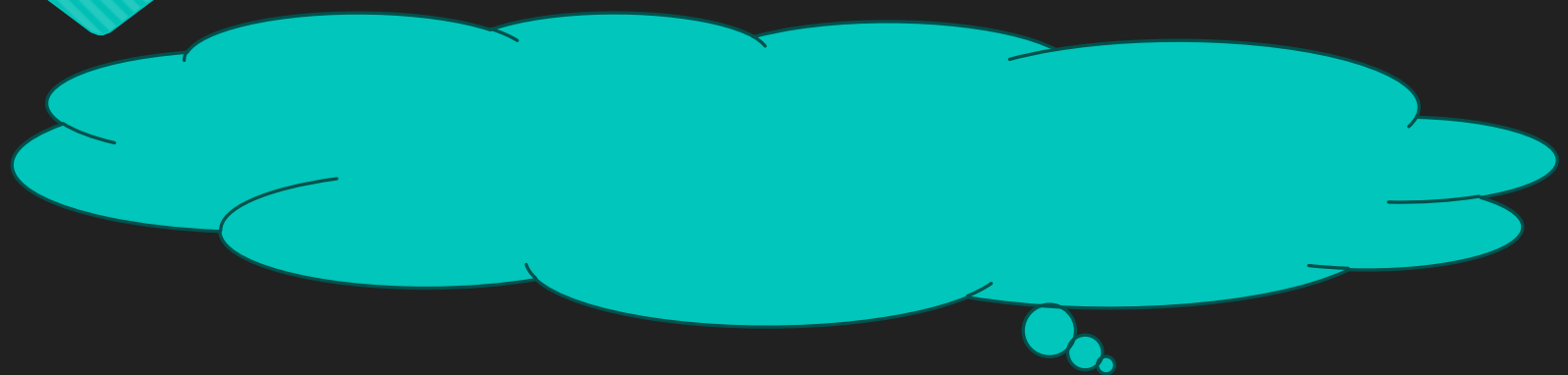
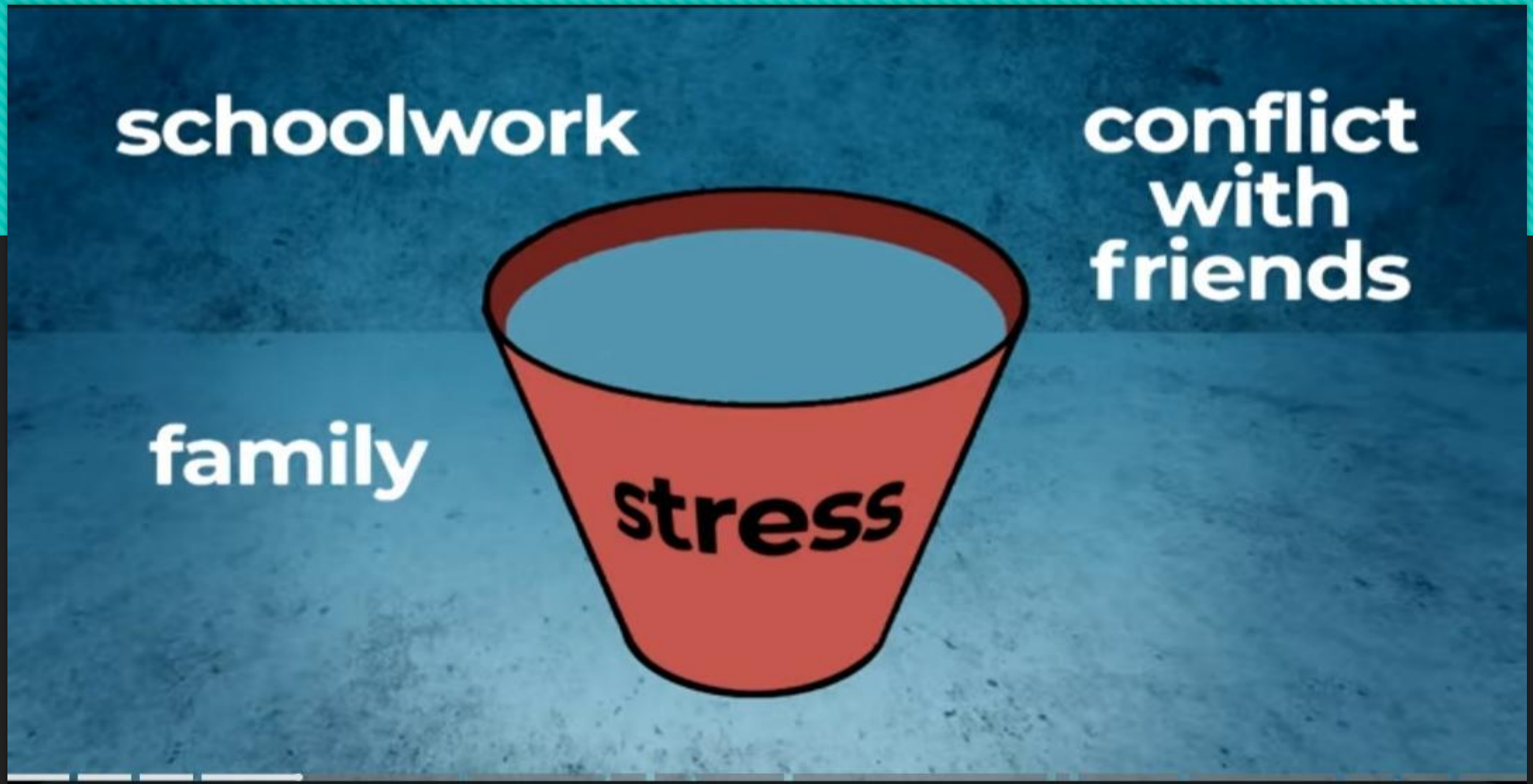
UNPUZZLING OUR STUDENTS MINDSETS FOR BETTER MENTAL HEALTH By: Dr. Danielle Hyles



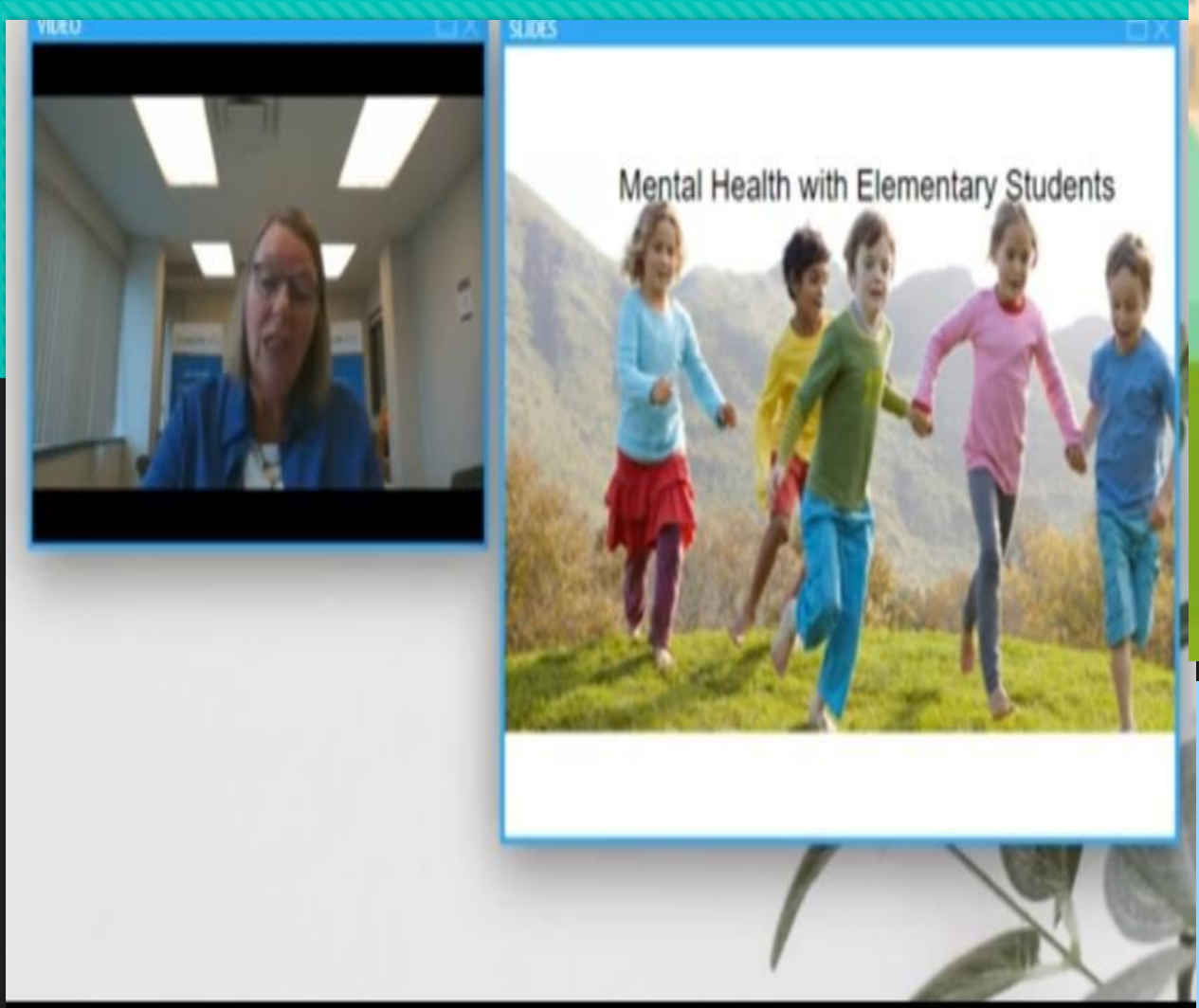
WHAT IS MENTAL HEALTH?

Mental Health explained – for primary aged children



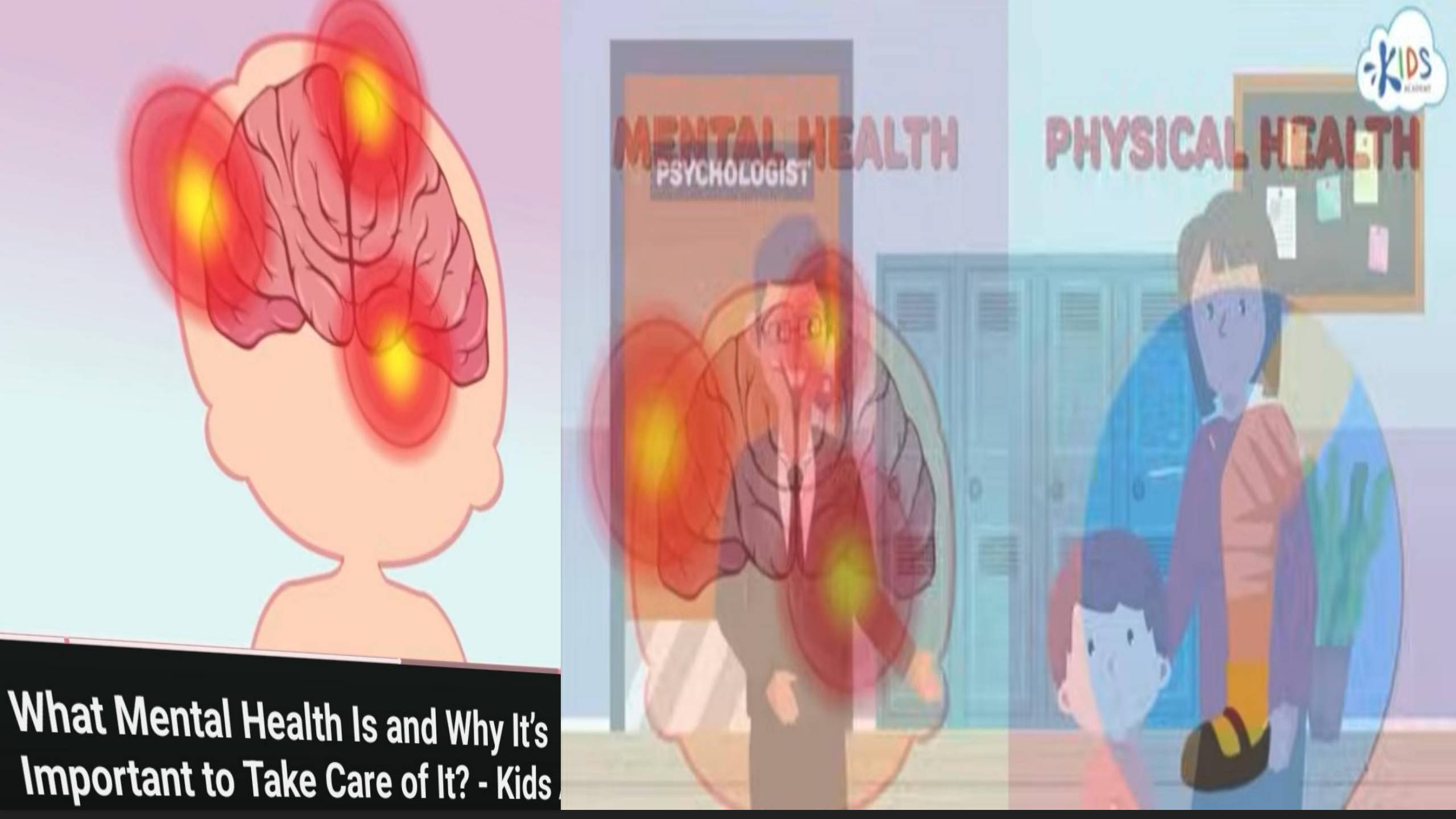
Mental health: What it is and why it matters

School-Link: Caring for the mental health needs of children and young people



Mental Health with Elementary Age Students

What Mental Health Is and Why It's Important to Take Care of It? - Kids


MENTAL HEALTH
PSYCHOLOGIST
PHYSICAL HEALTH
What Mental Health Is and Why It's Important to Take Care of It? - Kids

What is good mental health?

How do we deal with poor mental health?

What can we do if some kids find it difficult to do what's easy for others?

Coping Skills For Kids - Managing Feeling

YOU GOT THIS!

YOU ARE DOING GREAT!

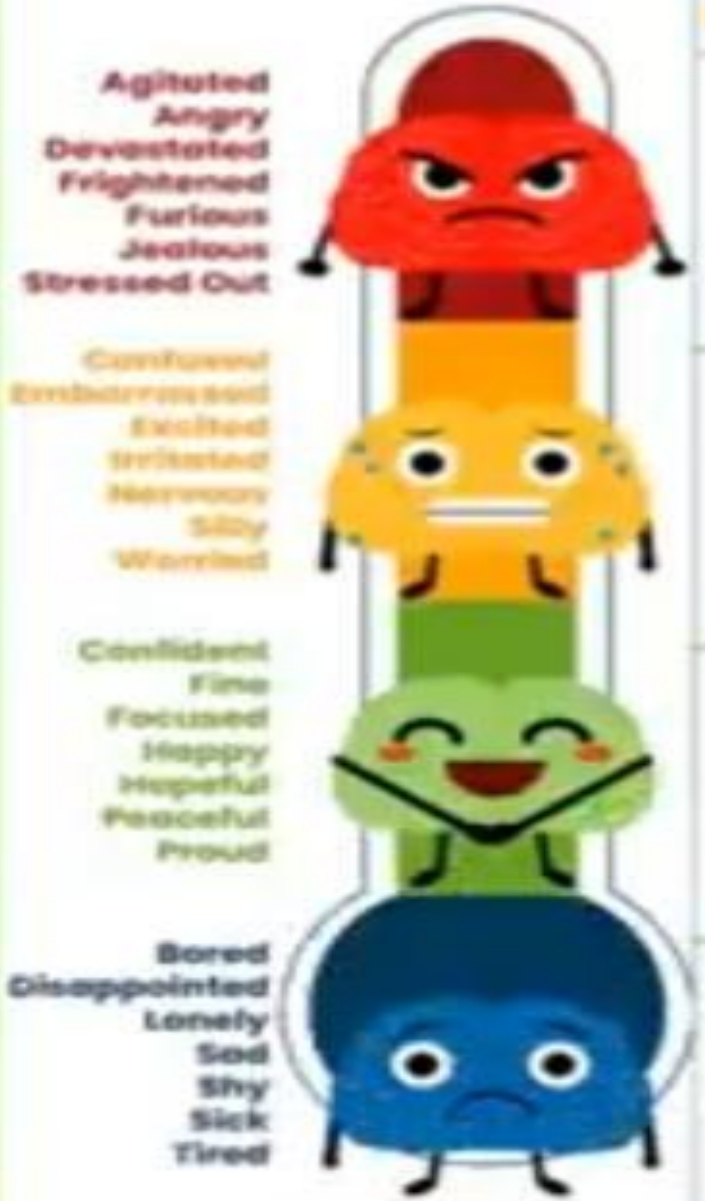
KEEP PUSHING!

What's a more positive way of looking at this situation?

3. Movement Skills

4. Thinking Skills

Feelings Thermometer



How Do You Act?	What Can You Do About It?
Arguing, Refusing Tantrum, Shutting Down Yelling, Stomping	Count to 10 or 100 Stop, and walk away Take a nap Tell an adult Take deep breaths Practice grounding techniques Move your body or exercise
Avoiding, Pacing Clingy, Hyper Shutting Down Overstimulated	Take deep breaths Use positive self-talk Tense and relax your muscles Take a break Relax and try again Think of a peaceful place Pause, and ask for help
Smiling, Relaxed Laughing, Engaged Paying Attention Enjoying Yourself	Smile & practice gratitude Use kind & positive words Keep listening Take steps toward your goals Help someone else Write about your successes Exercise
Withdrawn, Disengaged Crying, Slowed Down Understimulated Depressed	Get or give a hug Stretch Move your body or exercise Talk to friends or family Listen to music Do a hobby you enjoy Get some fresh air

Feelings Wheel

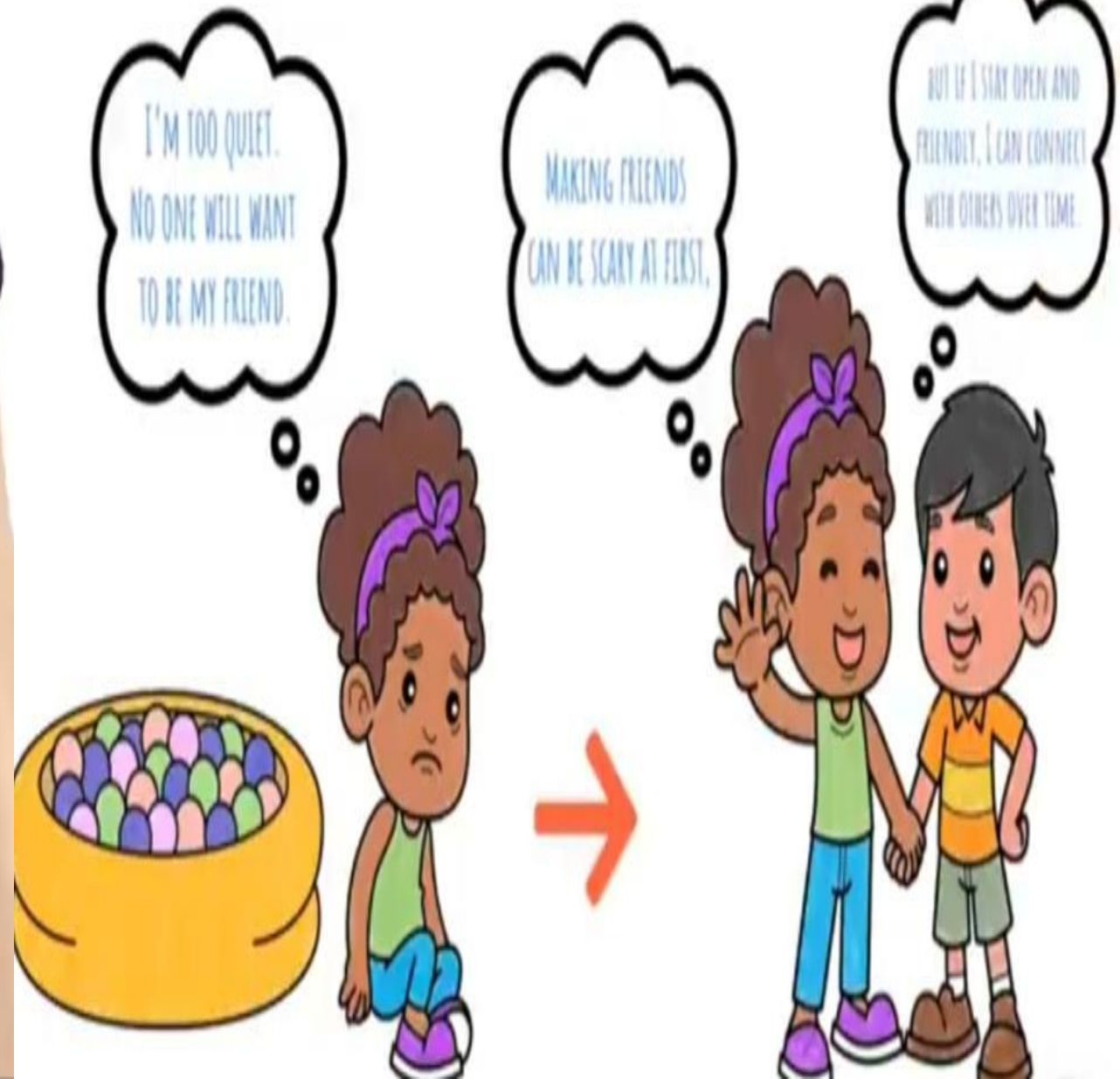
GROWTH MINDSET VS. FIXED MINDSET

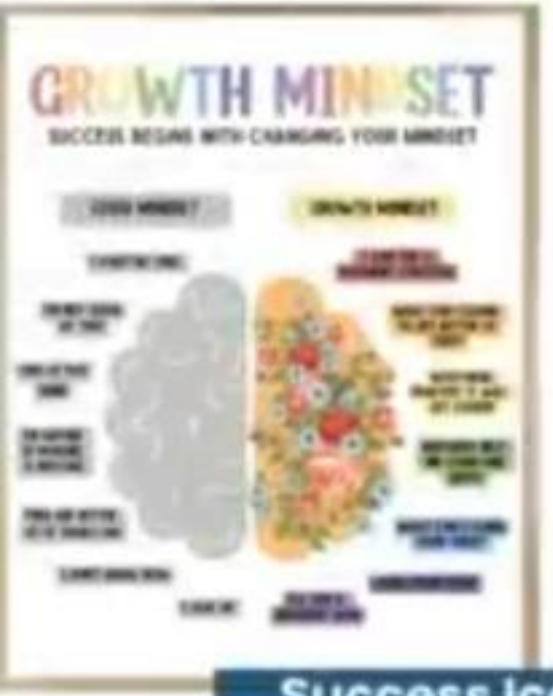
HOW TO DEVELOP A GROWTH MINDSET

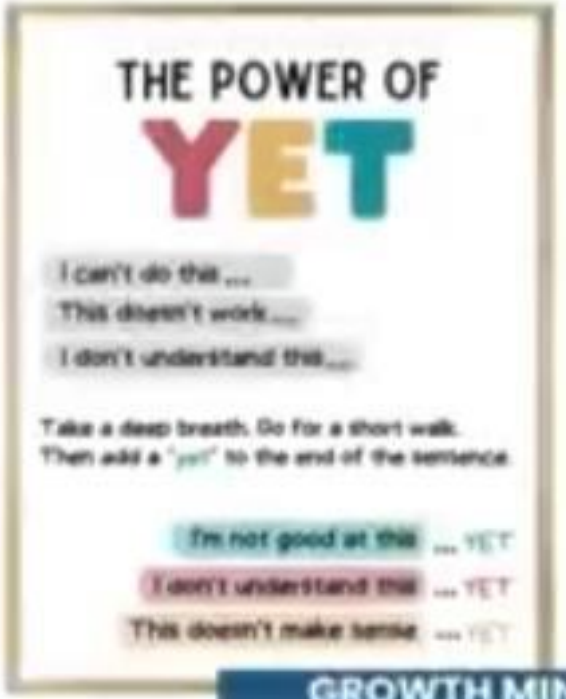
3. Believe in Yourself

4. The Power of "Yet"

FIXED MINDSET VS. GROWTH MINDSET




GROWTH MINDSET
SUCCESS BEGINS WITH CHANGING YOUR MINDSET


THE POWER OF
YET
I can't do this...
This doesn't work...
I don't understand this...
Take a deep breath. Go for a short walk.
Then add a "yet" to the end of the sentence.
I'm not good at this ... YET
I don't understand this ... YET
This doesn't make sense ... YET


GROWTH MINDSET
CHANGE YOUR MINDSET, CHANGE YOUR LIFE


Success Iceberg
What People See
What People Don't See
Success
POSITIVE
Discipline
Initiative
FOCUS


GROWTH MINDSET
The Power Of
YET
What To Do When I Make A Mistake


101 Ways To Achieve Success
DON'T


FLEX YOUR
MINDSET
MUSCLE
with these 4 simple steps


Mindset is Everything


4
ways to
FLEX YOUR
MINDSET
MUSCLE


FIXED
MINDSET
GROWTH
MINDSET


CHANGE YOUR PERSPECTIVE
TAKE A DIFFERENT VIEW
KNOW YOUR LIMITS
WATCH YOUR WORDS


LET'S GET
OUR
MINDSET
IN SHAPE


DON'T
COMPARE


BE
YOU


NO
REGRETS


LESS
THINKING
MORE
DOING


A = b×h
P = DE + EF + FG + GD
A = l²
P = 4l


Aim High
Go For It
Expect
The Best


FIXED MINDSET
You believe it is the way it is and things can never change, no matter how hard you try.
We don't believe in ourself.
GROWTH MINDSET
You believe we can learn, improve, and reach our goals, if we put in enough hard work.
We believe in our abilities.


