



Protecting Children's Mental Health During the Pandemic

January 8, 2021 - Webinar

Stephen J. Acquario

Executive Director



NYSAC
— NEW YORK STATE —
ASSOCIATION OF COUNTIES





P E R M Asm

Leah Demo, Sales Executive
518-220-0342 direct
ldemo@perma.org

Tony Cassaro, Sr. Sales Executive
518-220-0324 direct
tcassaro@perma.org

Public Risk Management Association (PERMA)
9 Cornell Road, Latham, NY 12110
www.perma.org

The Public Employer Risk Management Association (PERMA) is the largest and most successful self-insurance pool for public entities in New York State. They have been providing workers' compensation benefits for over 35 years to more than 550 municipalities who have chosen PERMA to manage their claims and ensure workplace health and safety.



Robert Schneider

Executive Director
NYS School Boards Association





Michael Orth
Westchester County DCS



Richelle Gregory
Clinton County DCS

Protecting Children's Mental Health During COVID-19

NYS Association of Counties (NYSAC)

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Richelle Gregory, Director of Community Services
Clinton County

Michael Orth, Commissioner
Department of Community Mental Health
Westchester County



NYS Conference of Local Mental Hygiene Directors, Inc.

- A statewide membership organization that was statutorily incorporated under Article 41 of the Mental Hygiene Law.
- Comprised of the Directors of Community Services (DCS)/Mental Health Commissioners for 57 counties and the City of New York.
- Responsible for oversight and cross-system management of the local mental hygiene system to meet the needs of children and adults with mental illness, substance use disorder and/or developmental/intellectual disabilities.
- The Local Government Unit (LGU) develop and oversee comprehensive, integrated and cost-effective systems of care locally while working in partnership with the NYS OMH, OASAS and OPWDD State Agencies.
- LGU engages in annual local services planning, quality improvement and programmatic and fiscal oversight activities required to meet the diverse needs of children and adults in their community.

Youth Mental Health by the Numbers

1 in 5

age 13-18 have a mental health diagnosis with severe impact

50%

of all lifetime disorders begin by age 14

1/2

of youth age 8-15 who need services do not receive them

70%

of youth entering treatment for substance use have a co-occurring mental health disorder

2nd

suicide rank in causes of death for youth age 15-24

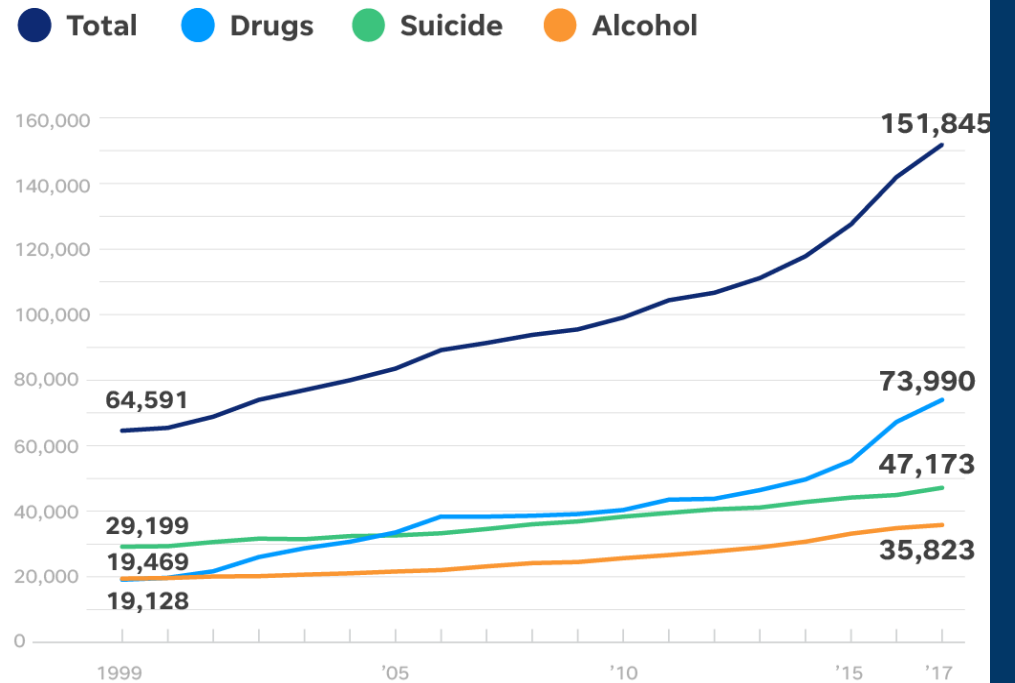
14%

of high school students have seriously considered suicide

A True Public Health Emergency

Deaths from alcohol, drugs and suicide in the US hit highest level since record-keeping began

Annual deaths since 1999:



SOURCE Trust for America's Health and the Well Being Trust.
Analysis of data from National Center For Health Statistics, CDC

 USA TODAY

Ripple Effect of COVID-19

The Virus Itself

The unknown, previous absence of vaccine, death, etc.

