Collaborating for Change: School Clinics to Improve Well-Being of Children with Intellectual and Developmental Disabilities

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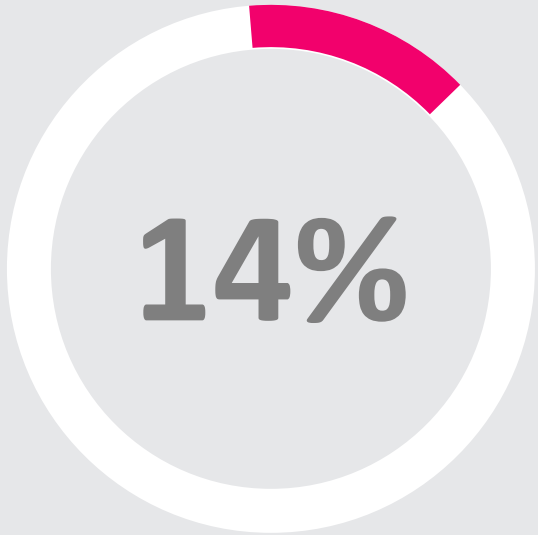
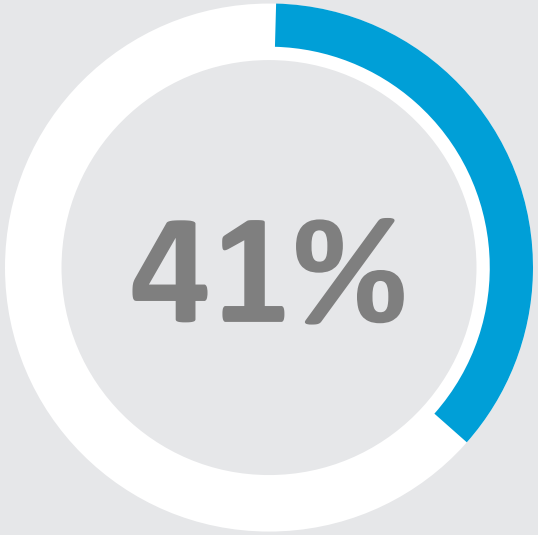
Our images in this presentation are artworks made by young people from Operation Art for the Sydney Children's Hospital Network

PREVALENCE of MENTAL ILLNESS



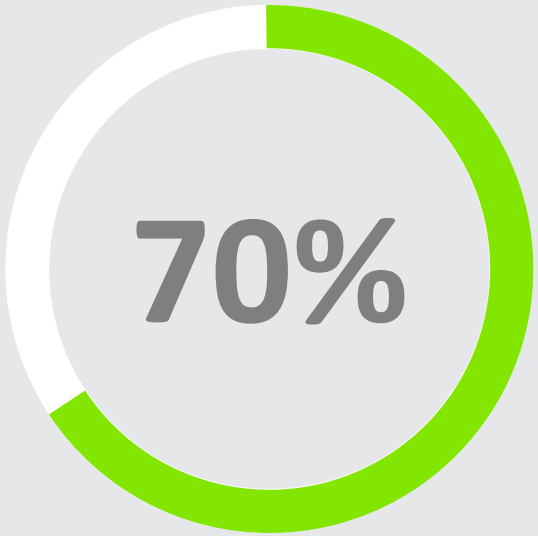
All school aged children

experience a mental health disorder
(Lawrence et al 2015)



Children with intellectual disability

experience severe emotional or behavioural problems
(Einfield & Tonge 1996, 2006)

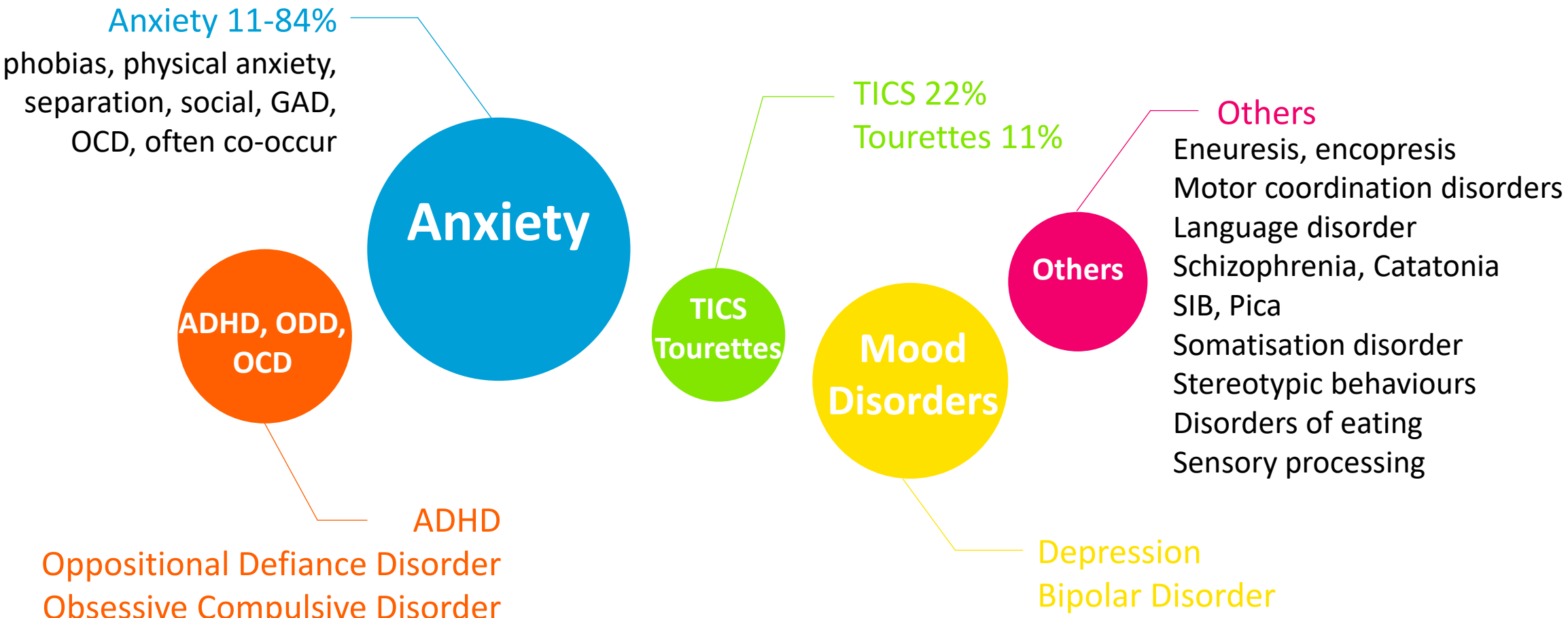


Children aged 10-14yrs with ASD

have psychiatric disorder
(Simonoff et al, 2008)

CHILDREN WITH ASD

have increased rates of:



