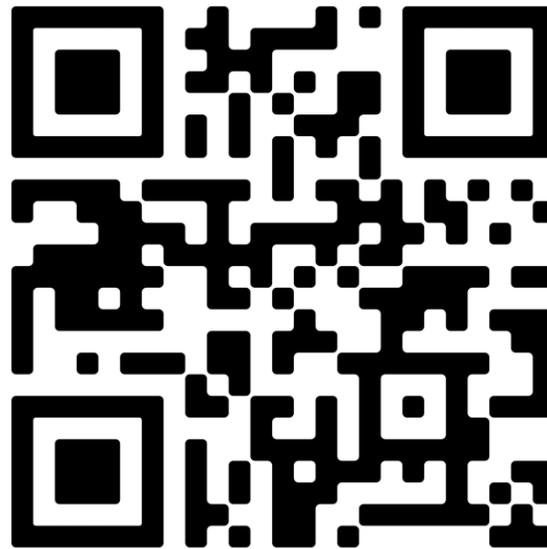


# The webinar will start shortly. While you wait . . .

*Check out the Emerging Minds resource library where you'll find resources on topics including Bullying and more.*



<https://emergingminds.com.au/resources/library/>



## Webinar 31

# Supporting the mental health of children who experience bullying

7:15 pm to 8:30 pm AEDT  
Monday, 8<sup>th</sup> May 2023

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**Emerging  
Minds.**

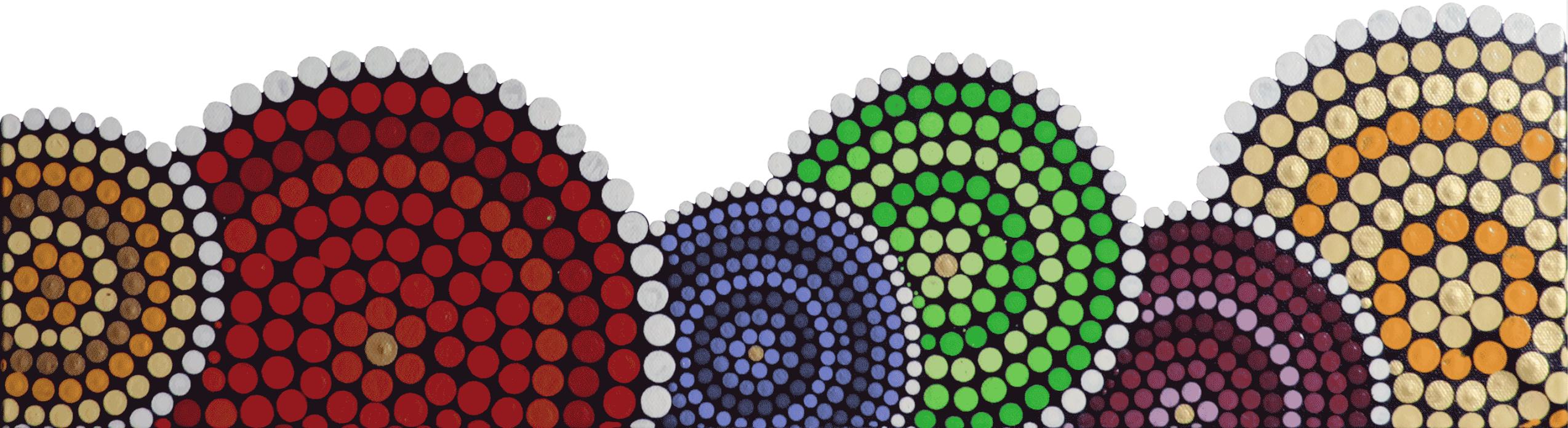
**National Workforce  
Centre for Child  
Mental Health**



# Acknowledgement

National Workforce Centre  
for Child Mental Health

We recognise and pay respect to Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the Lands we work, play, and walk on throughout this Country. We acknowledge and respect their Traditional connections to their Land and Waters, culture, spirituality, family, and community for the wellbeing of all Aboriginal and Torres Strait Islander children and their families.



# Welcome to Series Five

This is the fifth webinar in the fifth series on infant and child mental health, presented by Emerging Minds and the Mental Health Professionals' Network.

