DOWNLOAD PDF MENTAL HEALTH IN SCHOOLS: PAST AND PRESENT

Chapter 1 : CDC - National Health Initiatives, Strategies, and Action Plans - STLT Gateway

the Past, Present, and Future - from the Perspective of the Center for Mental Health in Schools at UCLA Anyone who has spent time in schools can itemize the multifaceted mental health and psychosocial.

Contact Problems at School Children and youth with mental health challenges sometimes experience difficulty at school for a variety of reasons. ACMH receives frequent calls from parents whose kids are struggling to be successful or sometimes not even being allowed to stay at school due to un-addressed mental health needs. Accessing the services that children and youth may need to help them better manage and support their mental health needs at school can be quite challenging. We hope this section will help. Addressing mental health needs in school is critically important because 1 in 5 children and youth have a diagnosable emotional, behavioral or mental health disorder and 1 in 10 young people have a mental health challenge that is severe enough to impair how they function at home, school or in the community. Mental health problems are common and often develop during childhood and adolescence They are treatable! Early detection and intervention strategies work. In addition, youth with emotional and behavioral disorders have the worst graduation rate of all students with disabilities. This is the highest drop out rate of any disability group! This section of the website will try to offer suggestions on how you might go about troubleshooting problems you may encounter when trying to access the support your child needs at school. Mental Health Disorders can affect classroom learning and social interactions, both of which are critical to the success of students. One of the problems that families frequently run in to is getting the school to recognize the role of mental health disorders in relationship to the difficulty their child is having. Getting agreement to put strategies in place to address mental health issues and help the youth to better manage his or her mental health symptoms at school is sometimes equally as challenging. In addition, like all of us, kids with mental health challenges have good days and bad, as well as, times periods when they are doing really well and times when their mental health symptoms become more difficult to manage. When figuring out the types of supports and services to put in place, it is important to keep in mind that all kids are unique with differing needs and coping mechanisms. The mental health interventions that are chosen need to be based on the individual needs of each child and be able to flex in order to provide more or less support as needed. Children with mental health needs often need a variety of types of supports in school for them to be successful. For example, a child with hyperactivity may benefit from working some activity into their daily classroom routine. A child with Oppositional Defiant Disorder might benefit from their teachers being trained to interact with them in a certain way. A young person who struggles with disorganization might be helped by being taught planning skills. Children who may become aggressive and those who get overly anxious may benefit from exploring what things lead up to those feelings and being taught strategies to recognize when it is happening and things to do to avoid the problem from escalating. For example, if your child needs help for difficulties with social interactions or communication difficulties it may help to teach them new skills and have them practice using them by role-playing or trying them out in small groups. It is also helpful to look at how mental health symptoms may affect a child in the classroom and the accommodations that may help. They may have physical complaints like stomach and headaches and may be frequently absent. Sometimes their fear of being embarrassed, or getting something wrong or their fear of having to interact with others may lead them to them to avoid group and social activities and perhaps school all-together. Possible accommodations or strategies that may help include: Allowing flexible deadlines or letting the student have an option to re-do work so they feel more confident turning it in. Helping the teacher to recognize escalating anxiety in a child and equipping them with the tools to intervene and help the child to implement strategies that help manage their anxiety. Pre-planning for group discussions to help reduce their anxiety about what they will share or say. Make plan for what to do when they are unable to focus due to worries. Allow for breaks or opportunities to de-stress. You can download a list of accommodations that may help here: How you, as a parent, go about navigating problems at school for your child will depend on a variety of factors including the nature of the problem itself and whether or not your child needs or receives special services. This can sometimes feel challenging at first, especially if

