

# Ending The Silence



School  
Staff



# NAMI Georgia

National Alliance on Mental Illness





**MENTAL HEALTH** affects

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ATTENDANCE

Physical Health

**Mental Health**

Relationships

PEERS, FAMILY, SCHOOL, COMMUNITY

LONG-TERM  
SUCCESS

# MENTAL HEALTH and YOUTH

**13%**

OF CHILDREN

ages 8-15 experience a mental health condition

**13-20%**

OF CHILDREN

living in the U.S.



(1 out of 5 children) experience a mental health condition in a given year

**17%**

OF HIGH SCHOOL STUDENTS

seriously consider suicide

**1/2**

OF ALL LIFETIME CASES of mental illness begin by age

**14**

**50%**

OF CHILDREN

ages 8-15 experiencing a mental health condition don't receive treatment



Despite effective treatments there are long delays—sometimes decades—between onset of symptoms and treatment



# Why it **MATTERS**

Approximately

**50%**

OF  
with a  
dro

**13%**

**OF CHILDREN**

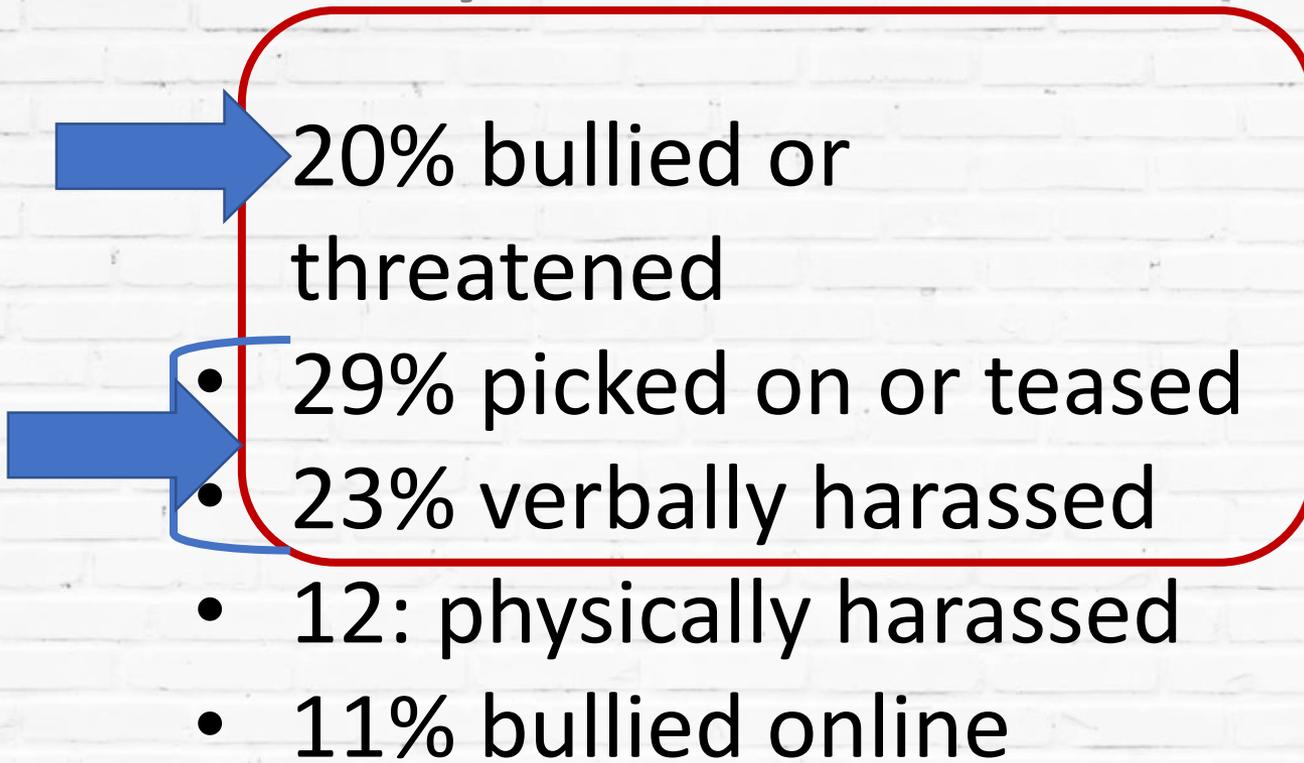
**ages 8-15 experience a  
mental health condition**

OF **YOUTH** W  
had one  
health

**15-24**

**CAUSE**

# Why it **MATTERS**

- 
- 20% bullied or threatened
  - 29% picked on or teased
  - 23% verbally harassed
  - 12: physically harassed
  - 11% bullied online

# Why it **MATTERS**

- 23% alcohol use before the age of 19
  - 20% alcohol before the age of 8
- 12% marijuana before the age of 19
- 9% prescription without medical authorization for non-medical reasons
- 27% considered dropping out of school at least once in previous 12 months

When we say  
**MENTAL HEALTH CONDITIONS...**

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A word cloud of mental health conditions is displayed against a white brick wall background. The words are in various colors (orange, green, grey) and orientations. A large, 3D orange banner with white text is tilted across the center, reading "Mental Illness".

