



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

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

Post-Traumatic Stress Disorders

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

Warning

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

Depressive Disorders

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

Obsessive-Compulsive Disorders

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

Eating Disorders

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

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](#)

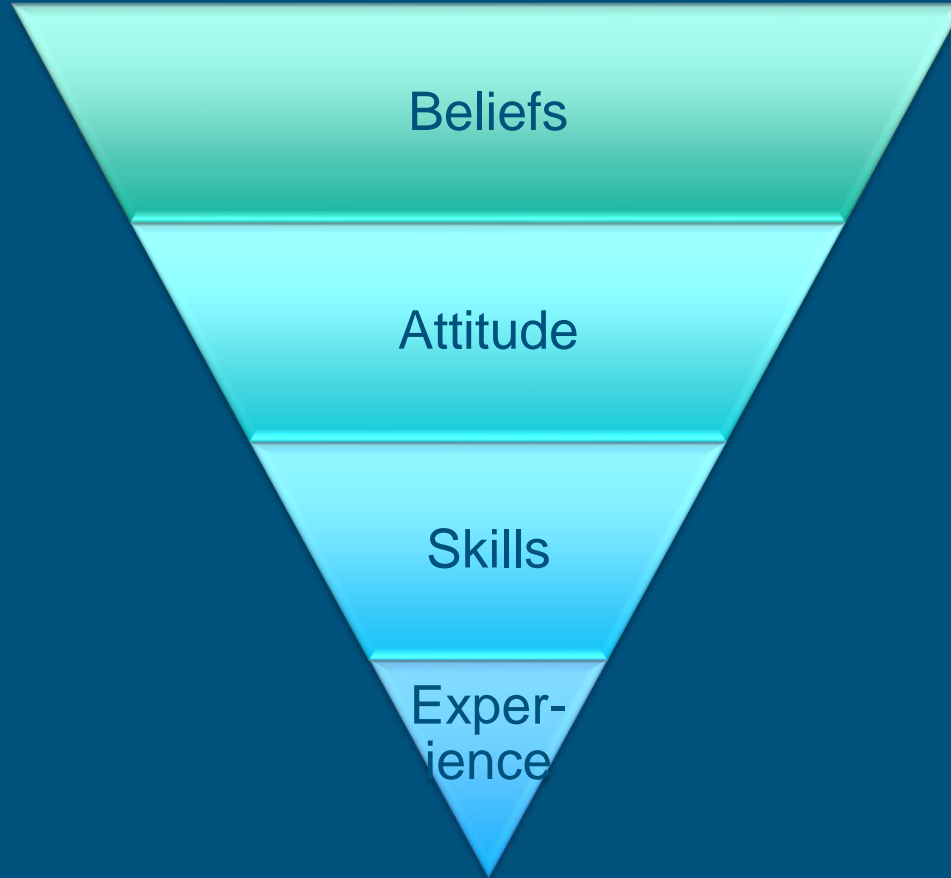
Community-Based Mental Health Supports

- 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



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.”

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