you feel the school is not yet willing to do what you think your child needs to be successful. But try to keep in mind that you and the professionals at school really do have a common goal in mind and that is to help your child be successful at school. For more information about the process of seeing if they are eligible for either of these programs click here to get an overview of process. Whether or not your child receives special education services you can work with the school to try to get some supports in place to meet their needs. If your child is having trouble in their classroom it might be best to first meet with the teacher and let them know your concerns. They may have some ideas and be willing to put some strategies in place to help your child. Before any of these meetings take place it is always helpful to take the time to prepare by listing your concerns, including the things that you think your child is struggling with at school and the things you think will help them. It can also be helpful for you to think about the things that might make your child worse or aggravate their mental health condition. When you meet and share your concerns, whether informally or in a formal meeting the professionals at your school will be able to offer suggestions about strategies they think may help. Again it can be helpful for you to review possible accommodations prior to the meeting with the school and select some to share that you think might be especially helpful for your child. Then you can work with the school to agree to put some strategies in place to help your child be more successful. You and the school may find out you need to go back to the drawing board and come up with new strategies. If you are unable to get the school to put strategies in place or adjust them if they are not working, pleas feel free to call ACMH for help. In addition to the suggestions above ACMH also has a pre-recorded webinar presentation: Michigan Alliance has several other videos on their site that may be helpful to you and they have Parent Mentors in each region of the state who can assist you to better understand the special education process and partner with your local school. Behavioral Issues at School For information about how to address behavioral issues at school and creating positive behavior support plans if you child receives special education services or has a Plan click here to explore the Overview of the Special Education System. If your child does not receive special education you can still work with the school to put a plan in place to address behavior issues. Often if you can get the school to consider providing some of the accommodations or modifications discussed above to support your child when their mental health symptoms affect them at school this alone can help to reduce behavior problems. Sometimes though some children and youth have ongoing behavioral challenges that may need additional support. You can work with the school to come up with a plan to support your child and teach them new skills in an effort to reduce behavior problems and help your child and the school cope with them when they do. Plans should be focused on helping kids to recognize the things that can trigger behavioral issues and also teaching new behaviors and skills and allowing opportunities for the student to practice them. Remember that your input can be critical when working to create a successful behavior plan for your child as you know your child best! For more information regarding school discipline, suspension, expulsion and safeguards for students with disabilities and those receiving special education, click here: Getting Formal Help to Resolve Disagreements with the School When you are seeking special education services for your child or when the school is providing these services, sometimes problems or disagreements arise about what should be happening to support your child. When disagreements occur it is always best to try to resolve the problem by speaking with your school team and sharing your concerns. For more information about dispute resolution options please visit: Michigan Alliance for Families at:

Chapter 2 : What It's Like To Be A School Therapist | HuffPost

In the past, even when people had health insurance, the coverage would not always pay for mental health services. This changed with the Mental Health Parity and Addiction Equity Act of , which requires group health plans and insurers to make sure there is parity of mental health services (U.S. Department of Labor, n.d.).

The program focuses mostly on schools in underserved areas. Boatwright herself is based in the rural southwest part of the state. This interview was edited and condensed for clarity. Tell me about your work with GAP. Most of my work has been with younger children, primarily those in kindergarten through middle school. We take most of our referrals for students in need from guidance counselors or teachers. My work helps students going through anything from divorce to depression and anxiety. Some students have even come in with suicidal thoughts. How can something like GAP help these children? Early intervention is important and it teaches children how to deal and cope with emotions during a stressful time. Depending on the issues they have, their mental health can potentially get worse or stressful situations can compound an already present issue. Watching these kids grow and begin to cope with the stressors in their lives is fulfilling. Some of the private providers in our area have waitlists that are several months out. The reports that are in the news do frighten the children. If their parents are watching television and the child sees it, that seems to become a concern for them. I have had kids ask questions about it and about safety. Some children have asked what to do when they feel unsafe. Sometimes within our program, we can struggle with getting parent participation. Kids dealing with mental health issues need to have support outside of school. What do you think is important for parents or others to know about the struggles of mental health in children? Look for a mental health agency, like a psychiatrist or therapist in your community. In extreme cases for example, if a child is in danger of harming themselves or others, or a mental health situation is getting out of control with rapid mood swings, agitation, hallucinations or substance abuse, and parents fear they are no longer able to de-escalate the situation, then parents may want to consider making a trip to the emergency room for their child. Outside of the U.