Attention deficit hyperactivity  
ANXIETY disorder  
Conduct Disorder  
DEPRESSIVE  
DISORDER  
Obsessive  
DISORDER  
ANXIETY  
DISORDERS  
EATING DISORDERS  
Disruptive Mood Dysregulation Disorder  
DEPRESSION  
Oppositional Defiant Disorder



**EARLY  
IDENTIFICATION**  
of symptoms and  
intervention is  
essential

# Why **YOU** matter

- You spend a lot of time with students
- You are a key part of the school's health and safety
- You and your staff are critical in the evaluation of student health and safety

## Student Health Survey



# Why **YOU** matter

“I know an adult in the school I can talk to if I need help”



# FOUR STEPS to early intervention

STEP  
01

STEP

STEP  
4

Prevention and  
early  
identification

Know  
warning  
signs

parents &  
students

resources  
&  
support



# WARNING SIGNS

**13%**

**OF CHILDREN**

**ages 8-15 experience a  
mental health condition**

- Feeling very sad for weeks
- Severely withdrawing from activities that used to be enjoyable, or causing harm to self or others
- Sudden changes in behavior, such as withdrawing from friends, or becoming very angry or aggressive
- Seeing, hearing, or feeling things that aren't there
- Drastic changes in eating habits, personality or sleeping habits

STEP  
01

Know the **WARNING SIGNS**



Mental  
Health  
Concerns



**Inter**

how severe  
the sympt



**of**

**S:**

how much do they  
impair daily functioning?



# What you may SEE IN SCHOOL

- Misses class frequently
- Misses assignments
- Quality of work declines
- Extreme mood swings
- Is violent or disruptive
- Experiences social isolation or withdrawal from schoolwork
- Frequently absent
- Shows patterns of behavior
- Responds very differently to grades

## Mental Health Concerns





# What families **SEE AT HOME**

## Adolescents:

- Constantly rude or disrespectful
- Is isolated or in a difficult situation
- Uses alcohol or drugs
- Feels sad, angry, or stressed
- Overreacts or is highly reactive
- Has difficulty sleeping or levels at night
- Lies and makes excuses

Mental  
Health  
Concerns





# What families **SEE AT HOME** younger children

- Never slows down, is demanding, has “head in the clouds”
- Hard to please, difficult to handle at home but not at school
- Severe separation anxiety/not wanting to go to school, unwarranted worrying, severe shyness
- Bouncing off the walls, impulsive, difficult to manage
- Low frustration tolerance, making it difficult to participate in family activities
- Disrupted sleep cycles, night terrors
- Extreme irritability and aggressiveness, abrupt mood change, imagined body pains



# Common warning signs of **SUICIDE**

- Talking, writing or drawing about suicide or death
- Talking about wanting to die or to hurt or harm themselves
- Hopelessness
- Believing that others would be better off without them
- No reason for living
- Feeling that life is unbearable
- Looking for ways to kill themselves
- Giving away prized possessions
- Loss of interest in activities they once enjoyed
- Loss of interest in appearance
- Behaving recklessly

Suicide Warning  
signs  
require  
**INTERVENTION**





# Common warning signs of **SUICIDE**

- Talking, writing or drawing about suicide or death
- Talking about:
  - Having thoughts of suicide
  - Killing themselves
  - Not wanting to live
- Feeling hopeless
- Looking for ways to harm themselves
- Giving away prized possessions
- Loss of interest in activities they once enjoyed
- Loss of interest in appearance
- Behaving impulsively

**SUICIDE IS THE 2<sup>ND</sup>  
LEADING CAUSE  
of death for people ages  
15-24**





# Common warning signs of **SUICIDE** younger children

- Change in usual behavior
- Preoccupation with death
  - Think, dream, fear and worry more about death than other children
- **Risky behavior**
  - Running into a busy street, trying to get out of a moving car
- Talking about or threatening suicide
- Anger, irritability, violence



# Common warning signs of **SUICIDE** anger children

- Change in usual behavior
- Preoccupation with death
- Talking about suicide
- Risk-taking behavior
  - Running out of a moving car
- Talking about suicide
- Anger, irritability

Over  
**90%**  
**OF YOUTH WHO DIE BY SUICIDE**  
had one or more mental  
health conditions

