Ensuring that ALL Students Are Engaged, Safe, and Feel Supported

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What Do Students Bring to School?
ACE = Adverse Childhood Experience

Research has shown that there are eight (8) ACEs that have a strong correlation to adult health:

1. Substance abuse in the home
2. Parental separation or divorce
3. Mental illness in the home
4. Witnessing domestic violence
5. Suicidal household member
6. Death of a parent or loved one
7. Parental incarceration
8. Experience of abuse or neglect
How Prevalent are ACES?

- About half (50%) of our students have experienced one or more ACES.
- About 1 in 4 students (25%) have experienced 2 or more ACES.
- 1 in 16 students have experienced 4 or more ACES.
Why Should We Care?

- Trauma is toxic to the brain, as well as the body.
- In response to trauma, students will engage in flight, fight, or freeze modes.
- If our students are not in learning mode, they simply will not learn.
- Trauma is definitely not a learning mode.
Maslow’s Hierarchy of Needs

- **Physiological needs:** food, water, warmth, rest
- **Safety needs:** security, safety
- **Belongingness and love needs:** intimate relationships, friends
- **Esteem needs:** prestige and feeling of accomplishment
- **Self-actualization:** achieving one’s full potential, including creative activities

Levels:
- Basic needs
- Psychological needs
- Self-fulfillment needs
Mentally healthy children are more successful in school and life

- Good mental health is critical to children’s success in school.

- Research demonstrates that students who receive social-emotional and mental health support achieve better academically.

- School climate, classroom behavior, on-task learning, and student’s sense of connectedness and well-being all improve as well.

- Mental health is not just the absence of mental illness, but also encompasses social, emotional, and behavioral health and the ability to cope with life’s challenges.

- Left unmet, mental health problems are linked to negative outcomes such as behavior problems, dropping out, and delinquency.
Statistics

- Majority of mental health issues present before age 18.
- Delay between onset of symptoms and intervention can be several years.
- Approximately 50% of students age 14 and older with a mental illness drop out of school.
- 70% of youth in local and state juvenile justice systems have a mental illness.
- Suicide is the 3rd leading cause of death in youth ages 10-24.
1 in 5 children and adolescents experience a mental health problem during their school years.
In a class of 20 children.... 4 children.
In a class of 25 children.... 5 children.
In a class of 30 children.... 6 children.
Student mental health concerns may include:

- Stress
- Anxiety - excessive worry, perseveration, panic symptoms
- Bullying and social stressors
- Family problems - financial hardship, divorce, parental substance abuse
- Depression - lack of motivation, poor focus and attention, lethargy
- Alcohol and substance abuse - self medicating behavior

Serious mental health problems are on the rise including:

- Self injurious behavior - cutting
- Suicidal ideation and suicide attempt
Unmet mental health needs

- Up to 60% of students with mental health problems do not receive treatment they need.
- May be due to lack of access to services or stigma related to mental illness.
- Of those who do get help, two thirds get help only in school.
- Students need greater access to services....
# Flight, Fight, or Freeze

<table>
<thead>
<tr>
<th>Flight</th>
<th>Fight</th>
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<tbody>
<tr>
<td>• Withdrawing</td>
<td>• Acting out</td>
<td>• Exhibiting numbness</td>
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<tr>
<td>• Fleeing the classroom</td>
<td>• Behaving aggressively</td>
<td>• Refusing to answer</td>
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<tr>
<td>• Skipping class</td>
<td>• Acting silly</td>
<td>• Refusing to get needs met</td>
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<tr>
<td>• Daydreaming</td>
<td>• Exhibiting defiance</td>
<td>• Giving a blank look</td>
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<td>• Seeming to sleep</td>
<td>• Being hyperactive</td>
<td>• Feeling unable to move or act</td>
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<td>• Avoiding others</td>
<td>• Arguing</td>
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<td>• Hiding or wandering</td>
<td>• Screaming/yelling</td>
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<td>• Becoming disengaged</td>
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Mental Health Focus
Building Resiliency

Think Positive
- Model positive attitudes and positive emotions
- Use a “can do” problem solving approach

Express love and gratitude
- Praise more than criticism

Express yourself
- Assist kids to become aware of emotions, label emotions and cope

Get fit
- Healthy eating habits, regular exercise, and adequate sleep

Foster competency
- Foster individual talents, encourage friends and encourage children to remain socially connected
How teachers can support mental health:

Build protective factors

- Sense of belonging:
  - Welcome students when they arrive.
  - Greet them by name in the hallway.
  - Build trust with students and families.
  - Communicate with parents.
  - Let students know they are valued members of the school community and help them get involved in school activities.
Beware of Tomadoes

- Tornado is an effort to manage the intensity of one's situation.
- Taking the focus away from the self and discomfort of the current circumstances.
- Tornado is a “learned strategy for avoiding the truth”.
- “Escape mechanism”

How teachers can support mental health:

Build protective factors

- Adapting to change:
  - Provide structure within the learning environment.
  - Establish classroom routines.
  - Help students adjust when changes are necessary.
  - Communicate upcoming changes to help prepare children, allow them to be part of the process.
  - Reassure students and help them cope by focusing on what has not changed and their competencies.
  - Invite parents to communicate changes going on at home.
How teachers can support mental health:

Build protective factors

- Recognition:
  - Provide positive feedback.
  - Recognize children’s mentally healthy behaviors (praise a student who exhibits self control when angry, raises a hand instead of calling out, shows compassion for a peer).
How teachers can support mental health:

