

MindMatters Plus: INFO SHEET NO.7

HOW DO WE KNOW WHO NEEDS ADDITIONAL SUPPORT? THE IDENTIFICATION PROCESS

Use: Building Whole School Capacity

Audience: Executive Team and Student Support Services Teachers

Intent: Early Intervention

As a means of assisting young people to cope, schools can provide prevention and early intervention programs, which can be delivered in a universal mode for all students, or as selected or indicated for students who have high mental health support needs. However, one of the difficulties when providing selected or indicated programs is the identification of students. The processes of identification and referral of students who have additional support needs can vary from very informal processes and systems to very formal ones (Campbell, 2003).

Multi-modal identification process

Often the identification of students with high mental health support needs in the areas of behaviour and learning is easier than identifying students with emotional and mental health needs. As students with high mental health support needs often experience internalizing problems of depression and anxiety, they tend to be under-identified and under-referred (Abidin & Robinson, 2002; Gardiner, 1994; Green, Clopton, & Pope, 1996; Percy, Clopton & Pope, 1993). Effective diagnosis relies on multi-informants and uses multi-methods (Kazdin & Weisz, 1998; Kraemer et al., 2003). Ideally students are identified:

- in multiple settings (such as home, classroom and playground);
- by multiple informants (such as parents, teachers, peers and self-report);
- using a variety of methods (such as teacher nomination, rating scales, observation, self-reports) (Gresham, MacMillan, & Bocian, 1997).

Two of the demonstration schools in the MindMatters Plus initiative instigated an identification process using a multi-disciplinary approach which collated data from teachers, specialists, and students. It was adapted from an approach being used in some primary schools (Campbell, 2003) to the high school situation for the identification of students with high mental health support needs. The three part process involved

1. Teacher observations: Teachers are crucial to the success of interventions in schools and have a good knowledge of students. In this first phase, teachers raise any concerns they have had with students with a chaired panel of multi-disciplinary specialists.
2. School support team contribute and then collate all information: Without compromising confidentiality, welfare personnel such as the school counsellor, nurse and youth worker nominate students not yet identified and with whom they have worked and who are in need. In this second phase further students can be added.
3. The student self-report: As adolescents have been found to be able to accurately report both their depression and anxiety (Brooks & Kutcher, 2003), the self-report instruments are an important procedure. These need to be carefully considered with advice from a psychologist. Schools will need instruments that are low cost and easily accessible while still providing adequate psychometric properties of reliability and validity. In addition, the measures need to be relatively short for students to complete in one sitting and have a low reading age so all students are able to understand them. In this third phase, students complete a battery of self-report assessment measures.

Case Study – Coombabah State High School

Background

Coombabah SHS is located on the Queensland Gold Coast and has an approximate enrolment of 1100 students. As with most urban high schools, it attracts enrolments from a wide number of feeder primary schools and due to its location, has a high number of interstate and transient students.

The school has a support team comprising a guidance counsellor, a school based health nurse, a youth worker and a behaviour teacher who work in close collaboration with year coordinators, heads of departments and deputy principals.

As with any large high school, many people have important information to identify students with high mental health support needs. The task of collecting this information then collating and communicating it is often a difficult and haphazard process.

It was decided to use an identification system early in the life of the young people in their first year at high school, (Year 8 in Queensland) so that provision of both universal and indicated programs could occur in year 9. The identification process was needed to identify the students for selected and indicated programs.

The Process

1. Information was collected from Year 8 teachers by the multi-disciplinary support team
2. This information was collated with more information from the support team

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3. Students filled in self-report measures.

The three part process included a number of steps as follows:

Step 1: The identification process was advertised and explained to the staff by letter and through staff meetings.

Step 2: Teachers were scheduled to meet individually with the support team for approximately 15 minutes. The teachers discussed all students' needs while the school support team panel members took notes and questioned to clarify issues in an all day session.

Step 3: On another day, the support team reconvened to contribute their own knowledge of the students. Students' needs were categorized into (a) in need of referrals to outside pathways to care, (b) proposed individual interventions, or (c) proposed group interventions for the following year.

Step 4: At the beginning of the next year, several self-report instruments were administered with appropriate parental permission to all students in year 9. This data was collated and analysed by a consulting psychologist. The data was then combined with the previous year's data and used to allocate students to appropriate intervention programs such as Adolescents Coping with Emotions (ACE); Seasons for Growth; and Worrybusters.

