



CONNECTICUT STATE DEPARTMENT OF EDUCATION

Children and Their Emerging Needs
Mental Health in Schools

May 7, 2015



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Incidence of Mental Health Needs Among Youths

- One in every four to five youth in the general population meet criteria for a lifetime mental disorder that is associated with severe role impairment and/or distress

Merikangas, He, Burstein, et al., 2010

- 11.2 percent with mood disorders,
- 8.3 percent with anxiety disorders, and
- 9.6 percent behavior disorders

Merikangas, He, Burstein, et al., 2010

- Substance abuse or dependence was the most commonly diagnosed group for young people, followed by anxiety disorders, depressive disorders, and attention deficit hyperactivity disorder

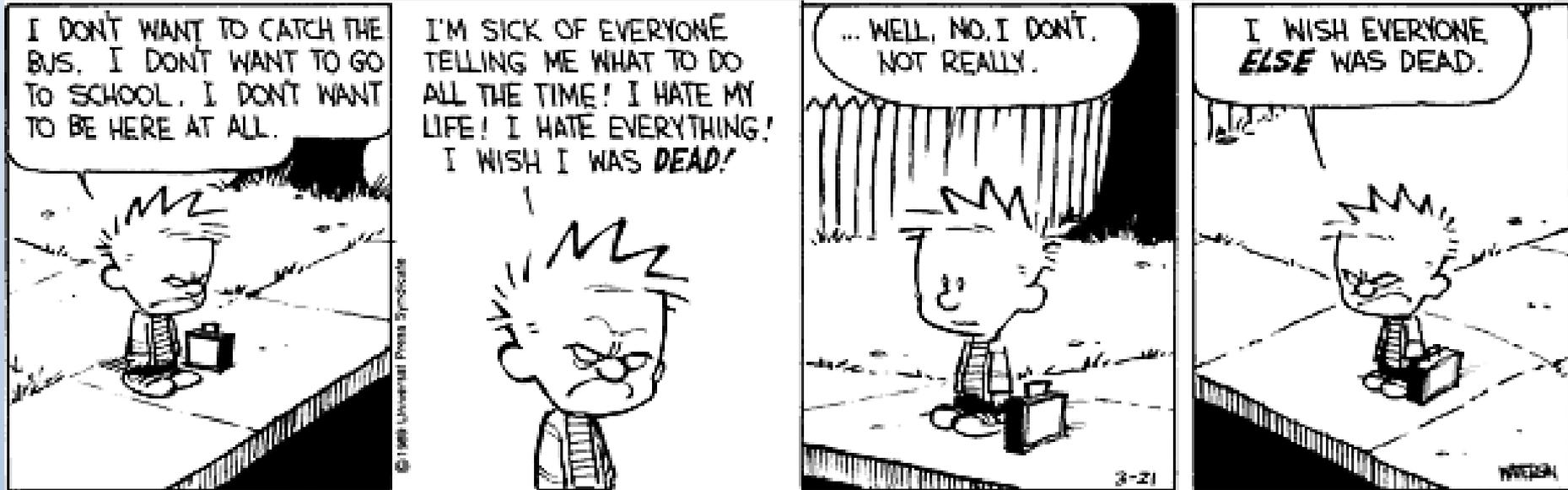
O'Connell, Boat, & Warner, 2009

- The onset for 50% of adult mental health disorders occurs by age 14, and for 75% of adults by age 24

