practical application and opportunities to share new knowledge the body of information on mental health and disability would increase and improve services for children and students with a disability.

Executive summary *continued*

The project has highlighted the need to record examples of quality educational practices related to mental health for these children and students, including practices to promote positive mental health as well as practices and procedures considered to be most appropriate and effective when responding to mental health problems and disorders. This would include investigation into intersectoral protocols and work practices.

Recently established initiatives and proposed new developments concerned with mental health for children in childcare and education settings are in their early stages. This report provides an overview of the current situation as a snapshot in time.

I am pleased to forward this report for the Minister's information. Recommendations are presented for the Minister's consideration.



Margaret Wallace
Chairperson
Ministerial Advisory Committee: Students with Disabilities



Recommendations

It is recommended that:

- 1** Children and students with a disability and their families are routinely and explicitly identified in the strategic plans of government and disability and health agencies as an at-risk population and that mental health policy, workforce development and services are inclusive of children and students with a disability.
- 2** A member of the Ministerial Advisory Committee: Students with Disabilities participate in the Child Health and Education Support Services (*chess*) Mental Health Reference Group to inform mental health programs and initiatives in education and children's services and to advocate for the mental health needs of children and students with disabilities in childcare and education settings.

Through the *chess* alliance, it is recommended that:

Intersectoral protocols and work practices across the disciplines of mental health, disability and education be developed for children and students with a disability who are experiencing mental health problems or disorders.

Interagency service pathways for mental health be clearly articulated for children and students with a disability who are experiencing mental health problems or disorders.

Pre-service and in-service training for teachers, support staff and childcare workers provide information on the prevalence and effect of mental health problems and disorders for people with a disability, as well as skills development to ensure that childcare and education programs and environments are safe and supportive, optimise learning and promote positive mental health for children and students with a disability.

Collaboration between families, childcare and education staff, disability consultants, behaviour consultants and mental health consultants be strengthened using a service model that fosters the transfer of knowledge, advice and skills, with priority given to supporting families.

Health support planning for children and students with a disability and mental health problems or disorders be coordinated with the negotiated education planning process¹ (or other individualised learning plans, including those for children under the guardianship of the Minister).

- 3** The Ministerial Advisory Committee: Students with Disabilities contribute to the national KidsMatter Primary Schools Mental Health Initiative to ensure the inclusion of children and students with a disability.

¹ The documents associated with the negotiated education planning process are known as a Negotiated Education Plan in Department of Education and Children's Services schools, a Student Support Plan in most Independent schools and an Action Plan in Catholic schools.



Introduction

Children and students with a disability are defined by physical, neurological and/or social impairments to their human function that affect their participation in life's activities (Commonwealth of Australia, 1992; World Health Organisation, 2002; Commonwealth of Australia, 2000, updated 2003; see appendix 1). However, this cohort is very diverse, and the challenges faced due to disability vary greatly, with the effects ranging from minor to significant. Any discussion regarding the mental health of children and students with a disability and their families must bear in mind the heterogeneity of the group.

Risk and protective factors for mental health relate to a range of individual, family and environmental circumstances (see appendix 2). It is widely accepted that living with a disability, irrespective of what type, can contribute to the risk of developing mental health problems and disorders because of adverse individual and environmental conditions associated with a disability (Royal College of Psychiatrists, 2004; Kim et al, 2000; World Health Organisation, 2002; Wikipedia, 2007). Physical and intellectual disabilities are, in themselves, listed as risk factors for mental health problems. Children with a disability are more likely to experience situations that negatively affect their mental health. On balance, they are more exposed to chronic illness, low self-esteem, alienation, bullying and discrimination (Ministerial Advisory Committee: Students with Disabilities, 2003), each of which are considered risk factors for mental health problems. Further, their risk may be exacerbated by other known causes of social disadvantage such as family separation or low socio-economic circumstances (Sawyer et al, 2000), which are, for some families, by-products of having a child with a disability.

Prevalence of mental health problems for children and adolescents with a disability

An Australian investigation into the prevalence of mental health disorders in children and adolescents of the general population found that approximately 14 per cent of all children below the age of 18 years had a mental health disorder. Children and adolescents living in low-income, step/blended and sole-parent families had higher prevalence—up to 20 per cent (Sawyer et al, 2000). These findings are consistent with those from other developed countries (Waddell et al, 2002).

Specific statistics on the prevalence of mental health disorders in children with a disability from birth to 12 years of age appear to be limited. However, statistics on mental health problems and mental disorders among adolescents and adults of some disability groups show that the prevalence of mental health problems is higher amongst people with disabilities than that of the general population, implying that mental health problems for this cohort begin during childhood but may go undiagnosed.

In South Australia, approximately 60 per cent of children and adolescents accessing statewide mental health care services, such as Adolescent Services—Enfield Campus and the Behavioural Intervention Service provided through the Northern Child and Adolescent Mental Health Service (CAMHS), have a disability (C Lawson [Children, Youth & Women's Health Service] 2006, pers comm November). Data from the Department of Education and Children's Services confirm that the incidence of suspension and exclusion for students with a disability is two and a half times more than that of their non-disabled peers (G Cox [Policy Adviser Student Behaviour Management, Department of Education and Children's Services] 2006, pers comm November). Data on the incidence of suspension and exclusion for students with a

Introduction *continued*

disability are not collected from Independent or Catholic schools.

Einfeld & Tonge (1996) reported that approximately 40 per cent of children and adolescents with an intellectual disability (aged between 4 and 18) could be classified with co-morbid emotional, behavioural or psychiatric disorders (compared with 20 per cent of the general population). Similarly, 40 to 60 per cent of people with Autism Spectrum Disorder show evidence of psychiatric symptoms (Gillot et al, 2001; Ghaziuddin et al, 2002; Davies, 2005), and anecdotal accounts of co-morbid mental disorders among people with sensory impairment and those with physical disabilities also indicate higher prevalence. The effect of mental health disorders on adolescents with Asperger syndrome in education is discussed at length by Bartak et al (2006) in their report on the findings of research undertaken in South Australia.

With regard to preschool children, Guralnick (2006) states that approximately 25 per cent of young children aged 3 to 5 years with intellectual disabilities have internalising and externalising disorders, which lead to relationship difficulties with their peers. He discusses the importance of understanding these difficulties and assisting children with a disability to develop social competence in early childhood as a means of caring for their mental health and wellbeing in later years.

