
WELCOME

Eliminating Barriers to Learning: Early Identification of Student Mental Health Issues

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Orange County Dept. of Education

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WELLNESS • RECOVERY • RESILIENCE

CalMHSA

California Mental Health Services Authority

Compassion. Action. Change.

OUR NORMS

- Be present.
- Demonstrate mutual respect.
- Listen to understand.
- Contribute to your own and others' learning.
- Be open to new ideas.
- Be considerate and set your phone to vibrate.

Student Mental Health Matters
Orange County Student Mental Health Initiative
Trainings
Resilient Mindful Learner Project
Student Mental Health Trainers' Cadre
School Climate Matters
OCDE Online School Climate Survey
Resources
Contact Us

OCDE > Student Mental Health Matters

Student Mental Health Matters

Why Should Educators Care about Student Mental Health?

Schools are where children spend most of each day. While schools are primarily concerned with education, mental health is essential to learning as well as to social and emotional development. Because of this important interplay between emotional health and school success, schools must be partners in the mental health care of our children. (President's New Freedom Commission on Mental Health, 2003, p. 58.)

Mental Health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.(US. Dept. of Health & Human Services, 2001)

Why Is Student Mental Health Important?

- Students with good mental health are more successful in school.
- Interventions that strengthen students' social, emotional and behavioral health positively affect their academic performance (test scores and grades). (Fleming, et al., 2005)
- Just as physical health impacts learning and performance, so does mental health. When students are stressed, anxious, distracted or depressed it is difficult to pay attention, concentrate, and focus on their school work.

Orange County Student Mental Health Initiative

Join us in promoting students' healthy minds. Their success may depend on it.

Resilient Youth Are...

Early Childhood Student
Self-confident and independent; involved in play; able to use advanced skills in communication, locomotion, and self-help; tolerates anxiety and frustration; ready to take realistic risks; seeks out help; relates well to their peers, teachers; socially mature

What's New?

Resilient Mindful Educator

A Stress-Reduction Retreat

Saturday, October 5, 2013

8:30 a.m - 3 p.m.

For more information, click here.

Advance registration only; no walk-ins on day of the event. To register click here.

Suicide Prevention Week

September 8-14, 2013

Pain Isn't Always Obvious
KNOW THE SIGNS
Suicide Is Preventable

For local Orange County Resources click "Reach Out"on the Know the Signs, Suicide is Preventable website.

REACH OUT.COM

Peer-to-Peer Website with Forums, Blogs, & Stories

OCDE Professional Development Trainings

Learn more about prevention and early identification of student mental health issues that are barriers to learning and social-emotional development.

Registration is open for the 2013-14 professional development series.

Click here for the 2013-14 Professional Development Training Series Flyer.

www.ocde.us/healthyminds

www.ocde.us/HealthyMinds

OUR AIMS

For All School Staff

- Increase knowledge of student mental health including risk and protective factors
- Learn strategies to help students who need additional support
- Suggest ways to promote a mentally healthy learning environment and school climate
- Assist school staff to identify school and community resources and partnerships to promote youth mental health

OUR AGENDA

SOCIAL & EMOTIONAL FACTORS THAT ENHANCE EDUCATION

Adapted from SAMHSA, Center for Mental Health Services, 2004

WHAT WOULD YOU DO ABOUT…

- A student with asthma?
- A student with diabetes?
- A student with food allergies?
- A student with severe depression?

WHY FOCUS ON MENTAL HEALTH ISSUES?

- They are common and can affect learning
- Stigma creates barriers to getting help
- Teachers and school staff can help remove barriers
- Benefits for schools, classrooms, students:
  - ✓Higher academic achievement
  - ✓Lower absenteeism
  - ✓Fewer behavioral problems

OVERALL PURPOSE OF TRAINING

The overall purpose of the training is to help eliminate barriers to learning by understanding and addressing mental health issues in the school environment.

OVERVIEW OF MODULES

Eliminating Barriers for Learning: The Foundation
Social-emotional development, stigma and discrimination

Social-Emotional Development, Mental Health, and Learning
Risk & protective factors, overview of disorders, effects on learning

Making Help Accessible to Students and Families
Accessing resources, formulating a plan to help students with mental health needs

Infusing Cultural Competence into Mental Wellness Initiatives
Practical considerations for the classroom and campus

Strategies To Promote a Positive School & Classroom Climate
Create a climate that promotes learning and mental health, school and classroom strategies, create a student plan to promote MH wellness

MODULE I:

ELIMINATING BARRIERS FOR LEARNING: THE FOUNDATION

GOAL

The goal of Module I is to describe the links among social-emotional development, mental health, and learning.

OBJECTIVES

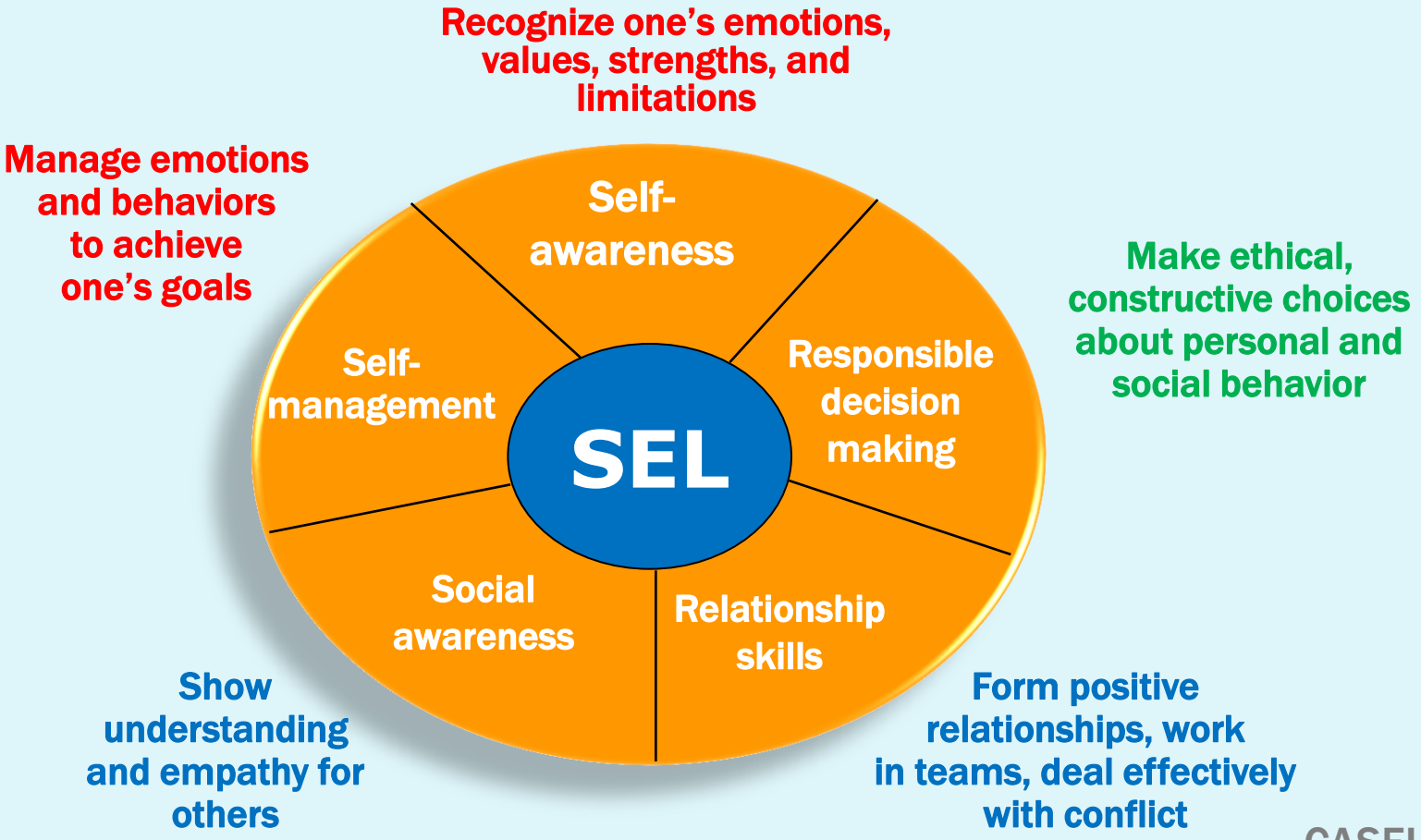
- Relate social-emotional development to academic and nonacademic success
- Know the definition of mental health disorders and serious mental illness
- Understand the stigma surrounding mental health problems and the impact of stigma and discrimination on help-seeking behavior
- Understand the teacher's and other staff's roles in relation to mental health and emotional problems

Social-Emotional Development in Students

Handout I-A

What is Social and Emotional Learning?

SEL is a process of acquiring knowledge and skills related to five core competencies:



CASEL

Caleb's Story

How does he display:

- A sense of identity
- An understanding of consequences
- An idea of appropriate behavior and responses

Handout I-B

Social-Emotional Factors Related to Academic and Nonacademic Success

Caleb's Story

SERIOUS EMOTIONAL DISTURBANCES: DEFINITION

Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. These disorders include:

- Depression
- Attention-deficit/hyperactivity disorder
- Post Traumatic Stress Disorder
- Anxiety disorders
- Conduct disorder
- Eating disorders
- Suicide

WHAT IS STIGMA?

In these modules, stigma refers to **a cluster of negative attitudes and beliefs** that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses. Stigma is not just a matter of using the wrong word or action. Stigma is about **disrespect.** It is the use of **negative labels** to identify a person living with mental illness. Stigma is a barrier. **Fear of stigma and the resulting discrimination discourages individuals and their families from getting the help they need.**

Listen to Youth

Student to Student PSA

1st Place, Eliminating Stigma

STIGMA, DISCRIMINATION, AND HELP-SEEKING BEHAVIOR

- WHAT (Identification)
- WHY (Referral)
- WHERE (Treatment)

Handout I-D

Caleb's Story
Stigma & Discrimination

- What examples of stigma and discrimination can be found in this story? How does it occur in the behavior of Caleb's peers and his teachers?

- Why might Caleb or his parents avoid talking with the school about Caleb's difficulties?

