

The Mental Health Bill (SB 460) and Implications for Educators and Practitioners

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Senate Bill 460

- Requires Texas school teachers to learn about detecting and educating students with mental or emotional disorders and providing positive behavioral interventions and supports.
- The purpose of the bill is to recognize persons at immediate risk for suicide or with other mental or emotional disorders. Persons who exhibit specific behavioral traits should prompt immediate intervention.

Senate Bill 460

- College students training to be educators will study characteristics of mental and emotional disorders among children, as well as effective strategies for teaching, intervening with students, de-escalation techniques and PBIS.
- School districts will also provide training for current teachers, counselors, principals and other personnel about early warning signs of suicide, bullying and the need for early intervention.

The Problem

- Schools continue to be faced with acts of violence and suicide.
- Greater concern for those who would harm themselves or mass harm to others

Just a Little Perspective

<https://www.youtube.com/watch?v=3BByqa7bhto>

(The Mayo Clinic, 2013)

Just the Facts

Suicide is the 8th leading cause of death in the United States and the 3rd leading cause for young people ages 15-24 and the 4th leading cause of death among those aged 10-14 years (Centers for Disease Control and Prevention [CDC], 2010).

The Facts

- About 4,700 young people ages 14–24 die by suicide (CDC, 2010).
- Approximately 1 out of 6 high school students seriously consider attempting suicide (CDC, 2012).
- 1 out of 13 high school students attempt suicide one or more times (CDC, 2012)
- 150,000 students between the ages of 10 and 24 who receive emergency room treatment for self-inflicted injuries annually (Wang, Lightsey, Tran, & Bonaparte, 2013),

Demographics & Prevalence

Arria, et al. (2009) reported:

Boys are more likely than girls to die from suicide. Of the reported suicides in the 10 to 24 age group, 81% of the deaths were males and 19% were females. Girls, however, are more likely to report attempting suicide than boys.

Cultural Differences

Cultural variations in suicide rates also exist, with Native American/Alaskan Native youth having the highest rates of suicide-related fatalities.

A nationwide survey of youth in grades 9–12 in public and private schools in the U.S. found Hispanic youth were more likely to report attempting suicide than their black and white, non-Hispanic peers.

Cultural Differences

- Cultural views of suicide exist.
- In many eastern traditions, suicide is a means of shame prevention and dominion over one's will (Saito, Klibert, & Langhinrichsen-Rohling, 2013)
- Without the attachment of negative stigma, individuals in thee traditions are more prone to suicide 13.7 per 100,000

Cultural Differences

- By contrast, in western ideology suicide is less socially acceptable and results in lower rates 7.5 per 100,000
- But honest dialogue regarding suicide and suicidal tendencies lacking
- Hence, persons in need of help are often ashamed or unwilling to seek assistance

Suicidal Behaviors

Depression, alcohol, drug use and social support problems can lead to suicidal thoughts and behaviors (Lamas & Malone, 2011).

Factors such as loneliness and hopelessness, along with stress over academic performance and strained relationships have all been cited as causes of depression in students (Furr, Wesefeld, McConnell, & Jenkins, 2001).

Suicidal Behaviors

Desire to fit in with peer groups

Social Media & Bullying

An issue with identifying areas of concern within these factors is that many times either students fail to admit to having a problem or warning signs go unnoticed.

Implications for Parents/ Caregivers

- The needs of an adolescent in a developmental relationship are:
- Express care – show that you like and want the best for me.
- Challenge growth - insist that I try to continuously improve.
- Provide support- help me complete tasks and achieve goals.
- Share power-hear my voice and let me share in making decisions.
- Expand possibilities- expand my horizons and connect me to opportunities (Search Institute, 2014).

Create Strong Families

According to Matthews (n.d.), several qualities exist in strong families :

(a) commitment, (b) appreciation, (c) communication, (d) time together, (e) spiritual wellness, and (f) coping ability.

