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## Working with Behavioural and Emotional Problems in Young People

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### OVERVIEW

This chapter outlines specific issues relating to behavioural and emotional problems in Aboriginal and Torres Strait Islander young people. It describes the most common disorders and their consequences, and how young Aboriginal people are at higher risk for developing such problems than other young Australians. The chapter also discusses the importance of psychosocial, cultural and environmental issues that need to be recognised in assessing and treating Aboriginal young people with behavioural and emotional problems. Issues concerning the delivery of both universal and culturally responsive prevention and intervention programs to address social and emotional wellbeing and mental health are discussed and possible interventions to enhance student engagement at school are provided. Finally, a range of mental health services for Aboriginal families which offer a culturally responsive approach to mental health treatment are listed.

### WHAT ARE BEHAVIOURAL AND EMOTIONAL PROBLEMS?

In line with global figures, around one-in-five Australians will experience some form of behavioural or emotional problems during childhood and adolescence.<sup>1</sup> Such problems can be categorised into *internalising* disorders, where behaviours are often directed inwards towards the self (e.g. anxiety, depression, withdrawal) or *externalising* disorders, where behaviour is directed outwards away from the self (e.g. aggression, conduct problems, Attention Deficit Hyperactivity Disorder (ADHD), delinquency).<sup>2</sup> However, internalising and externalising disorders can be comorbid and therefore difficult to distinguish into these two categories.<sup>3</sup> For example, ADHD may be more difficult to diagnose when there is a comorbid depressive disorder, which occurs in 13 to 27 per cent of cases of ADHD, with the comorbidity as high as 60 per cent in some clinical contexts.<sup>3</sup>

Anxiety, depression, conduct disorder and ADHD are some of the most common behavioural and emotional problems observed in children and young people.<sup>4</sup> Anxiety can be described as a response to a threat or a feeling of uneasiness, the source of which is uncertain or vague, but with debilitating effects as if that source was real or specific. It may involve fear of being apart from significant people or being left alone; avoidance of certain situations or activities for fear of embarrassment; worrying about normal life issues; repetitive thoughts and behaviours; or panic attacks.<sup>5</sup> Depression is recognised by symptoms such as loneliness, crying, withdrawal from others, lethargy and persistent tiredness, feeling unloved, guilty, sad or worthless.<sup>5</sup> Another behavioural and emotional problem that is increasingly common is Attention Deficit Disorder (ADD) and ADHD, with symptoms such as having difficulties with concentration, sitting still, processing and learning, as well as impulsivity and daydreaming. Conduct disorder symptoms include: bullying, threats and intimidation, lying, cheating, breaking rules, stealing, a lack of guilt

and remorse, arguing, attacking others, distrusting others and general disobedience within the family and community.<sup>5</sup>

It is well established that mental health in childhood has a significant influence on subsequent mental health outcomes, with those who experience behavioural and emotional problems in childhood being more likely to experience ongoing mental health problems as adults.<sup>6</sup> Poor mental health in early childhood also has a negative impact on the child's physical health and school achievement, and in this way it relates to further disadvantage later in life.<sup>4</sup> Furthermore, many children will experience more than one behavioural or emotional problem at a time.

Parents and teachers might argue that every child at one time or another displays behaviours or emotions that fit the descriptions of those described above, but this does not mean they have a mental health problem. The distinction between what is typical behaviour and what constitutes a more serious problem is important. A behavioural or emotional disorder is distinguishable from typical behaviour and emotions by the duration of symptoms beyond what would reasonably be expected and the severity of the behaviour in relation to the situation.<sup>5</sup> When young people are no longer able to participate fully in their usual activities due to their behaviour or emotions, there is cause for concern. While the last 15 years have seen research into childhood behavioural and emotional problems increase significantly, little of this research has been done among Aboriginal young people to help us to understand the overlay of intergenerational trauma.

### Incidence of Behavioural and Emotional Problems

One major study, the Western Australian Aboriginal Child Health Survey (WAACHS), has examined mental health and social and emotional wellbeing (SEWB) among Aboriginal children and youth. This comprehensive study showed that Aboriginal young people have a higher overall incidence of mental health problems than non-Aboriginal young people.<sup>7</sup> Twenty-six per cent of Aboriginal young people compared with 17 per cent of other children in the 4–11 year-old age group were shown to be at high risk of suffering mental health difficulties. Of even greater concern, 21 per cent of Aboriginal 12–17 year-olds were likely to be at risk of mental health difficulties compared with 13 per cent of other young people. Aboriginal youth have many strengths and exhibit considerable resilience, however there is evidence to suggest that this group are more at risk of behavioural and emotional problems than their non-Aboriginal counterparts, especially given the many stress-inducing issues in their lives.<sup>7</sup>

### Impact of Life Stressors

Aboriginal young people are exposed to many life stressors. The WAACHS linked clinically significant emotional or behavioural difficulties to a number of major life stress events experienced in the previous 12 months:

- family and household factors, specifically dysfunctional families and poor quality parenting;
- being in the care of a sole parent or other carers;
- having lived in five or more homes;
- being subjected to racism in the past six months;
- physical ill health of the child and carers;
- speech impairment;
- severe otitis media;
- vision problems;
- carer access to mental health services; and
- substance misuse.<sup>7</sup>