Teacher & Staff Roles

Caleb's Story

TEACHER & STAFF ROLES

- Observer
- Catalyst
- Team member
- Educator
- Role model
- Collaborator
- Creator of Positive Social Culture

Handout I-E

MODULE I REVIEW

Objectives:

- Relate social-emotional development to academic and nonacademic success
- Know the definition of mental health disorders and serious mental illness
- Understand the stigma surrounding mental health problems and the impact of stigma and discrimination on help-seeking behavior
- Understand the teacher's and staff's roles in relation to mental health and emotional problems

MODULE II:

SOCIAL-EMOTIONAL DEVELOPMENT, MENTAL HEALTH, AND LEARNING

GOAL

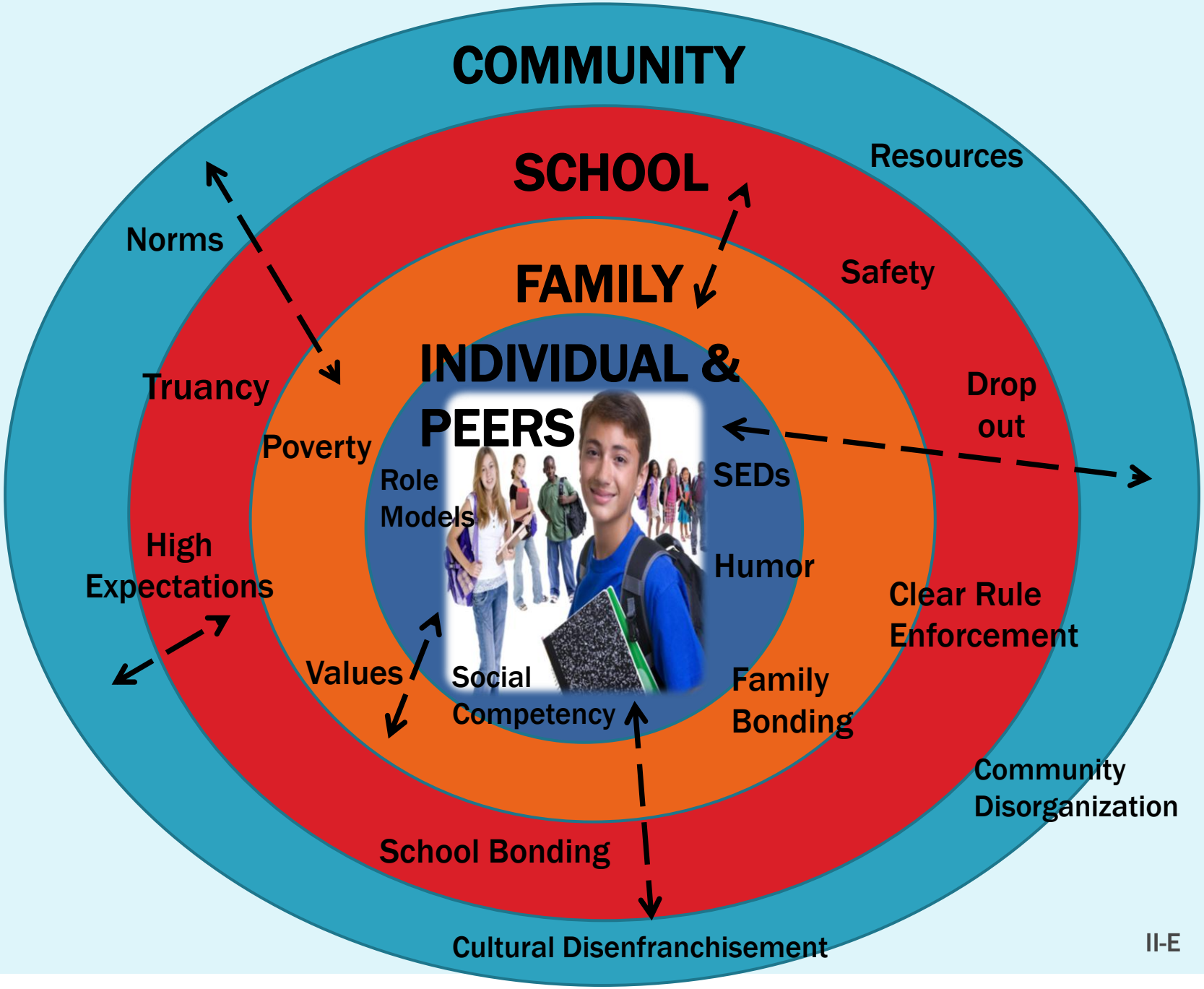
The goal of Module II is to give an overview of mental health issues among students and their potential effects on learning and behavior.

OBJECTIVES

- Learn social-emotional factors related to positive youth development, including risk and protective factors
- Understand the range of social-emotional development and its relationship to mental health
- Know the most common mental health disorders and serious mental illnesses in students and their potential impacts on learning and behavior
- Learn indications that a student needs additional support

WHAT ARE RISK & PROTECTIVE FACTORS?

- Risk factors make it more likely that a teen will develop a disorder.
- Protective factors make it less likely that a teen will develop a disorder.
- *May be biological, psychological, or social*


COMMUNITY
SCHOOL
FAMILY
INDIVIDUAL & PEERS
Resources
Norms
Safety
Truancy
Drop out
Poverty
SEDs
Role Models
High Expectations
Humor
Clear Rule Enforcement
Values
Social Competency
Family Bonding
Community Disorganization
School Bonding
Cultural Disenfranchisement

Caleb's Story

Handout I-B

RISK AND PROTECTIVE FACTORS

Risk factors include:

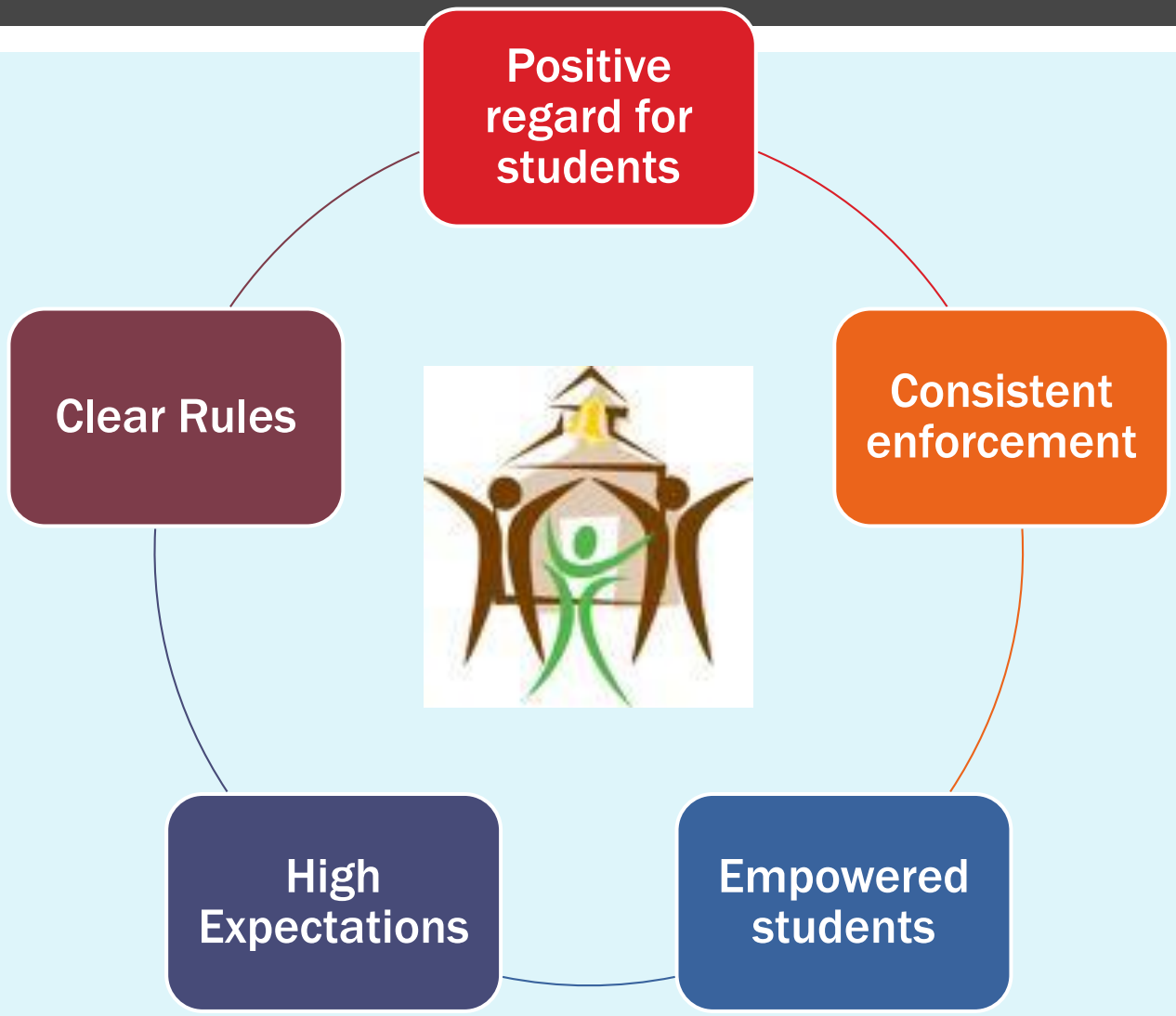
- Problems in community environment
- Problems in family environment
- History of behavior problems
- Negative behavior and experiences
- Biology

Protective factors include:

- Caring adults
- Genuine youth-adult relationships
- Recognition
- Opportunities for involvement

Handout II-A

RESILIENCY IN SCHOOL: POSITIVE SCHOOL CLIMATE



MENTAL HEALTH: DEFINITION

A state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. It is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society.

Handout II-B

CONTINUUM OF MENTAL HEALTH SYMPTOMS

	Less Severe	>>>	>>>	More Severe
Social Adjustment	Adjusts to social situations	Some ups and downs in adjustment to social situations	Adjustment difficulties in social situations	Severe impairment in social situations
Environment/ Coping Skills	Adapts to environment	At times shows difficulty coping with environment	Ineffective or inconsistent coping with environment	Restricted coping, dependency, or crisis
Emotional Responses	Appropriate emotional responses	Emotional Responses inconsistent	Emotional responses are restricted, extreme, or inappropriate	Emotional responses are severely disproportionate
Mood Control	Controls mood	Some fluctuation in ability to control mood	Mood swings, sad mood, or consistent irritability	Mood seriously impairs day-to-day functioning
Thought Patterns	Thoughts consistent with goals, intentions, beliefs	Preoccupations, worries, or frustrations	Intrusive thoughts or obsessions	Bizarre or illogical thoughts
Biological Patterns (includes sleep cycles, eating patterns, etc.)	Regular biological patterns	Minor disruptions to biological patterns	Consistent disruptions of biological patterns	Severe disruptions of biological patterns

SERIOUS EMOTIONAL DISTURBANCES: DEFINITION

Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community.