AUDIT: COMMON DIAGNOSES

70% ASD

63% ADHD

47% ODD

45% ANXIETY

19% DEPRESSION

16% LABILITY OF MOOD

13% Self Injurious Behaviour

10% Developmental Coordination Disorder

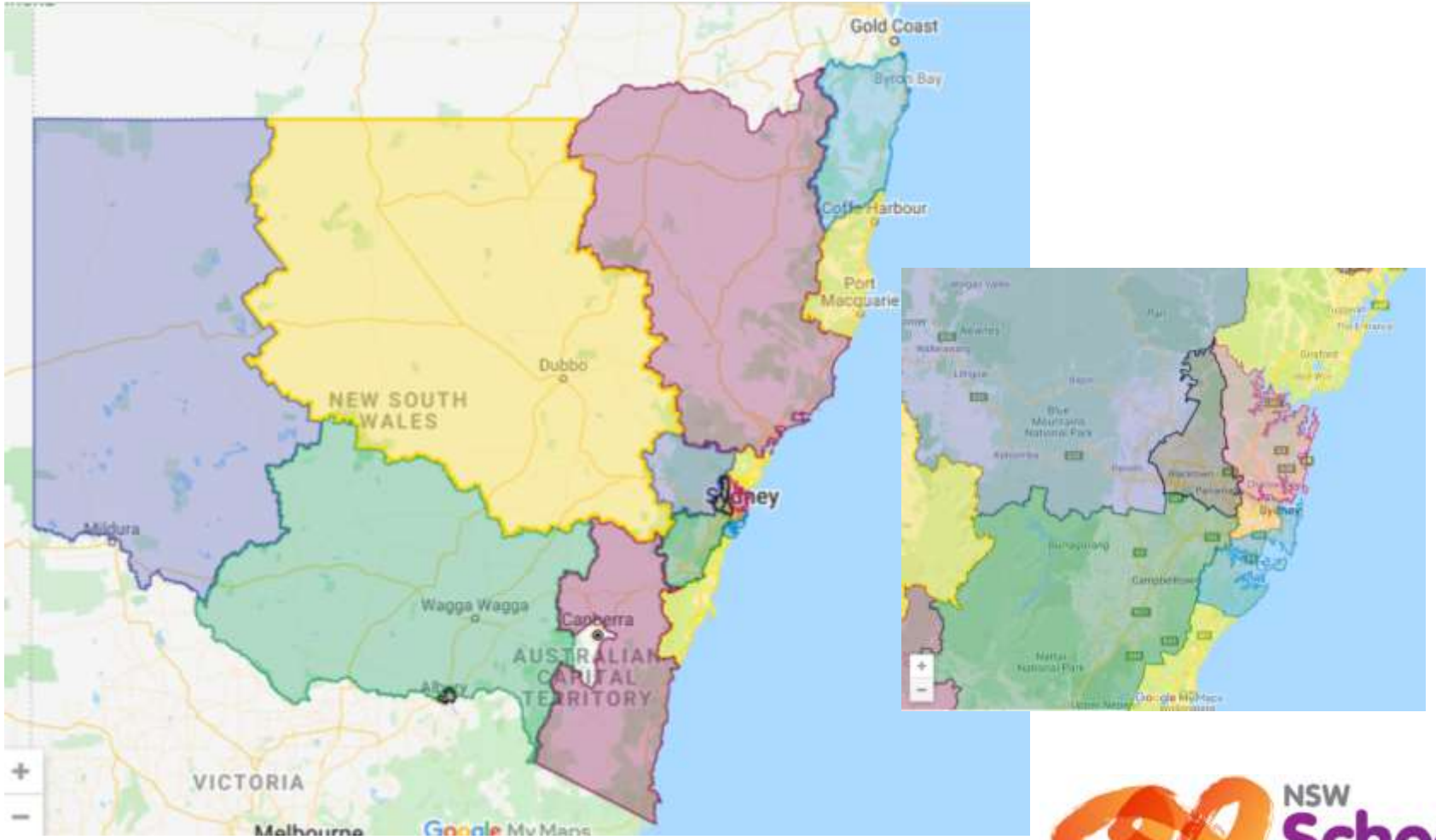
6% Sensory Sensitivity

5% Sleep Disorder

NSW School-Link

Central Coast
Far West
Hunter New England
Illawarra Shoalhaven
Mid North Coast
Murrumbidgee
Nepean Blue Mountains
Northern NSW
Northern Sydney
South Eastern Sydney
South Western Sydney
Southern NSW
Sydney
Western NSW
Western Sydney

SCHN
Justice Health



https://www.health.nsw.gov.au/lhd/Pages/lhd-maps.aspx

NSW School-Link
Health and Education Working Together

SCHN SCHOOL-LINK

Focuses on improving mental health outcomes for children & adolescents with an intellectual disability & developmental disorders

Click here to go to the website: www.schoollink.chw.edu.au

School Clinics

- School Clinics are a multidisciplinary collaboration between School-Link, PECAT and two SSPs in Western Sydney
- Outreach clinics provided on-site

PURPOSE

- Developed to meet the needs of children, their families and schools by providing holistic advice and recommendations
- In addition, provides teaching opportunities for paediatric registrars and psychiatry trainees
- School Clinics provide multi-disciplinary short-term review of young people who present with complex psychological and behavioural needs which is impacting on their ability to participate in school, home and community settings

School Clinic Participants

School

- Classroom teacher
- School principal or exec member
- School Counsellor
- Allied health