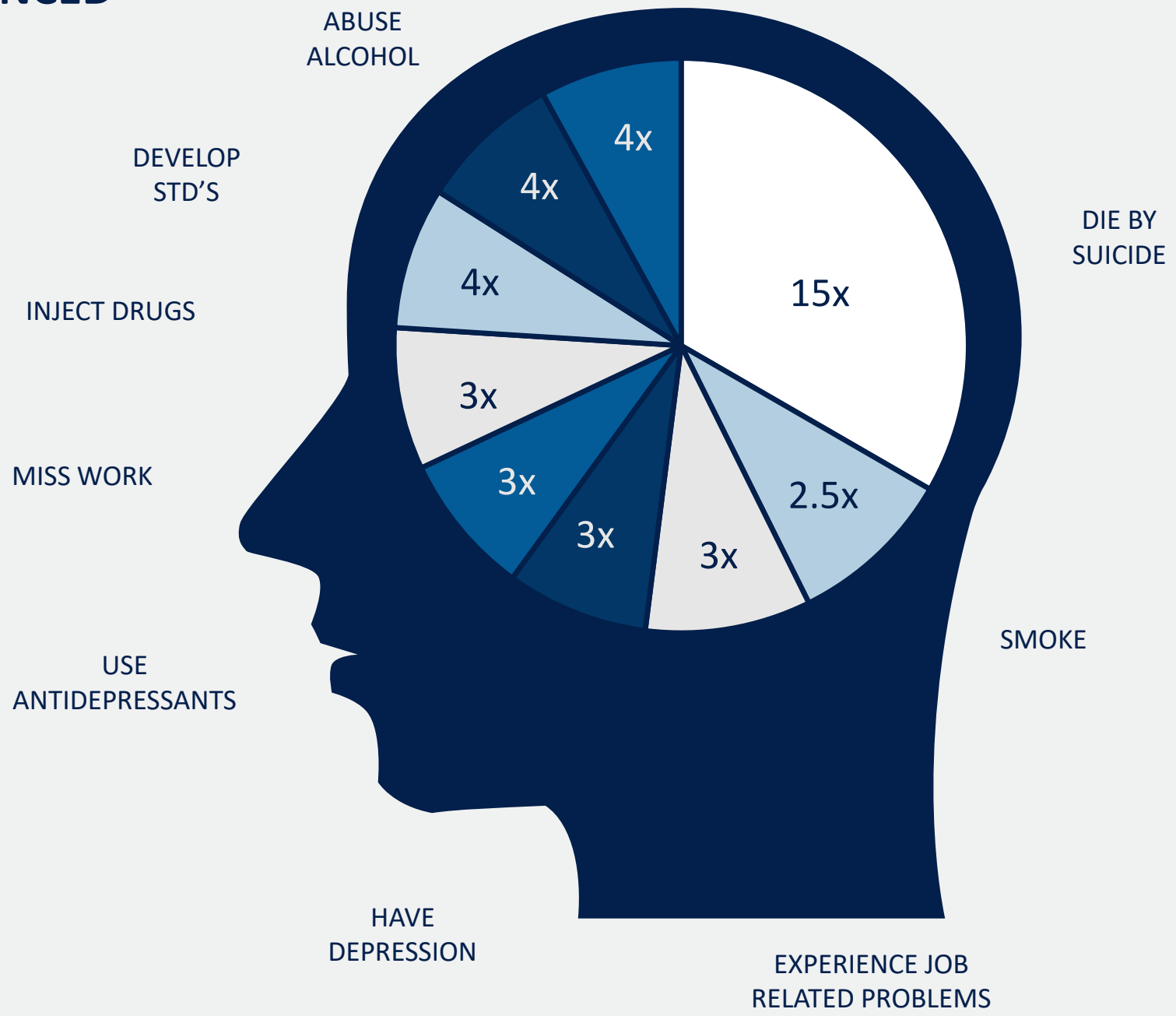
Secondary Challenges

Isolation economic impact of lost income, loss of jobs, food insecurities/hunger, change in routine, working remotely while parenting, remote learning, all which can lead to anxiety, depression, agitation, violence, lack of sleep, and self medication

Triple Impact

Impact of these experiences has led to increase in anxiety, depression, agitation, self medication, self-injurious behaviors, and suicides.

PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE MORE LIKELY TO:



System of Care Approach

A comprehensive spectrum of services and supports which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with serious emotional, social and behavioral challenges and their families.

