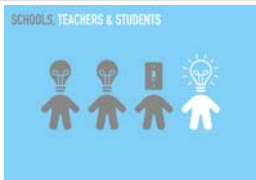




Project Air Strategy for Schools

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Project Air Strategy for Schools

A collaborative project between NSW Ministry of Health and the NSW Department of Education and the Project Air Strategy for Personality Disorders at University of Wollongong

The project aims to help schools to effectively identify, respond, support and refer students with complex mental health concerns particularly Personality Disorder, and manage challenging behaviours, including self-harm



Project Advisory committee

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- Danielle Thomas (NSW School-Link)
- Marc Reynolds (MH-Children and Young People)
- Tanya Lancaster (NSW Dept of Education)
- Erin Pilon (NSW Dept of Education)
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Save The Date 14th International Treatment of Personality Disorders Conference

Theme: Early Intervention


Professor Carla Sharp (University of Houston Texas and President of the International Society for the Study of Personality Disorders) on "Personality challenges in adolescence: what they are, why they matter and what to do about them."

- Conference: Friday, 6 November 2020
- Workshop: Saturday, 7 November 2020


Carer and Consumer Day - Thursday, 5 November 2019
University of Wollongong, NSW, Australia



<http://www.projectairstrategy.org>

Viewpoint




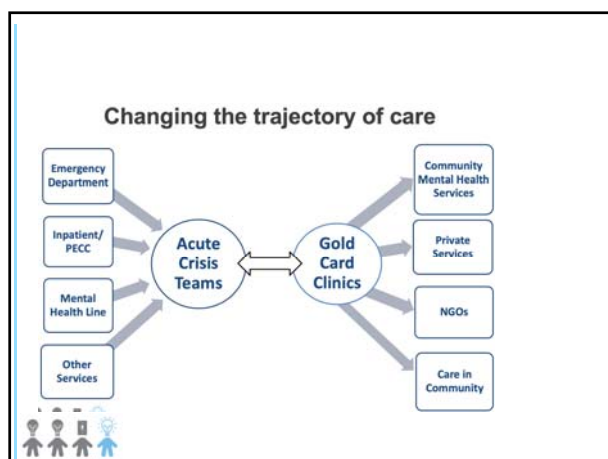
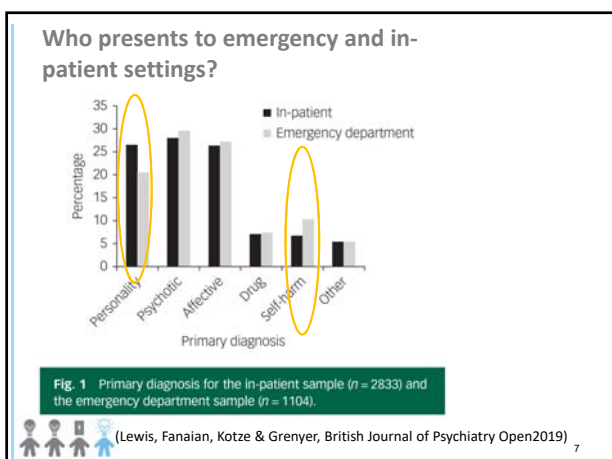
Personality disorder: A mental health priority area

Brin FS Grenyer¹, Fiona YY Ng¹, Michelle L Townsend¹ and Sathya Rao²

Abstract
Personality disorders have received limited recognition as a public health priority, despite the publication of treatment guidelines and reviews showing effective treatments are available. Inclusive approaches to understanding and servicing personality disorder are required that integrate different service providers. This viewpoint paper identifies pertinent issues surrounding early intervention, treatment needs, consumer and carer experiences, and the need for accurate and representative data collection in personality disorder as starting points in mental health care reform.

Keywords
Personality disorder, treatment needs, early intervention, consumer and carer, data reporting





Gold Card Clinics

Do you experience any of these?

