

Understanding the Indiana School Mental Health Initiative

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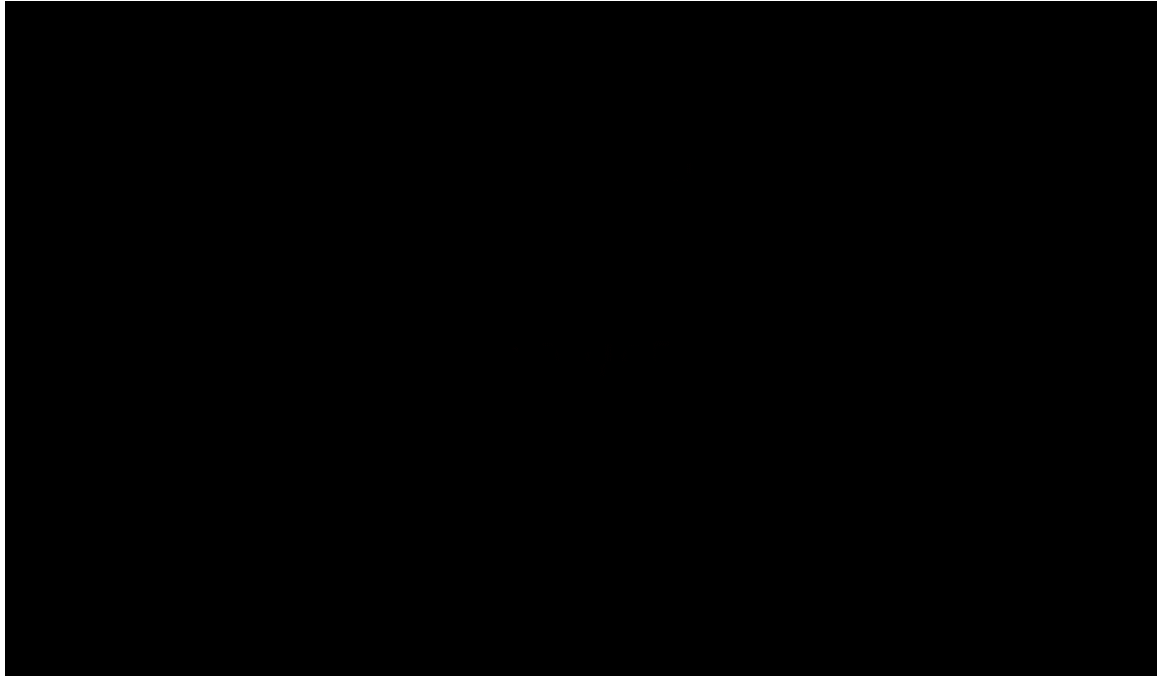


Goal: To outline the role of the ISMHI and how it is here to support your work in our schools

Agenda:

- ★ Setting the Stage: Resilience**
- ★ Why Address Student Social, Emotional, and Mental Health in our Schools: Educational Neuroscience**
- ★ Current Challenges**
- ★ Addressing the Challenges and Building a Community of Practice: Key Initiatives of ISMHI**

The Science of Resilience



What is Mental Health?

“Mental health is a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

(World Health Organization)

WHY: School & Community Indicators

- One in 5 youth have or will have a serious mental illness
- At least 50% of those get no treatment
- By 2030 the World Health Organization states that depression will be the number one global health risk
- An NIH study found that 25.1% of kids 13-18 in the US have been diagnosed with anxiety disorders
- Suicide is the 3rd leading cause of death in youth ages 10-24
- School is “defacto” MH provider
- Juvenile Justice system is next level of system default
- Adverse Childhood Experiences (ACES)

(NAMI, 2016 & NIMH, 2016)

ACES and School Performance



51% of children with 4+ ACE scores
had learning and behavior problems in school
Compared with only 3% of children with NO ACE score

ACES are the **best predictor of poor health** and **second best predictor of academic failure**
(Burke et al, 2011)

I-Generation

- Depression increased by 21% between 2012-2015 for boys and 50% for girls
- According to the Department of Health and Human Services, 56% more teens experienced a major depressive disorder in 2015 than 2010 (60% experienced severe impairment)
- 46% more 15-19 year olds committed suicide in 2015 than 2007

(Twenge, J., 2017)

Where do our youth spend their time?



Students who attend school from kindergarten through secondary school typically spend more than **13,000 hours** of their developing brain's time in the presence of teachers.

Their brains are highly susceptible to environmental influences – social, physical, cognitive, and emotional. And, more important, their brains *will be altered by the* experiences they have in school.