THINK
FEEL
ACT


How We Deal With
SUCCESS
and
FAILURE

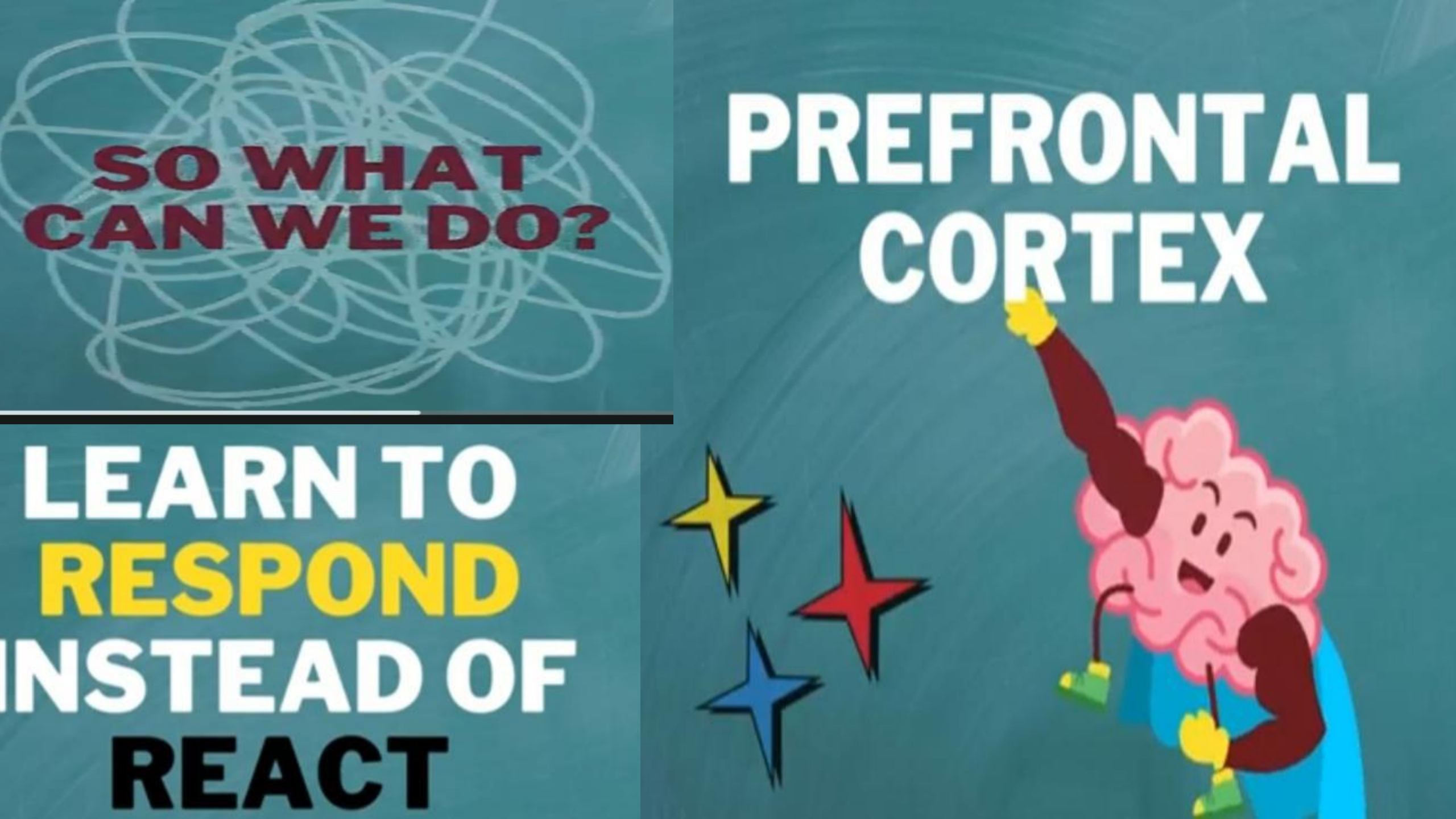
IF YOU CAN NAME IT, YOU CAN TAME IT

- NOTICE YOUR EMOTION
- CALL IT OUT BY NAME (“I FEEL SCARED”)
- TAKE A FEW DEEP BREATHS
- GO ON WITH YOUR DAY


QUICK
TIPS
90
SECOND
RULE
IF YOU CAN NAME IT
YOU CAN TAME IT!

SO WHAT CAN WE DO?

PREFRONTAL CORTEX



LEARN TO RESPOND INSTEAD OF REACT


How Do You Feel Right Now?
Sad
Scared
Anxious
Mad
Angry
Happy


I don't want to do anything
Your Body
Sad, Depressed, Down, Hurt, Lonely, Upset, Discouraged, Gloomy, Disappointed, Drained
Scared, Anxious, Worried, Afraid, Stressed Out, Nervous, Panicking


This is so much fun
I feel really good right now
I wish this could last forever!
What if something bad happens?
I don't want to do this
I'm going to get in trouble


You'll never guess what happened!
I'm feeling sad
And it's OK to feel sad
It's OK to feel how you feel
I'm feeling scared
But it's OK to be scared
I'm feeling angry
And it's OK to be angry


Feelings don't last forever
And you're going to be OK
I'm feeling scared
But it's OK to be scared
I'm feeling sad
And it's OK to feel sad
It's OK to feel how you feel
I'm feeling angry
And it's OK to be angry


BrightenUp!
Shake Off Those Icky Feelings


Take a
Break


BREATHE

THE ZONES OF REGULATION™

A CURRICULUM DESIGNED TO FOSTER SELF-REGULATION AND EMOTIONAL CONTROL

Written and Created by
Leah M. Kuypers, MA Ed. OTR/L

Foreword and Selected Lessons by
Michelle Garcia Winner

25 YRS! Social Thinking®

Ready-to-print reproducibles available for download

5 Point Feelings Scale

5		**Angry** I've lost control. I'm not listening anymore. I could hit, kick or bite. I need a quiet place to calm down.
4		**Overwhelmed** Everything is too hard. I'm losing control and need to leave the environment I'm in. Give me space.
3		**Frustrated** I'm not getting it, I'm showing signs of stress. I should take a break now.
2		**Anxious** Trying to stay focused, But having a hard time staying on task. Use calming strategies now.
1		**Happy** Ready and willing to work.

What Zone Are You In?

What Zone Are You In?

@Coach Bolger's Power PE

Coping Skills

RED ZONE

I am ...

- mad
- mean
- scared
- yelling / hitting
- out of control

Balloon Breathing

YELLOW ZONE

I am feeling...

- frustrated
- worried
- silly/ wiggly
- excited
- a little out of control

GREEN ZONE

I am feeling ...

- ★ happy
- ★ okay
- ★ focused
- ★ calm
- ★ ready to learn

Half Sun Salute

BLUE ZONE

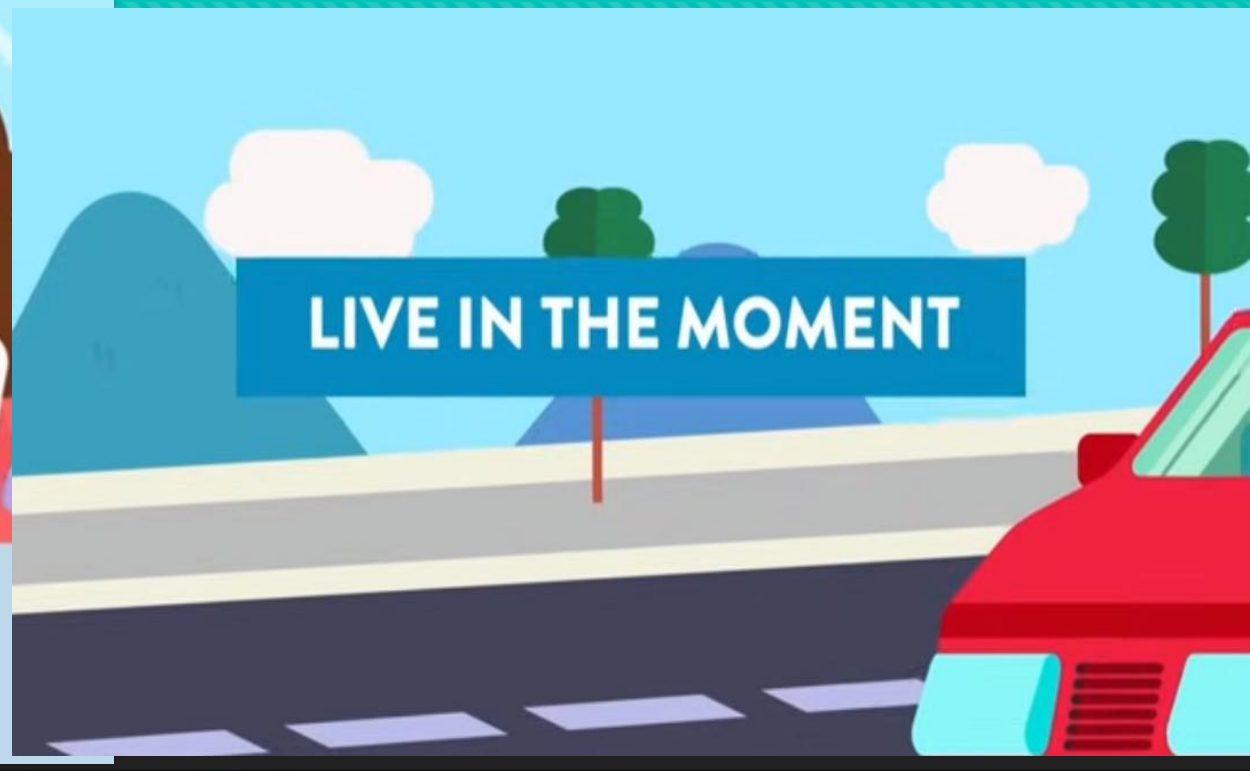
I am feeling...

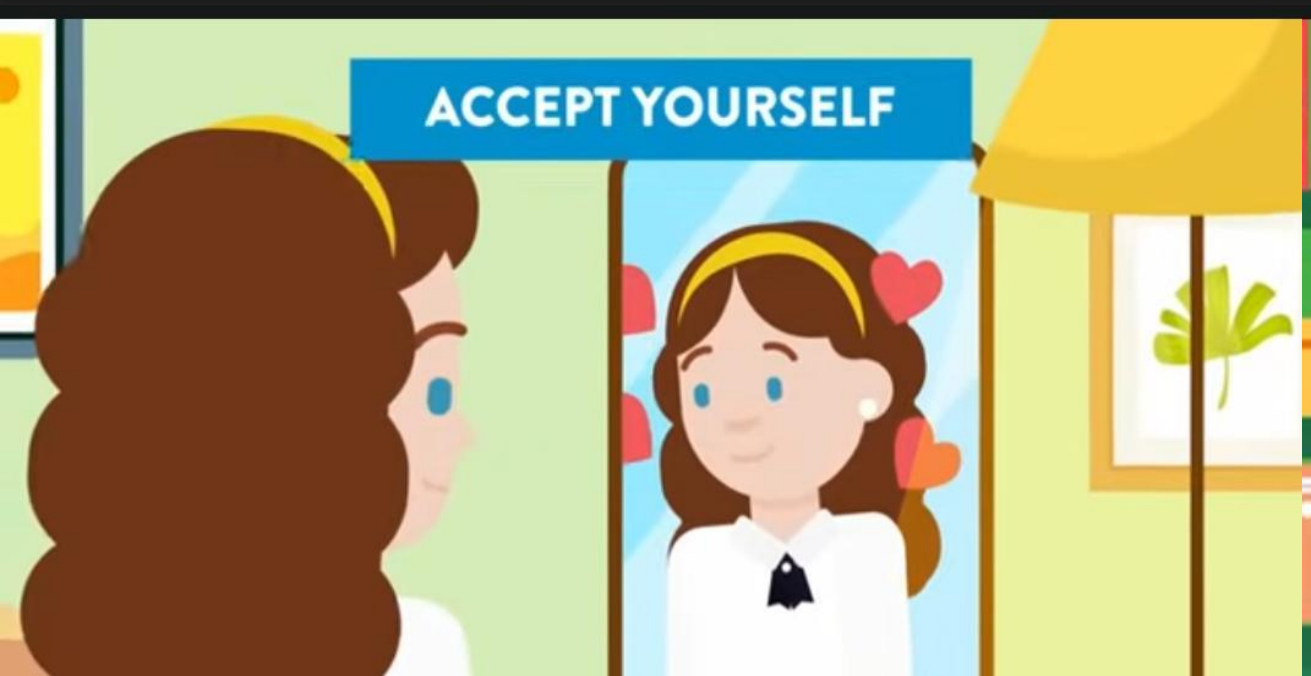
- sad
- sick
- tired
- bored
- slow-moving

What is Mindfulness?