The *Bringing Them Home* report showed that forced separation and institutionalisation of Aboriginal people resulted in health problems and a range of emotional distress in adults and also impacted on children and young people (see Chapter 17, Atkinson and colleagues and Chapter 21, Milroy).<sup>8</sup> Further, the report showed that children of depressed parents were more likely to show higher levels of anxiety and depressive symptoms.<sup>8</sup> Generational poverty also contributes to psychosocial stress. The Human Rights and Equal Opportunity Commission noted that social and economic disadvantage placed Aboriginal youth at greater risk of behavioural and environmental problems that affected physical and mental health, resulting in self-harming tendencies.<sup>9</sup> The WHO Fact Sheet states that an estimated 20 per cent of young people suffer mental health problems and includes depression and anxiety as the most common. Moreover, the risk of experiencing mental health problems is increased by experiences of violence, humiliation, devaluation and poverty; and suicide is one of the leading causes of death in young people.<sup>10</sup>

### Consequences of Behavioural and Emotional Disorders

The life course pathways for young people experiencing behavioural and emotional disorders are often less than optimal. Even after adjusting for socioeconomic status and other demographic factors, clinically significant internalising or externalising problems predict mental health difficulties in adulthood.<sup>4</sup> Mental health morbidity in childhood also predicts other negative outcomes in later life including:

- high school non-completion;<sup>15</sup>
- physical health problems;<sup>16</sup>
- drug and alcohol misuse;<sup>17</sup>
- marital difficulties;<sup>18</sup>
- increased mortality;<sup>19</sup> and,
- involvement in the criminal and justice system.<sup>20</sup>

To use an example of an educational setting to describe the pathway from mental health problems in childhood and later poor outcomes, a child with behavioural and emotional problems may have difficulty remaining on task, have problems interacting with peers and forming and maintaining friendships, or may avoid school or classes. Consequently, children with behavioural and emotional problems often have difficulty in responding appropriately to typical developmental challenges and many underachieve in school (the case studies discussed by Milroy in Chapter 21 highlight such challenges for Aboriginal children and young people).

Excessive school absenteeism, reduced learning opportunities and impaired peer relationships associated with behavioural and emotional problems can then lead to poor adjustment to adulthood. There is also preliminary evidence to suggest that behavioural and emotional problems may predispose adolescents to developing substance use disorders, which in turn can lead to adverse health and social consequences as described by Wilkes and colleagues, Chapter 8.

### CULTURAL DIFFERENCES IN EMOTIONAL WELLBEING AND ANXIETY

While behaviour and emotions are part of a universal human condition and there will be similarities across cultures, differing constructs of mental health and SEWB may also result in differences in the presentation of some symptoms and in the importance placed on symptoms and the meaning attached to them. Due to the complexity and diversity of Aboriginal groups, there are likely to be constructs and opinions of SEWB including mental health that differ from Western-held beliefs. Reflecting the holistic nature of Aboriginal views of health, SEWB is often defined as ‘not just the physical wellbeing of the individual, but the social, emotional

and cultural wellbeing of the whole community.<sup>11</sup> This construction reflects belief systems that are based on complex social relationships between people, land and all living creatures and the ‘interconnectedness of relationships between spiritual, emotional, ideological, political, social, economic, mental, cultural and physical factors on health outcomes for individuals, communities and populations.’<sup>12(p22)</sup> Chapter 4 (Gee and colleagues) explores the concept of mental health SEWB and the importance attached to connections to identity, culture and family.

## Identification of Behavioural and Emotional Problems

While accurately assessing behavioural and emotional problems in children and young people is generally complex, there are additional factors to be taken into account when assessing Aboriginal children and young people.<sup>13</sup> Bias, validity and reliability concerns in the assessment of Aboriginal people have long been an area of contention due to the failure of tests to account for cultural differences (these issues are discussed in detail in Chapter 16, Adams and colleagues). Several authors argue that any assessment is culturally biased unless it takes into account all potential factors regarding the development and maintenance of the problem and the impact on any intervention. Problems in obtaining an accurate picture of functioning can include:

- the use of culturally biased assessment tools;
- inappropriate comparison of data;
- a poor relationship between the assessor and the participant;
- the assessment setting;
- whether similar performance is seen in the cultural context; and
- recognition of cultural factors such as culture-bound syndromes or differences in conceptualisation of mental health.<sup>26</sup>

Mental health professionals (teachers, school psychologists and pastoral care workers) working with Aboriginal young people need to acknowledge the critical importance of family and identity issues and the possible physical health and social and environmental factors that may complicate a diagnosis (see Schultz and Walker and colleagues, Chapter 13).

## Culturally Appropriate Assessment Measures for Children and Young People

One culturally appropriate psychological measure that has been validated for use with Aboriginal youth in Australia is the *Westerman Aboriginal Symptom Checklist—Youth* (WASC-Y).<sup>14</sup> This is a tool aimed at early identification of depression, anxiety, suicidal behaviours and self-esteem issues in Aboriginal young people in the 13–17 years age group. In conjunction, a model to assist in considering cultural factors that affect validity in assessments has been developed.<sup>15</sup>

Current research into Aboriginal mental health, including the work being done by Cheryl Kickett-Tucker in developing the IRISE\_Y (youth inventory), is trialling more culturally appropriate measures which take account of the mediating factors of racial identity and related self-esteem that influence Aboriginal people’s mental health and SEWB. This work entails a range of age-specific initiatives to strengthen the cultural, SEWB of Aboriginal children aged 4–12 years, young people aged 13–17 years and adults from 18 years of age onwards.<sup>16</sup>

## SUPPORTING ABORIGINAL STUDENTS WITH BEHAVIOURAL AND EMOTIONAL ISSUES

When planning support for Aboriginal youth with behavioural and emotional problems, an understanding of the various levels of influence on their SEWB is essential, including individual, family, community and structural/systems levels.<sup>12</sup> Such an approach acknowledges the holistic constructs of Aboriginal SEWB and is likely to have greater success. At an individual level, self-esteem, resilience, emotional and cognitive development of individuals can be supported by schools.