For a more comprehensive explanation of the process used for the identification of students with high mental health support needs, refer to the accompanying DVD "Early identification three step process" and accompanying manual available at www.agca.mmplus.com.au

Benefits for students

- this process can eliminate some individual teacher bias
- by identifying all students at once, other trends can emerge
- the process is more equitable for students

Benefits for teachers

- satisfaction with the process due to its transparency and clarity
- time efficient
- a sense that their professional opinions are valued

Benefits for the school

- valuable data collected
- data can be tracked from year to year
- programs for students with special needs can be implemented in a much more co-ordinated way

Benefits for school support staff

- provides comprehensive and complementary data on individuals
- allows for team problem solving

Limitations of the process:

- the process takes time, especially in the organisation of the two days
- there is a need for a review of the process and if the school has a highly mobile student population, these reviews would need to be more frequent
- requires a budget allocation for teacher release and payment for analysis of data by an outside consultant
- relies on teachers being good observers and being willing to refer.

From the experience of this case study, it would seem that a tripartite model of identification of students by teacher referral, support staff referral and self-report screening could be most beneficial in identifying adolescents for a range of interventions in secondary school.

Relevant learning from the MindMatters Plus initiative:

"Identification of students with high mental health support needs is a complex process that has the potential to alienate and stigmatize students but which need not do so if undertaken thoughtfully and in partnership with students."

References

- Abidin, R.R., & Robinson, L.L. (2002). Stress, biases, or professionalism: What drives teachers' referral judgments of students with challenging behaviors? *Journal of Emotional and Behavioral Disorders*, 10, 204-212.
- Algozzine, B., & Korinek, L. (1985). Where is special education for students with high prevalence handicaps going? *Exceptional Children*, 51, 388-394.
- Brooks, S.J., & Kutcher, S. (2003). Diagnosis and measurement of anxiety disorder in adolescents: A review of commonly used instruments. *Journal of Child and Adolescent Psychopharmacology*, 13, 351-400.
- Campbell, M.A. (2003). An innovative multi-disciplinary approach to identifying at-risk students in primary schools. *Australian Journal of Guidance and Counselling*, 13, 159-166.
- Fujiura, G.T., & Yamaki, K. (2000). Trends in demography of childhood poverty and disability. *Exceptional Children*, 66, 187-199.
- Gardiner, J. (1994). Differential teacher response to type of behavioural disturbance: The good, the bad and the forgotten. Paper presented at the Australian Association for Research in Education Conference: University of Newcastle.
- Green, M.T., Clopton, J.R., & Pope, A.W. (1996). Understanding gender differences in referral of children to mental health services. *Journal of Emotional and Behavioral Disorders*, 4, 182-190.
- Gresham, F.M., MacMillan, D.L., & Bocian, K.M. (1997). Teachers as "tests": Differential validity of teacher judgments in identifying students at risk for learning disabilities. *School Psychology Review*, 26, 47-60.
- Kazdin, A.E., & Weisz, J.R. (1998). Identifying and developing empirically supported child and adolescent treatments. *Journal of Consulting and Clinical Psychology*, 66, 19-36.
- Kraemer, H.C., Measelle, J.R., Ablow, J.C., Essex, M.J., Boyce, W.T., & Kupfer, D.J. (2003). A new approach to integrating data from multiple informants in psychiatric assessment and research: Mixing and matching contexts and perspectives. *American Journal of Psychiatry*, 160, 1566-1577.
- Lane, K.L. (2003). Identifying young students at risk for anti-social behavior: The utility of "teachers as tests." *Behavioral Disorders*, 28, 360-368.
- Newman, D.L., Moffitt, T.E., Caspi, A., Magdol, L., Silva, P.A., & Stanton, W.R. (1996). Psychiatric disorder in a birth cohort young adults: Prevalence, comorbidity, clinical significance, and new case incidence from ages 11-21. *Journal of Consulting and Clinical Psychology*, 64, 552-562.
- Pearcy, M.T., Clopton, J.R., & Pope, A.W. (1993). Influences on teacher referral of children to mental health services: Gender, severity, and internalizing versus externalizing problems. *Journal of Emotional and Behavioral Disorders*, 1, 165-169.
- Sawyer, M.G., Arney, F.M., Baghurst, P.A., Clark, J.J., Graetz, R.J.
- Kosky, R.J., et al. (2001). 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. *Australian and New Zealand Journal of Psychiatry*, 35, 806-814.
- Zubrick, S.R., Silburn, P.B., Burton, P., & Blair, E. (2000). Mental health disorders in children and young people: Scope, cause and prevention. *Australian and New Zealand Journal of Psychiatry*, 34, 570-578.