Build protective factors

- Making a difference:
  - Provide students opportunities to make a difference.
  - Create opportunities to engage in prosocial behaviors to build self-esteem, foster connectedness, and reinforce personal responsibility.
How teachers can support mental health:

Build protective factors

- Resiliency and accomplishment:
  - Take on role of “encourager” and someone who acknowledges the significance of defeat but does not allow it to result in a sense of personal failure.
  - Encourage children to see the big picture and refocus on an ability to try again or find alternative means to accomplish the goal.
  - Reassure students of his or her own worth.
  - Teach children to believe that accomplishment comes through their own actions (self efficacy, self-determination).
Know the signs

- Changes in habits: appetite, sleep, physical appearance.
- Withdrawal: isolating themselves.
- Decreased social and academic functioning: drop in grades, difficulty interacting with peers.
- Erratic or changed behavioral expression, including flat affect: excessive crying, anger, disproportionate response.
- Increased physical complaints: headache, stomach issues, fatigue.
- Substance use.
Myth: People with mental health problems are violent

- Most people with mental illness are not violent and only 3-5% of violent acts can be attributed to individuals with mental illness.
- In fact, people with severe mental illness are more likely to be victims of violent crime than the general population.
- Individuals with serious mental illness need treatment and protection from violence more than suspicion and stigma.
- Stigma prevents access to treatment and utilization of available resources.
Impact of Trauma and Violence on Mental Health

- Delays in all domains of development
- Higher dropout rates
- Reduced ability to organize, problem-solve, and process information
- Higher suspension and discipline rates
- Negative impact on concentration and memory
Impact of Violence on Mental Health

Talking Points for Teachers:

- Schools are safe places
  - Doors are locked, emergency drills for safety.

- Be observant and let an adult know
  - If you see/hear something that makes you uncomfortable, nervous or frightened.

Difference between reporting and tattling/gossiping

- Seek out a trusted adult.
- Direct or anonymous reporting.

Don’t provide access to the building

- Follow school protocols (i.e. report strangers on campus, no access to strangers or unauthorized adults or students).

Access support for emotional needs

- Seek mental health support for friends or peers.
Warning Signs
Possible Predictors of Student Violence

May include, but not limited to:

- Distorted perceptions of death (i.e., reunion with family)
- Extreme or disproportionate responses to common situations
- Evidence of a viable and catastrophic plan to solve problems
- Fascination with sensational violence
- Lack of empathy, and dehumanization of others
- Perfectionistic and/or rigid tendencies and expectations
- Perceptions of victimization, alienation and/or persecution

Western Suffolk BOCES, 2016
Key Take Aways

- Observe children’s emotional state
  - Take notice of any changes in affect, behavior, and physical appearance.

- Maintain a normal routine
  - Promote physical and mental health by remaining consistent in classroom routines.

- Model
  - Demonstrate skills you want students to develop.
  - Show children how to be resilient by modeling the skill.

- Ask questions
  - Check in with your students, get to know them, make a connection.

- Listen non-judgmentally
  - Pay attention and be an active listener
  - Take notice of the chatter in the classroom and hallways.

- Keep conversations developmentally appropriate.

- Refer to appropriate professional help
Continuum of Mental Health Services

The Continuum of School Mental Health Services

18-19 Mental Health Goals

- Provide a team-based approach to facilitate effective coordination of mental health services and interventions.
- Provide relevant and ongoing professional development on mental health and crisis intervention (threat assessment) for all staff.
- Enhance the health curriculum to integrate social emotional skills and recognize the signs of mental health conditions.
- Engage families and community providers as meaningful partners in providing mental health supports and generalizing strategies and practices into the community and home.
- Implement school-wide frameworks for creating and maintaining a positive school climate while decreasing the stigma related to mental health.
- Develop and implement a guidance plan that enhances the social emotional skills of each student through the development of personalized education and career plans.
18-19 Mental Health Roadmap

- Parent University focus on Mental Health - October 24th
- Monthly faculty meetings at each building
  - 15 minutes devoted to mental health topics
  - Faculty directed - submit questions, topics for further understanding
- Mental and Physical Health and Wellness Fair - May 2019
- Mental Health First Aid Training - students, school staff, parents
  - 8 hour certification course
- Monthly Mental Health and Wellness Themes and Activities
  - September - “The Power of Connection” (Suicide Awareness)
  - October - “Bullying Stops Here” (Bullying Prevention Month)
  - November - “Unlock Potential”
  - December - “Empathetic Schools” (Coming Together to Support Each Other)
18-19 Mental Health Roadmap

Monthly Mental Health and Wellness Themes and Activities

- September: “The Power of Connection” (Suicide Awareness)
- October: “Bullying Stops Here” (Bullying Prevention Month)
- November: “Unlock Potential: Knowing who I am!”
- December: “Empathetic Schools” (Coming Together to Support Each Other)
- January: “New Year, New Start (Goal Setting)
- February: “Healthy Relationships” (Power of Relationships)
- March: “Healthy Choices”
- April: “Embracing Differences” (Aligns with It’s OK to Be Not OK)
- May: Children’s Mental Health Awareness Month
- June: “Remaining Resilient”
Mental Health Resources

- New York State Office of Mental Health
  [https://omh.ny.gov/omhweb/childservice/](https://omh.ny.gov/omhweb/childservice/)
- National Association of School Psychologists
  [http://www.nasponline.org](http://www.nasponline.org)
OK! WE HAVE THE PLAN!!

LET'S DO THIS!