

MINISTRY OF EDUCATION TE TĂHUHU O TE MĂTAURANGA

## He Ara Hauora: Ka Anga Whakama Pathway Towards Wellbeing: Moving Forward Te Kōrero Tahi

He waka eke noa. We are all in this together.

Learning Support Psychologists, Auckland.



Mā te rongo, ka mōhio; Mā te mōhio, ka mārama; Mā te mārama, ka mātau; Mā te mātau, ka ora.

From listening comes knowledge; From knowledge comes understanding; From understanding comes wisdom From wisdom comes well-being.

## Ko wai koe?





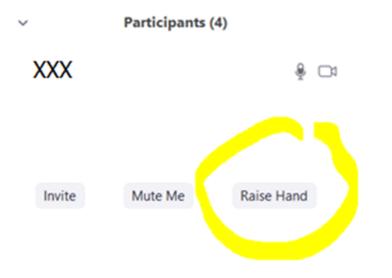
## Values of the hui

- Safe space
- Hopeful and strength based
- Compassion and kindness
- Collaborative
- Acceptance of different ideas
- Confidentiality
  - Please do not discuss individual students



## Kawa – ground rules for zoom

- Use hand-up function if you want to talk through audio
- Please have mikes off to prevent background noise.
- Please have video off to help smooth streaming.
- Use the chat to comment and ask questions. We will have time to get back to these in our session.



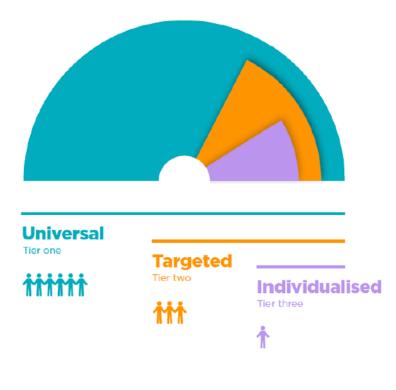


## **Creating a picture / setting the scene**

- Why we are doing this work:
  - Something big has happened and is still happening.
  - The earlier we understand and create awareness of the potential impact and how to improve it, the better.
  - Recovery plans are important.
- This lead to the creation of the He Ara Hauoara: Ka Anga Whakamua / Pathway towards wellbeing: Going forward resource.
- Although we are all in the same storm, we are not in the same boat.
  - Children and young people have and are experiencing a varying level of changes.
    - Economic impacts.
  - They will have different levels of resilience and ways of responding.
  - We have learnt that we can change the wiring of the brain through the experiences we expose it to... Children spend the majority of their time in <u>schools</u>.

## **Tiered Support Model**

- Strengthens inclusive practices and systems for all mokopuna, whanau and educators across all settings.
- Offers more deliberate and direct approaches to support mokopuna, whanau and educators.
- Provides more individualised supports tailored for the specific needs and circumstances of mokopuna, within their contexts.
- From He Pikorua





## Model of support

<u>Aim</u>: To guide prompt, robust assessment of mental health distress and provide appropriate care <u>Best support</u>: Clinical psychologist or psychiatrist FEW may require this: <u>Level 3</u>: Clinical assessment/ intervention SOME may require this:

Level 2: Mental Health 'check-in' & support

#### MOST will require this:

Level 1: Basic connection, reassurance

<u>Aim</u>: To offer a listening ear, An opportunity to off-load, have anxieties heard and attended to

<u>Best support</u>: good listening skills, empathy, understanding- teacher, parent, peers

A phased response to distress supports people to get the right help, at the right time and in the least intrusive way. This aids well being recovery.

Aim: To give some clinical consideration to possible mental health distress, risk, vulnerability and suggest additional supports OR: if significant concerns, escalate to Level 3 Best support: Skilled support via school nurse, counsellor, school psychologist etc. (those with basic mental health first aid training)



Support *within* your level of expertise, competence and mandate to act

# Targeted level: Noticing the children who may need more/additional support.

Students/staff who may be more likely to experience adverse impacts include those who:

- Have had direct exposure to Covid-19 (e.g., exposed first hand or experienced an extreme threat to life in the whānau)
- Have experienced the death or serious illness of a loved one during this time
- Had/has a close personal relationship with any confirmed patients
- Have a history of depression or suicidal thoughts or attempts
- Have a history of anxiety, shyness, or low self-confidence
- Have a history of risk-taking behaviour



# Targeted level: Noticing the children who may need more/additional support:

- Have experienced prior traumatic events and are at current risk, including:
  - Those exposed to domestic violence
  - Those with a history of abuse and/or neglect
  - Members of economically disadvantaged groups
  - Medically vulnerable individuals
  - Children of first responders and other medical professionals may also be at risk if their parents are/have been in danger
  - Fear and anxiety about disease may lead to certain groups in the school community feeling stigmatized.
- Students with an individualized educational plan (IEP) may need accommodations or additional assistance.

