

**The distinction
between physical
and mental health is
both artificial and
harmful**

- Mental health disorders strike early with 50% starting by age 14 and fully 75% by the age of 24. This represents the prime of educational careers

13% of children aged 8 to 13 have a mental illness significant enough to cause daily impairment. This jumps to 21% for youth aged 13 to 18.

Prevalence

- That means in a 30-student classroom of 8 to 13 year-olds 4 students have a significant mental illness
- For 13 to 18 year-olds that jumps to 6 students per classroom

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PHARMACY



BACK TO SCHOOL
SPECIAL

RITALIN



ADHD

- Children with mental health issues are often incorrectly diagnosed with ADHD

Trauma-Informed Care

- 14% to 34% of children have experienced at least one traumatic event (abuse, neglect, assault, molestation, etc.)

**Childhood trauma
frequently leads to
mental health issues**

Trauma affects learning

- Adversely affects ability to ...
 - Organize narrative material
 - Understand cause & effect
 - Take another person's perspective
 - Attend to classroom instruction
 - Regulate emotions
 - Engage the curriculum
 - Utilize executive functions
 - Make plans
 - Organize work
 - Follow classroom rules

Uninformed View

Uninformed response: Student needs consequences or maybe an ADHD evaluation

Trauma informed view:

Trauma-informed response: Student needs to learn skills to regulate emotions & we need to provide support

**Trauma-informed care
means instead of asking
“what is wrong with
you?” we ask “what
happened to you?”**

- Students with mental health disorders struggle with challenges at every level in their educational journey. Over 50% will drop out of high school, the highest dropout rate for any group of disabilities

Only 11% of those in special education will continue on to college compared to 40% for the general population. Those that do go on to college have higher dropout and lower graduation rates than other students.

Receiving mental health services for children and youth is inversely related with the persistence of depression and suicidality into young adulthood

What should our goal be?

- Build capacity to implement school-based prevention and early identification strategies that promote student mental health



Schools fill a gap in services

Psychosocial & MH problems often are major factors interfering with effective school performance of some students so schools must do something about these individuals (especially mental health services are included in a student's special education plan).

>Combined 2005 and 2006 data from SAMHSA indicate that an annual average of 3.3 million youths aged 12 to 17 (13.3 percent) received services for emotional or behavioral problems in a specialty mental health setting in the past year

>About 3.0 million youths (12.0 percent) received services for emotional or behavioral problems in a school-based setting, and around 752,000 (3.0 percent) received such services in a general medical setting

National Assoc. of School Psychologists

- A collaborative and coordinated effort is needed among schools, families, and communities to ensure that all children and adolescents achieve positive academic and behavioral outcomes.

Surgeon General

- Both the promotion of mental health in children and the treatment of mental disorders should be major public health goals.

American School Counselor Assoc.

School counselors recognize and respond to the need for mental health and behavioral prevention, early intervention and crisis services that promote psychosocial wellness and development for all students.

National Assoc. of School Nurses

- Mental health is as critical to academic success as physical well-being.

SED

- Children and youth with mental health issues are labeled SED (Severely Emotionally Disturbed) or students with psychiatric disabilities

- Students with SED are more likely to experience seclusion, suspension, and expulsion

- Children and youth with SED are more likely to have a 504 plan than they are to have an IEP. That may or may not help secure the resources that are needed.

**Families report difficulties
getting Special Ed
designations for students
with mental health issues**

Psychosocial development delayed

- Cognitive, moral, social and identity formation development may all delayed
- Developmental tasks of transition are the same as for other youths
- Just as desirous as peers for adult freedoms

Cries for help, ages 6 to 12

- Excessive Aggressiveness
- Serious Injury to Self or Others
- Excessive Fears
- School Refusal/Phobia
- Fire Fixation/Setting
- Frequent Excessive or Extended Emotional Reactions
- Inability to Focus on Activity even for Five Minutes
- Patterns of Delinquent behaviors

Cries for help, ages 13 to 18

- Sexual promiscuity
- Suicidal/homicidal ideation
- Self-mutilation
- Frequent displays of temper
- Withdrawal from usual activities
- Significant change in grades, attitude, hygiene, functioning, sleeping, and/or eating habits
- Delinquency
- Excessive fighting and/or aggression (physical/verbal)
- Inability to cope with day to day activities
- Lots of somatic complaints (frequent flyers)

Comprehensive Services

- **Students with mental health needs are more likely to receive services in separate settings and may therefore be disproportionately affected by the lack of comprehensive services offered in any one system.**

The mental health perspective holds that the behavior of young children must be understood within the context of:

- an age-appropriate developmental sequence
- relationships between children and caregivers in their immediate environment
- factors in the broader environment that impact child-family relationships

The adoption of a mental health perspective offers an opportunity for mental health professionals to play a new role in early childhood and family support settings.