Family

- Parents/carer
- Other family members
- Support person

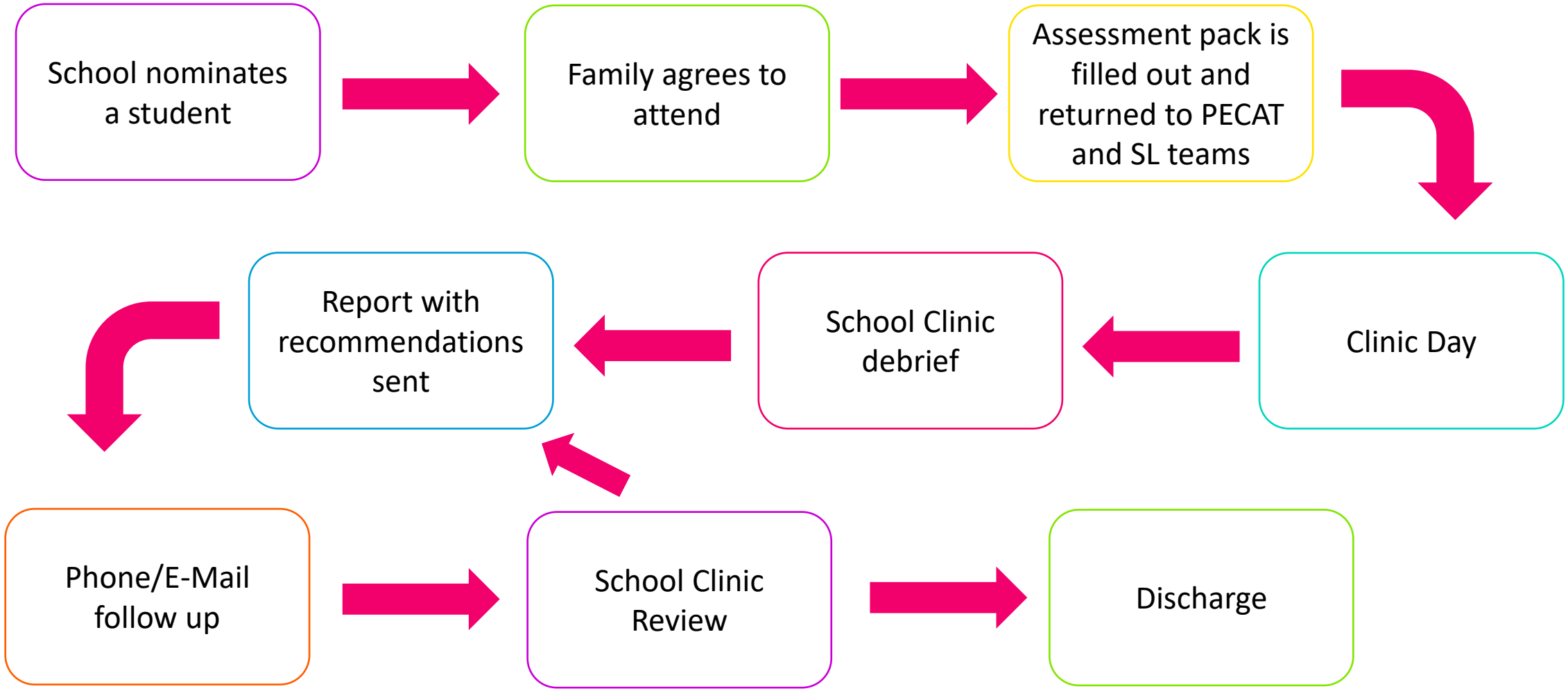
Other

- DCJ Caseworker
- NDIS team

NSW Health

- Paediatrician
- Paediatric registrar/psychiatry trainee
- School-Link team
- Clinical Psychologist
- Occupational Therapist
- NDIS Mental Health Worker

School Clinic: Process



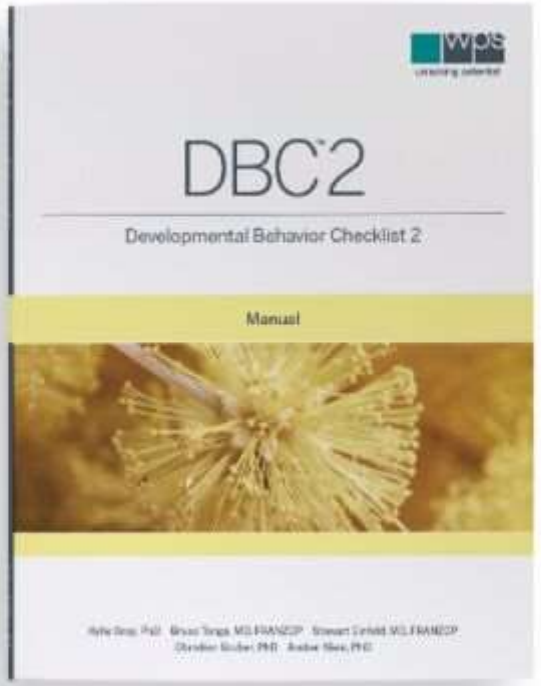
School Clinic Assessment Pack

Parents

- Parent letter
- Consent form
- Clinic questionnaire
- Developmental Behaviour Checklist (DBC-P)
- Depression, Anxiety and Stress Survey (DASS)

Teachers

- Clinic questionnaire
- Developmental Behaviour Checklist (DBC-T)



