



School Based Mental Health, Youth Mental Wellness, and the Role of the School Mental Health Services Coordinator

ALABAMA STATE DEPARTMENT OF EDUCATION REGIONAL SAFETY TRAINING

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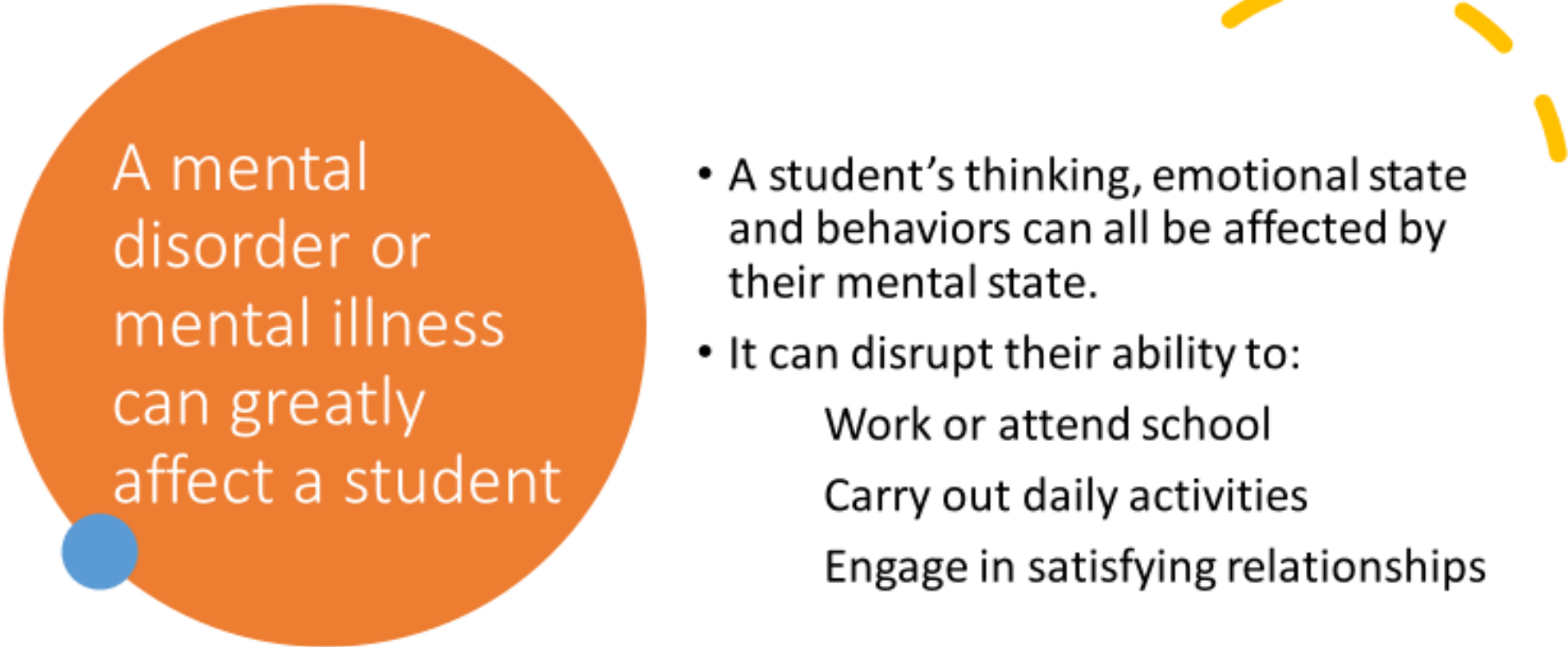
2020-2021

What is School Based Mental Health?

Mental Health Services provided through a partnership with the Public Community Mental Health Center or Alabama Department of Mental Health Contractor and the School District

- a formal memoranda outlines the full scope of responsibilities of both parties

Provided by a Licensed Mental Health Professional in the school setting during the school day



A mental disorder or mental illness can greatly affect a student

- A student's thinking, emotional state and behaviors can all be affected by their mental state.
- It can disrupt their ability to:
 - Work or attend school
 - Carry out daily activities
 - Engage in satisfying relationships

How Many
Students Will
Experience a
Mental
Health
Disorder
With Severe
Impact This
Year?



$1/5$

Prevalence of Mental Health Disorders in Youth

Around 21% of American teenagers between 13 and 18 years old have experienced a severe mental health disorder, according to the National Alliance on Mental Illness (NAMI). Half will develop a disorder by the time they are 14 years old.

A significant number of youth are affected by depression . According to the National Institute of Mental Health (NIMH), around 13% of Americans between 12 and 17 years old had at least one major depressive episode in 2017.