At a system level, there is a need to improve access to mental health services for Aboriginal families and to adopt a more holistic approach to mental health treatment. Australian governments have recognised the school as an appropriate place for delivering programs that promote mental health and consequently have implemented such initiatives as *MindMatters* and *KidsMatter*. As well as a venue for providing preventive programs, the school is also seen as the front-line for the identification and referral of students with major needs in the area of mental health to counselling services.<sup>17</sup>

### School Attendance and Participation

It is widely recognised that there is a strong correlation between educational attainment and a range of indicators of social wellbeing including: economic participation, income, health outcomes and determinants such as health risk behaviours and preventative service use, social participation and involvement in crime and justice. Education is a major focus in the strategy to ‘close the gap’ in a range of outcomes including health and SEWB outcomes between Aboriginal and non-Aboriginal people. While there have been notable gains in some of the key education indicators in recent decades, there continues to be substantial gaps in attainment and achievement outcomes. Recent data highlights that 66 per cent of Aboriginal people aged 15 years and over completed at least Year 10 and 22 per cent completed Year 12. While these figures represent a considerable advancement on the levels recorded in 1994 (47 per cent and 9 per cent respectively)—and stand in stark contrast to data from 1970, which suggest that fewer than 10 per cent of Aboriginal students attended secondary school—they are well short of the levels among non-Aboriginal populations (84 per cent and 51 per cent). These disparities are also evident with respect to tertiary education attainment, with 6 per cent of Aboriginal adults holding a bachelor degree or above compared with about one-in-four (24 per cent) non-Aboriginal adults in 2008.<sup>18</sup> Despite gains in Aboriginal education over recent years, there still remains a significant gap in attainment outcomes at higher levels.

However, many Aboriginal students continue to have infrequent school attendance and poor school completion rates. This poses a challenge for the delivery of prevention and intervention programs to Aboriginal students in school to address behavioural and emotional disorders. While there are no studies that specifically address the links between Aboriginal youth, mental health and school participation, it has been identified that remaining at school until Year 12 is positively associated with health, with 59 per cent of Aboriginal people aged 15–34 years reporting excellent or very good self-assessed health.<sup>19</sup> Another study shows that ‘evidence-informed’ school-based health education programs can help to strengthen Aboriginal young people’s general education and health-specific knowledge and skills.<sup>20</sup>

Blair and colleagues argue that the expansion of human capabilities through programs that build Aboriginal empowerment, equality, sustainability and productivity are required to improve physical and mental health outcomes.<sup>21</sup>

Given the potential life stressors and factors identified as affecting school attendance and completion, it is likely that significant numbers of Aboriginal young people are suffering mental health problems severe enough to impede their involvement in school. Absenteeism has been recognised as a protective mechanism that allows students to avoid the aspects of school they find undesirable, frustrating, and a cause of shame or, possibly, anxiety. Existing evidence shows that poor attendance has been associated with the adoption of risky health behaviours including tobacco smoking and substance misuse.<sup>22</sup>

The alienation felt by some Aboriginal students and their families towards schools is associated with less consistent school attendance and high dropout rates.<sup>23</sup> Formal education systems make cultural assumptions that many Aboriginal families and students find perplexing or stressful. For example, while child autonomy may be highly valued as a child-rearing practice in Aboriginal families, being autonomous does not necessarily fit with behavioural expectations at school. While many Aboriginal children bring a rich cultural competence to school, they find that this is not recognised and valued by teachers and mainstream systems of education.<sup>24</sup> It could be expected that for some children, behavioural and emotional problems, including anxiety, would be connected to the discomfort and lack of connection they experience at school. The case studies developed by Milroy, (Chapter 21), highlight many current social circumstances contributing to the sense of disconnect. Furthermore, parental anxiety, linked to concerns about mainstream institutions and negative personal experiences, has been suggested to partly account for the low levels of preschool enrolment and attendance of very young Aboriginal children.<sup>25</sup> Shepherd and Walker have outlined a range of strategies to support and engage Aboriginal families in enhancing school readiness of young children.<sup>26</sup> There is also growing recognition that schools need to be ready for Aboriginal children rather than solely a focus on getting young children ready for school.

Emotional difficulties have been linked to low academic performance and poor attendance of Aboriginal youth.<sup>27</sup> One of the many interlinking factors for lower Aboriginal retention rates in schools identified by Schwab, is fear of failure, embarrassment and shame.<sup>28</sup> Many Aboriginal children experience learning delays linked to poor readiness for school or physical health issues, such as speech and language development, impaired as a result of sensory deprivation from otitis media.<sup>27</sup> Students who do not speak Standard Australian English fluently may feel alienated. Low achievement levels have been attributed to absenteeism and low literacy and numeracy levels are associated with increased rates of early school leaving.<sup>28</sup> It is significant, then, that Aboriginal national benchmark results in literacy and numeracy at Years 3, 5 and 7 are generally about 20 per cent below the national average and that gap in knowledge as a result of absenteeism is likely to add further shame, stress and anxiety.<sup>29</sup>

