



# Advocacy and Policy Best Practices and Programs for School Age Youth

4.30.19

**MHIA**  
Mental Health America  
**B4Stage4**

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# Housekeeping

- Participants will be in listen only mode
- This webinar is being recorded so you can listen later
- A recording will be posted online for download
- Participants will receive an email when slides/recording is posted
- Please type questions into the chat box during the presentation as there will be Q & A at the conclusion of the webinar



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# B4Stage4

## MHA's B4Stage4 Philosophy

When we think about cancer, heart disease, or diabetes, we don't wait years to treat them. We start way before Stage 4. We begin with prevention.



What happens when  
people first start  
wondering about their  
mental health problems?



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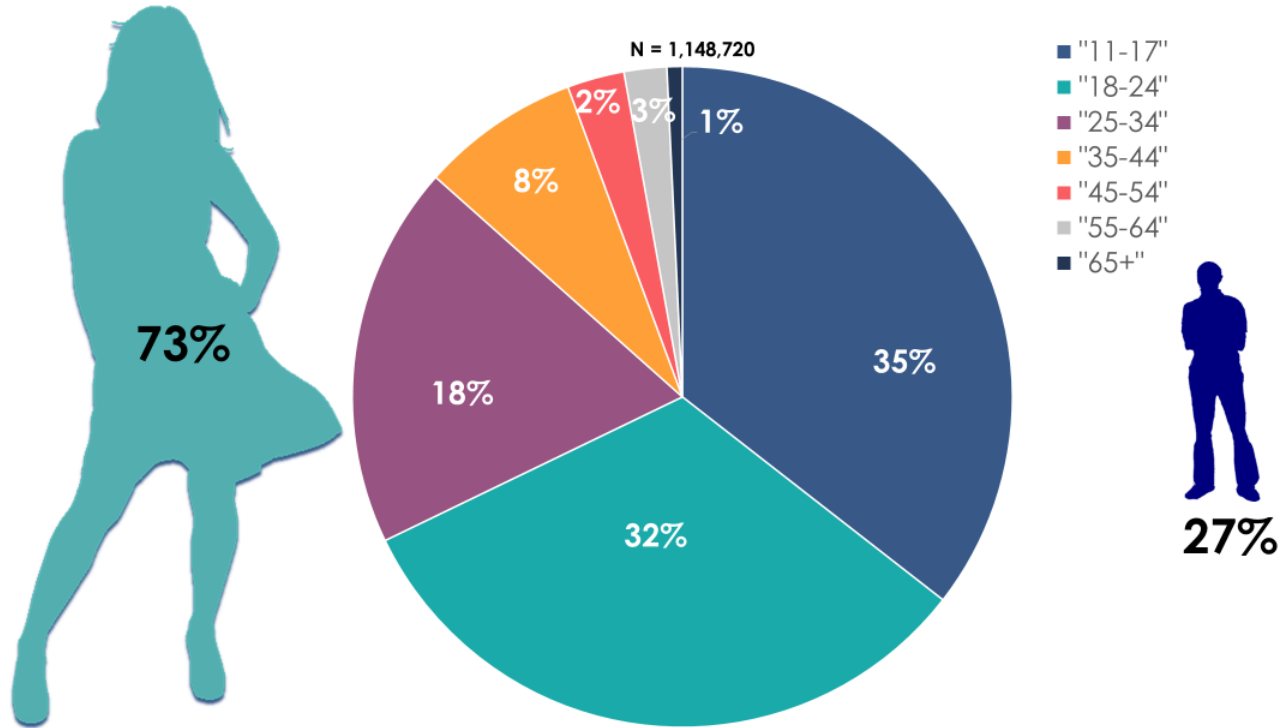
MIHA

## MHA Screening: Over 4 Million Completed Screens

Depression (PHQ-9)	Anxiety (GAD-7)	Bipolar (MDQ)
PTSD (PC-PTSD)	Youth Screen (PSC-YR)	Parent Screen (PSC)
Alcohol and Substance Use Screen (CAGE-AID)	Psychosis Screen (Ultra-High Risk) (PQ-B)	Eating Disorders



