Changing the Conversation

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LISTEN TO THE MUSTN'TS

Listen to the *MUSTN'TS*, **child**,
    Listen to the *DON'TS*
    Listen to the *SHOULDN'TS*
The *IMPOSSIBLES*, the *WONT'S*
    Listen to the *NEVER HAVES*
Then listen close to me-
    Anything can happen, **child**,
ANYTHING can be

    -Shel Silverstein, *Where the Sidewalk Ends*

LISTEN TO THE MUSTN'TS

Listen to the *MUSTN'TS*, **friend**,
        Listen to the *DON'TS*
        Listen to the *SHOULDN'TS*
The *IMPOSSIBLES*, the *WONT'S*
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        -Shel Silverstein, *Where the Sidewalk Ends*

Mental Health

- Stress and psychological trauma encountered by children can increase the probability of developing mental health disorders, also
- These may include victimization, grief and loss, separation, violence, child abuse or neglect, substance abuse, natural disasters, school crises, military deployments, familial mental illness, etc.

Children's Mental Health Matters!

Children's Mental Health and Adult Outcomes

Mental Health Workforce

Interventions

Recommendations

Children's Mental Health

1 out of 5 children has a diagnosable mental health disorder

Children's Mental Health

- **1 in 10 children** has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community *(US Dept. of Health and Human Services)*

- **Between 9.5 and 14.2 percent of birth to 5 year-old children** experience significant social emotional problems that negatively impact their functioning, development and school-readiness (*Brauner*)

- The onset of major mental illness problems may occur as early as **7 to 11 years of age** *(Kessler, Beglund, Demler, Jin, and Walters)*

Children's Mental Health

- **Almost 50 percent** of all long-term mental health problems start by the age 14 *(Kessler, Amminger, Augilar-Gaxiola, Alonso, and Ustun)*

Children's Mental Health

- **14 percent of children** with mental health problems receive mostly Ds and Fs on school work *(Blackorby, Cohorst, Garza, and Guzman)*

- **44 percent of children** with mental health problems drop out of high school *(Wagner)*

- In the course of the school year, many children with mental health problems miss as many as **18 to 22 days of school** *(Blackorby)*
  - *Graduation rate for 8th grade students that miss 15 or more days of school drops from 82% to 38% (GaDOE)*

Children's Mental Health

- Students' unmet mental health needs can be a ***significant obstacle*** to student academic, career and social/emotional development and can even compromise school safety *(Froeschle and Meyers)*

- **21 percent of low-income children** aged 6 to 17 have mental health problems *(Howell)*

    [many times attributed to complex trauma]

Children's Mental Health

- 32 percent of children of military families scored as "high risk" for mental health problems, 2.5 times higher than the national average *(Flake, Davis, Johnson, and Middleton)*

[Georgia has 30,000 military-connected students *(SLDS)***]**

- There is a higher prevalence of mental health problems in youth aged 11 to 17 in military families compared to the general population *(Chandra, Lara-Cinisomo, Jaycox, Tanielian, and Burns)*

Children's Mental Health

- Up to 80 percent of children in need of mental health services do not receive them *(Kataoka, Zhang, and Wells)*

The 20/20 Problem

20% of children have a mental health disorder

**20%** of those get the help they need

Children's Mental Health

- Only 45 percent of adolescents and young adults who were hospitalized for a suicide attempt received mental health services in the prior month *(Freedenthal)*

- Only 29 percent of children expressing suicide ideation in the prior year received mental health services *(Freedenthal)*

Schools as Mental Health Providers

- Schools are often one of the first places where mental health crises and mental health needs of students are recognized and initially addressed *(Froeschle and Meyers)*

- Of school-age children who receive any mental health services, **70 percent to 80 percent receive them at school** *(Atkins et al)*

- In a survey of school social workers, **only 11 percent** of respondents reported all or most students on their caseloads received mental health services outside of school *(Kelly, Berzin, et al.)*

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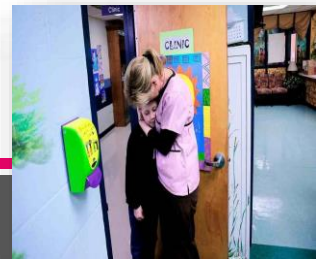
Children's Mental Health Data: Georgia