Principles & Values

- Families must be viewed as partners and colleagues.
- Families are best engaged in their own communities.
- Child serving systems/agencies must collaborate to create a seamless system.
- Services must be individualized to meet the needs of each child and family.
- Services must focus on strengths and competencies, rather than on deficiencies.
- Services and care must be unconditional.
- Interventions and supports must be available to “wrap services around” the child and family.
- Services must be racially, culturally and linguistically competent and respect differences of ethnicity, class, gender, and sexual orientation.
- Trauma informed care approach speaks to the realities and needs of many children and families.

3 Pillars of Trauma Informed Care

Families, schools, and communities play an integral role in supporting and assisting youth navigate the impact of COVID on their overall wellness. Goals include providing a sense of:



Connectedness



Safety



Self-regulation

Supports & Services

Mental Health Treatment

- Individual, family, and group therapy
- Medication management
- Training

Healthy Practices

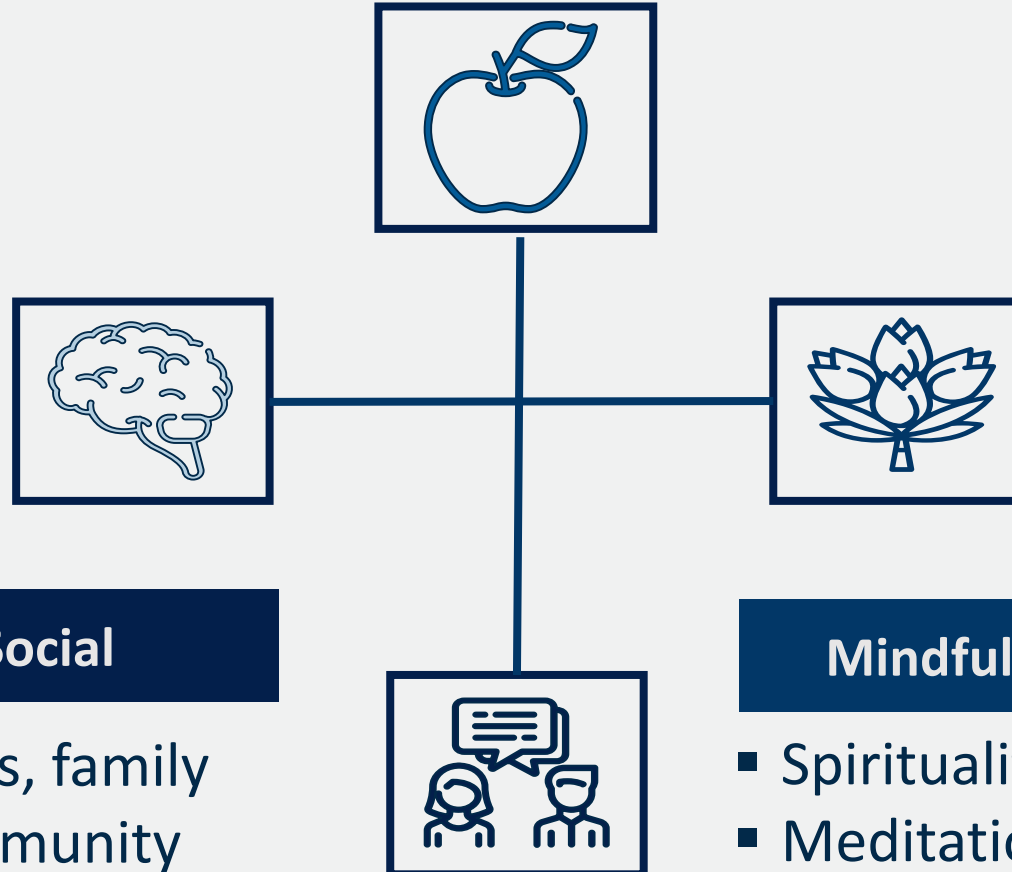
- Sleep
- Nutrition
- Exercise
- Hygiene
- Positive coping skills

Social

- Peers, family
- Community centers, youth groups

Mindfulness

- Spirituality
- Meditation
- Creative activities



What is Youth Mental Health First Aid (YMHFA)?

Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental illness and substance use disorders in youth. This 6-hour training gives adults who work with youth the skills they need to reach out and provide initial support to children and adolescents (ages 6-18) who may be developing a mental health or substance use problem and help connect them to the appropriate care

Curriculum

- Common signs and symptoms of anxiety, depression, eating disorders, ADHD, and substance use
- Risk and protective factors
- Typical v. atypical adolescent development
- Warning signs of suicidal thoughts and behaviors, non-suicidal self-injury, or other harm
- 5-step ALGEE action plan
- How to interact with a child or adolescent in crisis and connect them with help
- Expanded content on trauma, addiction and self-care and the impact of social media and bullying

Highlights

- Using a “**system of care**” approach in addressing needs of a family, community & county.
- Schools can’t do it alone... **partnerships** with families and communities are needed to ensure success.
- Identifying & Engaging “**disconnected youth**”.
- Identifying & Partnering with “**Credible Messengers**” in communities.
- Recognizing & Addressing **disparities**.
- Promoting **3 Pillars** of Trauma Informed Care.
- Supporting our **front-line staff**.
- Addressing “**loss**”.
- Promoting **Resilience** in children, families & communities.
- Building awareness on **emotional care/mental health** first aid.



Kathleen R. DeCataldo, Esq.
Assistant Commissioner
Office of Student Support Services
New York State Education Department



Schools, Districts, & Children's Mental Health

Kathleen R. DeCataldo, Esq.
Assistant Commissioner
Office of Student Support Services
NYS Education Department
Kathleen.DeCataldo@nysed.gov



How are the children?

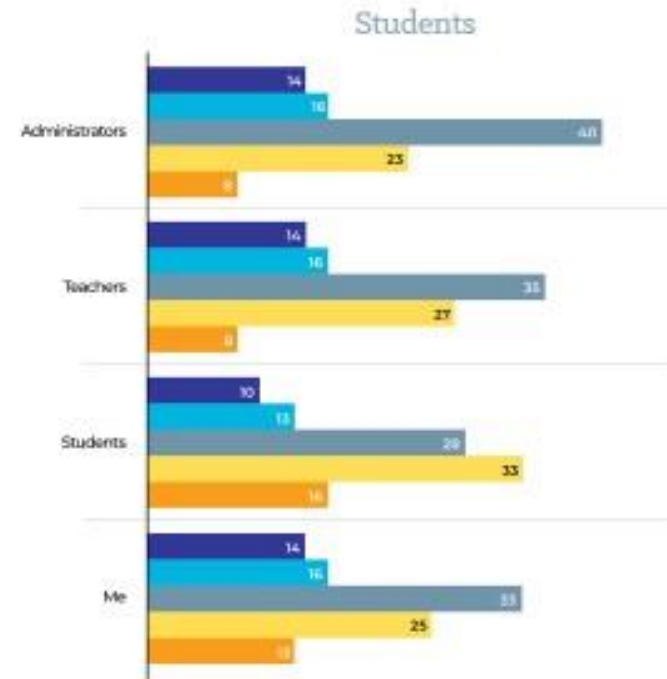
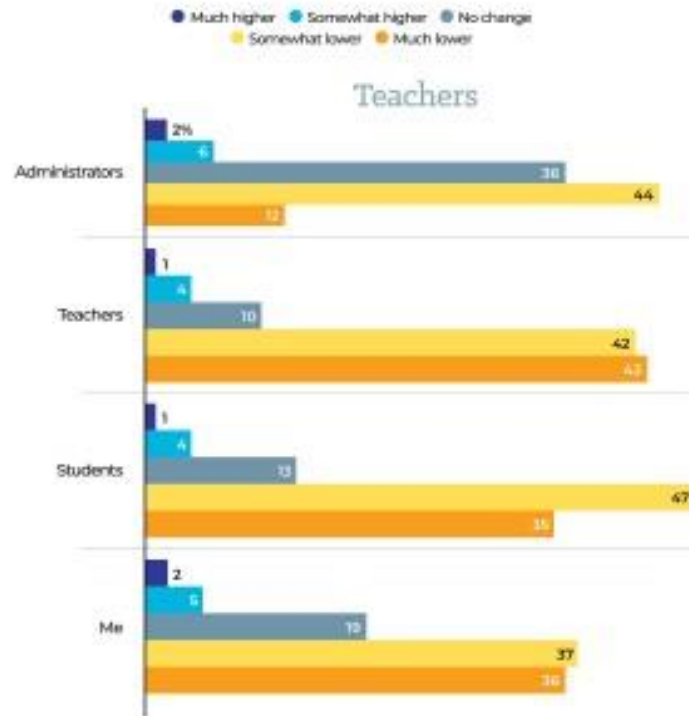


Photo by Cody Doherty on Unsplash

How are you?

Morale

Compared with prior to the pandemic, how is morale for the students, teachers, and administrators at your school?