Please keep in mind, there is no right or wrong to our response. Every person, child, whanau, school or early learning setting is unique.

## Tier 1 / "universal" support:

### Comment in the chat:

What things are in place in tier one for your schools?



## **ECE Resource:**



#### CHANGES IN WELLBEING

Some changes in children's behaviour are attempts to cope with a difficult or challenging situation. For example, some of the common responses to stressful events seen in children 2-5 years old can include:

- Increased clinginess emergence of, or increase in, behaviours associated with separation anxiety (e.g., physically clinging onto parent/caregiver, distressed crying).
- Regression in developmental milestones (emotional and/or physical) e.g., acting like a younger child or a sudden return to behaviours such as bed wetting, thumb-sucking, losing recently acquired skills (such as toilet training).
- Repetitive, imaginary play that includes reference to recent events such as separation, illness, taking care of others, etc.
- Complaining about physical problems (e.g., headaches, stomach aches).
- Crankier or more irritable than usual. You may also see increased crying, more tantrums, and more aggressive or disruptive behaviour.
- Increase in fears e.g., of the dark, of monsters, of being alone.
- Sleep problems parents/caregivers may report that their child is having difficulties falling or staying asleep, has reluctance sleeping on their own (more than normal), or is having nightmares.
- Changes with eating patterns e.g., eating more or less than normal, refusal to eat.
- Increased level of distractibility e.g., difficulty paying attention or sitting still.
- Expressing general worries e.g., about the future, about family members getting sick.

## **Primary School Resource:**

Children aged 6-11 years	<ul> <li>Behaving like a younger child</li> <li>Clinging to parents or caregivers – separation anxiety.</li> <li>Sleep problems</li> <li>Become irritable, angry, or disruptive</li> <li>Be unable to concentrate on learning tasks</li> <li>Complain of physical problems such as stomach aches and headaches</li> <li>Develop unfounded fears</li> <li>Lose interest in fun activities</li> <li>Preoccupation with safety and danger. May have worries about another disaster happening.</li> <li>General worries</li> <li>School performance and attendance issues</li> </ul>
Younger children aged 5 or with a developmental delay	<ul> <li>Increased clinginess to parents or caregivers</li> <li>Sudden return to behaviours such as bed-wetting and thumb sucking</li> <li>Show imaginary play that includes references to the recent event such as separation, illness, medical care, being 'stuck', losing or missing things</li> </ul>

## **Intermediate school resource:**



### CHANGES IN WELLBEING

- Increased dependence on parents or caregivers, i.e. asking for help with tasks they are good at already, or staying physically close to you.
- Sleep problems, i.e. sleeping too much or too little.
- Quick changes in mood, i.e. irritable, angry, sad, anxious or fearful.
- Talking too much, or very little, compared to their usual behaviour.
- Self-harm and suicide ideation and loss of interest in daily activities they used to enjoy.
- Difficult to concentrate and focus and a decrease in school performance and attendance issues.
- Loss of friends and social isolation, i.e. not talking or hanging out with their usual group of friends.
- Complaints of physical pain, for example stomach aches and headaches
- Preoccupation with safety and danger.
- A change in online activities.

## **Secondary School resource:**

#### Possible Reactions and Impacts

- Pleased to be back with friends and back at school
   Truancy or a reluctance to attend school
- Enthusiasm to engage in work
- Anxiety alleviated for parents (who worry about teaching their children) and students (who have worried about getting behind)
- Increased maturity and resilience due to having to manage school work at home alone
- Limited impact on family and whānau life
- Students have maintained connections with friends and family and whānau using social media
- More tolerance and understanding amongst students and a feeling of us all being in this together

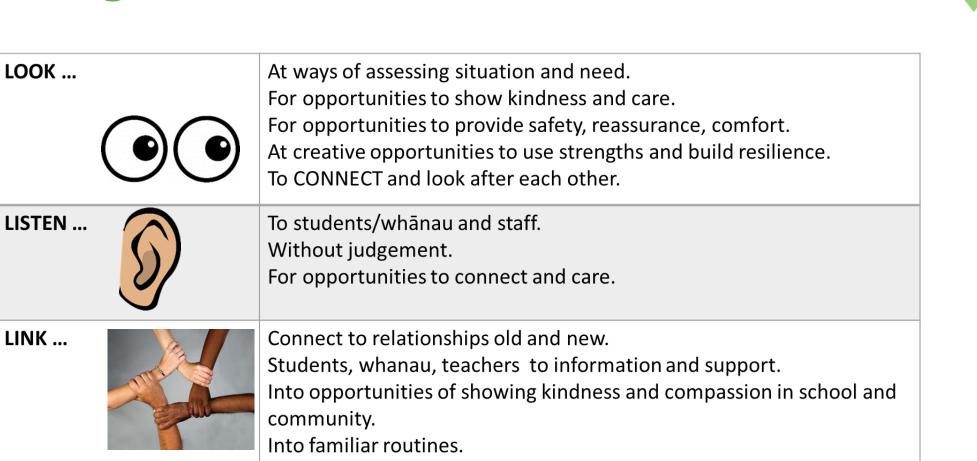
 Parents and students anxious about catching Covid-19 in the school environment.