STEP  
02

# REACH OUT and RESPOND

“I know an adult in the school I can talk to if I need help”



STEP  
02

# REACH OUT and RESPOND

If you believe a  
cont

**Don't ignore**

- Ask the person if they are having thoughts of suicide?
- Don't let them go if they say yes
- Escort them to a safe place
- Share relevant information with mental health contact
- Determine if they need to contact their family

Suicide Warning  
signs  
require  
**INTERVENTION**



# REACH OUT to the STUDENT



Share



o

As

**13-20%**  
OF CHILDREN  
living in the U.S.  
(1 out of 5 children)  
experience a mental  
health condition in  
a given year





What **NOT** to say to a student



**REACH OUT** to **FAMILIES**



What **NOT** to say to **FAMILIES**

STEP  
02

# REACH OUT and RESPOND

What do we do AFTER we are here?



STEP  
02

# REACH OUT and RESPOND

What do we do AFTER we are here?

**EMPATHY** is the Doorway to  
Understanding



# REMEMBER...

Mental Health Conditions are almost always a complex combination of

- **Genetics** (inherited through family line) and
- **“Environmental” risk factors**, sometimes referred to as “the second hit” (new, adverse, or traumatic life events)



# Predicable stages of emotional reactions for **FAMILIES**

**ACTION**

Educators and others who support students can experience these reactions too!

**RECOGNITION** **Understanding**

STEP  
03

# WORK with FAMILIES & STUDENTS





# PARTNERING with FAMILIES

- **You and their families** are the closest observers of your students.
- **Behaviors** at home and school are important indicators of mental health issues.
- **Good communication** between home and school is essential for a complete understanding of your students.
- **Schools and families** working together can provide the best possible outcomes for your students.

Proactive strategies for prevention and early identification of mental health concerns





# Sample strength-based questions

- What does success mean to you?
- What are your strengths, interests, and preferences?
- What are your fears and frustrations?
- What motivates you? What reinforces you?
- What is the best way to communicate with you?
- What is the best way to provide support or suggestions?
- What has helped you be successful in the past?
- Who has worked successfully with you in the past?



# Sample strength-based questions

- What does success look like for you?
- What are your strengths?

- This is important for both PREVENTION and POSTVENTION!
- Build on strengths as part of every day MENTAL HEALTH SUPPORT

in the past?



# Sample strategies to promote success

## Classroom adjustments

- Write an outline of the day's activities on the board
- Announce upcoming transitions to help students prepare for the next activity
- Provide seating in the front of the room or close to the door for a graceful exit, if needed

## Incorporate activities into curriculum

- Improve communication and problem-solving skills
- Raise mental health awareness and reduce stigma
- Help your students get organized

## Communication

- Keep a record of warning signs/problematic behavior
- Maintain regular communication between home and school



# PROMOTE resilience and well-being

- **Show interest** in your students, both academically and personally
- **Offer praise** and positive feedback
- Share with your students your belief that **they CAN achieve their goals**
- **Provide guidelines** for behavior that are clear and consistent
- **Incorporate activities** and group work
- **Encourage participation** in class and school activities/groups



# PROMOTE resilience and well-being

- Show interest in person
- 

\* Resilience, Self Care, Support of Mental HEALTH are important all the time... We prepare before so we can RESPOND vs. REACT



# Negative outcomes of bullying

Bullying contributes to:

- Depression, anxiety, involvement in interpersonal violence or sexual violence, substance abuse, poor social functioning, and poor school performance.
- Being involved in bullying in any way is ONE of several important risk factors that appear to increase the risk of suicide among youth.





# Negative outcomes of bullying

Bullying contrib

- Bullying can mean different things to different children – Perception Becomes Reality



STEP  
04

# Provide **RESOURCES & SUPPORT**





# Collaborate to Develop Resources

- Georgia ranks 48<sup>th</sup> in terms of the availability of mental health service providers
  - Accessibility is worse in rural and/or lower-income areas
  - Of the individuals in Georgia with a mental health condition, almost TWO THIRDS did not receive any mental health services within the past year