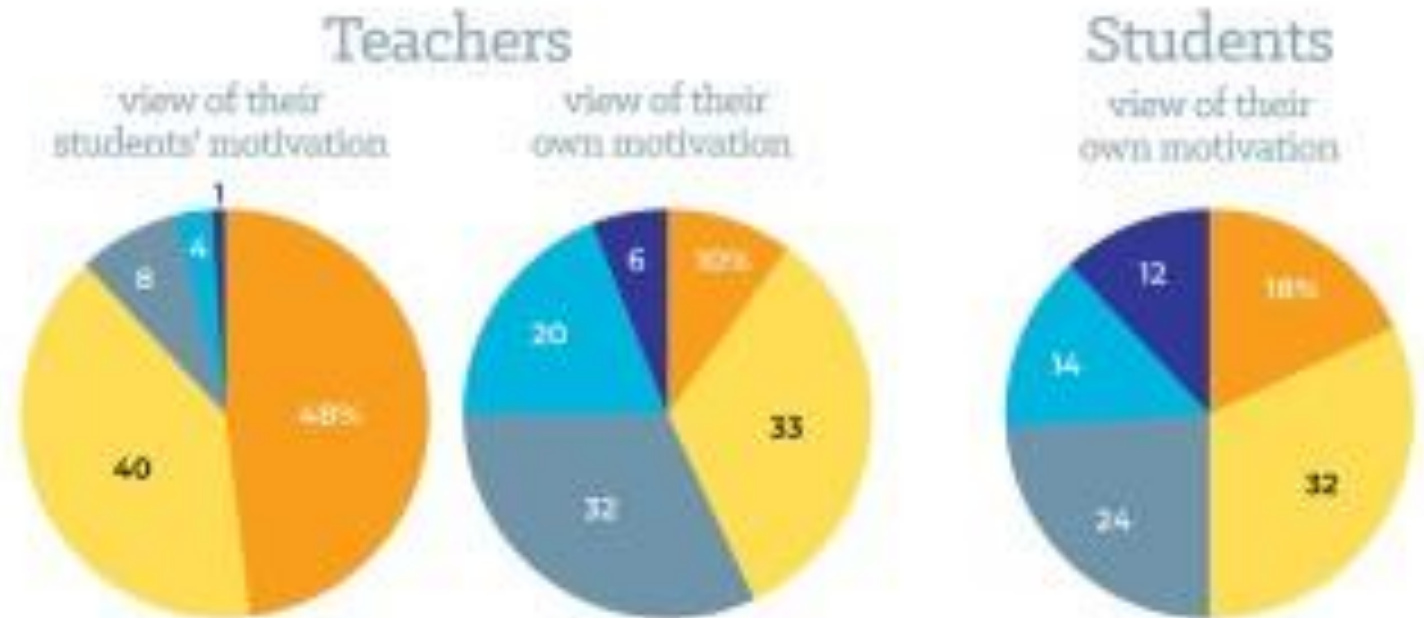


Note: Students were removed from survey results if they said their teachers never stopped grading.
Teachers were removed if they said they never stopped grading.
Results show responses from middle and high school students and teachers from public and private schools.
SOURCE: EdWeek Research Center survey, November 2020

Motivation

How has the coronavirus pandemic affected levels of motivation?

● A lot less motivated ● A little less motivated
● No change ● A little more motivated ● A lot more motivated