Disengagement from school and school work

- Parents reluctant to send students to school
- Students anxious about the impact of Covid-19 on NCEA results
- More exposure to and/or engaging in risky behaviour while at home, refer to wellbeing information below
- Economic hardship as a result of job losses or concerns in relation to the health and/or safety of themselves or family and whānau members
- Students have been over exposed to social media during the lockdown. Significant increase in screen time
- Increase in bullying, racism and stigma



## Let's think about: Principles of Psychological First Aid



## Take a breather





### Hand breathing – video example





## Let's talk about: our changed school environment.

Comment on the chat:

What are the biggest changes you've noticed this past week?



## Let's talk about: our changed school environment.



How can you use LOOK, LISTEN, LINK to ascertain a baseline of what is happening in your current setting?

- Look for wellbeing changes by looking at the setting as a whole and on individual level through observation
- Listen to what your peers/experts/parents/teachers are reporting.
- Link in to other wellbeing programmes / initiatives / curriculum areas or agencies
- What has been reported through teachers / students and parents?
- Do students, parents and teachers know who to go to for reporting?

### 8 WAYS A CHILD'S ANXIETY SHOWS UP AS SOMETHING ELSE

### 1. Anger

The perception of danger, stress or opposition is enough to trigger the fight or flight response leaving your child angry and without a way to communicate why.



### 2. Difficulty Sleeping

In children, having difficulty falling asleep or staying asleep is one of the hallmark characteristics of anxiety.





3. Defiance

Unable to communicate what is really going on, it is easy to interpret the child's defiance as a lack of discipline instead of an attempt to control a situation where they feel anxious and helpless.

### 4. Chandeliering

Chandeliering is when a seemingly calm person suddenly flies off the handle for no reason. They have pushed hurt and anxiety so deep for so long that a seemingly innocent comment or event suddenly sends them straight through the chandelier.

### 5. Lack of Focus

Children with anxiety are often so caught up in their own thoughts that they do not pay attention to what is going on around them.

### 6. Avoidance

Children who are trying to avoid a particular person, place or task often end up experiencing more of whatever it is they are avoiding.

### 8. Overplanning

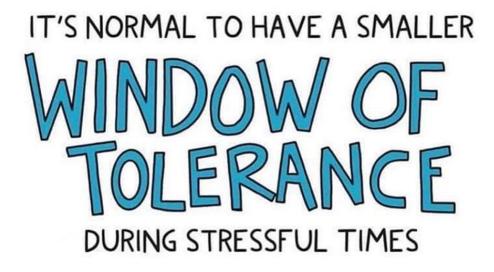
Overplanning and defiance go hand in hand in their root cause. Where anxiety can cause some children to try to take back control through defiant behavior, it can cause others to overplan for situations where planning is minimal or unnecessary.



### 7. Negativity

People with anxiety tend to experience negative thoughts at a much greater intensity than positive ones.