Kessler, et al. 2007



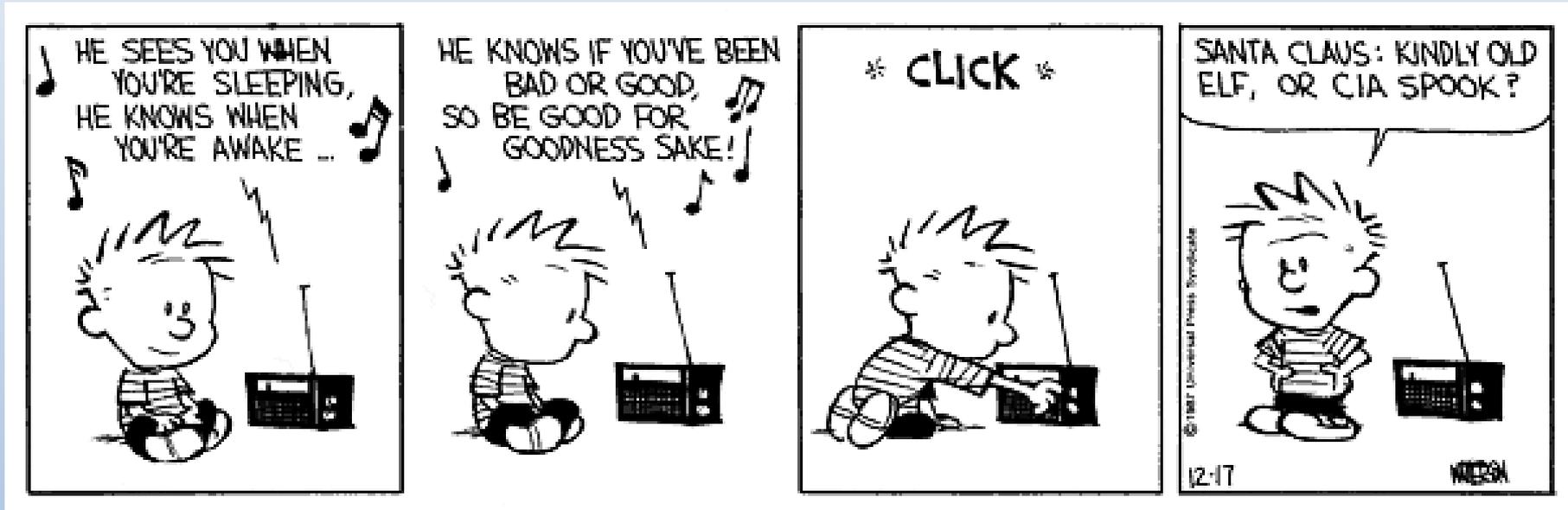
11.2 percent with mood disorders



Calvin and Hobbes
Bill Waterson



8.3 percent with anxiety disorders



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9.6 percent behavior disorders



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Other Risks for Connecticut Youths

- 9.2% of Connecticut students have been physically forced to have sexual intercourse when they did not want to
- Nearly 10% of the students who dated in the last 12 months were physically hurt on purpose by the person they were dating

2013 Connecticut School Health Survey



Other Risks for Connecticut Youths

- 22% of students report having been bullied on school property
- 17% of students report having been electronically bullied

2013 Connecticut School Health Survey



Nelson, of The Simpsons
Matt Groening



Other Risks for Connecticut Youths

- 27% of students report feeling sad or hopeless every day for more than two weeks so that it stopped them from their usual activities
- 14% of students report seriously considering suicide