Registrations open now for:

**Decolonising mental health when working with Aboriginal and Torres Strait Islander children and families**

Broadcast on: Tuesday 6 June, from 7.15 pm AEST

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**Ask a question:** To ask the speakers a question, click on the speech bubble icon in the lower right corner of your screen.



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# Learning outcomes

At the webinar's completion, participants will be able to:

- Outline the importance of understanding why bullying occurs.
- Discuss ways of sensitively exploring with children their experiences of bullying and its impacts.
- Identify strategies to help children who have experienced bullying reduce feelings of self-blame and increase positive connections and self-perception.
- Identify ways to help children who experience bullying to build their support team.

# Tonight's panel



**Jess**  
Child and Family Partner,  
SA



**Hayley Johnston**  
Mental Health Accredited  
Social Worker, SA



**Jessica Staniland**  
Clinical Psychologist,  
NSW



**Facilitator:**  
**Nicole Rollbusch**  
Practice Development  
Office, SA

# The Child and Family Partner perspective



Jess

## My own experience

- I was a carer for my mum who has a mental illness.
- Moved around a lot.

# The Child and Family Partner perspective



Jess

## My own experience

- No one noticed, or cared. Just put up with it mostly.
- Didn't want to repeat that in my own life.

# The Child and Family Partner perspective



Jess

## Unique Parenting

- Foster parent, teen and younger into teen.
- Previously experienced bullying, non-attendance, appearance, who family was.

# The Child and Family Partner perspective



Jess

## Primary School

- The word is used so much.
- Had to clarify what it actually was.
- Examples of herself and others.

# The Child and Family Partner perspective



Jess

## High School

- Not wanting to be othered.
- Getting swept up in it, not always directly involved.
- Social media – sharing stuff on.

# The Child and Family Partner perspective



Jess

## Support

- Worked on self-esteem generally.
- Made sure she had strong role models.
- Talked, talked, and talked.
- Friendship red flags and green flags.
- Her talking to school staff.
- Me talking to school staff.

# The Social Worker's perspective

## Presentation and psychosocial assessment



Hayley

- When I am initially meeting with families or young people in a therapy setting I am interested in researching the concerns all family members hold. In this conversation I am paying close attention to the language young people and families use to describe these concerns.
- I am then interested in researching the context in which these concerns exist or arise.
- I am working to stay open minded that bullying may be only one of the concerns on this young person or family's plate.
- In researching the context of these concerns I am working to understand and bring forward information about the family environment, things like parental partnerships, the sense of belonging the child has in the family, gendered roles and expectations, experiences of abuse and/or violence, parental resources, financial resources, dominant cultural ideas held in the family, traumatic events individuals or the family have experienced, relevant family history about mental and physical health.



# The Social Worker's perspective



Hayley

## Presentation and psychosocial assessment *continued*

- I am working to understand the peer and school context, the experiences this young person has in these systems day to day, how they experience their own learning and how their parents experienced school systems and learning.
- Mental state/sleep/appetite/Self harm/Suicidal ideation, amongst other things.
- In this conversation, I am not just collecting information for myself, I am collecting this information for this therapeutic relationship because I want this family and young person to experience my interest in understanding their lives as a whole and all the things that matter to them or that may be at play. I am bringing this information into view for the family and young person, and starting to put together the context in which their concerns exist or arise.

# The Social Worker's perspective



Hayley

## Naming and externalising the problem. Creating separation between the child and the problem

- The separation of the child from the problem is important.
- This is because problems, in this case bullying, often have a way of shaping how a young person sees themselves and leaves them feeling like they, as a person, don't measure up. When young people are responding to bullying that has occurred over time, they will have usually been exposed to descriptions of themselves that are untrue and convinced young people this has occurred because of a character flaw. This can create a sense of shame, guilt or blame. Young people can experience a sense of worthlessness, feel unlikable, feel they are too much for others, not as worthy of care, as others.
- If I don't provide some distance, it's difficult to research with the young person, their strengths abilities and knowledge as distinct from the problem.



