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
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?
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

<table>
<thead>
<tr>
<th>Stressful events, abuse, or trauma</th>
<th>Chemical imbalance</th>
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<tbody>
<tr>
<td>Ongoing stress and anxiety</td>
<td>Substance misuse and sensitivity</td>
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<tr>
<td>Adverse Childhood Experiences (ACES)</td>
<td>Brain injury</td>
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<tr>
<td>Medical conditions/hormones</td>
<td>Seasonal changes</td>
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<tr>
<td>Learned behavior</td>
<td>Illness that is life threatening</td>
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<tr>
<td>Medication side effects</td>
<td>Previous episodes of mental illness or presence of another mental illness</td>
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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
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
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
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

Assess for Risk of Suicide or Harm
## Encouraging Appropriate Professional Help

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<tr>
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<th>Show</th>
<th>Encourage</th>
<th>Involve</th>
<th>Keep</th>
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<tr>
<td>Listen non-judgmentally</td>
<td>Show empathy</td>
<td>Encourage youth to seek professional help</td>
<td>Involve parents/caregivers</td>
<td>Keep community (local, regional, state, and national) resources with contact information on hand to provide to youth and parents/caregivers</td>
</tr>
</tbody>
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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 employee a School Mental Heath 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
The Tiered Responsibilities of the School-based Mental Health Services Coordinator

Tier 1
- Alcohol, Tobacco and Drugs Prevention
- Bullying/Cyberbullying Prevention
- Character Education
- De-Escalation classes
- Child Abuse and Neglect
- School Safety Planning Processes
- Suicide Prevention
- School-Wide Positive Behavior Supports
- Clear School / Classroom Rules
- Reward Positive Behaviors

Tier 2
- EIST
- Small Group Counseling
- Behavior Contracts
- Mentor-Based Programs
- Self-Management Skills
- Restorative Justice Practices
- Peer Helpers (Student Peer Group Programs)
- Family Resource Centers
- The Children’s Trust Fund
- Helping Families Initiative

Tier 3
- Individualized School Healthplan (ISHP) Therapy
- Individual Counseling
- Self-Management Skills
- Functional Behavioral Assessment
- Behavioral Intervention Plan
- Crisis Services
- Continuum of Services / Placement
- Multiple Needs Child Referrals
- Emergency Treatment
- Individualized Health Care Plan

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