The Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET) creates and facilitates a network of key stakeholders committed to assisting in the provision of a quality system of care for students with or at-risk of emotional and/or behavioral disabilities.
Why Does Mental Health Matter in Schools?

• 70% of children will experience some type of physical or emotional trauma.
• 20% of school-age youth have a diagnosable mental health disorder (Merikangas et al., 2010; CDC, 2013).
• 10% of youth have serious emotional disturbance with severe impairment (Williams et al., 2017).
• The majority of mental illnesses emerge in childhood, yet fewer than half of the children receive treatment.

National Institute of Mental Health (2016) 12.8% of adolescents aged 12-17 in the U.S., had at least one major depressive episode in the past year.

The prevalence of major depressive episode was higher among adolescent females (19.4%) compared to males (6.4%).

Major Depressive Episode with Impairment Among Adolescents

Figure 5 shows overall past year prevalence of major depressive episode with and without severe impairment among U.S. adolescents. Data Courtesy of SAMHSA


According to Canadian researchers (Dupéré, et.al., 2017)

• Older teens struggling with depression are more than twice as likely to drop out of high school as peers without that mental illness or those who recovered from a bout of depression earlier in life

https://doi.org/10.1016/j.jadohealth.2017.09.024
Depression and Dropout?

The Canadian Researchers found that:

- Adolescents with depressive symptoms were twice as likely to drop out than their peers without symptoms
- Adolescents who had recovered from earlier symptoms were not particularly at risk
- 25% of drop outs had clinically significant depressive symptoms in the 3 months prior to leaving school.

Recommendations

- Adolescents should be a priority target for screening, prevention, and treatment of mental health problems as adolescence is the critical developmental period during which many common mental health problems emerge.
- High school is the final opportunity to reach, via school-based programs, virtually every individual in a given cohort.

Mental Health and Dropout
Where to target supports

- To improve educational outcomes: investments in comprehensive mental health services should be prioritized in schools struggling with high dropout rates, the very places, where adolescents with unmet mental health needs tend to concentrate.

Early Warning System Indicator ?????
https://www.jahonline.org/article/S1054-139X(17)30491-3/fulltext

Rationale for School-Based Mental Health

- Mental and psychological wellness are integral to school success.
- School mental health services are essential to creating and sustaining safe schools & supporting engaged learners.
- Growing and unmet need for mental health services for children and youth.
- Schools are a natural place to provide services.
- School-employed mental health professionals are trained to provide services in educational settings.
Mental Health and Achievement

- Correlation between adverse childhood experiences (ACEs) and students’ academic and health outcomes (absenteeism, learning, grade repetition and student engagement)
- Young people with mental illness are frequently absent from school and many experience reductions in academic achievement.
- Only one-third of young people with mental illness advance to postsecondary education.
- More than 60% of children in juvenile detention have a diagnosable mental illness.

Who is a School-based Mental Health Service Provider?

“State-licensed or certified school counselor, school psychologist, school social worker, or other State licensed or certified mental health professional qualified under State law to provide mental health services to children and adolescents.”

Protective factors

- According to research, schools can provide effective supports to address the mental health needs of students.
- All successful children possess three common traits (protective factors, assets).
  - Good cognitive skills/initiative
  - The ability to “Self-Regulate”
  - A strong adult-child relationship

Group Activity and Call to Action

In groups of 5 – 6, discuss and answer the question below, and be prepared to share out.

What can we do to ensure our students possess the 3 protective factors below?

1. Good cognitive skills/initiative
2. The ability to “Self-Regulate”
3. A strong adult-child relationship
Managing Wellness

Taking the time to focus and renew ourselves:
Self-care is important in maintaining a healthy relationship with yourself.

Doing so enhances our ability to live fully, vibrantly, and effectively.

Distraction as a self-care tool

Activities are a great way for us to distract ourselves from our current emotions until we are better able to cope.

Examples of distraction activities:
Call a friend, Do a puzzle, Try something new
Create something, Do something kind for someone else
Focus on a single task, Go out to eat, Go to an event,
Listen to music or a podcast, Volunteer, Watch something funny, Watch TV or a movie

Mindfulness – Just Breath

https://www.activemind.org/abouthealth/self-care/
Social Emotional Learning for Teachers
Tap in / Tap out

References

Questions?

Thank You!!
For all you do to support successful outcomes for children and youth with and at-risk of emotional/behavioral disabilities and their families.

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