The importance of perinatal and early childhood mental health care is also discussed in the literature. Parental mental disorder and poor attachment are other known contributors to mental health problems of young children (Young Minds, 2004; Esbensen et al, 2006). Research has shown that mental health promotion and care for parents of young children contributes to the prevention of childhood mental disorders later in life (Young Minds, 2004). The effect of a child's disability on parental mental health is indicated by the high prevalence of depression of mothers of children with a

disability, which is more common than in the general population (Hatton & Emerson, 2003; Oelofsen & Richardson, 2006). Despite these high prevalence statistics, research also shows that people with a disability and co-morbid mental health disorders tend not to access services for support (Einfeld & Tonge, 1996), or find it difficult to access services (Mental Health Council of Australia, 2005).

South Australian-based inquiries in 2006 into mental health related to children and students with a disability

In recent years, at all levels, government and non-government agencies and researchers have undertaken work to understand better the needs of people experiencing mental health problems and mental illness, and where service developments are required. Increased attention has been paid to the mental health needs of young people and their families with the aim of reducing the incidence of mental illness in adulthood. Some, but considerably less, attention has been focused on the mental health needs of young people with additional disabilities (eg intellectual, physical or sensory) as a particular cohort.

A study to investigate the mental health of people with intellectual disability across the lifespan was begun by researchers from Monash University (Victoria) in partnership with the Intellectual Disability Services Council (now Disability SA), Minda Incorporated and the South Australian Department of Education and Children's Services. This project, entitled the Lifespan Project, draws on the experiences of adolescents and adults with intellectual disabilities and their families, and is ongoing. Preliminary findings suggest a much higher prevalence of mental health disorders among this group than in the general population and that these families do not readily seek services for their mental health needs. Information on this project can be

Introduction *continued*

accessed through their website at <<http://www.med.monash.edu.au/spppm/research/devpsych/lifespan.html>>.

Also in 2006, The South Australian Social Inclusion Board conducted two investigations, one related to mental health in the general population, the other to students with disabilities and post-school pathways. The board's Mental Health Reference Group held consultations to investigate various aspects of the community's mental health needs, including early intervention² and the transition processes between adolescent and adult mental health systems. The Office of Disability and Client Services (ODAC) was involved with these consultations, along with Carers SA and the Disability Advocacy and Complaints Service. These agencies provided links to disability services and the needs of the disability community. The report on the findings of these consultations had not been released at the time of writing. However, the Ministerial Advisory Committee: Students with Disabilities considers that it would be essential that the needs of children and students with a disability are considered explicitly in the implementation of the Social Inclusion Board's recommendations.

In addition, the Social Inclusion Board's Disability Reference Group consulted on the needs and pathways of young people with a disability moving from school to post-school occupations. A representative from the Ministerial Advisory Committee: Students with Disabilities was involved with these consultations, along with other representatives from the disability and education fields. The report of the Disability Reference Group,

released in August 2006, was entitled *Better pathways: Consultation paper* (Social Inclusion Unit, 2006).

The Youth Affairs Council of South Australia surveyed young people and those who work with young people on their views of the mental health system. This project was established by its Policy Council in late 2005, in response to polling which revealed mental health to be the policy area of greatest current concern in the youth sector. The project covered aspects such as the need for information, education and awareness-raising regarding mental health; the need for training and resourcing; service gaps; and issues associated with the transition from the adolescent to the adult mental health system. The report of the Youth Affairs Council of SA, *Getting through: Responding to young people's mental health issues in the youth sector* (Youth Affairs Council of South Australia, 2006), did not specify whether young people with a disability were involved or their needs considered. Nor did the report identify if young people with a disability and their workers participated in the survey. However, one of the overarching themes that emerged from this report would apply to childcare providers and educators of children and students with a disability, that is, 'Those who work with young people [carers, teachers and others] are often the first to be told about a mental health problem, or they may be the first person to detect it. There is, therefore, a considerable responsibility to know how to respond appropriately, support the young person "in the moment" and link with the appropriate professionals as required' (ibid, p 4).

² 'Early intervention' as a term used in the field of mental health relates to intervention during adolescence and/or adulthood. This interpretation is different from the use of the term 'early intervention' within the field of education, which relates to intervention in the early years of childhood. Early intervention in mental health occurs at the point of awareness or initial diagnosis of a mental health problem or disorder. Interventions are put into place early to promote recovery and deter further deterioration. Counselling therapy is one example of early intervention practice in this instance.

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Recently, in the United Kingdom, The Foundation for People with Learning Disabilities published guidelines to inform mental health services of ways to support and be inclusive of young people with learning disabilities³. These guidelines, entitled *This is what we want* (The Foundation for People with Learning Disabilities, 2006), summarise the findings of consultations with children and young people with learning disabilities and their families from the United Kingdom about how to improve mental health services for this population.

As with youth workers, staff in childcare, preschool and school settings are important contributors to positive mental health promotion and the mental health care of children and students with a disability because, next to the family, these environments are where this cohort of children and students spends the majority of its time.

³ The term 'learning disabilities' used in the United Kingdom means the same as the term 'intellectual disability' used in Australia.



Project methods

In December 2005, the Minister for Education and Children's Services sought advice from the Ministerial Advisory Committee: Students with Disabilities regarding the mental health of children and students with a disability, as many children and students with a disability were presenting with mental health problems in increasing numbers and at an earlier age. These children and students seemed to be amongst the most difficult to support, particularly in local schools.

Terms of reference⁴

The Minister commissioned the Ministerial Advisory Committee: Students with Disabilities to investigate what services were available to children and students with a disability and mental health problems across the three education sectors (State, Catholic and Independent), and what measures needed to be taken to encourage early intervention strategies to be developed and utilised in the early and middle years of childhood.

The inquiry was based on two premises:

- that children and students with a disability experience a higher incidence of mental health problems than those of the general population
- that children and students who experience success at school, home and in their communities are more able to maintain mental health and achieve their learning goals—as highlighted in the DECS Learner Wellbeing Framework (Department of Education and Children's Services, 2006b).

The emphasis of the project was to explore how children and students with a disability and their families are involved with:

- programs and initiatives to instil a sense of self-worth and self-efficacy, while developing social skills for healthy relationships and resiliency

- interventions and mental health promotion activities during early childhood and primary school, to prevent mental health problems developing
- therapy services for those experiencing more severe mental health problems and disorders.

Project group

In 2006, a project group was established consisting of a range of members, including parents, educators, disability professionals, mental health professionals and those who have used disability and mental health services in order to provide information, consultation and advice on the topic.

The group was co-chaired by Dr Mary Bambacas, deputy chairperson Ministerial Advisory Committee: Students with Disabilities and Ms Gail Mondy, Executive Director, Primary and Population Health, Children, Youth and Women's Health Service who was nominated by the Hon Gail Gago, Minister for Mental Health and Substance Abuse, as her representative (see appendix 4 for full list of membership).

