

SUPPORTING STUDENTS WITH POOR MENTAL HEALTH AND A HISTORY OF TRAUMA

Identifying strategies for disadvantaged students in the vocational and tertiary sectors.

An International Specialised Skills Institute Fellowship.

FEREN YEN

Sponsored by the Higher Education and Skills Group, Department of Education and Training (Victorian Government)

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i. Acknowledgements

Feren Yen sincerely thanks the following organisations and individuals who gave their time and energy to assist in the completion of the HESG Fellowship.

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Since its establishment 28 years ago, ISS Institute has supported over 450 Fellows to undertake research across a wide range of sectors which in turn has

led to positive change, the adoption of best practice approaches and new ways of working in Australia.

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The Victorian Government, through the Higher Education and Skills Group (HESG) of the Department of Education and Training, is responsible for the administration and coordination of programs for the provision of training and further education, adult education and employment services in Victoria and is a valued sponsor of the ISS Institute. The Fellow would like to thank them for providing funding for this Fellowship.

Personal acknowledgements

The Fellows thank the following people for their generous assistance, advice and support for this Fellowship.

1. Ms. Hui-Chu Liu: for making contacts through your networks (Taiwan)
2. Mr. Rajiv Gulshan: for inspiring and encouraging me to undertake this Fellowship (William Angliss, Australia)
3. Mr. Rajesh Iyer: for supporting my application (Training Manager, Melbourne City Institute of Education)
4. Ms. Lucy Gries: for supporting my application (Care Coordinator and Social Worker, Australia)
5. Professor Shiung Cheng (National Taichung University of Education, Taiwan)
6. Dr. Amy Lee (National Taichung University of Education, Taiwan)
7. Ms. Emma Wang (Chienkuo Technology University, Taiwan)
8. Heather T. Forbes (Beyond Consequences, USA)
9. Dr. Ross W. Greene (Lives in the Balance)
10. Mr. David Emerson (Trauma Center Trauma-Sensitive Yoga)
11. Ms. Maria Jude (Trauma Center Trauma-Sensitive Yoga)

ii. Executive Summary

This Fellowship took place over two trips to identify the approaches the USA and Taiwan have taken to address the challenge of supporting and engaging disadvantaged learners with poor mental health or mental illness due to trauma.

Currently in Australia, 1 in 5 Australians will experience an illness (Blackdog, 2018) and with over 1,513,383 enrolments in vocational and tertiary education consisting of international and domestic students (Universities Australia, 2017) schools need to be a place for students to engage, feel safe and to learn.

The Fellowship commenced with the Trauma Informed Schools Conference in St Louis, Missouri USA with the Fellow attending several workshops and participating in activities used to assist in re-engaging learners. Leading experts and mental health professionals provided practical strategies to overcome common challenges and establish a foundation to build further learning and skills to become trauma informed education providers.

The second part of the Fellowship was undertaken with visits to Taiwanese universities interviewing heads of the counselling departments. This part of the trip expanded on school systems and strategies working with disadvantaged learners in a highly competitive and stressful learning environment. Findings here show that engagement is increasing, and cultural barriers are shifting with proactive staff and learners becoming more open to addressing topics around mental health and trauma. Previously, disadvantaged learners were left behind and speaking or engaging in forms of therapy or healing were considered embarrassing and shameful in this culture, however, over the last few years, changes have started to take hold and government, educators and learners are starting to break down these barriers. This is similar to the conservative culture in Australia where mental

health and trauma are still stigmatised and with a blended culture, several other barriers including language and religion influence learner readiness to engage with services.

Research in this report shows that there are simple and successful ways to engage with learners that do not require re-inventing the wheel or large budgets. By increasing education around the challenges and theoretical knowledge of trauma and mental health, schools and systems can support learners by building relationships based on trust, providing and maintain a safe environment, and adjusting administrative and policy approaches. By taking these steps, learners facing mental health illness or with trauma can complete studies successfully and graduate with the right knowledge in their chosen field whilst building the social and life skills to navigate and contribute actively within the community.

1.0 Fellowship Background

Fellowship Context

This Fellowship was awarded through the International Specialised Skills Institute under the Higher Education Skills Group and sponsored by the Department of Education and Training (Victoria). The Fellowship aim was to develop opportunities in the VET sector through the identification of successful mental health and trauma related support systems to engage disadvantaged learners. This Fellowship report will provide an overview of the trip including conclusions and learnings aligned to student well-being and support systems in relation to trauma related mental health support systems and engagement of learners.

The priority areas this Fellowship research focused on:

1. Observe and identify the systems in place to support learners with poor mental health or mental illness
2. Observe and develop recommendations for the Australian context

The Australian Context

Everyone has experienced trauma to varying degrees and each person has the ability to tolerate a certain amount of trauma, however, at times it can lead to, or stem from, mental illness. Mental illness is a health problem that is diagnosed by set criteria and may include depression, anxiety, eating disorders, addictive behaviours and schizophrenia, 1 in 5 Australians will experience an illness (Blackdog, 2018). The rest of the population may experience poor mental health throughout their lives but the body and brain are able to overcome and return to

a state of stability. As of 2017, there were over 1,513,383 enrolments (Universities Australia, 2017) in vocational and tertiary education and with the majority of time being spent at school, schools need to be a place for students to engage, feel safe and to learn.

Disadvantaged learners are often left behind, even with disability support plans in place, as administrators, teachers and support staff are not trained in mental health and classroom strategies for inclusion and are often unsure how to handle behavioural episodes. Educators and administrators need to become trauma informed as a whole and though it is often a long and difficult journey, the result is a truly inclusive, supportive learning environment for all. Designing schools to be trauma informed allows for the environment to embrace differences and leads to a place of nurture and understanding compared to judgement and punishment of poor behaviours. Only by making this shift and understanding that mental health and illness affects most of our learners at some point through their learning journey, can we fully support learners.

Aeurbach et al (2018) recently completed a study on first year university students at 19 colleges across 8 countries (including Australia), screening common lifetime and 12-month mental disorders including "...major depression, mania/hypomania, generalized anxiety disorder, panic disorder, alcohol use disorder, and substance use disorder" (p. 624). Out of the full-time 13,984 participants screened, 35% responded yes to at least one of the common lifetime disorders assessed and 31% for at least one 12-month disorder. Aeurbach acknowledges the limitations of the report and concludes that figures are likely to be much higher than reported as the survey was conducted with only first year students and expectation and demands on learners generally increased throughout the learning levels which

means there could be a high number of undisclosed reasons for poor academic and behavioural performance or reasoning behind non-completion rates.

Although most education providers have counsellors or psychologists on site that assist with individual support plans to adequately support learners, staff often lack training in identifying, addressing and referring disadvantaged students to services. Even if support plans are provided by a counsellor, often the student and teacher do not have time to discuss support plans and strategies in depth, and from the Fellow's experiences, plans are not continually updated throughout the year with all parties.

