



EQUIP LOCAL STUDENTS WITH PRACTICAL MENTAL HEALTH SKILLS



THINK
AGAIN

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ABOUT THINKAGAIN

Our Why

Too many students believe they are victims of their thoughts and emotions and don't have the skills needed to develop a strong and healthy mind. This creates big problems. When students have unhealthy minds, their emotional state, day-to-day functioning, academic achievement, behaviour and relationships suffer. ThinkAgain programs help students to learn practical mental health skills and become the hero of their own personal story. When students participate in our programs, they are empowered to overcome the daily challenges of life and reach their full potential. ThinkAgain exists because all people deserve the opportunity to learn practical mental health skills.

Our Mission

We will provide mental health programs to every school in the Gladstone Region by 2025 because we believe all people deserve the chance to learn practical mental health skills.

Our Values

- Be real
- Value every person
- Create community
- Meet needs
- Keep it simple





Hi, I'm Hannah!

I founded ThinkAgain to support local schools and strengthen youth mental health because I believe healthy minds will lead to a healthier future for everyone.

Too many students grow up believing they have no control over their thoughts and emotions. This worldview is incredibly disempowering and often leaves young people feeling hopeless and distressed. It also takes a toll on local schools. When students have unhealthy minds, their emotional state, day-to-day functioning, academic achievement, behaviour and relationships suffer.

The problem is, teachers aren't trained to be mental health experts and they shouldn't have to be. My desire is to partner with local schools to equip students with practical mental health skills. That is why ThinkAgain offers high-quality mental health programs that give students an opportunity to learn and test mental health skills within a safe environment, while also building a support group amongst their peers and mentors.

I love working alongside schools who are passionate about student mental health.

**Teachers shouldn't
have to be mental
health experts.
Our evidence-based
programs take the
pressure off by
equipping students
with practical mental
health skills.**

THE STATISTICS

Mental illness is on the rise in Australia and it is causing major issues for students and schools. This is not a problem that we can afford to ignore. Together, we can turn these statistics around and make a difference by equipping students with practical mental health skills.

1 IN 4 YOUNG AUSTRALIANS AGED 15-19 MEET THE CRITERIA FOR A PROBABLE SERIOUS MENTAL ILLNESS IN ANY GIVEN YEAR.

ADOLESCENCE IS THE PEAK AGE OF ONSET FOR MENTAL HEALTH DISORDERS.

50%

of all mental health problems first appear in people under 25 years of age.

MENTAL ILLNESS IS RISING AMONGST AUSTRALIAN STUDENTS.

14%

of Australian school students experience a mental illness in any given year.

MOST STUDENTS ARE RELUCTANT TO SEEK PROFESSIONAL HELP.

75%

of Australian school students do not access services to treat their mental illness.

IT IS CRUCIAL TO TEACH MENTAL HEALTH SKILLS IN SCHOOLS.

50%

of students diagnosed with a mental illness have severely impaired school function.

WHAT WE OFFER

- **We work alongside educators to deliver flexible, age-specific programs tailored to their school**
- **Our programs are developed by a clinical psychologist, mapped to the Australian curriculum and endorsed by Beyond Blue**
- **Each program includes 8 x 40 minute lessons delivered weekly by our trained facilitators**
- **The lessons are based around relatable mental health videos featuring real Australian students**
- **Each lesson includes group discussion, journaling and skill-building activities**

THE CURRICULUM

openparachute

ThinkAgain uses Open Parachute, an evidence-based curriculum developed by clinical psychologist, Dr Hayley Watson. The curriculum is endorsed nationally by Beyond Blue on the Be You Programs Directory.

Open Parachute creates online wellbeing programs to support the mental health of students in grades 5-12. Each program includes 8 x 40-minute sessions delivered weekly by a trained ThinkAgain facilitator.

Overview

The Open Parachute curriculum is based around custom-produced videos of real Australian teenagers that inspire students to engage in authentic dialogue about their own wellbeing.

Practical Mental Health Skill-Building

Our programs are designed to build practical mental health skills through interactive discussion points, self-reflection exercises and skill-building activities that students engage in with a partner, a small group, or the whole class. These activities equip students to process their own thoughts, emotions and past difficult experiences in a healthy way.