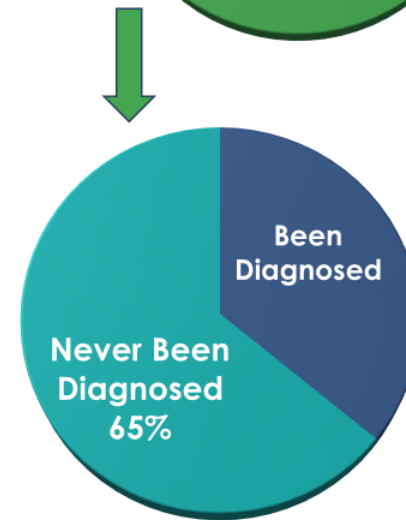
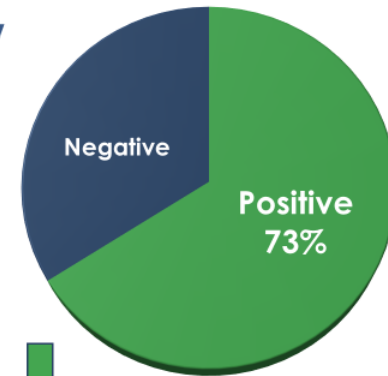
# Screeners are Young



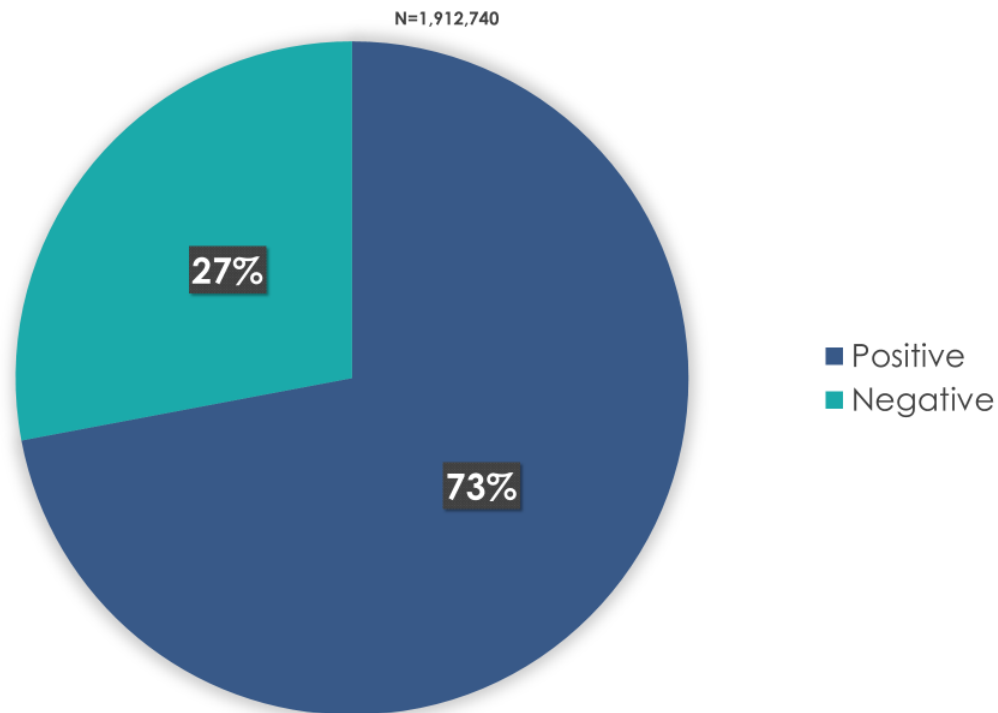


# Results Overview

- Over 4 million screeners
- Depression Screen is most popular (43%) Bipolar (16%); Anxiety (14%); Psychosis (15%);
- 8% international (30% Europe, 20% Canada, 6% Australia)
- Race/Ethnicity - close to Census
- 35% are 11-17; 32% 18-24.
- 31% report chronic pain, 13% lung problems, 12% diabetes.