Handout II-C

Question:

How may mental health and emotional problems affect academic and nonacademic activities?

Easel Responses

OVERLAPPING DIAGNOSTIC CRITERIA

ADHD Restlessness Poor concentration Increased motor activity Distractibility	**GAD** Restlessness Poor concentration Irritability	**Mania** Increased motor activity Distractibility Irritability
Depression Poor concentration Irritability	**CD**	**ODD** Irritability

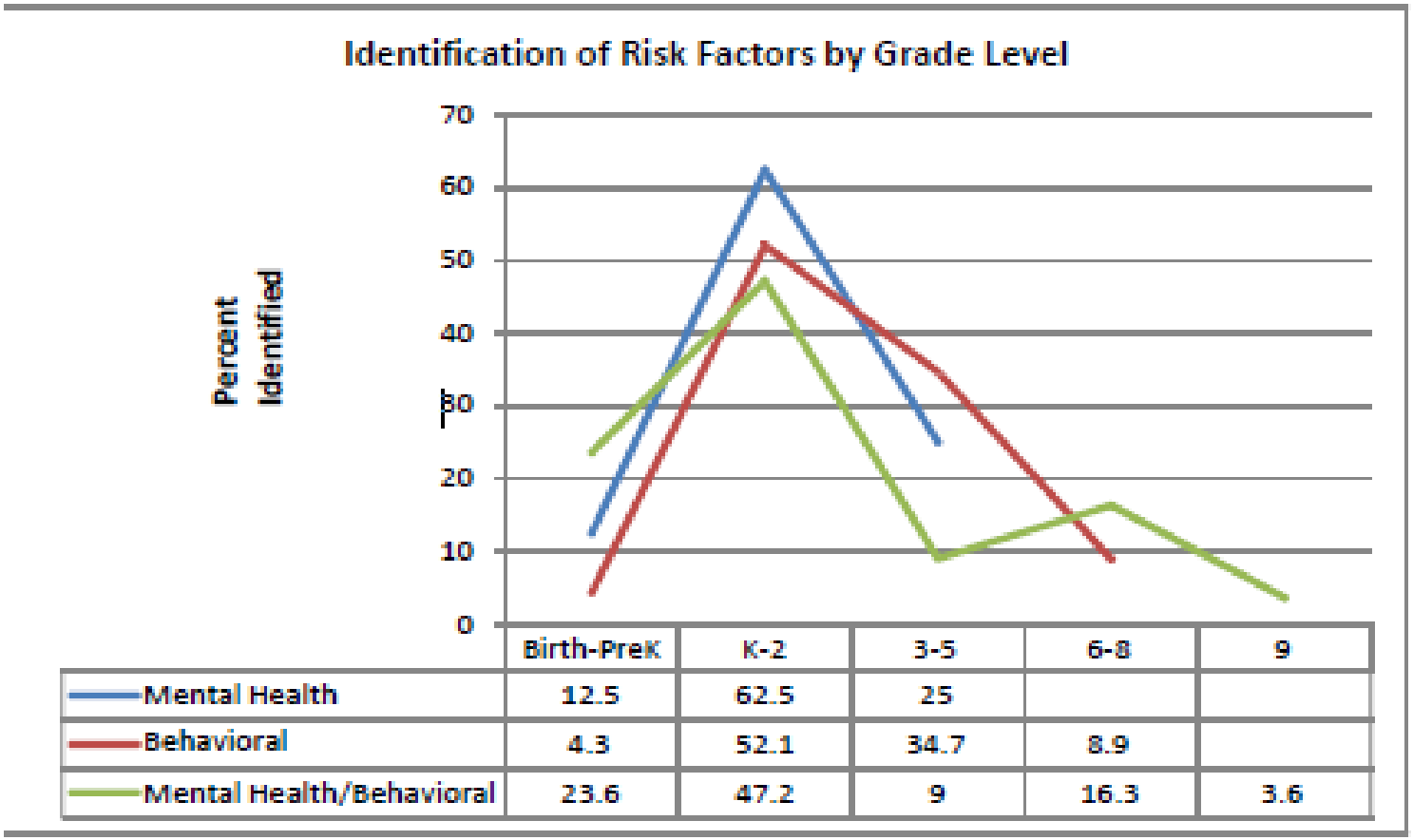
ADOLESCENTS WITH MENTAL HEALTH AND EMOTIONAL PROBLEMS ARE MORE LIKELY TO EXPERIENCE:

- Co-occurring social-emotional problems
- Other health risks
- Restricted opportunities

Handout II-D

UNIDENTIFIED RISKS TO MENTAL HEALTH(SPENCER)

Grade Level of First Appearance of Mental Health Risk Factors in School Records (n=100)



	Birth-PreK	K-2	3-5	6-8	9
Mental Health	12.5	62.5	25		
Behavioral	4.3	52.1	34.7	8.9	
Mental Health/Behavioral	23.6	47.2	9	16.3	3.6

Overview of common mental health and emotional problems in students

For detailed information on common problems, refer to Handouts II-E to II-I, as well as more in-depth *Fact Sheets*

MOOD DISORDERS

- Also called affective disorders because they refer to emotions
- Treatable medical conditions
- Most frequently diagnosed mood disorders in children and youth are:
  - Major depressive disorder
  - Dysthymic disorder
  - Bipolar disorder

EPIGENETICS: GENE IMPRINTING

- Imprinted gene effects have been assigned to various psychiatric illness
  - Tourette syndrome
  - Bipolar disorder
  - Schizophrenia
  - Autism
- Increased incidence of offspring born with ASDs following use of artificial reproductive technologies, the use of which is associated with a loss of methylation

ADDITIONAL GENES THAT PREDISPOSE TO NEUROPSYCHIATRIC DISORDERS

- Polymorphic variants of the gene encoding the monoamine oxidase A (MAO-A) that results in variable expression of a neurotransmitter metabolizing enzyme
  - One variant may protect children from developing violent tendencies after experiencing maltreatment as children
  - If a child inherits the low-expressing version of the MAO-A gene they are more likely to become violent themselves
- The impact of adverse childhood events (ACE) on developing depression is in part moderated by the presence an allelic variant of the serotonin transporter (5-HTT)
  - Children with a single copy of the 'short' variant increasing this risk
  - Children with this gene and early social support may be more likely to have positive outcomes than those without the 'risk' gene

For All Mental Health Disorder Videos go to:
http://sites.placercoe.k12.ca.us/ebl/VIDEOS.aspx

CLINICAL CHARACTERISTICS OF JUVENILE DEPRESSION

- Irritable mood and dysphoria (vs. sadness in adult depression)
- Inability to enjoy favorite activities ("bored")
- Social withdrawal
- Blame/worthlessness/ guilt
- Abnormal sleep patterns (ie, nightmares)
- Fatigue
- Diminished ability to concentrate
- Suicidal preoccupation

CLINICAL CHARACTERISTICS OF JUVENILE MANIA

Rarely characterized by euphoric mood

Persistent presentation of:

- Irritable, angry, grouchy, cranky, snappy, swearing, disrespectful, threatening
- Explosions: affective storms, aggression
- Brief periods of pressured silliness: giddy, goofy, silly, high, laughing fits
- Depressed, sad, no pleasure, down on self, suicidal, self-destructive

ADOLESCENT SUICIDAL THINKING AND BEHAVIOR, MORE COMMON THAN YOU THINK

Any threat of suicide should be treated seriously.

- **17% of US high school students seriously considered suicide**
- **8.4% had attempted suicide at least once during the preceding year**

(Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, September 7, 2007 / 56(35);905-908)

ASSESSING THE SEVERITY OF SUICIDAL THOUGHTS

- “Have you ever felt bad enough that you wished you were dead?”
- “Have you had any thoughts about wanting to kill yourself?”
- “Have you ever tried to hurt or kill yourself or come close to hurting or killing yourself?”
- “Do you have a plan?”
- “Do you have a way to carry out your plan?”

EVIDENCE-BASED AND EVIDENCE-INFORMED INTERVENTIONS FOR DEPRESSION

- Psychosocial interventions for depression
  - Level 1 (best support): cognitive behavior therapy (CBT), CBT and medication, CBT with parents (includes parent and child, focusing on the child's concerns), family therapy
  - Level 2 (good support): client-centered therapy, expressive writing/journaling/diary, interpersonal therapy, relaxation
- Psychosocial interventions for suicidality
  - Level 1 (best support): none
  - Level 2 (good support): multi-systemic therapy, social support team

Updates are available at www.aap.org/mentalhealth

ANXIETY DISORDERS

- **Excessive** fears, worries, and preoccupations that are a reaction to a perceived sign of danger
- Include obsessive-compulsive disorder and post-traumatic stress disorder

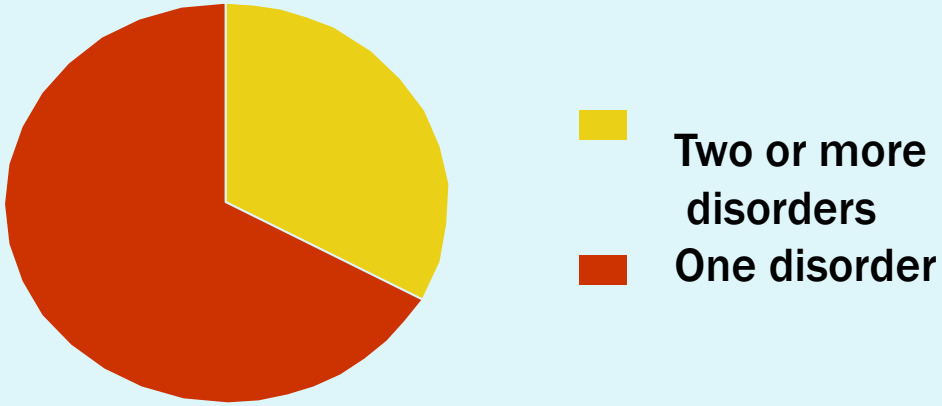
Most common of mental health disorders among youth

For All Mental Health Disorder Videos go to:
http://sites.placercoe.k12.ca.us/ebl/VIDEOS.aspx

EPIDEMIOLOGY OF ANXIETY DISORDERS

- Anxiety disorders are the most common psychiatric disorders in children
  - 5% to 15% of children meet criteria for an anxiety disorder[1,2]

Approximately 1/3 of children With anxiety disorders meet the Criteria for two or more anxiety disorders



1. Bird HR, et al. *J Am Acad Child Adolesc Psychiatry*. 1993;322:361-368.
2. Cohen P, et al. *J Child Psychol Psychiatry*. 1996;53:1129-1136.
3. Kashani JH, Orvaschel H. *Am J Psychiatry.* 1990;147:313-319.
4. Strauss CC, Last CGG. *J Anxiety Disord*. 1993;7:141-152.

