Providing Additional Supports for Students with Mental Health Challenges in the Schools

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Overview of the Presentation

- Current data in regards to children and youth mental health
- Overview of common mental health conditions in children and youth
- Signs of mental health conditions within the school setting
- Types of treatment modalities for children and youth impacted by a mental health conditions
- School-based supports for children and youth impacted by a mental health condition.
- Community-based resources for families
Current Data about Children and Youth Mental Health

One in five individuals will be diagnosed with a mental health condition.

49% of students reported experiencing anxiety.

29% of students reporting experiencing depression.

16% of students considered suicide.

Over 80% of children and youth with a mental health condition will go untreated.

Roughly 75% of that treatment will be administered at school.

2019 Wisconsin Youth Risk Behavior Survey
Most Common Types of Mental Health Conditions in Children and Youth

- Generalized Anxiety Disorder
- Post-Traumatic Stress Disorder
- Depressive Disorders
- Obsessive-Compulsive Disorders
- Eating Disorders
# Generalized Anxiety Disorders

<table>
<thead>
<tr>
<th>Signs of a Generalized Anxiety Disorder</th>
<th>What it Looks Like at School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic and excessive worry about everyday things in life.</td>
<td>Increased levels of truancy and school avoidance.</td>
</tr>
<tr>
<td>Difficulty focusing and decrease in short term memory ability.</td>
<td>Decreased ability to complete assignments on time and/or ability to succeed on tests or high-staked assignments. An increase in perfectionism.</td>
</tr>
<tr>
<td>Difficulty sleeping and increased isolation or introversion.</td>
<td>Decreased interest in coursework or peer interactions and/or extra-curricular activities.</td>
</tr>
<tr>
<td>Headaches, stomachaches or other body pains</td>
<td>Excessive amount of time out of the classroom in nurse’s office or hallways.</td>
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### Post-Traumatic Stress Disorders

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<tr>
<td>An increased sense of awareness of external stimuli and hyper-vigilance.</td>
<td>Decreased ability to sustain attention or complete tasks.</td>
</tr>
<tr>
<td>Negative thinking patterns and/or negative self-talk and decreased self-efficacy.</td>
<td>Unwillingness to engage in activities or tasks that are deemed too difficult due to fear of failure.</td>
</tr>
<tr>
<td>Severe or emotional responses to situations that may trigger individual into remembering traumatic event/s or intrusive thoughts.</td>
<td>Unexpected responses or severe dysregulation to some situations in the school setting.</td>
</tr>
<tr>
<td>Avoidance of individuals, places or other things that remind them of traumatic event.</td>
<td>Refusal to work with certain individuals, class avoidance and mistrust of people.</td>
</tr>
</tbody>
</table>
Warning

The following slide will contain content that covers self-harm, suicidal ideation and death by suicide.
### Depressive Disorders

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<tr>
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<tr>
<td>Feeling sad or having a depressed mood which last longer than several weeks.</td>
<td>Decreased interest in school or other activities that may have been enjoyable in the past.</td>
</tr>
<tr>
<td>Negative thinking patterns and/or negative self-talk and decreased self-efficacy.</td>
<td>Unwillingness to engage in activities or tasks that are deemed too difficult or engaging in unsafe behaviors.</td>
</tr>
<tr>
<td>Dramatic changes in sleeping/eating patterns</td>
<td>Issues with truancy, skipping classes and/or work completion.</td>
</tr>
<tr>
<td>Self-harm of suicidal ideation/death by suicide.</td>
<td>Elation after period of intense depression, giving things away, expressing a desire to engage in self-harm or death by suicide.</td>
</tr>
</tbody>
</table>
# Obsessive-Compulsive Disorders

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<tr>
<td>Intrusive/irrational thoughts or impulses that occur repeatedly. (Obsessions)</td>
<td>Adherence to strict routines, fears about cleanliness, perfectionism.</td>
</tr>
<tr>
<td>Repetitive acts that relieve the pressure and stress from intrusive thought patterns. (Compulsions)</td>
<td>Excessive repetition of different behaviors or routines, like handwashing, hoarding items or ritualization.</td>
</tr>
<tr>
<td>Obsession with physical appearance and/or inaccurate perception of physical appearance. (Body Dysmorphia)</td>
<td>Preoccupation with appearance, excessive social media alteration, truancy and school avoidance.</td>
</tr>
<tr>
<td>Excessive hair-pulling or picking of scabs, nails or skin. (Trichotillomania/Excoriation)</td>
<td>Students with little to no eyelashes/eyebrows, excessive number of open or healed scabs, little to no fingernails.</td>
</tr>
</tbody>
</table>
# Eating Disorders

