



Indiana Child Well-Being Data: The Case for Promoting School Mental Health

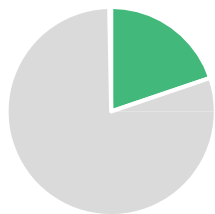
WHAT IS MENTAL HEALTH?

Mental health is a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution. – World Health Organization

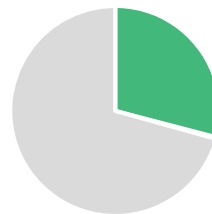
WHY IMPROVE MENTAL HEALTH IN SCHOOLS?

Simply stated, stressed brains do not learn the same as brains that feel safe, can emotionally regulate, and can feel connection. However, due to the fact that these indicators either go unrecognized or there is a lack of knowledge about their effects on learning and behavior, children and youth with mental health issues are often identified or mislabeled as having behavior, discipline, and/or learning issues in a school setting.

CHILD & ADOLESCENT MENTAL HEALTH



19.8%
of Indiana high school students seriously considered suicide in 2015, which is the third highest rate in the nation²



29.3%
in 2015, 29.3% of Indiana students reported feeling sad or hopeless³

1 out of every 20 children in Indiana have a behavior or conduct problem⁴

- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24%
- The average delay between onset of symptoms and intervention is 8-10 years
- Adolescents with mental health problems are at increased risk of participating in behavior such as substance abuse and unprotected sexual activity⁶

School to Prison Pipeline

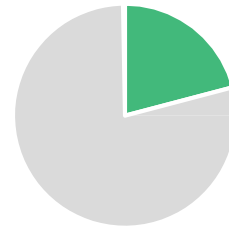
- 1st grader with unruly behavior ↓
- 5th grader with multiple suspensions ↓
- 8th grader who self-medicates ↓
- High School dropout ↓
- 17-year-old convict



SOCIETAL & COMMUNITY INDICATORS

Societal and community risk factors that can negatively impact mental health and brain development:

- **15.7%** of Indiana high school students reported being electronically bullied⁹
- Indiana ranks **12th** out of 35 states in the percentage of students who were bullied on school property¹⁰
- In 2016, **16,143** public school students in Indiana were identified as homeless or housing unstable⁷



20.9%
of Hoosier children
live in poverty⁸

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

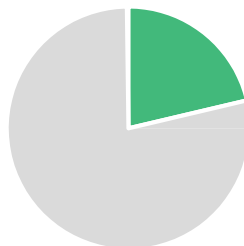
Adverse Childhood Experiences (ACEs) in childhood are major risk factors for illness and a poor quality of life. Research further indicates that ACEs can impede a child's social, emotional, and cognitive development. They are the **best predictor of poor health** and the **second best predictor of academic failure**.^{11 12}

Based off of data from the 2011-2012 National Survey of Children's Health (NSCH), Child Trends found that¹³:



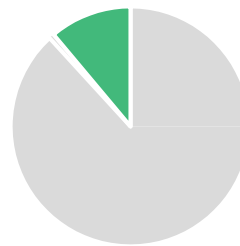
36%

of children ages 0-17
in Indiana have 1-2
ACEs



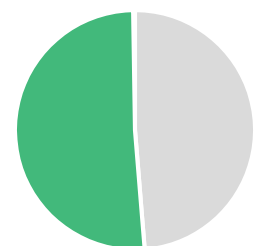
21.3%

of Indiana high school
students have a parent
who served time in jail¹⁵



11.1%

or more than 1 in 10 Hoosier
children ages 0-17 have lived
with someone who was mentally
ill or suicidal¹⁶



51.3%

of Indiana high school
students live in a family that
argues repetitively¹⁷

Additional findings from the ACE study identified important connections between ACEs and school performance. For example, students dealing with ACEs:

- are two-and-one-half times more likely to fail a grade;
- score lower on standardized achievement test scores;
- have more receptive or expressive language difficulties;
- are suspended or expelled more often, and;
- are referred to special education more frequently.



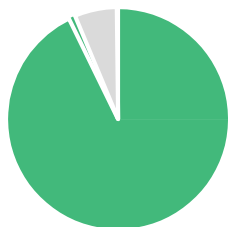
Nearly **1 in 6 (15%)** have experienced
three or more ACEs

In 2015, there were 26,892 substantiated instances of child abuse and neglect¹⁸
From June 2011 to June 2016, the number of Child in Need of Services (CHINS) cases increased by 56.1%¹⁹.



IMPLICATIONS FOR SCHOOL MENTAL HEALTH

Several epidemiological studies of children’s mental health needs and services have led to the conclusion that school is the de facto mental health system for children. As highlighted by the Collaborative for Academic, Social, and Emotional Learning (CASEL), “A study estimating the relative influence of 30 different categories of education, psychological, and social variables on learning revealed that social and emotional variables exerted the most powerful influence on academic performance.”²⁰ In 2016, a survey of the Indiana Council of Administrators of Special Education (ICASE) reported the following:



98.6%

believe that student mental health issues have become an increasing concern in their schools.