Chapter 3 : Comcare To Provide Mental Health Services In Wichita Schools | KMUW

The past and present of mental health care July 16, by Chris Morin, University of Saskatchewan Erika Dyck, a U of S history professor and medical historian.

A new study in the journal Pediatrics finds that bullying is associated with poor physical and mental health among children, particularly among those who were bullied in the past and are being currently bullied. Psychological measures included negative emotions such as anger and depression. Methods Researchers used a large sample of students at public schools in three metropolitan areas: Los Angeles, Houston and Birmingham, Alabama. A total of 4, students and their parents participated in all three phases of the study. The children and their parents responded to computer-assisted personal interviews in English or Spanish. The first round took place in fifth grade; the next came two years later, when nearly all the kids were in seventh grade, and then three years after that, when almost everyone was in 10th grade. Questions to assess bullying and victimization included, "How often did kids kick or push you in a mean way during the past 12 months? The children also answered questions about bullying in the context of both the past and present. Researchers evaluated the children on mental and physical health parameters, including depression and self-worth. Results Researchers found particularly striking differences in mental health when comparing children who had been bullied with those who had not. In later years, researchers found a strong relationship between low psychological health and bullying, especially among children who said they were being bullied at that time, or both at that time and in the past. Physical health had a similar relationship to bullying, although the relationship between bullying and physical health was not as strong as with mental health. Those who experienced past and present bullying also tended to have worse symptoms of depression than other children surveyed. Similarly, the largest group of 10th-graders with the lowest self-worth were those who had been bullied in the past and the present. Researchers looked only at associations. Nonetheless, the findings corroborate many other studies linking bullying to worse health. Also, the study was conducted in three U. Implications "What these results show are a strong argument for an immediate intervention, early intervention, before the effects of bullying can get too serious for mental and physical health," Bogart said. She encourages parents to have an open line of communication with their children and to always ask how their day went. There may be physical signs of bullying, such as bruises or scrapes, but a more subtle red flag might be a reluctance to go to school. Sadness, depression and isolation are also possible indications of bullying. School-based interventions have shown to be successful, especially when everyone involved in the school participates.

Chapter 4 : As A Mental Health Crisis Sweeps Across Colleges, Students Step Up To Fix It | HuffPost

This report stems from an invitation to the Center staff to reflect on the past, present, and future of mental health in schools for a brief presentation.