Support for Parents

Several programs exist for families to use in an effort to prevent suicide.

- Family Intervention for Suicide Prevention (FISP). The goals of this program are to help to families by teaching strategies for healthy coping and problem solving, and to promote and improve family communication.
- Supporting Parents and Carers (caregivers). This program provides parents' information on adolescent suicide (ideation, attempts, and completion), adolescent depression, and creating suicide plans.

Implications for Teachers

- Build relationships by establishing a sense of belonging in the classroom
- Create a culture of trust, openness, and acceptance.
- Create a sense of connectedness by demonstrating concern & value

Implications for Teachers

- Intentional practice of providing nurturing places that teachers in a position can note drastic changes in mood or behavior
- Research supports a strong connection between feelings of connectedness and academic achievement (Eisenberg, M. E., Neumark-Sztainer, D. & Perry, C. L., 2003; Blum, 2005).

Protocol in GISD: During School

1. Continuously supervise student to ensure safety
2. Contact CPS if appropriate (if abuse or neglect is suspected)
3. Inform child's school counselor immediately
4. Counselor will meet with student, contact guardian, and make appropriate referrals and contracts. Counselor will inform campus principal of incident.

Protocol in GISD: Out of School

1. Call police and/or EMS (CPS if appropriate)
2. Inform student's guardian
3. Contact student's counselor and campus principal

Students at Elevated Risk

- Mental and/or substance abuse disorders
- Engage in self-harm or suicide attempts
- Youth in out-of-home settings
- Youth experiencing homelessness
- American Indian/Alaskan Native youth
- LGBTQ youth
- Youth bereaved by suicide
- Youth living with medical conditions and disabilities
- Victims of bullying

Warning Signs

Suicide threat/revealing desire to die

Ex: “I wish I could just disappear forever.”

Having a suicide plan, method and means

Ex: “Hanging myself in my bedroom after school with a rope.”

Preoccupation with death

Ex: Journaling about suicide or death

Depression and significant changes in behavior

Ex: Student who normally dresses nicely no longer bathes or wears makeup.

Making final arrangements

Ex: Giving away skateboard

SB 460

- Better awareness means more eyes to observe and possibly identify problems.
- Embrace positive conversations about suicide- do not be afraid to ask direct questions.
- Eliminate cultural taboo's regarding suicide and other mental disorders.

Final Thoughts

<https://www.youtube.com/watch?v=TO7YTLjqDok>



FYI: DFPS Reporting

Emotional Abuse

How is the child being emotionally abused?

If verbally, what is being said to the child?

How is the child reacting to the abuse?

Has the child demonstrated or verbalized any self-harming thoughts or behaviors?

Is this child being treated differently than others in the home?

Sexual Abuse

What makes you think the child has been sexually abused?

Has the child said anything?

Are there physical indicators of sexual abuse (e.g., physical injury or sexually transmitted disease)?

S Has the child been examined by a medical professional?

Is there a known sex offender in the home?

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DFPS Reporting Continued

Medical Care

Does the child have medical needs (regular or acute) that are not being met?

If so, what are those needs?

Have these needs been determined by a doctor or other professional?

What medicines should the child be taking and for what conditions are the medicines prescribed?

What are the short term and long term consequences of not receiving care?

Physical Care

Are there concerns about the child's physical care?

Does the child appear malnourished or seem to be losing weight?

Is the child extremely dirty or inappropriately dressed for the weather?

Is there a bug or rodent infestation in the home?

Are there concerns about trash, rotting food, sewage, or animal waste in the home?

Are there hazardous home conditions that pose a safety risk to the child (e.g., exposed wiring, broken glass, loose nails, or holes in the floor)?

What effects (if any) have the home conditions or the cleanliness of the child had on the child's health (e.g., constant illness, rashes, etc.)?

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Important Contacts

DFPS (CPS): 800-252-5400 or www.txabusehotline.org

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Your Campus Counselor

Questions