Traditionally, if mental health consultation has been available, it often has been limited to C.O.W. therapy*

*Crisis of the Week

By contrast, programs that integrate a mental health perspective have a strong focus on prevention.

The California Prevention and Early Intervention program identified its priority populations as:

1. Trauma-Exposed Individuals
2. Individuals Experiencing Onset of Serious Psychiatric Illness
3. Children and Youth in Stressed Families
4. Children and Youth at Risk for School Failure
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

**The California PEI Program
further identified
community needs as:**

7. Suicide Prevention
8. Reduction of Stigma and Discrimination

- About 4,700 young people ages 14-24 die by suicide (CDC, 2010).
- Approximately 1 out of 6 high school students seriously consider attempting suicide (CDC, 2012).
- 1 out of 13 high school students attempt suicide one or more times (CDC, 2012).

The goal of suicide prevention activities should include improving early identification, early intervention and referral for at-risk suicidal behavior.

**Suicide is now the
second leading cause
of death for
adolescents**

**The stigma of mental
illness is the primary
reason that individuals
do not seek the
treatment they need**

**Addressing the stigma of
mental illness should be
part of the standard
curriculum along with
addressing issues like
racism and prejudice**

**Mental Health First Aid for Youth
is an invaluable training for all
school personnel**

IDEAS

Establish a group of inclusion experts that provide ongoing TA and professional development opportunities to all staff on supporting the learning and development of children with SED.

<http://ecmhc.org/>

- **The Departments of Health and Human Services and Education have created The Center for Early Childhood Mental Health Consultation**

- Early Childhood Mental Health Consultation (ECMHC) is a multi-level preventive intervention that teams mental health professionals with people who work with young children and their families to improve their social-emotional and behavioral health and development

Another hallmark of ECMHC is the emphasis on building a collaborative relationship between the consultant and the early childhood professional, as well as with parents

**Early intervention
improves the long term
outcomes**

What works?

Project AWARE

- SAMHSA's youth mental and substance use disorder prevention programs, such as Project AWARE, work to ensure that children and youth in need of behavioral health services receive help as early as possible.

PBIS

With access to mental health specialists, PBIS frameworks can work particularly well for children and youth with psychiatric disabilities

RtI is a process for achieving higher levels of academic and behavioral success for all students through:

High quality instructional practice

Continuous review of student progress (multiple measures)

Collaboration

RENEW/Supported Education

- RENEW and Supported Education are similar programs aimed at educational completion and transition to young adulthood.

Community of Practice

- Promotes a way of working that fosters cooperation and collaboration among all partners involved in transition to life after high school and in making a difference in the lives of New Hampshire's youth

Wrap Around Services

- Wrap services are intensive , individualized services for children and youth with serious or complex needs

These programs:

- try to anticipate and promote the well-being of the child, rather than respond exclusively to identified problems;
- reach out to children at risk of developing social, emotional, and behavioral difficulties;
- acknowledge that some young children have identifiable disturbances and are seriously troubled

Universal school-based behavioral health interventions were shown not only to be associated with improved academic achievement, but also to be linked to improvements in related behaviors known to influence academic success.

Improved academic achievement was demonstrated by increases in school grades, standardized test scores, grade point averages, and teacher-rated academic competence.

Improvement in related areas included increased on-task learning behavior, better time management, strengthened goal setting and problem solving skills, and decreased rates of absenteeism and suspensions.

Students who received a behavioral health intervention showed greater resilience and emotional functioning as evidenced by increased academic motivation, self-efficacy, commitment to school, and stability during grade-level transitions.

At the school level,
intervention sites reported less
violence, bullying, and other
problem-behaviors among
students.

Recovery from mental illness means the ability to fulfill meaningful roles. For children and youth, this means the ability to continue their educational journey.