Mental Health Matters

ACET Conference
April 23, 2019  1:45 – 2:45 PM
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Interagency Liaison
Objectives

Participants will increase knowledge of:

1. Mental health, trauma and the impact on learning
2. Trauma-informed best practice strategies
3. Resources available for deeper learning
Mental Health Statistics

20% of youth ages 13-18 live with a mental health condition.

The average delay between onset of symptoms and intervention is 8-10 years.

Approximately 50% of students age 14 and older with a mental illness drop out of high school.

Sources: Texas Statewide Behavioral Health Strategic Plan, National Institutes for Health (NIH), National Association for Mental Illness (NAMI)
More than 1 in 3 Texas high school students felt so sad or hopeless almost every day for 2 or more weeks in a row in the past 12 months that they stopped doing some usual activities.

The Texas YRBS is a biennial survey of students in randomly selected public and charter high schools across Texas. For more information about the Texas Youth Risk Behavior Survey please visit: www.dshs.texas.gov/chs/yrbs.
Suicidal Behavior Among Texas High School Student in Thoughts, Plans, and Attempts, in the Past 12 Months, YRBS 2017

- 17.8% Seriously Thought about Suicide
- 14.5% Made a Plan
- 12.3% Attempted Suicide

In a class of 25 Texas high school students, at least 1 (4.5%) made a suicide attempt so severe in the past 12 months that it required medical intervention.

The Texas YRBS is a biennial survey of students in randomly selected public and charter high schools across Texas. For more information about the Texas Youth Risk Behavior Survey please visit: www.dshs.texas.gov/chs/yrbs.
Close to half of Texas high school students who identify as gay or lesbian have attempted suicide in the past 12 months, compared to 9.6% of their peers who identify as straight and 23.2% of their peers who identify as bisexual.

Texas high school students consistently had a higher rate of attempted suicide in the past 12 months than those in the US. In 2017, the Texas rate was 66% higher than the US rate (12.3% vs. 7.4%).
If you or a loved one are struggling with suicidal thoughts, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or the Crisis Textline by texting HOME to 741741.

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Warning Signs for Mental Health Challenges

- Feeling very sad or withdrawn for more than 2 weeks (e.g., crying regularly, feeling fatigued, feeling unmotivated).
- Trying to harm or kill oneself or making plans to do so.
- Out-of-control, risk-taking behaviors that can cause harm to self or others.
- Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing.
- Not eating, throwing up or using laxatives to lose weight; significant weight loss or gain.

Sources: National Institutes for Health (NIH), National Association for Mental Illness (NAMI)
Warning Signs for Mental Health Challenges

- Severe mood swings that cause problems in relationships.
- Repeated use of drugs or alcohol.
- Drastic changes in behavior, personality or sleeping habits (e.g., waking up early and acting agitated).
- Extreme difficulty in concentrating or staying still that can lead to failure in school.
- Intense worries or fears that get in the way of daily activities like hanging out with friends or going to classes.

Sources:
National Institutes for Health (NIH), National Association for Mental Illness (NAMI)
What can parents do?

4 Things Parents Can Do

- Talk with your pediatrician
- Get a referral to a mental health specialist
- Work with the school
- Connect with other families

Follow Us!
facebook.com/officialNAMI
twitter.com/NAMIcommunicate

Sources:
National Institutes for Health (NIH), National Association for Mental Illness (NAMI)
Group Discussion

- What warning signs have you seen in your classroom, school district or community?
- What procedures are in place when possible warning signs are observed?
- Does your organization have any written agreements with local mental health providers?
- What training is provided in your district, or by your ESC?
Adverse Childhood Experiences and Trauma
Grief and Trauma

Trauma - Informed Inquiry:

Wonders “what happened to you?” rather than, “what’s wrong with you?”
Three main types of trauma:

**Acute trauma** - results from a single event

**Chronic trauma** - repeated and prolonged such as witnessing domestic violence, community violence, toxic stress in person’s environment, abuse

**Complex trauma** - exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature

Trauma can have lasting, adverse effects on the individual’s functioning, physical, social, emotional wellbeing
Examples of Adversity and Traumatic Experiences

