Ending The Silence

School Staff
MENTAL HEALTH affects

Attendance
Physical Health
Ability to learn
Relationships
Peers, family, school, community
Long-term success
Developmental milestones

Mental Health

NAMI Georgia
## Mental Health and Youth

<table>
<thead>
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<th>Statistic</th>
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<tr>
<td><strong>13%</strong></td>
<td>Of children ages 8-15 experience a mental health condition</td>
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<td><strong>13-20%</strong></td>
<td>Of children living in the U.S. experience a mental health condition in a given year</td>
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<td><strong>50%</strong></td>
<td>Of children ages 8-15 experiencing a mental health condition don’t receive treatment</td>
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<td><strong>17%</strong></td>
<td>Of high school students seriously consider suicide</td>
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<td><strong>1/2</strong></td>
<td>Of all lifetime cases of mental illness begin by age 14</td>
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Despite effective treatments there are long delays—sometimes decades—between onset of symptoms and treatment.

Source: National Institute of Mental Health and Centers for Disease Control and Prevention
Why it MATTERS

Approximately 50% of students ages 14+ with a mental health condition drop out of high school.

50-75% of youth in juvenile justice systems experience a mental health condition.

Over 90% of youth who die by suicide had one or more mental health conditions.

Suicide is the 2nd leading cause of death for people ages 15-24.

13% of children ages 8-15 experience a mental health condition.

Source: Centers for Disease Control and Prevention, National Institute of Mental Health and U.S. Department of Education
Why it MATTERS

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

Source: 2018-2018 Georgia Student Health Statewide 6-12 grade Survey 2.0
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

Source: 2018-2018 Georgia Student Health Statewide 6-12 grade Survey 2.0
When we say MENTAL HEALTH CONDITIONS...

Mental Illness

- Anxiety Disorders
- Attention deficit hyperactivity disorder (ADHD)
- Depression
- Obsessive Compulsive Disorder
- Eating Disorders
- Bipolar Disorder
- Disruptive Mood Dysregulation Disorder
- Conduct Disorder
- Oppositional Defiant Disorder
- Schizophrenia
EARLY IDENTIFICATION of symptoms and intervention is essential
Why YOU matter

- You spend a lot of time with students.
- You are an expert observer.
- Information about behaviors at school can help identify mental health issues earlier.
- You and your school provide a critical link to referral for an evaluation.

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

1. **Prevention and early identification**
2. Know the warning signs
3. Reach out & respond
4. Work with families & students
   - Provide resources & support
WARNING SIGNS

- Feeling very sad or withdrawn for more than 2 weeks
- Severe, out-of-control, risk-taking behaviors that harm self or others
- Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing
- Seeing, hearing or believing things that aren't real
- Drastic changes in mood, behavior, personality or sleeping habits

13% OF CHILDREN ages 8-15 experience a mental health condition
Know the WARNING SIGNS

Mental Health Concerns

Intensity:
how severe are the symptoms?

Duration:
how long do they last?

Level of distress:
how much do they impair daily functioning?
Mental Health Concerns

- Misses class frequently
- Misses assignments and tests
- Quality of work gets worse
- Extremely disorganized
- Is violent, has thoughts of death
- Experiences hopelessness, social isolation or confusion in schoolwork
- Frequently seeks special conditions
- Shows patterns of perfectionism
- Responds very emotionally to grades

What you may SEE IN SCHOOL
What families **SEE AT HOME**

**Adolescents:**
- Constantly runs late, is unexpectedly rude or rude
- Isolate, doesn’t participate in social situations
- Uses alcohol and/or drugs excessively, is hypersexual
- Feels sad, hopeless, empty
- Overreacts to disappointment or failure, highly reactive to rejection and criticism
- Has difficulty sleeping, high activity levels at night
- Lies and makes up stories

**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 death
- Talking about:
  - Having no reason to live
  - Being a burden to others
  - Not being here tomorrow
- Feeling hopeless, desperate or trapped
- Looking for ways to attempt suicide
- Giving away possessions
- Loss of interest in the things they care about
- Behaving recklessly

Suicide Warning signs require INTERVENTION
Common warning signs of SUICIDE

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SUICIDE IS THE 2ND 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
• 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

Over 90% of youth who die by suicide had one or more mental health conditions
"I know an adult in the school I can talk to if I need help"
If you believe a young person is contemplating suicide:

Don’t ignore the signs!

• Ask them the question, “Are you thinking about suicide?”
• Don’t leave them alone
• Escort them to the school mental health contact
• Share relevant information with the mental health contact
• Determine who will contact their family

Suicide Warning signs require INTERVENTION
REACH OUT to the STUDENT

1. Share
2. Listen, express concern, reassure
3. Focus on being understanding, caring and nonjudgmental
4. Ask what you can do to help

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
What do we do AFTER we are here?

REACH OUT and RESPOND
What do we do AFTER we are here?

**EMPATHY** is the Doorway to Understanding
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)
Educators and others who experience too! support these reactions too. Ed

Predicable stages of emotional reactions for FAMILIES

understanding

Understanding
WORK with FAMILIES & STUDENTS
You and their families are the closest observers of your students.

Behaviors caused by mental health issues can look very different at home.

Good communication between school and families helps create a complete picture of the issue.

Schools and families, when working together, can provide the best possible outcomes for your students.

PARTNERING with FAMILIES

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

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This is important for both PREVENTION and POSTVENTION!

Build on strengths as part of every day MENTAL HEALTH SUPPORT
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
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.

* Resilience, Self Care, Support of Mental HEALTH are important all the time...

We prepare before so we can RESPOND vs. REACT.
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.

Source: The Relationship Between Bullying and Suicide: What we know and what it means for school, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control
Negative outcomes of bullying

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

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STEP 04
Provide
RESOURCES & SUPPORT

There is Strength in COMMUNITY
Georgia ranks 48th 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
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
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
What We Do:
MHAT Support

- 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
Measure of Confidence Before and After MHA Training

<table>
<thead>
<tr>
<th></th>
<th>Before Training</th>
<th>After Training</th>
</tr>
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<tbody>
<tr>
<td>Recognize</td>
<td>72.90%</td>
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</tr>
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Measure of Confidence Before and After MHA Training

- Recognize: Before Training 72.90% | After Training 88.40%
- Identify Warnings: Before Training 75.20% | After Training 91.60%
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- Discussion: Before Training 80.20% | After Training 90.90%

Legend: 
- Blue: Before Training 
- Green: After Training
Measure of Confidence Before and After MHA Training

- **Recognize**
  - Before Training: 72.90%
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- **Identify Warnings**
  - Before Training: 75.20%
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- **Support**
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**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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*Over 3,000 Attended Ending the Silence*

*Over 6,000 Received MHAT Training*

*Over 200 Classes Delivered*
Sometimes the questions are complicated and the answers are simple.

-Dr. Seuss
THANK YOU

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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