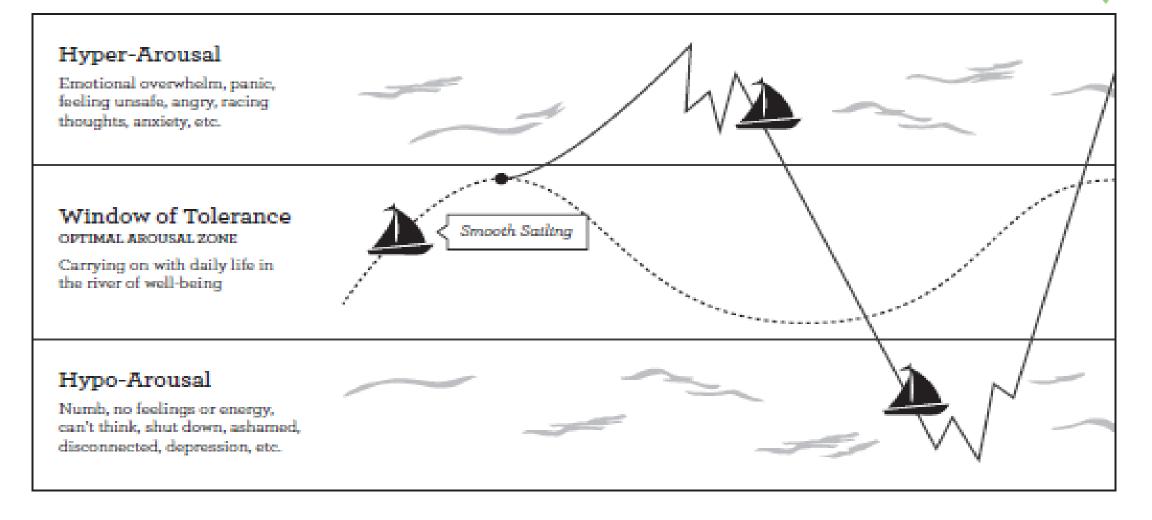




@LINDSAYBRAMAN



### Window of Tolerance – Optimal Arousal Zone



## Let's talk about: Supporting teacher wellbeing

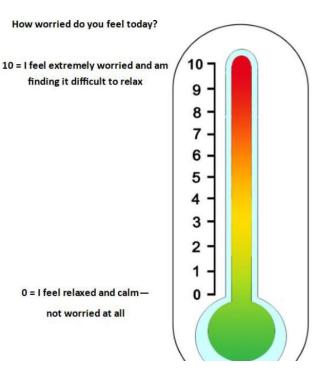




## **Supporting teacher wellbeing**

- Take care of your best resource YOU!
- Limit your comparisons with others if it is negatively affecting you.
  - Everyone's classroom, school and community is different. Keep your contacts small and supportive.
- Support each other.
  - Check-in on your colleagues, share resources. Senior management can do some spot visits during the first few weeks to provide additional support.
- Structure, regular small rewards, exercise and sleep.
- Make use of counselling services. There is no health without mental health. Access to counselling or mental health professions may be available through your Employee Assistance Program (EAP). You can also use the National Telehealth Service by texting or free-phone 1737.



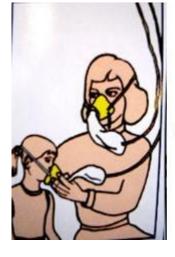


- www.melonhealth.com
- www.Justathought.co.nz

## **Other resources:**

- PPTA document: How are we looking after each other: https://www.ppta.org.nz/dmsdocument/873
- There a variety of apps that support mental health. One example is Mentemia - https://www.mentemia.com/
  - Other online platforms supporting mental health:





Put on your own oxygen mask before helping those around you.



## What can we do NOW?

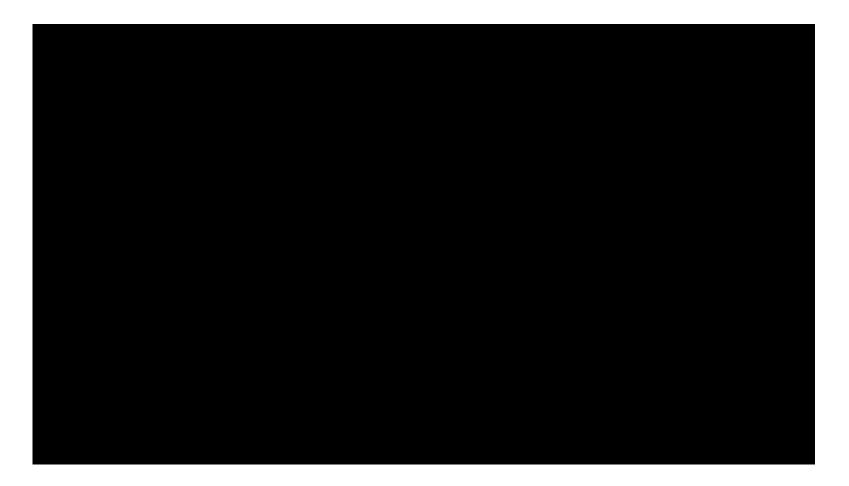
- Look and Listen for how students are doing, notice who will need more support/closer monitoring.
  - How will you do this?
- Look and listen to how parents are doing, noticing who will need more support/closer monitoring?
  - How will you do this?
- Look and Listen for how teachers are doing, notice who may need more support.
  - How will you do this?

### Key points:

Tier one supports are just as important as more intensive interventions. School play a big role.

Noticing and monitoring is the first step to providing a tiered response.

## **Kids Explain the Coronavirus:**





## Thank you for coming along!



### **Reminders:**

- Next hui date: Thursday 28<sup>th</sup> of May @ 1pm.
- Short post-webinar survey will be emailed. Please complete ©



Kia tau kia tātou katoa Te āio, te aroha me te marutau Tihei Mauri Ora

May peace, love, and safety Be upon us all We shape an education system that delivers equitable and excellent outcomes

He mea **tārai** e mātou te **mātauranga** kia **rangatira** ai, kia **mana taurite** ai ōna **huanga** 

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