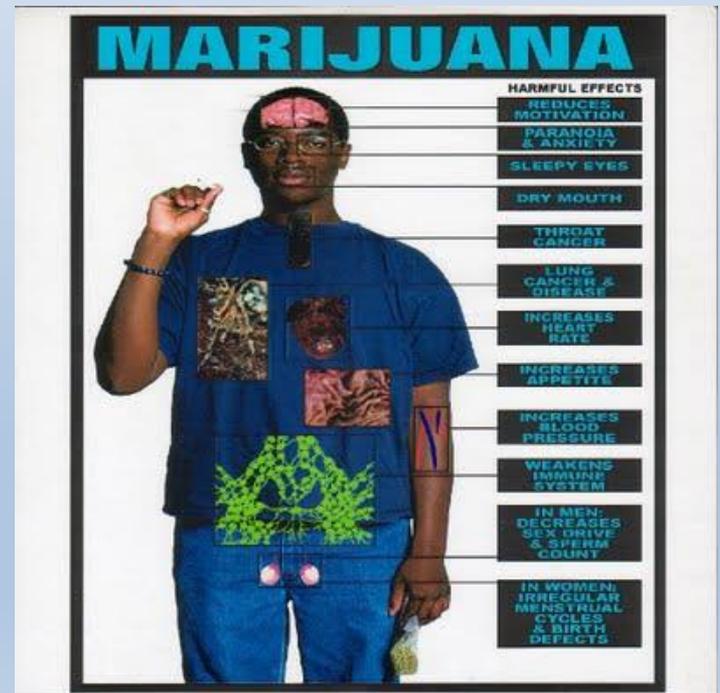
2013 Connecticut School Health Survey



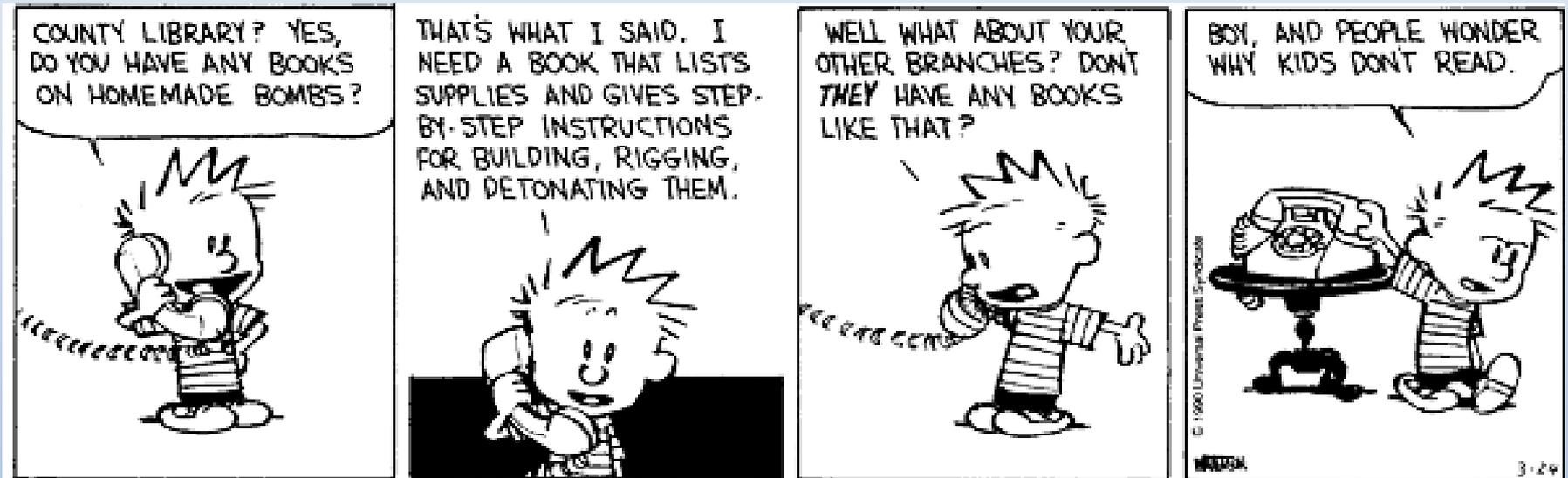
Other Risks for Connecticut Youths

- 36% of students report having at least one drink of alcohol in the last 30 days
- 20% of students report having had 5 or more drinks within a couple of hours at some point during the last 30 days
- 25% of students have used marijuana in the last 30 days
- 27% of students have been offered drugs on school grounds in the last year