The project drew on the expertise of members of the project group who were selected and nominated for their involvement in mental health, education and disability systems. The broad topic of children's wellbeing and mental health care within childcare and education settings was assessed for the inclusion of children and students with a disability. In addition to project group members, a small number of other professionals working in the field were consulted separately, because their perspectives were not necessarily represented within the group.

⁴ See also appendix 3 for the statement of purpose, terms of reference and investigation methods which guided the project's investigations.

Background information

Mental health terms

The terms mental health, emotional wellbeing, wellbeing, mental health problems, mental health issues, mental illness and mental disorders are all used to describe varying states of mental health. Some mental health terms are used interchangeably. The following explanations have been provided to clarify the use of these words in this report.

Mental health refers to the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity. *Mental illness* refers to all possible mental disorders (Commonwealth Department of Health and Aged Care, 2000).

Mental disorders are health conditions that are characterised by alterations in thinking, mood or behaviour (or some combination thereof) associated with distress and/or impaired functioning.

The notion of a continuum of mental health states suggests that mental health, like physical health, moves back and forth along this continuum throughout life. Mental health is positioned at one end, representing successful mental functioning, with mental illness placed at the opposite end, representing disorder or impaired functioning (see figure 1). Permanent mental illness (eg bi-polar disorder or schizophrenia) is known as *psychiatric disability*.

Mental health problems are located partway along this continuum. They indicate deterioration in mental health, but not necessarily impairment as severe in function as that of mental illness. Mental health problems can affect one's thoughts, body, feelings and behaviour, and, if left unaddressed, can develop into a mental disorder.

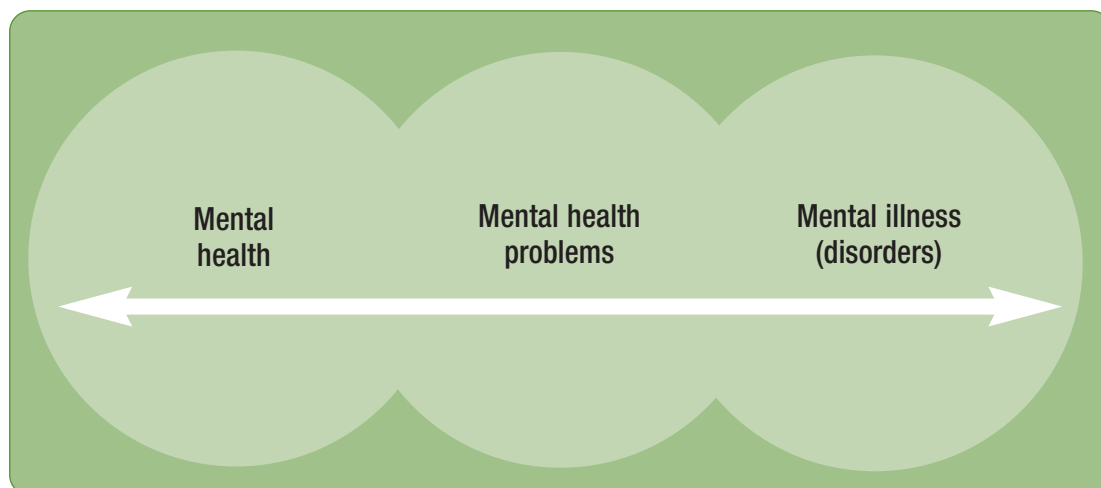


Figure 1: Continuum of mental health states

Background information *continued*

Within the field of disability,⁵ individuals with a diagnosis of mental health problems or a mental disorder in addition to another type of disability such as an intellectual disability, a sensory impairment, autism or a physical disability are described as having co-morbid disabilities, dual diagnoses or dual disability. This project has been concerned with the group of children and students who have co-morbid, or coexisting, disabilities.

Childhood mental health problems and disorders

The terms used to describe children's mental health problems and disorders are different from those of adults. For example, schizophrenia, phobias, bipolar disorder and neuroses are examples of mental disorders associated with adulthood,⁶ and are not terms used in childhood. The terms used to describe mental health problems and disorders in childhood often reflect behavioural, social and/or emotional difficulties.

Young children would not usually be diagnosed with a specific mental health disorder by a psychiatrist. Rather, young children would be monitored if their behavioural symptoms and/or environmental circumstances warranted.

Children and students with a disability and mental health problems or disorders often show their distress through challenging behaviour, either aggressively or through withdrawal, with potential for harm to themselves or others. Their mental health needs would be discussed and described using behavioural terms such as 'behavioural problems', 'challenging behaviours' or 'behavioural difficulties'. Similarly, young children are not usually diagnosed with an intellectual disability (other than those with known genetic disorders). These children would be described as having 'global developmental delay'.

When support is sought from Child and Adolescent Mental Health (CAMHS) (or other psychological or psychiatric specialists), consultants ask for children's behaviour to be described specifically (eg have they been isolating themselves, not making friends or do they speak poorly about themselves). Such descriptions provide a more appropriate way to assess children's needs, rather than labelling their behaviour as indicative of specific mental health problems too early. Diagnoses such as Attachment Disorder, Anxiety and Depressive Disorder may occur later in childhood if symptoms persist and are pervasive.^{7,8}

⁵ On the other hand, within the field of mental health, co-morbidity and dual diagnoses are discussed as a combination of mental health disorders (eg anxiety and depression, or a combination of a mental health disorder and substance abuse) but do not take into account physical or intellectual disability.

⁶ These usually become apparent during adolescence or in adulthood and constitute a disability type in their own right known as psychiatric disability.

⁷ More information on these terms and other childhood mental disorders is readily available from Children, Youth and Women's Health Service; Child and Adolescent Mental Health Service; and Child Health and Education Support Services (*chess*) websites, as well as other sites on the World Wide Web.

⁸ It is evident in the literature that autism, Asperger syndrome and other types of Pervasive Developmental Disorders (PDD) are classified as mental disorders in some countries. In Australia, it is generally accepted that Autism Spectrum Disorder (ASD) is a disability type separate from mental disorders. However, persons with ASD may experience co-morbid mental disorders such as Anxiety.

Background information *continued*

Mental health problems stem from both environmental stressors and biological factors. For all children (with or without a disability), a complex interaction of these two factors exists, combined with the individual process of personality development, to influence their state of mental health (Commonwealth Department of Health and Aged Care, 2000; Australian Institute of Health and Welfare, 2003).

Families, childcare providers and educators of children and students with a disability should be aware that mental health problems and disorders can coexist with other disability types, resulting in co-morbid disabilities. Although children and students with a disability are more likely to experience mental health problems than those without a disability, individual and family capacity for resiliency influences the extent to which mental health problems or disorders develop, if at all. It may be difficult for parents, childcare providers or educators to recognise when professional services for mental health care support are needed.