- Sexual abuse
- Physical abuse
- Emotional abuse
- Domestic violence
- Neglect
- Deprivation
- Traumatic grief and loss
- Community violence
- Witnessing violence
- Abandonment
- Divorce or separation
- Toxic stress
- Kidnapping
- Displacement
- War

No two people have the same emotional or physical response to an adverse or traumatic experience. Understanding adversity is not to pathologize or stigmatize persons.
Examples of Adversity and Traumatic Experiences

- Natural disasters
- Medical Injury, illness, or procedures
- Substance abuse in household
- Mental illness in Household
- Accidents
- Incarceration
- Parent incarceration
- Victim of crime
- Persistent failure
- School violence
- Dating violence
- Bullying and cyber-bullying

No two people have the same emotional or physical response to an adverse or traumatic experience. Understanding adversity is not to pathologize or stigmatize persons.
Adverse Childhood Experiences (ACEs)

Conceptual Framework of Trauma

ACEs Impact Across the Life Span

Adapted From: https://www.cdc.gov/violenceprevention/childabuseandneglect/aces
The Biology of Trauma

Several systems of the person – cognitive, social, emotional, behavioral, neuroendocrine and genetic -- all influenced by the environment plus early experiences and interact with each other as the child grows and develops.

The body’s systems are mutually interactive – the system is learning. Structural changes take place in the developing brain when it is under conditions of extreme stress – which impacts behavior responses.

National Child Traumatic Stress Network (NCTSN), American Academy of Pediatrics
Building Brains
Cognitive, emotional and social learning capacities are inextricably intertwined throughout the life course

Dr. Bruce Perry, Child Trauma Academy
Child Trauma

- Students struggling with trauma are concerned for their safety
- Often operate at a high level of arousal and fear
- If they discern correctly or incorrectly that they are to be exposed to increased danger, their fright, fight and flight symptoms will likely increase and surface
- Anxiety, hostility, aggressiveness, withdrawal
The impact of trauma on learning
Using a trauma-informed lens, how might trauma impact a student according to Maslow’s Hierarchy of Needs?

How might schools intervene?

https://www.bing.com/search?q=maslows+hierarchy+of+need&src=IE-SearchBox&FORM=IESR4A
The Potential Impact of Trauma on Learning

Cognitive Skills:

• Attention
• Concentration
• Memory
• Recall
• Processing
• Reasoning
The Potential Impact of Trauma on Learning

Academic Performance:

- Poor attendance
- Particularly frequent absences for vague, non-specific physical health problems
- Difficulties with academic work, reading, mathematics, completing assignments and homework
- Falling grades
The Potential Impact of Trauma on Learning

Competencies with:

• Self-Efficacy and confidence
• Attachment and relationships
• Social integration and social skills
• Adjustment to school
• Managing emotions
• Behavior self-regulation
• Responsible decision-making
Mental Health Awareness and Promotion
What Can Schools Do?

Start with Mental Health Awareness!

Free Training for Texas Educators!

Youth Mental Health First Aid

Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.
May is Mental Health Awareness Month!

Capitol Event – Children’s Mental Health Awareness Day, Saturday, April 27, 2019

Children’s Mental Health Art Contest Display
https://cmhaustin.weebly.com/

Statewide Activities
http://www.txsystemofcare.org/
After Mental Health Awareness, What Can Schools Do?
“We learn the emotional habits that can undermine our best intentions, as well as what we can do to subdue our more destructive or self-defeating emotional impulses.

Most important, the neurological data suggest a window of opportunity for shaping our children’s emotional habits.”

— Daniel Goleman, Emotional Intelligence
Social and emotional learning is the process to acquire and effectively apply the knowledge, attitudes and skills necessary to:

✓ understand and manage emotions,
✓ set and achieve positive goals,
✓ feel and show empathy for others,
✓ establish and maintain positive relationships and
✓ make responsible decisions.