# The Social Worker's perspective



Hayley

## Naming and externalising the problem. Creating separation between the child and the problem *continued*

- This approach supports a young person to deconstruct the dominant narratives that contribute to the bullying, identify and challenge societal norms and expectations that perpetuate bullying behaviours and take up a position against the bullying rather than going along with the bully's description of them, or feel passive in their response to bullying.
- If we think about Olivia, its possible Olivia has already started to develop ideas about herself and her body that the bullying has influenced. She may already be thinking - I am not beautiful. If I was skinnier, people would like me more. If I looked different in some way they would not bully me. I should have stood up to the bullies earlier, implying Olivia is weak or lacks confidence and this is part of her character – all these are untrue.



# The Social Worker's perspective



Hayley

## Researching the context and effects of the problems

- Once this separation has occurred it allows us to research the effects of the bullying on the young person and their family.
- The effects are often broad and include effects on family and peer relationships, effects the bullying has had on learning, on the relationship to things the young person enjoys and importantly the relationship they have with themselves.
- Researching what the bullying is getting in the way of, what has it taken away, what does the young person and their family want to reclaim or take back, are questions that are often helpful.

# The Social Worker's perspective



Hayley

## Researching the context and effects of the problems *continued*

- Careful research of the effects of the bullying helps everyone in the family and the school shape their responses and next steps accurately.
- In Olivia's case the bullying has increased her sense of isolation, has her wanting to stay away from school, has created worry and focus on her body, has her eating less and thinking about dieting. The bullying has likely got in the way of Olivia having fun with friends, being at school and feeling comfortable and safe, likely interrupted Olivia trying out new things and interrupted her learning and academic goals.
- Understanding in detail the effects of the bullying, helps the young person and their family get clear on what has been interrupted or taken away and sets us up to create a plan to respond to this.



# The Social Worker's perspective



Hayley

## Building agency and creating a plan with the young person and their family

- It is essential the burden of creating change when bullying is occurring does not sit with them alone, and the family and school, where appropriate are involved in supporting this change.
- Agency is important in this and it can be helpful to think about agency as - skills and knowledge in action.
- To develop this young person's sense of agency, I am wanting to research with them and collect evidence of their ability to weaken, limit or reduce the problem/bullying or the effects of the problem.

# The Social Worker's perspective



Hayley

## Building agency and creating a plan with the young person and their family *continued*

- I like to research the values positions young people hold – how they have stayed aligned to these values, in the face of bullying. For example, not participating in bullying themselves – what value is this connected to? Pulling forward these values and thinking about how young people are keeping a hold of them in this difficult time, I find, helps young people experience themselves as active and contribute to a sense of agency.
- The plan I am referring to is a collection of the skills and knowledge everyone in the family has developed in how to respond to bullying or its effects, and how everyone in the family is going to put these into action. This includes the steps the family and school will take, based on the knowledge and skills they have developed in these conversations and how they will support the child to act on, reduce and weaken the bullying.



# The Social Worker's perspective



Hayley

## Other things to keep in mind . . .

I find it immeasurably helpful to have a transparent working relationship with the school and family. If the bullying is ongoing, and consent to exchange information and work alongside the school is withheld, I am very reluctant to peruse the therapy in that setting. This communication with the school does not mean we take steps the young person is not okay with, but the school, who holds duty of care for the young person when they are on site, is provided with the information they need to respond, or strong advocacy is provided to the school to ensure steps have taken steps to limit the bullying.

Over time I have learnt from many young people how important it is I develop my awareness of neurodivergent ways of being and experiencing the world. This is not to suggest that every young person we meet in relation to bullying is neurodivergent, but I hold in mind the possibility that neurodivergence may be part of the picture. In particular, I am keeping in mind, ASD and ADHD. At times, young people who struggle socially, can find language around bullying helpful to describe the experience they are having. Over time, this narrative can be firmed up by attempts to support and advocate for this young person. If neurodivergence is part of the picture, there can be some difference in the way young people understand relationships and the expectations within these relationships.



# The Social Worker's perspective



Hayley

## Other things to keep in mind...

Some of the things I find helpful to ask myself are, for example, is this young person relying on social scripts in social situations and what happens when the plans change and their scripts don't hold them up, how is the young person able to consider other possibilities and perspectives in relationships? Is this young person rule bound, do they experience a relationship injury if they perceive a rule is broken.

