

Mental Health in schools

Warnings, Risk factors and Response.

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Objectives

To understand signs and symptoms of decreased mental health functioning in school aged children.

To be able to identify both risk and protective factors with regard to suicidal ideation.

To identify the warning signs of a student in potential crisis.

To recognize when and how to take immediate action during a potential crisis.

Provide tools so that educational settings can get better mental health and wellbeing outcomes for all by:

- Building strong relationships

- Reframing and modeling behavior

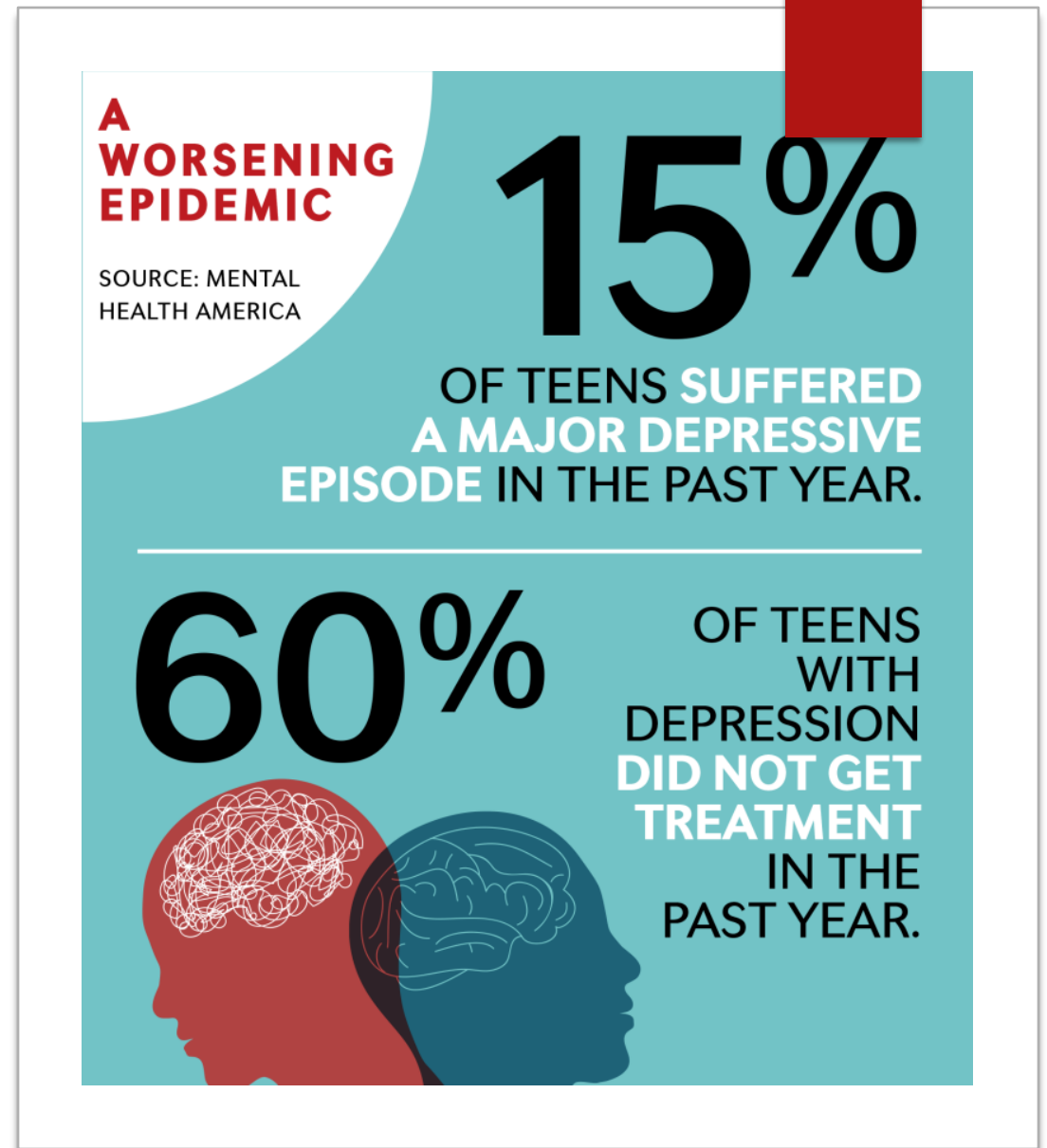
- Creating a safe environment and positive culture

- Supporting staff health and well being

- Involving the whole school community

Why is this important...