YOU CAN PRACTICE
MINDFULNESS
ANYWHERE, AT ANY TIME

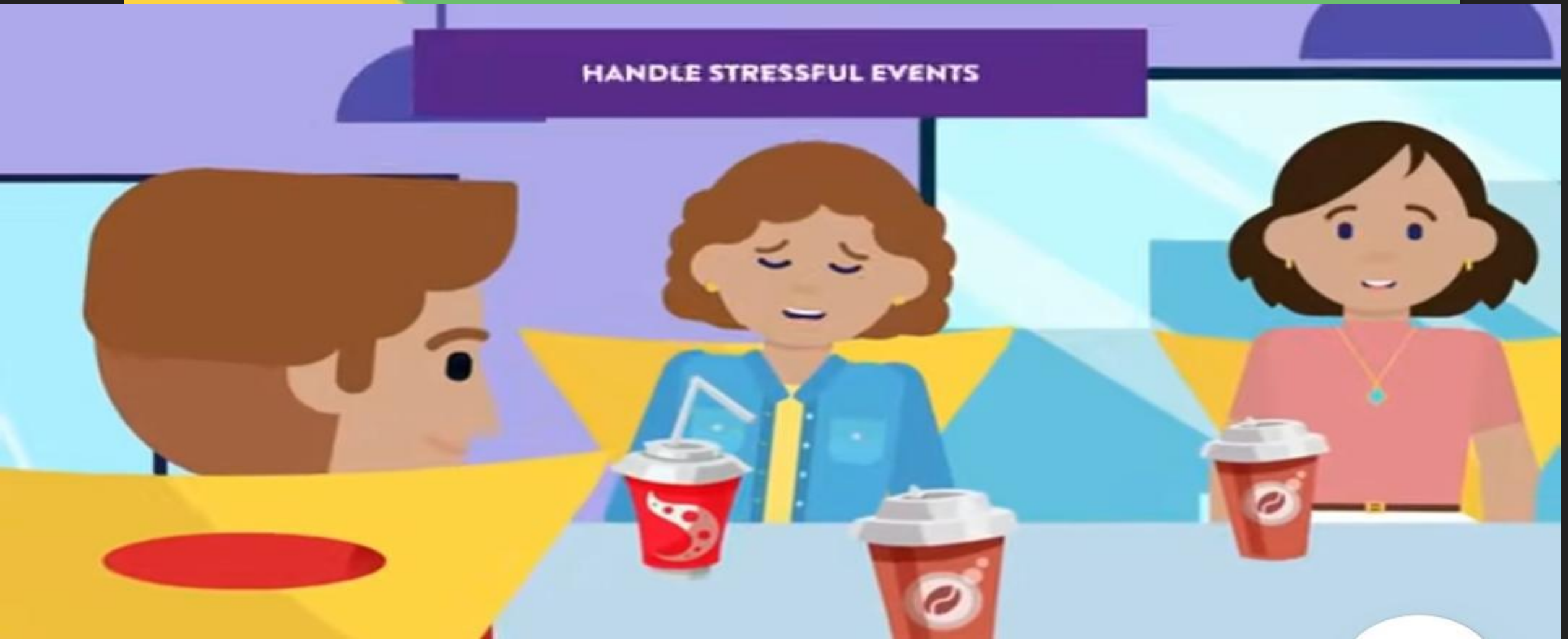

PAY ATTENTION


LIVE IN THE MOMENT


ACCEPT YOURSELF


FOCUS ON BREATHING

POTENTIAL MENTAL HEALTH BENEFITS




IMPROVE RELATIONSHIPS

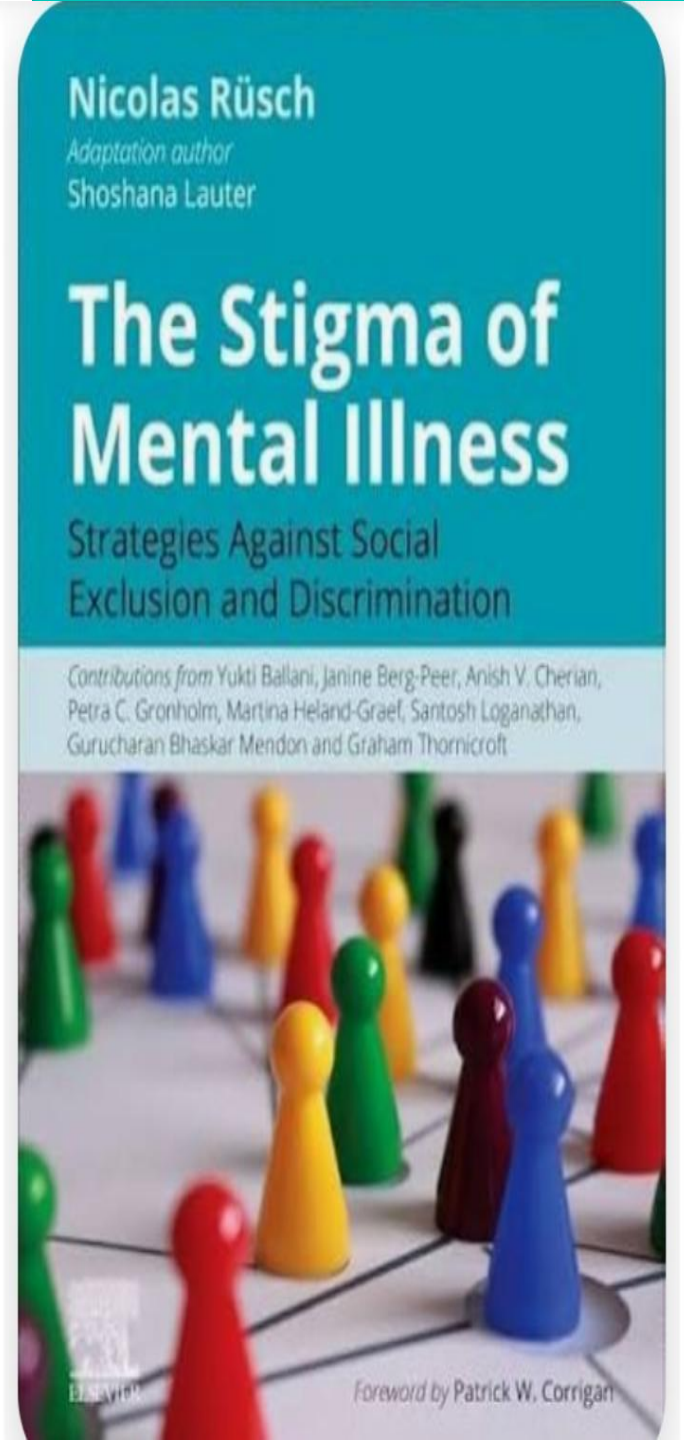

INCREASE AWARENESS

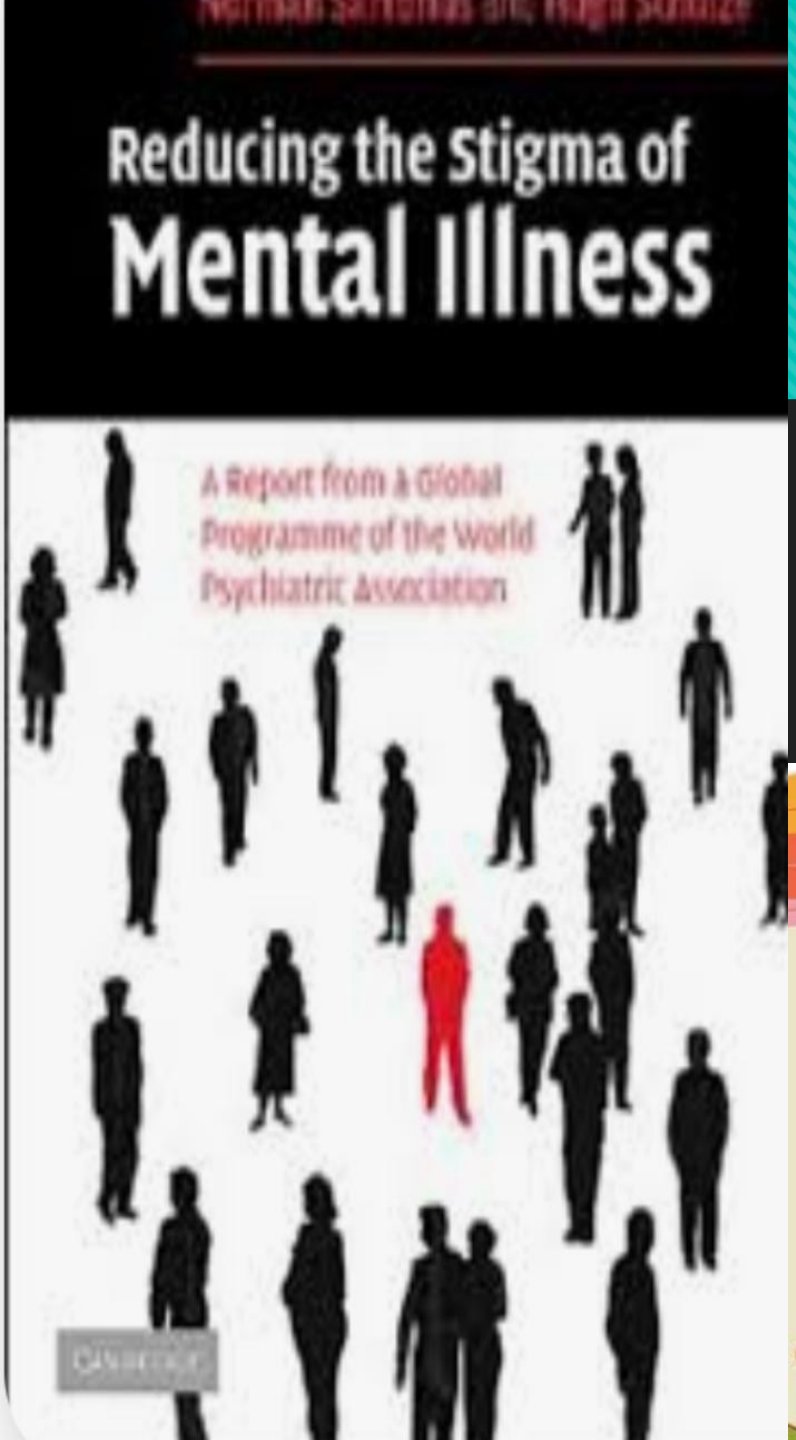

SITTING MEDITATION


"That's Insane" –
How Our Language
Stigmatizes Mental Illness
Instead of:
Disturbed, crazy, lunatic, psycho
Better term:
A person living with schizophrenia (or bipolar disorder, PTSD, etc.)
Why:
Negative labels like disturbed or crazy tend to be stigmatizing. Describing the mental health disorder that they're living with is a better use of mental health words.
Instead of:
Mentally ill person
Better term:
A person with a mental illness
Why:
People aren't defined by their mental illness. There's much more to them than that.
Instead of:
Suffering from mental illness
Better term:
Living with a mental illness
Why:
A mental illness isn't always a negative thing.
Instead of:
Suffers from substance abuse
Better term:
Has a substance use disorder
Why:
Avoiding the use of words like suffers and abuse and substituting the diagnosable disorder when talking about drug and alcohol addiction is less hurtful.
Instead of:
Schizophrenic, bipolar, borderline
Better term:
A person living with schizophrenia, bipolar disorder, etc.
Why:
People aren't bipolar, schizophrenic, or borderline. Instead, they're living with a diagnosable mental health disorder.
FHEHealth


Mental Health
STIGMA


MENTAL HEALTH IS JUST AS IMPORTANT AS PHYSICAL HEALTH
Over half of college students say they do not know where to go to seek help
HERE'S A PLACE TO ANONYMOUSLY START:


Nicolas Rüsch
Adaptation author
Shoshana Lauter
The Stigma of Mental Illness
Strategies Against Social Exclusion and Discrimination
Contributions from Yukti Ballani, Janine Berg-Peer, Anish V. Cherian, Petra C. Gronholm, Martina Heland-Graef, Santosh Loganathan, Gurucharan Bhaskar Mendon and Graham Thornicroft
Foreword by Patrick W. Corrigan


Reducing the Stigma of
Mental Illness
A Report from a Global Programme of the World Psychiatric Association


STIGMA-FREE SOCIETY
AWARENESS UNDERSTANDING ACCEPTANCE
Student Mental Health Toolkit...


Speak up,
Speak out.
Mental Health Matters
macombgov.org/CHA

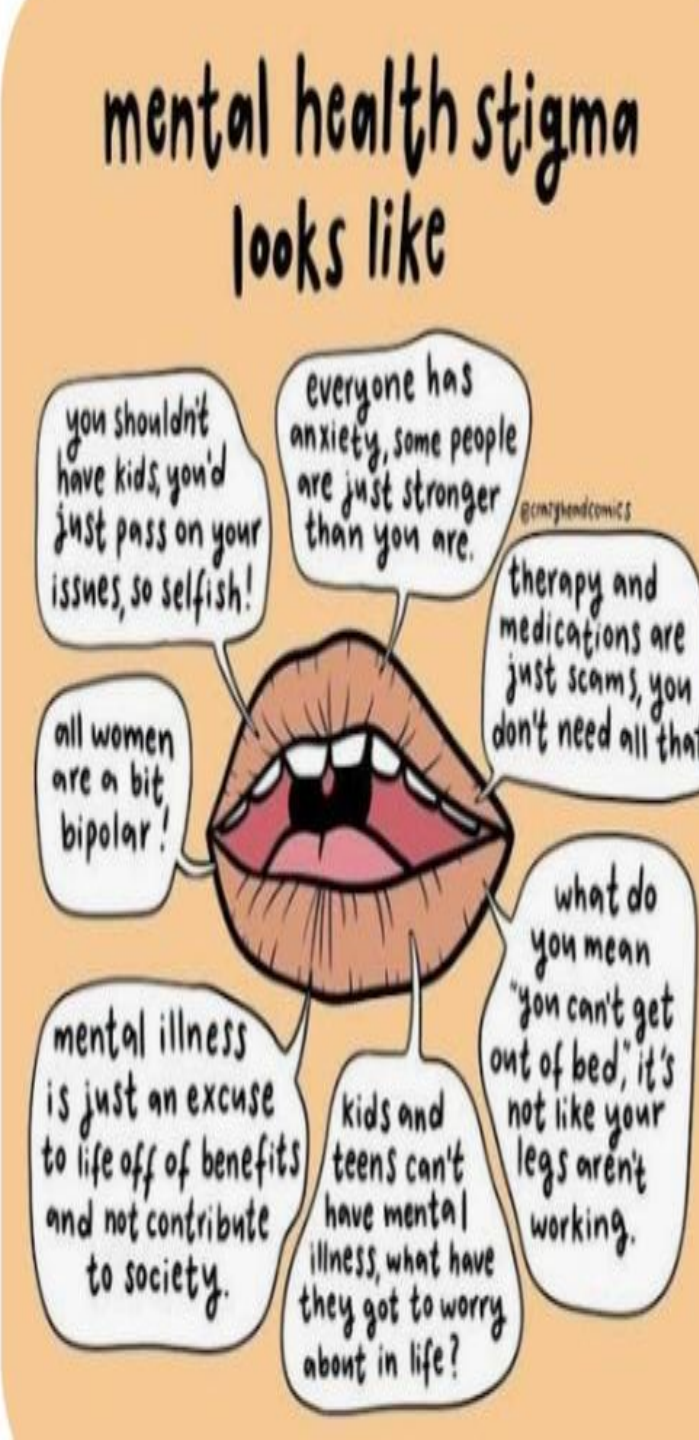
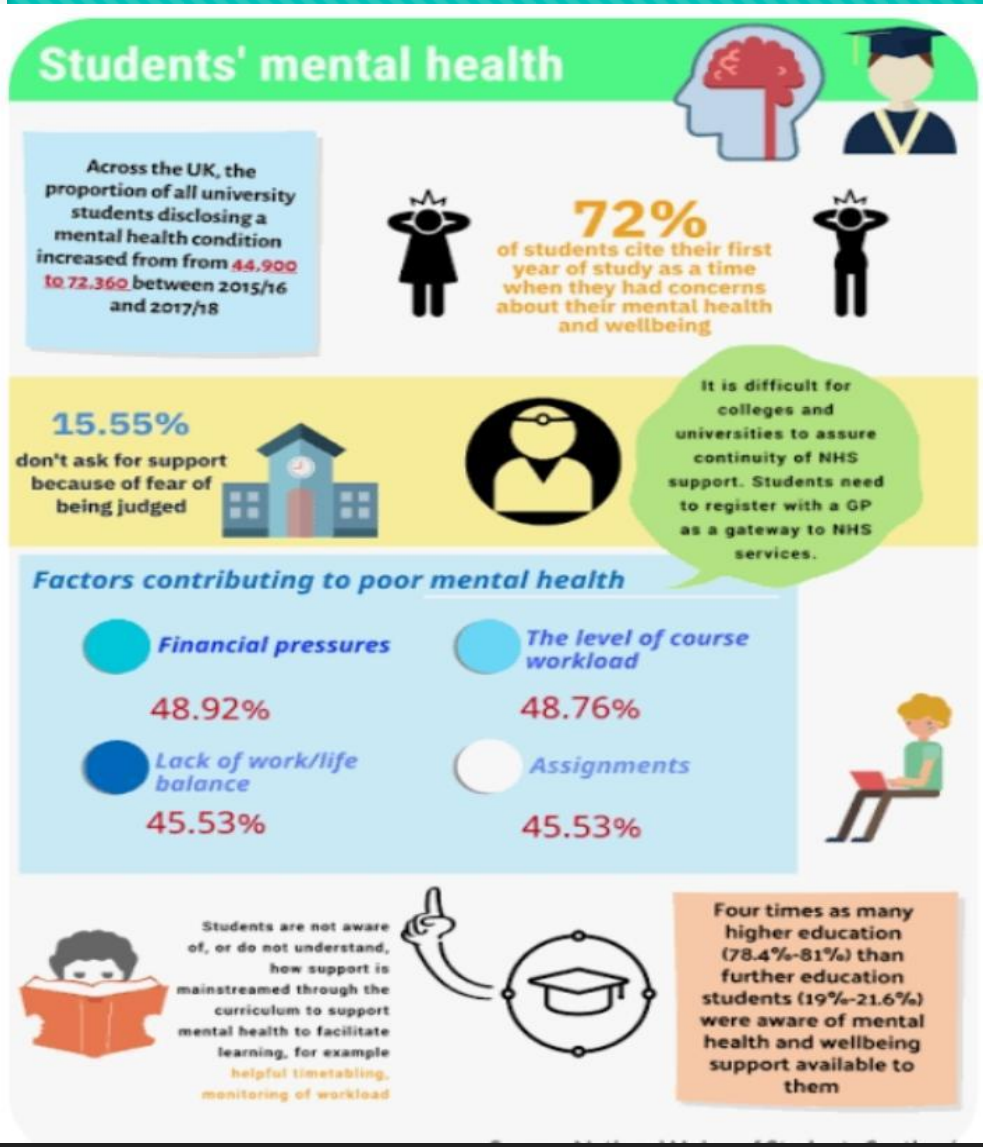

mental health stigma looks like
you shouldn't have kids, you'd just pass on your issues, so selfish!
everyone has anxiety, some people are just stronger than you are.
@crazyhendcomics
therapy and medications are just scams, you don't need all that
all women are a bit bipolar!
what do you mean "you can't get out of bed", it's not like your legs aren't working.
mental illness is just an excuse to life off of benefits and not contribute to society.
kids and teens can't have mental illness, what have they got to worry about in life?

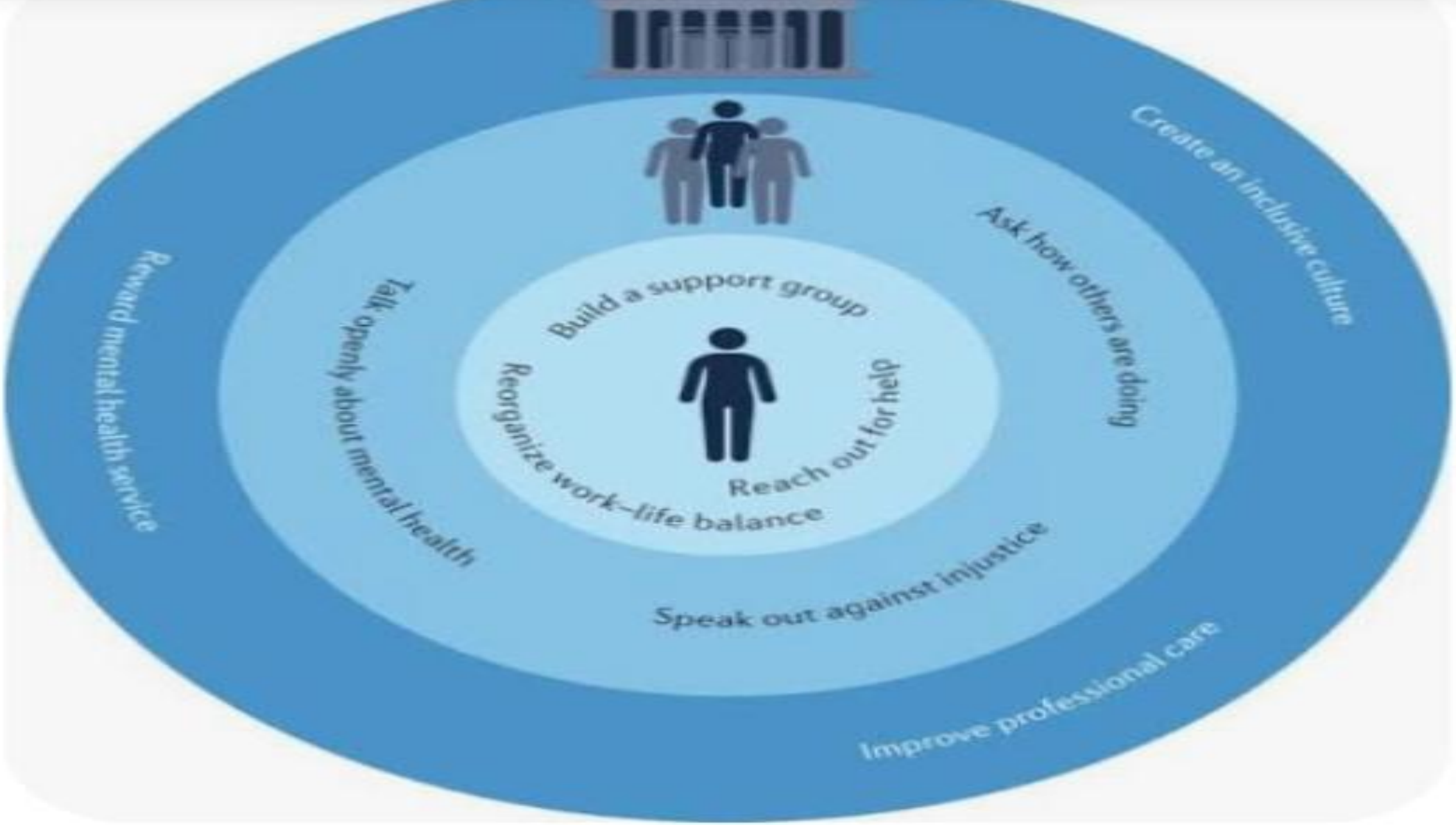
CHART 3 **Attitude towards mental illness**


TALK
ABOUT
IT!
BREAK
THE STIGMA
It's
okay
To Ask
For Help
MENTAL
HEALTH
AWARENESS
YOUR ILLNESS
DOES NOT
DEFINE YOU
MENTAL HEALTH
AWARENESS
LOVE
YOUR
MIND
YOU ARE A MENTAL
HEALTH WARRIOR
KNOW
SCIENCE
NO STIGMA
MENTAL HEALTH
AWARENESS
NO HEALTH
WITHOUT
MENTAL HEALTH
#
SUPPORT
N O T
STIGMA
STOP
THE STIGMA
SUPPORT
MENTAL HEALTH
AWARENESS.
Let's Talk about
mental health
MENTAL
HEALTH
AWARENESS
SELF CARE
FIRST
Some Wounds
Are Invisible
MENTAL
HEALTH
AWARENESS
MENTAL HEALTH
AWARENESS
YOUR
STORY
ISN'T
TALK
ABOUT IT!
NOT EVERY
DISABILITY IS VISIBLE
SUPPORT
MENTAL HEALTH
AWARENESS.

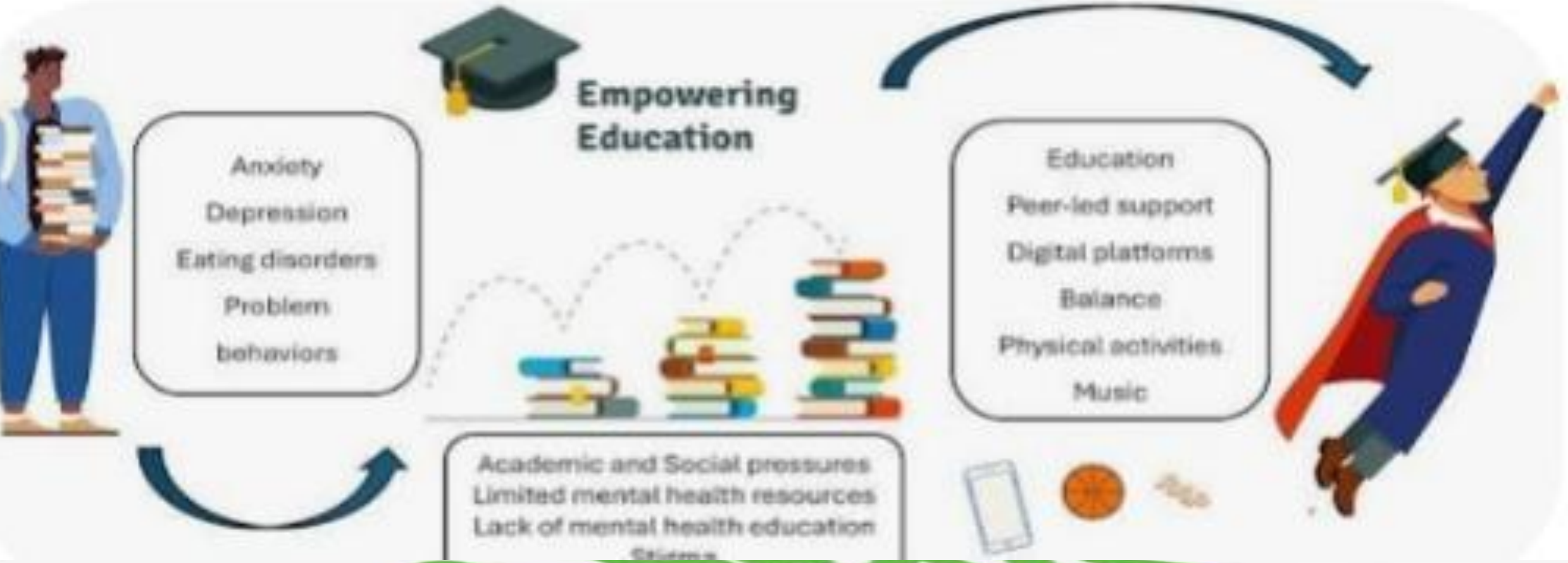
STRONGER THAN STIGMA

McGILL STUDENTS FOR MENTAL HEALTH





Navigating mental health...


Empowering Education
Anxiety
Depression
Eating disorders
Problem behaviors
Education
Peer-led support
Digital platforms
Balance
Physical activities
Music
Academic and Social pressures
Limited mental health resources
Lack of mental health education


MENTAL HEALTH
SUPPORTIVE
RESPECT
STOP STIGMA
STIGMA
LISTEN
INFORM
RECOVERY

Student mental health stigma is a pervasive issue driven by negative attitudes, misconceptions, and a lack of understanding, which can prevent students from seeking help, lead to social isolation, and negatively impact academic and social life. This stigma is fueled by factors like academic pressure, fear of judgment, and a lack of mental health education, but can be combatted through increased awareness, open conversation, and educational programs.

Contributing factors to student mental health stigma

- **Academic pressure:** Competitive environments can lead to intense pressure to succeed, making students feel they must hide any struggles to appear "successful".
- **Lack of understanding:** Mental illness is often viewed as opaque, leading to myths and misconceptions that fuel negative stereotypes.
- **Fear of consequences:** Students worry about retaliation or negative judgment from peers, faculty, or employers if they seek help for a mental health issue.
- **Societal and cultural influences:** Stigma ca be influenced by community, religious, or cultural beliefs and biases that affect how mental health is viewed and discussed.
- **Perceived vs. personal stigma:** Students may believe that others hold more stigmatizing views than they do personally, but can still internalize and perpetuate som of these same negative stereotypes, according to ScienceDirect.com.

Consequences for students

- **Barriers to treatment:** Students may be too embarrassed or scared to talk to someone, preventing them from seeking necessary support.
- **Social and emotional impact:** Stigma can affect a student's ability to be themselves ar belong to social circles, notes ScienceDirect.com.
- **Impact on academic performance:** The stress of hiding a mental health issue can negatively affect a student's ability to function and thrive academically.

Ways to combat stigma

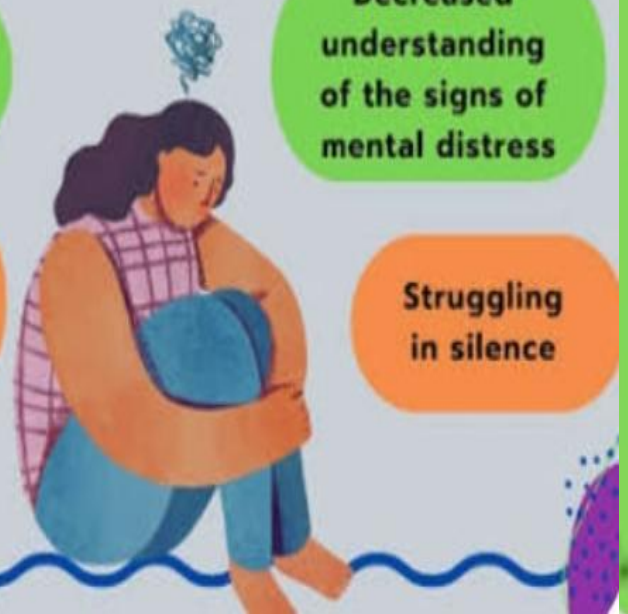
- **Implement mental health education:** Programs in schools can help educate students and staff about mental health, reduce misconceptions, and build more inclusive environments.
- **Promote open conversations:** Encouraging open dialogue can help normalize mental health issues and make it easier for students to talk about their experiences.
- **Increase awareness of resources:** Students need to know what services are available to them, such as on-campus counseling or other support systems.
- **Encourage empathy and understanding:** Recognizing and validating students' feelings, listening to their concerns, and avoiding stigmatizing language can create a more supportive atmosphere.