Australia currently has a few programs to increase awareness of poor mental health and provide general education. Programs that stand out in Australia are:

- » Healthy University Initiative: Adopted by the Sunshine Coast University, this is a collection of programs, policies and services that create a healthy working and learning environment. These include gymnasium, sports and fitness facilities, and free 3 hour facilitator led, mental health training programs to assist in improving communication and influencing skills for early prevention of overwhelming issues.
- » Charles Sturt University: Offers student and staff discounted gym memberships, increased access to recreational physical activities, and has built relationships with local health providers.
- » St Vincent's Hospital (Sydney) and University of New South Wales: Designed by Professor Gavin Andrews and his team, This Way Up, is an online screening tool that helps students to better understand the emotions they are experiencing (e.g., fear, anxiety, stress, sadness). The platform connects with a clinician who can supervise their progress, and free self-help courses are available online (like "Coping with Stress," "Intro to Mindfulness," or "Managing Insomnia").
- » Mental Health First Aid (MHFA): A Mental Health First Aid course designed to build confidence and provide guidelines on assisting someone developing a

mental health problem or in a mental health crisis until professional help is available. This workshop helps participants learn how to:

- » help people in the early stages of mental health problems
- » recognise the signs and symptoms of these problems
- » know where and how to get help
- » understand what types of help are effective
- » Monash University: Currently offers MHFA training to all staff and students along with online training delivered via Moodle for self-care (Changing Minds) and stress management.
- » espace and headspace: National program supporting youth with mental health, physical health (including sexual health), alcohol and other drugs or work and study support
- » beyondblue: Information and support to help everyone in Australia achieve their best possible mental health, whatever their age and wherever they live
- » Black Dog Institute: Online self-help tools and apps that can be accessed from anywhere via desktop, mobile or tablet 24 hours a day
- » Butterfly Foundation: Support for eating disorders and negative body image
- » Head to Health (Australian Government): Find the right Australian digital mental health resources
- » Headspace: National youth mental health foundation dedicated to improving the wellbeing of young Australians
- » Lifeline: 24/7 crisis support and suicide prevention services
- » Mental Health Online: Internet-based treatment clinic for people with mental health conditions
- » MindSpot: Online assessment and treatment for anxiety and depression
- » On the Line: Professional social health business that provides 24/7 telephone,

web chat and video counselling support, anywhere and anytime

- » QLife: Australia's first nationally-oriented counselling and referral service for people who are LGBTQIA+; provides nation-wide, early intervention, peer supported telephone and web-based services
- » ReachOut: Practical support, tools and tips to help young people get through anything from everyday issues to tough times
- » SANE Australia: Mental health awareness, online peer support and information, stigma reduction, specialist helpline support, research and advocacy
- » THIS WAY UP: Online courses clinically proven to help take control of your wellbeing; free and anonymous 'Take a Test Tool'

Although Australia has numerous programs to support the mental health of students, more consistency in mental health service offerings across education providers and a move towards being trauma informed teachers, administrators and educating learners is required to bring about successful, sustainable change.

Fellowship Methodology

The Fellow undertook two trips to complete the HESG 2017 International Specialised Skills Fellowship. Part 1 was attending the Trauma Informed Schools (TISC) 2018 spring conference in St Charles Missouri and Part 2 was interviewing and visiting schools in Taiwan in 2019.

USA: A leading provider of vocational and higher education, the US has a well-established multicultural and multilingual learning environment that accommodate the diverse ages of learners and effective support systems for disadvantaged learners.

Taiwan: With a growing Chinese population in Australia, it is important to understand and adapt our existing systems to better support our immigrants and international students by examining international systems that are in place to

support mental health and trauma. Taiwan has a strong education system and is highly ranked in Asia for language, literacy and numeracy with over 45 percent of the population being awarded higher education degrees. An emphasis on testing and high grades has established a stressful environment of competitive academics which has led to poor mental health in the past. However the Ministry of Education of the Republic of China fund support programs and a shift in mindset is improving mental health.

Fellow's Biography

Fellow: Feren Yen

Feren has experience teaching in AQF level 4, 5, and 7 and currently facilitates learning in the Higher Education department at William Angliss Institute where she is responsible for delivery of management, human resources and finance subjects and is active in the instructional design space as a consultant. Her work allows her to engage with international and domestic students and participants of all ages and experiences, many from disadvantaged backgrounds.

She has combined her passion of education with her interest in the field of trauma informed education by undertaking a Fellowship with the International Specialised Skills Institute to explore engaging and supporting disadvantaged students in the VET and higher education sectors.

Embracing students with a trauma informed lens in a cross-cultural environment, she is passionate about building student confidence and compassion, preparing them to be job ready, and sharing her inclusive learning approach with others.

Feren has recently completed training with the Trauma Centre, Trauma Sensitive Yoga Program (300 hours) to complement her classroom teaching, volunteers with local not-for-profits offering yoga to at-risk or underserved communities and is on a journey to transform her existing yoga studio Downward Duck & Co into a trauma informed studio.

Qualifications:

MBA - (Human Resource Management): University of Newcastle

Bachelor of Adult Learning and Development: Monash University

Advanced Diploma of Project Management: TMG

Diploma of Management: Holmesglen

Diploma of Financial Services - Financial Planning: Kaplan

Certificate IV in Training and Assessment: Holmesglen

Certificate III in Fitness: FitFitnation

Certificate III in Hospitality - Operations: NRG

Other Accreditation:

Mental Health First Aid: MHFA

DISC plus Workplace Motivators Profiling: TTI Success Insights

Emotional Quotient: TTI Success Insights

Herman Brain Dominance Instrument (Thinking Preference): HBDI Australasia

200 Hour Registered Yoga Teacher Training: Routes of Yoga

300 Hour Trauma Sensitive Yoga: Centre of Trauma and Embodiment at the Justice Resource Institute

Reformer Pilates Teacher Training: Elixr

Abbreviations/Acronyms/Definitions

HESG:	Higher Education and Skills Group
IEP:	Individualised Education Program
ISSI:	International Specialised Skills Institute
MBA:	Master of Business Administration
OCD:	Obsessive Compulsive Disorder
SVTS:	Skills Victoria Training System
TAFE:	Technical and Further Education
TISC:	Trauma Informed Schools Conference
UCLA:	University of California, Los Angeles
USA:	United States of America
VET:	Vocational Education and Training

2.0 Fellowship Learnings

The Fellow undertook two trips to complete her HESG 2017 International Specialised Skills Fellowship. Part 1 was attending the Trauma Informed Schools Conference (TISC) in 2018 during spring in St Charles Missouri. The second part was visiting schools and interviewing staff in Taiwan. This Fellowship report will provide an overview of the trip including conclusions and learnings relating to the student well-being and support systems specifically in relation to trauma related mental health and engagement of these learners.

Trauma is defined by Heather T. Forbes (2018) as “any event that is more overwhelming than which is ordinarily expected.” and Dr. Bessel van der Kolk (2000), a leading Trauma expert describes it as being an experience that leaves victims stuck in a state of helplessness and terror. When the brain and mental state become overwhelmed, this results in a change of how danger is perceived, and what is considered relevant and irrelevant to survival. Memory is fragmented and nondeclarative with the body holding onto sensations of fear and hyperarousal making survival the only thing that drives behaviour and decision making. Putting these two descriptions together, this paper will approach trauma simply as when mind and body are in a state where and when the learner or victim is powerless to stop what is happening.

In the context of education and mental health, trauma directly effects as a trigger for the onset of mental illness. When learners show signs of dissociation or seem unfocused and disruptive, it is an indication of them putting up emotional barriers to go into a state of self-protection which is often seen as aggressive, attention seeking or closed off. In a higher education setting, these learners are often set to the side or back of the room, choose to leave the classroom or completely drop off from the system. This could be due to educators trying to manage these behaviours with negative reinforcement or not communicating at a suitable brain

function level which further leads to poor mental health or illnesses such as anxiety, OCD, and difficulty managing emotions and relationships.