Youth Development Programs

Common asset-building and wellbeing goals for young people including:

✓ Physically and emotionally safe and healthy
✓ Resilient with a growth mindset and grit
✓ Hopeful, optimistic, compassionate, joyful, curious
✓ Ability to form and sustain caring, committed relationships
✓ Success in school and employment
✓ Gratitude and able to give back - service to community
Resilience – the process of managing stress and functioning well even when faced with adversity and trauma

Protective Factors - the effects of toxic stress and trauma, can be mitigated by designing experiences that help to build youths’ resilience.
Promoting Resilience and Wellbeing

Examples of Protective Factors at School

**Social, Emotional, Behavioral Learning:**
Build the knowledge, attitudes and skills to: manage emotions, feel and show empathy for others, set and achieve positive goals, establish and maintain healthy relationships, and make responsible decisions.

**Create a Calm and Caring Learning Environment:**
Facilitate features such as: safe, positive, connected, predictable rules and routines, respectful, joyful and peaceful

**Evidence-Based Practices:**
Implement through a multi-tiered system of support, i.e. PBIS, installed with leadership commitment, teaming, fidelity and data to monitor progress

**Relationships:**
Foster a consistent relationship with at least one caring adult who promotes high expectations, responsibility and encourages self improvement

**Decision Making:**
Provide all students with opportunities for meaningful and responsible decision-making including constructive engagement in their family, community, school

**Genuine Support:**
Provide both concrete and emotional support in times of need
A Trauma Informed Approach for Building Resilience and Wellbeing

Reduce or Mitigate Against Risk Factors

Increase Promotive and Protective Factors

Resilience, Mental Health, Healthy Development and Wellbeing
“Resilience cannot exist without hope. It is the capacity to be hopeful that carries us through challenges, disappointments, loss, and traumatic stress.”

Dr. Bruce Perry, Child Trauma Academy
Promoting Solutions
Implementing a Multi-Tiered Systems of Support
Multi-Tiered Systems of Support (MTSS) for Behavior, Mental Health and Safety

https://www.pbis.org/school/school-mental-health/interconnected-systems
The 2019 Annual Conference on Advancing School Mental Health

November 7-9, 2019
Austin, TX: Hilton Austin
Safe and Supportive Schools for All Students!

National Center for School Mental Health (NCSMH)

http://csmh.umaryland.edu/The-SHAPE-System/Playbook-Guides/
Integrated social, emotional, behavioral and academic skills evidence based practices

http://www.casel.org/
Rigorous instruction and effective leadership contribute to student achievement; however, students who receive social–emotional support and prevention services achieve better academic outcomes (Greenberg et al., 2003).

Whole-school interventions, delivered within an MTSS, have been shown to improve school climate. Improving school climate and student engagement and connectedness is associated with increased achievement in reading, writing, and math (Spier, Cai, & Osher, 2007).
Example Activities

- Intensive Services and Wraparound
- Safety & Treatment Transition Plans

- Early Identification of Student Needs
- Targeted Skill-Building Interventions

- Mental Health and Trauma Awareness
- Evidence-Based Universal Prevention

Collaboration

- TEA
- Four (4) ESCs
- Five (5) School Districts
- Fifteen (15) Schools
- District and Campus Leadership Teams
- Mental Health (MH) Specialists
- Community MH Providers
- Parents and Youth
- Health and Human Services Commission
- University of Texas at Austin Institute for Excellence in MH
MTSS Intervention Planning

Leadership Teaming

Needs Assessment

Resource and Asset Mapping

Campus Plan for:
- A tiered system (MTSS)
- Trauma-informed practices
- Social-emotional competencies
- Behavior supports
- Mental health supports
Best Practice Resources
Mental Health and Behavioral Health

Welcome to the Texas School Mental Health and Behavioral Health Website. TEA developed these Webpages to provide information to help schools to support student mental and behavioral health.

Approximately one in six school-aged youth experiences impairments in life functioning, including impacts on academic achievement, due to a mental illness. The number of students experiencing mental illness increases as young people grow older.

Outside of the student’s home, schools are the most likely place where mental health concerns will be detected. Fortunately, the earlier mental health concerns are detected and addressed, the more likely a student is to avoid the onset and/or progression of a mental illness. Many times signs of deteriorating mental health are noticeable well before a mental illness emerges.