Students are never pushed to share beyond their comfort level, however, this approach is designed to normalise vulnerable conversations about personal thoughts and feelings, as a core skillset for resilience.

Research & Clinical Foundation

Open Parachute was founded on the PhD research of Dr Hayley Watson, which uncovered a path to empowerment following trauma. Open Parachute also have a research partnership with Columbia University that is seeing incredible results: Increased mental health literacy, self-efficacy, and self-awareness in students, and teachers report increased engagement, connection, and focus in their classrooms.

Mapped onto the Australian Curriculum

Grades 5-6

- Emotional literacy
- Perspective taking
- Social media & self esteem
- Setting limits & saying no

Grades 7-8

- Healthy friendships
- Overcoming adversity
- Bullying & injustice
- Supporting self & others

Grades 9-12

- Mental health & stigma
- Healthy lifestyle
- Boundaries & consent
- Anxiety & depression

THEORETICAL FRAMEWORK & RATIONALE

VARIABLES TARGETED BY THE PROGRAM:

This program focuses on assisting youth in processing trauma and other adverse life experiences, such as peer-to-peer aggression, detrimental interpersonal family dynamics, and abusive situations. The impacts of trauma on mental health are widely researched (Putnam, 2009) and it has been long established in clinical psychology research that the systems and families that a child is embedded within have a strong influence on their later mental health outcomes, due to the cognitive, affective, and behavioural patterns that are unconsciously passed on (Bishop & Epstein, 1981). These issues are typically only raised and processed within the context of individual or group therapy settings, however many youth do not have access to these avenues of processing. This program therefore seeks to teach clinical psychology skills for shifting these trauma and relational patterns to a wider cohort of youth, through a school curriculum-based skills-building program.

VICTIM MENTALITY/EMPOWERMENT MENTALITY

The PhD thesis of Watson (Watson, Rapee, & Todorov, 2015; Watson, Rapee, & Todorov, 2016; Watson, McIlwain, Todorov, & Rapee, 2014; Watson, Todorov, & Rapee, submitted 2020) built on literature exploring the negative outcomes of “victim mentality” (Singh & Bussey, 2010) and used imagery rescripting as a method of intervention following bullying events, drawing on the techniques of Narrative Therapy (White & Epston, 1990) as a powerful tool for personal empowerment. This research found that an attitude of forgiveness resulted in positive outcomes for victims of bullying. However, forgiveness was also found to be more stressful (as measured by skin conductance stress responses) than an attitude of avoidance. It was also found that re-imagining a previous bullying event and changing the ending to one of empowerment (e.g. Imagining a different outcome) resulted in positive affective and cognitive results (imagining an outcome of forgiveness resulted in positive outcomes in all samples, and imagining an outcome of revenge also resulted in positive outcomes for a sample of adolescent boys). This research further revealed that students who had been bullied held many different definitions of forgiveness, ranging from retributive (e.g. I will only forgive someone if they apologise) to expansive (e.g. I understand that people make mistakes and I do not need to take their actions personally). Taken together, this research suggests that taking space away from the event to process one’s own emotions and re-evaluate the event may be the best pathway to arriving at a state of intrapersonal forgiveness (e.g. Letting go of anger and resentment, not necessarily reuniting with the abuser), which results in less negative affect and less negative coping evaluations of the event, therefore leading to more positive mental health outcomes.

The following key targets were identified from this research as important in youth interventions to assist in processing trauma and adverse life experiences:

- Empowerment:
 - Positive coping self-efficacy (self-belief, self-esteem), internal locus of control
 - Optimism (about past, present, future)
- Forgiveness:
 - Letting go of resentment, understanding the impersonal nature of the actions of others
 - Compassion & self-compassion
- Flexibility:
 - Cognitive Flexibility (depth of thinking, perspective-taking, seeing multiple sides of the same issue)
 - Changing personal narrative