The mental health risk of children and students with a disability

Identifying mental health 'risk' does not necessarily imply that all children and students with a disability and their families are destined to develop mental health problems or disorders. However, the identification of 'risk' acknowledges the additional pressures that arise from the circumstances of living with a disability, thereby raising awareness, promoting positive mental health, encouraging early intervention strategies and preventing the further development of mental health problems into mental disorders.

The aim of mental health care for all children and students (including children and students with a disability) is to minimise risk factors and strengthen protective factors, not only at the individual level but also in their environmental contexts. The *beyondblue* conceptual framework describes protective factors attributable to the individual and those which are attributable to the individual's environment (see figure 2).

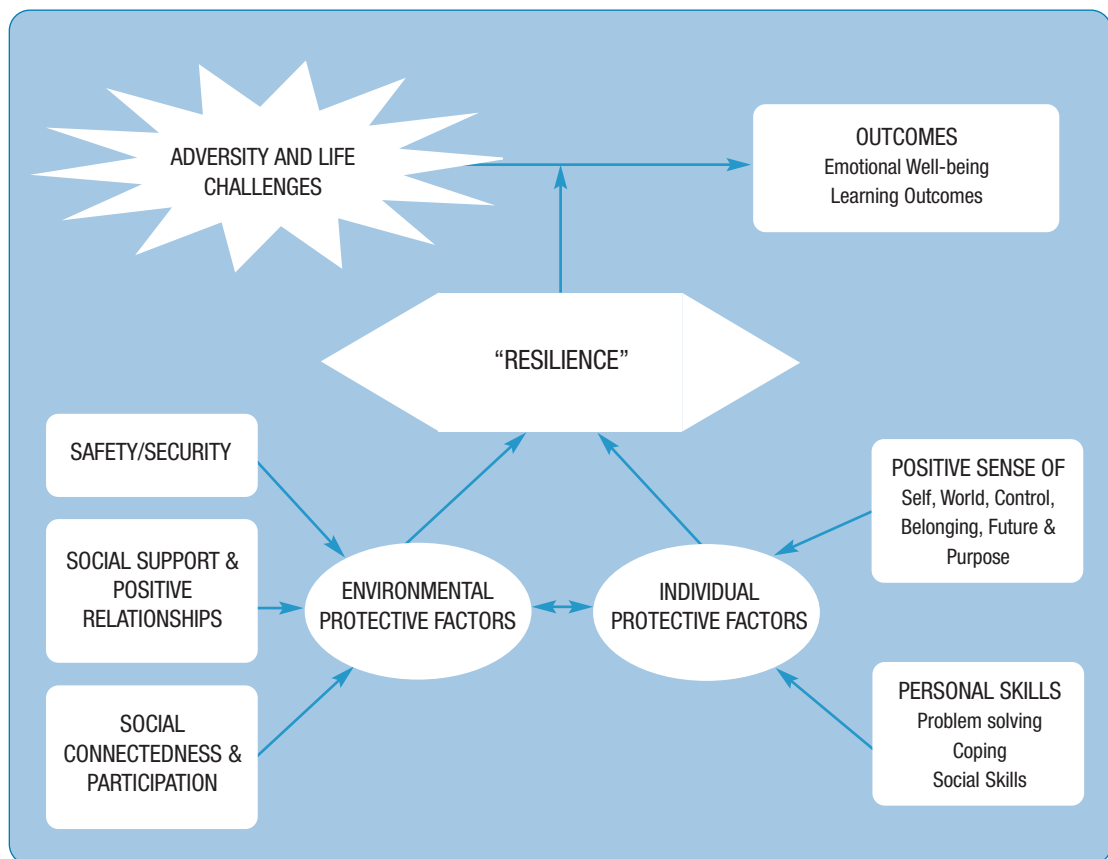


Figure 2: *Beyondblue* Schools Research Initiative: Conceptual framework

Sourced and adapted from Spence S, Burns J, Boucher S, Glover S, Graetz B, Kay D, Patton G & Sawyer M (2005). The *beyondblue* Schools Research Initiative: Conceptual framework and intervention, *Australasian Psychiatry* 13(2) pp 159–164.

The mental health risk of children and students with a disability *continued*

Childcare and school settings are environments in which children with a disability spend most of their time outside of the family. Staff members in childcare and school settings work to ensure children with a disability are safe and secure, have social support, experience positive relationships with peers and adults, are socially connected and are able to participate in activities. Attention to these environmental attributes will contribute positively to mental health and may protect children from mental health problems.

The introduction to this report described the risk and prevalence of mental health problems and disorders for children and students with a disability. With clear evidence of such high risk, it is of concern to the Ministerial Advisory Committee: Students with Disabilities that people with a disability are not acknowledged as an 'at-risk' group in the Australian Government National Mental Health Strategy 2003–2008 (Australian Health Ministers, 2003). At present, the at-risk groups identified are Aboriginal and Torres Strait Islander people, people who live in rural and remote communities, people from culturally or linguistically diverse backgrounds and those with complex needs. Children and students with a disability and their families should also be specifically recognised as a high risk group for mental health problems.



Available information about mental health

An abundance of information related to mental health for children and adolescents is available across South Australia in various formats when sought—either directly from organisations, via websites, in published literature or from other allied sources. For example, generic information on mental health can be accessed through the South Australian Department of Health; Flinders Medical Centre; Children, Youth and Women's Health Service; and the Department of Education and Children's Services websites (eg *chess*). In addition, Headroom is a website containing information on mental health in a user-friendly format for parents and carers, professionals, children aged 6 to 12 years and adolescents. It can be accessed at <www.headroom.net.au/>.

The Children, Youth and Women's Health Service's Child and Youth Health website at <www.cyh.com> contains information on mental health topics as well as disability. The website includes contact details for service providers and information in simplified language for younger children aged 5 to 12 years.

At a national level, information on risk and protective factors related to mental health has been published in the Commonwealth National Mental Health Strategy document, *National action plan for promotion, prevention and early intervention for mental health* (Commonwealth Department of Health and Aged Care, 2000). Internationally, the United Kingdom Royal College of Psychiatrists has a website with specific sections on mental health for children, containing information and fact sheets on many aspects of mental health care and mental disorders in childhood. It is available at <www.rcpsych.ac.uk>. The Search Institute of the United States of America has identified and published *Forty developmental assets* (2006) for

early childhood, middle childhood and adolescence. These are available at <www.search-institute.org>.