- Impulsive and self-destructive behavior?
- Changing emotions and strong, overwhelming feelings?
- Problems with identity and sense of self?
- Thoughts of suicide and self-harm?
- Challenging personality features?

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- ### Personality disorders and other complex issues including self-harm start in youth
- Early Intervention is **essential**
 - Significant **impact on functioning**
 - Impact **across settings** (home, school, community)
 - Include **challenging behaviours** that place themselves or others at risk
 - Require a **targeted response** from a range of services (internal and external)
 - **Long duration:** not due to a specific single event, but part of a longer history of difficulties (> 12 months)

Early warning signs – AIR


Affect	Identity	Relationship
High emotional sensitivity	Changing sense of self	Social isolation
Increased response to emotional stimuli	Aggression/impulsivity	Problematic peer relationships
Slow return to baseline	Withdrawal/avoidance	Ineffective validation from parents/carers

Stigma and Prejudice

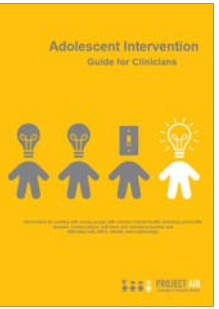
Stigmatising	Language for respect and hope
Manipulative	Trying hard to get their needs met
Attention seeking	Attention needing
Drama queen/melodramatic	Trying hard to get their needs met
Overreacting	Having a rough time
Non-compliant/uncooperative	Choosing not to
Needy/dependent	Feeling vulnerable and insecure

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Key Resources



2016



2018

PROJECT AU

Journal of Borderline Personality Disorder and Emotion Dysregulation
 Volume 13 Number 1 2020

Borderline Personality Disorder and Emotion Dysregulation

RESEARCH ARTICLE Open Access


A whole of school intervention for personality disorder and self-harm in youth: a pilot study of changes in teachers' attitudes, knowledge and skills

Michelle L. Townsend¹, Annaliese S. Gray¹, Tanya M. Lancaster² and Bin F. S. Germer^{1*}

- Improvements from pre training to 12 months post training were found in teachers confidence, knowledge, optimism and skills in working with students who self harm and have complex mental health issues
- improvement in process and staff confidence
 - better understanding and responses to students
 - positive impact on teacher wellbeing

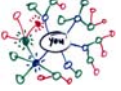
What the evidence says

These principles apply for students with complex mental health as well, but **reasonable adjustments may need to be made for young people with complex mental health**




SAFE ZONE


Creating a safe environment




Ensuring connectedness



Promoting social and emotional learning



Engaging students in learning




Whole school approach

Understanding complex mental health issues – personality difficulties and traits

- Unstable self-image
- Frequent mood swings
- Self-harming behaviour
- Difficulty regulating emotions
- Preoccupation with real or imagined abandonment
- Excessive self-criticism
- Disturbances in attention
- Impulsivity or risk-taking
- Abuse of drugs or alcohol
- Thinking about death or suicide
- Social isolation and difficulty making friends
- Aggressive behaviour or high irritability

LEARNING, TEACHING & LEADING

INDIVIDUAL & COLLECTIVE



WELLBEING

Intense FEW

Targeted SOME

Universal ALL

© NSW Department of Education

Schools are already supporting students with complex needs

- 40% of students (4-17yo) with emotional or behavioural issues had **school staff suggest help was needed**
- 1 in 9 (11%) students with emotional or behavioural issues **received school based service** (8% received 1:1 counselling)
- 51% students with mental disorder received **informal support from an adult within the school system e.g. teacher** (cf. 14% students without disorder)

Engagement in school provides a protective factor for students with emotional or behavioural issues

Retaining engagement and reducing absences keeps students linked with protective elements of being at school

Days absent in previous 12 months due to disorder

Disorder	Days absent (approx.)
Conduct disorders	8
ADHD	5
Major depressive episode	18
Anxiety disorders	12

Second Australian Survey on Child and Adolescent Mental Health and Wellbeing (2015)

In a class of 28, on average 7 students experience some form of mental health problem.