2013 Connecticut School Health Survey



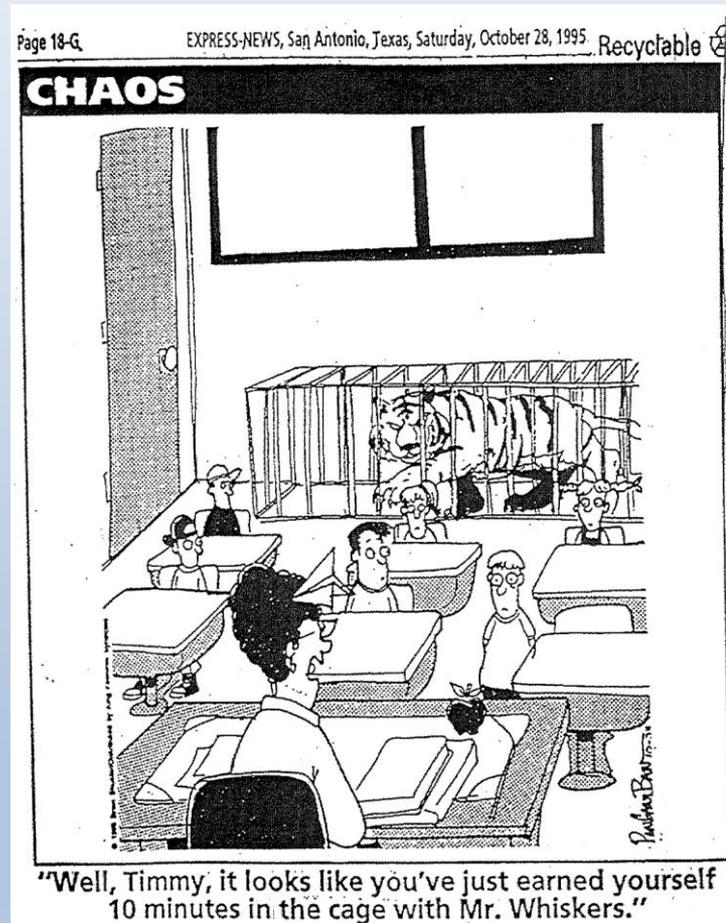
All this while we anticipate genuine dangers!



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Sometimes our models of discipline
leave something to be desired



So let's get down to business



Using hospitals to treat our children

- In 2014, more than 25 percent of all inpatient and emergency department visits to hospitals were to treat patients with a primary or secondary behavioral health disorder, including those related to substance abuse.
- Between 2010 and 2014, hospitals recorded a 31 percent increase in patients with a behavioral health diagnosis.

Connecticut Hospital Association



Emergency Mobile Psychiatric Services (EMPS)

- EMPS is available to all Connecticut residents and can be accessed by dialing 2-1-1 and, at the prompt, pressing “1” for “crisis.” Callers are connected to a crisis specialist who triages the call and transfers to a local EMPS provider
- Following the initial crisis, the clinician and other members of the EMPS team will meet with the family for up to six weeks, develop a Crisis Safety Plan, and connect them with additional mental and behavioral health resources within the community
- Clinicians are available to be dispatched to the home or community for a face to face evaluation within 45 minutes from 8 am to 10 pm, Monday through Friday



Connecticut Public Act 13-178: An Act Concerning the Mental, Emotional And Behavioral Health of Youths states that:

“Emergency mobile psychiatric service providers shall collaborate with community-based mental health care agencies, school-based health centers and the contracting authority for each local or regional board of education throughout the state, utilizing a variety of methods, including, but not limited to, memoranda of understanding, policy and protocols regarding referrals and outreach and liaison between the respective entities.



When to call EMPS

When to Call - when a child in your care is:

- Having a behavioral crisis that's too much to handle on your own.
- Uncommunicative to you.
- Out of control or destroying property.
- At risk of acting violently or dangerously.
- At risk of threatening to hurt him/herself or others.

What will happen:

- You will be connected to a trained EMPS counselor.
- EMPS will help resolve the crisis immediately over the phone or will come immediately to your location.
- EMPS responds 24 hours a day, 7 days a week.
- Services are confidential, and there is no cost to the family.



School based Diversion Initiative

- While there are now fewer juvenile court referrals, the *proportion* coming from schools continues to be high
 - 18.6% of all CT juvenile court referrals in 2011-12; 14% in 2012-13; 10% in 2013-14
- High rates of unmet mental health needs and academic risk among youth who are arrested or expelled
 - 20% of children meet criteria for MH diagnosis (160,000 youth in CT)
 - Rates are 65-70% among youth in juvenile detention
 - 80-90% in detention w/ significant trauma exposure
 - Students arrested are 2x as likely not to graduate; increases to 4x if processed through court



SBDI Core Components

- **Professional Development**
 - Training and Workgroups
- **Community Coalition Building**
 - Emergency Mobile Crisis Services
 - Systems of Care
- **Discipline Policy Consultation**
 - Graduated Response Model
 - Restorative Practices
- **Implementation Guided by SBDI Toolkit**