- ▶ The current estimate of children struggling with mental health issues in the United States is 1 in 5
- ▶ According to the National Association on Mental Illness, half of all chronic mental illness begins by age 14.
- ▶ In 2018, the Centers for Disease Control and Prevention (CDC) ranked suicide in NJ as the 2nd leading cause of death among those 10-34 years of age.
- ▶ Due to the amount of time our youth spend in school, school professionals are now the front line of resources for youth.
- ▶ Being able to identify a student who is at risk, de-escalate a possible crisis or refer for further services may aid in consistent functioning of a student.
- ▶ This may assist in decreasing mental health issues in the school and prevent a crisis from turning more serious.
- ▶ If school mental health is ignored, problems such as truancy, aggressiveness, impulsivity, failure, adjustment/transition issues and major mental health crises may arise. (Brimerson, Brock & Pletcher, 2005)



It is normal for students to experience "BIG" feelings.

As we know up and downs are part of adolescents

You may especially see this during times of transitions

Beginnings/endings

Holiday breaks

Break-up

Homelife

If these feelings begin to interrupt day to day functioning it may be cause for concern.



Individual Risk Factors

Previous suicide attempt

Non-suicidal-self injury (cutting)

History of mental health struggles; such as depression

Serious illness, Ex. Chronic pain

Financial struggles and instability (own or family)

Impulsivity and aggressiveness

Substance history

Current or prior trauma experiences

Sense of hopelessness

Exposure to violence; victim or perpetrator

Risk Factors

Relationship/Social

- ▶ Bullying
- ▶ Family history of suicide attempt or completion
- ▶ Relationship loss
- ▶ Relationship with highly expressed emotions

Community

- ▶ No or lacking health insurance
- ▶ Suicide cluster in the community
- ▶ Acculturation stress
- ▶ Violence in the community
- ▶ Discrimination

Societal Risk Factors



How do I know it is more serious than just a passing mood?

- ▶ The feeling lasts for a week or longer
- ▶ The student appears sad or irritable for more time than not
- ▶ Decreased effort or not caring about schoolwork, gives up easily, failing grades or not turning work in
- ▶ Decreased energy or motivation
- ▶ Difficulty concentrating; appears preoccupied
- ▶ Late or absent more often
- ▶ Withdraws from friends and activities they previously enjoyed
- ▶ Appears to be just existing
- ▶ Sudden overwhelming fear for no reason, sometimes with a racing heart or fast breathing

Intense worries or fears that get in the way of daily activities

Severe mood swings that cause problems in relationships

Repeated use of drugs or alcohol

Drastic changes in the student's behavior or personality

Seriously trying to harm oneself, or making plans to do so

Involvement in many fights or desire to badly hurt others

Severe out-of-control behavior that can hurt oneself or others

Protective Factors- Fall Into 4 Categories

Individual

- ▶ Have coping skills
- ▶ Have future goals; long and short term
- ▶ Can identify why and reasons to live

Relationship/Social

- ▶ Supportive family and peer network
- ▶ Beloved pets
- ▶ Connection to others

Community

- ▶ Connection to community (school, sports, clubs)
- ▶ Able to utilize and have access to healthcare services

Societal

- ▶ Objection to suicide (whether moral, cultural, religious)
- ▶ Reduced access to means



Warning Signs We May See in the Classroom

Refer to themselves or speak about being a burden

Student may isolate themselves or withdraw from activities, peers etc.

May display more anxiety

May refer to feeling trapped or in great amounts of pain, or as if no one understands

Preoccupied with gaining access to lethal means

Display anger or rage

You may notice extreme mood swings (either new or increase in)

Expressing hopelessness

Change in sleep either too little or too much; appearing exhausted, disheveled.

Happy or euphoric after long period of sadness and hopelessness

Writing goodbye notes, giving things away

Talking, writing or utilizing social media and posting about wanting to die

Making plans for suicide

I am worried and think I noticed something.. What do I do?

- ▶ When you have any concerns about a student appearing to be in crisis (even if you aren't 100% sure) please connect with the appropriate support people within your school system.
- ▶ Call your crisis team IMMEDIATELY and do not stop until you get a person.
- ▶ This is important for a multitude of reasons including;
- ▶ If you have shared students, you do not want them to leave their building if they are in crisis, same for at the end of the day. You want to make sure they are not alone.
- ▶ The earlier you get the support from your crisis team the earlier they can assess and the easier it may be for them to get an immediate school clearance with a professional if they feel further assessment is needed.
- ▶ If the student is determined by a professional to be experiencing a mental health crisis, there is a very real possibility that the child will be hospitalized and receive inpatient treatment.