While these generic sources provide a helpful resource for most families, childcare providers and educators, there remains a demand for more specific information on the needs of children with a disability and their families. In addition, some families may need assistance to access information, particularly if the family has a disadvantaged background.

To this end, information on the combined topic of disability and mental health care is available from disability agencies. For example, Disability SA provides fact sheets on various mental health disorders for people with intellectual disabilities, as well as a fact sheet explaining dual disability. These are available at <www.idsc.sa.gov.au/publications/infosheet/>. Similarly, Novita Children's Services website provides helpful information for children with physical and/or multiple disabilities and their parents on 'disability issues and topics', including 'fear and anxiety' and 'managing stress'. This can be accessed at <www.novita.org.au/content.asp?p=5>.

Within the field of education, MindMatters has a unit entitled 'Community matters, working with diversity for wellbeing' available at <cms.curriculum.edu.au/mindmatters/resources/pdf/booklets/community.pdf>.⁹ This unit was developed to address mental health specifically for student groups identified as being 'at risk', which include students with a disability, students who are Aboriginal or Torres Strait Islander, students living in rural and remote areas, students with same sex attraction and students from non-English speaking backgrounds. The section on students with a disability covers topics such as identity, community belonging and marginalisation, connectedness and resilience, bullying and harassment, and loss and grief.

⁹ MindMatters is a web-based mental health promotion resource developed for use in secondary schools. The extent to which this resource is used in primary schools is unknown.



Available services related to mental health

Family services

South Australian initiatives to address mental health for children and families have increased over the past decade. The level of commitment to improving community services remains evident as government and non-government agencies continue to discuss, plan, develop, promote, implement, review and refine services related to mental health for children and their families.

Providing explicit, easy to understand information and building the capacity of parents and caregivers to care for infants and young children is an important initial step in early childhood mental health care for those with a disability. It is widely recognised that perinatal and parental health and support systems for the family are integral to that of infant and early childhood mental health. For example, Attachment Disorder results from children not having their emotional and/or physical needs adequately met in infancy or their early childhood years (Young Minds, 2004). Children with a disability are more vulnerable to developing Attachment Disorder, in part because of the higher prevalence of depression in mothers of children with a disability compared with mothers who do not have a child with a disability (Hatton & Emerson, 2003).

Within the field of disability, intervention in the early years of childhood involves specialised education and therapy services, as well as support for the whole family through information, advocacy and emotional support. Early intervention (also known as early childhood intervention) is best conceptualised as a system designed to support family patterns of interaction that promote children's development (Guralnick, 1997). Research during the 1960s and '70s showed that the earlier children with additional needs received special education, the better their outcomes. Research also showed that families who were supported earlier were more empowered to

advocate for their child later on. Examples of some of the support services available in South Australia to families of young children with a disability follow.

The Children, Youth and Women's Health Service (CYWHS) promotes the health, wellbeing and development of all children, young people and families across South Australia by providing:

- support to parents in areas of parenting
- health services for infants, children and young people
- support for families and children with additional needs
- up-to-date health information for parents, children and young people.

Health services are offered to families of children aged from birth to 12 years of age through statewide Child and Family Health Centres of which there are approximately 125 locations in metropolitan and country South Australia.

The CYWHS Universal Home Visiting Program offers a home visit to all new families in the first weeks of the child's life. Nurses undertake the first recommended health check and thus determine those families requiring additional support. Allied to this is the Family Home Visiting Program, funded by the government as part of the Every Chance for Every Child initiative. The Family Home Visiting Program offers ongoing home visits over a two-year period for families who require additional support. Nurses are supported by a multidisciplinary team including social workers, psychologists and Aboriginal health staff to provide support for mothers under the age of 20 years, Aboriginal families and others identified as requiring additional support. This includes families with a history of mental illness or families with a child with a disability.

The CYWHS Early Childhood Intervention Program is for parents of children aged birth to 8 years of

Available services related to mental health *continued*

age, who are concerned about their child's development and may need specialised services. The Early Childhood Service of Disability SA provides early intervention services to children aged from birth to 6 years with significant developmental delay. In addition to these government services, several non-government agencies provide early intervention childhood programs specifically for children with a disability (eg Down Syndrome Society, Novita Children's Services, Autism SA, CanDo4Kids—Townsend House).

Mental health services

State government mental health services for children, young people and their families are provided through the Child and Adolescent Mental Health Service (CAMHS), as part of the South Australian Government Department of Health. CAMHS is administered by two health regions. Northern CAMHS is administered by the Children, Youth and Women's Health Service, and Southern CAMHS is administered by the Southern Adelaide Health Service.

CAMHS services are delivered by child, youth and family specialists including psychologists, social workers, mental health nurses, occupational therapists, speech pathologists and psychiatrists who are experienced in helping children with emotional, behavioural or social difficulties.

Community CAMHS teams are located across metropolitan and country areas and provide a range of services which include assessment; therapeutic counselling for children, adolescents and their families; group programs; mental health prevention and promotion activities; consultation; collaboration; training and development in collaboration with other agencies; and information workshops for parents.

Referrals to community CAMHS services are accepted from general practitioners, other agencies

such as the education sectors, Families SA and directly from parents, caregivers and young people over 16 years. The 'duty worker' on call will undertake a telephone consultation in the first instance to provide immediate advice, referral or an appointment for an initial in-person consultation. All initial consultations are provided within ten working days. The consultation is undertaken by a mental health professional who will recommend a priority rating which informs the level of service offered following this initial assessment.

CAMHS services include:

- in-patient facilities at:
 - Helen Mayo House, which provides services to parents experiencing serious mental health issues in the perinatal period
 - Boylan Ward, for children and adolescents with severe mental health problems, based in the Women's and Children's Hospital
- Adolescent Services—Enfield Campus (ASEC), which provides a range of community-based services for adolescents experiencing significant to serious mental health problems
- the Behavioural Intervention Service (BIS), an interagency partnership with the Department of Education and Children's Services (DECS) and Families SA providing intensive, specialist services for young people with long-standing challenging behaviour and mental health issues who are enrolled in DECS schools
- the Mary Street program (Adolescent Sexual Assault Prevention Program)
- community-based services across the state.

CAMHS statewide programs, BIS and ASEC, cater for a significant number of young people with coexisting mental health and disability issues. The majority of these referrals come from the education system.

At present, CAMHS does not consider disability alone as a criterion for priority of access to their services. The services of private practitioners (ie psychologists, psychiatrists and counsellors) are available as an alternative to provide mental health expertise for children and students with a disability. However, project investigations found that the number of these specialist private practitioners with expertise in co-morbid or dual disability is very small.