School Clinics Data

Term 2, 2015 – Term 2 2023

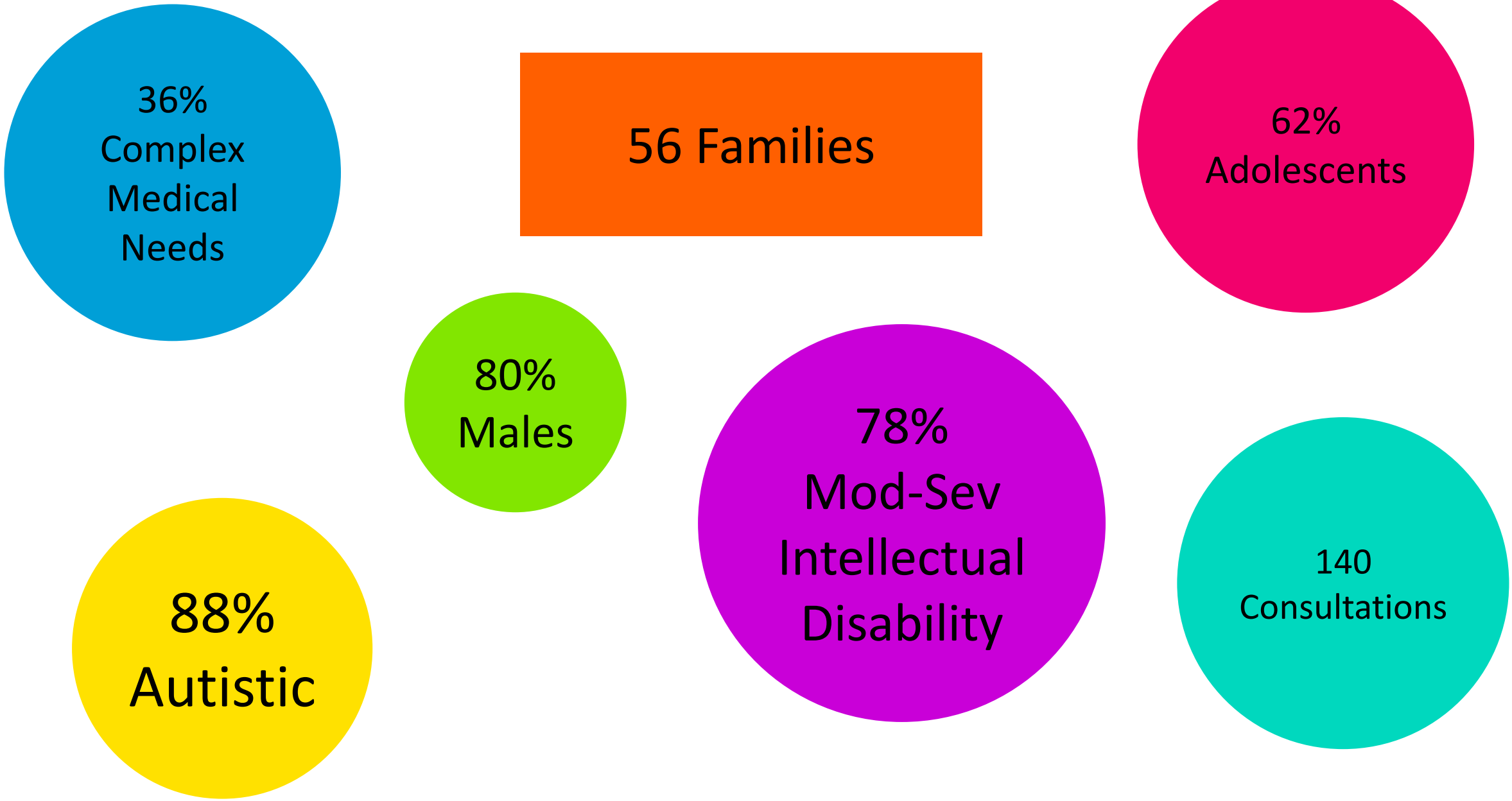
THE SAMPLE

School A

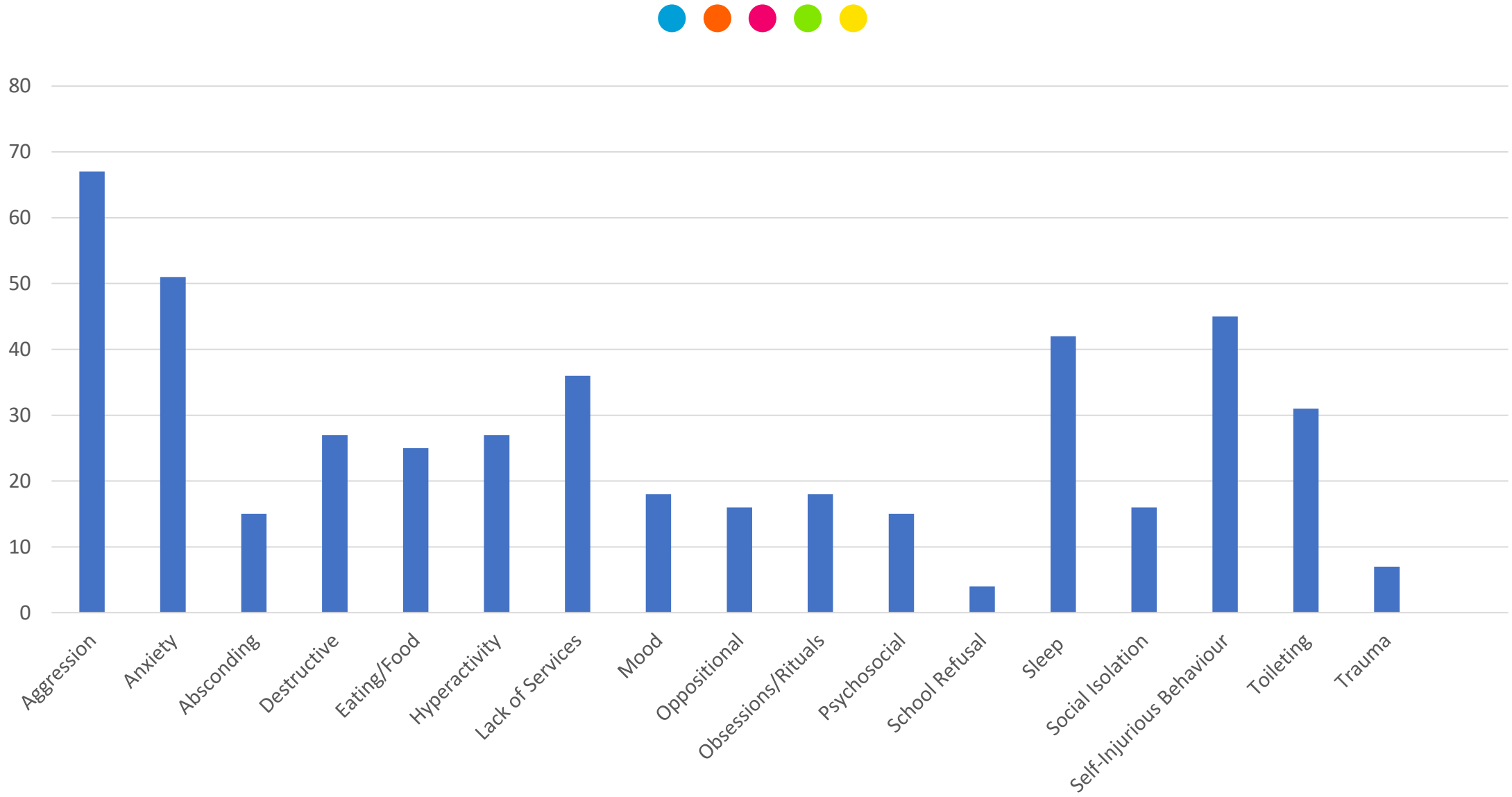
- A K-12 school in Western Sydney, >100 students enrolled
- Moderate, severe or profound ID
- Established 2015