USA

In the States, students with disabilities or in need of psychological support receive Individualised Education Program (IEP) up to age 22 that outlines where they currently are at on a social, academic and behavioural level. Short and long term goals are made with progress reporting completed regularly. An IEP is detailed and involves the following parties: student, parent/guardian if required, special education teacher, school psychologist, school representative. It is a proactive and inclusive approach however, once a student goes to community college (vocational) or university, an IEP is no longer available and students must access services through the education provider. A wide range of services are available through U.S education providers including:

- » Disability counselling
- » Academic/Career/Personal counselling
- » Test Accommodations
- » Course Accommodations
- » Sign Language Interpreter
- » Alternative Formats (E-text)
- » Reader
- » Notetaker
- » Tutoring Services
- » Financial Aid/Financial Literacy Resources
- » Assistive computer training
- » Captioner
- » Online counselling services

These services are promoted and the subjects of mental health and recognition of students with disabilities and past trauma are becoming more widely accepted and discussed. Most learners with disabilities still attend public schools and learn in mainstream classes with aides (WENR, 2018) with schools recently introducing alternative therapies such as yoga and sound meditation into classrooms resulting in improved academic performance, focus, self-esteem and memory and a reduction in anxiety and stress.

Leading mental health and wellbeing programs being offered by schools in the U.S include:

- » **Florida State University:** Offers an online trauma resilience training program developed through the Institute of Family Violence Studies and their College of Social Work. The program recognized that many students coming to their university have experienced “significant family and community stress,” and that stress can affect their learning. The program is mandatory for all incoming first year and transfer students and features videos, animations, and TED-talk-style informational sessions to foster student strengths and coping strategies.
 - » **Stanford:** Through online videos, the Resilience Project features students and alumni describing the intense self-doubt they experienced when they first arrived in higher education.
 - » **University of Wisconsin:** The Pruitt Center for Mindfulness and Well-Being was launched in 2018 to promote well-being and includes workshops, weekly yoga and mindfulness classes and a curated collection of mindfulness and well-being resources at their university library.
 - » **UCLA Mindful Awareness Research Centre:** Provides mindful breathing exercises and meditations for free.
 - » **University of California:** Provides education around the 7 dimensions of wellness to faculty and students. These are social, emotional, spiritual, environmental, occupational, intellectual and physical wellness.
- » **The University of Sioux Falls:** One of the first schools to offer a free texting hotline for their students. The non-profit Text4Hope aims to provide college students with options if they are worried about a particular friend, overwhelmed by academic stress themselves, or feeling lonely, depressed, or suicidal. Trained members of the Helpline Center are ready to respond to texts 24/7.

Other programs include:

- » **Kognito:** An online simulation program helps students learn how to talk to friends who may be suffering emotionally, directing them to appropriate resources. Students work with virtual students under distress and work through scenarios to find the best approach to respond to the situation.
- » **Active Minds:** Mental health advocate group that has over 450 chapters nationwide.

TISC CONFERENCE

The Fellow attended the TISC spring, three-day conference which included several workshops. The key learnings are explained below:

Keynote: 50 Shades of Trauma by Heather Forbes

Heather Forbes (2018) shares how a beyond consequences response (inclusive, loving, replacing punishment) can be used to build trust and change the context of past relationship patterns. The conference introduced the Adverse Childhood Experiences Survey (ACE's), a research study conducted by the American health maintenance organization Kaiser Permanente and the Center for Disease Control and Prevention. ACEs explored the relationship of trauma and toxic stress as potential driving factors behind client behaviours.

The ACE's study asks participants if they have experienced any of the following:

- » Physical abuse
- » Sexual abuse
- » Emotional abuse
- » Physical neglect
- » Emotional neglect
- » Exposure to domestic violence
- » Household substance abuse
- » Household mental illness
- » Parental separation or divorce
- » Incarcerated household member

Long term follow-up and reporting is continuously conducted and students with at least 3 ACEs were 3 times likelier to experience academic failure and 5x likely to have attendance issues and 6x as likely to exhibit behavioural problems. If someone has an ACE's of 6 or more, lifespan was likely to shorten by 20 years. Maynard et al (2017) outlines evidence of trauma and the impact on educational outcomes:

In a systematic review specifically examining school-related outcomes of traumatic event exposure, Perfect and colleagues (2016) identified 44 studies

that examined cognitive functioning, 34 that examined academic functioning and 24 that examined social-emotional-behavioural functioning. Their findings suggest that youth who have experienced trauma are at significant risk for impairments across various cognitive functions, including IQ, memory, attention and language/verbal ability; poorer academic performance and school-related behaviours such as discipline, dropout and attendance; and higher rates of behavioural problems and internalizing symptoms.

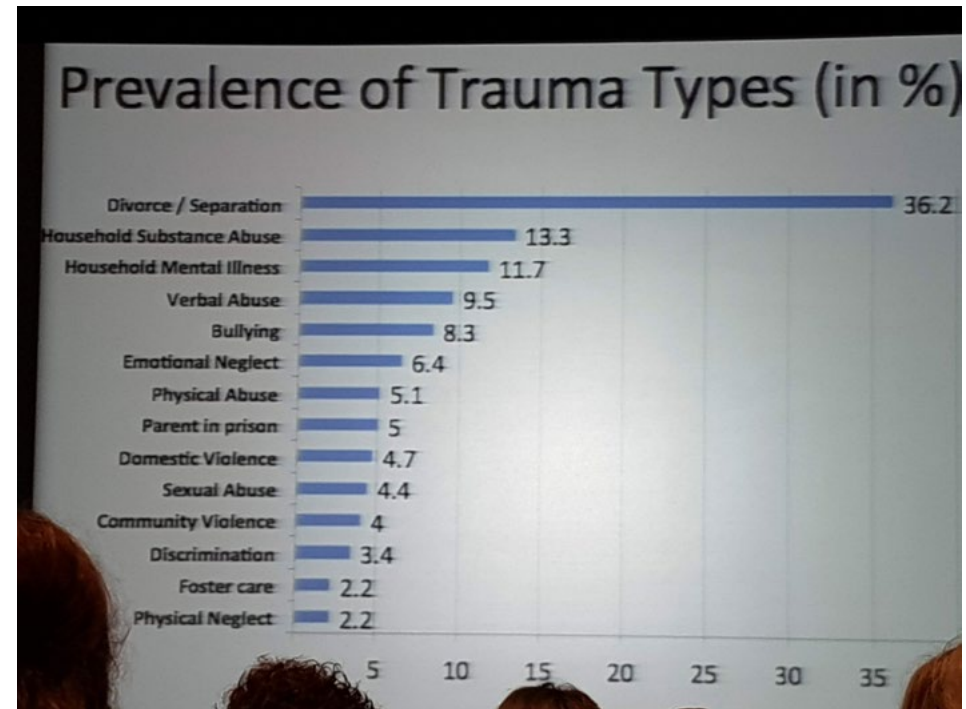


Figure 1. Prevalence of trauma types

Learning about the ACE's and the relationship between trauma and physical and mental health (Crouch et al, 2018) brings emphasis on the need to modify learner

- educator relationships, from traditional punishment based, to relationship based that allow for healing and brain body regulation.

Forbes shared Dr. Daniel Siegel's (2017) Hand Model of the Brain which provides a simple and clear picture of the brain and can be used to educate staff and learners on brain physiology.