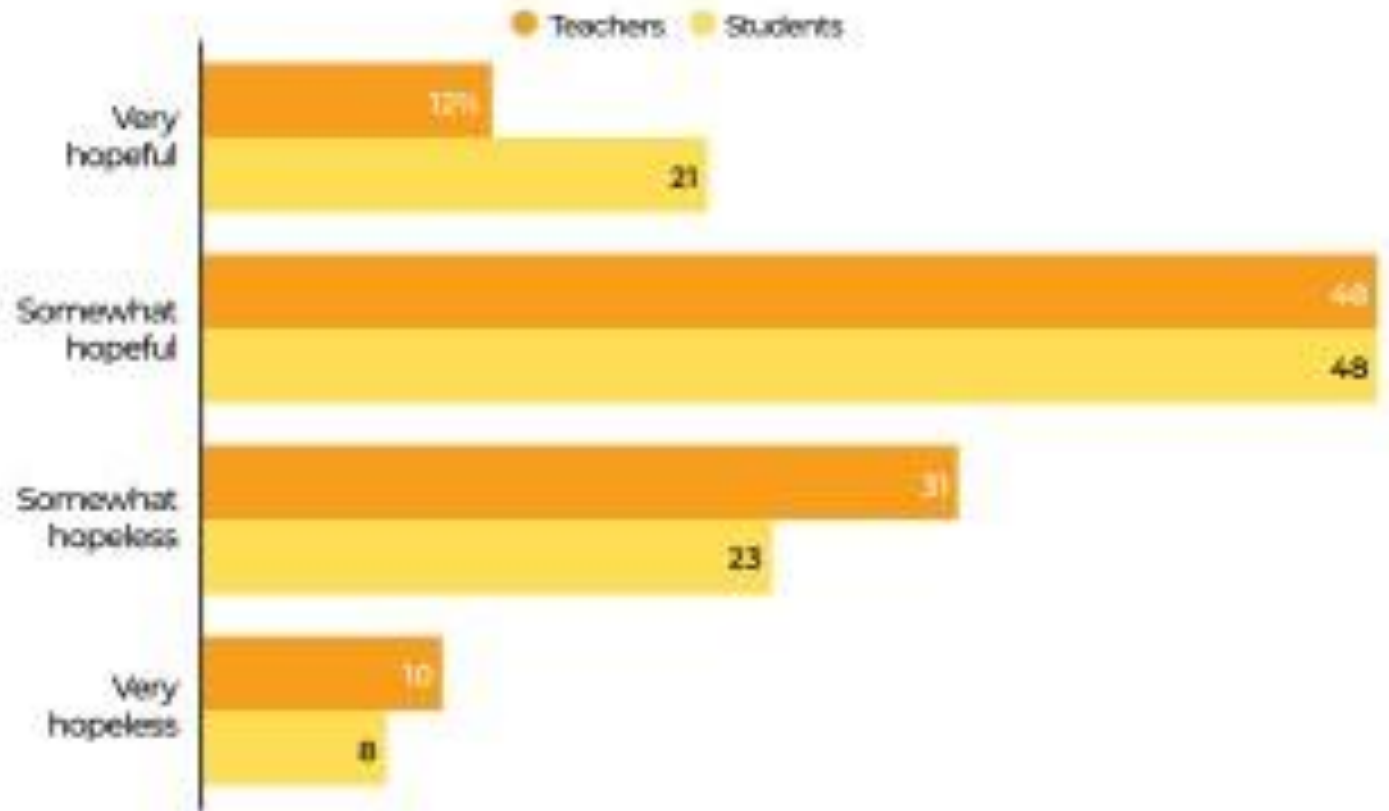
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*Results show responses from middle and high school students and teachers from public and private schools.

SOURCE: EdWeek RESEARCH Center survey, November 2020

Optimism

How are you feeling these days about the future?



Note: Students were removed from survey results if they said their teachers never stopped grading. Teachers were removed if they said they never stopped grading.

*Results show responses from middle and high school students and teachers from public and private schools.

SOURCE: EdWeek Research Center survey, November 2020

Multi-Tiered System of Supports

APPENDIX A: EXAMPLE OF MULTI-TIERED SYSTEM OF SUPPORTS



Tier 3: Tertiary Interventions - Specialized, individualized, serves high-risk students (1 -5% of total population)

Tier 2: Secondary Interventions - Specialized, serves groups with at-risk behaviors (5-15% of total population)

Tier 1: Universal Interventions - School-wide or classroom-wide, serves all students (Effective for approximately 80% of total population)

| | SEL | Mental Health Support | Behavioral Supports & Interventions | Restorative Practices | Academic Supports & Interventions/RTI |
|--------|---|--|---|--|---|
| Tier 3 | <ul style="list-style-type: none"> Individual instruction in SEL competencies strategies and skills Practice and coaching | <ul style="list-style-type: none"> Crisis intervention Individual counseling/support plan Family Collaborations Referral to services | <ul style="list-style-type: none"> Wraparound services Functional Behavioral Assessments (FBAs), Behavioral Intervention Plans (BIPs) Faculty/staff mentor Academic and/or behavioral coach | <ul style="list-style-type: none"> Family Conferences/ Collaborations Formal Restorative Conference(s) | <ul style="list-style-type: none"> Intensive instruction (1-2 students) After school tutoring Computer-assisted programs Specially-designed instruction (SDI) |
| Tier 2 | <ul style="list-style-type: none"> Targeted explicit instruction in SEL competencies, strategies, and skills Practice and coaching with feedback Peer-to-peer SEL workshops SEL focused community building circles | <ul style="list-style-type: none"> Individual/small group counseling Support groups (e.g. anger management, etc.) Family Engagement Substance abuse prevention counseling Referral to services | <ul style="list-style-type: none"> Faculty/staff mentor Daily Check In/Check Out Daily Progress Reports (DPR) Social and Academic Instructional Groups (Small Group) Individual Behavior Contract Academic and/or behavioral coach Targeted afterschool support program(s) | <ul style="list-style-type: none"> Peer Mediation Restorative Problem-Solving Circles Formal Restorative Conference Community service | <ul style="list-style-type: none"> Peer Tutoring and Paired Reading Small group supplemental instruction Guided instruction Visual/auditory aids/cues and manipulatives |
| Tier 1 | <ul style="list-style-type: none"> Explicit instruction in SEL Competencies Integration of SEL within the content areas General teaching practices that model and support SEL School climate surveys (student, staff, families) SEL Plan based on survey and other student data Family engagement | <ul style="list-style-type: none"> Mental health education Mental health screening Prevention/ Intervention supports (e.g. stress management, wellness, drug/substance abuse/ suicide prevention, etc.) Trauma-Informed/ trauma-sensitive approach Peer education | <ul style="list-style-type: none"> Schoolwide Behavioral Expectations Evidence-based classroom management Guidance conference(s) Training of peer educators Student leadership opportunities Bullying prevention (i.e., DASA) Culturally responsive practices Student government, extracurriculars Afterschool and summer programs Community schools Community service opportunities | <ul style="list-style-type: none"> Community Building Circles Negotiation Skills Training Peer Mediation Restorative Circles Community service Student circle keeper training Family Engagement Responsive discipline policies | <ul style="list-style-type: none"> Standards-aligned, differentiated, data informed, cross-curricular, culturally responsive instruction Goal-setting for learning Student self/peer assessments Project based learning/ assessments Family engagement Universal Design for Learning Health Education Coordination |