TYPES OF ANXIETY DISORDERS

- Panic Disorder
- Agoraphobia
- Specific Phobia
- Social Phobia
- Obsessive Compulsive Disorder (OCD)
- Post Traumatic Stress Disorder (PTSD)
- General Anxiety Disorder (GAD)
- Separation Anxiety Disorder

 American Psychiatric Association, 1994.

COMMON CHILD ANXIETY DISORDERS

- Generalized: extreme, unrealistic worry unrelated to recent events
  - Child may be self-conscious and tense
  - Many suffer from aches and pains
- Phobias: unrealistic and excessive fears
  - Specific phobias center on animals, storms, or situations
- Panic Disorder: repeated attacks of intense fear w/o apparent cause
  - may be accompanied by pounding heartbeat, nausea or a feeling of imminent death
  - Some kids go to great lengths to avoid the attacks (such as refusing to attend school)

TURN TO A (ELBOW) PARTNER

- With an elbow partner, please identify 3 steps and three resources that you think may be helpful in evaluating and/or managing these concerns

CLASSROOM STRATEGIES FOR ANXIETY

Do

- Acknowledge the fear: “That must be scary to think about.”
- Reflective listening: “Sounds like you are not sure you can do well on the math test.”
- Decide what you can do: “I have my phone right here. If your mom is late, we’ll call her.”

Do Not

- Discount the child’s feelings: “That will never happen.” or “There’s nothing to worry about.”

THE ANXIOUS CHILD: PARENTING TIPS

- Encourage / reward independent behavior
- Don't overreact to physical symptoms
- Have the child 'teach' coping / confidence
- Role play upcoming situations
- Consider a transition object
- Establish routines (AM, bedtime)
- Watch for negative media effects
- Consider bibliotherapy
- Don't over-talk about fears
- Consider drawings / stories / use of a journal

Buchanan B. Yarnevich A www.aboutkidsmentalhealth.com

DISRUPTIVE BEHAVIOR DISORDERS

- Complicated group of behavioral and emotional problems
- Show as difficulty following rules and behaving in socially acceptable ways
- Impact of the disruptive behavior is distressing to others and can interfere with establishing trusting and supportive relationships

DISRUPTIVE BEHAVIORS AND OTHER DISORDERS

Youth who show disruptive behaviors may have:

- Unidentified symptoms of depression and/or anxiety
- One or more diagnosable disorders

For example, a youth may have both ADHD and a learning disability

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

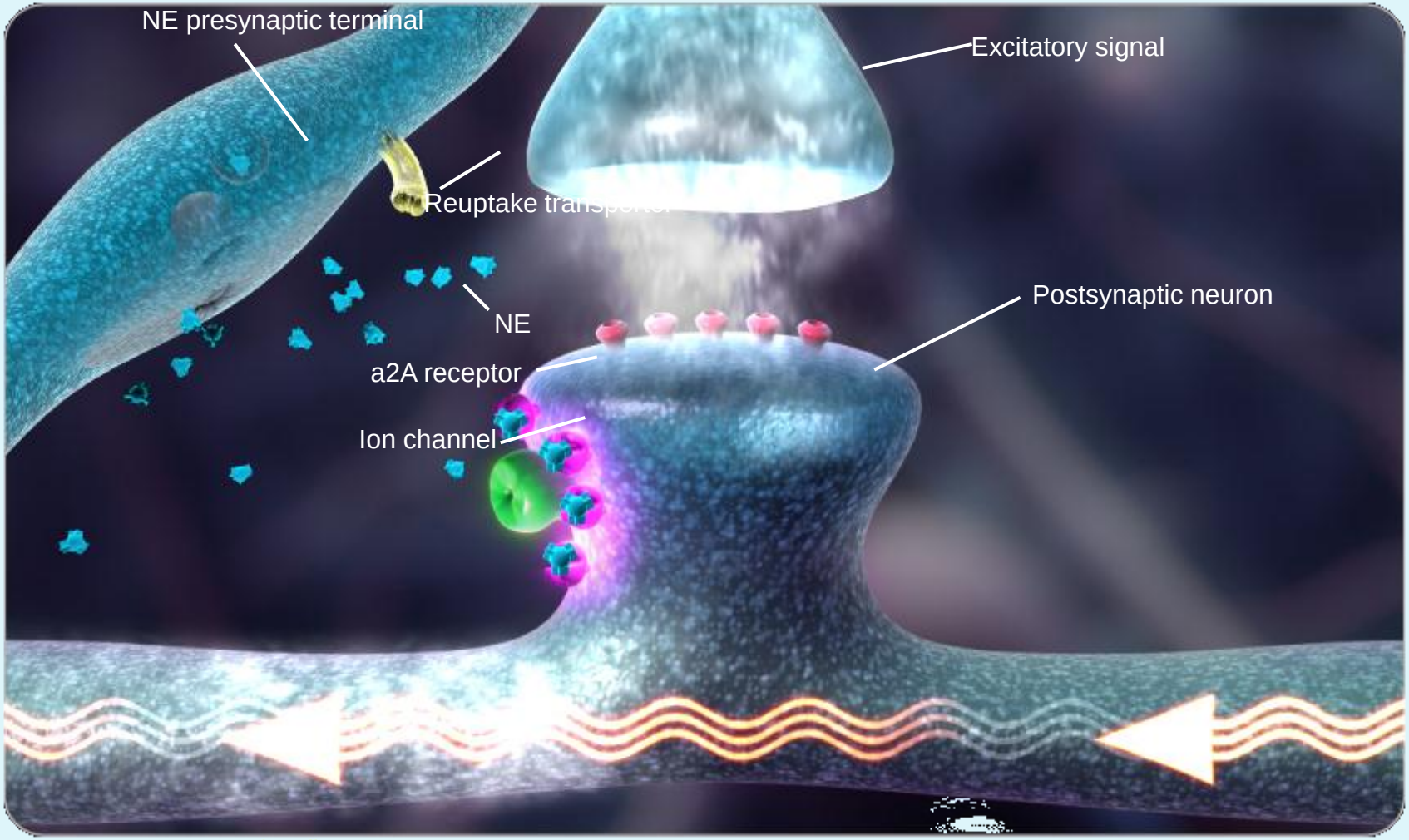
- Inability to focus one's attention
- Often impulsive and easily distracted
- Difficult to remain still, take turns, keep quiet
- Most commonly diagnosed behavioral disorder among youth

MOLECULAR GENETICS OF ADHD

- Specific genes associated with ADHD
  - Dopamine receptor D4 gene (DRD4) on chromosome 11
  - Dopamine transporter gene (DAT1) on chromosome 5
  - D2 dopamine receptor gene
  - Dopamine-beta-hydroxylase gene
  - Uncertain about the association of noradrenergic genes
- There are several genes involved and their effects are cumulative

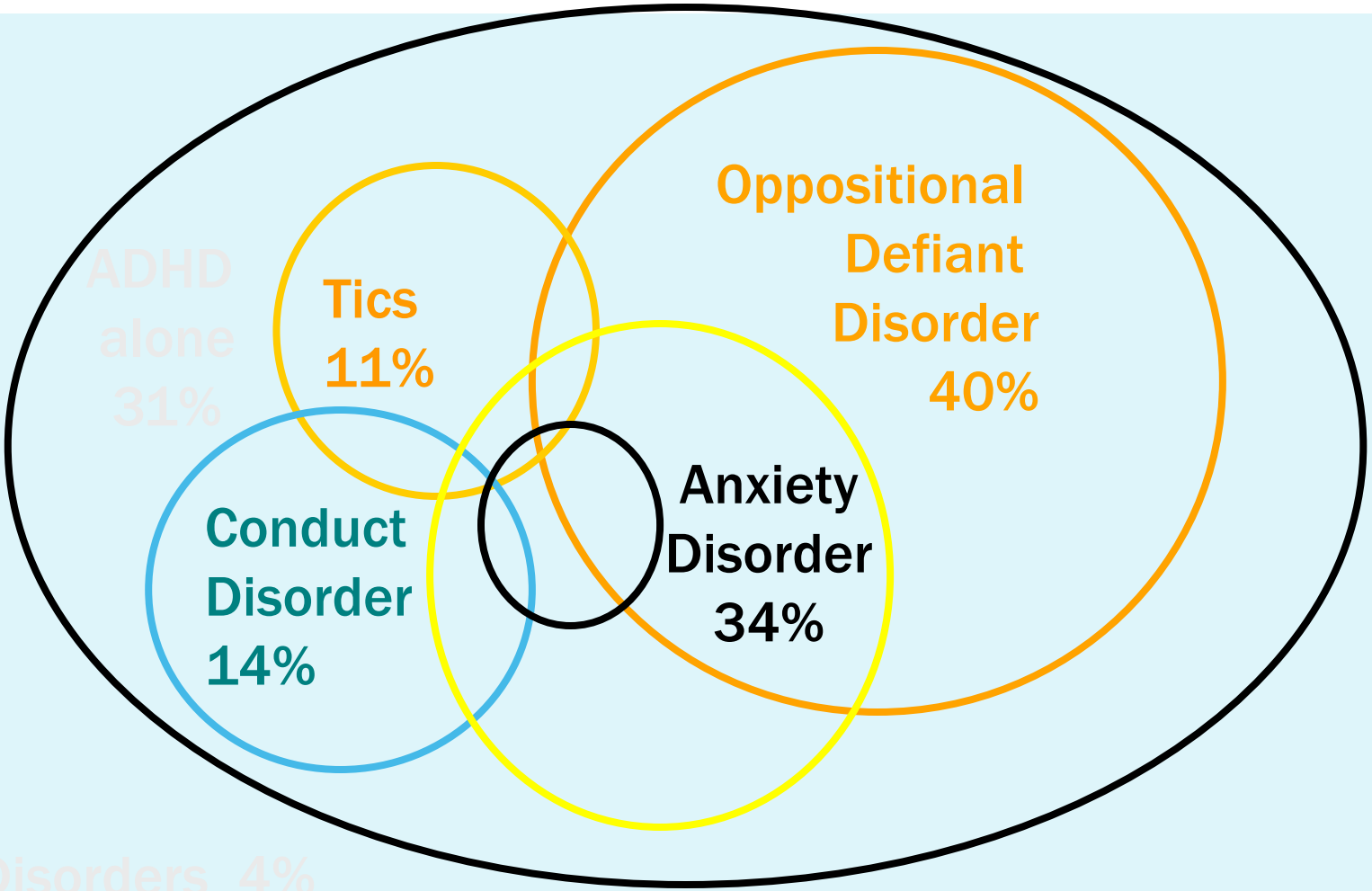
Sunohara G, et al. *J Am Acad Adolesc Psychiatry.* 2000;39:1537-1592.
Giros B, et al. *Nature.* 1996;379:606-612.