The Hand Model of the Brain:

1. Wrist represents the spinal cord
2. Palm represents the reptilian brain which is about 300 million years old and includes the brain stem which regulates breathing, heart function, and digestive systems. This part of the brain is also responsible for creating the fight, flight, freeze, faint response when we feel threatened. When this part of the brain takes over, the person is in survival mode only thinking about the next 15 seconds and no long-term consequences of action are processed.
3. Thumb presents the limbic area of the brain which is about 200 million years old. This part of the brain connects to the top and bottom. It is responsible for appraising the meaning of things and also processes memory. Memory is divided and connected to an area called the hippocampus and amygdala. The principle of relational attachment is developed here.
4. Top fingers fold down over the thumb with knuckles facing forward. This represents the cerebral cortex which makes maps of the outside world with our eyes and sound.
5. The frontal cortex which is responsible for makes associations is represented by our 4th and 5th finger from the knuckles down and is responsible for integration of information. Usually people have top down control which means there is connected from top down (cortex - limbic - brain stem - spine) so behaviour and communication can be displayed logically and harmoniously within oneself and with others.

6. If the parts of the brain are not linking, it results in flipping the lid causing disintegration and behaviour becomes chaotic and rigid or withdrawn. This is called dysregulation, "flipping the lid" or flooding.

From the ACE's and other studies, it is known that trauma disrupts brain development and can influence brain function at any age. For vocational and tertiary learners, this is still applicable, so when concerning behaviours are displayed staff can assist these disadvantaged learners by checking if they are 1) feeling unsafe or 2) have a fear of failure.

In classrooms, if an educator encounters a learner having an episode or retreating, this can be interpreted as the learner being in fight, flight or freeze mode, where regular social cues and communication are unavailable to the learner and they require relational and environmental support to bring the nervous system back into regulation. Learners have varying levels of tolerance for chronic stress and those that experience significant trauma will have a low window of tolerance are easily triggered by poor relationships resulting in feeling unsafe in their environment (including sound, smell, and touch sensitivities).

Some learners will have a higher window of tolerance for stress and triggers and are able to bring their body and brain back into regulation as they have strong relationships with peers and educators and feel safe in their environment. Those with a low window of tolerance can, over time, learn to manage their fight or flight reactions and come back to a state of regulation at a faster pace, but it takes practice and understanding from the school and peers.

Forbes discussed the importance of using language to help bring back regulation when communicating and assist to build trusting relationships with learners. When someone is on high alert, they are unable to communicate using their frontal cortex and instead operate from a bottom up approach which is when the reptilian brain takes over for survival mode.

Traditional reactions to misbehaviour	Trauma-informed responses
You should know better	Help me understand how you feel so I can assist you
This isn't good enough	Let's try this together
You need to behave	I am here to make it safer for you

Educators need to shift seeing learners as good or bad but instead regulated or dysregulated or hypo or hyper aroused on the regulation spectrum and identify where the learner is on the hierarchy of learning model. The model is adapted from Maslow's Hierarchy of Needs and is applicable to all ages of learners.

Level 5: Learning

Level 4: Esteem/Self-love

Level 3: Relationship/Love

Level 2: Safety

Level 1: Physiological

Refer back to the brain model and idea of being in survival mode, here if a learner is dysregulated they are operating on level 1 or 2 if they are concerned about food, shelter or safety requirements. In a learning environment, educators expect learners to be at level 5 however, this is impossible to reach without establishing a stable base from levels 1 and up. How can we expect our learners to thrive if they are worried about physical safety, have had no food to sustain them, or have a mental illness or severe trauma with no support systems (relationships)?

Finally, Forbes discussed the value of having a regulated faculty and how educators need to take time to learn about their own window of tolerance and find strategies to help them stay in regulation.

Keynote: Understanding and Helping Learners with Social, Emotional and Behavioural Challenges by Ross W . Greene.

Ross W. Green holds a Ph.D in clinical psychology, is founder of not-for-profit, Lives in the Balance which recently funded the film "The Kids We Lose", a 90 minute documentary that shares stories of learners with behavioural challenges, and the struggles faced by their educators and other parties.

Key learnings from Green include; the behaviours we see in learners are signals that they are unable to meet the expectations set by the curriculum and they need assistance building fundamental skills to help them express themselves. The main skills that learners lack are:

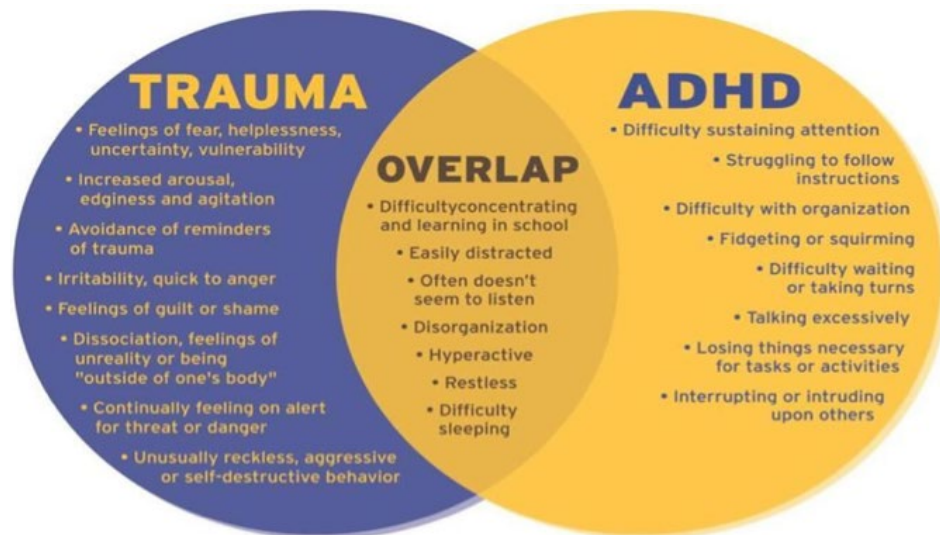
1. Executive skills
2. Language processing/communication skills
3. Emotional regulation
4. Cognitive flexibility
5. Social skills

He suggests beginning by gathering evidence if required, then addressing the problem in an honest, non-accusatory manner to gain acceptance of the problem's existence and then finding a mutually agreeable solution with a set timeframe for reviewing progress in order to build accountability.

Workshop: Addressing Psychiatric Diagnosis and Medications in Schools by Jay Barclay and Kristen Ryder

In this workshop Barclay (nurse) and Ryder (psychologist) discussed their experiences working with learners, and provided a history of school mental health assessment, current snapshot and future strategies. They stressed the importance of having a strength-based approach with shared knowledge and wrap around services established. The facilitators provided a breakdown of common mental health illnesses. Key learnings are:

ADHD: They noted the importance of distinguishing between learners experiencing actual ADHD versus those showing symptoms from their trauma and finding the root cause of the behaviour instead of prescribing medication right away. Trauma in schools is often misdiagnosed as ADHD, which is then medically treated with other side effects; or seen as misbehaviour resulting in various forms of exclusion and punishment.



Anxiety: Human brains learn to interpret information about their surroundings and situation, and a healthy level of anxiety helps humans survive by being on the lookout for danger. However, too much anxiety can lead to physical and emotional breakdown. Barclay and Ryder (2018), reported that anxiety is the most common mental health complaint, with females experiencing it nearly twice more often than males and 32% of adolescents experience anxiety with 8% experiencing severe impairment in their school environment. To manage learners with anxiety, they suggest open communication, self-reporting opportunities, and to observe learner physiological changes during interactions.