Furthermore, the transition from primary to secondary school can be stressful for Aboriginal youth, particularly for those forced to leave their communities to continue their formal education. There are also cultural issues related to some young males going through law and the need for schools to recognise this as a transition to adulthood requiring new ways of relating to Aboriginal young people in such instances. Cultural, social and language differences, being inadequately prepared, being away from familiar support and feeling shame at not having higher achievement levels may lead to behavioural and emotional problems and early school leaving.<sup>25</sup> Finally, Aboriginal youth share the universal development tasks/milestones of their age group with their non-Aboriginal peers. These include the need to develop a strong sense of personal identity and self-esteem. Aboriginal youth, however, have a distinctive sense of identity as Aboriginal people and in early adolescence this may be a source of confusion.<sup>24</sup> This is not made easier by racism, discrimination and harassment often experienced by Aboriginal youth, which can further result in marginalisation and low self-esteem.<sup>30</sup> Social exclusion, economic hardship, marginalisation and colonisation have been closely linked to mental health because they limit access to resources, networks and support, and increase stress (see Chapter 1, Dudgeon and colleagues, where the social, cultural and historical context of Aboriginal people are discussed).

In addition, studies examining the impact of racism have shown that attacks on an individual's sense of self can lead to mental health problems such as anxiety and depression.<sup>31</sup> Paradies shows an association between racism and mental health conditions such as psychological distress, depression and anxiety; as well as links with health risk behaviours such as smoking, alcohol and substance misuse.<sup>32</sup>

Anxiety is linked to depression, and the combination of these disorders can lead to a higher risk for suicide. This is significant for Aboriginal youth, as suicide rates in this group are disproportionately higher than for non-Aboriginal youth. It is now recognised that there are suicidal risk factors that are uniquely Aboriginal; these include the transgenerational grief and loss resulting from colonisation, disruption to cultural identity, forced removal, substance misuse, social isolation and racism (see Chapter 9, Silburn and colleagues). As the case studies presented by Milroy in Chapter 21 powerfully illustrate, these factors need to be considered when assessing the ongoing SEWB and mental health of children and young people.

### Strategies for Encouraging School Attendance and Participation

One of the first avenues to addressing behavioural and emotional problems in Aboriginal youth is to create opportunities for participation, social support and development of connectedness and a sense of belonging in school. The importance in terms of emotional wellbeing and school participation has been emphasised in the literature.<sup>25</sup> Aboriginal parents wanted to know more about school processes, curriculum and financial issues related to schooling, but many Aboriginal parents and caregivers find schools alienating and far removed from the experience of their everyday lives.<sup>33</sup> Parent interest is increased along with greater numbers of Aboriginal people working in schools through establishment of school and community networks, and community liaison improves home and school communication.<sup>25</sup>

## LINKING FAMILIES AND SCHOOLS

The Department of Education, Training and the Arts' *Linking Families and School Initiative* in Queensland has been developed specifically to promote and support positive relationships between Aboriginal communities, students and school staff and aims to nurture partnerships, thereby improving attendance, retention and learning outcomes for Aboriginal students.<sup>34</sup> The value of healthy relationships between teachers, Aboriginal families and students is recognised for student success.

### Families as First Teachers (FaFT)

The Families as First Teachers (FaFT) – Indigenous Parenting Support Services Program works to strengthen positive relationships in families, promote positive behaviour in children and build confidence in parenting.<sup>35</sup> This is done through modelling behaviour management at the early learning sessions, encouraging families in their interactions, group discussions, parenting workshops, home visiting and individual consultations. The program takes a strength-based approach to parenting, working from the belief that all families want the best start in life for their children.

### Families And Schools Together (FAST)

Families And Schools Together (FAST) is an eight-week, early intervention/prevention program, designed to strengthen family functioning and so build protective factors in children.<sup>36</sup> In the Northern Territory (NT) the program is run in remote and urban/regional contexts. Success factors include a high level of community ownership, and key leaders playing a crucial role in supporting the program to enable local families to achieve their own goals.

Teachers identified three out of 13 children who had improved their behaviour given more respect or improved their peer relationships as a consequence of FAST. The evaluation of FAST identified changes in child behaviour, increased helpfulness, better respect and improved school attendance for children. Outcomes for parents, included improved family support and greater self-efficacy.

### ***Holistic Planning and Teaching Framework***

Another model that may have wide application in schools for developing support programs is the *Holistic Planning and Teaching Framework* first developed by Grant in 1998 for use by teachers with Aboriginal students.<sup>37</sup> The Framework is a holistic approach to learning that encompasses Land, Language and Culture by contextualising Time, Place and Relationships. This can be used in many situations for a wide range of purposes including field trips, research, writing and planning. This gives students the opportunity to learn about the importance of the interconnectedness of all aspects of their lives and that emotional difficulties, including anxiety, may be meaningfully addressed, thereby allowing students to better participate in life and school.