Identified barriers to addressing these concerns include:

- Lack of trained personnel
- Access to/collaboration with community mental health centers
- Limited staff time/numbers
- Family engagement/involvement
- Funding/insurance

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Adapted from: Kansas Department of Education’s Technical Assistance System Network: Kansas Well-Being Data: Implications for School Mental Health. <https://ksdetasn.org/resources/977>





Indiana School Mental Health: A Proposed Framework

School mental health (SMH) framework refers to a comprehensive, multi-tier system of supports, practices, and services that are integrated throughout the school community to enhance the social, emotional, behavioral, mental health, and academic outcomes for children and youth. It blends education and mental health systems and resources toward depth and quality in prevention and intervention allowing for greater efficiency and effectiveness. In addition to promoting improved processes for increasing the likelihood of positive outcomes, the framework addresses critical gaps in current systems. Educational Neuroscience lies at the heart of this framework as it highlights the need to address student emotions before academics if we are truly going to create safe and supportive schools that promote deep learning and address the root causes of behavior issues for **all of Indiana's students**. This also proactively addresses the root causes that impact so many of our other systems outside of education including juvenile justice, health, child welfare, workforce, as well as mental health and addiction.

OBJECTIVES

- Promote the development of multi-tiered, cross-system infrastructures to comprehensively support children and youth impacted by trauma and/or who are at risk for mental illness..
- Develop resources to aid school communities in building and strengthening SMH systems, supports, services and practices.
 - Identify and/or develop training and resources to effectively support the implementation of SMH systems, supports, practices and services on an ongoing basis.
- Share best and promising practices as they are developed across Indiana.
- Support Social and Emotional Learning (SEL) across Indiana schools and districts.
- Provide technical assistance to school districts as they become involved in their local System of Care (SOC).
- Identify funding mechanisms to promote the above.
- Advocate for policies that will support the creation of this framework and align our systems to address the social, emotion, and mental health needs of our children and adolescents in collaboration with one another.

WILL ADDRESS PROPOSED AND ENACTED 2017 SCHOOL LEGISLATION

Enacted Legislation

- HEA 1430 (Suicide Awareness and Prevention)
- HEA 1423 (Bullying Prevention)
- HEA 1419 (Discipline and Behavior)
- SEA 355 (Child Abuse Education and Policies)

Proposed Legislation

- 2016 HB 1152 (School Discipline)
- 2016 SB 435 (School Mental Health Screening)
- 2016 SB 62 (Substance Use Prevention)
- 2016 HB 1566 (Safe and Supportive Schools)

Federal Legislation

- Every Student Succeeds Act (ESSA)
- Positive Behavioral Intervention and Supports (IDEA)

ALIGNS WITH PRIORITIES, INITIATIVES, STRUCTURES, AND SUPPORTS

- Commission on Improving the Status of Children (CISC): Educational Outcomes Task Force (EOTF)
- Indiana System of Care (IN SOC)
- PBIS Indiana
- Educational Neuroscience (specifically in Indiana the work of Dr. Lori Desautels of Butler University)
- Lilly Endowment Counseling Initiative
- Indiana School Counseling Standards and Competencies for Students
- Juvenile Detentions Alternatives Initiative (JDAI)
- CDC's Coordinated School Health Approach: Whole School, Whole Community, Whole Child

DATA INDICATING NEED

- 2017 Indiana Kids Count Data
- Indiana State Department of Health 2015 Youth Risk Behavior Survey
- Adverse Childhood Experiences: National and State-Level Prevalence
- NAMI Indiana Statistics
- Indiana Prevention Resource Center: 2016 Indiana Youth Survey
- Indiana Resource Center for Autism School Mental Health Survey

Adapted from: Kansas Department of Education's Technical Assistance System Network: Kansas Well-Being Data: Implications for School Mental Health.
<https://ksdetasn.org/resources/977>