If I am noticing these things, I might then, in conjunction with parents, consider if further assessment is helpful in making sense of the struggles the young person is having, it is important these conversations are had openly with families.

Racism, discrimination and prejudice - if these are part of the bullying that is occurring, it is important to name these and be specific about these. I don't want to pit these experiences against each other but it is important not to obscure for example, and experience of racism with the language of bullying.



# The Clinical Psychologist's perspective



Jessica

## Why does bullying occur and why is this important to know and share?

- Relational trauma/vulnerabilities/past experience
- Lack of positive role models
- Jealousy/desire to fit in/contagion effects/power/get a reaction
- DSM diagnoses/delays in learning and capacity/ poor social awareness or issues with reading social cues
- Broader cultural influence – social media/turning a blind eye/unclear expectations

*\*Many children do not know the reasons why bullying occurs – this information can be enlightening, reassuring and reduce their own sense of self-blame, shame, and embarrassment\**



# The Clinical Psychologist's perspective



Jessica

## Exploring Children's Experiences of Bullying & Its Impacts

- Approach with a sense of curiosity/open ended/broad questions/reduce leading/echo child's language
- Establish timeline/duration/intensity/number of settings
- Be led by the child & focus on building trust – it may take time/sit with emotions
- Acknowledge concerns a child may have about being a snitch/getting in trouble/bullying worsening
- Normalise (1 in 5)
- Who knows? Who needs to know?
- Is there risk of harm?/reporting requirements?/illegal activity?
- Consider minor and major impacts

*\*Many children do not recognise behaviours as bullying or may downplay them to avoid confrontation. Our role as practitioners is to help children understand the difference between appropriate and inappropriate/bullying behaviour\**



# The Clinical Psychologist's perspective



Jessica

## Strategies to Reduce Self-Blame and Increase Connectedness

- Knowledge about why bullying occurs is empowering
- Draw upon past experience/protective factors/strengths

Olivia:

- Reminders that she has made friends through Nippers and at previous school.
- Close relationship with sister – is there anyone who she connects with in her friendship group?
- Is there anyone on the “outside” of the group that is also feeling targeted?
- Are there groups at school at lunch where she can meet children with aligned interests and values/models of what appropriate friendships look like.
- Harnessing strengths and building self-worth – throw herself into things she is good at/build a sense of accomplishment and achievement.

*\*Think about the stars shining in the sky. Instead of one star (the bullying) being the focus, lets light up other stars around the child\**



# The Clinical Psychologist's perspective



Jessica

## Building a Child's Support Team

Identify trusting relationships that allow for vulnerability

Olivia:

- Nippers? /Past school friends?
- Sister? /Parents?
- If not able to identify, suggest examples (family/external friends/therapist/school counsellor/neighbour/cousin etc).
- Explore what positive relationships look like/what Olivia wants out of a friendship and what she considers positive qualities that she has to offer as a friend.
- Explore when concerns need to be escalated to an adult.

*\*Don't assume you know who may be a child's support team – supports may not be who you expect\**

# Q&A Session



**Jess**  
Child and Family Partner,  
SA



**Hayley Johnston**  
Mental Health Accredited  
Social Worker, SA



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Clinical Psychologist,  
NSW



**Facilitator:**  
**Nicole Rollbusch**  
Practice Development  
Office, SA



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# Future Webinars

**Emerging Minds next webinars will be held in June:**

Tuesday 6 June: *Decolonising mental health when working with Aboriginal and Torres Strait Islander children and families*

Wednesday 28 June: *Supporting the mental health of bereaved parents after miscarriage, stillbirth and neonatal death*

August: *Latest innovations to imbed and sustain trauma informed care*

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# MHPN Network

MHPN supports over 350 networks across the country where mental health practitioners meet either in person or online to discuss issues of local importance.

Visit [www.mhpn.org.au](http://www.mhpn.org.au) to join your local network, a number bring together practitioners with a shared interest in young people's mental health.

***Interested in starting a new network?*** Email: [networks@mhpn.org.au](mailto:networks@mhpn.org.au) and we will step you through the process, including explaining how we can provide advice, administration and other support.

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The NWCCMH is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

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