Georgia Crisis  
& Access Line

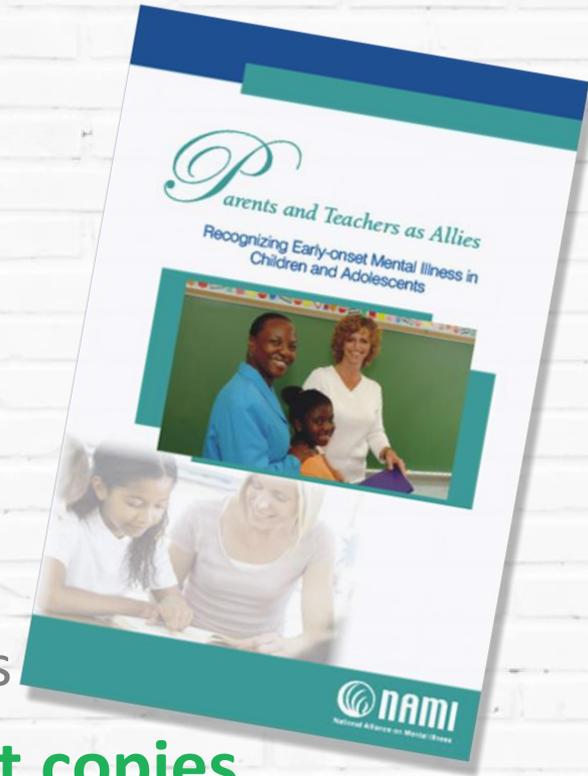
**1-800-715-4225**

[mygcal.com](http://mygcal.com)



# NAMI Parents & Teachers as Allies Guide

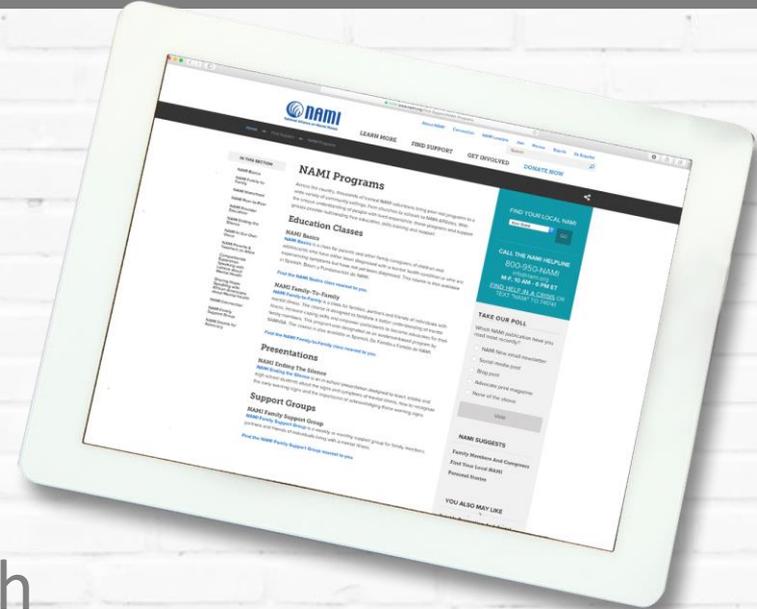
- **Includes:**
  - Diagnostic name & criteria in younger children
  - What families often report
  - Co-occurring disorders
  - Adolescent presentation
  - More in-depth info on specific diagnoses
  - Predictable stages of emotional reactions
- **Contact [mhat@namiga.org](mailto:mhat@namiga.org) to request copies**





# How **NAMI** can help

- NAMI Ending the Silence
  - Students / Families
- NAMI Basics
- NAMI Family-to-Family
- NAMI Family Support Group
- Georgia Youth in Crisis / CIT-Youth
- IBHAD
- NAMI HelpLine 770-408-0625
- NAMI website: [www.namiga.org](http://www.namiga.org)