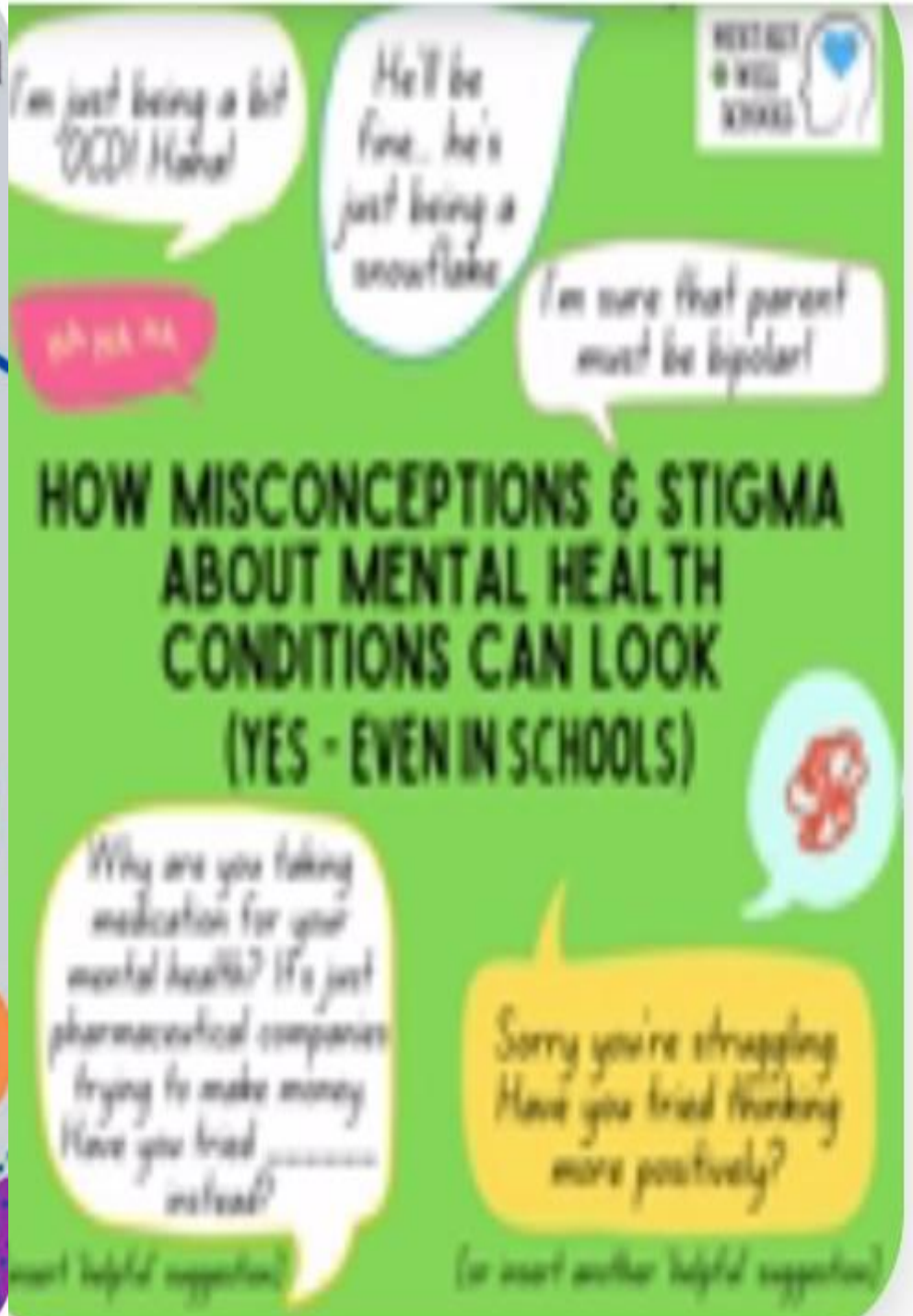
Mental Health Stigma

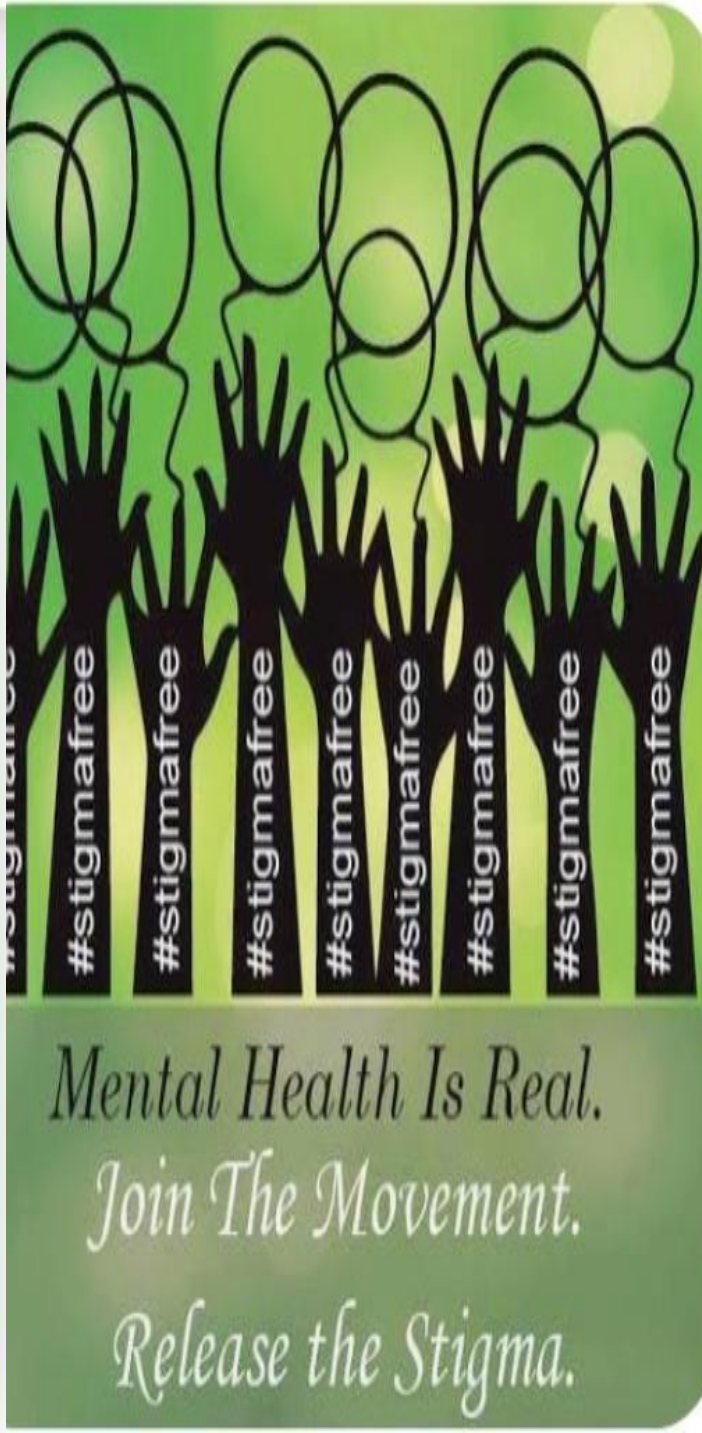
Refers to negative attitudes, beliefs, and stereotypes towards people who experience mental health conditions (CDC, 2024).

Stigma can lead to:

- Experiencing a lot of distress before seeking help
- Fear of judgment
- Decreased understanding of the signs of mental distress
- Feelings of shame about your mental health
- Struggling in silence







Male Mental Health Literacy Triadic Interplay

Male College Student

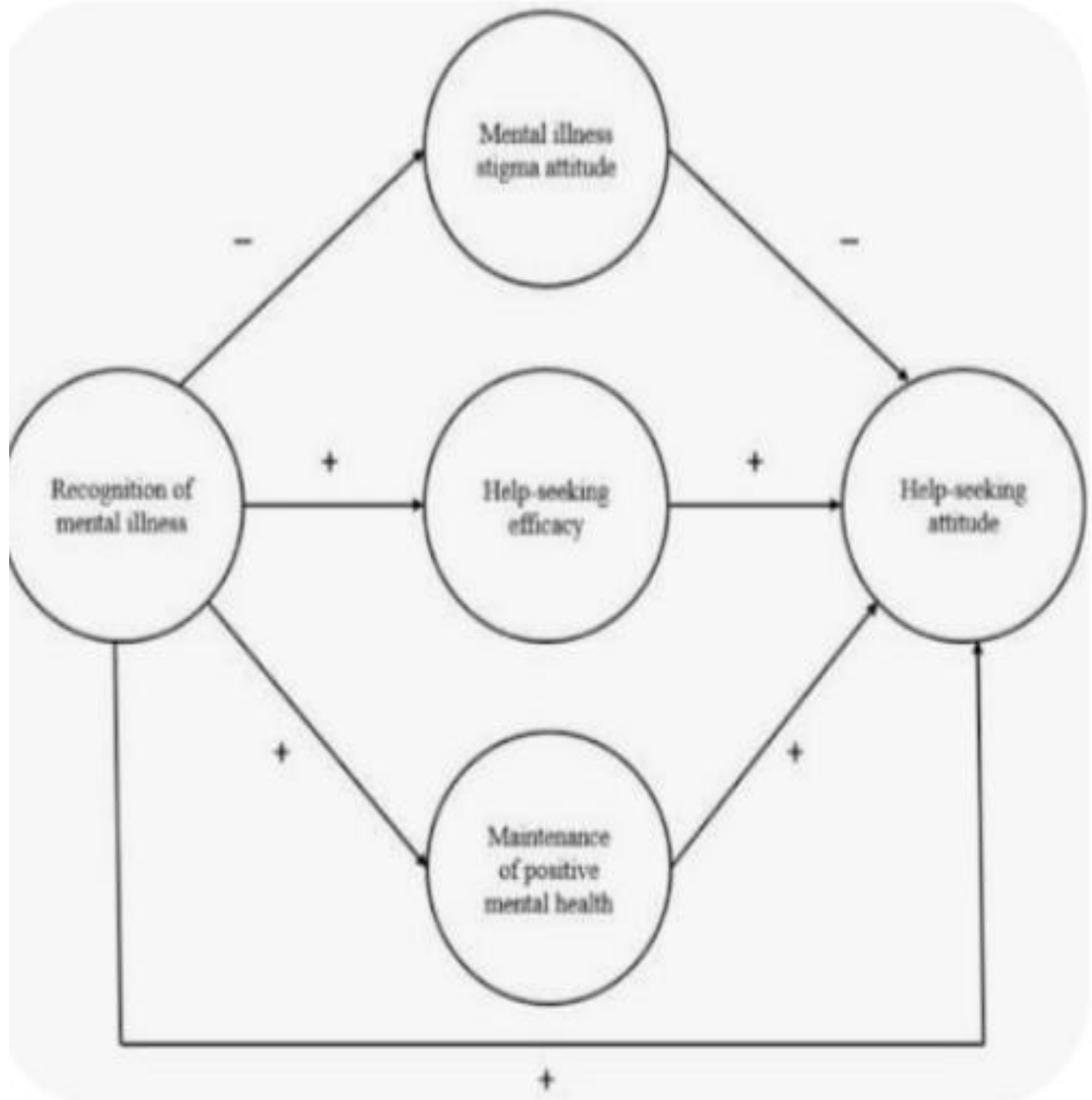
- Knowledge
- Attitudes, beliefs, perceptions
- Self-stigma
- Intentions

Help-Seeking Behavors

- Do nothing
- Self-care
- Seeking medical care
- Seeking mental health care

Environment

- Social Stigma
- Masculinity
- Male gender norms
- Male friends talking with student about signs and symptoms
- Males friends recommending help-seeking behaviors



The Truth About Mental Illness

Judgement	Symptom	Experience
"They don't care enough to pay attention"	Concentration Difficulties	"I care about this but I can't seem to focus"
"They're lazy for staying in bed"	Low energy / Fatigue	"Why does my body struggle to move so much?
"They're rude for cancelling plans last minute"	Sudden Panic / Overwhelm	"If I leave home I'll meltdown & burden others"
"They're ungrateful and need to cheer up"	Numbness	"Why can't I feel the joy I used to experience?"

Please understand the experience before judging the symptom

@RealDepressionProject

MENTAL HEALTH STIGMA SOUNDS LIKE

"Why can't you just be happy?"

"I'm fine, other people have it worse than me."

END THE STIGMA

SCAN FOR RESOURCES

"College is supposed to be this stressful."

"I'd rather handle it myself or go talk to my friends."

ANONYMOUS RESOURCES ARE AVAILABLE

Mental Distress

Knowing what to look for can help you to recognize when you need mental health support. Getting help can improve your quality of life, school performance, and social life.

- Sudden mood changes
- Changes in sleep patterns
- Changes in appetite
- Withdrawing from previously enjoyed activities
- A drop in functioning
- Increased nervousness or worrying
- Increased use of substances

having fair or poor mental health.

You are not alone.

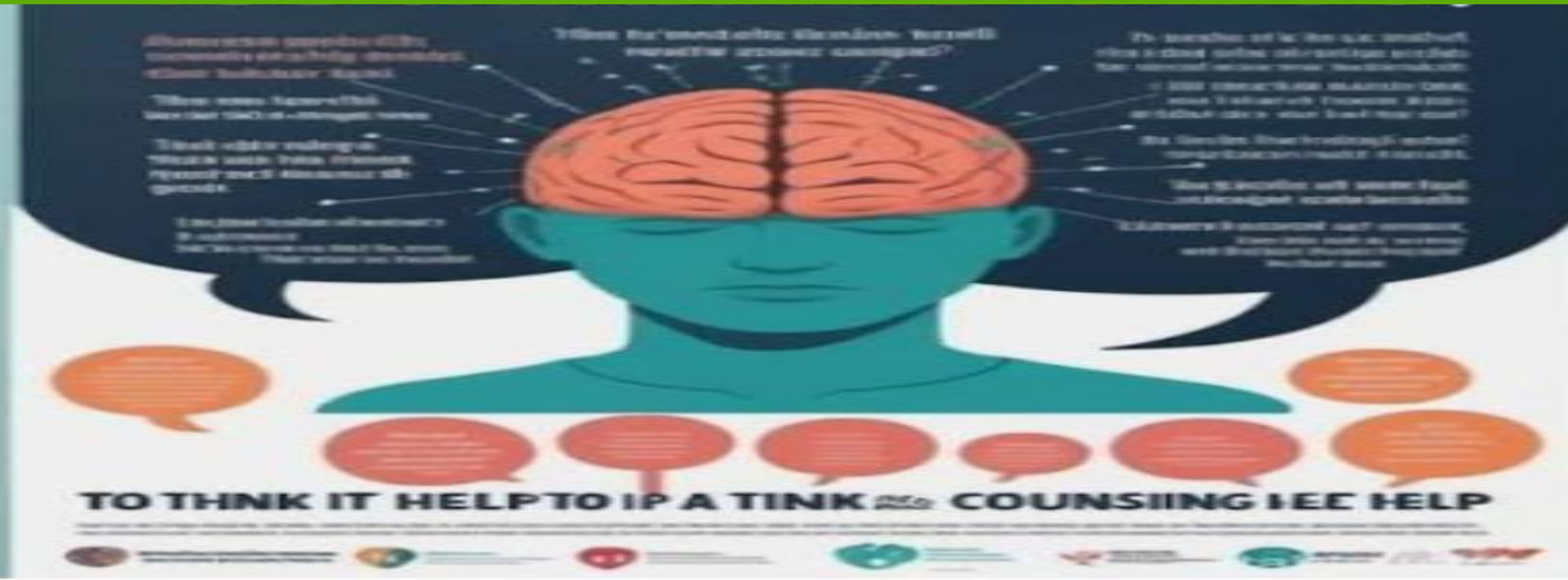
Your mind matters.

50% of adults will experience a mental health issue in their lifetime.

It's okay not to be okay.

SCAN FOR RESOURCES

HOW ARE YOU REALLY?



TO THNK IT HELPTO IP A TINK COUNSIING IEE HELP

5 ways to end mental health stigma

Educate yourself and your children about mental health

Share real-life examples of people with mental health disorders

Explain mental health has a range of symptoms

Listen to and support others with mental health concerns

Share stories of overcoming mental health disorders

childrenshealth®

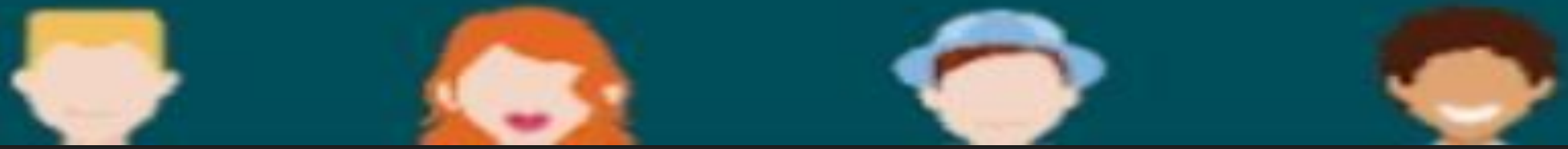
Infographic

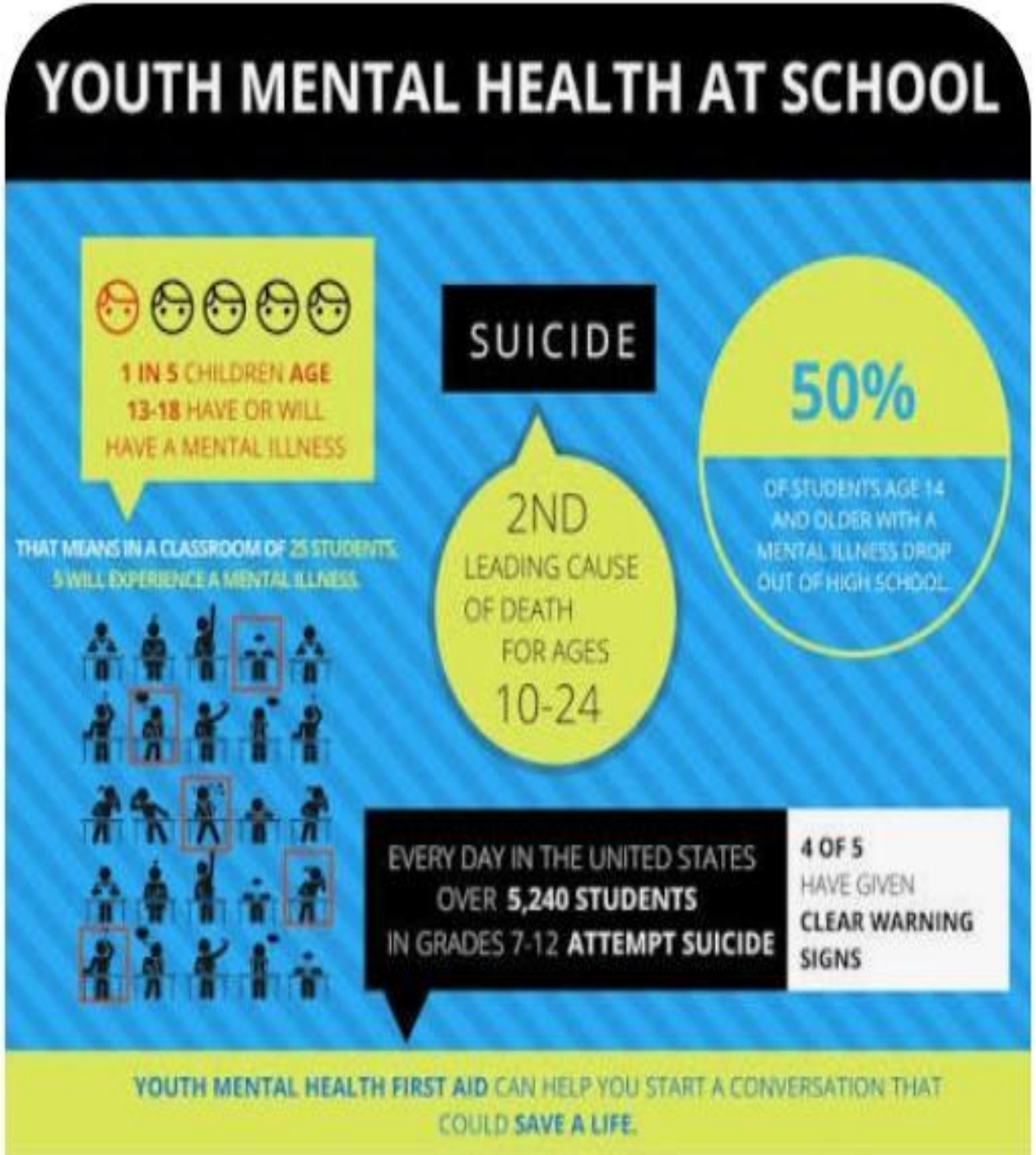
STOPPING STIGMA

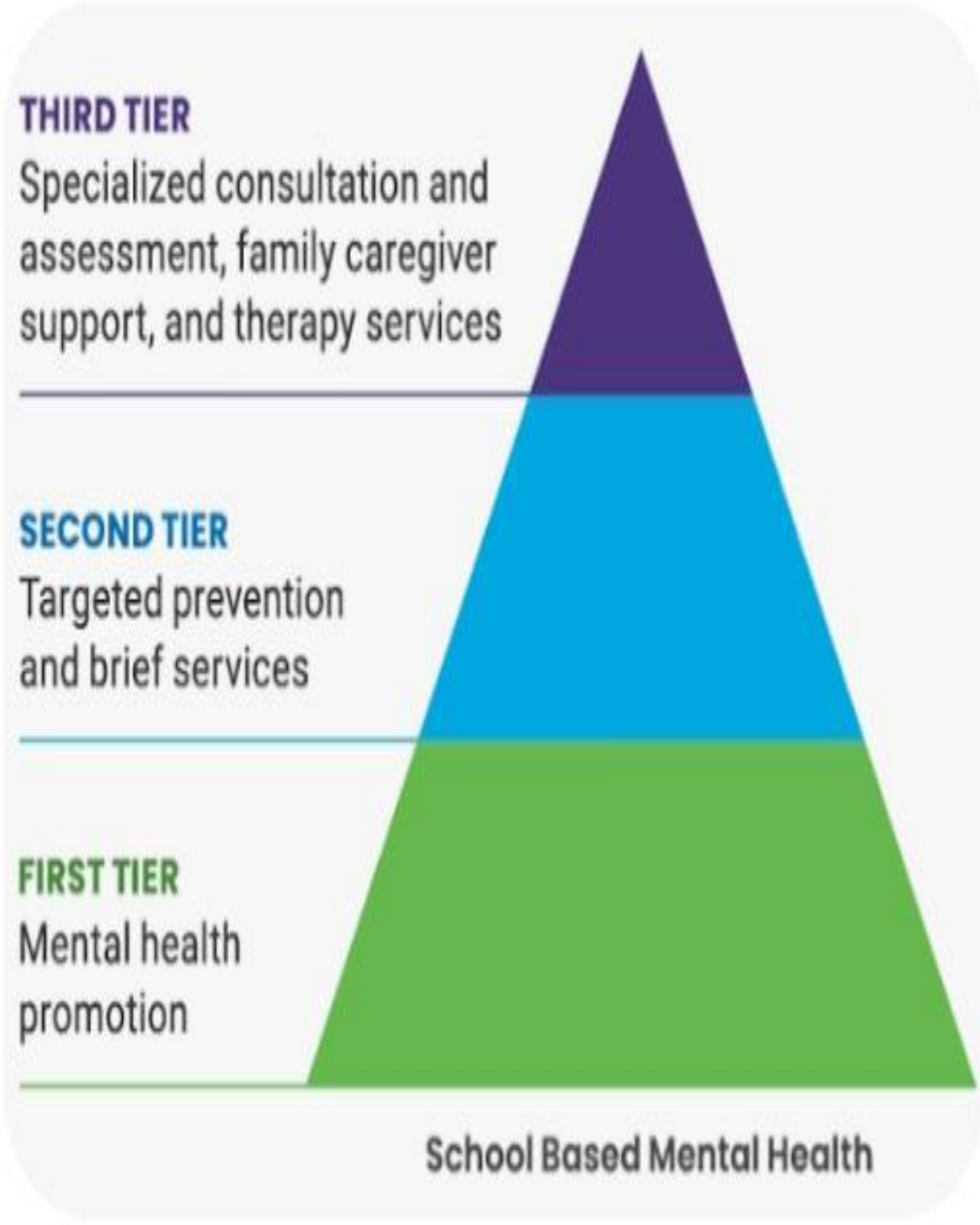
The stigma surrounding mental illness is extremely harmful. It can lead to many negative affects, including fear, mistrust, and even violence against those with mental disorders.