Social Emotional Learning

Social and emotional learning (SEL) is an integral part of education and human development. SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop **healthy identities**, manage emotions and achieve **personal and collective goals**, feel and show empathy for others, establish and maintain **supportive** relationships, and make responsible and **caring** decisions.

SEL advances educational equity and excellence through authentic school-family-community partnerships to establish learning environments and experiences that feature trusting and collaborative relationships, rigorous and meaningful curriculum and instruction, and ongoing evaluation. SEL can help address various forms of inequity and empower young people and adults to co-create thriving schools and contribute to safe, healthy, and just communities.

Schools Cannot Do it Alone

County-Agencies and Community Providers can support schools by developing and maintaining relationships with school and district administrators, listening to understand student and staff needs, and ensuring school and district personnel are aware of the county services available to students and families, and how to access them.





Amy Molloy

Director of the School Mental Health Resource
and Training Center
Mental Health Association in New York State, Inc.



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Presented by:

Amy Molloy, MSW, MEd

Project Director

School Mental Health Resource and Training Center
Mental Health Association in New York State, Inc.





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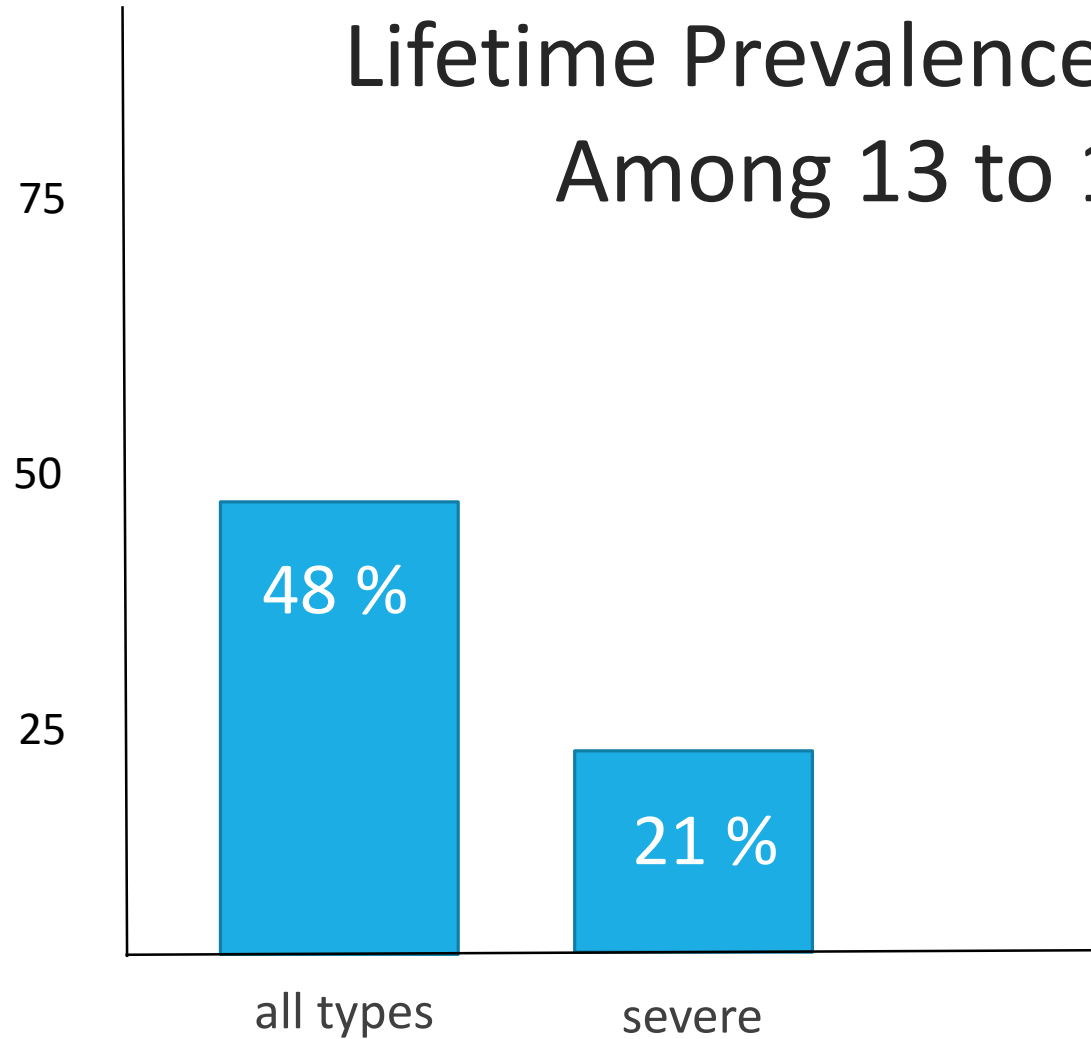
Mission Statement