(Eric Jensen, *Teaching With the Brain in Mind*, 2nd Edition)

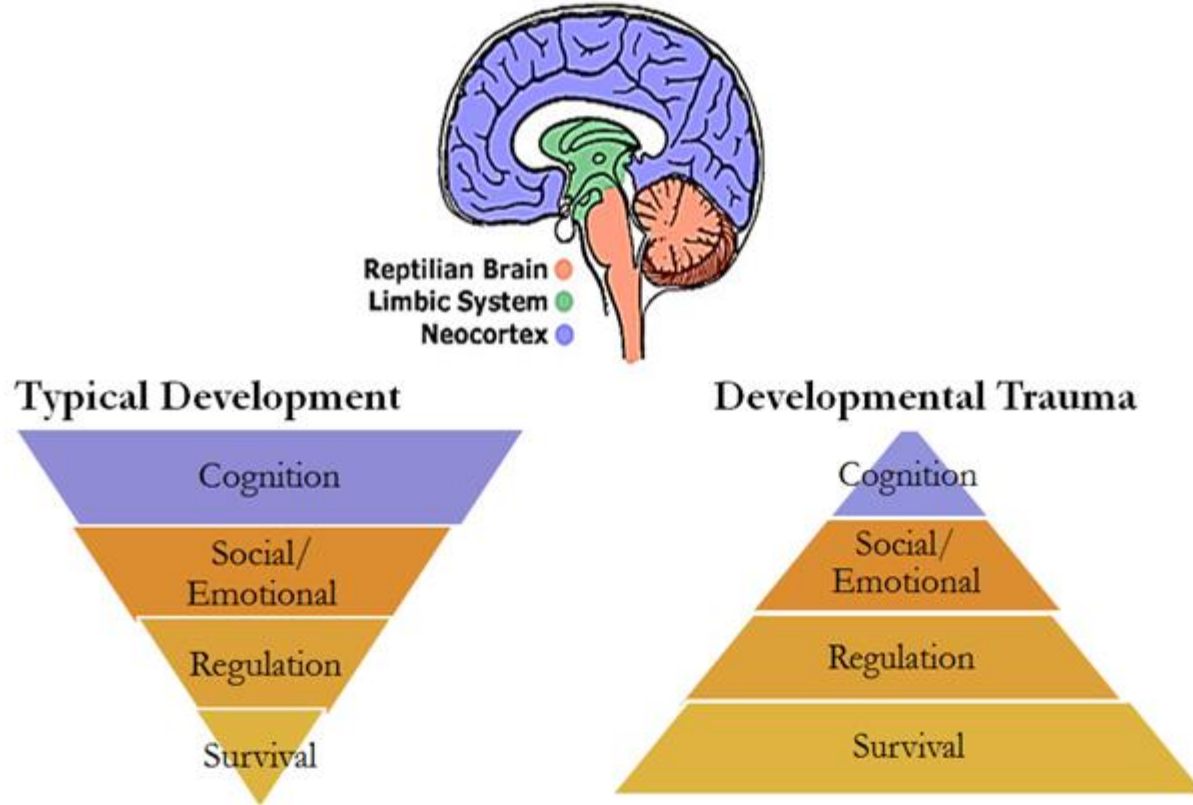
WHY: Academic Outcomes



“A study estimating the relative influence of 30 different categories of education, psychological, and social variables on learning revealed that **social and emotional variables exerted the most powerful influence on academic performance.”**

(CASEL, 2003)