Professional Development

Enhance knowledge, attitudes, and skills among school staff to support arrest diversion principles and practices

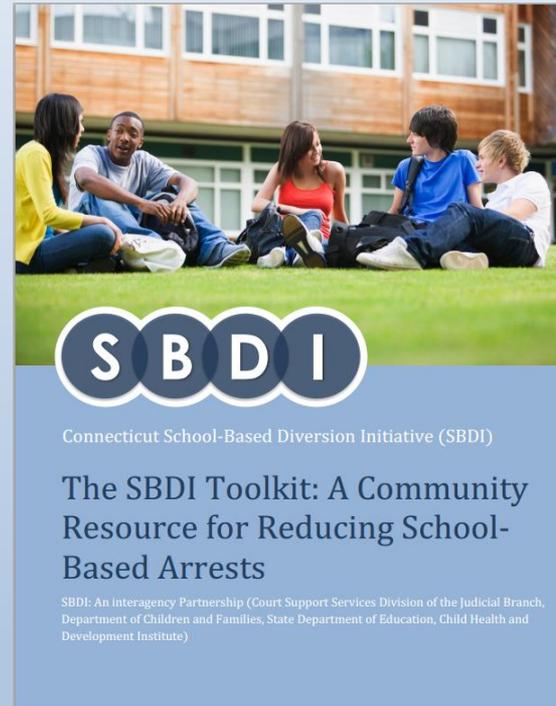
Training and Workgroup Modules include:

- Effective Classroom Behavior Management
- Distinguishing Normal Adolescent Development and Mental Health Symptoms
- Effective Collaboration with EMPS and Care Coordination
- Multicultural Competence in the Schools
- Understanding and Partnering with the Juvenile Justice System
- Promoting School Climate and Connectedness



SBDI Toolkit

- Available for **free download**
<http://www.chdi.org/SchoolToolkit>
- We recognized a need to reach **more schools, more quickly**
- Toolkit was designed for a school to **self-implement some of the core principles and activities** of SBDI



Referral and Service Coordination

- Reduces the burden placed on schools to address mental health concerns
- Community coalition-building
 - Emergency Mobile Psychiatric Services (EMPS)
 - Care Coordination
 - Family members and students
 - Local police departments
 - Juvenile Probation officers
 - Youth Service Bureaus
 - Community Collaboratives (System of Care)
 - Juvenile Review Boards
 - Local Interagency Service Teams (LISTs)
 - Disproportionate Minority Contact Committee



Establishing Linkages with Community Agencies

- Mental Health Community Collaboratives
 - <http://www.ct.gov/dcf/cwp/view.asp?a=2558&q=314352>
- Child Guidance Clinics
 - <http://www.211ct.org/ICarol/211Search.aspx?searchTerm=Child+Guidance&town=-1> or call #211
- Children's Mental Health Services FAQ by the CT Office of Legislative Research, January 31, 2013
 - <http://www.cga.ct.gov/2013/rpt/2013-R-0081.htm>
- Connecticut State Board of Education Position Statement on Student Support Services
 - <http://www.sde.ct.gov/sde/LIB/sde/pdf/board/stusuptserv.pdf>



School-based Mental Health Supports

- Crisis intervention is NOT the preferred model for mental health supports
- Staff providing such services may include the school social worker, counselor or psychologist
- Mental health staff should be able to ensure privacy and confidentiality and necessary elements to perform their duties, e.g., private office and telephone, computer, lockable filing cabinets
- Each student requiring supports should have a clear intervention plan and regularly scheduled meeting for a limited time frame
- Extensive or pervasive needs requiring intervention for the entire school year should be referred to community resources
- Classroom observations – and consultation to teaching staff – are principal ingredients for best practices



A couple final thoughts . . .



We need to keep our fears in check within the context of youth behaviors



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Bill Waterson



And sometimes,
our kids just want us to recognize that they are here!



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Bill Waterson



Questions



If a cow laughs really hard, does milk come out its nose?

Thank you for your
time and attention

For additional information:

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