School B

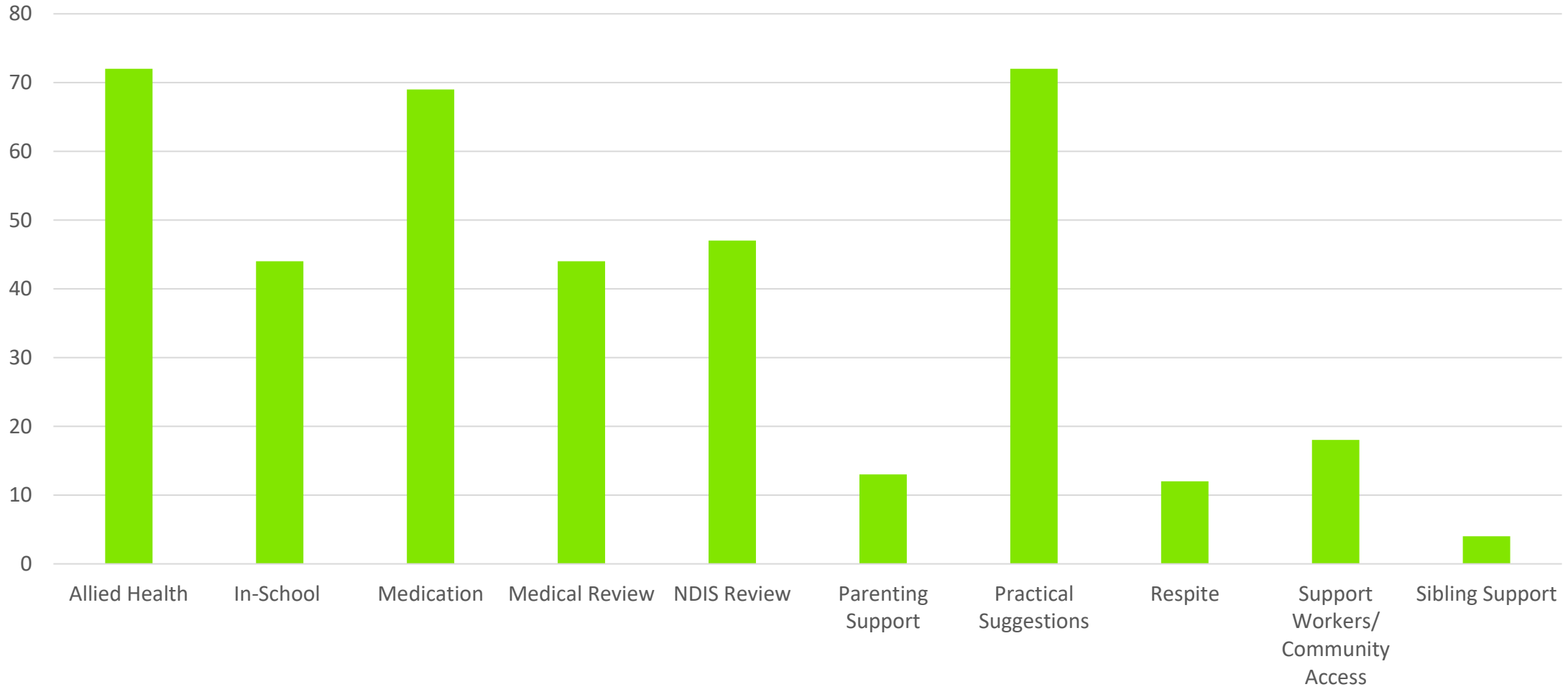
- A K-12 school in Western Sydney, >100 students enrolled
- Moderate, severe or profound ID
- Established Term 2, 2022


36%
Complex
Medical
Needs
56 Families
62%
Adolescents
80%
Males
78%
Mod-Sev
Intellectual
Disability
88%
Autistic
140
Consultations

Presenting Issues



RECOMMENDATIONS



School Clinics: Benefits

- Easily accessible and in familiar environment
- Families are able to access expertise and support from a range of disciplines in one place
- No cost to families and no risk of being lost to follow up

School Clinics: Benefits

- Recommendations take into account educational needs and school environment
- Able to gain richer, in-depth information from teachers and other school staff
- Can observe the young person in their own environment, rather than a clinical setting

School Clinics: Challenges

- Limitations of our service model
- Staffing
- Time limits
- Completion of needed documentation
- Recommendations not being followed

School Clinics: How to Implement?

- Finding a paediatrician!!
- Having a clear service model
- When and where?
- Set boundaries on what clinic can/cannot provide
- Feedback processes
- https://schoolkit.org.au/

CASE STUDY

CASE STUDY

REFERRAL

8 year old boy, severe ASD & intellectual disability, self-injury & aggression.

FAMILY CONCERNS

Parental burnout and murder suicidal ideation; 19 years old sister's mental health, 10 year old brother risk of harm.

RISK of HARM

To self, parents, teachers, siblings
Deterioration from no services for 18 months. No response to FACS notifications and no family respite.

POSSIBLE CONTRIBUTORS

Breakdown of school placement; urinary tract infection; effect of Ritalin?

BEHAVIOURS OF CONCERN

On examination: Grisly and miserable; crying spontaneously; intense anger ; sleep disturbance; loss of independence skills over 18 months: dressing, toileting, feeding.

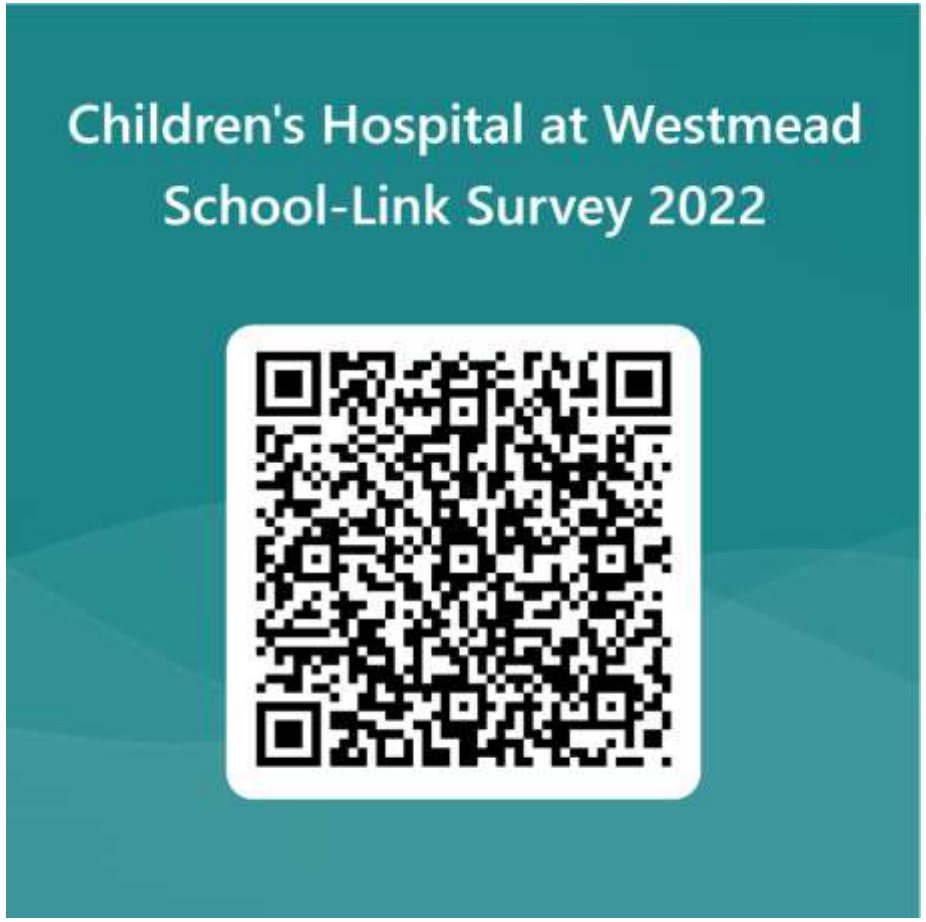
CASE STUDY: RECOMMENDATIONS

- Medications: Trial of Fluoxetine then Zoloft
- Behaviour support at home, sharing strategies with school
- Referral to NDIS services
- Communication: Social stories about mum's illness, iPad for app, visual schedules concerning carers
- OT: Trial walker and weighted blanket, trampoline or swing at home
- Multidisciplinary meetings
- Modifications in the home for showering
- Family: Parenting program, grief counselling, cooking support for Dad

SCHOOL-LINK PROJECTS

Survey needs of Professionals working at SSP's and Support units:

- Webinar topics
- Journal articles
- Professional development opportunities
- Case formulation



BEHAVIOUR TIP SHEETS

Behaviour Tip Sheets are now live on www.schoollink.chw.edu.au. Topics include:

- Why is my child Anxious
- How can I help my child navigate adolescence?
- Why does my child hurt themselves?
- Sensory processing difficulties
- Why does my child hurt others?