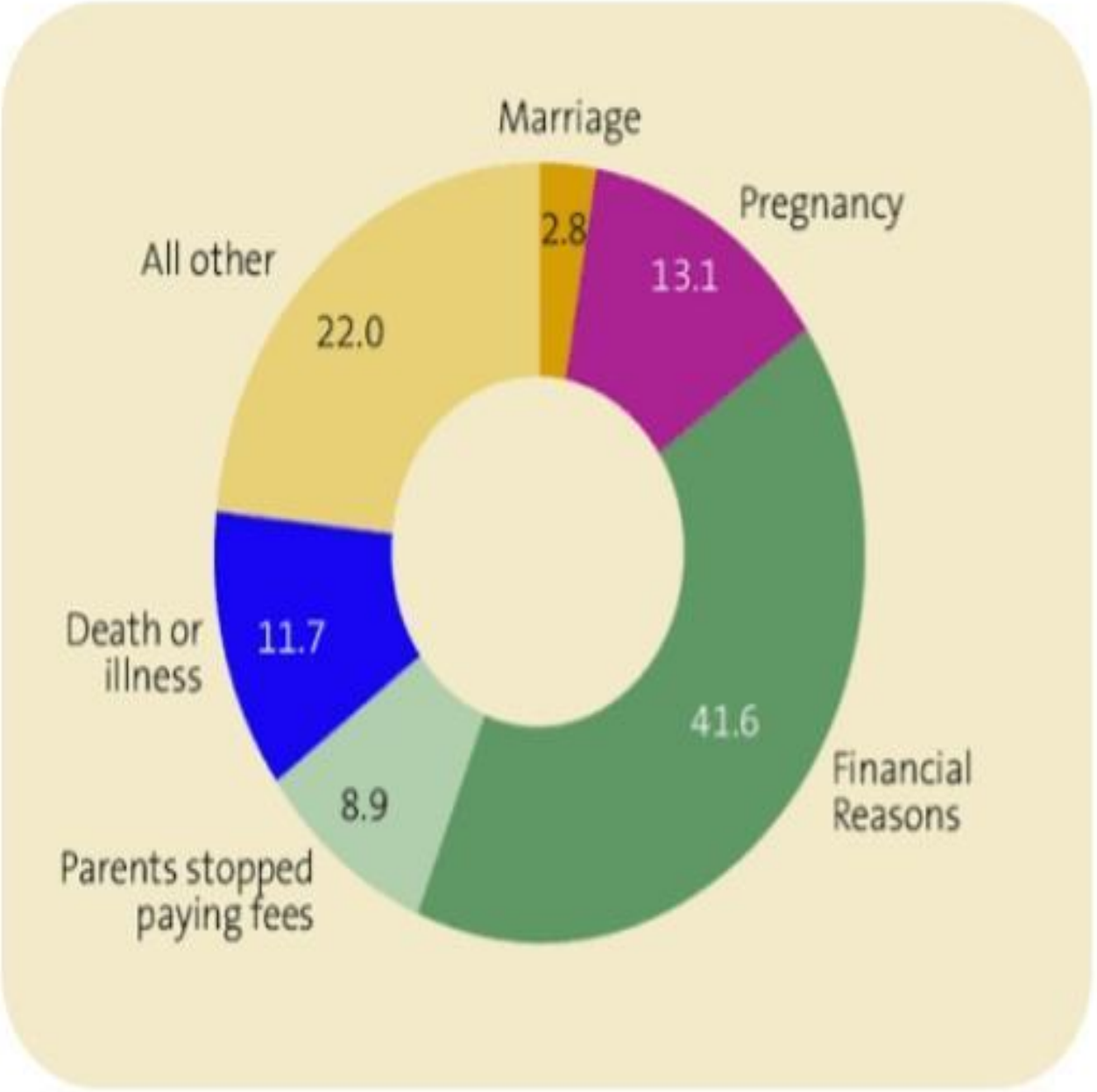
IMPROVE EDUCATION

Less than 1/2 of Woodside students have learned about mental health, even though education is an important aspect of reducing stigma

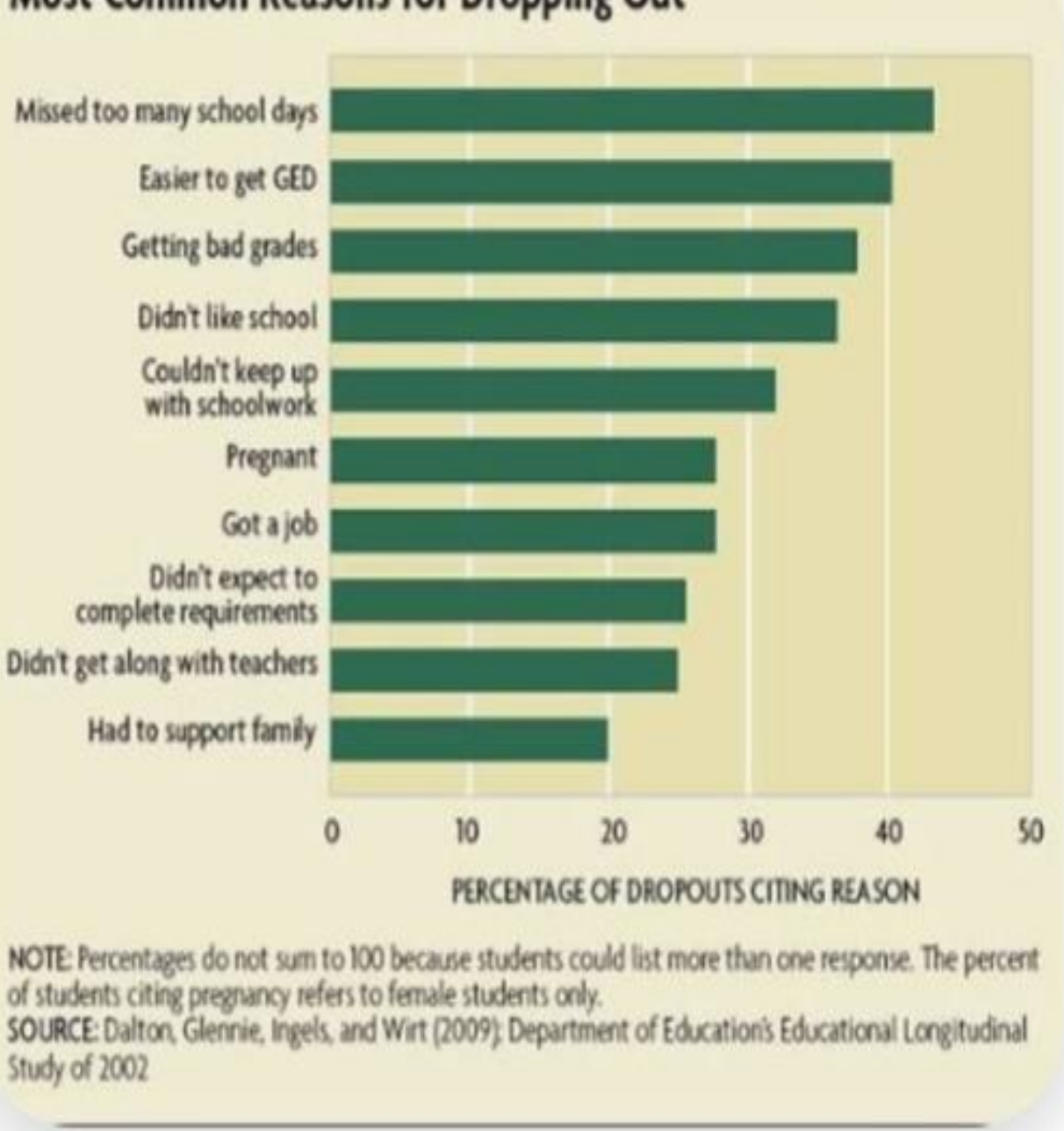



YOUTH MENTAL HEALTH AT SCHOOL
1 IN 5 CHILDREN AGE 13-18 HAVE OR WILL HAVE A MENTAL ILLNESS
THAT MEANS IN A CLASSROOM OF 25 STUDENTS, 5 WILL EXPERIENCE A MENTAL ILLNESS.
SUICIDE
2ND LEADING CAUSE OF DEATH FOR AGES 10-24
50%
OF STUDENTS AGE 14 AND OLDER WITH A MENTAL ILLNESS DROP OUT OF HIGH SCHOOL.
EVERY DAY IN THE UNITED STATES OVER 5,240 STUDENTS IN GRADES 7-12 ATTEMPT SUICIDE
4 OF 5 HAVE GIVEN CLEAR WARNING SIGNS
YOUTH MENTAL HEALTH FIRST AID CAN HELP YOU START A CONVERSATION THAT COULD SAVE A LIFE.

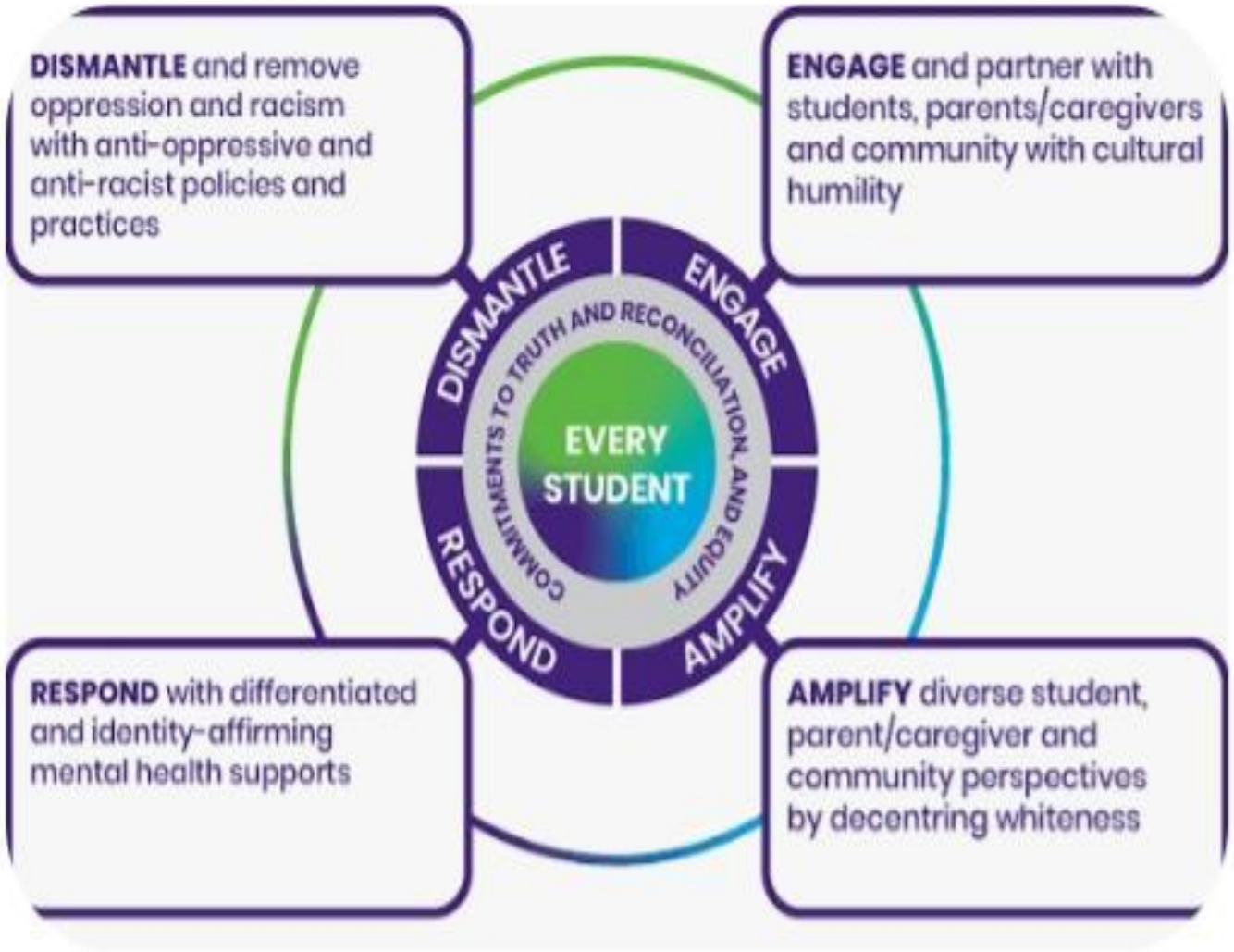

THIRD TIER
Specialized consultation and assessment, family caregiver support, and therapy services
SECOND TIER
Targeted prevention and brief services
FIRST TIER
Mental health promotion
School Based Mental Health



Main Reason For Dropping Ou...



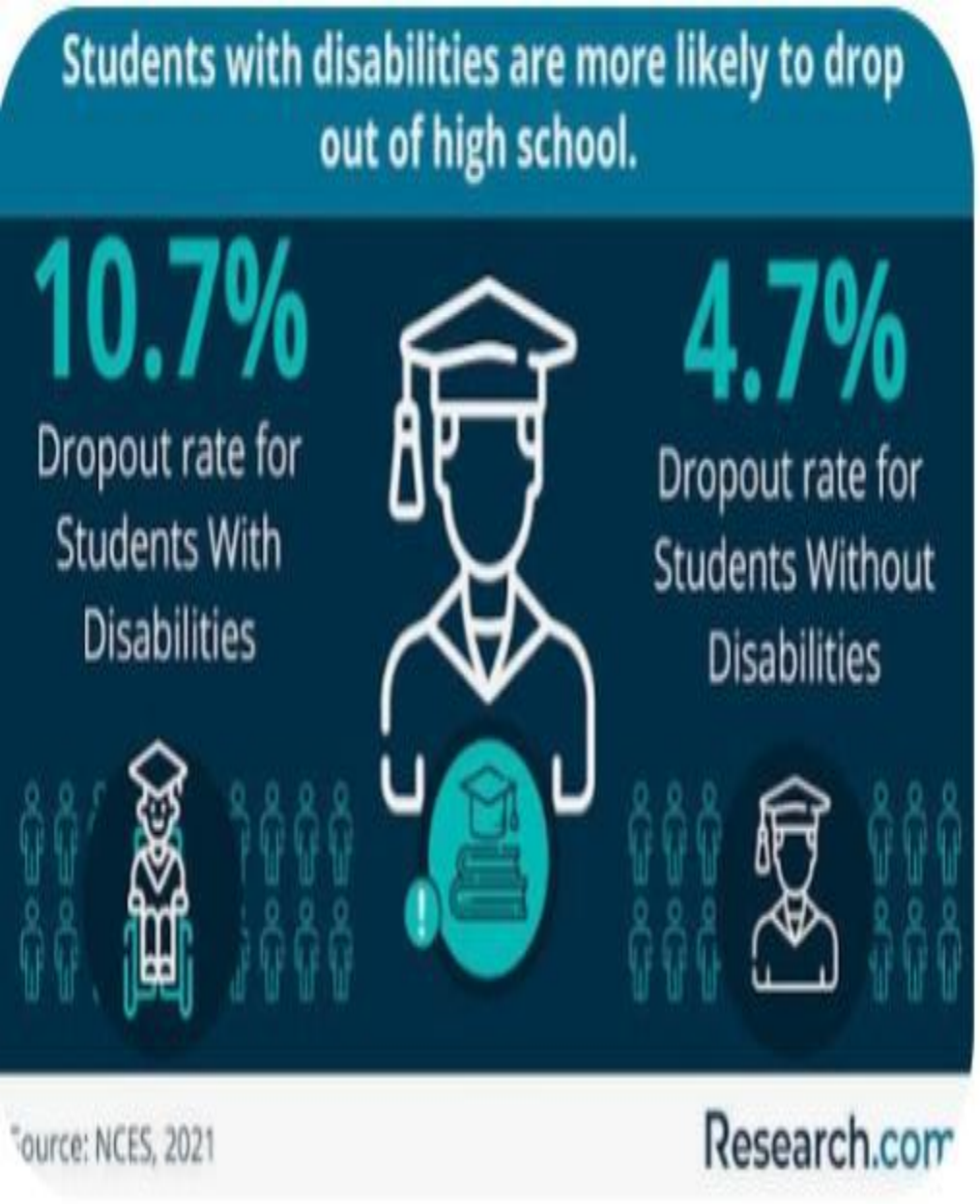
The Dropout Dilemma |...



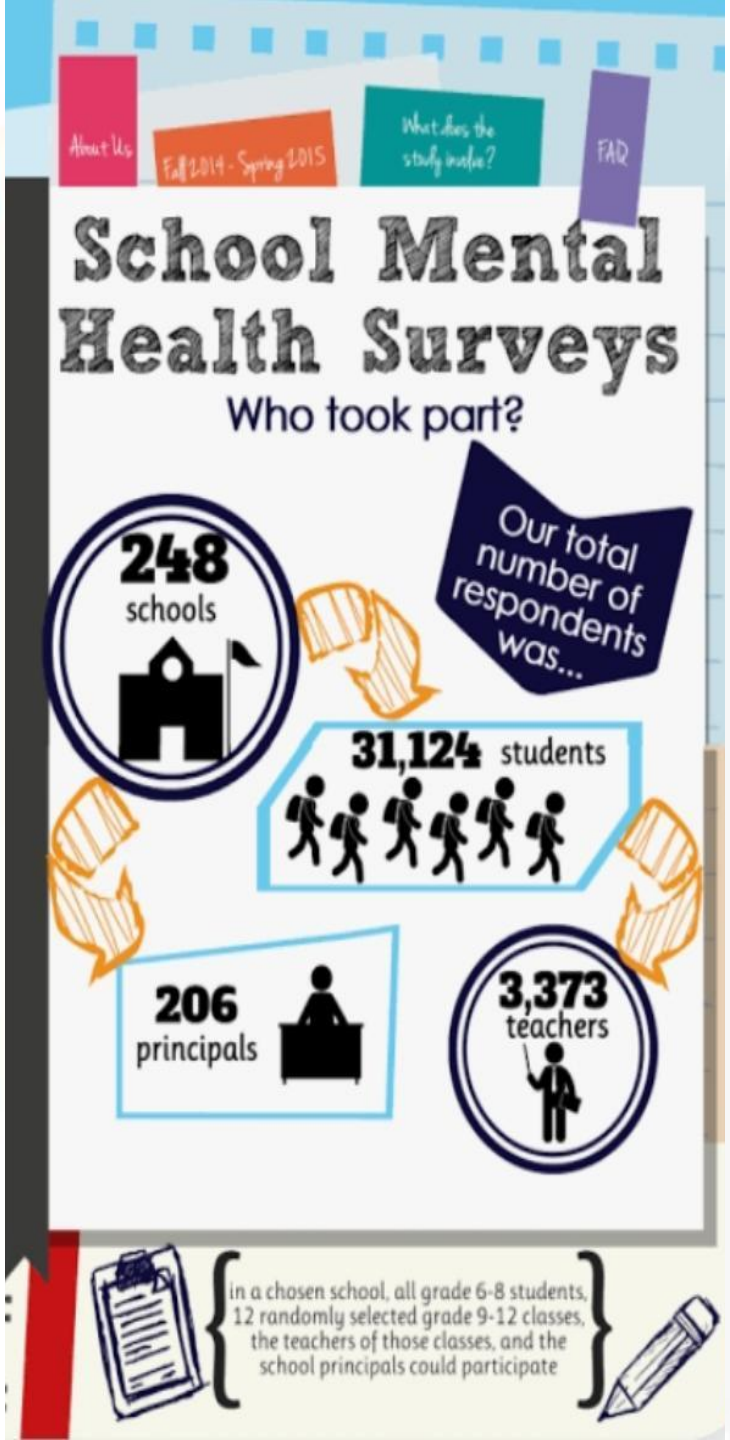
Identity and student mental...

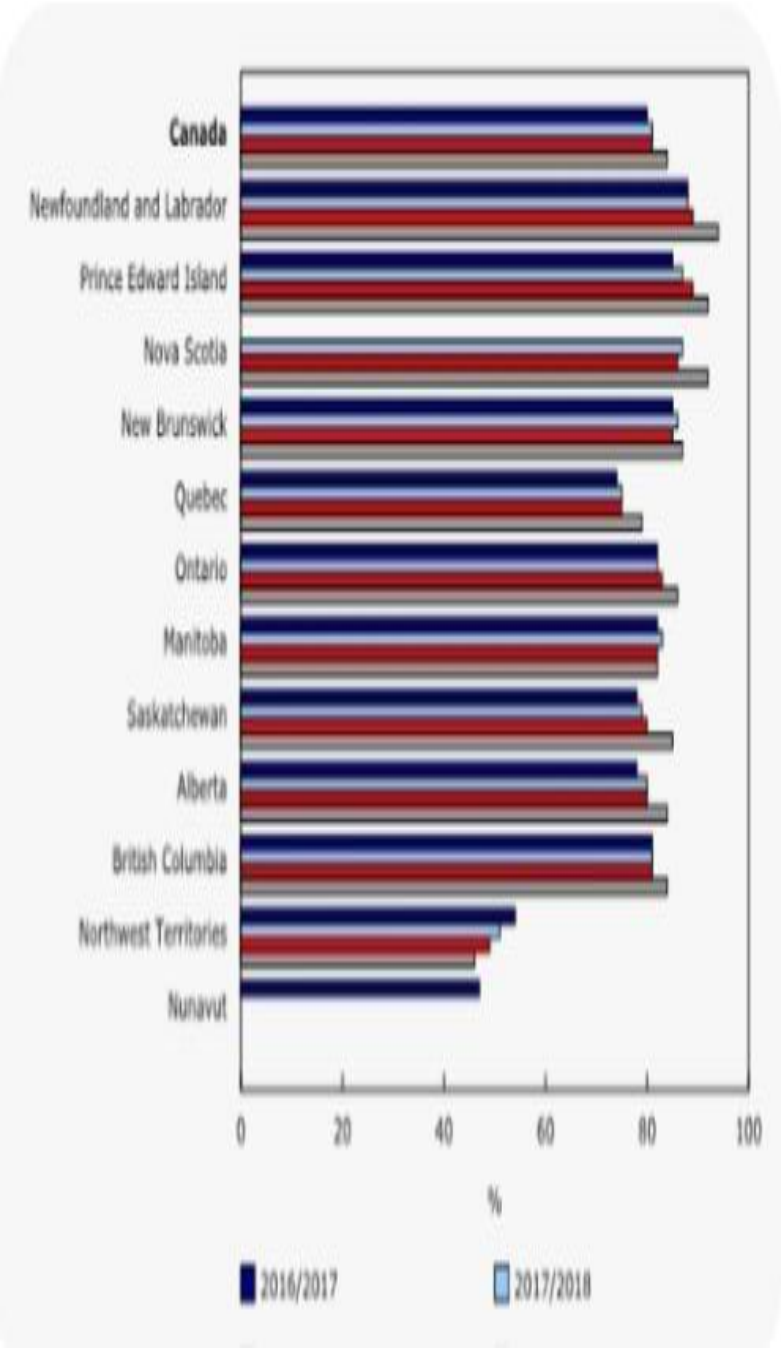
School Mental Health...