### ***Home Interaction Program for Parents and Youngsters (HIPPY)***

An evaluation of the *Home Interaction Program for Parents and Youngsters* (HIPPY) program across five sites in Australia, which aims to enhance parent and child interactions and improve social and emotional and cognitive development, showed positive results. The study found that engagement in HIPPY resulted in improved SEWB and education outcomes for young Aboriginal people. And that importantly, with some adaptations, it holds significant promise as an appropriate and acceptable program with Aboriginal people, with important benefits to parents, children, families and communities. The key lessons for program effectiveness include:

- effectively engaging Aboriginal families requires developing trust and connection between the partner agency and the local Aboriginal community;
- trust is strongest where the partner agency is well integrated with other Aboriginal children and family services and/or schools;
- programs may require flexible centred-based delivery (an alternative 'safe place' outside of the home) as homes are not always an appropriate or safe place for the delivery of HIPPY. Some families live in very stressful environments including inappropriate housing for harsh weather conditions (heat, heavy rain) that necessitate mobility; some may be embarrassed about overcrowding, and/or alcohol and drug and domestic issues;
- English as second language and parent's education background means that home tutors may need to deliver the program to the children in the presence of the parents to build their confidence to work with their child;
- adapted teaching materials to incorporate Aboriginal stories, songs and other cultural activities to teach literacy and numeracy;
- transport is required to overcome one of the largest barriers to participation in *HIPPY* by families; and
- Attracting and retaining good tutors and coordinators is critical for a program built on trusting relationships.<sup>38(p105-108)</sup>

### ***Home-based Intervention Programs***

A recent systematic review of appropriate interventions for child and adolescent mental health issues in Australia found that home-based intervention programs could be both successful in reducing mental health problems and cost-effective.<sup>39</sup> Such programs have been trialled in the US as the *Nurse Home Visitation Program*<sup>40</sup> and the *Family Check-Up*.<sup>41</sup> A review of grey literature also identified the *Halls Creek Mothers Support Initiative*, an Aboriginal-led home

visiting or outreach program which aimed to improve the health and wellbeing of mothers and children up to the age of five.<sup>42,43</sup> By being based in the home and within a community environment, such programs may be more suitable for the context of Aboriginal child mental health as they remove the reliance on school as a medium for the delivery of mental health interventions, and they have been found to be effective from infancy through the pre-school years, which may increase later engagement in school.<sup>39</sup> In addition, while young people in general can be reluctant to seek help for mental health problems, Aboriginal and minority groups tend to be less likely to attend mental health services in the community.<sup>44</sup> Young people are also less likely to be connected to a GP or other health professional that can assist in the identification and management of their mental health.<sup>44</sup> Service delivery that is based on the service providers coming to the home or other agreed safe place and working with families may be more effective at engaging these young people.

### Aboriginal Involvement in Program Development

To be effective it is important that support programs include Aboriginal constructions of reality and involvement of Aboriginal people from the initial assessment through to intervention and evaluation.<sup>45</sup> Program development requires extensive consultation with the Aboriginal community, including the young people for whom it is intended to ensure that it is meaningful and that there is ownership of both the materials produced and strategies for use or distribution.

Furthermore, it is important that all those involved in program development see it as a priority as often when people are living in adverse circumstances mental health may not be considered a high priority. Differences between Western and Aboriginal concepts of mental health need to be taken into account (see Chapter 4, Gee and colleagues, for a discussion on Aboriginal perspectives of SEWB and mental health).

## EFFECTIVE TREATMENTS FOR YOUNG PEOPLE WITH ANXIETY AND BEHAVIOURAL PROBLEMS

Research in the general population indicates that cognitive behaviour therapy (CBT) is an effective treatment for young people with anxiety.<sup>46</sup> As Casey points out in Chapter 26, the theory of Inner Spirit being linked to the mind, and influencing people's feelings, behaviour and decision making, has enabled the concept of Inner Spirit to be applied in a therapeutic context and incorporates culturally secure CBT approaches. In addition the *Strong Spirit Strong Mind* program articulates the importance of strengthening the Inner Spirit to enhance good decision making and support behavioural change not only at an individual level, but also with family and community. It is suggested that modular and worksheet based CBT approaches may not match the needs, motivations and learning style of young Aboriginal people. A study found that systems-based interventions have good 'face validity', and may work better with young people than a CBT approach alone.<sup>47</sup>

The *Youth Plan* emphasises that there is 'an acute demand' to address youth suicide and bullying in our schools and communities. The Department of Education assisted schools to plan for and implement a range of evidence-based programs that related to mental health and wellbeing, including *Promoting Alternative Thinking Strategies*, *Youth Mental Health First Aid*, *the Positive Parenting Program*, *KidsMatter*, *MindMatters* and PACE, a Participation and Community Engagement program.<sup>48</sup>

Importantly, teachers and school counsellors need to have an understanding of suicidal risk factors and be confident that they will be able to recognise suicidal warning signs, assess a student's level of risk, offer support to a student at risk and take the appropriate intervention steps or referral if they consider a student is at high risk.

### THIS WAY UP Schools

THIS WAY UP Schools is an Internet-based learning system that provides health and wellbeing courses for school students to assist them in making good choices. Students learn about ways to avoid poor decisions and to optimise their physical and mental health. THIS WAY UP Schools is a universal prevention program not designed specifically for young people in difficulty. It is an initiative of the Clinical Research Unit for Anxiety and Depression (CRUFAD) at St Vincent's Hospital, affiliated with the School of Psychiatry and National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales, Sydney, Australia. CRUFAD has developed a range of web-based courses to improve the management of:

1. stress
2. anxiety
3. depression
4. alcohol use
5. cannabis use
6. psychoactive drug use by high school students.