TIP SHEET

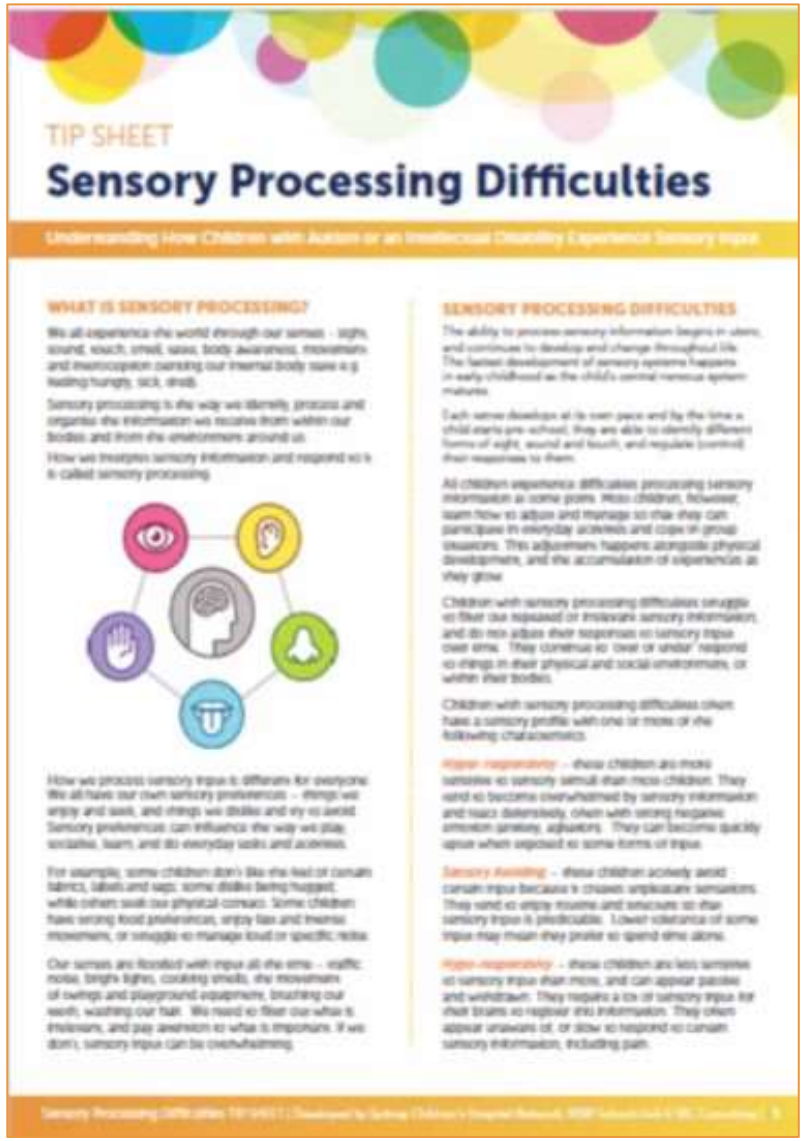
Why is My Child Anxious?

Helping Children with an Intellectual Disability and Autism Manage their Anxiety

WHAT IS ANXIETY?

WHAT DOES ANXIETY LOOK LIKE?

BEHAVIOUR TIP SHEETS

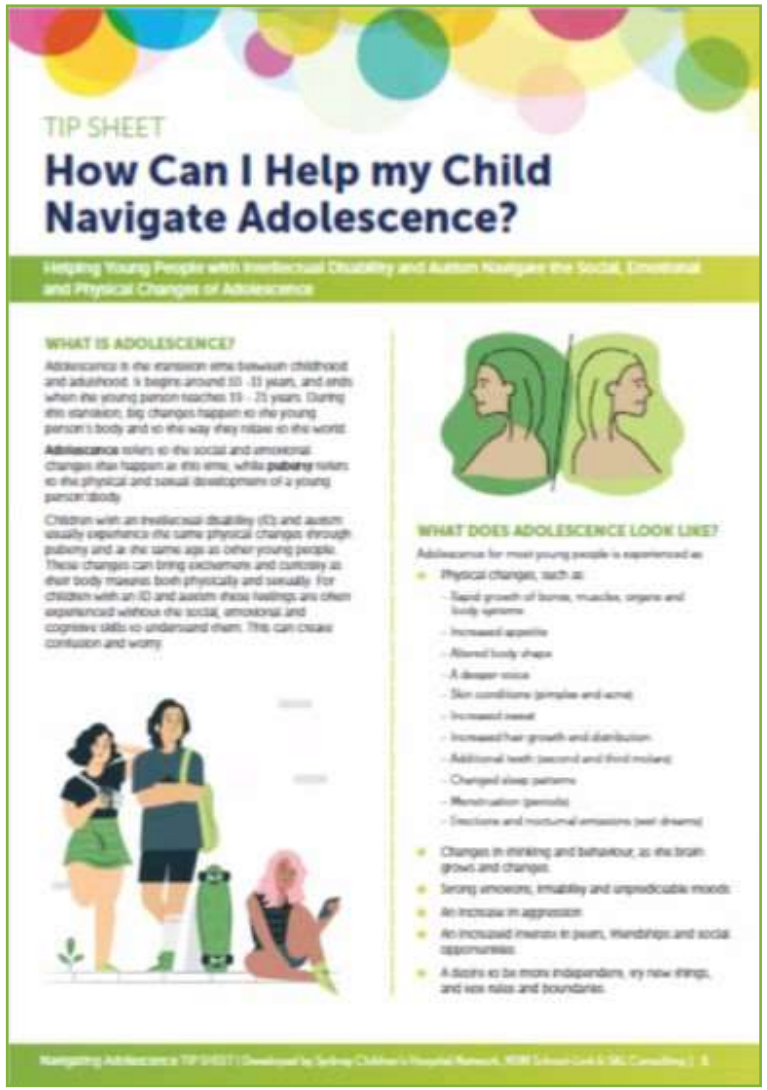

TIP SHEET

Sensory Processing Difficulties

Behaviour Tip Sheets are available in:

- Long version
- Short version
- Vietnamese
- Simplified Chinese
- Arabic

BEHAVIOUR TIP SHEETS



TIP SHEET

How Can I Help my Child Navigate Adolescence?

Helping Young People with Intellectual Disability and Autism Navigate the Social, Emotional and Physical Changes of Adolescence

WHAT IS ADOLESCENCE?