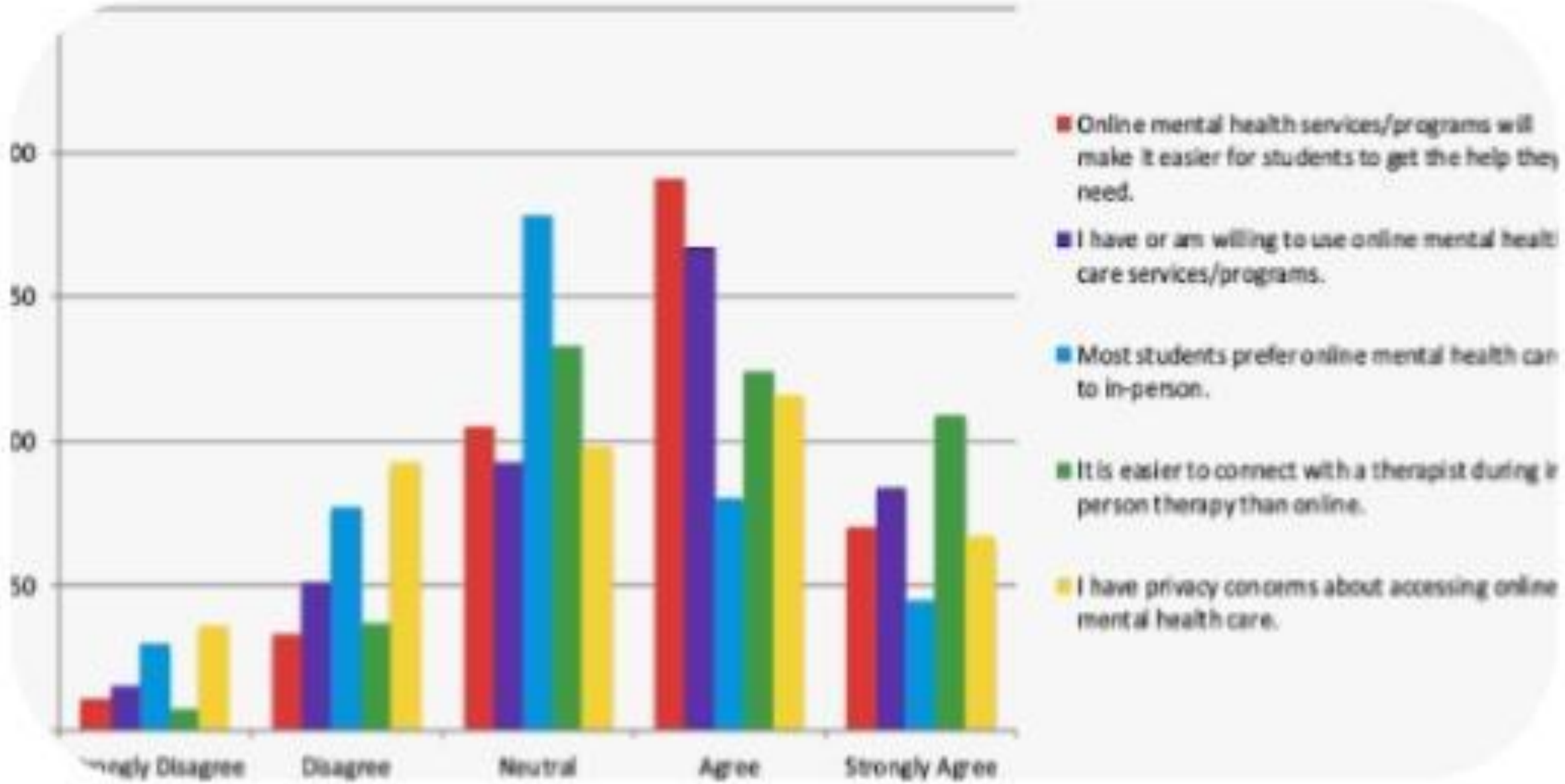
Stressors and Turning Points i...



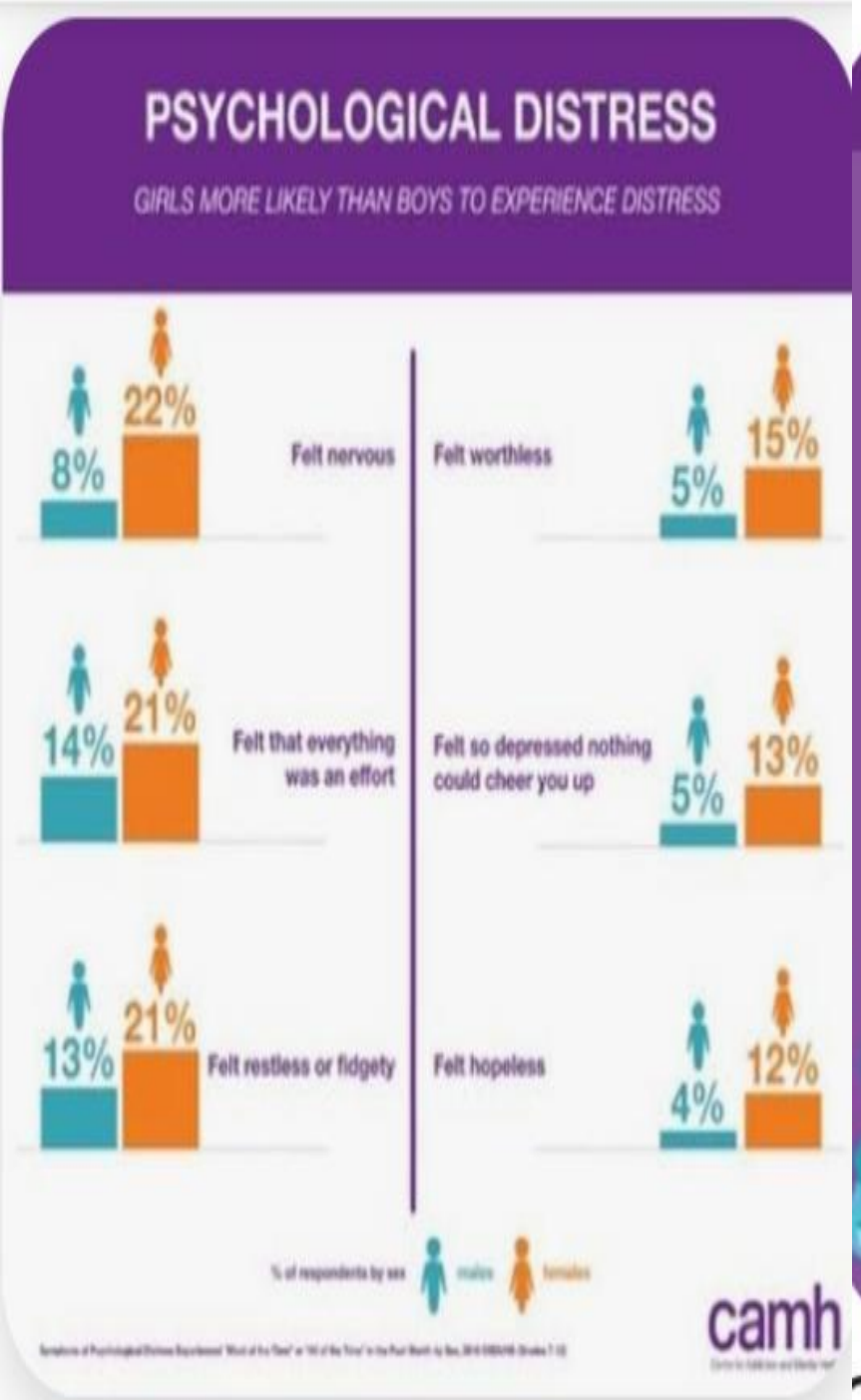
High School Dropout Rate Is...

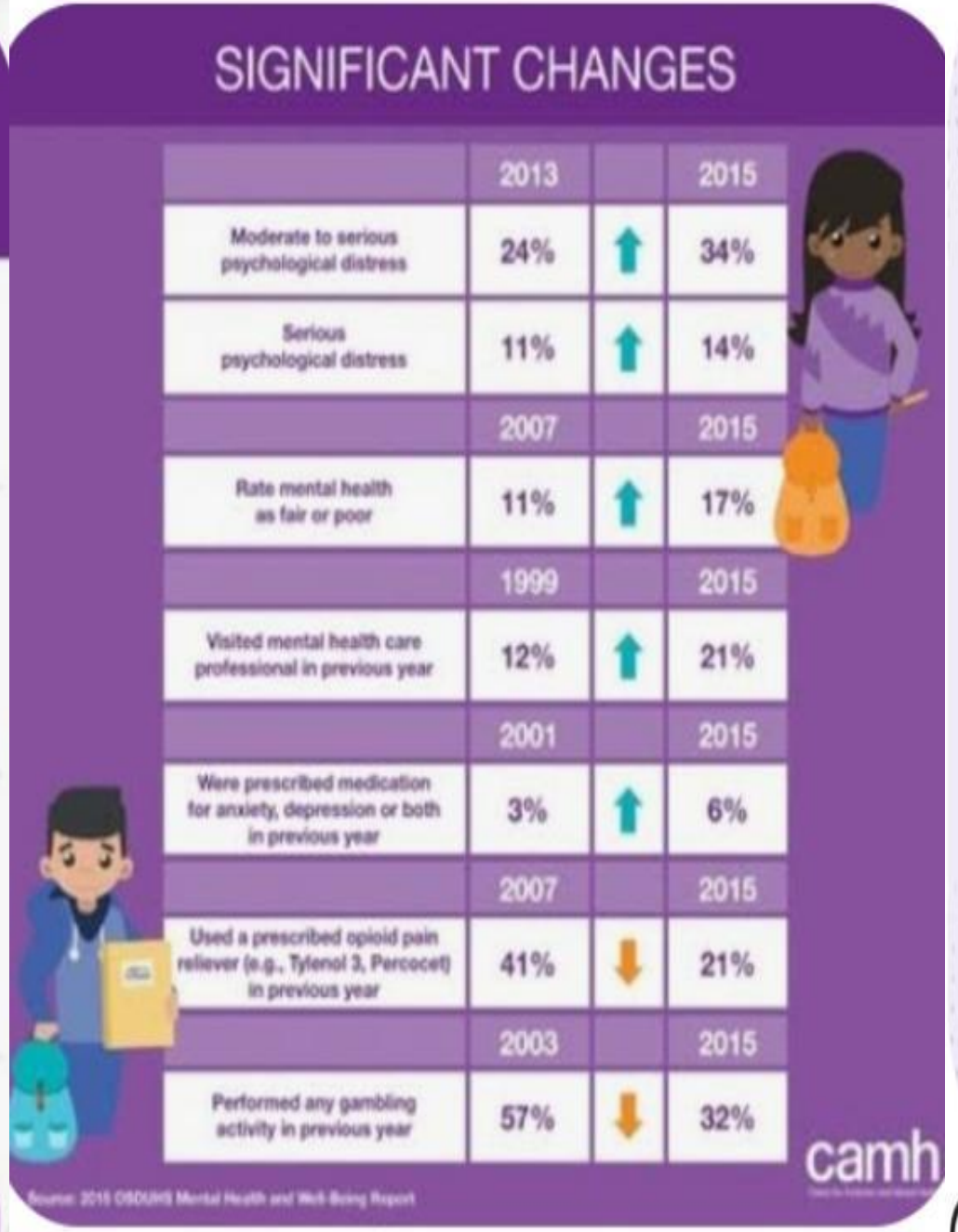


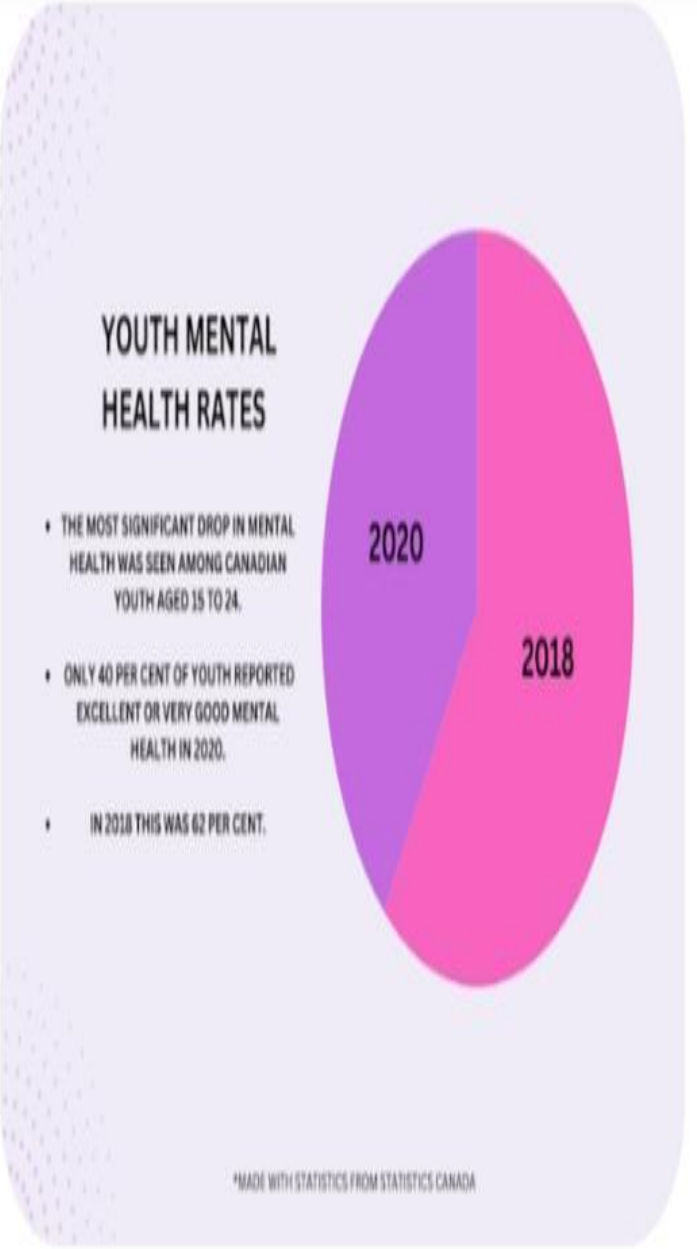




Mental health challenges....



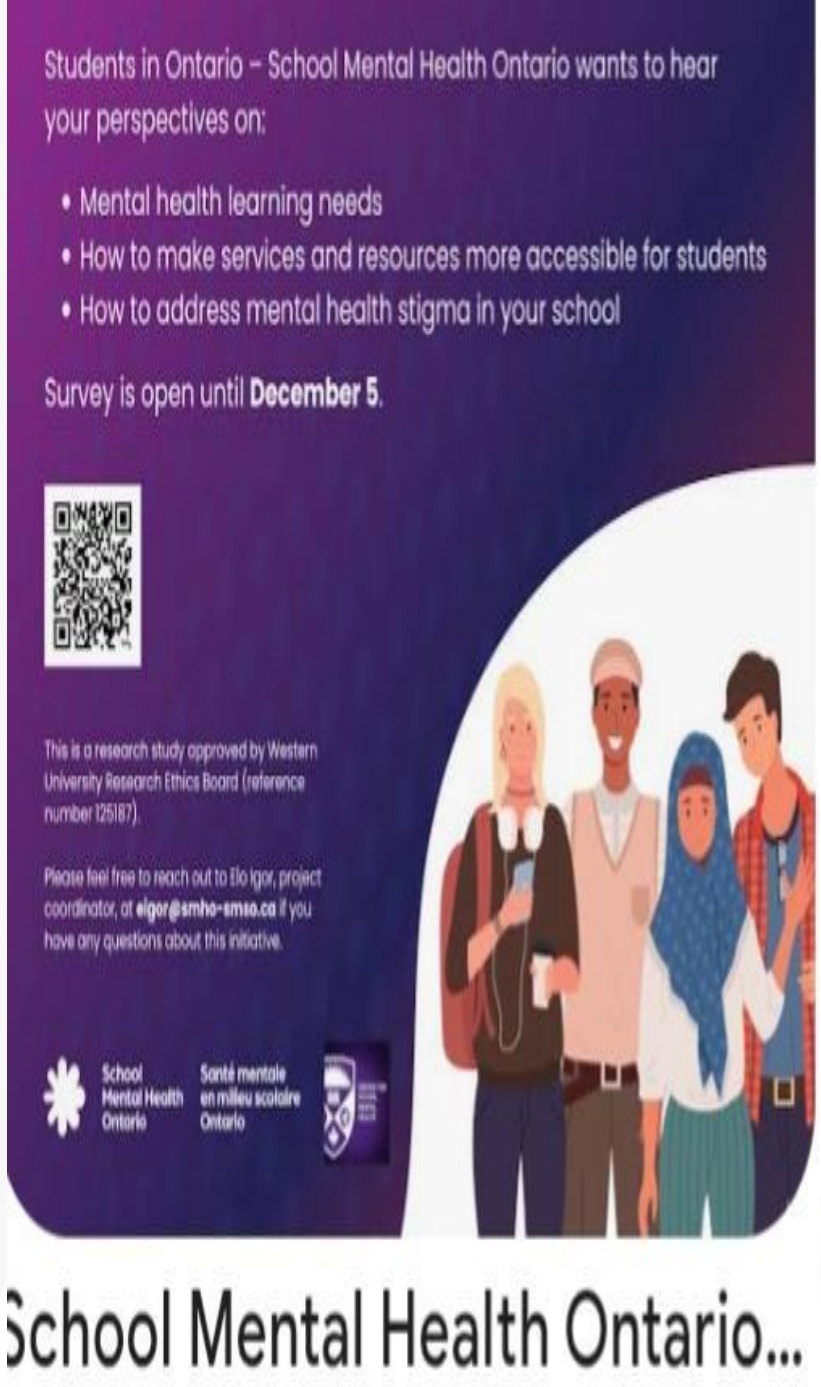




One-third of Ontario student

Ontario government commits...

bout student mental health i...



School Mental Health Ontario...

Principals sound the alarm...

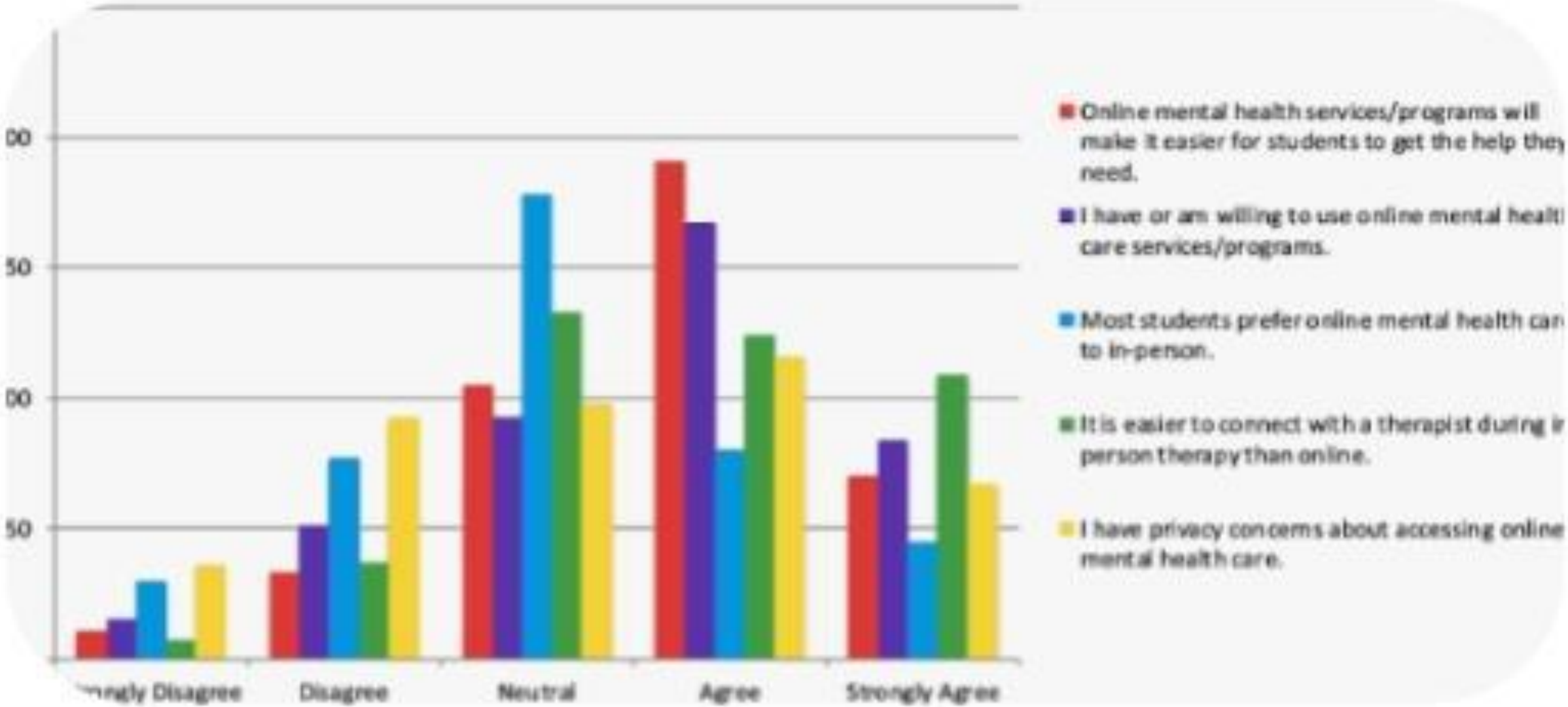
While specific drop-out rates due to mental health in Ontario are not precisely tracked, evidence shows a strong link: Ontario youth report high levels of psychological distress, anxiety, and depression, and many miss school because of these issues. A significant portion of students struggle with their mental health, leading to disengagement and difficulties coping, which directly impacts their ability to stay in school.