FEAR OF EMOTIONAL VULNERABILITY/EMOTIONAL CREATIVITY

A major aspect of processing trauma and arriving at a state of intrapersonal forgiveness is being able to fully process one’s emotions about past hurts (Enright, 2001). When difficult emotional stimuli are not processed fully, this results in many negative mental health outcomes including addiction (Gerra et al. 2014). Sociological researcher Brene Brown has highlighted that vulnerability and “speaking shame” by directly addressing painful emotions is a vital aspect of building resilience (2006). This is reflected in clinical practice, where Dialectic Behaviour Therapy (DBT) is used to successfully shift addictive patterns through teaching emotion regulation techniques (Koerner & Linehan, 2000). Acceptance and Commitment Therapy (ACT) is also used to successfully assist clients in embracing their emotions, as an effective tool for processing and moving through painful experiences (Hayes et al. 2006). Cognitive re-framing by

directly discussing emotions, as is used in Cognitive Behavioural Therapy (CBT), is an effective therapeutic tool for achieving positive mental health outcomes and making short and long term gains related to anxiety, depression, and other mental health struggles (James et al. 2015). Emotions play a crucial role in how we learn (Hinton et al. 2008) and emotional creativity (an ability to authentically experience a rich emotional life) has been found to be a predictor of intrinsic motivation and academic engagement in university students (Oriol et al. 2016). Emotional awareness is therefore important in assisting youth to experience mental health flourishing as they reach adulthood. The processing of emotions is a specific skill that must be taught and practiced (Feldman et al. 2009) and is therefore important to include in childhood learning approaches.

Research shows that difficulty in coping with stressful emotional stimuli is influenced by early life relationship patterns (Gerra et al. 2014). This is reflected in clinical practice, where therapy that targets interpersonal patterns such as dishonesty, reactivity and abuse, is most effective in shifting mental health patterns at their core (Koerner & Linehan, 2000).

From this clinical and sociological research, the following key targets were identified as important in youth interventions to assist in processing trauma and adverse life experiences:

- Connecting to Emotions
 - Emotional curiosity (interacting with emotions directly)
 - Increasing the window of tolerance for difficult emotions
 - Emotional vulnerability/honesty
- Non-Reactivity to Emotions (changing inter and intrapersonal emotional patterns)
 - Self-awareness/self-reflection
 - Real life practice of thought & behaviour changing (CBT skills)
 - Real life practice of self-soothing and self-regulation (DBT, ACT skills)

INTERVENTION STRATEGIES USED BY THE PROGRAM:

This program uses a specific set of intervention strategies in order to effectively target the variables in question.

DOCUMENTARY VIDEOS

The Open Parachute program uses video documentary stories of real peers sharing their experiences of overcoming struggle, with messages that are curated to tell a specific story of vulnerability and directly addressing one's own emotions, thoughts, behaviours, relationships, and experiences as a pathway to empowerment. These videos are narrated by a clinical psychologist in order to provide the exact messaging that assists youth in re-framing their perspectives on mental health. This approach follows a Narrative Therapy storytelling framework, that is helpful in working with children and adolescents by changing the way they see their past experiences, and viewing themselves from a positive, empowered perspective (White & Epston, 1990). The use of drama methods to produce counter-narratives in interventions enables youth to emotionally connect with socio-cultural concepts such as poverty and prejudice, which leads to the protective development of 'creative resilience' (Gallagher, 2016).

The use of peer stories to achieve these attitude and behaviour changes is specifically important in adolescence, as this represents a peak in the influence of peers on behaviour (Steinberg & Monahan, 2007). It has also been found that youth interventions are most effective when they are socio-culturally relevant (Nation et al. 2003) and therefore the videos that are created for this program match the quality, content, and relevancy of current patterns of adolescent consumption of information in the age of technology and social media.

Previous research by Watson and Cartwright (2012) found that a major barrier to youth engagement in intervention programs relates to self-doubt, negative self-perceptions, negative social comparisons, and a lack of family support. Each of these aspects are targeted through the use of peer-focussed documentary videos, by providing a framework to perceive both self and others as having agency in the midst of struggle, and to see themselves as belonging to a broad network of peers that have similar perspectives, experiences, and struggles, and can offer support outside of the family context.