Providing mental health services to a child or student with a disability requires professional expertise in assessment and adaptation of programs so they are effective for the individual. This may mean understanding personality and behavioural triggers, cognitive functioning and communication ability; simplifying language for those with intellectual disabilities; using visual aids; and signing for those with hearing impairment, or the use of other methods of communication. Disability, special education and mental health professionals may need to work collaboratively to meet the needs of children and students with a disability. Intersectoral work practices have been proven to be more effective when there is a shared interest in the positive outcomes of collaborative interventions (Health Canada, 2000).

Despite the availability of mental health services, there remains a greater demand than can be provided for. The extent of the demand for mental health services from children and students with a disability and their families is unknown because current referral data bases do not record this information.

Department of Education and Children's Services (DECS) Children's Centres

The development of DECS Children's Centres for Early Childhood Development and Parenting and other models of integrated services for the early

years is occurring, along with a wide range of other government initiated early childhood services. The Children's Centres aim to improve the development, learning, health and wellbeing of children from birth to age 8 and their families. The model of co-location is intended to ensure families can readily access information and services to support children's development. The centres aim to provide access to all existing programs and new initiatives, including early intervention for families of children with a disability or additional needs. Families and centre staff will work together to give the best possible start for every child.

Child Health and Education Support Services (*chess*)

The recently established Child Health and Education Support Services (*chess*) is the result of an interagency commitment to improve the health care and learning of all children and students, and to support their families and communities in this endeavour. The *chess* partnership encompasses government and non-government education and children's services, the Department of Health, the Department for Families and Communities, and the Aboriginal Health Council of South Australia. These parties have agreed to work together in the areas of policy development, information, training, research, service pathways and education services to promote and support children's physical and mental health. This work is inclusive of children with disabilities and is undertaken with a commitment to being family centred and sensitive, and culturally respectful and inclusive. The *chess* Statement of Collaborative Intent 2005–2010 formalises this interagency commitment, and the *chess* Interagency Action Plan outlines the strategies needed to achieve *chess* intentions.

Chess provides a structure and process for developing information, training, research and

Available services related to mental health *continued*

service models to support the mental health care and wellbeing of children and students with a disability (the *chess* Mental Health Reference Group had its first meeting in September 2006). The *chess* Mental Health Reference Group has already identified that mental health developments need to be explicit and inclusive of families of children with a disability, alongside other identified groups. The executive officer for the Ministerial Advisory Committee: Students with Disabilities has been invited to join this group to provide information and advice and contribute to the development of service delivery models.

KidsMatter—Australian Primary Schools Mental Health Initiative

At a national level, secondary schools have been developing best practice mental health promotion and early intervention programs through initiatives such as the *beyondblue* Schools Research Initiative and MindMatters. During 2006, the national KidsMatter initiative was launched to enable similar work to occur in primary schools.

KidsMatter is an initiative of the Australian Government Department of Health and Ageing, *beyondblue*: The National Depression Initiative, the Australian Psychological Society, and the Australian Principals Associations Professional Development Council (APAPDC). KidsMatter is a whole-of-school approach that aims to improve the mental health and wellbeing of primary school students by reducing mental health problems (eg anxiety, depression and behavioural problems) and increasing the amount of support and assistance for students at risk or experiencing mental health problems.

The program was launched as a pilot in the second half of 2006. A total of 101 schools Australia wide are involved, of which 13 schools are from South Australia (see appendix 5 for a list of South Australian schools). Some special schools were selected to pilot the program but none was from South Australia. Pilot implementation is due for completion in 2008.

In conjunction with KidsMatter, the Australian Psychological Society intends to publish a list of programs that have been recognised for their effectiveness in addressing mental health promotion, prevention of mental illness and mental health care in early and middle childhood. These will be acknowledged and promoted as ‘best practice’ programs. The resource will include a description of the type of program, the age group for whom the program is intended and other information relating to its adaptability for specific groups (eg children and students with disabilities).

While there has been no specific indication at this stage of interventions to be recommended for children and students with a disability, the inclusion of special schools in the pilot suggests that children and students with a disability will be considered as this framework is developed. The national coordinator has invited representatives from the Ministerial Advisory Committee: Students with Disabilities to review the documentation and provide feedback on the incorporation of children and students with a disability within this framework.

¹⁰ At the time of writing, this resource was in draft form. Once published, it will be available to schools through the KidsMatter initiative.



Mental health and children and students with a disability in childcare and education settings

In general, in childcare and education settings, social learning and wellbeing skills are taught to children and students at all levels of learning, in line with the South Australian Curriculum, Standards and Accountability (SACSA) Framework and other curriculum frameworks. The intention of the SACSA Framework's Essential Learnings is to encompass the key components of best practice mental health education. The *beyondblue* Schools Research Initiative, and the SACSA Framework's Learning Outcomes provide a comprehensive overview of the knowledge, skills and dispositions relevant to learners' ages and stages of development. Both the Essential Learnings and Learning Outcomes promote and support mental health and wellbeing.

Caregivers and educators draw on a wide range of resources to teach children about looking after themselves and to instil a sense of self-confidence, selecting components relevant to their learners and communities. Programs currently used in schools include Program Achieve (Bernard, 2001b), You Can Do It (Bernard, 2001a), Think Boldly, Act Boldly, Feel Amazing (Department of Education and Children's Services, 2002), Friendly Schools and Families Program (Child Health Promotion Research Unit, 2004) and Social Stories (Gray, 2000)—to name just a few (see appendix 6 for a list of some of the programs and strategies used in preschools and schools).

In relation to children and students with a disability specifically, the Disability Discrimination Act and the supporting Disability Standards for Education (Commonwealth of Australia, 1992; 2005) describe the rights of children and students to be included, and the obligation of services to be inclusive of children and students with disabilities in all aspects of their services. Hence, children and students with a disability should rightly be involved in childcare- and school-based activities related to the promotion of positive mental health and wellbeing. Activities

would need to be modified for some children and students with a disability according to their abilities and in accordance with their learning plans.

Across the three education sectors, the enactment of the Disability Standards for Education (2005) for children and students with a disability can be seen in the policies, guidelines and protocols related to 'negotiated education plans' (and other individualised education planning documents, including Individual Education Plans for children under the guardianship of the Minister). In DECS, the *Students with Disabilities Policy* (2006a) guides educational practice. In the non-government sectors, schools refer to the resources, *Students with disabilities: Enrolment guidelines for independent schools* and Catholic Education SA's *New enrolment and support procedures for students with disabilities*, to inform and guide them in meeting their legal obligations and responsibilities (South Australian Independent Schools Targeted Programs Authority Inc, 2006; Catholic Education SA, 2002).