The program gives teachers access to a collection of web-based courses incorporating text, illustrations, videos, class exercises and teacher resources to assist them to teach about, and support, the health and SEWB of their students. All of the courses address Health and Personal Development syllabus outcomes, especially those concerned with mental health and wellbeing.<sup>49</sup>

### THIS WAY UP Schools Course Scenario

This course helps students to identify the symptoms of anxiety and shows how to deal with anxiety effectively. By the end of the 6 to 8 lessons, high school students are able to:

- recognise the signs and common triggers of anxiety and how to effectively deal with it;
- understand how thinking styles can make anxiety worse, and why unrealistic thinking can cause people to feel anxious;
- describe how to change their thinking to control their anxiety;
- face up to their worries and fears and to use the step ladder approach to deal with them;
- describe the three main communication styles and explain how to be assertive; and
- describe predictive thinking and to use the 'experimenting with reality' strategy to challenge their predictions, know where to get further information about anxiety and other mental issues and where they can access effective help.

### Culturally Appropriate Models of Intervention

In Chapter 30, whilst talking about offender programs, Hovane proposes a model of intervention that engages Aboriginal people in culturally appropriate ways. While it is involved and time-consuming, it increases the likelihood of successful engagement. The model is strongly focused on building relationships and trust and developing networks. It requires non-judgmental practice and modification of counselling skills, primarily the use of language. Central to the model is the use of a cultural consultant, a person chosen by the community to assist with networking and cultural understanding throughout the entire program development and beyond. It is therefore likely that it would be more successful to involve cultural consultants and/or Aboriginal SEWB counsellors or mental health workers (MHWs) in the development and dissemination of programs or to vouch for Aboriginal communities. The recent community

consultation by Dudgeon and Ugle, described in Chapter 15, further confirms the value of Aboriginal people being involved in the development and delivery of programs because of the shared life experiences of most Aboriginal people.

In Chapter 21, Milroy suggests a range of strategies for overcoming sadness or worry which may have application in schools. Art and art therapy can assist Aboriginal people in identifying their cultural beliefs and values and this may have a significant impact on reducing behavioural and emotional problems. Art gives children the opportunity to express fear and confusion without having to talk about these things. Hip-hop therapy has also been used successfully in minority groups to establish narratives, identity and assist in building resilience against mental health problems.<sup>50</sup> Other activity-based challenges, connecting to the land, and cultural activities have also proved effective. Similarly, play may be used as an appropriate intervention in younger people. Play is universal across cultures. In addition to providing a range of developmental benefits, it has been used to alleviate emotional issues with moderate to large positive effects.<sup>51</sup>

Despite the concerns about young people not wishing to speak about difficulties—narrative, personal stories or anecdotes, and yarning are the therapies suggested most often by Aboriginal mental health practitioners and counsellors (see Chapter 21, Milroy). Narrative therapy has been adapted with success for use with Aboriginal peoples. It reflects Aboriginal oral traditions and provides an outlet for alternative stories of marginalised people to be told, thereby empowering them, and it may have applications in assisting Aboriginal youth with behavioural and emotional problems.<sup>52</sup>

## CONCLUSION

While there are still significant gaps in the knowledge of behavioural and emotional disorders among youth in the general population, this is more so for differing cultural groups and minority youth for whom the complexities of assessment and prevention are additional barriers to SEWB. The paucity of accurate and current information regarding prevalence of behavioural and emotional problems in Aboriginal young people is of great concern. Culturally appropriate research is required to determine both the prevalence of these disorders in this population and to identify appropriate and effective prevention and intervention options. Hunter<sup>53</sup> and Westerman<sup>54</sup> refer to the desperate need for mental health strategies for all Aboriginal people and there are increasing calls for education systems to develop appropriate support for Aboriginal students with emotional difficulties. While universal programs are required, schools also have a role to play in targeted early intervention programs to support youth at risk of psychological problems. Further research is urgently required to inform intervention and prevention strategies in educational and other settings for Aboriginal youth with behavioural and emotional problems.

## REFLECTIVE EXERCISES

1. Refer to the case studies by Milroy in Chapter 21, pages 375 and 377. In your experience, what are some of the ways that Aboriginal students may exhibit behavioural and emotional problems?
2. How would you go about measuring behavioural and emotional problems in Aboriginal young people?
3. How do you think that Aboriginal youth can be assisted to attend and complete school?
4. How do you think the shame factor can be eased for Aboriginal students?
5. Reflect on the factors that may cause behavioural and emotional problems in Aboriginal youth and discuss possible interventions.

## RESOURCES

### Embrace the Future Resilient Youth website

The Embrace the Future Resiliency Resource Centre is a website for teachers, parents and other people who work with, or care for, children. It provides information about resiliency and how to foster it in children. Although much of the information provided here will be relevant to adolescents as well, the focus of this site is on primary school-age children.

<http://www.embracethefuture.org.au/youth/>

### THIS WAY UP Schools

An Internet-based learning system that provides health and wellbeing courses for school students. The knowledge gained about health education will assist students in making good choices. Students learn about ways to avoid illness and to optimise their physical and mental health.

<https://thiswayup.org.au/schools/>

### Working with Aboriginal Young People: A Guide for Youth Workers

<http://www.yapa.org.au/youthwork/facts/aboriginalyoungpeople.pdf>

### Holistic Planning and Teaching Framework

A DVD has been produced explaining the framework and providing practical demonstrations of the use of the framework by teachers and schools.

<http://www.learningplace.com.au/deliver/content.asp?pid=44292>

### AIME

AIME provides a dynamic educational Program that gives Indigenous high school students the skills, opportunities, belief and confidence to finish school at the same rate as their peers. AIME has proven to dramatically improve the chances of Indigenous kids finishing school. AIME also connects students with post Year 12 opportunities, including further education and employment.