PTSD: Symptoms include -

- » Flashbacks, nightmares, avoidance
- » Angry Outbursts
- » Feelings of detachment
- » Difficulty concentrating
- » Sleep disturbances
- » Dissociation

Bi-Polar Disorder: There are 2 types of bi-polar disorder and both result in mood shifts, severe changes in energy levels, disrupted sleep and ability to function in daily tasks vary significantly. Causes are likely hereditary or environmental trauma and individuals with bi-polar are 3 times more likely to have anxiety.

Borderline Personality Disorder: From an educator perspective we may see a learner show erratic behaviour, be in and out of relationships, hold a distorted self-image and have low self-esteem. Self-harm and suicidal thoughts are common and may use manipulation to get attention for fear of abandonment or out of hopelessness and loneliness.

Figure 2. Barclay and Ryder 2018



Figure 3. Yoga between workshops

As most educators are not qualified to diagnose illnesses, simple strategies that can be implemented include:

- » Educators can attend appointments with learner and medical staff
- » Ensure they correctly report/screen learners if it is in their scope
- » Recognise learner perspectives as their truth
- » Embrace somatic modalities: body work, art therapy, music therapy, yoga, qigong

- » Understand that adult learning is self-directed and encourage learners to draw upon their life and work experiences to engage further learning or establish strong linking to the meaning and importance of the topic

Workshop: Practical Strategies for Regulating Student Brains by Andrea Freiden & Becky MacDonald

Classroom strategies for student self-regulation:

1. Create a climate of connectedness
2. Use strategies and structures for self-regulation

By focusing on these two areas, schools allow for learners to feel safe and come back into regulation and only then can learning take place as learners are able to relate to new material and also be able to reason with peers and challenge each other's thinking.



Figure 4. Sensory Tools

Freiden and MacDonald shared the importance of having close relationships with learners and encouraging them to build trust with their peers by providing opportunities for learners to feel valued and empowered. Interactions assist in shaping how learners see themselves, others and the world around them. Having them practice fostering resilience and learning to communicate and regulate is one of the most importance aspects of teaching.

Common dysregulated behaviours in the classroom:

Hyper-arousal	Hypo-arousal
Unable to sit still or focus	Defiant
Unable to adhere to rules	Withdrawn
Aggressive	Tardy
Argumentative	Absent
Anxious	Disassociates - shuts down
Impulsive	Avoidance of tasks
Risk-taking	Uncaring attitude

Andrea and Becky shared strategies they use to help students in the classroom and the main takeaways were;

- » Take regular brain breaks as often as a learner needs
- » Encourage physical activity and games, as trauma often causes loss of connection between brain and body
- » Use focusing activities such as breathing exercises (inhalation influences the

autonomic nervous system whereas exhalation activates the parasympathetic nervous system/vagus nerve), taking pulse before and after class, allow for laughter in the classroom

- » Allow tactile props for learners including fidget spinners, putty, bowl of rice
- » For learners who need to feel safer in the environment use weighted blankets, heat pack, music



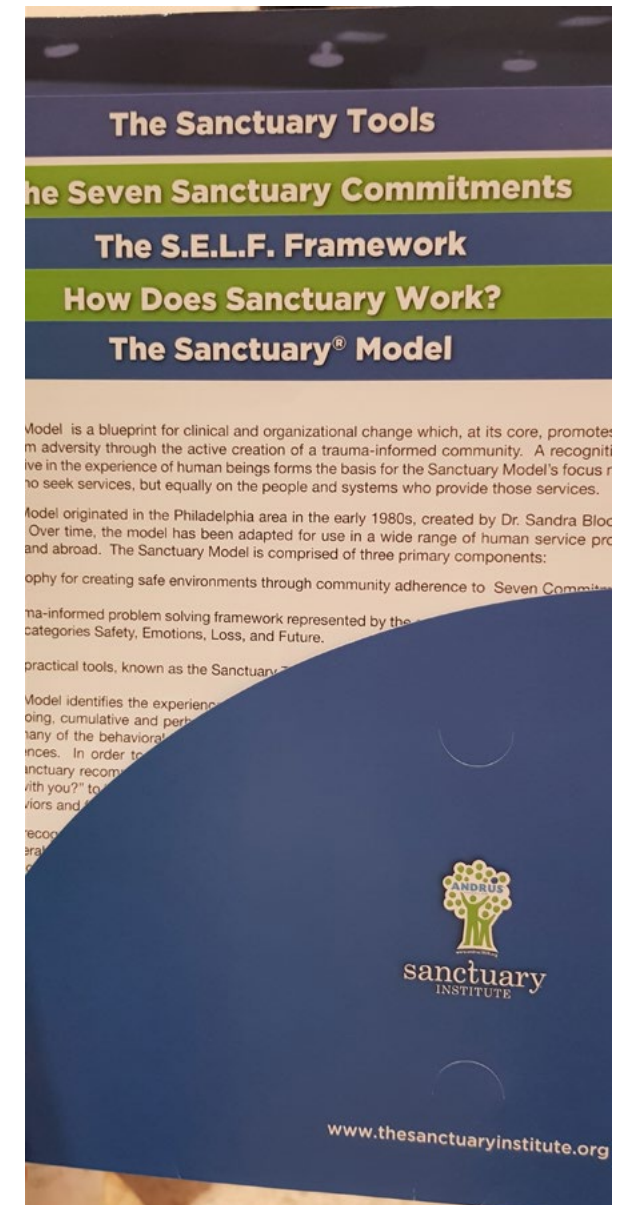
Figure 5. Sensory table with bubbles, sticky putty, bowl of rice, exercises

Workshop: The Sanctuary Model® - Trauma Informed Culture by Jaye Holly

This workshop provided an overview of the Sanctuary Model® - it is an organisational cultural model with therapeutic underpinnings and is now being used as a blueprint to create trauma-informed communities and schools. The model was founded by Sandra L. Bloom, M.D. a board-certified psychologist and leading author in trauma education. Bloom acknowledges that trauma is universal and is committed to promoting nonviolence, understanding emotional intelligence, advocates social learning, open communication, democratic values, takes social responsibility and encourages growth and change.

The four pillars of the Sanctuary Model are knowledge, values, language and practice and the Sanctuary Institute provides training and tools to build a common practice, community and to develop an understanding of the effects of adversity and trauma and how to deal with these. In an educational context, the sanctuary model emphasises the importance of safety, emotions, loss and future. It serves staff and learners by seeing them as of equal importance and looks at minimising vicarious trauma through trauma stewardship.

Figure 6. Sanctuary Model tools



Workshop: Sound Therapy by Patti Pellerito (Centre of Sound)

In the sound therapy workshop Patti shared her strategy on setting the tone for learners in a classroom environment through a mind-body approach of anchoring awareness through breath and resonance. She shared how those suffering from mental illness or with a history of trauma are often unable to come back to a state of regulation so may find music or sound therapy a method they can access.

Patti explained that the whole body is filled with sound sensors and that many of these are located in the face and chest, so aside from listening with ears, humans listen with their whole body, analysing incoming sound waves. The function of the cochlea in the ear is to analyse incoming vibrations and to transform this into energy for the brain. High tones and frequencies charge the brain and low tones have a grounding effect on the body (Tomastis, 1991) and vibrations stimulate the vagus nerve in the brain to calm the nervous system down by slowing down breath and triggering acetylcholine to help “rest and digest”. This soothes the brain into producing alpha brain waves, which leads to the state of the brain being awake yet relaxed and able to process situations in a reasonable manner.