Adolescence is the transition time between childhood and adulthood. It begins around 10 - 11 years, and ends when the young person reaches 19 - 21 years. During this transition, big changes happen to the young person's body and to the way they relate to the world.

Adolescence refers to the social and emotional changes that happen at this time, while **puberty** refers to the physical and sexual development of a young person's body.

Children with an intellectual disability (ID) and autism usually experience the same physical changes through puberty and at the same age as other young people. These changes can bring excitement and curiosity as their body matures both physically and sexually. For children with an ID and autism these feelings are often experienced without the social, emotional and cognitive skills to understand them. This can create confusion and worry.

WHAT DOES ADOLESCENCE LOOK LIKE?

Adolescence for most young people is experienced as:

- Physical changes, such as:
  - Rapid growth of bones, muscles, organs and body systems
  - Increased appetite
  - Altered body shape
  - A deeper voice
  - Skin conditions (pimples and acne)
  - Increased sweat
  - Increased hair growth and distribution
  - Additional teeth (second and third molars)
  - Changed sleep patterns
  - Menstruation (periods)
  - Erections and nocturnal emissions (wet dreams)
- Changes in thinking and behaviour, as the brain grows and changes.
- Strong emotions, irritability and unpredictable moods.
- An increase in aggression.
- An increased interest in peers, friendships and social opportunities.
- A desire to be more independent, try new things, and test rules and boundaries.

TIP SHEET

Why is My Child Hurting Others?

Helping Children with an Intellectual Disability and Autism Manage their Aggression

AGGRESSION IN CHILDREN AND YOUNG PEOPLE

It's common for children and young people with Autism and an Intellectual Disability to act aggressively sometimes when they are feeling angry, frustrated or anxious. Aggressive behaviours can include:

- Verbal aggression, such as verbal insults, arguments, name-calling and taunting.
- Physical aggression, such as pushing, hitting, kicking, biting, hair pulling, scratching.

Children and young people can be aggressive towards themselves (self-injury), property, or others.

There are two key types of aggression:

a. Reactive aggression – sometimes a young person has lost and hurts someone or something without thinking. They act impulsively because they are frustrated or feel threatened. As these times, they are often dysregulated, angry or anxious.

b. Proactive aggression – is goal-directed and used to achieve something, rather than hurting another person. It is often used to communicate something. If it's useful in achieving a goal (e.g. avoiding an activity, or taking an item from another person), it is likely the aggression will continue.

WHY DOES MY CHILD HURT OTHERS?

Children and young people with Autism and an Intellectual Disability often lack the skills needed to manage big emotions and the behaviours related to them. Some of these emotions include:

- Frustration – when they have difficulties making themselves understood.
- Frustration – when a task is too hard, or goes for too long, leading to escape the situation.
- Frustration or anger – when wanting to force access to an item or an activity.
- Confusion – when having trouble understanding others, or a social situation.
- Jealousy or comparison – with peers, siblings.
- Anxiety or stress – e.g. about changes, feeling overwhelmed by sensory input (e.g. lights), being surprised by unexpected events or a sudden noise.
- Curiosity – about what might happen if they hit out, sometimes the reactions of others are rewarding.

HOW CAN I HELP?

You can help by remaining calm – stop, take a breath, and mirror the calm you want the child or young person to feel.

It is important that any response to aggression is matched to your understanding about why your child or young person is having out. If you understand why they use this behaviour to manage a situation or environment, you will be better able to:

- ✓ Prevent the behaviour.
- ✓ Respond, rather than react, if the behaviour occurs.
- ✓ Teach your child better ways to respond to emotions and manage behaviour.

Find out as much as you can about the behaviour – what exactly does it look like? When does it happen? What is the child or young person doing when they become dismissed or hit out? What triggers the behaviour? How do those around them respond?

TIP SHEET

Why Does My Child Hurt Themselves?

Helping Children with an Intellectual Disability and Autism manage their Self-Injurious Behaviour

WHAT IS SELF-INJURY?

Adolescence is the transition time between childhood. The term self-injury is commonly used in disability to describe behaviour that results in a person causing physical harm to themselves. This injury usually happens when the young person is trying to communicate a message or need.

Sometimes, self-injurious behaviour can learn an inappropriate behaviour used by the child or young person to make themselves feel better (to soothe, calm, or remain calm). These behaviours can be shaped and rewarded by the responses of others. The young person can learn that these behaviours are useful in having their needs met.

Diagnosis of intellectual disability and Autism makes it more likely that a child or young person will self-injure. The more severe the intellectual disability, the more likely it is that they will self-injure.

Most young people with intellectual disability and Autism find organising, planning, problem-solving, remembering, and controlling emotions hard. This can make resisting the urge to self-injure difficult, especially when they can't communicate their needs effectively. Problems coping with everyday challenges can also make it hard to stop once they have started.

WHAT DOES SELF-INJURY LOOK LIKE?

Some children and young people may use more than one way of hurting themselves. How often the behaviour occurs, and how intense or harmful it is, also varies from mild and infrequent, to severe and chronic.

Self-injurious behaviours include:

- Biting themselves, e.g. biting hands or bony arms.
- Setting their own body with hands or fists, e.g. slapping their face, beating their temples with a closed fist.
- Setting their own body with an object.
- Hitting their own body against an object, e.g. banging their head on the floor or wall.
- Scratching, skin picking or pinching.
- Hair pulling.
- Eye poking and gouging.
- Eating inedible objects.

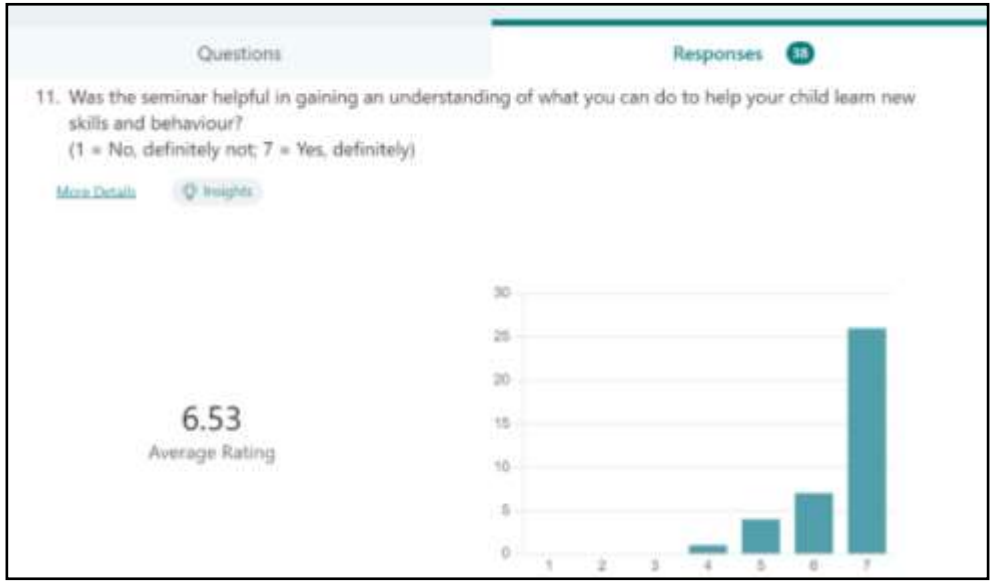
WHY DOES MY CHILD HURT THEMSELVES?