Impulsive actions Physical Symptoms of Mental Health Problems Mental health problems typically do not cause physical symptoms in and of themselves. Depression, however, can indirectly cause weight loss, fatigue and loss of libido, among others. Eating disorders , a separate class of mental health disorders, can cause malnutrition, weight loss, amenorrhea in women, or electrolyte imbalances caused by self-induced vomiting. This makes eating disorders among the most deadly of mental health disorders. Short-Term and Long-Term Effects of Mental Health Instability In the short-term, mental health problems can cause people to be alienated from their peers because of perceived unattractive personality traits or behaviors. They can also cause anger, fear, sadness and feelings of helplessness if the person does not know or understand what is happening. In the long-term, mental health disorders can drive a person to commit suicide. According to the National Institute for Mental Health, over 90 percent of suicides have depression or another mental disorder as factors. It is hard, bordering on impossible, to accurately diagnose yourself for mental disorders with an online questionnaire. You do not have an objective view of yourself and are bound to answer questions inaccurately. Also, online tests are not comprehensive, so they do not check for all possible symptoms. Only a face-to-face session with a qualified mental health professional can begin to diagnose a mental health disorder with any degree of accuracy, because that professional has an outside viewpoint and can pick up on subtle cues. Drug Options for Mental Health Issues Fortunately, prescription drugs can be used to treat mental health disorders in conjunction with behavioral therapy or cognitive therapy. Antidepressants, mood stabilizers, and antipsychotics are the broad types of medication prescribed to treat mental illness. Possible Options Depending on the disorder, different medications will be prescribed. Mood stabilizers such as lithium tablets are used to treat bipolar disorder, as are anticonvulsants like Depakote. Antipsychotics like olanzapine or clozapine are used to treat schizophrenia or psychotic depression. Medication Side Effects Some of the side effects of mental health medication include nausea, headache, changes in appetite, dry mouth, increased urination, change in libido, irritability, blurred vision and drowsiness. People who are prescribed these medications should regularly communicate with their doctors and notify them of any side effects. Drug Addiction, Dependence and Withdrawal Some mental health medications are known to cause physical and psychological dependency due to their changes in brain chemistry. In severe cases, the person may need to be placed in a drug rehab facility to detox from prescription medication. Medication Overdose It is possible to overdose on medication in an effort to get the same effects as initially received, and this is more common when users are dependent on medications. Some signs of overdose can include seizure, coma, slowed heartbeat, or extreme paranoia. If these signs are present, immediately call or your local Poison Control Center and have the prescription on hand if possible. Depression and Mental Health Depression often coexists with other mental disorders, or certain disorders may have caused depression in the first place. For example, 40 percent of people with post-traumatic stress disorder also have depression. Addiction and Mental Health Disorders In drug rehab facilities, counselors are usually trained to identify dual diagnosis issues. This is because addiction is itself a type of mental health disorder, or the addiction can be the symptom of some other disorder. People may, for instance, turn to recreational drugs to combat depression or to help stabilize mood swings associated with bipolar disorder. First, a physical checkup can rule out physical illnesses. An appointment with a mental health professional will usually include an interview and subsequent evaluation to determine the most obvious symptoms and to ascertain the type and severity of mental disorder. In certain cases, an intervention may be required from family and friends. If you or someone you know needs help, call us at to get more information on treatment. If you or a loved one is dealing with the effects of a mental illness, it can be difficult to find the right information or know what to do next. Learn more about what this means here. Our helpline is offered at no cost to you and with no obligation to enter into treatment.

Chapter 5 : Mental Health Facts, Stats, and Data

For many children, schools are the main or only providers of mental health services. In this visionary and comprehensive book, two nationally known experts describe a new approach to school-based mental healthâ€"one that better serves students, maximizes resources, and promotes academic performance.

Modern descriptive psychiatry was born two centuries ago in the classification of Pinel, was later systematized in the textbook of Kraepelin, and was then expanded by Freud to include outpatient presentations previously seen by neurologists. Brain science also flourished in the second half of the 19th century and has enjoyed a second revolutionary advance during the past thirty years. Unfortunately, however, the attempt to explain psychopathology using the remarkable findings of neuroscience has thus far had no impact on psychiatric diagnosis or treatment. The crucial translation from basic science to clinical practice is necessarily even more difficult in psychiatry than in the rest of medicine, because the human brain is the most complicated thing in the known universe and reveals its secrets slowly and in small packets. Psychiatric diagnosis must therefore still rely exclusively on fallible subjective judgments, not on objective biological tests. Biological findings, however exciting, have never been robust enough to become test-worthy, because the within-group variability always drowns out the between-group differences. It appears certain that we will be stuck with descriptive psychiatry far into the distant future. There have been two crises in confidence in descriptive psychiatry: The earlier crisis was occasioned by two highly publicized studies that exposed the inaccuracy of psychiatric diagnosis and threw into serious question the credibility of psychiatric treatment. A landmark study proved that British and US psychiatrists came to radically different diagnostic conclusions when viewing videotapes of the same patient 1. And Rosenhan 2 exploded a bombshell when his graduate students were kept in psychiatric hospitals for extended stays after claiming to hear voices, despite the fact that they behaved completely normally once they were admitted. Was psychiatry entitled to a place among medical specialties if its diagnoses were so random and its treatments so nonspecific, especially when the other specialties were just then becoming increasingly scientific? The DSM-III, published in , featured detailed definitions of mental disorders that, when used properly, achieved reliabilities equivalent to much of medical diagnosis. The DSM-III soon stimulated its own revolution, quickly transforming psychiatry from research stepchild to research darling; in most medical schools, the department of psychiatry now ranks behind only internal medicine in research funding. But psychiatric diagnosis is now facing another serious crisis of confidence, this time caused by diagnostic inflation. The elastic boundaries of psychiatry have been steadily expanding, because there is no bright line separating the worried well from the mildly mentally disordered. The DSMs have introduced many new diagnoses that were no more than severe variants of normal behavior. Drug companies then flexed their powerful marketing muscle to sell psychiatric diagnoses by convincing potential patients and prescribers that expectable life problems were really mental disorders caused by a chemical imbalance and easily curable with an expensive pill. We are now in the midst of several market-driven diagnostic fads: The expanding concept of mental disorder brings with it unfortunate unintended consequences. There are now more overdoses and deaths from prescribed drugs than from street drugs. And the investments in psychiatry are badly misallocated, with excessive diagnosis and treatment for many mildly ill or essentially normal people who may be more harmed than helped by it , and relative neglect of those with clear psychiatric illness whose access to care in the US has been sharply reduced by slashed mental health budgets It is no accident that only one third of people with severe depression get any mental health care or that a large percentage of the swollen US prison population consists of psychiatric patients with no place else to go A recent meta-analysis shows the results of psychiatric treatment to equal or surpass those of most medical specialties 13 , but the treatments must be delivered to those who really need them, not squandered on those likely to do as well or better on their own. This disparity between treatment need and treatment delivery is about to get much worse. The DSM-5 has introduced several new disorders at the fuzzy and populous border with normal and has also loosened requirements for many of the existing disorders. The biggest problems are removing the bereavement exclusion for major depressive disorder, adding a very loosely