<http://aimementoring.com>

## REFERENCES

1. Belfer ML. Child and adolescent mental disorders: the magnitude of the problem across the globe. *J Child Psychol Psychiatry*. 2008; 49(3):226-36.
2. Achenbach TM, McConaughy SH. *Empirically Based Assessment of Child and Adolescent Psychopathology*. 2nd ed. Thousand Oaks: Sage Publications; 1997.
3. Brunsvold GL, Oepen G, Federman EJ, Akins R. Comorbid Depression and ADHD in Children and Adolescents. *Psychiatric Times*. 2008; 25(10).
4. Sawyer MG, Arney FM, Baghurst PA, Clark JJ, Graetz BW, Kosky RJ, et al. The mental health of young people in Australia: key findings from the child and adolescent component of the national survey of mental health and well-being. *The Australian and New Zealand Journal of Psychiatry*. 2001; 35(6):806-14.
5. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Fifth Edition. DSM-5. Washington: American Psychiatric Association; 2013.
6. Preski S, Walker LO. Contributions of maternal identity and lifestyle to young children's adjustment. *Research in Nursing and Health*. 1997; 20(2):107-117.

7. Zubrick S, Silburn SR, Larence DM, Mitrou FG, Dalby RB, Blair EM, et al. Western Australian Aboriginal Child Health Survey. The Social and Emotional Wellbeing of Aboriginal Children and Young People. Volume 2. Perth; 2005.
8. Human Rights and Equal Opportunity Commission (HREOC). Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. Canberra 1997.
9. HREOC Website: Native Title. A statistical overview of Aboriginal and Torres Strait Islander peoples in Australia. [Internet]. [cited 8 November 2005]. Available from: [www.hreoc.gov.au/social\\_justice/statistics/](http://www.hreoc.gov.au/social_justice/statistics/)
10. World Health Organization. Young people: health risks and solutions WHO Fact sheet No. 345 [Internet]. August 2011. Available from: <http://www.who.int/mediacentre/factsheets/fs345/en/>.
11. Australian Institute of Health and Welfare (AIHW). In: Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. 2009. Canberra: AIHW.
12. Australian Network for Promotion Prevention and Early Intervention for Mental Health (AUSEINET). Mental health promotion and illness prevention: Aboriginal and Torres Strait Islander People. Ausinetter. 2008; 30(1):22-27.
13. Campbell MA, Rapee RM. Current issues in the assessment of anxiety in children and adolescents: A developmental perspective. Behaviour Change. 1996; 13:185-93.
14. Westerman T. Westerman Aboriginal Symptom Checklist – Youth (WASC-Y). [Internet]. Available from: [http://www.indigenouspsychservices.com.au/staticpage.php?static\\_id=12](http://www.indigenouspsychservices.com.au/staticpage.php?static_id=12)
15. Westerman T. Development of an inventory to assess the moderating effects of cultural resilience with Aboriginal youth at risk of depression, anxiety and suicidal behaviours. Perth; 2003.
16. Kickett-Tucker CS. Aboriginal Peer Interactions in Upper Primary School Sport Support Aboriginal Identity. Australian Journal of Indigenous Education. 2008; 37:138-151.
17. Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA). 2013 [cited 2013]. Available from: <http://www.mceecdya.edu.au/mceecdya/>.
18. Steering Committee for the Review of Government Service Provision (SCRGSP). Overcoming Indigenous disadvantage: Key indicators 2011. [Internet]. Canberra: Productivity Commission; 2011. Available from: <http://www.pc.gov.au/gsp/indigenous/key-indicators-2011>.
19. McCuaig L, Nelson A. Engaging Indigenous students through school-based health education, Resource sheet no. 12 produced for the Closing the Gap Clearinghouse May 2012. 2012.
20. Rowling L. Strengthening “school” in school mental health promotion. Health Education. 2009; 109(4):357-368.
21. Blair EM, Zubrick SR, Cox AH, Committee WS. The Western Australian Aboriginal Child Health Survey: findings to date on adolescents. The Medical Journal of Australia. 2005; 183(8):433-5
22. Lowell A, Garrutju J. The Northern Territory Case Study. The Bilingual Interface Project Report. Canberra; 1997.
23. Department of Education Training and Youth Affairs (DETYA). School attendance of Indigenous students: Quantitative analyses. Melbourne; 2000.