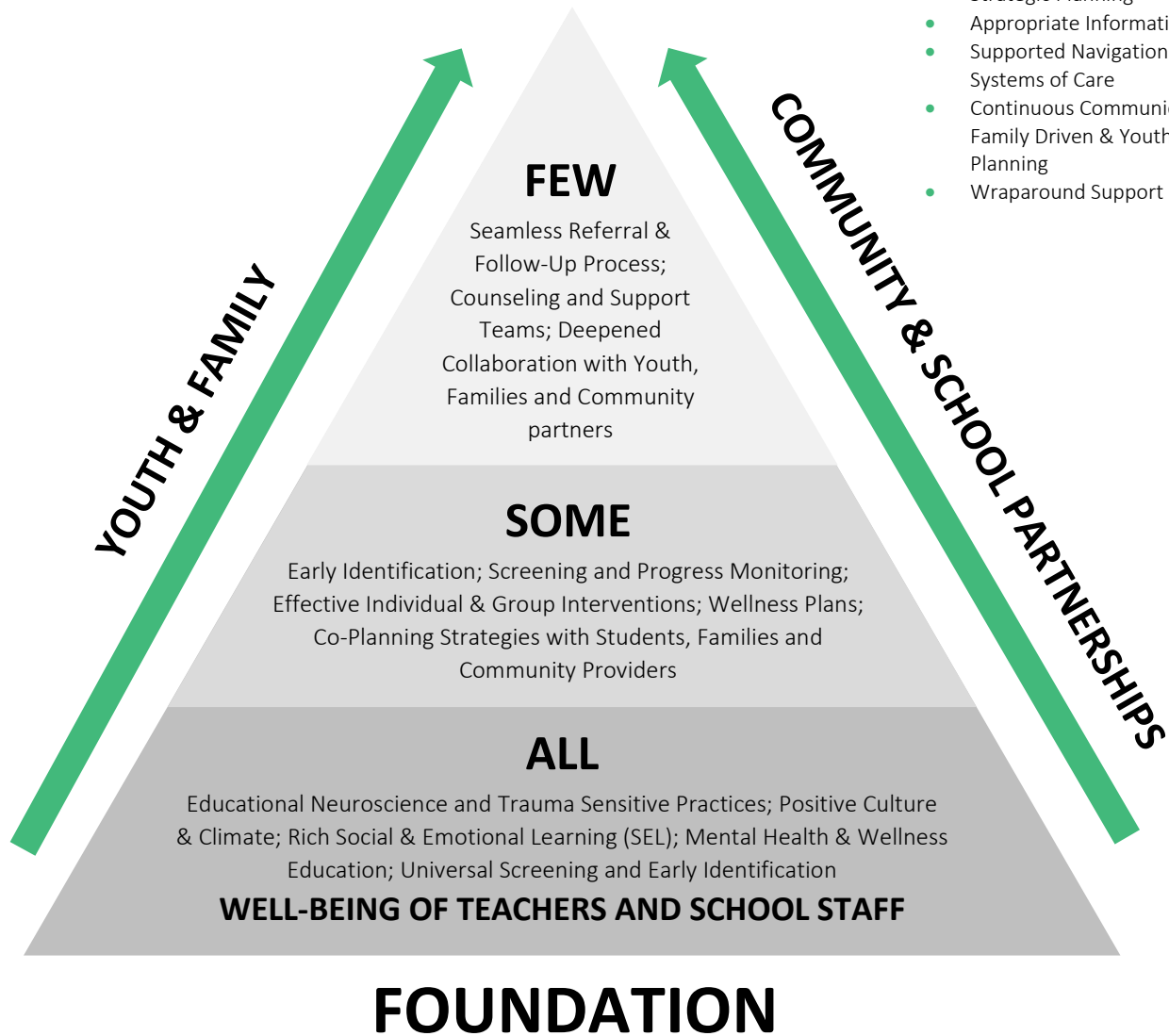


INDIANA

SCHOOL MENTAL HEALTH INITIATIVE

INTERCONNECTED SYSTEM OF CARE

- Strategic Planning
- Appropriate Information Sharing
- Supported Navigation through Systems of Care
- Continuous Communication Loop
Family Driven & Youth-Guided Planning
- Wraparound Support



Integrating health and mental health, including SEL, as an integral piece of academics within a MTSS framework:

1. Strong Universal Implementation
2. Integrated Leadership Teams
3. Youth-Family-School-Community Collaboration at all Levels
4. Culturally Responsive Evidence Based Practices
5. Data-Based Continuous Improvement
6. Positive School Culture & Climate
7. Staff Mental Health Attitudes, Competencies & Wellness
8. Systemic Professional Development & Implementation
9. Confidentiality & Mental Health Promotion Policies
10. Continuum of Supports

Adapted from: Wisconsin Department of Public Instruction. *The Wisconsin School Mental Health Framework: Integrating School Mental Health with Positive Behavioral Interventions & Support*. December 2015.

SOCIAL EMOTIONAL LEARNING (SEL) FRAMEWORK



Stress Load

The energy required to keep thinking and learning "online" by managing emotional, physical, and environmental stress. Stress load can impact thinking and learning at every level. (Shanker, 2016)



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21st Century Skills



When students self-regulate they are able to strengthen their 21st century skills including communication, collaboration, problem solving, critical thinking and creativity. The development of 21st century skills will equip students to be learners, leaders and to contribute positively to their families and community.

Self-Regulation



When students and adults achieve optimal self-regulation, they are calm, alert and ready to learn. Optimal self-regulation requires students and adults to use their social, prosocial, cognitive and emotional skills to respond effectively to everyday challenges and stressors (Shanker, 2013).

21st Century Content



Students must be engaged in 21st century and social emotional content to increase breadth of knowledge and support student ownership of their learning.

Executive Functions



When students have positive relationships and are physically and emotionally healthy, their executive functions can be developed and strengthened. This includes working memory, focused attention and self-control.

Physical & Emotional Health



To optimize learning and healthy brain development, children need to be well-rested, have an appropriate sensory diet, opportunities for movement and physical activity during the day, positive school environments, adequate hydration and healthy food choices.

Positive Relationships



Having positive relationships is essential to student learning, positive well-being, healthy brain development, and flourishing throughout life.