In fact, the American Academy of Pediatrics (AAP) now endorses universal depression screening for 12- to 18-year-olds. These screenings can be performed by a primary care physician.

Risk factors for developing a mental health disorder

Stressful events, abuse, or trauma

Ongoing stress and anxiety

Adverse Childhood Experiences (ACES)

Medical conditions/hormones

Learned behavior

Medication side effects

Chemical imbalance

Substance misuse and sensitivity

Brain injury

Seasonal changes

Illness that is life threatening

Previous episodes of mental illness or presence of another mental illness

Age of Onset

One-half of all mental disorders show up by age 14 and 75% by the age of 25

- Anxiety disorders show up by age **six**
- **Eleven** is the median age of ADHD and Behavior Disorders
- Mood Disorders have a median age of **thirteen**
- **Fifteen** is the median age of a Substance Use Disorder

Common Youth Mental Health Disorders

ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children.

9.4% of children aged 2-17 years have an ADHD diagnosis

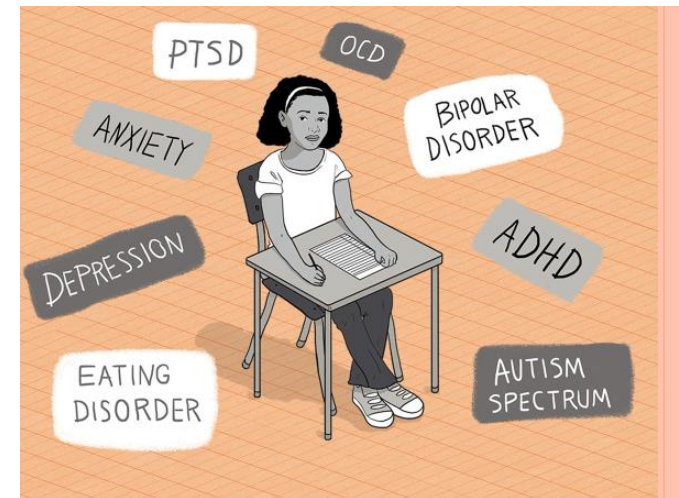
7.4% of children aged 3-17 years have a diagnosed behavior problem

7.1% of children aged 3-17 years have diagnosed anxiety

3.2% of children aged 3-17 years have diagnosed depression

Some of these conditions commonly occur together

Centers for Disease Control and Prevention



Facts Concerning Mental Health in Youth and Young Adults

- Mental health problems are common
- Mental health problems often develop during adolescence
- Youth and young adults may experience mental health problems differently than adults
- Youth may not be well informed
- The sooner an individual gets help, the more likely they are to have a positive outcome
- Stigma is associated with mental health problems
- Professional help is not always easily accessible

The People Who Can Treat Mental Health Disorders

- Medical doctors
- Pediatricians
- Psychiatrists
- Psychologists
- Licensed Social Workers
- Licensed Professional Counselors
- Therapists
- Nurse Practitioners
- Peer Support Specialists

Barriers to Mental Health Services

In the United States, only 7.4% of **ALL** youth have received treatment or had a mental health visit within a year.

WHY?

- Access to mental health providers
- Insurance – coverage vs. cost
- Stigma
- Logistics
- Awareness – do they have the information; factual information about mental health and how to access a provider

Why Should Schools Coordinate Mental Health Services for Students?

Mental health conditions account for 16% of the global burden of disease and injury in people aged 10–19 years

Half of all mental health conditions start by 14 years of age, but most cases are undetected and untreated

Globally, depression is one of the leading causes of illness and disability among adolescents

Suicide is the third leading cause of death in 15-19-year-olds

The consequences of not addressing adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults

World Health Organization

Warning Signs of a Possible Mental Health Disorder in Youth

Low self-esteem

Weight loss

Changes in eating habits

Withdrawing from or avoiding social interactions

Avoiding or missing school

Changes in academic performance

Difficulty concentrating

Difficulty sleeping

Persistent sadness — two or more weeks

Frequent headaches or stomachaches

Outbursts or extreme irritability

Out-of-control behavior that can be harmful

Drastic changes in mood, behavior, or personality

Hurting oneself or talking about hurting oneself

Talking about death or suicide

Role Mental Health Plays in Threat Assessment: U.S. Secret Service National Assessment (NTAC), Analysis of Targeted School Violence

Forty-one incidents of targeted school violence that occurred at K-12 schools in the U.S. from 2008-2017 found the observable mental health symptoms displayed by attackers prior to their attacks were divided into three main categories:

Psychological:

- Depression, Suicidal Ideation, Anxiety, Anger, Psychosis

Behavioral:

- Defiance/Misconduct, ADD/ADHD, Aggression, Anger, Animal Cruelty

Neurological/Developmental:

- Sensory sensitivity, Poor Communication, Developmental Delays, Cognitive deficits, Learning Disabilities, Poor Social Skills, Delayed Language Acquisition

U.S. Secret
Service National
Threat
Assessment
Center Key
Findings
Regarding
Mental Health

When considering such signs and symptoms, it is possible that underlying situational factors (stressors the child is experiencing) may be the cause of the behavior, as opposed to a diagnosable disorder.