Considering **why** your child or young person might be hurting themselves will help you choose the best way to respond. Sometimes, different behaviours mean different things at different times.

Some reasons for self-injury include:

- **Physical health issues**, e.g. pain, ear infections, reaction to medication, constipation, poor sleep (being tired makes coping with challenges more difficult).
- **Genetic pre-disposition**. Some genetically determined syndromes can make a person diagnostically vulnerable (more likely) to self-injure, e.g. Smith Magenis Syndrome, Cornelia de Lange Syndrome, Fragile X, Lesch-Nyhan Syndrome and Rett Syndrome.

STEPPING STONES TRIPLE P Scholarships



- 2023 SSTP Scholarship program
- SSTP Selected Seminar training and PASS sessions
- Information session is this Monday the 24th of July at 3:30pm via teams
- Email us your name to register your interest
- SCHN-CHW-SchoolLink@health.nsw.gov.au

CONSULTATION

SCHN School-Link provides support and advice on relevant mental health services for children and adolescents with intellectual and developmental disabilities. Please contact:

- schn-chw-schoollink@health.nsw.gov.au
- 9845 2005/ 0409 656 899

WEBSITE

www.schoollink.chw.edu.au

JOURNAL

Sign up to our e-list at:

http://www.schoollink.chw.edu.au/e-list/

Editor:

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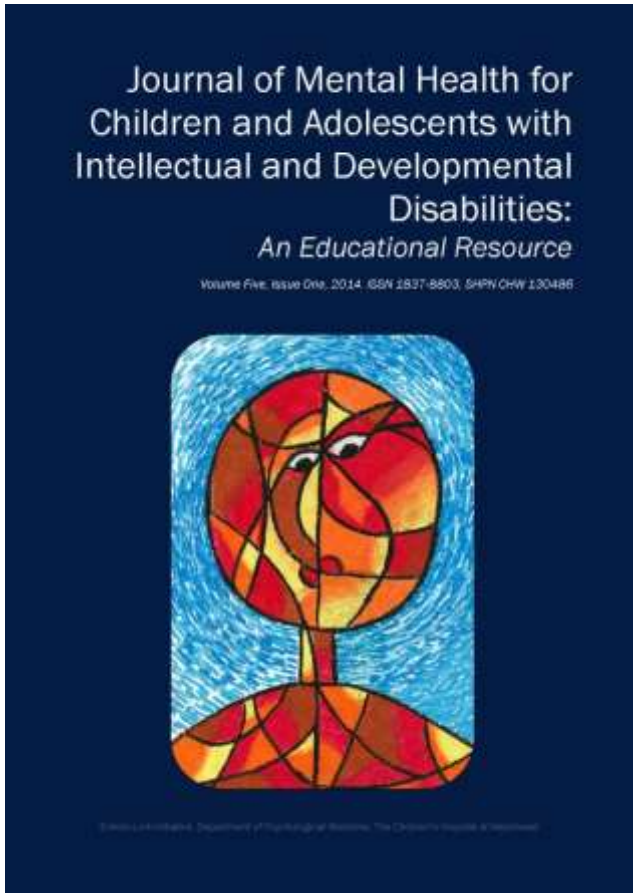
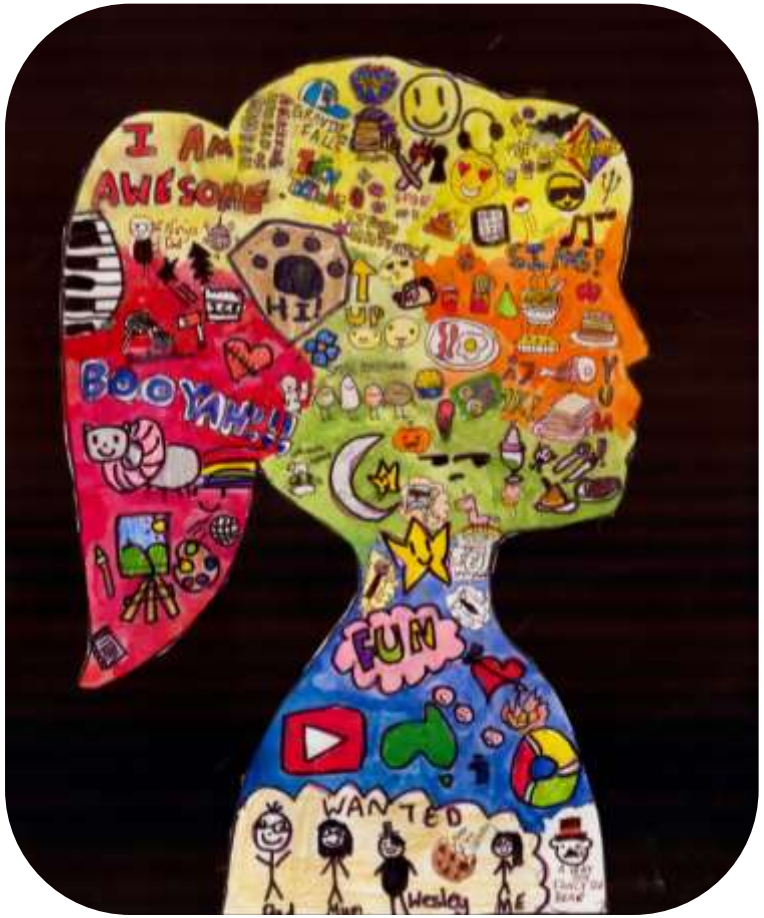


SCHOOL WEBINARS

- Introduction to Anxiety
- Reflective Practice
- Understanding & Responding to Behaviour
- Self Regulation
- Self-Injurious Behaviour

http://www.schoollink.chw.edu.au/webinar-series/



WellSEQ

Wellbeing in Special Education Questionnaire

THANK YOU

WWW.SCHOOLLINK.CHW.EDU.AU

@CHWSCHOOLLINK

MEET JESSICA ANIMATION

The Sydney children's Hospitals Network

NSW School-Link
Health and Education Working Together

REFERENCES and FURTHER READING

- Dossetor, D., White, D. and Whatson, L. (Editors). (2011). *Mental Health of Children and Adolescents with Intellectual and Developmental Disabilities: A Framework for Professional Practice.* IP Communitcations.

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