defined somatic symptom disorder, reducing the threshold for adult ADHD and post-traumatic stress disorder, adding a diagnosis for temper tantrums, introducing the concept of behavioral addictions, combining substance abuse with substance dependence, and adding mild neurocognitive disorder and binge eating disorder. It has been unresponsive to the widespread professional, public, and press opposition that was based on the opinion that its changes lacked sufficient scientific support and often defied clinical common sense. And a petition endorsed by fifty mental health associations for an independent scientific review, using methods of evidence based medicine, was ignored. There will be no sudden paradigm shift replacing descriptive psychiatry with a basic explanatory understanding of the pathogeneses of the different mental disorders. This will be the gradual and painstaking work of many decades. In the meantime, we must optimally use the tools of descriptive psychiatry to ensure reliable and accurate diagnosis and effective, safe, and necessary treatment. It is time for a fresh look. The preparation of the ICD provides an opportunity to re-evaluate psychiatric diagnosis and to provide cautions against its over-inclusiveness. Diagnostic criteria of American and British psychiatrists. On being sane in insane places. Child emotional and behavioral problems: Dev Med Child Neurol. Prevalence of mental disorders and trends from to Soc Psychiatry Psychiatr Epidemiol. How common are common mental disorders? Evidence that lifetime prevalence rates are doubled by prospective versus retrospective ascertainment. Cumulative prevalence of psychiatric disorders by young adulthood: Medco Health Solutions Inc. The use of medicines in the United States: Out of the shadows: Putting the efficacy of psychiatric and general medicine medication into perspective:

Chapter 6 : Current Mental Health Legislation | Mental Health America

The history of mental health care in the United States has been spotty at best. Prior to the creation of mental health institutions, most mentally ill individuals were often left to their own fate, which was often not good.

Chapter 7 : Signs and Symptoms of Mental Health Problems - Causes and Effect

5. de Graaf R, ten Have M, van Gool C, et al. Prevalence of mental disorders and trends from to Results from the Netherlands Mental Health Survey and Incidence Study

Chapter 8 : Problems at School | Association for Children's Mental Health

mental health professions that are relevant to the effective implementation of dif- Past Influences, Present. Trends, and Future the past years.

Chapter 9 : Mental Health Care: Past and Present

Building Sustainability for Mental Health and Wellness in your school community Ms. Lorraine Bailey-Wallace, Ms. Talcia Richards, Ms. Nikki Silvera, Toronto District School Board There is great need to develop awareness around mental health within our communities and the best place to begin is in our schools.