CLASS DISCUSSIONS & PARTNER EXERCISES

The Open Parachute program uses clinical psychology exercises taken from best practices in CBT, DBT, ACT, and Narrative Therapy in order to assist youth in practicing skills for processing their own emotions and past difficult experiences, and build adaptive cognitive, affective, and relationship patterns. These exercises are translated into simple interactive discussion points, reflection practices, and skill-building activities that students engage in with a partner, a small group, or the whole class. Students are never pushed to share beyond their comfort level, however, this approach is designed to normalise vulnerable conversations about personal thoughts and feelings, as a core skillset for mental health resilience.

JOURNALING

The Open Parachute program also provides personal reflection time in every class session. Expressive writing has long been used as a therapeutic practice in many different contexts (Pennebaker & Beall, 1986), and privately disclosing emotions in expressive writing has been found to facilitate therapeutic outcomes (Graf, Guadiano & Geller, 2007). Private reflection time is used in this program for its specific therapeutic benefit, as well as to consolidate student learning and provide multiple pathways for reinforcing the same message, which has been found to result in the best youth intervention outcomes (Nation et al. 2003).

PARENT RESOURCES

The Open Parachute program offers separate resources for parents (videos and summary documents) that provide clinical psychology tools for understanding and addressing youth mental health concerns in the home. Youth intervention programs that target multiple settings have been found to be the most effective (Nation et al. 2003). Therapeutic interventions for youth that work with families as well as individuals yield better mental health outcomes due to the shifting of intergenerational trauma and relationship patterns in family dynamics (Bachem et al. 2017). In addition, a lack of awareness about mental health within the family is a major barrier to youth help-seeking (Gilchrist & Sullivan, 2006). For these reasons, easily accessible and digestible content in two different forms (videos and short written documents) is provided for every parent whose child is participating in the program.

TEACHER ‘FACILITATION’

The Open Parachute Program provides curriculum that is facilitated by teachers, but does not require teachers to deliver the material themselves. The learning is passed to students through videos and exercises delivered through an online platform that teachers ‘supervise’ rather than ‘teach’ in a classroom setting. This is a different approach than most school-based mental health intervention programs, that focus on training teachers to learn and then pass on vital mental health skills to students. The Open Parachute program is designed to complement, rather than replace these more traditional train-the-trainer approaches.

This unique approach is used by the Open Parachute program for two main reasons, improving the mental health confidence of teachers, and standardising the learning outcomes of students in school-based mental health interventions.

IMPROVING TEACHER MENTAL HEALTH CONFIDENCE

Firstly, it has been found that even with mental health training, most teachers do not feel equipped to manage student mental health in their classrooms (Walter et al. 2006). This is understandable, given that clinical psychology is a specialised profession, with training programs that require between 6 to 10 years of study.

When looking at clinical intervention literature, Rosenzweig’s (1936) seminal work uncovered that “common factors” such as an empathic therapist-client relationship, a view that the client is capable of change, and engaging the client in some form of ‘therapeutic activities’ were more influential in enacting client change than individual differences in therapeutic techniques. Following on from this research, Frank (1973) revealed that the expectations of both therapist and client were crucial to these common factors (e.g. How much the practitioner believed in their own ability to enact change, and how much the client believed in the intervention itself). It is therefore argued that the most successful interventions are those that focus on establishing empathy, strengthening the relationship between therapist and client, and increasing both practitioners’ and clients’ beliefs in the therapeutic process as well as the clients’ ability to change (Duncan, 2002).

When this clinical psychology research is applied to school-based interventions, it becomes clear that a focus on boosting the self-efficacy of the teachers in managing mental health, and increasing their confidence in the interventions they are delivering is a crucial element of improving mental health outcomes in students. By placing teachers in the role of ‘facilitator’ rather than ‘expert’ of this sensitive and specialised information, the program aims to increase teachers’ confidence in their ability to run mental health lessons in their classrooms, by removing the pressure of delivering mental health content without formal clinical psychology training.