TRANSMISSION OF NEURONAL SIGNALS ARE MODULATED BY NEUROTRANSMITTERS AND RECEPTORS



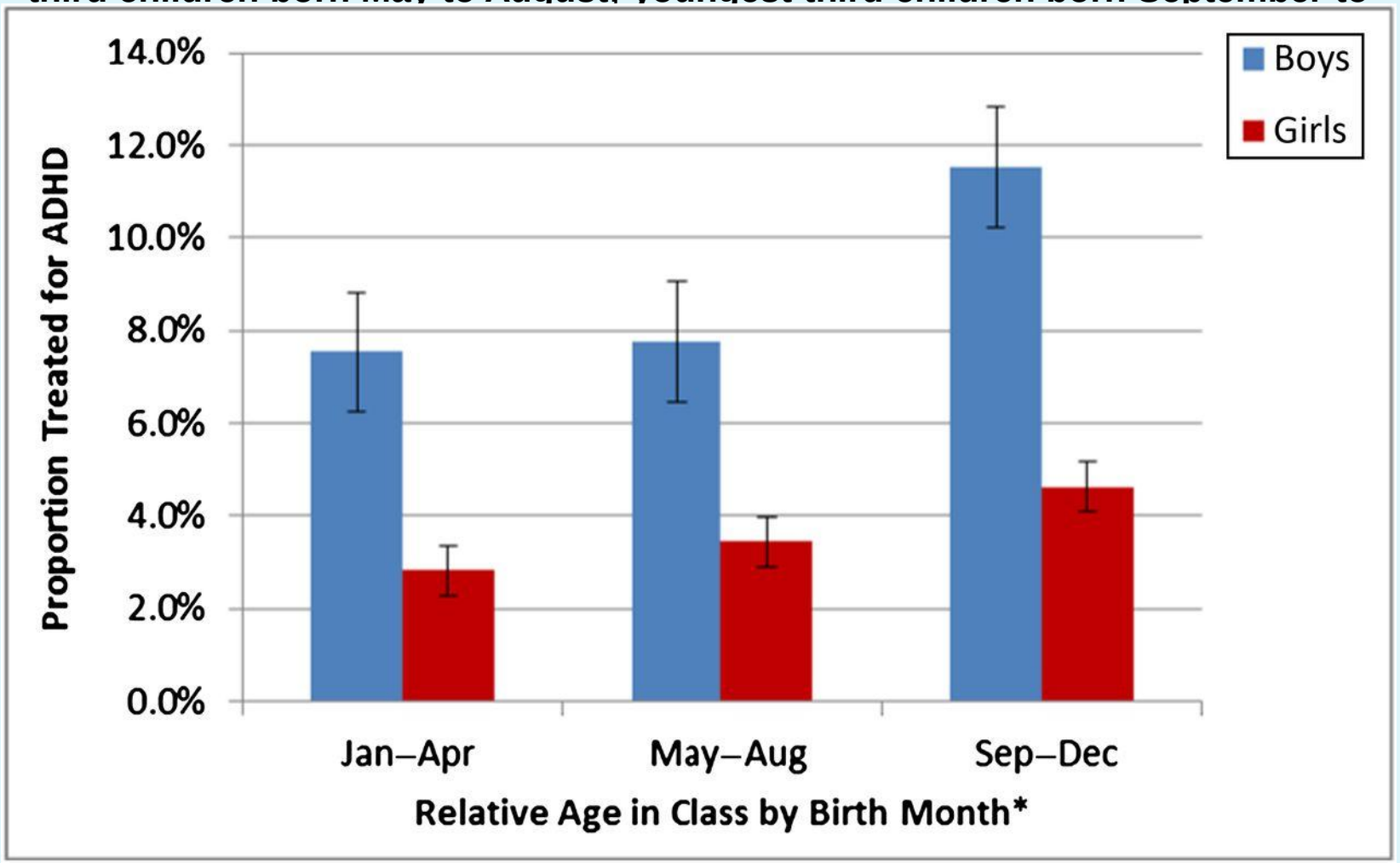
Wang M, et al. *Cell.* 2007;129:397-410.

CO-OCCURRING DISORDERS IN SECOND GRADERS WITH ADHD (N=579)



MTA Cooperative Group. *Arch Gen Psychiatry* 1999; 56: 1088–96

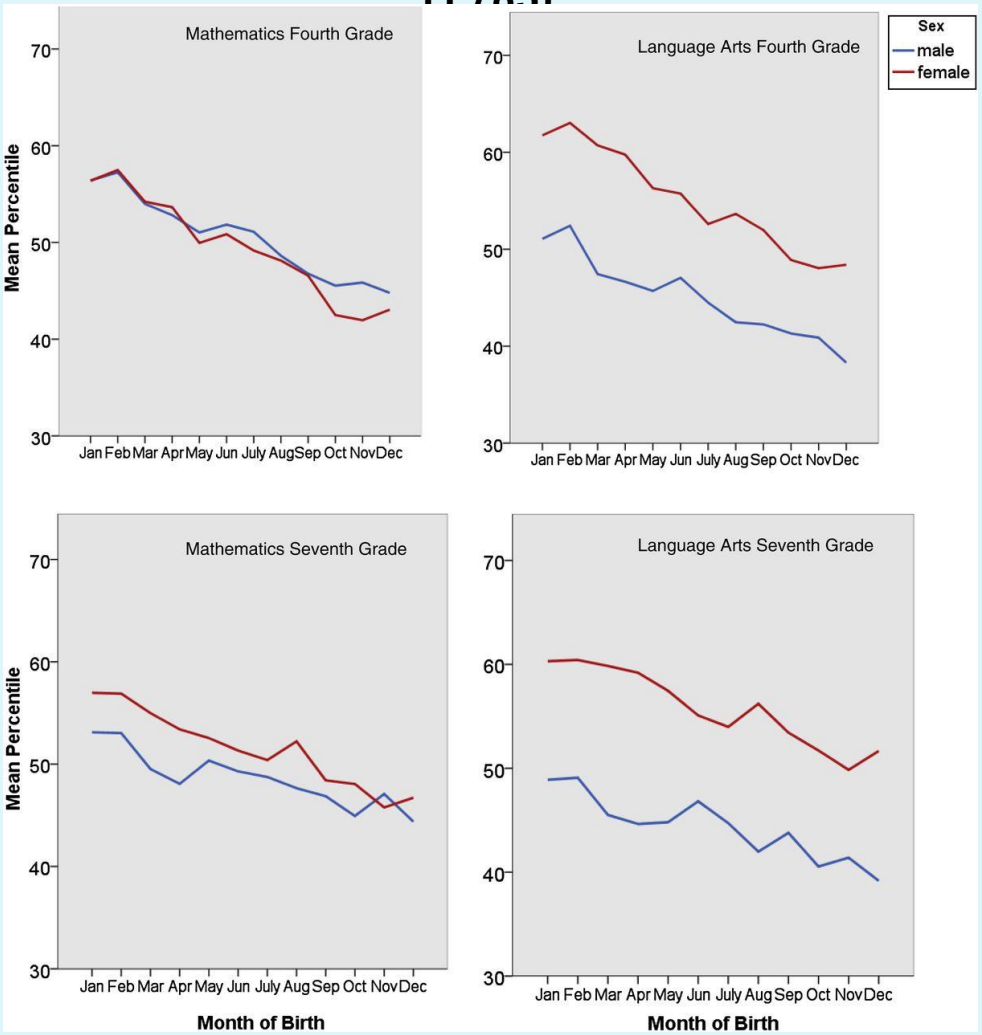
Proportion of study population treated with drugs for ADHD anytime in 2003–2009, according to relative age in class. *Oldest third, children born January to April; middle third children born May to August; youngest third children born September to



Zoëga H et al. Pediatrics 2012;130:1012-1018

PEDIATRICS®

Performance on standardized achievement tests mandatory for all children in fourth (age 9) and seventh (age 12) grades in Iceland according to relative age in class (N = 11 785)



Zoëga H et al. Pediatrics 2012;130:1012-1018

PEDIATRICS®

Jessica’s eating disorder

EATING DISORDERS

- Patterns of thoughts and behaviors about one's body, foods, and the intake of foods
- Lead to severe health, social, and school problems
- Include anorexia nervosa, bulimia nervosa, and binge-eating disorder

Most lethal of mental health disorders among youth

"WEIGHT LOSS" BEHAVIORS, PRIOR 30 D

	F (%)	M (%)
Didn't eat for ≥ 24 h	14.5	6.9
Diet pills, powders, liquids	6.3	3.8
Vomited, laxatives	5.4	2.6

National Youth Risk Behavior Survey, 2009

DSM-IV CLASSIFICATION OF EATING DISORDERS

- Anorexia nervosa (AN)
  - Lifetime prevalence 0.5% -- 1% adults; 0.3% adolescent girls
  - Most common cause of significant weight loss in adolescent girls
- Bulimia nervosa (BN)
  - Lifetime prevalence 0.5% -- 3% adults; 0.6% adolescent girls
- Eating disorder not otherwise specified (ED-NOS)
  - ED that doesn't meet full criteria for AN or BN; "subthreshold"
  - Most common ED diagnosis
  - Up to 14% prevalence
- Binge-eating disorder (BED)
  - Research in DSM-IV; for clinical use in DSM-5

OTHER DISORDERS

- • Schizophrenia: Rare in adolescence but that symptoms do occasionally appear;

- • Tourette syndrome, autism, and Asperger syndrome: “Make the point that these are not mental health issues and will not be addressed.”

- What other mental health disorders are a concern for you?

INDICATORS OF NEED

Indicators of need for intervention include behaviors, thoughts, or feelings that limit a youth's ability to:

- Maintain positive relationships
- Cope with demands of home and school
- Continue healthy development

Problem behavior may be an indicator of need.