Figure 7 (top). Singing bowls and bamboo chimes. Figure 8 (bottom). Sound Practice



Workshop: Building Resilience through Authentic Relationships

by Tonya Hotchkin

In this workshop, Tonya shared that authentic relationships are built on three pillars. These are:

1. Connection
2. Meaning and purpose
3. Sense of agency

To achieve this, a key element is first fostering resiliency in oneself as an educator. This means knowing yourself and acknowledging challenges you are facing, don't take other's reactions personally and be vulnerable. She summarises that behaviour should be seen as a communication tool instead of seeing learning as good or bad. This is a paradigm shift in the way we have been taught to interact and handle poor behaviour but it relates it to both Maslow's Hierarchy of Needs and the learning pyramid.

Tonya acknowledges there is not much training available or a manual that can be read to learn how to build authentic relationships, it is something that comes from self-discovery and through the experience of interacting with learners.

A few steps to assist in communicating with a disengaged learner include; find harmony by actively listening using the right brain instead of jumping to offer conclusions or a lecture and provide time for reflection, paraphrasing and validation. By doing so, educators give learners insight, empathy and a safe space to practice building relationships and solving problems.

Workshop: Staying the course by James Moffett

James Moffett is an expert on changing school culture and is experienced in leading the transition of schools from being information factories to ones that promote social and emotional learning as a priority. Moffett shares a few strategies to engage disadvantaged learners with low mental health. These include:

- » Trauma related mental health support systems: this comes when a teacher understands student backgrounds and behaviours and want to build supportive relationships with students. Having smaller class sizes and enough time for teachers to get to know students will assist in this area.
- » Verbal check in during class with students to confirm understanding
- » Having structure and routine – break down assignments into parts – each with its own deadline
- » Feedback on performance with support to improve studies and behaviour
- » Allow students to leave and re-enter class discreetly if required for self-care
- » Encouraging social relationships
- » Classroom designed to support these students:
 - » Using colours
 - » Sensory props
 - » Sound meditation
 - » Support animals
 - » Yoga practices
- » Allowing students to communicate their difficulties openly and verbally



Figure 9. School service dog Sammie

- » Allowing students to find self-care methods such as:
 - » Walking around the room

- » Snacking
- » Doodling
- » Working with a tactile object
- » Having items in the room that appeal to different senses
- » Allowing for interaction and encouraging engagement and communication

As a principal, Moffett faced challenges such as resistance from teachers and school boards, but his persistency paid off and through the use of data was able to back up his reasons for implementing change. Enrolments in his school increased by 29% and behavioural referrals dropped by 65%. This is strong evidence that a trauma informed approach works and his model is to break away from reacting to learners defensively or aggressively but to instead notice problems, name the issues or concerns with the learner, validate and then respond which all leads to a positive outcome.

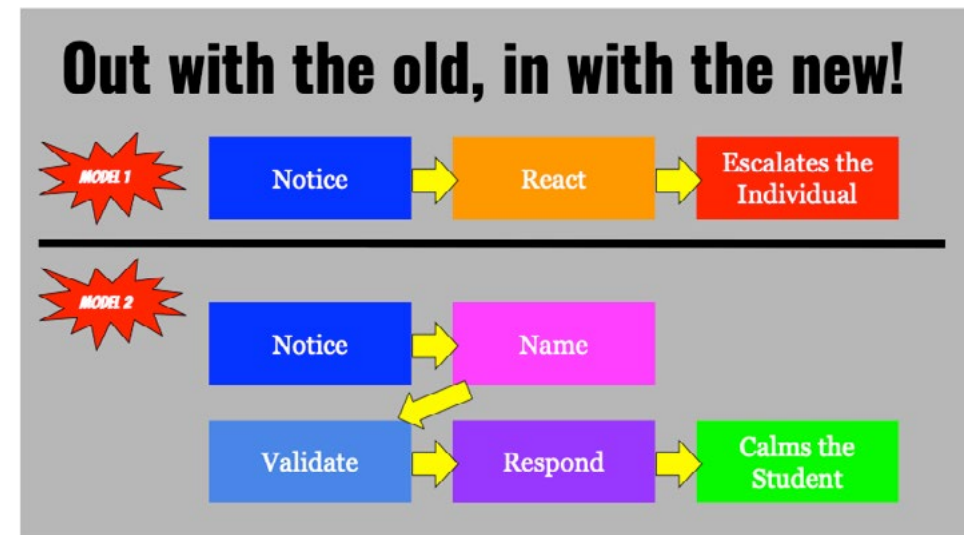


Figure 10. Moffett, 2018

TAIWAN

Fellowship (part 2) took place in Taiwan to learn about the support systems in place for disadvantaged students, in particular for those with poor mental health or illnesses. Education in Taiwan is readily available with compulsory education up to year 12 and access to over 100 universities and vocational education providers. Students often have high scores when compared with international standards, particularly in technical areas such as math and science and more students are coming to Australia for further studies, adding their competitive spirit to our learning cohort. As of 2014, the literacy rate amongst Taiwanese aged 15 and above was 98.5%. Counselling and disability programs are sponsored by the government as well as privately. To be a school counsellor/ psychologist, you must have a minimum of a master's degree with a thesis and proven internship. Taiwan was chosen due to its diverse range of and high calibre of academic standards and established programs.

Criticisms of stressful exam-focused learning and lack of creative and conceptual thinking resulting in poor mental health and high levels of suicide have led to major education reforms being undertaken to improve student mental health and learning experience (WENR, 2016). According to a survey conducted by the John Tung Foundation, 53.2% of respondents feel that mental illness is still stigmatized and 62% think the stigma is unjustified with 65.3% unaware of the availability of mental health services (JFT, 2018).

In Taiwan, although schools have long incorporated guidance and counselling services, mental illness and trauma is still misconceived, so it is harder to admit illness and accept treatment. Ding, Kuo and Dyke (2016) observed the purpose of the services included “personal, social, educational and career guidance” along with “coping strategies to overcome distress, prevent maladaptive behaviours and develop adaptive behaviours for community living” (p. 530). Counsellors in Taiwan actively participate in curriculum design, visit classrooms to share on topics identified by the homeroom teacher and offer in-house counselling programs for disadvantaged students identified through the school district.

Visit #1: Chienkuo Technology University



Figure 11. Emma Wang and Feren in the learning resource classroom



Emma Wang from the counselling department of Chienkuo Technology University explained that counselling services come under the Special Education department and government programs are run for long-term mental illness from primary to university level. Committees assess and approve the learner to move to the next level of education. If mental illness or trauma occurs during university studies, students have access to counsellors for weekly counselling and an individual support plan (ISP) is created, firstly with the student then involving all teachers (homeroom teacher), parents, and someone from the school board.

Options for the learner include simplified test papers, alternative exams, lengthened examination times and assistance for note taking. The ISP is reviewed and adjustable and once a term the counsellor and homeroom teacher will revisit the plan with the student. Emma notes students from an Asian background who may need access to counselling usually keep this quiet from peers and may not actively seek counselling due to the stigmatism around mental health however, over the last few years, Emma has seen more students seek out support. Her team educates teachers to recognise, respond and report on learners that may need additional support and the resource classroom is accessible for identified students at all times. Over time as a counsellor, she has seen learners develop self-regulation, social-emotional and self-protection skills which allow for a higher window of tolerance and more resiliency.