- In 2013, the National Institutes of Mental Health collaborated with **REACH (Resource for Advancing Children's Health)** to identify a set of indicators using rigorous research methods, guided with input from parents, physicians, teachers, and youth that measure the mental health status of children and youth

- Working with a steering committee composed of experts in the fields of epidemiology, public policy, psychiatry, and advocacy, **mental health indicators were identified that**, if present in a child or youth, *may indicate mental health needs*

Children's Mental Health

- In an effort to both establish a baseline of mental health status for Georgia's students and to acquire information that may be useful in developing strategies and programs to address mental health issues, *the GaDOE embedded the REACH mental health indicators into the Georgia Student Health Survey 2.0*

- The Georgia Student Health Survey 2.0 is administered annually to students in grades 3-12. The Survey is anonymous and includes questions about school safety, school climate, nutrition, learning conditions, school work, drug use, etc.

- *The mental health indicator responses were extracted from the Georgia Student Health Survey 2.0 for 629,613 students* (middle and high school)

Mental Health Indicators and Responses

Number of students who <u>considered</u> harming themselves more than 5 times: **32,435 (5%)**

Number of students who <u>attempted</u> to harm themselves more than once: **24,686 (4%)**

Number of students who on <u>more than five occasions</u> experienced intense worries or fears that interrupted daily activities: **51,952 (8%)**

Number of students who on <u>more than five occasions</u> experienced drastic changes in behavior or personality: **53,788 (8.6%)**
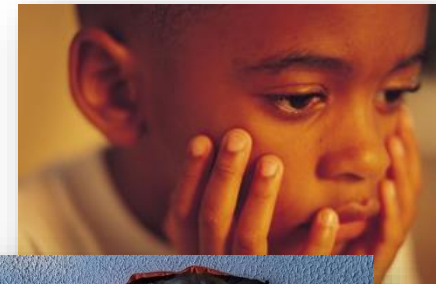
Children's Mental Health
and Adult Outcomes

Children's Mental Health and Adult Outcomes

- Children and teenagers with a psychiatric disorder have *six times higher odds* of having health, legal, financial and social problems as adults (*Copeland, et al*)

- Studies show mental health problems during childhood that are left untreated make it more likely that the child later as an adult will be arrested (*Ibid*)

- Ben Lahey, a professor of epidemiology at the University of Chicago, found that, "We don't invest enough in children's mental health treatment to reduce the negative outcomes in adulthood" (*Lahey*)

- *"People are coming around to the notion that these [mental health] problems in children are significant and can have long term affects; kids continue to have problems in adulthood if untreated" (Copeland, et. al)*

- The effect of untreated children's mental illness is a steady—and often rapid—decline in mental health. Mental illness will not go away on its own, and the longer it persists, the harder it is to treat and the more serious the outcomes (*Young*)

- Early identification of mental health problems and providing intervention improve outcomes for children before these conditions become far more serious, more costly, and difficult to treat (*National Institutes of Mental Health*)

- 70 percent of youth in state and local juvenile justice systems have mental illness (*National Center for Mental Health and Juvenile Justice*)

- 73 percent of female state prison inmates and 55 percent of men have a serious mental illness (*Varney*)

- As youth, and later as adults, those with mental, emotional, and behavioral disorders are more likely to use alcohol and drugs and be incarcerated (*Mental Health Policy Forum*)

- Early treatment may be the difference for some children between a lifelong disability with possible incarceration or dependence, or a healthy measure of economic and personal self-sufficiency (*Kopel and Cramer*)

Mental Health Workforce

- Georgia has approximately **1,050 psychiatrists – ratio of 1:2,380** (based on 2.5 million children ages 0-18)
  - ➤ Some psychiatrists do not treat patients under the age of 18
  - ➤ 50 percent of Georgia's psychiatrists are over the age of 55 (*McDonald*)

- Georgia has approximately **3,200 psychologists – ratio of 1:781**.
  - ➤ Some psychologists do not treat patients under the age of 18

- Georgia has approximately **3,704 mental health counselors – ratio of 1:675**.
  - ➤ Some mental health counselors do not treat patients under the age of 18.