Handout II-J

SHARED CONCERNS FOR THE SCHOOL PROFESSIONAL AND MEDICAL PROVIDERS

- Concerns re: ‘outside of training’
- Concerns about resources
- Concerns about fitting it ‘into the day’

PERCENTAGE OF CHILDREN RECEIVING MEDICATION FOR THEIR CONDITION

- Youth diagnosed with ADHD = 85% are prescribed stimulant medications
- Youth outpatients with bipolar disorder = 60% are prescribed mood stabilizers
- Youth outpatients with depression = 57% are treated with antidepressant medications

Olfson M, Blanco C, Liu L, Moreno C, Laje G. Arch Gen Psychiatry. 2006;63:679–685

Moreno C, Laje G, Blanco C, Jiang H, Schmidt AB, Olfson M. Arch Gen Psychiatry. 2007;64:1032–1039

Olfson M, Gameroff MJ, Marcus SC, Waslick BD. Arch Gen Psychiatry. 2003;60:1236–1242

TEENS AND PSYCHOTROPIC MEDICATIONS

- If youth met criteria for any mental disorder = 14.2% treated
- Portion of teens receiving psychotropic medication:
  - Teens with ADHD = 31%
  - Teens with mood disorders, e.g. depression or bipolar = 19.7 %
  - Eating disorders = 19%
  - Anxiety disorders – 11.6%
  - Antipsychotic medication use was rare
    - Severe bipolar disorder (1.7 %)
    - Neurodevelopmental disorder such as autism (2.0%)

ACTION PLAN

- A way to direct your behavior and to problem-solve with individual students
- Each is unique to the individual needs of the student, his or her family, and the resources available

STAGES OF AN ACTION PLAN INCLUDE:

- **Stage I:** Know your resources
- **Stage II:** Voice your concern
- **Stage III:** Follow up

MODULE II REVIEW

Objectives

- Learn social-emotional factors related to positive youth development, including risk and protective factors
- Understand the range of social-emotional development and its relationship to mental health
- Know the most common mental health disorders and serious emotional disturbances in students and their potential impacts on learning and behavior
- Learn indications that a student needs additional support

WRAPPING UP

- Comments & Questions

THANK YOU!


Break

MODULE III:

MAKING HELP ACCESSIBLE TO STUDENTS AND FAMILIES

GOAL

The goal of Module III is to help teachers and other school staff break down barriers to learning by formulating a plan to assist students with mental health needs.

OBJECTIVES

- Know a number of internal resources and external partnerships available to support teachers, students, and families
- Understand how to access those resources and partnerships
- Learn the elements of a successful action plan to help students with mental health needs
- Know the appropriate limits of educators' roles with regard to outside involvement and confidentiality

CONNECTING TO COMMUNITY

CONNECTING THROUGH CARING

CARE ETHICS IN EDUCATION

"We should want more from our educational efforts than adequate academic achievement, and we will not achieve even that meager success unless our children believe that they themselves are cared for and learn to care for others."

Nel Noddings

ACTION PLAN

An action plan is a way to direct your behavior and problem-solve with individual students. Every action plan is unique to the individual needs of the student and the resources available.

The basic stages of an action plan include:

- Stage I: Know your resources
- Stage II: Voice your concern/ask for help
- Stage III: Follow up

Handout III-A

KNOWING YOUR RESOURCES
CONSIDERATIONS

- Diversity of Communities
- Best Practices, Data Driven (current)
- Researched and known before referral offered
- External
- Internal
- Individual's Strengths
- Individual's Challenges/Experiences
- Mentoring/Connection/Teaching
- Proactive in connecting student to community
- Follow Through by School Site
- Data Collected by School Site to measure effectiveness in desired outcome of learning
- Policies

EXAMPLE OF RESOURCE SELECTION

WHOLE TO PART & PART TO WHOLE

- Improving Schools Through Community Engagement (A Practical Guide for Educators) By Kathy Gardner Chadwick
- Positive Behavior Intervention Supports (PBIS)
- Response to Intervention (RtI)
- Professional Learning Communities
- Mentoring
- Protocol for reporting concerns
- Established list of known resources
- Parent groups
- Community Education/Information

Small Group Discussion

Handout III-B & III-C

Pg 58 & 59 in Participant Manual

Juanita's Story

Handout III-D, part I

ACTION PLAN TO "VOICE YOUR CONCERN/ASK FOR HELP"

- How would you work with Juanita after she disclosed she had bipolar disorder?
- What would be your next step(s) within the classroom?
- Would you try to involve a school social worker or other pupil services personnel at this point?

Juanita's Story

Handout III-D, part II

ACTION PLAN: FOLLOW-UP

- Was this an effective way to involve parents?
- Are there other ways, either teacher- or school-based to involve Juanita's parents?
- Utilizing your information on your puzzle that you completed in III-2, what next steps might you take if Juanita were your student?

CONFIDENTIALITY

- The purpose of confidentiality is to honor an individual's right to privacy and to show respect for the vulnerability that underlies the process of sharing private information.

- RULE: When in doubt, treat information as if it is confidential unless the information violates the limits of confidentiality.

SAFETY PRECEDES PRIVACY.

MODULE III REVIEW

Objectives:

- Know a number of internal resources and external partnerships available to support teachers, students, and families
- Understand how to access those resources and partnerships
- Learn the elements of a successful action plan to help students with mental health needs
- Know the appropriate limits of educators' roles with regard to outside involvement and confidentiality

WRAPPING UP

- Comments & Questions

‘CIRCLE OF FRIENDS’

THE WHOLE PICTURE


Break

PRESENTATION

Jenny Monge

NAMI-OC Presentation

National Alliance on Mental Illness

MODULE V:

INFUSING CULTURAL COMPETENCE INTO MENTAL WELLNESS INITIATIVES

GOAL/OBJECTIVES

- **The overall purpose of today's training is to help eliminate barriers to learning by understanding and addressing mental health issues in the school environment.**

- **The goal of Module V is to further strengthen teachers' and school staff's ability to effectively engage with students and families of diverse cultures**

WHY FOCUS ON CULTURAL COMPETENCY?

Reason 1

- Students and families from different cultures possess unique:
  - Help-seeking behaviors
  - Natural support networks
  - Attitudes about mental health services
  - Treatment needs

WHY FOCUS ON CULTURAL COMPETENCE?

Reason 2

- Students from minority cultures are far less likely to receive quality, effective mental health services
  - Percentage receiving therapy
  - Location of therapy
  - Quality of therapy
  - Other Barriers

(Cunningham, D. L., Ozdemir, M., Summers, J., & Ghunney, A., August 2006)

WHY FOCUS ON CULTURAL COMPETENCY

Reason 3

- Teachers and school staff are in a unique position to reach out and support families of diverse cultures.
  - Familiar with students, familiar to students
  - More accessible to youth and families
  - Able to help identify mental health needs, thereby assisting youth in being more able to learn and achieve to their full potential

(Bole Williams, B., 2006)

WHAT IS CULTURAL COMPETENCY?

- Cultural competency is the ability to interact effectively and comfortably with students and families from different cultures

(National Alliance on Mental Illness & University of Illinois at Chicago, National Research and Training Center, 2010)

V-J

WHAT IS CULTURE?

Put simply

It is the acquired pair of glasses through which we see life

Mbarek A. Morocco

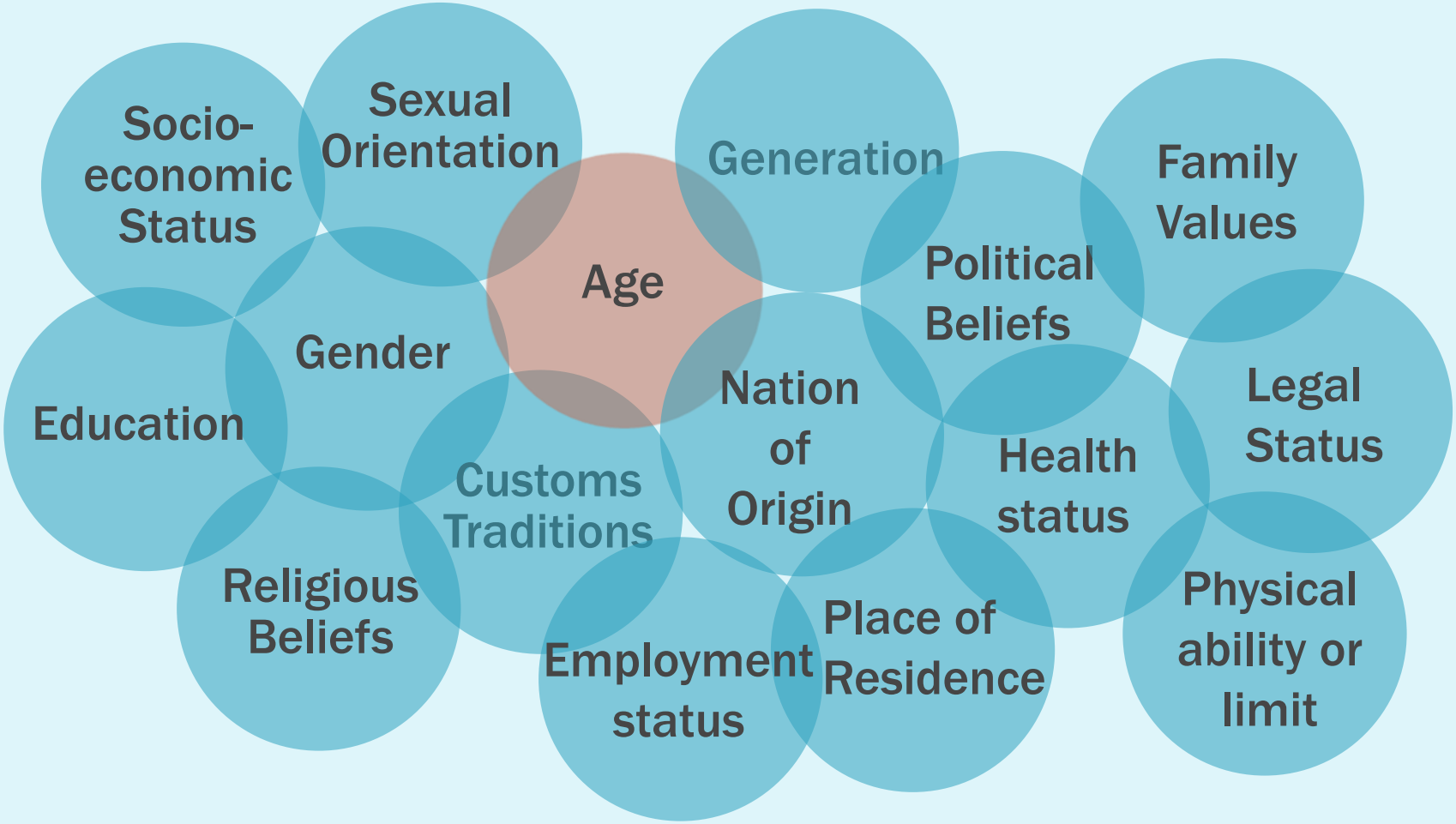
More technically

It is a common heritage or learned set of beliefs, norms, and values

(U.S. Department of Health and Human Services, 2001)

V-M

WHAT DEFINES CULTURE?