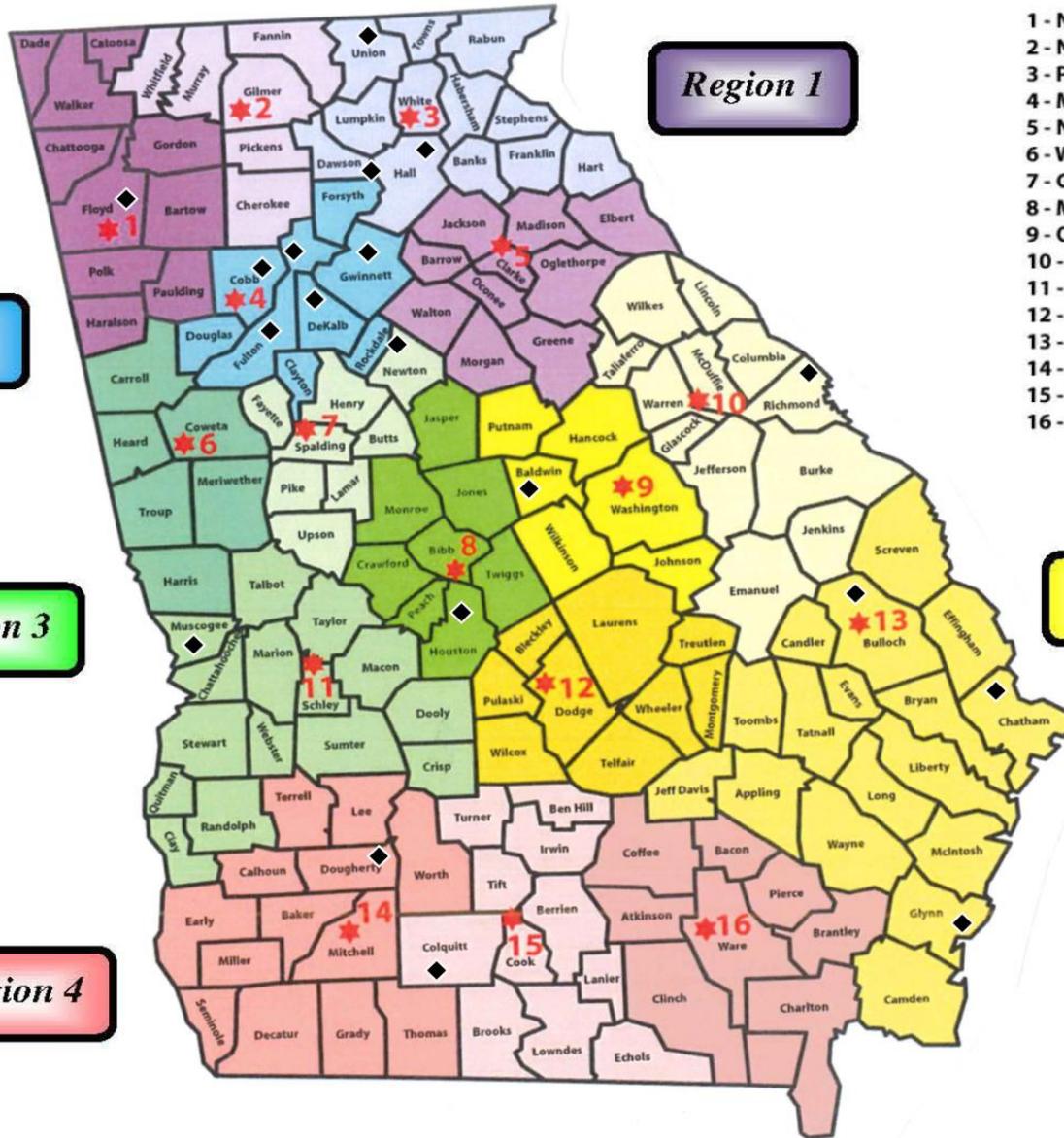


# nAMI Basics

National Alliance on Mental Illness

- **Six-session** program for parents and other primary caregivers of children and adolescents experiencing emotional or behavioral difficulties, available free of charge to participants
  - **Class 1:** Introduction: mental health conditions are no one's fault
  - **Class 2:** Brain biology and getting a diagnosis
  - **Class 3:** Treatment
  - **Class 4:** Communication skills and crisis preparation
  - **Class 5:** Navigating mental health, school and juvenile justice
  - **Class 6:** Advocacy, self-care and evaluation

- Work with the Regional Education Service Agencies to process MHAT requests
- Provide NAMI Program materials to delivery site
- Receive requests through online process
- Schedule and coordinate training
- Maintain request database
- Maintain online evaluations
- Provide monthly and quarterly reports