Of school-age children who receive any mental health services, **70 percent to 80 percent receive them at school** *(Atkins et al)*

- **<u>School counselors</u>** respond to the need for mental health and behavioral prevention, early intervention and crisis services that promote psychosocial wellness and development for all students

- School counselors provide school-based prevention, universal interventions and targeted interventions for students with mental health problems

- Georgia has approximately **3,400 school counselors - ratio of 1:500** (recommended ratio - 1:450)

AMERICAN SCHOOL COUNSELOR ASSOCIATION

- **School psychologists** consult with school staff, parents, and service providers regarding the mental health needs of children

- School psychologists screen, evaluate, identify and make referrals for children exhibiting mental health problems

- School psychologists participate in planning and implementing appropriate educational and mental health supports

- Georgia has approximately **750 school psychologists - ratio of 1:2,475** (recommended ratio - 1:1,000)

- **<u>School social workers</u>** have special expertise in understanding family and community systems

- School social workers link students and their families with community services essential to promote student success

- Georgia has approximately **620 school social workers – ratio of 1:2,742** (recommended ratio - 1:250)

School Social Work Association of America

- The top five health conditions of children in the United States include mental health problems and **school nurses** spend 32% of their time providing mental health services (Zupp)

- Georgia has approximately **1,555 licensed school nurses, 700 short** of the number needed to meet the recommended ratio of 1:750

Interventions

Georgia Apex Project (GAP)

- GAP is a mental health initiative sponsored by the Georgia Department of Behavioral Health and Developmental Disabilities Office of Children, Young Adults, and Families

- GAP grants have been provided to 24 of DBHDD's Providers, Community Services Boards, throughout the state

Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"
gadoe.org

Georgia Apex Project (GAP)

- These funds are used to support the hiring of behavioral health staff (i.e. licensed mental health clinicians, community support individuals, etc.) per grantee

- GAP teams are school-based, helping ensure access for students in need of behavioral health intervention

(Recommendation of House Study Committee on Mental Health Access – 2013)

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Georgia Apex Project (GAP)

- GAP provides greater access to mental health services for children and youth in schools and in the communities

- GAP works to sustain increased coordination between Georgia's community mental health providers (such as CSBs) and the local schools and school systems

- *GAP is collaborating with Project AWARE*

Project AWARE (federal grant)

- **Project AWARE** (Advancing Wellness and Resilience Education) grant program builds and expands the capacity of state and local educational agencies to increase awareness of mental health and substance abuse issues among school-age youth

- **Youth Mental Health First Aid** (YMHFA) training is provided to help school personnel and other adults detect and respond to mental health problems in children and young adults, and connect children, youth, and families who may have behavioral health issues with appropriate services

Project AWARE (federal grant)

- **YMHFA** is designed to teach parents, family members, teachers, school staff, services workers, and other caring citizens how to help a youth (ages 12-18) who is experiencing a mental health or addictions challenge or is in crisis

YOUTH
MENTAL
HEALTH
FIRST AID

Project AWARE Implementation

- Dozens of **Youth Mental Health First Aid** (YMHFA) Instructors have been trained

- Almost **700 First Aiders** have been trained in YMHFA

- Providing **framework for universal early screening** for mental health in Muscogee County, Newton County, and Spalding County school systems.

(Recommendation of House Study Committee on Mental Health Access – 2013)

Project AWARE Implementation

- Developing mental health referral processes for the three school systems to expedite the delivery of mental health services from providers for students in crisis

- Developing data collection/sharing agreements and a data platform among the youth serving agencies in Georgia **(GaDOE, DJJ, DFCS, DBHDD)**

Project AWARE Implementation

- Developing agreements with private mental health providers in the three school systems to provide mental health services in the school or community

- Providing professional development on complex trauma to increase the number of trauma-informed schools *(Recommendation of House Study Committee on Mental Health Access – 2013)*

- Developing model policies on trauma-informed schools

School Climate

Just as workplace climate impacts attendance, retention, and productivity – when students feel safe, welcome, and have positive relationships with adults in school, research shows they are more likely to attend school, behave appropriately, and learn.

Improving School Climate

A **positive school climate** has been shown to:

- Mitigate the negative effects of self-criticism *(Kuperminic)*
- Improve a wide range of emotional and mental health outcomes *(Way, Reddy, & Rhodes)*
- Increase student self-concept *(Cairns)*
- Lower levels of drug use *(LaRusso)*
- Reduce psychiatric problems among high school students *(LaRusso)*
- Increase psychological well-being of students and their ability to cope with stressful situations *(Ruus)*

Improving School Climate

- An unstable/unhealthy, non-supportive, non-responsive school climate can *exacerbate the conditions of students with mental health problems* (Sugai)

- *Children with mental health problems* need environments that establish safety, stability and positive and supportive relationships (Ford)

- *Children with mental health problems* struggle when in negative/unsafe school environments and are less likely to succeed academically and graduate from high school (Mental Health America)

"Schools have adopted a variety of approaches to **improve school climate** in an effort to reduce student discipline problems.