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</thead>
<tbody>
<tr>
<td>Severe restriction of consumption of food. (Anorexia Nervosa)</td>
<td>Adherence to a strict diet, vigilance in regards to calorie count, very specific dietary restrictions.</td>
</tr>
<tr>
<td>Excessive exercise routines aligned with restricted eating patterns. (Anorexia Athletica)</td>
<td>Excessive exercise routines that may or may not coincide with eating food. Fixation on body appearance.</td>
</tr>
<tr>
<td>Eating excessive or limited amounts of food, and then eliminating calorie intake through vomiting or bowel movements. (Bulimia Nervosa)</td>
<td>Displaying low self-esteem, hoarding food, or using laxatives. May have decreased activity, dental issues or symptoms of dehydration.</td>
</tr>
<tr>
<td>Eating large amounts of food without elimination. (Binge-Eating Disorder)</td>
<td>Excessive weight gain, hoarding and/or hiding food, and other health conditions.</td>
</tr>
</tbody>
</table>
Typical Characteristics of MH Challenges

- Inability to focus/attend
- Inability to regulate emotions
- Intermittently incapable of controlling behavior
- Inflexibility
- Impaired ability to engage in reciprocal, appropriate social interactions
- Response to requests/stimuli impacted by processing time
- Often sabotage efforts to help
Mental Health Care

- **Psychiatry**: The branch of medicine focused on the diagnosis, treatment, and prevention of mental, emotional, and behavioral disorders. Psychiatrists are medical doctors and can prescribe medications.

- **Psychotherapy**: General term for treating mental health problems by talking with a licensed mental health professional (e.g., psychologist, counselor, therapist).

- **Neuropsychiatry**: The branch of psychology focused on how mental illness affects behavior and learning. Neuropsychological testing, often called “a neuropsych,” can help explain a child’s behavior or learning challenges.
Common Therapy Modalities

- **Cognitive Behavioral Therapy (CBT):** Identifies/replaces thoughts that are causing harmful feelings and/or behaviors.
- **Dialectical Behavior Therapy (DBT):** Teaches mindfulness, distress tolerance, and emotional regulation skills. Often used for persons with suicidal ideation.
- **Acceptance and Commitment Therapy (ACT):** Helps kids understand and accept their inner emotions to move forward in a positive way.
- **Exposure Therapy:** Helps people confront fears by exposing them to their anxiety source safely.
- **EMDR (Eye movement desensitization and reprocessing):** A method of treating anxiety and PTSD that involves moving your eyes a specific way while processing traumatic memories.
- **NOT RECOMMENDED**
  - Parent Child Interaction Therapy (PCIT)
  - Applied Behavioral Analysis (ABA)
School-Based Mental Health Supports

- Service Navigation: Behavioral Health Navigation/ Care Solace/ Family Liaisons
- Behavioral Health Interventions: CBITS/ Bounceback/ Motivational Interviewing/ FACE Kids
- Group Interventions: Peer Support Groups/ Raise Your Voice Clubs
- Intensive Individual Supports: Building Bridges/ Behavioral Health in Schools
- Staff Support: Intensive Support Team
Community-Based Mental Health Supports

- Comprehensive Community Services (CCS)
- Children Come First (Dane County) (CCF)
- Wraparound Milwaukee (Milwaukee County)
- Coordinated Service Teams (CST)
Too often, kids with mental health needs are misunderstood

- What do they need?
  - Success and control
  - Structure and predictability
  - Alternate communication strategies
  - Acceptance and companionship
Components of Effective Practice

Beliefs

Attitude

Skills

Experience
Key beliefs for supporting kids w/ MH needs

- Kids do well if they can
- Compliant kids are vulnerable kids
- Fair does not mean equal
- The ability to recite rules is not the same as the ability to understand and apply rules
- The ability to perform a task today does not guarantee the ability to perform it in the future
- Socially appropriate behavior must be taught
Principles of dealing with challenging behavior

- The only person whose behavior you can control is your own
- Use the unwritten rule of reciprocation to your advantage
- The only safe assumption is that something has happened to cause the behavior
- “Before anything else, preparation is the key to success.”
- “Safety” should be broadly defined
But we’ve tried everything!

“If what adults are doing is not working, they should try something else – almost anything else. … [Unfortunately,] the fear of failure keeps many adults in typical and unimaginative patterns in how they respond to children. To conquer the fear of taking a risk, it is helpful to understand that trying and failing is not failing – it is assessment. Failure often occurs when adults do not try something different.”

Maag, John W., Intervention in School and Clinic, v35 n3 p131-40 Jan 2000
A relationship is an intervention
Individualized parent peer support

- Trained, experienced parents of kids like yours can help you:
  - Navigate service systems, including special education
  - Address school issues
  - Find the services and support your family needs
  - Work better with the systems serving your child
  - Learn ways to reduce stress and conflict in your home
  - Become a stronger advocate for your child
  - Feel supported during difficult times

For more information, go to wifamilyties.org