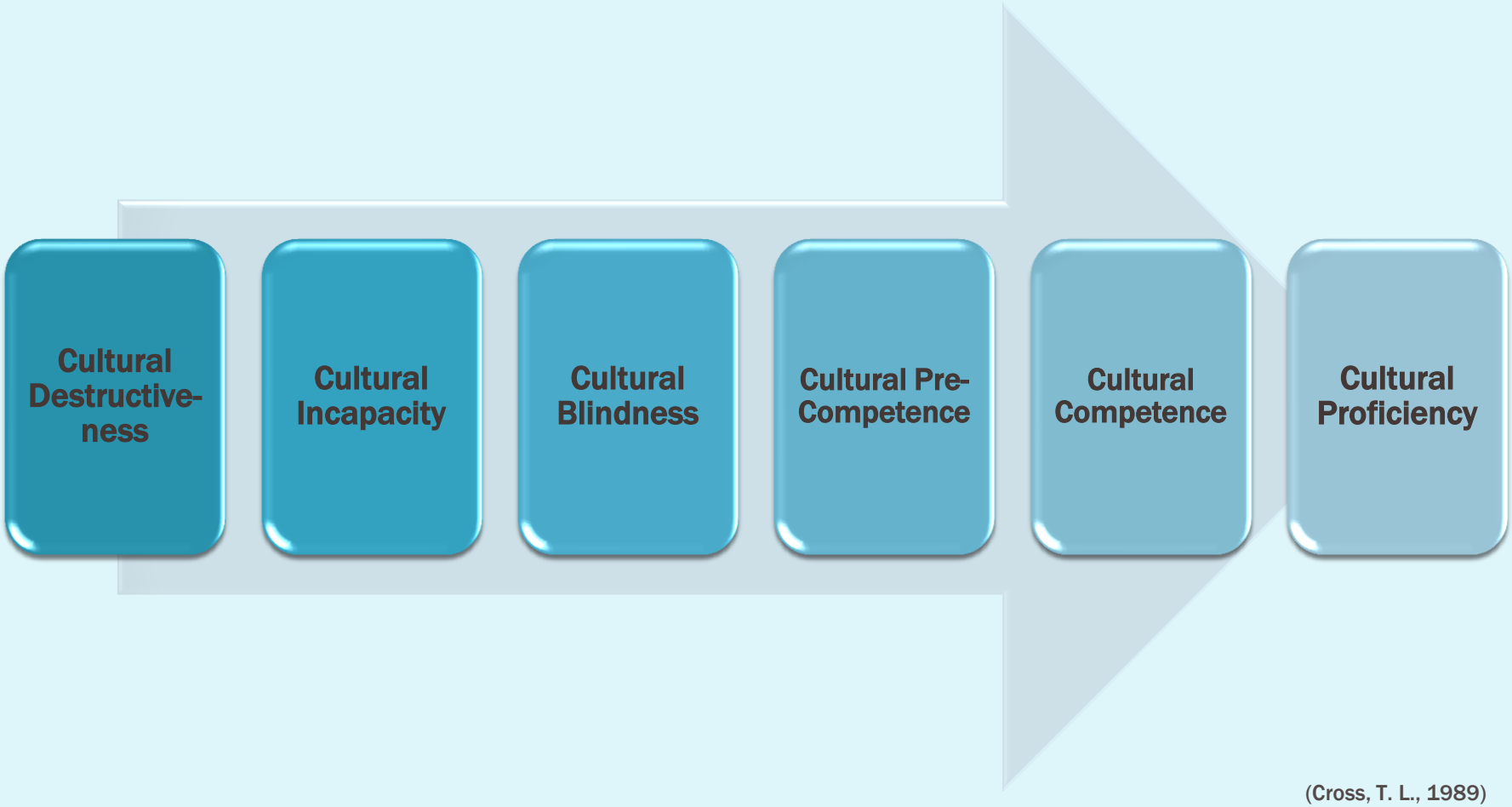
V-N

DYNAMICAL PROCESS

We are discovering cultural competency is an on-going process

CULTURAL COMPETENCE CONTINUUM

HANDOUT V-A



(Cross, T. L., 1989)

DEFINING CONTINUUM
HANDOUT V-A

Cultural Destructiveness

- Organizations and individuals at this extreme operate on the assumption that one race is superior and that it should eradicate "lesser" cultures.

Cultural Incapacity

- Although these organizations and individuals do not intentionally seek to cause harm, they believe in the superiority of their own racial or ethnic group and assume a paternalistic posture toward "lesser" groups.

Cultural Blindness

- Organizations and individuals believe that color or culture make no difference and that all people are the same. They may view themselves as unbiased and believe that they address cultural needs.

Cross (1989)

DEFINING CONTINUUM, CON'T
HANDOUT V-I

Cultural Pre-Competence	• Realize weaknesses in their attempts to serve various cultures and make some efforts to improve services. May add (token) staff and board members from cultures they serve and provide basic cultural training, but then become complacent.
Cultural Competence	• Accept/respect differences and participate in continuing self-assessment. Expand cultural knowledge and resources, adopting service models that better meet the needs of minority populations. Seek advice/consultation from representatives of the culture served.
Cultural Proficiency	• Hold diversity in high esteem. Seek to add knowledge base of culturally competent practice by conducting research, developing new approaches, and disseminating the results. Hire staff who are specialists in cultural competent practice.

Cross (1989)

REDUCING BARRIERS

Getting Started:

- Understand the attitudes about mental health issues and treatment within different cultures represented in the student body
- Recognize the role of help-seeking behaviors, customs and traditions, and natural support networks
- Maintain a referral base of multi-cultural professionals to direct students and families to

SYSTEM-WIDE CHANGE

- Cultural competence requires system-wide change. It must be manifested at every level of an organization, including policy making, administrative, and direct service provision.

Integrate knowledge into specific standards, policies, practices, and attitudes to work effectively in cross-cultural situations

(U.S. Department of Health and Human Services, (2003)

INDIVIDUAL LEVEL: SELF AWARENESS

- Strengthen your awareness of your own beliefs, prejudices and discriminatory behavior

- Challenge yourself to be more aware of your privilege in interactions with students and parents of different cultures.

(National Alliance on Mental Illness & University of Illinois at Chicago, National Research and Training Center, 2010)

ACTIVITY

Handout V-D

"Cultural Values/Styles Questionnaire"

INDIVIDUAL LEVEL: CONTINUE LEARNING

- Continuously change your beliefs, and attitudes about people who differ from you in terms of race, ethnicity, culture, sexuality, and other characteristics
  - Begin/continue gaining knowledge about beliefs and practices in different cultures
  - Begin/continue developing communication skills to interact sensitively with diverse individuals

IF ALL ELSE FAILS, CONSIDER…

"The world in which you were born is just one model of reality. Other cultures are not failed attempts at being you. "

-Wade Davis

WHAT CAN YOU DO

- Within Yourself?
- In the Classroom?
- At your School?

PROMOTING LEARNING & WELLNESS IN THE CLASSROOM

Handout V-E

What Can We Do to Boost Multi-Cultural Mental Wellness?

REDUCING DYNAMICS OF POWER

- Consider how you can adapt your classroom and interactions with students/families to help them feel more comfortable and have a sense of belonging
- Be aware of the privilege/power you possess due to your race, education, gender, sexual orientation, and/or socio-economic status
- Notice who is at the center of attention, and who is at the center of power (Kivel, P.)
- Challenge yourself to consider the influence of privilege/power as you interact with people both at school, and in the community

IN THE SCHOOL
(HANDOUT V-F)

Principle 1

- Maintain a referral base of multi-cultural professionals to direct students and families to.

Principle 2

- Recognize the role of help-seeking behaviors, customs and traditions, and natural support networks.

Principle 3

- Recognize the importance of culture and respect diversity. Ensure your school communicates a sense of acceptance and is welcoming of diverse groups (e.g. posters and pamphlets are representative of a variety of ethnic groups).

IN THE SCHOOL, CON'T

Principle 4

- Ensure that teachers and staff receive cross-cultural education and training, and their effectiveness in providing culturally competent care is assessed.

Principle 5

- Maintain a current profile of the cultural composition of the school/community.

Principle 6

- Enhance efforts to recruit, retain, and promote staff/volunteers who are representative of the district/community area.

IN THE SCHOOL, CON'T

Principle 7

- Work with community leaders who reflect the cultural diversity of youth at your school.

Principle 8

- Ensure that services and information are culturally and linguistically competent. Offer and provide competent language assistance in a timely manner.

Principle 9

- Develop a strategic plan that identifies the goals, policies, and plans to provide services to culturally diverse populations.