*Region 1*

*Region 5*

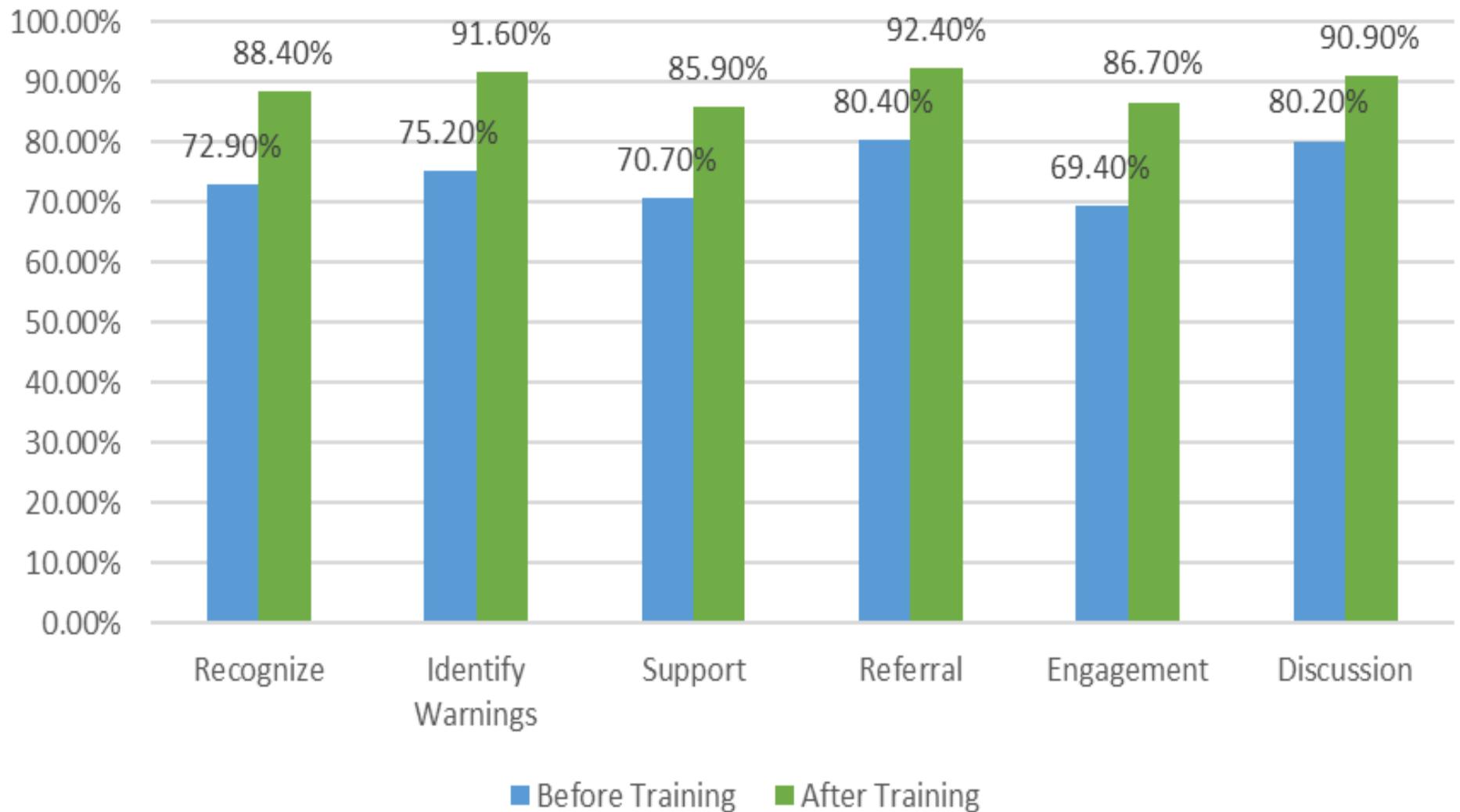
*Region 3*

*Region 4*

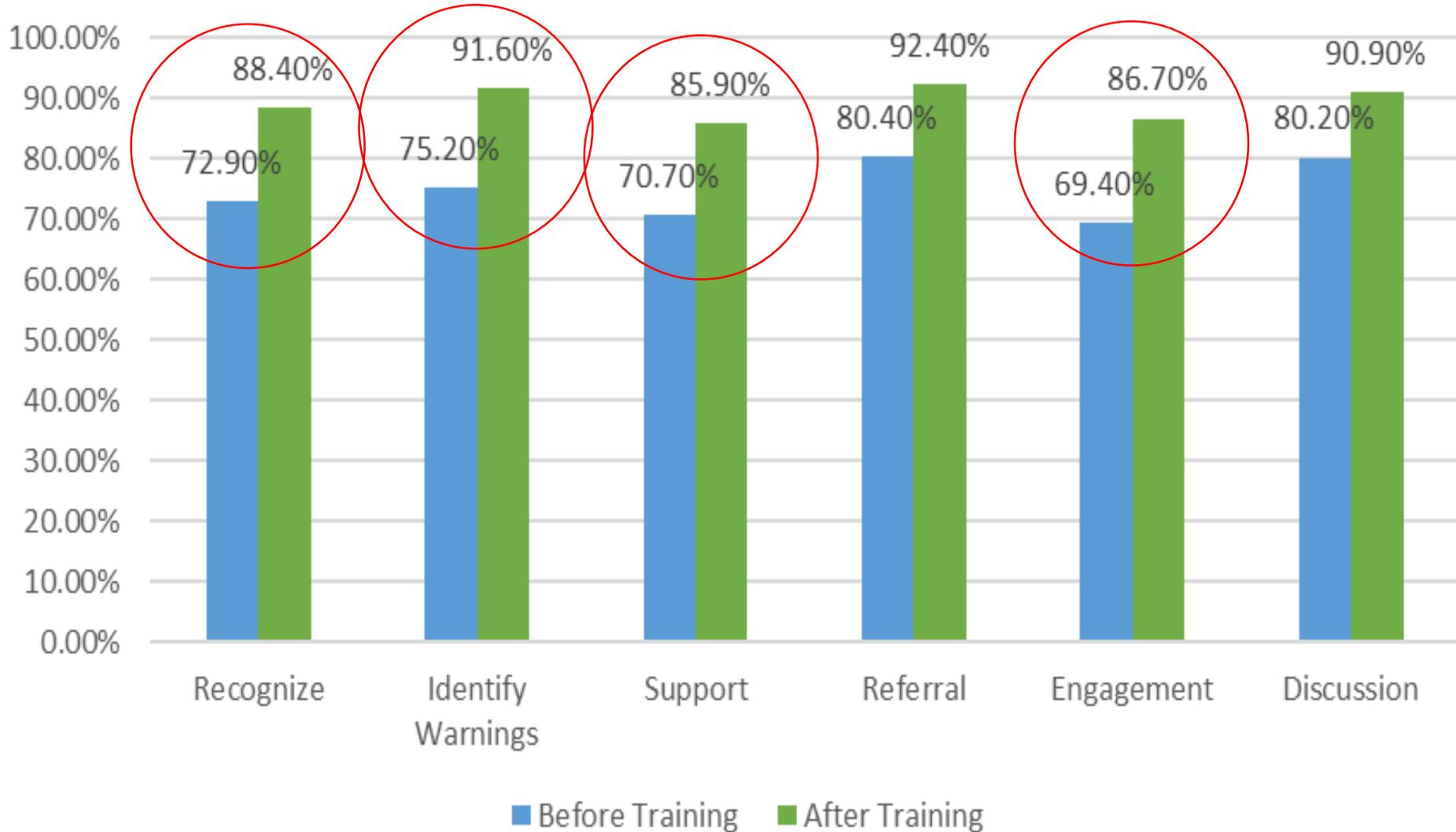
*Region 2*

- 1 - Northwest Georgia RESA
- 2 - North Georgia RESA
- 3 - Pioneer RESA
- 4 - Metro RESA
- 5 - Northeast Georgia RESA
- 6 - West Georgia RESA
- 7 - Griffin RESA
- 8 - Middle Georgia RESA