When children and students have more specific mental health care needs, the guidelines in Health support planning (Department of Education and Children's Services, 2001) are used across the three education sectors to guide planning and support for these needs. These guidelines outline a framework and process for planning support for any child with physical or mental health care needs. The three education sectors and children's services, supported by health and disability professionals and services, have progressively implemented the DECS *Health support planning guidelines*.

The three education sectors have also taken other supportive steps to assist the mental health and wellbeing of children and students in the early and middle years (including those with a disability). For example, the Department of Education and Children's Services has increased the number of

school counsellors available to primary schools. Many secondary and some primary Independent and Catholic schools also have school counsellors or their equivalent.

Each DECS district has access to a range of support personnel. These staff members work in the areas of curriculum, disability, health, behaviour, inclusion and wellbeing support, Aboriginal education, guidance and speech pathology. They work collaboratively to support students with additional needs. Catholic Education SA and the Association of Independent Schools of South Australia (AISSA) provide consultancy support in areas of curriculum, behaviour and disability.

Recently, the state government allocated \$10m over three years to the DECS education sector to provide a five-part program to support learners who have difficult or disruptive behaviour (which would include some children and students with a disability).

In addition to these education-based services, DECS with CAMHS are partners in both the Behaviour Intervention Service (BIS)¹¹ and the Adolescent Service—Enfield Campus (ASEC). These services support students with behavioural issues, many of whom have mental health problems and other disabilities. DECS personnel are also regular members of the Management Assessment Panels (MAPs), a process within the Exceptional Needs Unit of the Department for Families and Communities, which brings agencies together to find alternative solutions for highly at-risk young people.

Special Education Advisers at AISSA and Special Education Consultants at Catholic Education SA provide advisory support to Independent and Catholic schools for students with disabilities and mental health issues. This can include assistance

with referrals to appropriate practitioners in the community, such as psychologists, occupational therapists and CAMHS, and will provide funding and/or resourcing for some of these assessments. AISSA also provides a range of professional learning programs for school staff on topics related to mental health. A Behaviour Management Adviser is available at AISSA to assist Independent schools with whole-school policy and program development and individual student management plans and support.

The Catholic education sector has a Behaviour Education Team, which promotes the development of individual and community responsibility for learning and behaviour, and policies and practices that support a safe and innovative learning environment. The team focuses on building the capacity of individuals and school communities to support their students with mental health problems or disorders. The services provided by the Behaviour Education Team include behaviour education policy development and review; professional learning opportunities; consultation and advice for school leaders, staff and students; resourcing for specific projects, programs and students; and agency referral and liaison advice. In addition, every student and family in a Catholic Education SA school can access counselling and support services from their school, directly from Centacare or from other agencies. When required, Catholic Education SA accesses CAMHS and ASEC and can refer to MAPs when seeking alternative solutions for young people at high risk.

Disability agencies and CAMHS provide consultative advice to childcare providers, preschools, schools and families, and therapy for children and students with mental health problems or disorders. In addition, Disability SA provides the Dual Disability

¹¹ Students from Catholic and Independent schools do not access the Behaviour Intervention Service.

Mental health and children and students with a disability in childcare and education settings *continued*

Program as part of the Specialist Intervention and Support Service for people with an intellectual disability and mental health problems. The focus of this program is to strengthen interagency links to improve access to and the quality of services for people with intellectual disability and mental illness.

When children and students with a disability have multiple or complex needs including mental health problems or disorders, intersectoral work across agencies from different disciplines is required.

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Appendices

Ministerial Advisory Committee: Students with Disabilities

1 Disability definitions

Disability Discrimination Act

The Australian Disability Discrimination Act (1992) broadly defines disability, in relation to a person, to mean

- (a) *total or partial loss of the person's bodily or mental functions; or*
- (b) *total or partial loss of a part of the body; or*
- (c) *the presence in the body of organisms causing disease or illness; or*
- (d) *the presence in the body of organisms capable of causing disease or illness; or*
- (e) *the malfunction, malformation or disfigurement of a part of the person's body; or*
- (f) *a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or*
- (g) *a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour;*

and includes a disability that:

- (h) *presently exists; or*
- (i) *previously existed but no longer exists; or*
- (j) *may exist in the future; or*
- (k) *is imputed to a person*

Commonwealth Disability Strategy

The Commonwealth Disability Strategy (2000, updated 2003) identifies four main disability groups, including psychiatric disability resulting from mental illness. These are:

Physical (affecting the muscular, nervous and respiratory systems)

Intellectual (affecting the ability to learn, communicate and retain information)

Psychiatric (including schizophrenia, phobias, bi-polar disorder and neuroses in adults)

Blind or vision impairment

Deaf or hearing impairment

World Health Organisation

The World Health Organisation (2002) defines disability as impairment to body function resulting in:

Activity limitations—limited personal execution of activity

Participation restrictions—restricted involvement in life situations

Environmental factors—exclusion due to physical, social and attitudinal factors

2 Risk and protective factors

Table 1: Protective factors potentially influencing the development of mental health problems and mental disorders in individuals (particularly children)

Individual factors	Family factors	School context	Life events and situations	Community and cultural factors
<ul style="list-style-type: none"> ● easy temperament ● adequate nutrition ● attachment to family ● above-average intelligence ● school achievement ● problem-solving skills ● internal locus of control ● social competence ● social skills ● good coping style ● optimism ● moral beliefs ● values ● positive self-related cognitions 	<ul style="list-style-type: none"> ● supportive caring parents ● family harmony ● secure and stable family ● small family size ● more than two years between siblings ● responsibility within the family (for child or adult) ● supportive relationship with other adult (for a child or adult) ● strong family norms and morality 	<ul style="list-style-type: none"> ● sense of belonging ● positive school climate ● prosocial peer group ● required responsibility and helpfulness ● opportunities for some success and recognition of achievement ● school norms against violence 	<ul style="list-style-type: none"> ● involvement with significant other person (partner/mentor) ● availability of opportunities at critical turning points or major life transitions ● economic security ● good physical health 	<ul style="list-style-type: none"> ● sense of connectedness ● attachment to and networks within the community ● participations in church or other community group ● strong cultural identity and ethnic pride ● access to support services ● community/ cultural norms against violence

Note: Table 1 presents protective factors that can affect the development of mental health problems and mental disorders. These are factors that can reduce the likelihood of mental health problems and mental disorders and mitigate the potentially negative effects of the risk factors presented in Table 2. However, it is important to note that while the available evidence shows that these factors are associated with positive mental health outcomes, the strength of association and level of evidence for causation varies. Consequently, no causal relationship can be assumed for these factors; for some individuals there will be no impact of any particular factor or combination of factors, while for other people a particular factor or combination of factors may be very protective of their mental health.

