The Power to Make a Difference

Santa Barbara County Curriculum Council

March 23, 2018

“Mental health is the successful functioning that results in productive activities, fulfilling relationships with others, and the ability to adapt to change and to cope with adversity”

- Mental Health: A Report of the Surgeon General, 1999
The Role of Schools in Student Mental Wellness

- Effectively address barriers to learning
- Promote the well being of every student
- Promote student mental health

Why is attention to mental wellness in schools so unique?

- Over 55 million youth attend 114,700 schools (K-12) in the U.S.
- 6.8 million adults work in schools
- Combining students and staff, approximately 20% of the U.S. population can be found in schools during the work week.
Schools have a unique opportunity in identifying mental health needs

- Early identification and intervention
- Relationships with teachers and faculty promote the social-emotional development and resiliency of students
- Assisting children with chronic or serious emotional disturbances of those with mental illness in their families
- Observations of children in a natural setting
- Outreach to youth with internalizing disorders
- Facilitation of multidisciplinary teams involving school staff, families, and youth

Child and Youth Mental Health Facts

- Approximately 1 in 5 youth aged 13-18 (21.4%) has or will have a serious mental illness at some point during their life. For children aged 8-15, the estimate is 13%.
- 50% of all lifetime cases of mental illness begin by the age of 14.
- Approximately 50% of students with mental illness drop out of high school.
- 70% of youth in state or local juvenile justice systems have a mental illness.
- Suicide is the second leading cause of death in youth ages 10-24.
- 90% of those who died from suicide had an underlying mental illness.
- The average onset between onset of symptoms and treatment is 8-10 years.
Questions for school staff to ask and learn

- What are considered red flags for a mental health need?
- What are the psychological and life stages of development for the child?
  - Ages 5-12 - Early School Years, Industry vs Inferiority
  - Ages 13-18 - Adolescents/Puberty, Identify vs Role Confusion
- Depending on the child’s stage of development, what is considered “normal abnormal” behavior vs “cries for help?”
- What are general warning signs for school age children?

Normal Difficult Behavior

Ages 5-12
- Arguments/Fights with Siblings and/or Peers
- Curiosity about Body Parts of males and females
- Testing Limits
- Limited Attention Span
- Worries about being accepted
- Lying
- Not Taking Responsibility for Behavior

Ages 13-18
- Moodiness!
- Less attention and affection towards parents
- Extremely self involved
- Peer conflicts
- Worries and stress about relationships
- Substance use experimentation
- Preoccupation with sex
Cries for Help/More Serious Issues

Ages 5-12
- 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

Ages 13-18
- 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
- Inability to cope with day to day activities
- Lots of somatic complaints (frequent flyers)
- Ages 16-25 = average onset for first episode of psychosis

Stigma and Invisibility - Trauma Informed Care

- Recognize the unseen history, or current experiences of trauma, which students may carry

- In your window of time with the student:
  - Lose labels
  - Let him/her tell their story
  - Give time to tell the story (let the student lead their story)
  - Respect voice and choice/match language
  - Recognize the comfort level
  - Consider the perspective from the student’s cultural context
"Could someone help me with these? I'm late for math class."

3/23/18

Test Today:
Othello

Good Morning, Teacher

3/23/18
School suicide postvention: Goals

- Support the grieving process
- Prevent imitation *suicides*
- Risk Assessment: Identify and refer at-risk survivors
- *Reduce identification with victim*
- Reestablish healthy school climate
- Education
- Provide long-term surveillance

School postvention response for trauma

- Verify *suicide* or facts of incident
- Assess the potential impact on the school
- Estimate level of response resources required
- Advise principal how to proceed
- Contact family of *suicide* victim
- Determine what and how information is to be shared
- Mobilize the crisis response team
- Inform faculty and staff
- Identify at risk students/staff
Introduction to Psychological First Aid (PFA) and PFA in Schools

What is Psychological First Aid?

• PFA is an evidence-informed approach to assist children, adolescents, adults, and families in the immediate aftermath of disaster or traumatic event

• Psychological First Aid (PFA) is an approach built on the concept of human resilience
### What is PFA for Schools?

- **PFA for Schools** is a model designed to assist students, families, school personnel, and school partners in the immediate aftermath of a disaster and traumatic event.

- Designed to reduce the initial distress caused by emergencies, and to foster short and long-term adaptive functioning and coping.

- Assumes that students and school staff may experience a broad range of early reactions (physical, cognitive, psychological, behavioral, spiritual) following a disaster or traumatic event.

### Why is PFA in Schools Important?

- Schools are the first service agencies to resume operations after a disaster/emergency and can become a primary source of community support during and after the incident.

- Preparing for emergencies is critical for all school staff.

- Emergencies affect students’ academic and social achievement.

- Trauma-related distress can have a long-term impact if left untreated.

- Brief interventions can produce positive results that last.
Psychological First Aid Core Actions

1. Contact and Engagement
2. Safety and Comfort
3. Stabilization (if needed)
4. Information Gathering: Current needs and concerns
5. Practical Assistance
6. Connection with Social Supports
7. Information on Coping
8. Linkage with Collaborative Services

What can school teachers/faculty do to promote mental wellness on campus?

- Developing interpersonal relationships between staff and students and parents is the groundwork for any developments in prevention and intervention
- Teachers taking a personal interest in each child
- Commitments to overall wellness (academic, emotional, spiritual, social and moral health)
  - Simply knowing each student as well as possible
  - Nurturing of student-teacher relationships contribute to improved socioemotional wellness
- Supporting families to feel they can speak with staff and the principal and discuss issues that may affect their children
- Students knowing they can approach the school counselor for help or direction
Services available through Behavioral Wellness

- Information and Referral
- Linkage to services
- Outpatient clinic services (Assessment, therapy, case management, medication management)
- Specialized programming (Transition Age Youth, Wraparound, Intensive In-Home, Therapeutic Foster Care)
- School support during traumatic events (School, Parents, Students)
- Community Wellness Team

Training Ideas

- Psychological and life stages of development for a child
- Warnings signs for children (by age)
- Signs and symptoms of mental illness
- Handling big emotions
- Psychological First Aid
- Postvention/Trauma response in schools
How to connect to resources

Santa Barbara County
Department of Behavioral Wellness

Toll-Free Access Line
1-888-868-1649

For more information, please contact:
Suzanne Grimmesey
(805) 886-5403
suzkirk@co.santa-barbara.ca.us