Students at higher risk...

- Males and females equally vulnerable
- Culturally and linguistically diverse (CALD)
- Indigenous
- Refugees
- LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual)
- Home stress or breakdown
- more vulnerable to negative evaluation from others ... which increases symptoms

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Attachment insecurity

- In the first 5 years, children become specialists in the problems experienced in their families and their families way of handling problems
- Early attachment patterns can act as a [template for future relationships](#), including at school
- These templates can be shifted – [schools can provide safety and connectedness within a daily environment](#) (Calmer Classrooms, 2013)

Child protection, safety and trauma

Child protection in Australia 2017-18

- 1 in 35 children received child protection services
- Indigenous children were 8 times as likely as non-Indigenous children to have received child protection services
- Of the 31,800 children in long-term out-of-home care:
 - 73% were under the long-term legal responsibility of the state or territory
 - 11% lived with a shared-party carer
- Children from Very remote areas were 4 times as likely as those from Major cities to be the subject of a substantiation
- Rates for children in substantiations, on care and protection orders, and in out-of-home care increased over the period 2013-14 to 2017-18
- Half (50%) of children in relative kinship placements were living with their grandparents

Self-harm

- 1 in 10 adolescents self-harm
- 23% of young women aged 16-17 years have self-harmed in their lifetime
- Rates have significantly increased over the past several decades
- At risk: young women, mental illness, out-of-home care, ATSI, LGBTQIA, remote areas, immigration centres, juvenile justice, personality disorders

Daragonova (2017)
Robinson et al. (2016)
Hewton, Saunders & O'Connor (2012)

Person spoken to about psychological distress by sex, secondary school students aged 12-17 years, NSW, 2017

Legend:

- Unhappy, sad, depressed
- Nervous, stressed, under pressure
- In trouble because of behaviour

Reasons behind self-harm and suicide

Self-harm

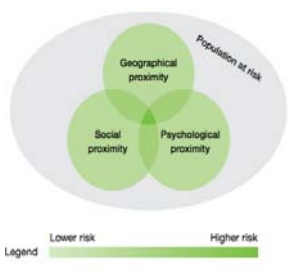
- To **provide relief** from anguish (stop bad feelings*)
- To express anger towards oneself (self-punishment*) (Klonsky, 2006)

Suicide

- To escape unmanageable emotions and thoughts – **relief from unbearable emotional pain**. They feel their situation is hopeless, feel worthless and believe that other people would be better off without them
- Desire to **communicate** with or influence another individual. The person wants to communicate how they feel to other people, change how other people treat them or get help (May & Klonsky, 2013)



Social contagion




Risks:

- Witnessed
- Exposed through social media
- Shared experience (e.g. bullied)
- Closeness – friends, classmate, shared family connection

Responses:

- Avoid simplified explanations
- Monitoring
- Talking openly to students about what is going on – for them to talk about their feelings
- Link to mental health care


Circles of Vulnerability model adapted from Rosenfeld, Caye, Ajalon & Lahad (2005)



Responding to self-harm

Low risk Superficial tissue damage, fewer than four episodes, few forms of self-injury, and no symptoms of mental health problems	Moderate risk Light tissue damage, four or more episodes, multiple methods, or mild symptoms of mental health problems	High risk Severe tissue damage, four or more episodes, multiple methods, and acute symptoms of mental health problems
Intervention in school and periodic follow-up risk assessments	Parents/carers contacted with student present	
School to assess the best approach work with parent/carers as appropriate.	Point person/member(s) of crisis team, student and parents/carers meet to discuss external referral. Follow-up 2 weeks later to monitor progress and pursuit of referral. Feedback to referring staff member or student within confines of confidentiality.	

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Schools, Teachers & Students

Self-harm: how to respond

Why do young people self-harm?

Self-harm involves deliberately harming oneself physically via cutting, burning, hitting, scratching, biting, or consuming harmful substances. A young person may engage in self-harm before, during, or after a mental health episode. However, self-harm is a risk factor for the more and repeated episodes that can occur as a mental health episode.