The fact that half of the attackers had received one or more mental health services prior to their attack indicates that mental health evaluations and treatments should be considered a component of a multidisciplinary threat assessment, but not a replacement.

Mental health professionals should be included in a collaborative threat assessment process that also involves, teachers, administrators, and law enforcement.

What is Youth Mental Health First Aid (YMHFA)?

The help offered to a young person experiencing a mental health challenge, mental disorder or a mental health crisis, by a trained YMH First Aider. First aid is given until appropriate help is received or until the crisis resolves.

Why provide YMHFA training?

The training teaches adults how to become first aiders, to assess and support someone who may be experiencing a mental health disorder before appropriate treatment is obtained.

The training teaches the adult how to develop a non-crisis and a crisis action plan to assist the youth experiencing a mental health disorder.

It teaches the adult how to offer and promote initial help and provide guidance to professional help for the youth, if appropriate.

The training builds capacity in school staff to promote healthy development and recognize possible mental health disorders before they become barriers to learning.

What Will a First Aider Learn?

Signs and symptoms of a possible mental health disorder

Types of mental health disorders

How to assess a student for a possible mental health disorder or mental health crisis

How to listen non-judgmentally

How to develop an action plan based on the need to the student

How to provide information for self-help or professional help


How to identify possible signs of suicide

Where to locate professional help at the local and national level

How to develop a First Aider Self-Care Plan

Youth Mental
Health First Aid
is Not:

- Therapy
- Counseling



Assess for
Risk of
Suicide or
Harm

Youth may be at risk for a variety of crisis situations:

Suicide or suicidal thoughts

Non-suicidal self-injury/other personal safety
issues

Medical emergencies

Extreme distress

Aggression



Encouraging Appropriate Professional Help

Speak softly and gently with caring tone of voice

Do not argue or challenge the person

Do not threaten

Do not raise your voice or talk too fast

Use positive words and phrases and stay away from the negatives

Stay calm and avoid nervous behavior

Do not restrict the person's movement

Be aware of persons fears and aggression and know when to take a break.

De-escalating Situations

Suicide Prevention Resources

Youth Mental Health First Aid

<https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>

Suicide Prevention Resource Center <http://www.sprc.org>

National Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>

Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/childrens-awareness-day/event/resources-suicide-prevention>

Crisis Text Line 741741 <https://www.crisistextline.org/>

Trevor Project <https://www.thetrevorproject.org/>

Jason Foundation <https://jasonfoundation.com/>

Who Should Be Considered for YMHFA Training in the School Setting?

All adults who work with youth

- Administrators
- Counselors
- Social Workers
- School-based Mental Health Services Coordinators
- Teachers and Coaches
- Bus Drivers
- Nurses
- Support Professionals who work directly with students or in classrooms

What is the Cost of YMHFA Training?

The ALSDE provides instructors at no cost to the LEA.

The LEA is responsible for the cost of the manual each participant will receive, which is required.

The cost of blended or virtual training for the YMHFA 2.0 curriculum is \$28.95 per participant.

The cost of 8-hour face-to-face training of the 2016 curriculum is \$18.95 per participant.

The cost of the 6.5-hour face-to-face training of the YMHFA 2.0 curriculum is \$18.95 per participant (subject to change when the updated manuals become available in December 2020).

Substitutes for participants, if needed

A training session must include at least five participants and up to 30 participants.

Funding Possibilities for YMHFA Training

Title IV Funds

At-Risk Funds

Title II Professional Development Funds

Title I Professional Development Funds

Local School or District Funds

Grants

Other Local, State, or Federal Funds, as allowed

How to Request a YMHFA Instructor?

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The School Mental Health Services Coordinator (MHSC) in the LEA

The Alabama Legislature appropriated funds in the FY21 budget to expand school-based mental health service efforts. The ALSDE awarded grants to LEAs who applied for the funds to employ a School Mental Health Services Coordinator (MHSC) for the 2020-2021 school year to coordinate community mental health services for students.