Impact of mental health on school attendance and performance

- **Missing school**: Nearly half of Ontario youth have reported missing school due to anxiety, with a similar number of their parents reporting having to miss work to care for them.
- **Psychological distress**: A recent survey found that over half of middle and high school students in Ontario experienced a significant level of psychological distress, a figure that has doubled in the past decade.
- **Coping ability**: Over a third of Ontario students (31%) rate their ability to cope with challenges as fair or poor, indicating a struggle to manage stress and a higher risk of negative outcomes.
- **Disengagement**: A study found that 26% of students requiring high-intensity mental health services were identified as being disengaged from school.

Broader trends in youth mental health

- **Declining mental health**: There has been an overall decline in the mental health of young people, with a drop in the percentage of youth aged 12 to 17 describing their mental health as "very good" or "excellent" from 73% in 2019 to 61% in 2022.
- **Increased severity**: Moderate distress in students increased from 24% in 2013 to 51% in 2023, and serious distress increased from 11% to 27% in the same period.
- **Increased help-seeking**: Hospitalizations for children and youth seeking mental health treatment in Ontario have increased significantly since 2006.



Mental health challenges....


Our Safeguarding Framework
ESAFETY
PHYSICAL
FAMILIES AND COMMUNITIES
DIVERSITY
PEOPLE
POLICIES
PROCEDURES
COMPLAINTS
PRACTICES
CONTINUOUS IMPROVEMENT
EDUCATION AND TRAINING
VALUES AND BEHAVIOURS
EMPOWERMENT
GOVERNANCE
LEADERSHIP
ENVIRONMENT
CULTURE
OPERATIONS
Feel Safe, Be Safe
YSafeguarding
Feel Safe, Be Safe


S.A.F.E. GUARDING YOUTH


EARLY HELP
Additional needs met by universal and targeted services working together
TARGETED HELP
Multi-agency approach required using Early Help Assessment and Lead Professional / early help meeting
UNIVERSAL
Personalised Universal Services
SPECIALIST
Level 1
Level 2
Level 3
Level 4
IF UNSURE CONSULT


OUR RESULTS
Policies
Guidelines & Procedures
Forms

The need for youth safeguarding is **essential to protect children and young people from harm, abuse, and neglect by ensuring their physical and mental well-being and promoting a safe environment for their development**.
Safeguarding involves preventing harm in both offline and online spaces, enabling children to grow up in safe environments, and taking action to address maltreatment and other risks. This is crucial because children are vulnerable, and spaces meant for their growth and development can also pose risks if not managed properly.

Core reasons for safeguarding

- **Promoting well-being:** Safeguarding ensures children's physical and mental health and promotes their overall well-being, including their development and quality of life.
- **Preventing abuse and neglect:** It protects young people from various forms of abuse and neglect, which can include physical, emotional, sexual, and neglectful acts, as well as institutional and discriminatory abuse.
- **Addressing online risks:** It is vital for protecting youth from online dangers, such as exploitation and human trafficking, which can occur through social media and other internet platforms.
- **Ensuring safe environments:** Safeguarding ensures children grow up in safe and effective care settings, whether at home, in schools, or within other organizations.
- **Protecting vulnerable youth:** It addresses the unique risks faced by different individuals and groups, including those based on gender, race, disability, or other characteristics, and takes steps to prevent harm related to discrimination.
- **Upholding children's rights:** Safeguarding frameworks are built on the principles of the United Nations Convention on the Rights of the Child and affirm the child's right to safety and well-being.

How safeguarding is implemented

- **Risk assessment:** Identifying, analyzing, and evaluating potential risks to youth.
- **Policy and procedures:** Establishing clear safeguarding policies and procedures within organizations, such as schools and community centers.
- **Training:** Providing staff, volunteers, and others who work with children with training on recognizing signs of abuse and knowing how to respond and report concerns.
- **Reporting:** Creating systems for reporting and responding to concerns about a child's safety in a timely and appropriate manner.
- **Partnership:** Involving children, parents, and communities in safeguarding efforts and ensuring their voices are heard.

CHILD AND YOUTH SAFE STANDARDS

Universal Principle:
Cultural Safety for Aboriginal and Torres Strait Islander Children

Aboriginal and Torres Strait Islander children have the right to:

- Cultural safety
- Services that respect their cultural identity
- Being treated with cultural understanding and respect

Standard 1: Leadership Cares About the Safety of Children and Young People

- Everyone in the organisation puts children's safety first
- Leaders show how to keep children safe
- Safety is the most important thing

Standard 2: Children and Young people Have a Voice

- Children and young people learn about their rights and get to share their opinions
- Adults listen and take children seriously

Standard 3: Families and Communities are Involved

- Families know about child safety activities
- Communities help keep children safe
- Everyone works together

Standard 4: Fairness for Everyone

- Every child is treated with respect
- Differences are celebrated
- Every child's rights are protected

Standard 5: Safe and Supportive Workers

- People working with children are carefully checked
- Workers learn how to keep children safe
- Staff are trained to be kind and respectful

Standard 6: Listening to Concerns

- Children can speak up if something feels wrong
- Families can share their worries
- Staff and volunteers listen carefully
- Everyone's concerns are taken seriously

Standard 7: Ongoing Learning

- Staff keep learning about child safety
- Training helps workers understand how to protect children
- Everyone stays up-to-date on safety

Standard 8: Safe Spaces

- Physical spaces are designed to keep children safe
- Online spaces are protected
- Potential risks are minimised

Standard 9: Always Improving

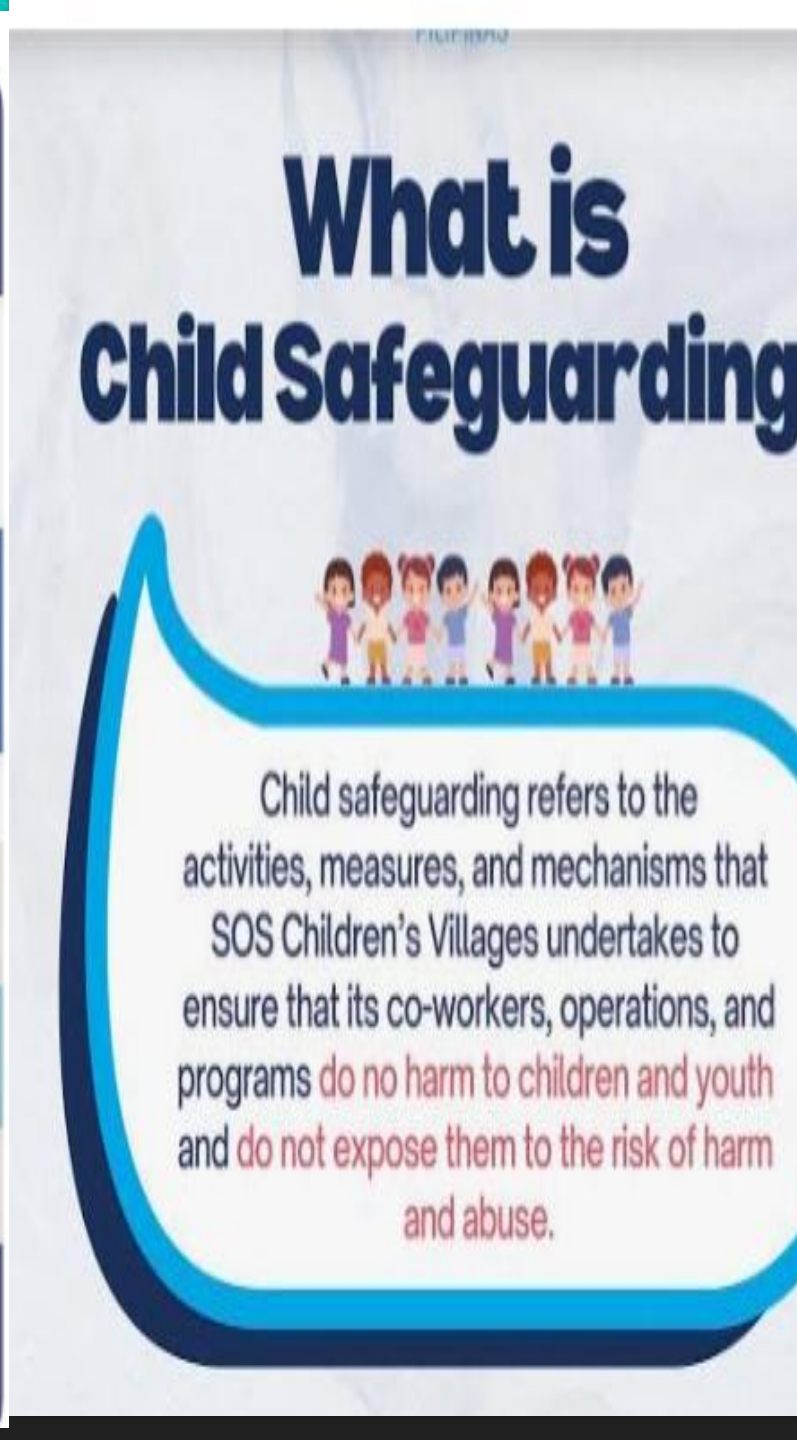
- Organisations regularly check their safety practices
- They look for ways to get better
- Safety is an ongoing process

Standard 10: Clear Written Rules

- Safety rules are written down
- Everyone can see and understand the policies
- Make rules transparent


Understanding Child and Youth Safeguarding
Myth vs Fact
Myth
Usually children are abused by strangers.
Fact
While abuse by strangers does happen, most abuse are caused by people known to the children like family members or others close to the children and their families.


KEEPING CHILDREN SAFE IN EDUCATION
WHAT YOU NEED TO KNOW
A child means everyone under the age of 18.
Children need the right help at the right time to address risks
Remember 'it could happen here' where safeguarding is concerned.
We are all responsible for the welfare of children and keeping the environment safe, whatever our job.
What is safeguarding?
Safeguarding and promoting the welfare of children is defined as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.
What do I need to do?
ALWAYS ACT
KNOW HOW
KNOW THE DIFFERENT
Know what to do if a child tells you they are being abused or neglected.
Know who the Designated Safeguarding Lead is and talk to them as soon as you are
Staff Behaviour
Whistleblowing


What is
Child Safeguarding
Child safeguarding refers to the activities, measures, and mechanisms that SOS Children's Villages undertakes to ensure that its co-workers, operations, and programs do no harm to children and youth and do not expose them to the risk of harm and abuse.

DIFFERENCE BETWEEN CHILD SAFEGUARDING AND CHILD PROTECTION

CHILD SAFEGUARDING

Child safeguarding refers to a set of policies, procedures and practices employed to make a business safe for all children they work with.

VS

CHILD PROTECTION

Child protection is about making the world safe for children. It refers to actions done to protect specific children from concerns of risk or harm.

We want all children to feel:

- Safe
- Comfortable
- Cared for
- Respected

It's not ok for anyone to hurt a child's feelings or their body.

We encourage children to:

Say no to an adult who makes them feel unsafe or uncomfortable.

Tell a trusted adult they are not feeling comfortable or safe, or if they are hurt.

Our Safeguarding Framework


Single Assessment / Specialist Assessments
Early Intervention Panel
FIT / Social Care Lead Professional
Social Care Lead Professional
Pre Assessment Checklist
Children whose needs are met
1
Children whose health or development may be affected
Single agency, Single need
2
Children whose health or development is being impaired
Multiple agencies, Multiple needs
3
Children whose health or development is being impaired
Multiple agencies have not met the needs identified or reduced the concerns
4
Children at risk of, or who have experienced, significant harm
5
Advice & Guidance
Advice & Guidance
Child safeguarding and promoting Welfare
Child's developmental needs
Parenting Capacity
Family & Environment Factors

The Continuum of Need -...

SAFEGUARDING COMPLIANCE VS SAFEGUARDING CULTURE

YOUTH MUSIC

COMPLIANCE

- Safeguarding understood as child protection.
- Reactive actions or box ticking in response to incident or regulation.
- Seen as DSL's responsibility.
- Generic policies and procedures.
- Little or no workforce involvement.

CULTURE

- Safeguarding is a value and key priority.
  - Fed by, and crucial to, inclusion, equity, diversity, access and youth voice.
- Proactive actions, designed to promote safety and welfare of all.
- Seen as everyone's responsibility.
- Practices evolve regularly and are reflected in policies and procedures.
- Children and young people and workforce are actively engaged.

SUPPORT SERVICES FOR YOUTH

If you or someone you know needs assistance. Contact:

Lifeline
13 11 14
lifeline.org.au

Beyond Blue
1300 224 636
beyondblue.org.au

kidshelpline
Anytime | Any Reason
1800 551 800
kidshelpline.com.au

REACH OUT.COM
visit
au.reachout.com

1800 RESPECT
NATIONAL SEXUAL ASSAULT, DOMESTIC FAMILY VIOLENCE COUNSELLING SERVICE
1800 737 732
1800respect.org.au

headspace
1800 650 890
headspace.org.au

SANE AUSTRALIA
1800 18 7263
sane.org

Suicide Call Back Service
1300 659 467

yarrowplace
rape and sexual assault service
1800 817 421
bit.ly/3rmcfee

CONVERSATIONS MATTER

For more resources for discussing suicide; how to support those who need help and what warning signs to look for, visit: conversationsmatter.com.au

STUDENT WELLBEING Resources

ST DOMINIC'S PRIORY COLLEGE
EDUCATING GIRLS, INSPIRING CONFIDENCE

CHILD SAFEGUARDING STATEMENT

1 Our Purpose & Principles:

"Donegal Youth Services aims to offer young people the opportunities to learn and develop through youth work processes in a safe and enjoyable way"

Donegal Youth Service is a Youth and Community Agency operating an Integrated Youth Service Model providing services to young people aged 9yrs - 23yrs and the adult volunteers that support them locally across a range of community venues across the country.

2 Principles to safeguard children from harm:

Donegal Youth Service is committed to the principles laid out in Children First Act 2015; National Guidance for the Protection and Welfare of Children (2017) and Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice. These are:

- The Safety and Welfare of children is everyone's responsibility.
- The best interests of the child should be paramount.
- The overall aim in all dealings with children and their families is to intervene proportionately to support families to keep children safe from harm.
- Children have the right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions that may affect their lives.
- Parents/carers have a right to respect, and should be consulted and involved in matters that concern their family
- A proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families.
- Child protection is a multiagency, multidisciplinary activity. Agencies and professionals must work together in the interests of the children.

3 Risk assessment of potential harm to children whilst availing of our services:

Donegal Youth Service has included the risk of harm to a child as a new category in the organisations Risk Management Policy & Procedures. A comprehensive risk assessment has been conducted to identify potential areas of harm and to implement measures to reduce the risk as per the Risk Management process.

4 Procedures:

Donegal Youth Service Child Safeguarding Statement has been developed in line with requirements under the Children First Act 2015, Children First: National Guidance for the Protection and Welfare of Children and Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice. In addition to the procedures listed in our risk assessment, the following procedures support our intention to safeguard children while they are availing of our services.

- Procedure for the safe recruitment and selection of staff/ volunteers to work with young people
- Procedure for information and training with regard to safeguarding of children, young people and/or vulnerable adults, including the identification of the occurrence of harm
- Procedure for the management of allegations of abuse or misconduct against workers/volunteers by a child while availing of our service
- Procedure for the reporting of child protection or welfare concerns to Tusla
- Procedure for maintaining a list of Donegal Youth Service 'mandated persons'
- Procedure for appointing a Donegal Youth Service 'relevant person'

All procedures listed are available on request in relation to all DYS clubs, projects and programmes.

5 Implementation:

Donegal Youth Service is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our services. This Child Safeguarding Statement will be reviewed by 21 October 2023 or as soon as practicable after there has been a material change in any matter to which the statement refers.

Signed: _____ _____

Frank Dooley Chairperson — Lorraine Thompson Regional Director

For further details contact: Lorraine Thompson, Donegal Youth Service, 16-18 Port Road, Letterkenny, Co. Donegal

Regulate, Not Suppress, Your Emotions

When it comes to regulating difficult emotions, there are two ways most people respond: they act out or they suppress.

Emotion Regulation Skills

- Help us understand and manage our emotions
- Help to reduce our vulnerability to overwhelming emotions

Goals of Emotional Regulation

- Naming and understanding our own emotions
- Decrease the frequency of unpleasant emotions
- Decrease our vulnerability to emotions
- Decrease emotional suffering.

STOP
Opposite Action
ABC Please
TIPP
Cope Ahead
Positive Self Talk

STOP Skill

Stop → Take a step back → Observe → Proceed mindfully

Stop

- When you feel that your emotions seem to be in control, stop! Don't react. Just freeze. Taking a moment to freeze may help prevent you from doing what your emotions want you to do (to act without thinking).
- Name the emotion – put a label on it.

Take A Step Back

- When you are faced with a difficult situation; give yourself some time
- Take a step back from the situation. Take a deep breath. Do not let your emotions control what you do.

Observe

- Observe what is happening. Listen to the Automatic Negative Thoughts.
- Do NOT to jump to conclusions. Gather the relevant facts. Understand the options.

Proceed Mindfully

- "What do I want from this situation?"
- "What are my goals?"
- "What choice might make this situation better or worse?"
- "What act will allow for success?"
- ***Stay calm, stay in control***

Opposite Action Skill

- **Anger** gets us ready to attack/ It activates us to attack or defend.
- **Opposite** show kindness/concern or walk away.

- **Shame** gets us ready to hide. It activates us isolate.
- **Opposite** raise your head up, give eye contact, shoulders back.

- **Fear** gets us ready to run or hide. It activates us to escape danger.
- **Opposite** go towards, stay involved in it, build courage.

- **Depression** gets us ready to be inactive. It activates us to avoid contact.
- **Opposite** get active.

- **Disgust** gets us ready to reject or distance ourselves. It activates us to avoid.
- **Opposite** push through and get through situation.

- **Guilt** gets us ready to repair violations. It activates us to seek forgiveness.
- **Opposite** apologize and mean what we say.

Opposite Action

Feeling	Action	Opposite Action	Opposite Feeling
Anger	yell, argue, fight	whisper, hug	Peaceful, Calm
Sadness	isolation, crying stay in bed	engage, laugh get up and out	Happiness Connection
Fear	freeze or flee, avoid	approach	Confident, Brave
Frustration	give up	try even harder	Mastery
Worthless	self harm/destructive behaviors	self care/help others	Worthwhile, Useful

ABC Please Skill

- Taking good care of ourselves so that we can take care of others.
- When we take good care of ourselves, we are less likely to be vulnerable to emotional crisis.

- The TIP skill is intended to change your body chemistry quickly in order to reduce the effects of an overwhelmed emotional mind; where your thinking and behaviors are controlled by your overwhelming emotions.

Temperature

Intense exercise

Paced breathing

Progressive muscle relaxation.

Situation: "Today when I woke up, I felt very empty and down. It didn't help that the weather has been dull for days now. All of this reminded me how 2 years ago, this time of the year, I was feeling very depressed and was coping with the dysfunctional relationship I have with my father. This memory made me spiral down, and in no time I didn't want to go on with my day, finish the work responsibilities that I have, or do anything. As the morning went on I felt even more depressed and empty."

- **T - Temperature**: I chose to have a hot bath, something that will make me feel warmer, both physically and potentially emotionally as well. It felt like an act of self-kindness, and it really did help me not to fall even more into this sad memory lane.
- **I - Intense exercise**: I put on some music since I could use having a little fun time, and I put the effort to get my muscles going and dance. I did this for 10 minutes, and I felt more energized after.
- **P - Paced breathing**: I did two minutes of the paced breathing technique.
- **P - Progressive muscle relaxation**: By step four, I already felt better doing the previous three. Nevertheless, I sat comfortably and did the progressive muscle relaxation instructions. I feel like the TIPP technique really helped me not to feel more empty and depressed, and I went on with my day.

Cope Ahead Skill

Rehearse ahead of time so that you are prepared to cope skillfully with emotional situations

1. ***Describe the situation that is likely to prompt uncomfortable emotions.*** Check the facts. Be specific in describing the situation. Name the emotions and actions likely to interfere with using your skills.

2. ***Decide what coping or problem-solving skills you want to use in the situation***. Be specific. Write out in detail how you will cope with the situation and with your emotions and action urges

3. ***Imagine the situation in your mind as vividly as possible.*** Imagine yourself in the situation now, not watching the situation.

4. ***Rehearse in your mind coping effectively.*** Rehearse in your mind exactly what you can do to cope effectively. Rehearse your actions, your thoughts, what you say, and how to say it. Rehearse coping effectively with new problems that come up. Rehearse coping effectively with your most feared catastrophe.

5. ***Practice relaxation after rehearsing***.

Positive Self-Talk Skill

The Backwards Brain Bicycle

- Did you know we start to practice our ANTs (Automatic Negative Thoughts) since the time we are 7!?
- Identify the few repeating ANTs that occur most often and change those quickly to something we prefer to believe.

Feeling Overwhelmed With Emotion?