Strategies for managing social contagion

Social contagion refers to the process whereby the spread of an emotion or a behavior is commonly observed in the workplace that other employees will mirror. Students who experience mental health concerns may be particularly vulnerable to social contagion as they may be more likely to be influenced by others.

How to respond

Take the young person to a safe, private area, and ask them what is going on for them. Listen to the student and take a note of what they say. Do not make any promises or offer support until you have spoken to the appropriate staff member. It is important to have a young person who self-harm only experience physical and not talking about their experience to a member of staff. These resources are a starting point for staff to help the student and the young person to get through and provide opportunities for support from adults.

www.projectaah.org



Why do young people self-harm?

Self-harm is often used to try and control difficult and overwhelming feelings or to gain some kind of relief from emotional pain. It may also be used to express anger, to feel 'something' or to communicate a need for help.

Young people who self-harm may have been experiencing a range of problems:

- Difficulty getting along with family members or friends
- Feeling isolated or bullied by someone
- Relationship breakup
- Current or past physical, sexual or emotional abuse or neglect
- Loss of someone close such as a parent, sibling or friend
- Serious or ongoing illness or physical pain

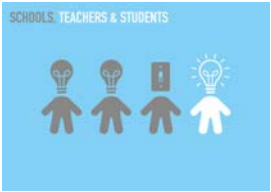

Research indicates young people are especially at risk if they have these additional characteristics: have a personality disorder or other mental disorder, aboriginal or Torres Strait Islander background, LGBTQIA, in out-of-home care, female, or live in a rural area.



How to respond

Evidence-based treatment is psychotherapy
 Helping the person understand and modify their feelings, behaviours and thoughts
 Talking to the young person in a compassionate way
 Look for difficult emotions underlying the self-harm
 e.g. shame: "I am a bad person"
 verbal references to

- ridicule
- inadequacy
- embarrassment
- humiliation
- exposure of shortcomings

SCHOOLS: TEACHERS & STUDENTS

Personality disorder in young people - the facts

Key principles for working with young people with complex mental health issues

- Be compassionate
 - Listen and validate the young person's current experience
 - Take the young person's perspective seriously
 - Maintain a non-judgemental approach
 - Monitor calm, respectful and caring
 - Engage in open communication
 - Be clear, consistent and realistic
 - Convey encouragement and hope
 - Monitor and use relevant resources
- Do not establish extreme distress in placement as 'normal' adolescent behaviour
- Create a welcoming and understanding environment that encourages open discussion about mental health among young people and adults
- Work collaboratively with the young person, parents, guardians, schools and health professionals
- Be aware and supportive of threats to identity and wellbeing, including the experience, voluntary and involuntary disease (C.A.C.), and the L.A.P.T. (L.A.P.T. stands for: Learning, Autonomy, Personal, and Social) (L.A.P.T. stands for: Learning, Autonomy, Personal, and Social)
- Monitor the situation of the young person, including school attendance and completion of school work
- Identify and make reasonable adjustments to make a young person's return to school after a mental health emergency
- Respect the young person's strengths and resilience while implementing harm-reduction risk-reduction strategies


Responding to challenging behaviour

Adolescent Intervention Guide for Clinicians

www.projectairstrategy.org

Whole of school approach

- Know and enact **School Plan**
- Create a safe and supportive environment
- Notice and respond** to student changes in behaviour and behaviours of concern. Goal is early identification and **effective responses**
- All staff** are involved in **identifying students at risk**. **Refer for treatment** through identified referral pathways
 - specific structured psychological treatments have good outcomes
- Work with **school counselling, executive** and health staff to support strategies for student at school
- Working as a **team and supporting** each other
- Collaboration** between student, staff and parent/caregiver



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SCHOOLS: TEACHERS & STUDENTS

Working with young people with complex mental health issues

Adolescent Intervention Guide for Clinicians

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