# MHA Screener Results, 2017-2018



- Positive
- Negative

# Sarah Davidon

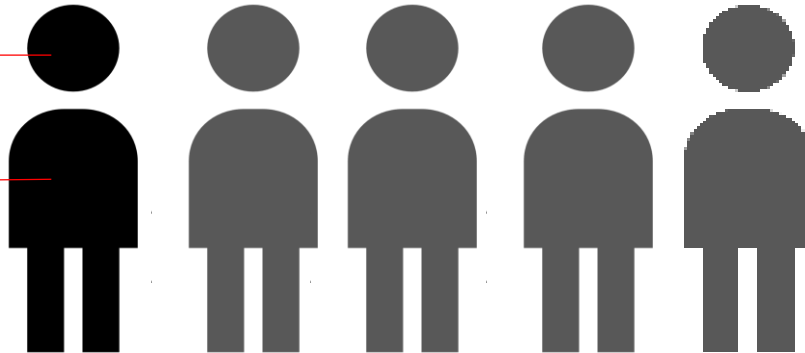
Best practices through

## **ADVOCACY AND POLICY**



Symptoms by age **24**

Symptoms by age **14**







A  
COMPREHENSIVE  
APPROACH THAT  
INCLUDES KEY  
MENTAL HEALTH  
COMPONENTS



PROMOTION OF  
EMOTIONAL WELL-  
BEING AND  
CONNECTEDNESS



IDENTIFICATION OF  
STUDENTS AT RISK



HAVING TIMELY  
RESOURCES AND  
BEING PREPARED  
TO RESPOND



[mentalhealthcolorado.org/schooltoolkit](http://mentalhealthcolorado.org/schooltoolkit)



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10 Best  
Practices in  
school mental  
health



**Mental health as part of overall health & wellness**



**School-based health centers supporting mental health**



**Screening, identification, and referral systems**



**Partnerships with mental health professionals**



**Social & emotional learning and resilience**



**Teacher wellness programs and support**



**Stigma reduction**



**Trauma-informed practice**



**Positive behavior interventions & supports**



**Suicide prevention initiatives**





# Public Policy

- Legislative (state and federal)
- Rules and regulations
- Local school board
- Funding policies
  - Grants
  - Reprioritization
  - Tax revenue



# 6 Steps to Change

## Advocating for Better Mental Health in Schools

### Identify

# 01

Identify a champion within the school system. This can be a teacher, administrator, school board member, parent, nurse, counselor, psychologist, or anyone within the school who is passionate about mental health and social emotional learning.

### Assess

# 02

Many Colorado schools have mental health and social emotional learning programs already in place. Whether you are advocating for changes in one school or in an entire district, it is important to determine what services exist and what is lacking or absent. After reviewing the **What works?** section in this toolkit, use our **School Assessment Tool** to ask school officials which services they already provide, and what they feel is missing.

### Promote

# 03

Identify the best practices to promote. After the assessment is complete, identify which best practices:

- Are needed in the school/district
- Schools are willing to implement
- You are most passionate about

### Support

# 04

Work with your identified school champion to build school—and community—support for implementing new mental health and social emotional learning practices within the school or district. Use the **What do I need to know?** section of this toolkit to share data and facts about why mental health matters in schools.

### Share

# 05

Share both the school assessment and funding information with interested members of the school and community. Offer to help identify potential short-term and sustainable funding sources within the district, using the **How can initiatives be funded?** section. Identify community partners, grant opportunities, and other potential funding sources (such as local ballot initiatives or local companies) that would help finance mental health services in your school or district.

### Follow Up

# 06

Once you've identified your school champion, chosen best practices to implement, and funding opportunities, you will need to regularly follow up. If you are a community or school leader who is able to make these changes internally, share your outcomes with other schools who might benefit. If you are a parent, student, or community advocate who is unable to make these changes directly—keep showing up. Meet regularly with your school and community partners, speak at school board meetings, and call administrators to ensure changes are happening.