This Website seeks to assist school personnel with resources for supporting student mental health. In Texas, there are numerous collaborative efforts, statutes, services, programs and strategies available to support the identification of mental health challenges and to address them. Please bookmark the page, share the link and visit often to learn of new resources and opportunities for promoting school mental health in Texas.

Hotlines and Links to Mental/Behavioral Health Supports in Texas

https://tea.texas.gov/About_TEA/Other_Services/Mental_Health/Mental_Health_and_Behavioral_Health/
Mental Health Best Practice Resources

Best Practices Webpages with Curated Mental Health Resources:

- Mental Health Promotion
- Early Mental Health Intervention
- Suicide Prevention
- Substance Abuse Prevention and Intervention
- Grief Informed and Trauma Informed Practices – ACES Information
- Safe and Supportive School Climate
- Building skills related to managing emotions, establishing, and maintaining positive relationships, and responsible decision making
- Positive Behavior Interventions and Supports and Positive Youth Development
- Educator Preparation Resources

https://tea.texas.gov/About_TEA/Other_Services/Mental_Health/Mental_Health_and_Behavioral_Health/
Trauma Informed Strategies For Schools

We can not teach the mind until we reach the heart.

http://k12.wa.us/CompassionateSchools/HeartofLearning.aspx
Integrates a curriculum that teaches competencies in four (4) domains:

1. Safety and security
2. Emotional and behavioral self-regulation
3. Personal agency, social skills and
4. Academics

Includes goals for instruction, information on recognizing need, strategies to apply the 6 discipline principles
Provides six principles of trauma-informed discipline:

- Always empower, never disempower (psychological and physical safety)
- Teach, expect and provide unconditional positive regard (respect)
- Maintain high expectations with rules and routines (responsibility)
- Check assumptions, observe and question
- Be a relationship coach
- Provide guided opportunities for helpful participation
Trauma Informed Strategies For Schools

KARYN PURVIS INSTITUTE OF CHILD DEVELOPMENT

TBRI®

Trust-Based Relational Intervention®

What is it?

TBRI® is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI® uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. While the intervention is based on years of attachment, sensory processing, and neuroscience research, the

https://child.tcu.edu/about-us/tbri/

Course for Trauma Informed Classroom Strategies

3 Days
Trauma Informed Strategies For Schools

Free toolkit download:

https://www.nctsn.org/resources/child-trauma-toolkit-educators
Trauma Informed Strategies For Schools

Purpose:
Training for understanding trauma and providing cognitive-behavioral group interventions in school.
*For mental health professionals.

Register for Free Manual:
- Free online training course
- 5 hours self-paced course
  https://cbitsprogram.org/

CBITS At-a-Glance
The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school-based, group and individual intervention. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills.

CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters.

CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure).

Take a CBITS Training Course
CBITS offers both online and in-person training. To learn more about our online training or to take the course, visit the CBITS website.
Lives in the Balance

FOSTERING COLLABORATION • TRANSFORMING LIVES • INSPIRING CHANGE

What kids (and the rest of us) need now
It’s true, you reap what you sow. If we handle kids with power and control, that’s what we get back. But what happens if we collaborate with them — as partners — instead? Lives in the Balance is devoted to moving things in that very direction. Our model is life-changing. Our programs are life-saving. Our research is compelling. Our web-based resources are free. And there’s a lot more in the pipeline.

About Us
We have some ideas. Ideas about how behaviorally challenging kids should be understood. And about treating them in ways that are more compassionate and effective. Ideas about treating all kids in ways that are non-punitive, non-adversarial, and collaborative, and that teach them skills on the better side of human nature.

https://www.livesinthebalance.org/

Collaborative and Proactive Solutions

FREE Web-based resources

Purpose: To teach lagging skills, engage and empower youth to develop a collaborative plan that addresses challenging behavior.

Evidence Based Practice
Trauma Informed Strategies For Schools

**Purpose:**
Preparing school teams to pre-plan for psychological safety in school plans in advance of a multi-hazard disaster or emergency

*Free online training
*Free download of Field Manual

http://www.nctsn.org/content/psychological-first-aid-schoolspfa
• Compassion Fatigue
• Vicarious Trauma
• Burnout
• Self-Care
• Prevention

http://www.mentalhealthamerica.net/31-tips-boost-your-mental-health
What is your role?