Figure 12. Chien Kuo University Campus



Figure 13. Feren in front of the resource classroom - accessible for learners

Visit #2: National Taiwan University of Education

Dr. Amy Lee is the Director of the Counselling Centre at National Taiwan University of Education and completed her doctoral studies in counselling psychology from the prestigious Columbia University.



Figure 14. Professor Cheng - Head of Health Care Team



Figure 15. National Taiwan University of Education Counselling Room

Dr. Lee oversees:

1. The student consultation centre (team of 16 counsellors)
2. Planning of the counselling department workshops and offerings
3. The provision of psychological counselling services and handling of crisis cases
4. Members of the Student Affairs Committee, Student Appeals Review Board and members of the Gender Equality Education Committee



Figure 16. Professor Cheng, Feren and Dr. Lee

Activities that stood out include:

- » Mental and physical disabilities have their own separate departments
- » All teachers meet together with the counselling team to discuss promotion of services, workshops and activities
- » Applications for mental health assessments can be completed in groups or by individual learners on request
- » Psychology appointment applications are taken at the start of the semester via an online portal and assessed for risk with high risk learner support plans and sessions booked in first
- » Online system for mental health support application is available and school psychologists will see the information, call the student and arrange an intake session.
- » Effective approaches include inviting guest speakers, panel discussions and student movie nights.
- » Counselling team has to actively promote services
- » University students still have a dedicated homeroom teacher throughout their degree and they meet weekly either as a group or individually.
- » Homeroom teachers are able to request the counselling team to speak on topics deemed necessary by the teacher. Common topics include: Family issues, anxiety and interpersonal relationships.
- » They have intervention meetings - usually student is already a client at the counselling centre however, these are for more severe cases (usually involving drugs or violence) and the homeroom teacher, department chair, counsellor and national defence (safety officer) would be involved.
- » The counselling team still find a divide in the treatment of physical disability versus mental disability and trauma They are attempting to normalise the experience of counselling and therapy to demystify the experience.



Figure 17. Counselling lounge room

- » Amy noted that for students from Asian backgrounds, discussing personal issues with friends and support workers can be seen as embarrassing and external factors such as religion and culture can stand in the way of treatment.
- » She suggests increasing student associations, discussing mental health proactively, having dedicated homeroom teachers, conducting small group activities, and providing online counselling and support systems.

This will be beneficial to our sector in Australia as there are currently over 600 thousand international students in the vocational and higher education sectors with 30% (Department of Education, 2018) of those students coming from a Chinese background. Finding ways to engage these students will lead us to higher levels

of success in retaining students, their successful completion of school and their increased capacity to contribute back to Australian society, the local workforce and their home countries.

This school also has several set programs and presentations that are used to engage learners on various topics. These are delivered by qualified psychologists which we do not commonly see in our tertiary system.

Conclusion

Compared to the USA and Taiwan, Australian education providers would benefit from providing more education around mental illness and trauma and encouraging students to access services including referrals. Disadvantaged learners may face barriers including low socio-economic status, religious and cultural barriers and language barriers so having wrap-around services is essential.

The amount of training to provide for staff needs greater consideration and changes made within teacher training curriculum, to the training and assessment qualification at a vocational level and the teaching degree at the tertiary level. To implement these changes, support from schools, school boards and government will be required and the mindset around reacting to poor behaviour needs to shift as this can actually be the only ways the learner can provide physical and verbal cues to show educators that they need assistance to come back into regulation and regain top down control.

In terms of engaging disadvantaged learners with poor mental health or suffering from mental illness, educators need to first understand ways to identify and respond in the classroom, and schools need to have an established and consistent support plan for the learner that is easily accessible, lastly schools need to adopt a trauma informed approach such as the Sanctuary Model or similar to provide support to everyone in the system, including staff and support workers.

With many students juggling work-school-life balance, there is increased pressure on both domestic and international students to perform at high academic levels however, the academic load and perhaps familial and/or economic situations, language and other barriers will take time to overcome. By learning about brain and body physiology, trauma theory, observing learner behaviours for signals, building trusting relationships and forming trauma informed policies, a more inclusive and supportive education environment can be established and learners facing mental illness and trauma can climb up the hierarchy of learning.

From the conference learnings and school visits in the USA and Taiwan, there are several key takeaway strategies we can implement straight away with limited expense and many considerations that require further analysis for long term and significant impact across the educational sector.

3.0 Personal, Professional and Sectoral Impact

The Fellowship has been influential in shaping my personal views on education and practice by confirming there are other options and approaches to take towards helping disadvantaged learners. Although Australia is a leader in global education, sharing of best practice across borders to upskill educators is at times difficult and with a growing population of mixed cultures along with current research, train the trainer or teacher training curriculum needs to focus more on supporting disadvantaged learners to improve retention and engagement, particularly in the areas of trauma and mental health.

When I completed my Bachelor of Adult Learning and Development and MBA these topics were not covered. Educators and schools need to better understand how to work with a diverse range of people with experiences, trauma and capabilities. One thing that surprised me on the first leg of the trip to the conference is the number of educators and school support staff (administrators, counsellors) that have embraced the change from traditional methods of dealing with disadvantaged learners to a modern trauma informed approach which shows the realisation that change is needed.

The conference highlighted some of the challenges that may arise in Australia in this field, such as resistance to change and lack of local data however, Australia has begun to thirst for information in this area and I hope to increase knowledge via dissemination activities in Australia. Other challenges that educators and administrators have faced are learner readiness, funding barriers, lack of flexibility with curriculum and set teaching approaches. By speaking with conference attendees and schools in the USA and Taiwan, I was able to open my eyes to different systems that may not yet be perfect but are proactive and offering more accessibility.

On a professional level, there are many individuals or groups that are building trusting and supportive relationships with disadvantaged learners with mental illness or poor mental health and trauma and I am now equipped with further theoretical and practical skills to be able to support learners. My teaching methods including verbal and body language have evolved and though as a teacher, as a teacher I must meet learners at their communication level however, approaching them with compassion and facilitating opportunities for building people and environment relationships only enhances this.

Upon returning from the Fellowship, my journey is continuing. I am conducting teacher training and development, designing accessible learning material, educating learners in my classes on the basics of mental health and stress management and sharing on this topic at the inaugural Illuminate Conference hosted by ISS Institute. This Fellowship has lit the fire of advocacy around trauma informed education and given me a deeper understanding of engagement strategies to support disadvantaged learners so much so, that I have completed training in Trauma Sensitive Yoga, a program designed by the Trauma Centre in Brookline, MA to add to my expertise.

As evidenced by learnings from the USA and Taiwan, there is room to develop further studies in an Australian context along with barriers in this sector to overcome however, I am confident whether it be by supporting an individual learner or through disseminating activities through ISS Institute or through my network of curious colleagues, sustainable change will be implemented one step, one learner, one classroom at a time.

4.0 Recommendations and Considerations

Mental Health and Trauma Education

Education around managing resiliency, mental health and trauma through programs such as Mental Health First Aid or through organisations such as Phoenix Australia and The Positivity Company should be provided as part of the curriculum for learners and educators who need to be upskilled in this area. Schools should have on-going open discussions with staff and learners to discuss current issues and areas of concern with accessible information on school websites and on campus. By providing education on basic regulation versus dysregulation, mental illness and health, learners are empowered to make choices to help themselves and one another in and outside of the classroom.