Remember RAIN

R- Recognize what is going on, what emotion we are feeling

A – Allow the emotion

I – Investigate with kindness

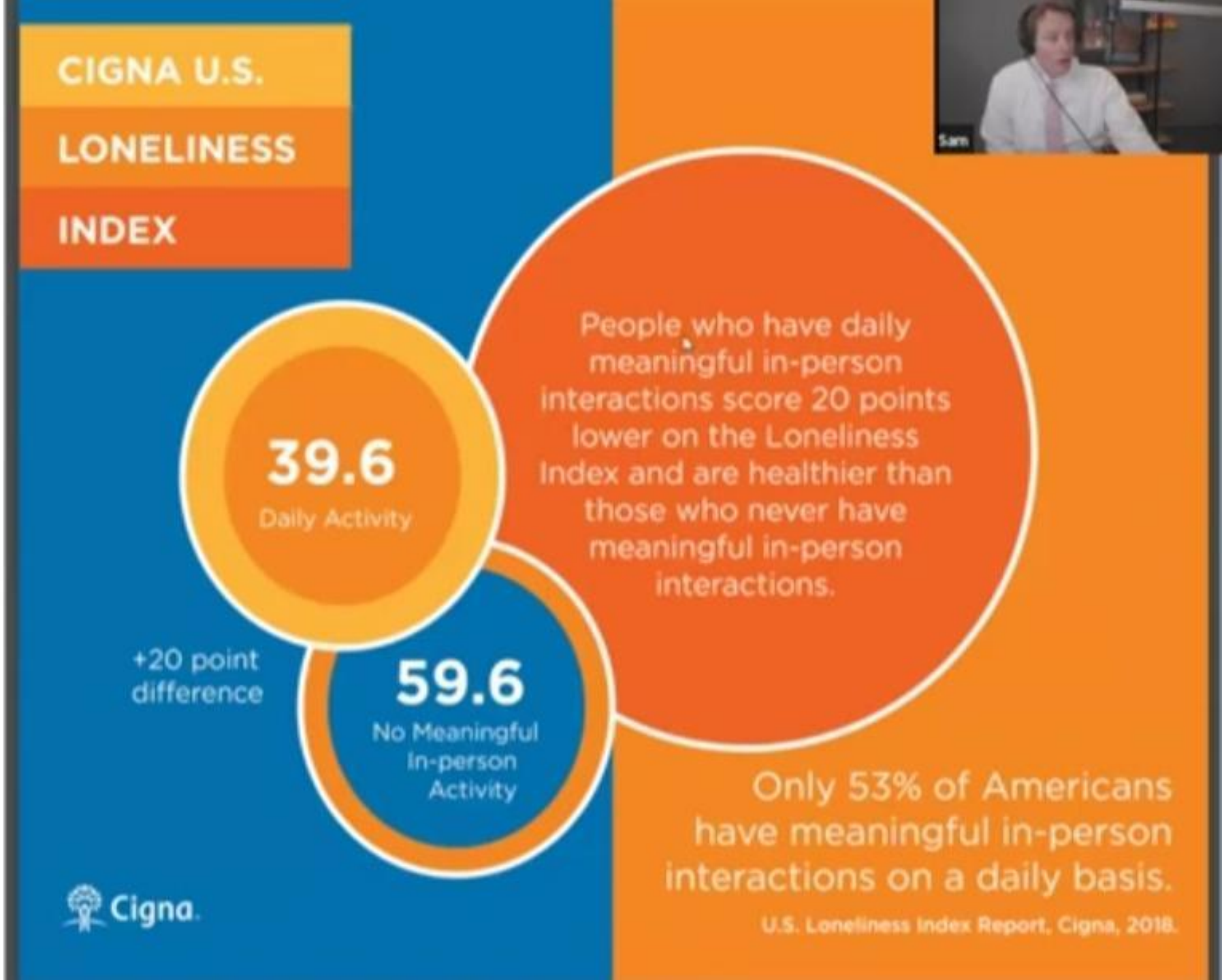
N – Natural awareness, which comes with sitting with the emotion and identifying with it

- Introductions
- Youth Mental Health Crisis
- Overview of Integrated School Mentoring
- Example
- Benefits
- Key Considerations for Success
- Discussion: Needs and Barriers An
- Q&A / Open Discussion

Overview of Integrated School Mentoring

UNIVERSITY OF South Carolina

WHY MENTORING?



MENTORING AS A MEANS AND AN END

Mentoring relationships can serve as both a **means** and an **end** in promoting child well-being

As an end:

- Goal: provide safe, stable, nurturing relationships
- Program efforts: recruit, support, & train long-term mentors

As a means:

- Goal: provide prevention and intervention focused activities via the relationship
- Program efforts: problem/need-focused mentoring, training mentors in skills and evidence-based interventions

INTEGRATED SCHOOL MENTORING

Integrating mentoring into school mental health systems

MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)

The 3 Core Components

Universal Screening

Identifies students who may be at risk for poor outcomes and need additional supports.

Ideally screen 3x/year

Enhances early identification compared to teacher referrals (Eklund et al., 2009)

Tiered Support Systems

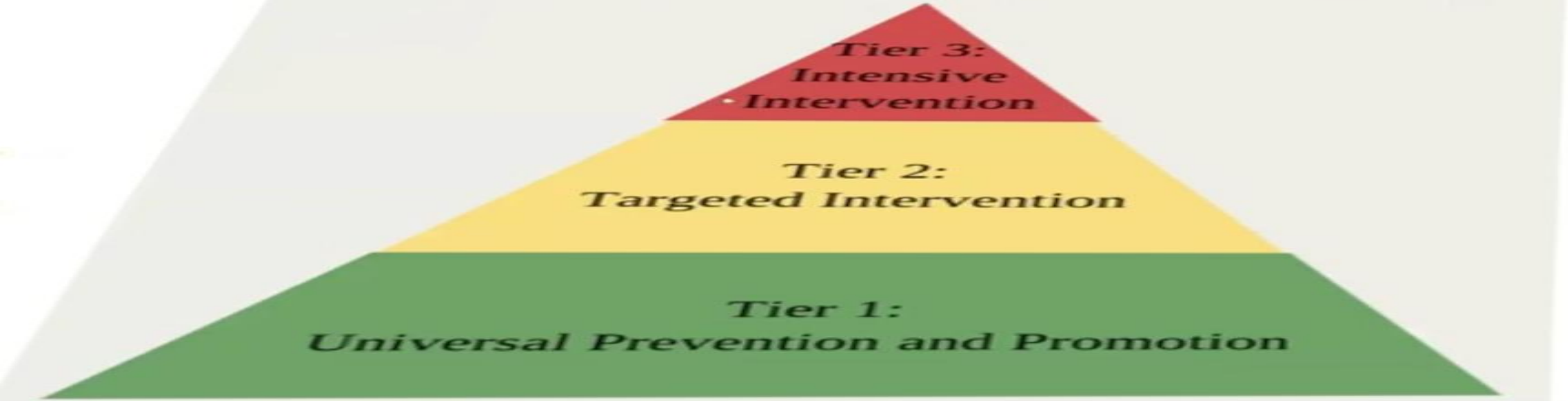
Progress Monitoring

Social, Emotional, Behavioral, and Academic outcomes and supports

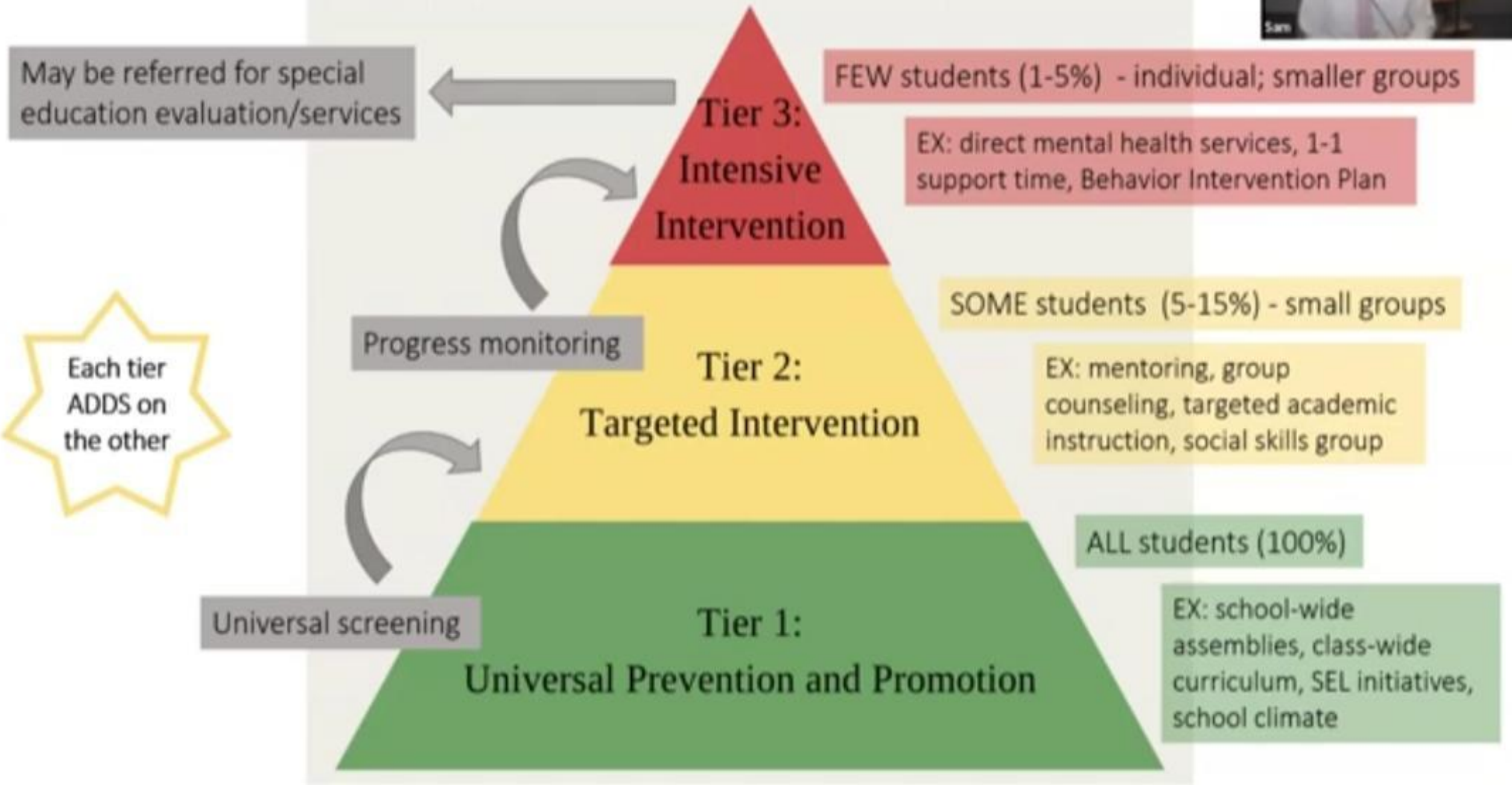
BUT WHY SCHOOLS?

1) Schools have systems in place: Multi-Tiered Systems of Support (MTSS)
2) Schools are a unique context
3) Schools are where the kids are

MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)

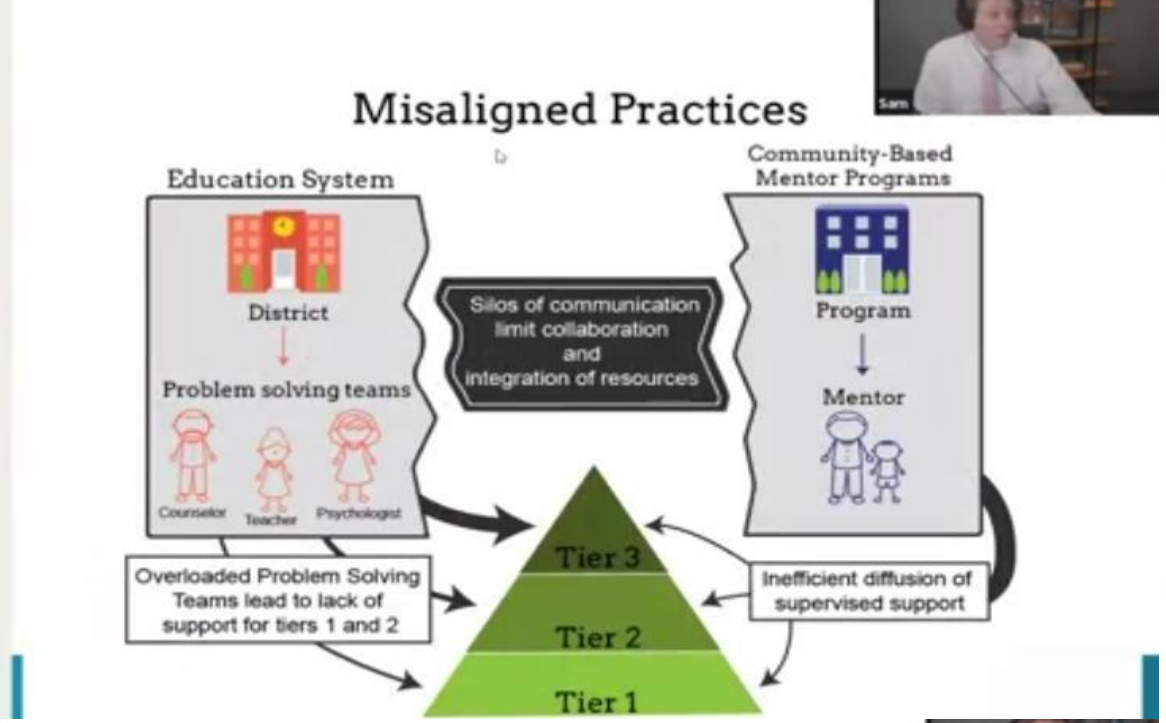


MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)



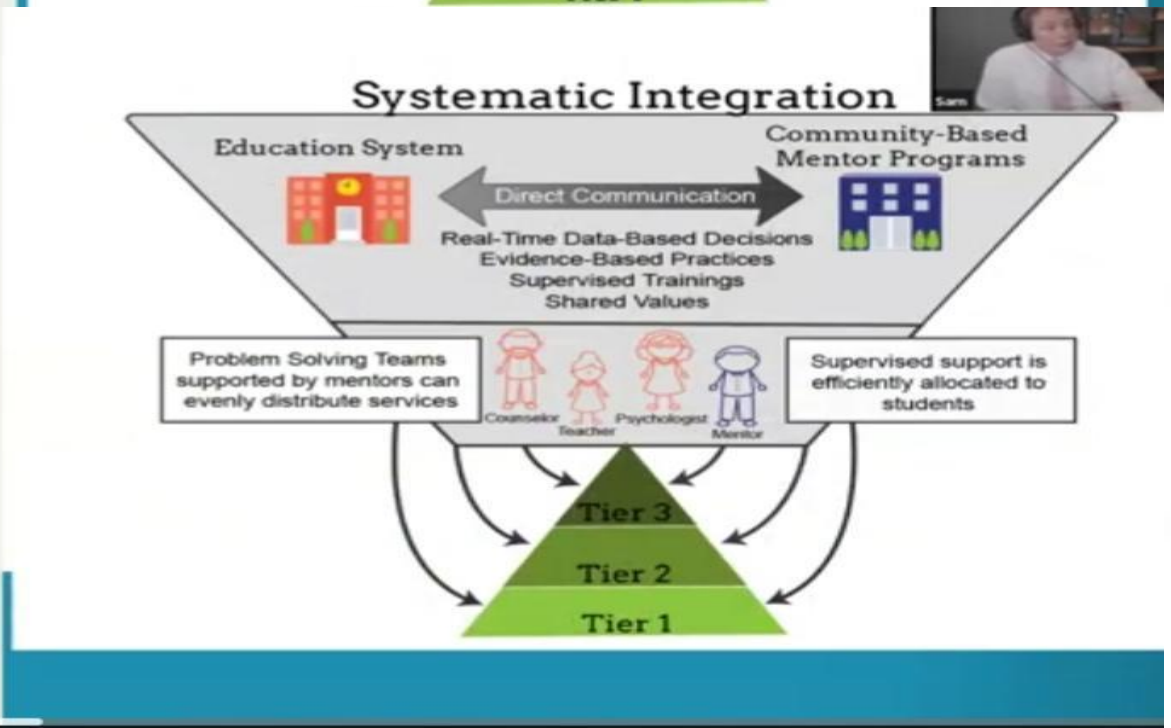
The Problem

WITHOUT INTEGRATION, BOTH SERVICES SUFFER.

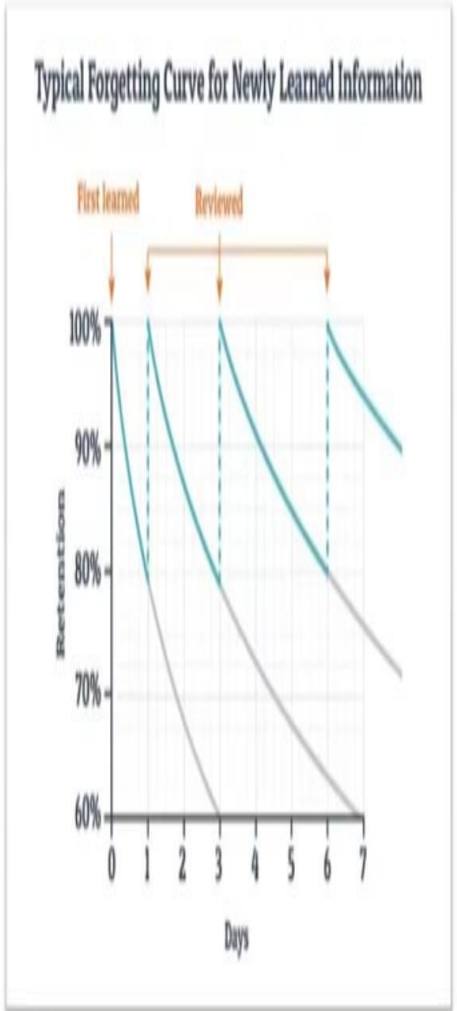


The Solution

WITH INTEGRATION, BOTH SYSTEMS ARE STRENGTHENED, AND MORE CHILDREN RECEIVE STRONGER SERVICES.



BUT WHAT ABOUT TRAINING?



Some task-shifting efforts require competency in specific helping skills (e.g., Motivational Interviewing) that are neither innate, easy to learn, or retained indefinitely.

TASK-SHIFTING WITH MENTORS

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ORIGINAL ARTICLE

Strengthening and Expanding Child Services in Low Resour… Communities: The Role of Task-Shifting and Just-in-Time Training

Samuel D. McQuillin,[1] Michael D. Lyons,[2] Kimberly D. Becker,[1] Mackenzie J. Hart,[1] and Katie Cohen[1]

Highlights

- Task-shifting refers to redistributing tasks from professionals to workers who have less training.
- Task-shifting may be a key strategy in expanding child services in low resource communities.
- Just-in-Time Training (JITT) refers to efficient, on-demand training experiences.
- JITT may strengthen task-shifting efforts.
- Task-shifting and JITT involve unique ethical considerations.

Abstract In the United States, the demand for child mental health services is increasing, while the supply is limited by workforce shortages. These shortages are unlikely to be corrected without significant structural changes in how mental health services are provided. One strategy for bridging this gap is *task-shifting*, defined as a process by which services that are typically delivered by professionals are moved to individuals with less extensive qualifications or training. Although task-shifting can increase the size of the workforce, there are challenges related to training new workers. In this paper, we propose *Just-In-Time Training* (JITT) as one strategy for improving task-shifting efforts. We define JITT as on-demand training experiences that only include what is necessary, when it is necessary, to promote competent service delivery. We offer a proof of concept from our own work shifting counseling and academic support tasks from school mental health professionals to pre-baccalaureate mentors, citing lessons learned during our iterative process of JITT development. We conclude with a series of key considerations for scaling up the pairing of task-shifting and JITT, including expanding the science of JITT and anticipating how task-shifting and JITT would work within the context of dynamic mental health service systems.

Keywords Task-shifting · Just-in-time training · Workforce · Paraprofessionals

Introduction

Despite continuous advancements in psychological prevention and intervention sciences, mental and behavioral disorders remain a tremendous burden on societal wellbeing worldwide. Children in low resource communities carry the brunt of this burden, where they are exposed to more risk and fewer protective factors than children in higher resource communities (World Health Organization, 2010). Between 20% and 30% of children in the U.S. need mental health services, yet only 36% of children in need receive services (Costello, Foley, & Angold, 2006; Merikangas, He, Brody et al., 2010; Merikangas, He, Burstein et al., 2010; Merikangas et al., 2011), with an even greater gap for children who are cultural or ethnic minorities, or who live in under resourced environments (U.S. Public Health Service, 2000). This gap is maintained in part by the geographic distribution of service providers, wherein only 63% of counties in the United States have a mental health facility that treats children and adolescents (Cummings, Wen, & Druss, 2013), and by widespread

WHAT IS JUST-IN-TIME TRAINING (JITT)?

"An efficient form of on-demand training designed to improve performance on specific tasks."

WHY MENTORING?

Relationships matter

- Relationships are part of our "species normal environment" (Scarr, 1992)
- Our brains are hardwired for relationships (Banks, 2015; Siegel, 2015)
- Without relationships, our physical and mental health suffer (Murthy, 2020; Lunstad et al., 2017; Holt-Lunstad, et al 2010)
- Social isolation in childhood predicts poor prognosis in adulthood (Caspi et al., 2006; Lacey, et al. 2014)

Mentoring may be one way to satisfy this basic human need

WHY MENTORING?

MENTORING AS A MEANS AND AN END

Mentoring relationships can serve as both a **means** and an **end** in promoting child well-being

As an end:

- Goal: provide safe, stable, nurturing relationships
- Program efforts: recruit, support, & train long-term mentors

As a means:

- Goal: provide prevention and intervention focused activities via the relationship
- Program efforts: problem/need-focused mentoring, training mentors in skills and evidence-based interventions

The 3 Core Components

Universal Screening

Identifies students who may be at risk for poor outcomes and need additional supports.

Ideally screen 3x/year

Enhances early identification compared to teacher referrals (Eklund et al., 2009)

Tiered Support Systems

Multi-level organization of supports for students that includes a continuum (3 tiers) of integrated instructional and intervention supports.

Progress Monitoring

Assesses performance, quantifies improvement and/or responsiveness to intervention and instruction, and evaluates the effectiveness of instruction, interventions, and supports.

Social, Emotional, Behavioral, and Academic outcomes and supports

Some task-shifting efforts require competency in specific helping skills (e.g., Motivational Interviewing) that are neither innate, easy to learn, or retained indefinitely.

MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)

Interdisciplinary, problem-solving teams

- principal
- general education teachers
- special education teachers
- content specialists (e.g., district behavior specialists)
- student support personnel (e.g., school counselors)
- school MTSS coordinator

HOW TASK-SHIFTING WORKS

- Re-distributing school-based mental health professional tasks to mentors
- School-based mental health professionals supervise the mentors, further expanding their expertise and reach
- Mentors provide necessary increase in personnel to address mental and behavioral health needs of students
- By embedding mentors into a structured system like MTSS in schools, they can be leveraged to provide efficient support and strengthen the school's service delivery

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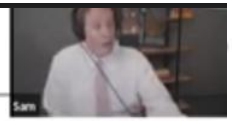

Interconnected Systems Framework:

- Positive Behavioral Interventions and Supports (PBIS) + School Mental Health (SMH) services
- Greater depth and quality of prevention and intervention through multiple tiers of support across outcomes

Benefits:

- Improves identification and provision of Tier 2 and 3 intervention for students in need
- Reduces student discipline
- Improves school safety perceptions

Strategic partnerships between mentoring organizations and schools

- Data sharing agreements/MOUs
- School MTSS systems/teams that include mentors
- Universal screening of SEBA used to guide matching/training
- Progress monitoring of student functioning and ongoing supervision of mentor
- Integration of evidence-based practices within the context of the mentoring relationship

BRIEF-INSTRUMENTAL SCHOOL-BASED MENTORING FOR CONDUCT PROBLEMS

- **Design:** RCT, students **(N=67)** randomly assigned to school supports as usual or an integrated Tier 2 BISBM
  - **Pre-post:** BESS, grades, misconduct
    - Full semester of mentoring
  - **Program**
    - **Integrated:** Mentors were supervised by school psychologist trainee, counselor, and social worker
    - Data and incidence reports were shared with mentors/program staff
    - Mentors received JITT training the day prior meeting with young people and proactive supervision on campus

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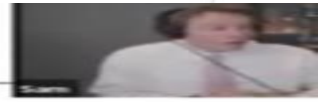
DEFINING FEATURES OF INTEGRATED MENTORING



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SCHOOLS ARE A UNIQUE CONTEXT

Youth are 20x more likely to engage in school-based supports relative to community-based clinics.

TASK-SHIFTING

- The supervised redistribution of tasks (e.g., mild to moderate mental health services) from professionals to people with less training or fewer credentials
- Strong global empirical support in a wide range of health professions

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(Weist et al., 2

Where We've Been:
Our Conversation So Far

The Solution

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