**Ben Harrington, MHA East TN**

**MODEL PROGRAM**



# Where to Start

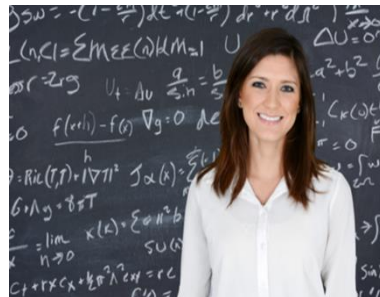
## Teachers, Staff, Parents

- Mental Health First Aid
- Youth Mental Health First Aid
- Typical or Troubled? (sm)



## Or with Students

- Mental Health 101 (TN)
- Mental Health Matters (CA)



# Youth Mental Health First Aid

- **Assess** for risk of suicide or harm
- **Listen** nonjudgmentally
- **Give** reassurance and information
- **Encourage** appropriate professional help
- **Encourage** self-help and other support strategies



## Tennessee –

- Increased attendance
- Increased academic performance
- Increased referrals

## Coatesville, Pennsylvania –

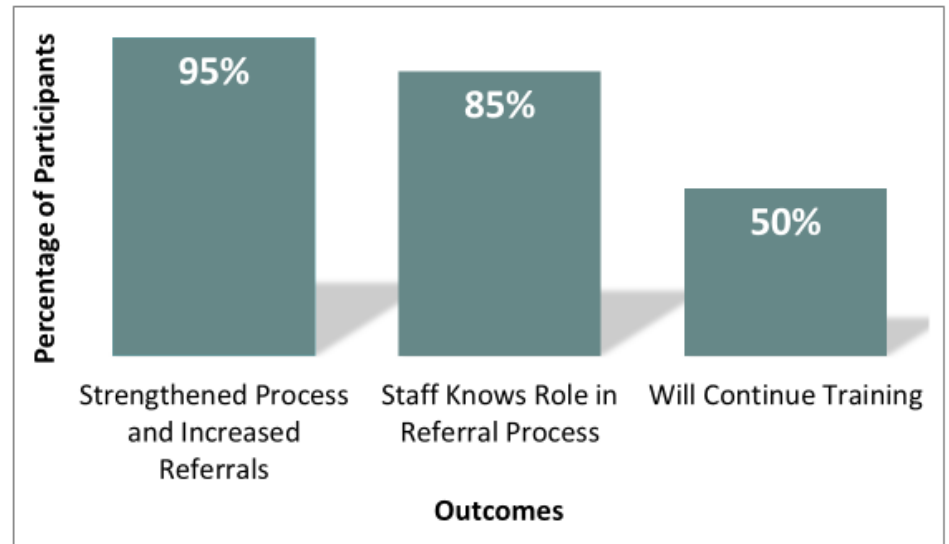
- 30% increase in referrals at Child Guidance Resource Centers.



# Notice. Talk. Act.™

[apafdn.org/ToT](http://apafdn.org/ToT)

## Typical or Troubled?



**AND REFERRALS DOUBLE**



# Key Components of Mental Health 101



- **Stress – the good, bad, the ugly, coping skills**
- **Symptom recognition**
- **Suicidal behavior recognition**
- **Stigma**
- **Symptom duration requiring intervention**
- **How & where to get help**



# From Humble Beginnings

2 Schools & no staff

Outcomes & \$\$\$

107 Schools, 32,544  
students ('17-2018)

250, 465 students in  
the past 10 years (3/19)







**Any Ripple Effects?**



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# Ripple Effect Indicators

- Number of Schools - INCREASED
- Number of Students - INCREASED
- Symptom recognition - INCREASED
- Symptom demonstration - INCREASED
- Duration - INCREASED
- How use the information - LEVEL
- **REFERRALS - INCREASED**



- Sad or hopeless (YRBS) - DECREASED 11%
- Suicide Contemplation (YRBS) - DECREASED 20%
- Suicide Planning (YRBS) - DECREASED 25%
- Suicide attempts (YRBS) - DECREASED 50%
- Suicides (KCHD) - DECREASED
- Zero Youth Suicides (KCHD) - 2010#, 2011#, 2012#  
- 2017-18\*\*



% change = 10 year average YRBS / 5 cycles  
# calendar year \*\* school year



# Cause & Effect



- CMHC Expanded children's services
- Private practices expanded
- Co-Located providers in 28 schools in TN
  - 3 Largest districts in East TN
  - 4 Largest districts in the state
  - 3 Project Aware Counties
  - Increased Youth in Treatment



# Conclusions



# Questions?



# Contact Us



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