- 9 - Oconee RESA
- 10 - Central Savannah RESA
- 11 - Chattahoochee-Flint RESA
- 12 - Heart of Georgia RESA
- 13 - First District RESA
- 14 - Southwest Georgia RESA
- 15 - Coastal Plains RESA
- 16 - Okefenokee RESA

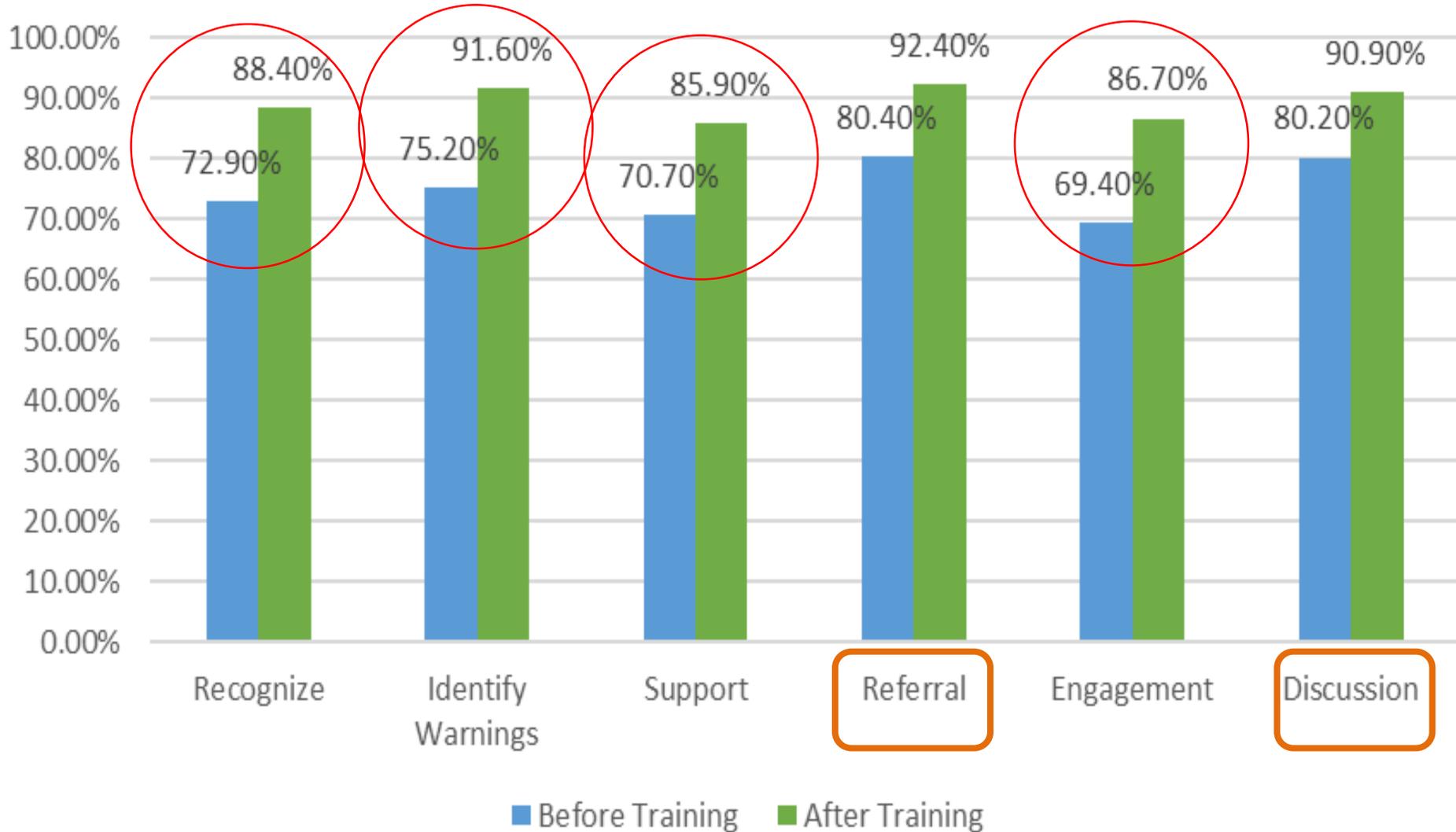
# Measure of Confidence Before and After MHA Training