Social, Emotional, Mental Health: Learning and Behavior



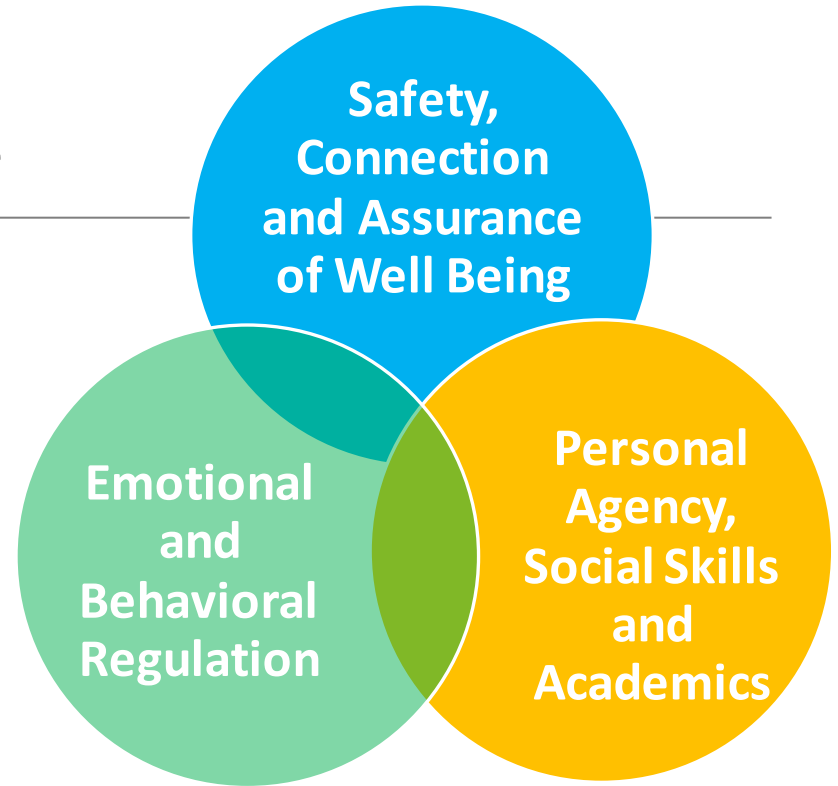
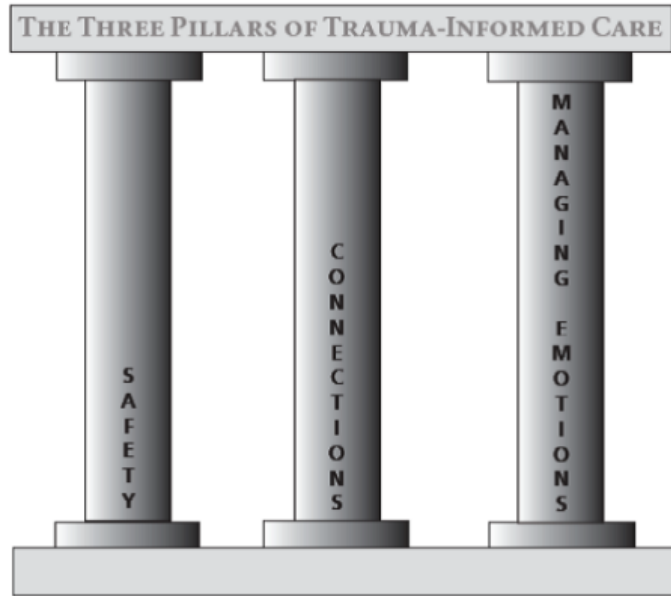
Adapted from Holt & Jordan, Ohio Dept. of Education

Trauma & Learning



- ❖ **Stressed brains do not learn the same as brains that feel safe, can emotionally regulate, and feel connection. Simply stated, stressed brains don't learn the same way.**
- ❖ **Because these stressors either go unrecognized or there is a lack of knowledge about their effects on learning and behavior, students dealing with adversity and stress are often identified or mislabeled as having behavior, discipline, and/or learning issues in a school setting.**

Three Pillars of Trauma Informed Care



Three Domains for Schools

6 Principles of Resiliency

**Always
Empower
Never
Disempower**

**Maintain High
Expectations**

**Check
Assumptions,
Observe and
Question**

**Be a
Relationship
Coach**

**Guided
Opportunities
for Helpful
Participation**

**Provide
Unconditional
Positive Regard**

Addressing SMH: Some Big Picture Challenges

- **It is challenging for educators to address the factors beyond school**
- **It is challenging for community providers to address the factors in school**
- **Changing the routines of ineffective practices (systems) that are “familiar” to systems**
 - **“Referrals to MH person” viewed as intervention**



Challenges: Schools

- Constraints on School-Employed Mental Health Staff
 - Too few of them with ratios for school psychologists, counselors, and social workers far below recommendations of national organizations
 - Narrowed functioning of positions or inappropriate use of skillsets
- Teachers and other school staff lack the knowledge about how mental health/adversity/trauma/stress effect a child's social, emotional, and cognitive development
 - Leads to students being mislabeled as having behavior, discipline, and/or learning issues

Challenges: Community Partners

- Ad hoc and weak connections of community mental health providers to schools
 - Need for systematic MOUs to clarify roles and functions of integrated teams/work
 - Integration into school-based teams
 - Funding support to function at Tier 1 and 2, and to not be “co-located” at Tier 3

Indiana School Mental Health Initiative

- ❖ **History**
- ❖ **Vision**
- ❖ **Our Approach**
 - ❖ **Community of Practice**
 - ❖ **Collective Impact**
 - ❖ **Resources & Supports**
 - ❖ **Hoped for Outcomes**



Collective Impact



- ❖ **Educational Outcomes Task Force and IN SOC**
- ❖ **How/Why/Common Language Documents**
- ❖ **Building a shared vision/Connecting Dots**
- ❖ **Surveys**

Resources & Supports:

- ❖ **LookUp Indiana Website** *LOOK up*
- ❖ **Core Documents and Articles**
- ❖ **School/District/Community/Regional/Statewide Trainings**
- ❖ **SHAPE System from the Center for School Mental Health**



Go Start a Movement



- ❖ **The responsibility for the wellness of children and youth belongs to all of us in Indiana**
- ❖ **The best system to move towards prevention and early access is through our educational system.**
- ❖ **Promoting the social, emotional, behavioral, & mental health of our students is essential to promoting their cognitive/academic development**
- ❖ **We are stronger together**
- ❖ **Resilient students (and school staff) lead to resilient and thriving families, and communities**



Questions

Thank You!

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