The majority of schools that recognize the need to improve school climate are using school-wide behavioral-management strategies, such as **Positive Behavioral Interventions and Supports (PBIS)**."

School Climate, Mental Health, and Outcomes

- Implement ***Positive Behavioral Interventions and Supports*** as a framework for improving school climate *(Recommendation of House Study Committee on Mental Health Access – 2013)*

College And Career Ready Performance Index (2015)
By School Climate Star Rating

Rating	Value
1	56.7
2	60.5
3	68.3
4	76.5
5	81.3

2015 School Climate Star Rating
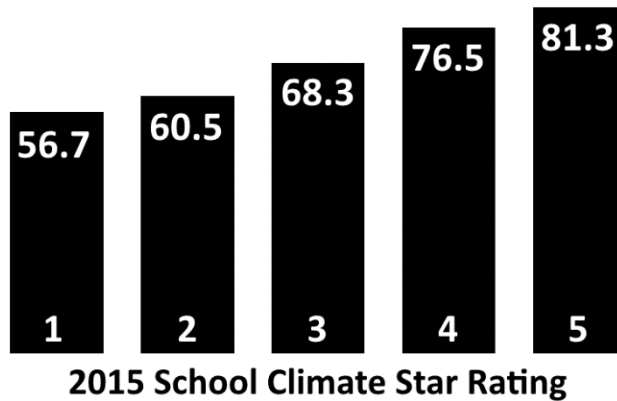
84% of **PBIS** schools received a **4 or 5** Star School Climate Rating compared to **56%** of other schools

School Climate

There exists a preponderance of evidence to support implementation of Positive Behavioral Interventions and Supports *(PBIS) as a viable model for school-based mental health programs to improve school climate*
(Sugai and Horner)

PBIS is a proactive approach to establishing the mental health supports and social culture needed for all students to achieve social, emotional, and academic success. It is a framework for changing school climate to be more positive, supportive, safe and secure *(Sugai)*

# Positive Learning
school climate

Social Emotional Learning

- Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions

- ***Students learn the language of social interaction – crucial for positive mental health***

Social Emotional Learning

- Through the Marcus Institute, the GaDOE is working with Emily Ruben (Social Emotional Engagement – Knowledge and Skills) in several school systems to establish linkages between SEL, school climate, social development and language, behavior, reading, and mental health
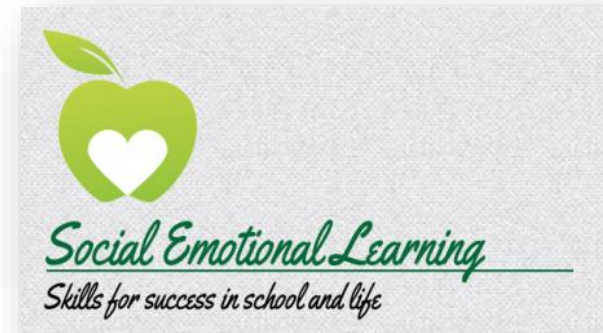
- *SEL links with PBIS, Project AWARE and Project Apex*

School Mental and Physical Health Team:
School Nurses, School Counselors, School Social Workers and School Psychologists

- Some schools have formed a *School Mental and Physical Health Team* that meets on a regular basis to discuss individual students and note larger scale issues that may indicate the need for schoolwide awareness or intervention planning (e.g., school nurses reports an increase in the number of students with stomach distress with no apparent physical reason)

School Mental and Physical Health Team:
School Nurses, School Counselors, School Social Workers and School Psychologists

- The *School Mental and Physical Health Team* is used to formulate plans for interventions and assessments and plays a key role in identifying internal and external resources for students and families
- The team also coordinates external services, such as mental health therapy at the school
- In schools where access to services is problematic, the team explores the feasibility of tele-medicine and tele-mental Health

Linking Mental Health Issues to the Larger Whole

- **Early language nutrition** is crucially important for children's cognitive and emotional development *(Lincoln, et al)*

- Children and adults with mental health issues are significantly **more likely to have limited reading proficiency** *(Lincoln, et al)*