What take-away(s) from this session will benefit you in your role?

What else can TEA provide to assist you regarding mental health and trauma-informed practices?

Please provide feedback that would improve learning in this one hour session?

Thank You!
Mental and Behavioral Program Contact

Julie Wayman, MSSW
Mental Health and Behavioral Health Manager, Interagency Liaison

TEA Mental Health Webpage:
https://tea.texas.gov/About_TEA/Other_Services/Mental_Health/Mental_Health_and_Behavioral_Health/

Phone: 512-936-6403
Email: Julie.Wayman@tea.texas.gov
Bonus Section: Classroom Activity Ideas for Teachers
Trauma Informed Practices in School: Teaching & Self-Care Resources

The National Survey of Children’s Health (NSCH) reports that nearly 50 percent of the children in the United States have experienced “at least one or more types of serious childhood trauma.” Many of the challenging behavior seen inside classrooms stem from stress or trauma in students’ lives outside the classroom. Trauma, both physical and emotional, can alter a young person’s brain functions, which in turn, impacts learning and behavior.

Poverty, violence, abuse, food insecurity, and home instability are just a few causes of brain-altering stress. Teachers and educators interact with students

Free Teacher Resources

*Excerpts on the following Slides

Concordia University – Portland, OR

https://education.cu-portland.edu/blog/teaching-resources/trauma-informed-school-practices/
Get Them Moving!
Sitting still is hard for all of us. These mood-boosting activities and brain breaks will give students instant energy.

Just Breathe.
Ask students to breathe in for five seconds, hold three seconds, breathe out five seconds, and repeat for one minute. Prompt them to sit up straight on the inhale and hold, then exhale and relax their shoulders.

Super Stretch.
Students stand up and stretch their arms and body to the ceiling, then to the side, then to the floor, twisting both ways.

Laugh in.
Start with “ho-ho-ho-ho” together. Then “he-he-he-he.” And then “ha-ha-ha.” Pretend to laugh. In no time the whole class will really be laughing.

Scissor hands.
Students stand and scissor their arms across their chest 4 to 5 times, then touch their nose with their right hand and touch the opposite ear with their left hand, then switch.

Dance party.
Turn on some fast music. Dance your hearts out for two minutes. Turn on some slow music and stretch a bit and calm down for 30 seconds.

*Free Resources: https://education.cu-portland.edu/blog/teaching-resources/trauma-informed-school-practices/
Write out scheduling changes on a whiteboard. Knowing what to expect helps students focus.

Build in rewards for getting work done. Made it through reading groups with no interruptions? Give five minutes of free time at the end of the period.

Take class outside. Foam mats from a home improvement store are easy to stow, soft to sit and work on, and sturdy and waterproof. No reason not to learn in the fresh air.

Bring nature in! Project a rain forest on a large screen and play rain forest sounds. One minute is all you need for a quick field trip in their minds. Tip: @nationalparkservice has stunning images on Instagram.

*Free Resources: https://education.cu-portland.edu/blog/teaching-resources/trauma-informed-school-practices/*
Trauma Informed Strategies by Teachers

Brain Breaks
Activities that bring on the calm.

Create a class relax board.
Have students look through travel magazines or on travel websites to find pictures of places that they dream of going or that make them feel peaceful. Make a class collage that can be posted prominently. Model looking at the collage yourself so students get in the same habit.

Be classical.
Students working on a quiet task? Put on some classical music while they work. Productivity will rise and stress will go down.

Color (even older students will love it!)
Mandalas, patterns, or any printed-out design has been shown to calm students.

Have a daily check-in.
Let students hold up fingers to show how their day is going. 1, not so great to 5, fabulous. (And keep an eye out for the 1s and 2s. Check with students to see if you can give them a little extra support that period or day.)

*Free Resources: https://education.cu-portland.edu/blog/teaching-resources/trauma-informed-school-practices/*