24. Ministerial Council Education Employment Training and Youth Affairs (MCEETYA). Report of the MCEETYA Taskforce on Indigenous Education. Melbourne; 2000.
25. Education Queensland. Partners for success Strategy for the continuous improvement of education and employment outcomes for Aboriginal and Torres Strait Islander peoples in Education Queensland 2000
26. Shepherd C, Walker R. Engaging Indigenous Parents in Preparing their Children for School, Australian Research Alliance for Children and Youth, ARACY Topical Paper. 2008. [Internet]. Available from: [http://www.aracy.org.au/publicationDocuments/TOP\\_Engaging\\_Indigenous\\_Families\\_in\\_Preparing\\_Children\\_for\\_School\\_2008.pdf](http://www.aracy.org.au/publicationDocuments/TOP_Engaging_Indigenous_Families_in_Preparing_Children_for_School_2008.pdf).
27. Zubrick S, Silburn S, De Maio JA, Shepherd C, Griffin JA, Dalby RB, et al. The Western Australian Aboriginal child health survey: Improving the educational experiences of Aboriginal children and young people. Perth: Curtin University of Technology and Telethon Institute of Child Health Research; 2006.
28. Schwab RG. Why only one in three? The complex reasons for low Indigenous school retention. CAEPR Research Monograph No. 16. Canberra: Centre for Aboriginal Economic Policy Research, ANU; 1999.
29. MCEETYA. Australian directions in Indigenous education 2005–2008. Melbourne: Curriculum Corporation. 2006.
30. Kickett-Tucker CS, Coffin J, editors. Aboriginal self-concept and racial identity: Practical solutions for teachers. Camberwell Victoria Australian Council for Educational Research; 2011.
31. Malin M. Is schooling good for Indigenous children's health? Paper presented at the Australian Association for Research in Education, Brisbane, 2002.
32. Paradies Y. Race, Racism, Stress and Indigenous Health [dissertation]. Melbourne: The University of Melbourne; 2006.
33. Ministerial Council on Education Employment Training and Youth Affairs. Exploring multiple pathways for Indigenous students: Discussion Paper. Melbourne: Curriculum Corporation, 2001
34. Department of Education Training and the Arts. Linking families and schools Brisbane Department of Education Training and the Arts; 2007.
35. Families as First Teachers. [Internet]. Available from: [http://www.education.nt.gov.au/data/assets/pdf\\_file/0013/30163/FaFT\\_Newsletter2012Sem1.pdf](http://www.education.nt.gov.au/data/assets/pdf_file/0013/30163/FaFT_Newsletter2012Sem1.pdf).
36. Families and Schools Together - Australia. [Internet]. Available from: <http://www.familiesandschools.com.au/>
37. Grant E. In: My land, My tracks. 1998. Innisfail, Queensland: Innisfail and District Education Centre.
38. Liddell M, Barnett T, Roost FD, McEachran J. An evaluation of the national rollout of the Home Interaction Program for Parents and Youngsters (HIPPY) Investing In Our Future, Final report to the Department of Education, Employment and Workplace Relations, August 2011.
39. Bayer J, Hiscock H, Scalzo K, Mathers M, McDonald M, Morris A, et al. Systematic review of preventive interventions for children's mental health: what would work in Australian contexts? Australian and New Zealand Journal of Psychiatry. 2009; 43(8):695-710.
40. Olds D, Henderson CR, Jr., Cole R, Eckenrode J, Kitzman H, Luckey D, et al. Long-term effects of nurse home visitation on children's criminal and antisocial behaviour: 15-year follow-up of a randomized controlled trial. JAMA. 1998; 280(14):1238-44.

41. Gardner F, Shaw DS, Dishion TJ, Burton J, Supplee L. Randomized prevention trial for early conduct problems: effects on proactive parenting and links to toddler disruptive behaviour. *J Fam Psychol.* 2007; 21(3):398-406.
42. Munns A. Ynan Ngurra-Ngu Walalja: Halls Creek Community Families Program. *Neonatal, Paediatric and Child Health Nursing.* 2010; 13(1):18-21.
43. Walker R. Evaluation of Ynan Ngurra-ngu Walalja: Halls Creek Community Families Program. Report to Western Australian Department of Health, Centre for Child Health Research, Telethon Institute for Child Health Research 2010.
44. Rickwood DJ, Deane FP, Wilson CJ. When and how do young people seek professional help for mental health problems? *Medical Journal of Australia.* 2007; 187(7 Suppl):S35-9.
45. Williams R, Dudgeon P. Culturally Appropriate Therapies, Models and Services. In: P Dudgeon, D Garvey, H Pickett, editors. *Working with Indigenous Australians: A Handbook for Psychologists.* Perth: Gunada Press; 2000. p. 389-394.
46. Ollendick TH, King NJ. Empirically supported treatments for children with phobic and anxiety disorders: current status. *J Clin Child Psychol.* 1998; Jun;27(2):156-67.
47. Nisbet I, Graham A, Newell S. Working together to reduce youth recidivism: exploring the potential of a 'Wraparound' Interagency Service Mode. Prepared for the Indigenous Coordination Centre: Coffs Harbour; 2011.
48. Department of Education, Employment and Workplace Relations. [Internet]. Available from: <http://deewr.gov.au/search/site/youth%20mental%20health%20first%20aid>.
49. This Way Up. [Internet]. Available from: <https://thiswayup.org.au/>.
50. Kobin C, Tyson E. Thematic analysis of hip-hop music: Can hip-hop in therapy facilitate empathic connections when working with clients in urban settings? *Arts in Psychotherapy.* 2006; 33(4):343-56.
51. Reddy LA, Files-Hall TM, Schaefer CE. Announcing empirically based play interventions for children. In: LA Reddy, TA Files-Hall, CE Schaefer, editors. *Empirically based play interventions for children.* Washington, DC: American Psychological Press; 2005. p. 3-10
52. Aboriginal Health Council of South Australia. In: *Reclaiming our stories reclaiming our lives An initiative of the Aboriginal Health Council of South Australia Dulwich Centre Newsletter.* 1995
53. Hunter E. "Best intentions" lives on: untoward health outcomes of some contemporary initiatives in Indigenous affairs. *The Australian and New Zealand Journal of Psychiatry.* 2002; 36(5):575-84
54. Westerman T. Engagement of Indigenous clients in mental health services: What role do cultural differences play? *Australian e-Journal for the Advancement of Mental Health.* 2004; 3(3):1-7.