Build Relationships and Culture

As trauma is relational and is a large contributor to mental illness or bouts of poor mental health, educators and learners need to be patient and compassionate with one another and check with their own self-regulation on a daily basis. This needs to be made an acceptable daily habit and it will take time to break down barriers and stigma towards mental health and trauma. However, by giving choice and strategising with disadvantaged learners on ways to overcome their barriers, eventually their window of tolerance will expand and the support system will grow.

- » Movement: stretch, rocking, tapping, Brain Gym, yoga
- » Meditation
- » Sound stimulation: music without lyrics

- » Room design: warm lighting, natural lighting, colours, comfortable layout
- » Curriculum design: include movement, games, physical activity, creativity
- » Calm area
- » Sensory tools: bowl of rice, putty, fidget spinner
- » Support animals
- » Teach the 7 Dimensions of Wellness: Physical, Emotional, Socio-Cultural, Intellectual, Financial, Environmental, and Spiritual

School Administration and Policy

Schools can adopt a trauma informed approach and lens when identifying poor learner behaviour. With time, educators can shift from thinking a learner has poor behaviour to interpreting the behaviour as a signal for hypo or hyper arousal and identify learners that need assistance. This will allow learners to move up the hierarchy of learning and result in less disciplinary action needing to be taken. Schools should consider appointing more qualified mental health workers, be proactive in engagement activities and have them onboard for designing schools, classrooms and curriculum that meet the 7 dimensions of wellness.

Depending on demographics, multilingual counselling should be made available on-site and discussions around the suitability of having dedicated home room teachers or staff for each cohort. Learner access and support plans need to be accessible on paper and online with information accessible to relevant teachers and support staff. Support plans should involve a disability advisor, mental health professional, teachers and administrators or department coordinator with frequent

updates and meetings to take place to review the plan currently in place. Most importantly, the learner should be involved in these discussions and work from a learner centered learner approach.

Policy should inform educators and support staff on relevant relationship building approaches to interact and solve problems that arise and allow for flexibility depending on learner circumstances. Policy should also allow a level of flexibility towards learners who are facing mental illness or trauma and professional development across higher education needs to be provided.

5.0 Resources

Books

- » Emerson, David: Trauma-Sensitive Yoga in Therapy
- » Emoto, Masaru: The Hidden Messages in Water
- » Forbes, Heather: Help for Billy: A Beyond Consequences Approaching to Helping Challenging Children in the Classroom
- » Goldman, Jonathan: The Seven Secrets of Sound Healing
- » Greene, Ross: Lost at School: Why Our Kids with Behavioral Challenges are Falling Through the Cracks and How We Can Help Them.
- » Hammond, Zaretta: Culturally Responsive Teaching and The Brain: Promoting Authentic Engagement and Rigor Among Culturally and Linguistically Diverse Students
- » Herman, Judith: Trauma and Recovery
- » LaSala, Teresa, Jody McVittie & Suzanne Smitha: Positive Discipline in the School and Classroom Teachers' Guide: Activities for Students) <https://www.positivediscipline.com/products/positive-discipline-classroom-teachers-guide-activities-students>
- » Medea, Andra: Conflict Unraveled: Fixing Problems at Work and in Families
- » Nelsen, Jane: Positive Discipline
- » Perry, Bruce: The Boy Who Was Raised as a Dog
- » Siegel, Daniel and Mary Hartzell: Parenting from the Inside Out
- » Steele, Claude: Whistling Vivaldi
- » Van Dernoot Lipsky: Trauma Stewardship
- » Van der Kolk, Bessel: The Body Keeps Score

Online

- » ACE study www.acestudy.org Turning Gold into Lead (summary of ACE study): http://www.acestudy.org/files/Gold_into_Lead_-_Germany1-02_c_Graphs.pdf
- » Bruce Perry's articles on trauma and development (for more see the library section at childtrauma.org): https://childtrauma.org/wp-content/uploads/2013/11/Bonding_13.pdf
- » Carol Dweck's work: <http://nymag.com/news/features/27840/>
- » Daniel Pink on TED: The Science of Motivation http://www.ted.com/talks/dan_pink_on_motivation.html
- » Daniel Siegel, Hand Brain Model: <http://www.youtube.com/watch?v=DD-lfP1FBfk>
- » David Emerson, Trauma Centre Trauma Sensitive Yoga: <https://www.youtube.com/watch?v=xsPjWMkh9YQ>
- » Massachusetts Advocates for Children: Helping Traumatized Children Learn: <http://www.massadvocates.org/download-book.php>
- » Mental Health First Aid: https://mhfa.com.au/?gclid=CjwKCAjw0tHoBRBhEiwAvP1GFQWXkMyD52g4yH_

bBLfK0BZzZtjEMWQwPdtrgNm5XZJnq_NG7p8r1BoCsakQAvD_BwE

- » Mirror Neurons: <http://www.pbs.org/wgbh/nova/sciencenow/3204/01.html>
- » National Child Traumatic Stress Network “Tool Kit”: http://www.nctsn.org/sites/default/files/assets/pdfs/Child_Trauma_Toolkit_Final.pdf
- » Paper Tigers (Film): <https://kpjrfilms.co/paper-tigers/buy-the-film/>
- » Phoenix Australia: <https://www.phoenixaustralia.org/recovery/fact-sheets-and-booklets/>
- » Resilience (Film): <https://kpjrfilms.co/resilience/buy-the-film/>
- » The Positivity Company: <http://thepositivitycompany.com/>
- » This American Life: Back to School <http://www.thisamericanlife.org/radio-archives/episode/474/transcript>
- » Trauma Stewardship videos <http://traumastewardship.com/listen-watch/watch/>

Podcasts

- » The Trauma Therapist, Trauma-Informed Lens, Shrink Wrap Radio, The One you Feed, Mindful Recovery
- » Trauma-Informed Education
- » NPR: The Mental Health Crisis in our Schools

24 Hour Support in Australia

Domestic violence crisis services

- » Family Violence Response Centre (Safe Steps) - 9329 8433
- » inTouch Multicultural Centre Against Family Violence - 1800 755 988
- » Aboriginal Family Violence Legal Service Victoria (Djirra) - 1800 015 188

After hours medical services

- » National Home Doctor Visiting Service – 137425

Other 24-hour support

- » Emergency accommodation – 9251 7671 (Melbourne) or 5227 1158 (Geelong)
- » SMSC International Students Helpline - 1800 056 449
- » Barwon (Geelong region): 1300 094 187
- » South Western (Warrnambool region): 1800 808 284
- » Melbourne Central East (Box Hill, Burwood) 1300 721 927
- » Central Melbourne (Inner West) 1300 874 243
- » Adult specialist mental health services (16-64 years) (all other regions in Victoria not already listed)

For non-urgent mental health issues, there are several 24-hour support services available:

- » Lifeline - 13 1114
- » SuicideLine (Victoria only) - 1300 651 251
- » Centre Against Sexual Assault (CASA) - 1800 806 292
- » DirectLine (Drug and Alcohol helpline) - 1800 888 236
- » Gambler's Help - 1800 858 858
- » Gay and Lesbian Switchboard - 1800 184 527
- » MensLine – 1300 789 978
- » Kids Helpline - 1800 551 800

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Published by International Specialised Skills Institute, Melbourne | www.issinstitute.org.au

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