(Commonwealth Department of Health and Aged Care (2000) *National action plan for promotion, prevention and early intervention for mental health—A monograph*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care: Canberra, p 14)

2 Risk and protective factors *continued*

Table 2: Risk factors potentially influencing the development of mental health problems and mental disorders in individuals (particularly children)

Individual factors	Family/social factors	School context	Life events and situations	Community and cultural factors
<ul style="list-style-type: none"> ● prenatal brain damage ● prematurity ● birth injury ● low birth weight, birth complications ● physical and intellectual disability ● poor health in infancy ● insecure attachment in infant/child ● low intelligence ● difficult temperament ● chronic illness ● poor social skills ● low self-esteem ● alienation ● impulsivity 	<ul style="list-style-type: none"> ● having a teenage mother ● having a single parent ● absence of father in childhood ● large family size ● anti-social role models (in childhood) ● family violence and disharmony ● marital discord in parents ● poor supervision and monitoring of child ● low parental involvement in child's activities ● neglect in childhood ● long-term parental unemployment ● criminality in parent ● parental substance misuse ● parental mental disorder ● harsh or inconsistent discipline style ● social isolation ● experiencing rejection ● lack of warmth and affection 	<ul style="list-style-type: none"> ● bullying ● peer rejection ● poor attachment to school ● inadequate behaviour management ● deviant peer group ● school failure 	<ul style="list-style-type: none"> ● physical, sexual and emotional abuse ● school transitions ● divorce and family break-up ● death of family member ● physical illness/impairment ● unemployment, homelessness ● incarceration ● poverty/economic insecurity ● job insecurity ● unsatisfactory workplace relationships ● workplace accident/injury ● caring for someone with an illness/disability ● living in nursing home or aged care hostel ● war or natural disasters 	<ul style="list-style-type: none"> ● socio-economic disadvantage ● social or cultural discrimination ● isolation ● neighbourhood violence and crime ● population density and housing conditions ● lack of support services including transport, shopping, recreational facilities

Note: Table 2 presents risk factors that potentially influence the development of mental health problems and mental disorders. These are factors that increase the likelihood that mental health problems and mental disorders will develop. Again, it is important to note that while the available evidence shows that these factors are associated with negative mental health outcomes, the strength of association and level of evidence for causation varies. Consequently, no causal relationship can be assumed for these factors; for some individuals there will be no impact of any particular factor or combination of factors, while for other people a particular factor or combination of factors may be very detrimental to their mental health (ibid, p 15).

3 Purpose, terms of reference and investigation methods

Statement of purpose

The purpose of this study is to provide a report to the Minister for Education and Children's Services with advice and information on:

- the interactions between disability and mental health from birth to year 7
- early interventions, which have been demonstrated to be useful in practice and
- which whole-of-government initiatives can be supportive for children at risk, taking into account the interaction of disability and mental health, and what further developments are required.

Terms of reference

1. The project group will investigate what services are available across the three education sectors (state, Catholic and Independent) for children and students with disabilities and mental health problems in their early years from birth to year 7. These include curriculum, individualised support and specialist programs.
2. The project group will investigate what is required to encourage the uptake of early intervention programs for mental health from early childhood through to year 7.

Investigation methods

- Consultation with experts in the field
- Record current programs and services available to South Australian families, early learning centres and schools
- Review literature on the topic

4 Project group membership

Co-chairpersons

Mary Bambacas	Ministerial Advisory Committee: Students with Disabilities, <i>Deputy Chairperson of Standing Committee and parent</i>
Gail Mondy	Children, Youth and Women's Health Service, <i>Minister for Mental Health and Substance Abuse representative</i>

Members

Katharine Annear	Autism SA, <i>youth mentor</i>
Julie Dini	Disability SA, <i>psychologist</i>
Deborah Down	Catholic Education SA, <i>Special Education consultant</i>
Helen Foster	Christie Downs Schools, <i>counsellor</i>
Marie Hedley	Ministerial Advisory Committee: Students with Disabilities, <i>parent representative</i>
Pam Jacobs	Ministerial Advisory Committee: Students with Disabilities, <i>Australian Association of Special Education representative</i>
Deb Kay (proxy Helen Scales)	Department of Education and Children's Services, <i>Project Manager, Interagency Health Care</i>
Daniel Kollner	Autism SA, <i>youth representative</i>
Cynthia Lawson	Children, Youth and Women's Health Service, <i>Acting Manager, Divisional Operations, Division of Mental Health</i>
Nicole McDowell	Association of Independent Schools of South Australia, <i>Special Education adviser</i>

Ministerial Advisory Committee: Students with Disabilities

Christel Butcher	Executive Officer
Jo Shearer	Project Officer

5 KidsMatter schools in South Australia

Pilot Phase 1, 2006

East Torrens Primary School, Hectorville

Hamley Bridge Primary School, Hamley Bridge

Hewett Primary School, Hewett

Leigh Creek Area School and Marree Aboriginal School, Leigh Creek

St Aloysius College, Adelaide

Woodville Primary School, Woodville South

Pilot Phase 2, 2007

Annesley College, Wayville

Cobdogla Primary School, Cobdogla

Elizabeth Park Schools, Elizabeth Park

Munno Para Primary School, Munno Para

Open Access College, Marden

Roxby Downs Area School, Roxby Downs

Woodcroft Primary School, Woodcroft

More information about KidsMatter can be accessed at <www.apapdc.edu.au/kidsmatter>.

6 Programs with a focus on mental health used in preschools and schools

This list below represents some of the programs and strategies related to mental health care which are currently being used in schools. The list should not be considered comprehensive.

As mentioned in the text of the report, the Australian Psychological Society intends to publish a list of programs that have been recognised for their effectiveness in addressing mental health promotion, prevention of mental health problems and mental health care in early and middle childhood. These will be acknowledged and promoted as ‘best practice’ programs. The resource will include a description of the type of program, the age group for whom the program is intended and other information relating to its adaptability for specific groups (eg children and students with disabilities). At the time of writing, this resource was in draft form. Once published, it will be available to schools through the KidsMatter initiative.

- Bounce Back! Resiliency Program
- Friendly Schools and Families Program
- KidsMatter
- You Can Do It
- Program Achieve
- Success Program (an adaptation of Program Achieve completed by O’Sullivan Beach Primary School)
- Dickey Dealings
- Peer mediation and peer support programs
- Focus on bystander behaviour—a mixture of ideas from a variety of programs including Friendly Schools and Families Program
- Teaching thinking skills
- Social skills groups
- Alternative lunchtime activities run by trained peer support students
- Seasons for Growth
- Mentoring