(Cunningham, D. L., Ozdemir, M., Summers, J., & Ghunney, A., August 2006 & U.S. Department of Health & Human Services, 2003)

YOUR WORK SETTING

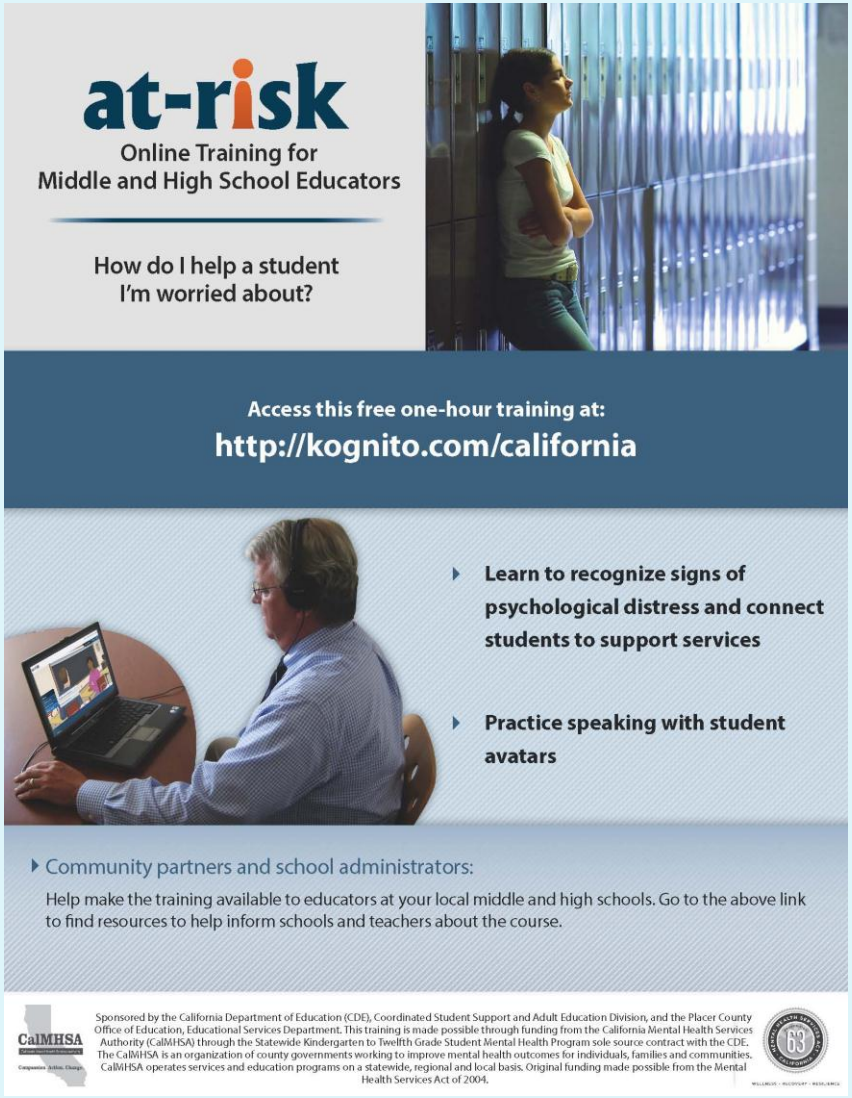
Think of your daily workgroup setting.

- Where is your work group now on the continuum?
- What would it look like to be more towards the culturally proficient stage?
- What can you do in your current role?

MODULE V REVIEW

Objectives:

- Verify current definitions of what cultural competency is, and what it is not
- Examine cultural competency as an on-going process. Identify where you are on continuum
- Appreciate dynamics of power
- Commit to strengthening cultural proficiency at individual, classroom, and school levels for system-wide change



No-Cost Simulation Training for Middle School and High School Educators


Break

MODULE IV:

STRATEGIES TO PROMOTE A POSITIVE SCHOOL-WIDE AND CLASSROOM CLIMATE

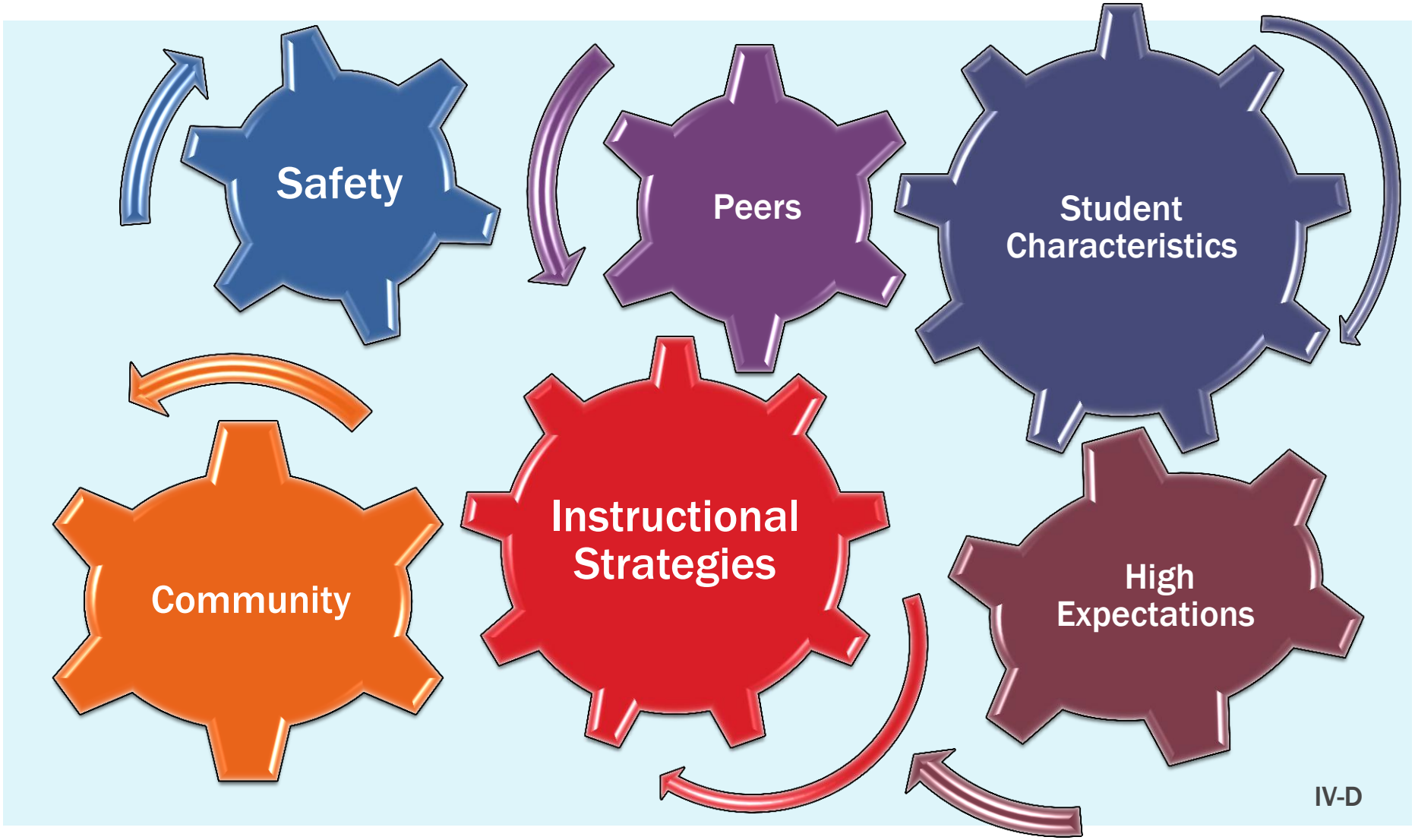
GOAL

The goal of Module IV is to help increase awareness of strategies to create an accepting school and classroom climate that promotes learning for all students, including those with mental health needs.

OBJECTIVES

- Understand the relationship among school and classroom climate, learning, and mental health
- Learn strategies that promote a positive school and classroom climate by taking advantage of adolescent social-emotional development
- Learn strategies for maintaining an accepting, stigma-free school and classroom climate
- Learn instructional strategies that promote a positive school and classroom climate and mental health

THE CONTEXT OF LEARNING



IV-D

POSITIVE SCHOOL CLIMATE

- A growing body of research shows that school climate strongly influences students' motivation to learn and improve academic achievement.
- When school members feel **safe, valued, cared for, respected, and engaged**, learning and wellness increase.

A shared mission, created and sustained by students, parents, and school staff, and supported by the community, for systematic safety, support and inclusion of every child.

POSITIVE SCHOOL AND CLASSROOM CLIMATE

- **Definition:** Perceptions about the overall setting where instruction and learning take place
- **Primary goal:** To support and instruct to a range of individual differences while sustaining a caring atmosphere

EVERY CHILD
EVERY DAY
NO MATTER WHAT IT TAKES

S3 MODEL FOR POSITIVE CLIMATE

Safe and Supportive Schools: A Federal Initiative of USDE

APPLY S.U.C.C.E.S.S.

S: Spend time scanning school and classroom.

U: Use school resources.

C: Check out what feedback is most favorable to students.

C: Choose times, such as academic quarters, to determine the need for mini-lessons.

E: Evaluate the need for additional support.

S: Set up a systematic way to gauge effort against performance.

S: Size up your own progress.

Handout IV-A

Handout IV-D

Take advantage of student development to improve school and classroom climate.

Mr. Fox

Handout IV-E

Small group work

Handout IV-D

- Headphones on during lecture.
- Students seem to be seated by cliques and several students are openly excluded.
- One student insults another.

CLASSROOM-FOCUSED ENABLING: INSTRUCTIONAL STRATEGIES

- Plan to use a range of instructional techniques to present material.
- Envision alternative methods to teach the same concepts.
- Keep all learning styles in mind.
- Vary instructional approaches and methods throughout a lesson.

* UCLA Resource Center for Mental Health in Schools

CLASSROOM-FOCUSED ENABLING: INSTRUCTIONAL STRATEGIES (CONT.)

- Use different media
- Nest concepts into current events or relevant themes
- Practice
- Encourage students to be active participants in the learning process
- Create opportunities for student evaluations

School and Classroom Strategies for Tapping Resiliency Checklist

Handout IV-F

MODULE IV REVIEW

- Be alert to link between school and classroom climate, learning, and mental health
- Assess school and classroom environment for barriers to learning
- Promote mental health by maintaining an accepting, stigma-free school and classroom climate
- Take advantage of adolescent social-emotional development to improve school and classroom climate
- Promote a positive climate through instructional strategies

WRAPPING UP

- Comments & Questions

ACTION PLANNING ACTIVITY

EDUCATORS GUIDE TO STUDENT MENTAL HEALTH ISSUES

- A student with a depressive disorders can make students highly sensitive to negative feedback and lead them to expect to fail.
- A student with an anxiety disorder may have trouble concentrating.
- CALEB - Problems with attention are the hallmark of ADHD.

NEXT STEPS

- Develop a school wide mental health wellness plan.
  - See School Wellness Plan: A Guide to Positive School Climate Through Student Behavioral Supports and Mental Wellness Promotion
- Incorporate into the school-wide safety plan
- Use your local resources
- Use the online resources provided
- Ensure every SARB has a mental health representative (Ed. Code Section 48321)
- Promote your plan!

ELIMINATING BARRIERS

Presented by:

Orange County Dept. of Education
Instructional Services Division,
Leadership and Learning Support Unit
200 Kalmus, Costa Mesa, CA 92626
http://www.ocde.us

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Developed by:

Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2004. SAMHSA Pub. No. P040478M. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2004 .

Will be mailed to you in 2 weeks

What actions do you want to remind yourself to do?

THANK YOU FOR YOUR FEEDBACK!