Mental Health Association in New York State, Inc. (MHANYS) improves the lives of individuals, families, and communities by raising mental health awareness, ending stigma and discrimination, and promoting wellness and recovery.

THIS PRESENTATION IS BROUGHT TO YOU BY MHANYS':



Lifetime Prevalence of Mental Illness Among 13 to 18 Year Olds



Most common

| | |
|-------------------------|-----|
| Anxiety Disorders | 32% |
| Mood Disorders | 14% |
| Substance Use Disorders | 11% |

www.NIMH.NIH.gov

Based on diagnostic interview data from
National Comorbidity Survey Adolescent Supplement

A few more notable statistics:

- There is approximately 8-10 years between onset of symptoms and when appropriate treatment is received.
- Lifetime prevalence of all mental health disorders:
 - 50% begin by age 14, 75% begin by age 24
- Approximately 72% of youth will experience at least one major stressful life event before 18.
- Co-occurring disorders are common: 75% of children with depression also have an anxiety disorder and half also have a behavior disorder.
- Suicide rate of 10-17 year olds increased by 70% from 2006 to 2016.

From www.CDC.org and www.NIMH.NIH.gov

BIPOC & LGBTQ Youth are Disproportionately Affected

- Suicide rate among Black youth is increasing faster than any other racial or ethnic group.
- Black adolescents who report a history of trauma are 5 times more likely to attempt suicide than those without a history of trauma.
- Suicide rates among Latinx youth has increased by 50% in the last decade; greatest increase is those who identify as female.
- Latinx youth have the highest rate of depressive symptoms of all minority populations at 22%.
- LGB youth contemplate suicide 3x more than heterosexual peers.

From www.theTrevorProject.org, www.salud-America.org, and From *Ring the Alarm: the Crisis of Black Youth Suicide in America*

NYS Education Law § 804

took effect July 1, 2018

“All schools shall ensure that their health education programs recognize the **multiple dimensions** of health by including mental health, and the **relationship of physical health and mental health**, so as to **enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity.**”

We all have Mental Health.



Mental Health is:

- an important part of overall health
- a continuum; not just presence or absence of illness

**“There is no health
without mental health”**

Health is a state of complete physical, mental and social well-being and not merely the absence of disease.

(World Health Organization)

What do you do
to relieve stress?



Social Determinants of Health

HealthyPeople.gov





WELCOME

Welcome to MHANYS' School Mental Health Resource and Training Center! We have the tools and information schools need to educate students about mental health – from instructional resources to staff development, and information for families. To learn more, contact us at schools@mhanys.org.



BACK TO SCHOOL 2020

New York State schools will face unprecedented challenges this Fall, including a potential increase in student and staff mental health concerns. Check out our professional development offerings, SEL resources and practical strategies to promote resiliency and build connections in schools.

MENTAL HEALTH EDUCATION

In 2016, Governor Cuomo signed a bill that requires schools to provide mental health instruction as part of K-12 Health curriculum. We have all the information you need to implement this law, including a tool to assess current practices and guidance from the NYS Education Department.

2020 Messages from MHANYS

ASK A QUESTION or JOIN OUR MAILING LIST

Family Education Project

The Mental Health Association in New York State, Inc. has received funding from Mother Cabrini Health Foundation to launch the *Family Education Project*. Administered as part of the School Mental Health Resource and Training Center, the project will educate families and caregivers about youth mental health – providing access to informational webinars and other resources to promote greater understanding of mental health and support wellness for the whole family. For more information visit www.mentalhealthEDnys.org/parents/





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