- Children and adults with **limited literacy are stigmatized**, which complicates their efforts to interact with others and benefit from interventions *(Lincoln, et. al)*

Linking Mental Health Issues to the Larger Whole

- A nationally representative sample showed that up to **75 percent of children with mental health issues had limited literacy skills** *(Lincoln, et. al)*

- An **8-point increase in reading scores in kindergarten and 1st** grade would yield a **23% decreased risk of behavior problems** 30 months later *(Bennett, et al)*

- When preschoolers are given **access to mental health services**, expulsions are reduced by 47 percent (*Yale Child Study Center)*

Recommendations

Develop a *Comprehensive Children's Mental Health State Strategic Plan* to provide comprehensive, accessible and coordinated mental health prevention, early and timely interventions, and appropriate treatment services for children from birth through age 18 with the following elements:

- **Annual recommendations from an advisory committee** based on assessment of mental health services and resources and needed resources (including plans to integrate local, state, and federal funding sources)
- **Develop a state mental health workforce plan** across state agencies with a managed and budgeted scale-up plan that includes as a <u>combined mental health service group</u>: Psychiatrists, psychologists, clinical social workers, mental health counselors/therapists, school nurses, school counselors, school psychologists, school social workers

- **For mental health workforce development incentives**, offer student loan forgiveness in exchange for committed time of a minimum of three years to serve Georgia's children
- **Develop a community psychiatry fellowship program** (public/private partnerships with universities (i.e., 70 percent grant fellowship grants; 30 percent state) [See New York/Columbia University model; Connecticut/Yale University model; Texas/University of Texas Southwestern model (*McDonald*)]
- **Add more psychiatry training in medical school rotations**, particularly in pediatric residency programs
- **Expand mental health training of pediatric primary care** physicians to provide mental health services for children

- **Develop a clearinghouse of children's mental health research and best practices** (within the comprehensive plan) to disseminate to schools, practitioners, and others through training, technical assistance, and educational materials
- **Expand PBIS** to provide full-time School Climate Specialists at each RESA to augment efforts to improve school climate and to improve the conditions for learning
- **Expand implementation of PBIS to early learning centers** to support social, emotional, intellectual, and behavioral development and link to K-12 grades to create continuity of positive learning climates

- **Expand language nutrition awareness and training** to parents/guardian, nurses, school nurses, caregivers, early learning centers, and kindergarten teachers
- **Create grants to expand social and emotional learning training** to more school systems and include Pre-K
- **Utilize statewide literacy plan** (using the Get Georgia Reading Campaign common agenda and operational pillars, as found in the GaDOE Literacy Plan, and the Governor's Office of Student Achievement's Literacy Plan) and engage local communities

- **Support the development of a state sustainability plan for Project AWARE** (Mental Health First Aid Training and coordination of community mental health services for students) and expand Youth Mental Health First Aid training to include more teachers and school administrators
- **Support the development of a state sustainability plan for Georgia Apex Project** (Community Service Boards working to provide mental health services to students in the school setting) as a framework of mental health services, training, and collaboration

- Create grants for schools to **expand and augment substance use and abuse education**

- **Broaden access to healthcare and mental health services** by expanding tele-medicine and tele-mental health services and include coordination with Care Management Organizations

- **Expand Early Periodic Screening, Diagnostic, and Treatment** (EPSDT) practices

- **Develop partnerships** of facility usages for cross-functional training opportunities, dissemination of information, and technical assistance between and among agencies and institutions, such as: CSBs, RESAs, Regional Health Centers, Workforce Dev. Centers, USG, TCSG, Public Libraries, DFCS Offices, etc.

- Initiate a campaign to **increase public awareness** of mental health

Building a Comprehensive Children's Mental Health State Strategic Plan

Advisory Committee   Annual Review

Public Awareness of MH   MH Workforce Plan

Project AWARE   MH Workforce Incentives   SEL

APEX Project   Psychiatry Fellowship Prog.

Substance Abuse Education

EPSDT   Psy. Training in Med School   Literacy Plan

Language Nutrition   Broaden Access to Healthcare

Will to Act

PBIS Pre-School and K-12

Planning

Funding

Share Facilities

MH Training for Pediatricians

Clearinghouse: MH Research/Best Practices

HOPE
FOR SCHOOLS

How wonderful it is that nobody need wait a single moment before starting to improve the world.

-Anne Frank