Act 2020-169 and HB341, 2020 Regular Session

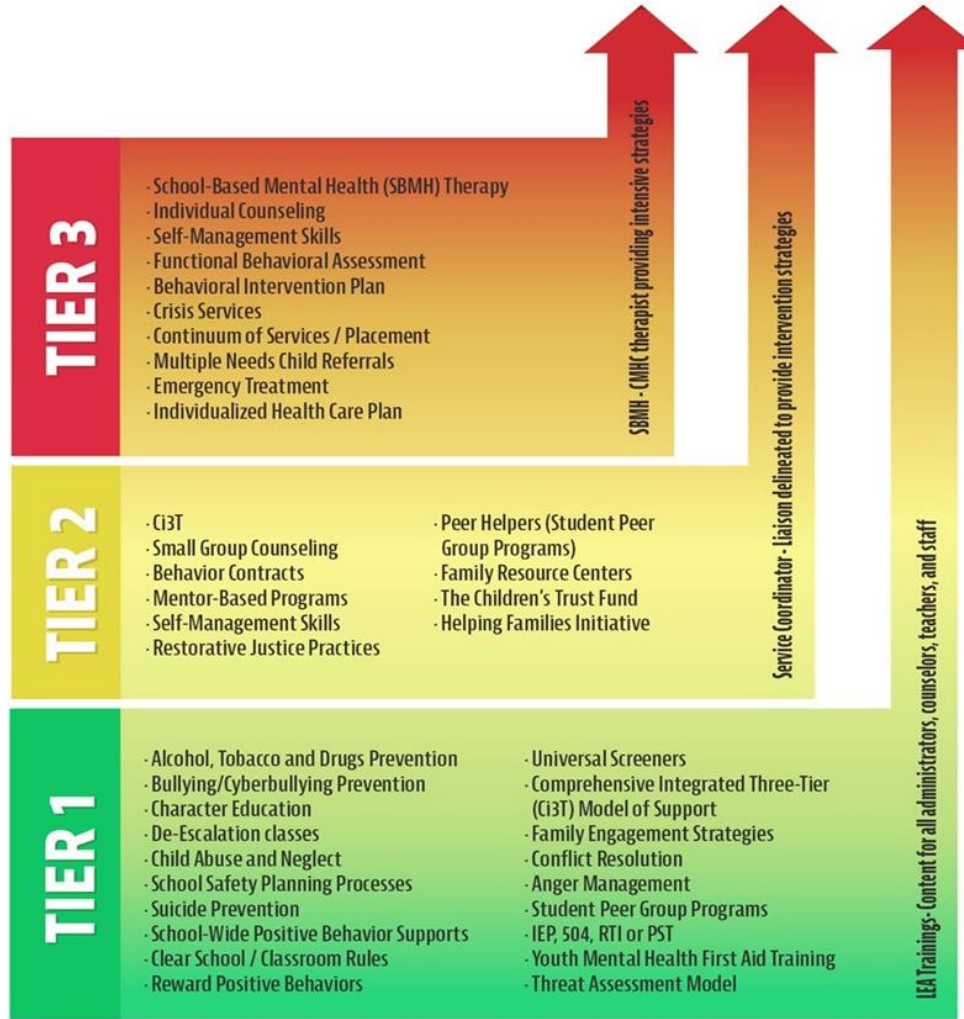
The Role of the Mental Health Services Coordinator (MHSC)

- Work with students, families, teachers, and administrators to identify and address the social/emotional, mental health, and wellness needs of students through collaboration with school-based and community mental health professionals, including school counselors, school social workers, school nurses, school psychologists, and school resource officers.

ALSDE Memo and Grant Application, June 18, 2020

Mental Health Services Coordinator Grant

- 103 LEAs awarded \$40,000 to fund a Mental Health Services Coordinator
- Goal is to provide Tiers 1 & 2 support and coordinate services for Tier 3 for social and emotional issues for students at-risk of not achieving school success
- A survey was shared with LEA Superintendents on September 23, 2020 to identify gaps and needs for social and emotional resources and personnel



**Services provided as needed in escalating tiers, and services listed not exhaustive in nature.*

The Tiered Responsibilities of the School-based Mental Health Services Coordinator



School Attendance: ZOOM Sessions

November 5 ,2020—Shelby County, Trussville City, Blount County

December 3,2020 ---PowerSchool Updates with Rae Anne Cook

January 7,2021 – Jackson County, Andalusia City, Piedmont City

February 4, 2021—open

March 4, 2021—open

April 1, 2021—open

May 6, 2021—open

Mental Health Services Coordinator Information and Questions

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