# Measure of Confidence Before and After MHA Training



# Measure of Confidence Before and After MHA Training



DOE Menu of Classes	Total # Classes through 2/2019	Total # Participants through 2/2019	Pending classes as of 2/2019	Pending # Participants as of 2/2019	Estimated Grand Total Classes as of 2/2019	Estimated Grand Total Participants as of 2/2019
NAMI Ending the Silence for School Staff	58	2,860	77	7,000	135	10,125
CIT-Youth / Youth in Crisis	8	139	11	260	19	400
Adult Mental Health First Aid	1	7	2	50	3	57
QPR (Question, Persuade, Refer)	6	111	14	420	20	575
CWTC Trauma 101 for School Professionals	51	1,028	31	800	72	1,830
BrainDev 101	23	412	14	350	37	762
Trauma/Brain 201	8	147	8	200	16	350
Trauma II	3	55	3	75	5	130
ASIST (Applied Suicide Intervention Skills Training)	1	30	7	210	8	240
DECAL Tier 1 – Relationships and Environment	5	212	12	600	17	812
DECAL Tier 1 – Schedules & Routines, Transitions, Rules & Expectations	1	37	1	100	2	137
DECAL Tier 2 – Targeted Social Emotional Strategies	0	0	3	150	3	150
Nurturing an Effective Workforce	0	0	2	100	2	100
Understanding Children's Social Emotional Development	2	87	14	500	16	500
Behavior Communicates. Are you Listening?	5	118	10	350	15	470
SafeTALK	5	132	10	200	15	325
	177	5,375	219	11,365	385	16,963

## By the Numbers

Participants Trained through 2/1/19:  
**5,375**

Classes Delivered through 2/1/19:  
**177**

Total requested classes as of 2/1/19:  
**385**

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Trauma/Brain 201						
Trauma II						
ASIST (Applied Suicide Intervention S						
DECAL Tier 1 – Relationships and E						
DECAL Tier 1 – Schedules & Routines, Tra						
DECAL Tier 2 – Targeted Social Emotio						
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SafeTALK	5	132	10	200	15	325
	177	5,375	219	11,365	385	16,963

**Over 3,000 Attended Ending the Silence**

**Over 6,000 Received MHAT Training**

**Over 200 Classes Delivered**

**By the Numbers**

Participants Trained through 2/1/19:  
**5,375**

Classes Delivered through 2/1/19:  
**177**

Total requested classes as of 2/1/19:  
**385**



Sometimes the  
questions are  
complicated and the  
answers are simple.

-Dr. Seuss

**THANK YOU**



National Alliance on Mental Illness

**nAMI Georgia**

NAMI Georgia Help Line  
770-408-0625

# Acknowledgements

- This presentation has been adapted for use by NAMI Georgia and may not be duplicated or presented without permission.
- Davis, K (2011). For General Education Teachers: Helpful Questions to Ask About Students with ASD. Originally published 2010 under the title, "What do I really need to know? *The Reporter*, 15(2).
- Stopbullying.gov
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