How to effectively communicate with students



- ▶ Be genuine and respectful
- ▶ Be comfortable with silence
- ▶ Be in the present with them without comparing to your own youth
- ▶ Be aware that their feelings are very real
- ▶ Be accepting even though you may not agree
- ▶ Be aware of your body language and facial expressions
- ▶ Be positive with your feedback
- ▶ Be helpful with language without telling them how they feel or should feel.

Use diffusers rather than escalators

► Diffusers

- Calm, neutral tone of voice
- Addressing issues in private
- Reflective listening
- Problem-solving approach as opposed to punitive, confrontational approach
- Acknowledging positive as well as negative behavior

► Escalators

- Yelling
- Public confrontation
- Sarcastic or judgmental tone of voice
- Invading personal space
- Shaming and blaming
- Bringing up the past
- Engaging in power struggle(arguing back)

Information Vs. Advice

Reassuring information

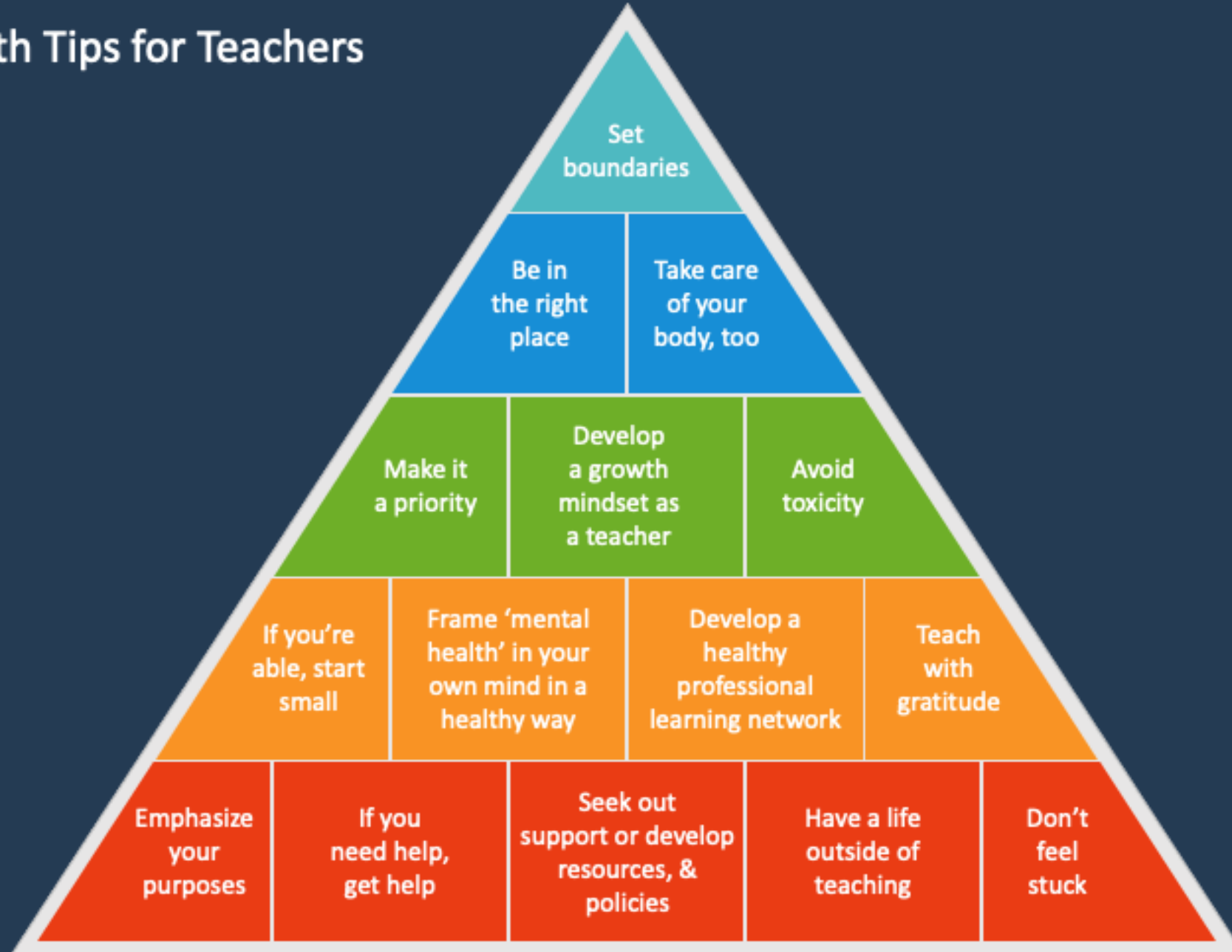
- ▶ Breakups can be tough. It's natural for you to be hurt and upset.
- ▶ I'm here for you if you want to talk. There are also people who are trained to help you work through these feelings.
- ▶ You are not alone.

