

## BEST PRACTICE MODELS

### BEST PRACTICE MODELS for Prevention of Mental Disorders

#### [2] Selective Programs

- a) Biological factors
  - i Post-natal depression
  - ii Children with chronic illnesses
  - iii Children with learning difficulties
- b) Psychological factors
  - i Children experiencing grief and loss
  - ii Children with disruptive behaviours
- c) Social factors
  - i Indigenous families
  - ii Immigrant families
  - iii Children involved with bullying
  - iv Children in out-of-home care

#### **[2 a iii ] Children with learning difficulties**

NAPLAN testing has been introduced to schools to periodically ascertain individual levels of literacy and numeracy in relation to nationally expected levels. The public rhetoric about numbers of children below expectation has focused upon teaching methods (debates about phonics or whole word approaches, etc., on the assumption that delays are due to poor teaching) or upon 'League tables' of good and bad schools (with a cursory nod towards clusters of social disadvantage underpinning delays) but very little on the child-centred reasons. The 'Project Evidence' highlights that three quarters of children with unexplained educational delays have an unrecognised development language delay.

Any child whose performance is below the expected level should be screened for receptive and expressive language levels. (Speech Pathologists of the School Support services can confer about this). Minor difficulties may be remediable by a language enrichment program, but major difficulties warrant a specialist assessment and treatment. Learning difficulties of more complex type also require specialist management. Such delays are a significant risk factor for mental health disorder. The strongest positive correlator with mental disorder is poverty/social deprivation, and the strongest negative correlator is family social capital. These factors also apply to literacy and numeracy levels.

All schools should have procedures for the further investigation and management of individual children whose NAPLAN performance is below expectation. This should include screening of language levels and capacity for referral to specialist assessment and treatment programs, including counsellors and liaison with social support agencies for families in social distress.

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