STANDARDISING STUDENT LEARNING OUTCOMES

Secondly, the Open Parachute program uses this approach of teacher-as-facilitator to improve the learning outcomes consistently across the student population. Hattie (2003) identified that there were significant impacts of certain teaching variables on students’ learning outcomes, and that these variables were employed inconsistently between teachers, with some teachers enacting them regularly, and others not at all. The Open Parachute program employs many of these key variables, such as the use of questioning, instructional quality, direct instruction, positive peer effects, advance organisers, simulation & games, computer-assisted instruction, instructional media, programmed instruction, and audio-visual aids. By standardizing these variables through the learning content provide in the program, there is less pressure placed on teachers to effectively teach this material to their students, and there is more assurance that students are receiving the most effective intervention regardless of who is teaching them the material.

TEACHER WELLBEING RESOURCES

The Open Parachute Program provides wellbeing resources for teachers in an easily accessible video-based format, as well as in-depth reading material on addressing mental health in the classroom. The wellbeing of teachers has been linked to positive school culture (Wong & Zhang, 2014) as well as student mental health and academic outcomes (Roffey, 2012), and youth intervention programs that use multiple avenues to target the same variables are most effective (Nation et al. 2003).

PROGRAMS FOR EACH GRADE - 6 THROUGH 12

The Open Parachute program begins in Grade 6, which according to Piaget’s (1936) cognitive development theory is when children are able to engage in abstract thinking, problem solving, hypothetical-deductive reasoning, and deductive logic processing, which means that they are able to begin the process of self-reflection that is necessary to effectively work on the variables targeted in the program. Piaget’s model suggests that children go through phases of relative stability, followed by change/upset which is necessary for the next phase of growth to occur (Lindsay, 2014). This program focuses on addressing and working through these necessary phases of chaos and struggle that occur at different ages for every child, as they move through each year of adolescence. Erickson’s (1963) theory of psychosocial development posits that a vital function of the adolescent period is the building of a sense of self-esteem, self-confidence, and a belief in their own competence. The program is designed to assist youth in achieving this learning as it relates to their own wellbeing, relationships, and life choices.

The recurring nature of the program (with different curriculum targets for each grade level, 6 through 12) is in line with best practices for youth interventions, where booster sessions/repeated exposure has been found to yield the best results (Nation et al. 2003). The program shifts focus across every grade level, based on the developmental abilities and primary struggles faced at each age. In early adolescence (Grade 6/7), the program focusses mostly on the development of the cognitive skills of reasoning and problem-solving that are first accessible at this age, and helping youth apply these skills to their own self-reflection. In middle adolescence (Grade 8/9) the program focusses more on peer dynamics, as this is the age where there is the most intense pressure regarding in-group/out-group (Gavin & Furman, 1989). And in the later adolescent years (Grade 10-12), the program focuses most on specific mental health issues such as addiction, depression, anxiety, and suicide, because these more complex experiences are most likely to arise at these ages and interventions are needed to encourage help-seeking behaviours (Smith, 2012).

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TESTIMONIALS

"All I can say is WOW. As a team we were very blown away with how much risk our students were willing to take and the trust that they have in this process. Thank you for this valuable tool in dealing with mental health."

Teacher

"My students were more engaged, their grades improved and this program literally saved a students life."

Teacher

"I've gained confidence knowing that other students struggle with the same stuff I struggle with, and I know if they can overcome it, I can too."

Student

"I've learned how to maintain better mental health and I've been enjoying life a lot more."

Student

GET STARTED, WE ARE HERE TO HELP



Contact us

Are you an educator that wants to strengthen student mental health? Chat with us about how ThinkAgain could serve & support your school.

thinkagain.org.au/contact



Donate

Not an educator, but still want to support the mission? Let us act on your behalf. With your financial support, students can develop life-changing practical mental health skills.

- \$10 can purchase a student journal
- \$100 can equip a student with life-changing skills
- \$2000 can transform an entire class

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HEALTHY MINDS, HEALTHY SCHOOLS, HEALTHY FUTURE.

Contact

ThinkAgain Australia Ltd
ABN 30 637 485 771
1 Canoe Point Road, Tannum Sands QLD 4680
info@thinkagain.org.au
thinkagain.org.au

Hannah James - CEO
(+61) 0435 165 061
hannah@thinkagain.org.au

Paul Koen - Fundraising Manager
(+61) 0497 133 340
paul@thinkagain.org.au