Advice

- ▶ I remember my first breakup, here's what you need to do...
- ▶ You really need to talk to a counselor about that.
- ▶ You'll get over it. Just don't worry about it so much.

MENTAL HEALTH FOR TEACHERS

Mental Health Tips for Teachers



Confidentiality

Therapists are bound by HIPPA Laws..

- ▶ HIPAA works to protect the confidentiality of people receiving medical treatment.
- ▶ HIPAA's primary purpose is to protect the privacy of people receiving health care services. But during the course of mental health treatment, there may come a point where the therapist providing care believes it necessary to share certain information with a client's partner, parent, or doctor, or with law enforcement. HIPAA establishes standards for sharing this kind of information with other people involved in someone's care.
- ▶ HIPAA requirements help protect not only people in therapy, but also the therapist's providing treatment. The protections offered by HIPAA not only protect confidentiality of people receiving health care, but they can also lead to improved treatment by allowing health care professionals and family members to collaborate.
- ▶ Under HIPAA, therapists may share pertinent information (information directly related to treatment) with people involved in a person's care if the person in treatment:
 - **Has agreed.**
 - **Has been given an opportunity to object and has not objected.**
 - **Has indicated they don't object by bringing a partner to treatment or having a parent help schedule sessions and pick up prescriptions.**
 - **Is unconscious, delirious, experiencing psychosis, intoxicated, or otherwise incapable of making decisions.**



<https://www.youtube.com/watch?v=EKB7GZ0KAwo>

Key Points

- ▶ Do not hesitate call your crisis team
- ▶ Do not leave a message
- ▶ Do not leave student alone
- ▶ The earlier you respond the earlier we have access
- ▶ The fact that a child reports (verbally or you see warning signs) that they want to harm/kill themselves is enough for any school staff to make the call to the crisis team for further assessment.



In the case of an emergency please remember to call 911

National Suicide & Crisis Lifeline: 988

Bergen County Crisis- 201-262-HELP (4357)

Bergen County Children's Mobile Crisis – 1-877-852-7624

*Up to 21

Crisis Text Line 741-741 (first to responses automated)

1-888-222-2228 (call or text, age 10-24) for all non
crisis level issues or problems

What if I want treatment?

Bergen County has a plethora of great therapeutic
agencies and practices. You can look through your
insurance or call directly.

Resources

Further Questions?

Please direct any follow up questions regarding this presentation to:

Jacqueline Ortiz at Jortiz@navikings.org or 201-991-6800 Ext. 2323

For information on West Bergen Mental Healthcare's events, activities and services, please visit our website: www.westbergen.org

For information regarding initiating mental health services and appointments, please call our ACCESS center at: 201-688-7098



Questions?

FINAL THOUGHTS, QUESTIONS
OR CONCERNS?

I AM HAPPY TO ANSWER!

Works Cited

- ▶ <https://kidshealth.org/en/parents/depression-factsheet.html>
- ▶ <https://www.mentalhealth.gov/talk/educators>
- ▶ <https://blog.providence.org/archive/is-mental-health-neglected-in-our-children-s-schools>
- ▶ <https://www.claritycgc.org/a-teachers-guide-what-does-mental-health-crisis-mean/>
- ▶ <https://www.nami.org/Blogs/NAMI-Blog/August-2020/What-Happens-When-Your-Child-s-School-Reports-Suicidal-Ideation>
- ▶ <https://www.nj.gov/education/broadcasts/2020/sep/30/Suicide%20Prevention%20Resources%20and%20Information.pdf>
- ▶ <https://raisingchildren.net.au/pre-teens/mental-health-physical-health/about-mental-health/ups-downs>
- ▶ <https://www.cdc.gov/suicide/factors/index.html#factors-contribute>