Building a Supportive and Resilient Culture for Youth Mental Health

Presented by:
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Who We Are

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Advance & align mental health infrastructure in school districts throughout Utah.
Do so through technical assistance and training.
Emphasis on the creation and fortification of multi-tiered systems of support (MTSS)

Overview Video (for parents/guardians)
What We’ll Cover Today

1. Primary concerns in youth mental health
2. Positive trends in youth mental health
3. Tiered systems of support for youth in your programs
4. Actionable resources
Estimates for diagnosis among children aged 3-17 years, in 2016-19:

- ADHD: 9.8%
- Anxiety: 9.4%
- Behavior Problems: 8.9%
- Depression: 4.4%

( CDC, 2022)
Primary Trends in Youth Mental Health

Sad/Hopeless = 32.5%
Moderate Depressive Symptoms = 64.6%
Purposeful Acts of Self Harm = 17.9%

(CDC, 2022 & UDOH, 2022)
Positive Trends in Youth Mental Health

Advocacy and Action

Addressing Mental Health Around the Country

From providing mental health days to increasing resources, cities and states are taking action in schools.

**Illinois** Under a new law, public school students in the state will be allowed to take 5 mental health days per school year, starting in 2022. In March 2021, Chicago Public Schools announced a $24 million plan to invest in mental health and trauma support programs for students and staff.

**Massachusetts** The state is aiming to pass legislation called the Thrives Act to establish an advisory council that will help implement behavioral health promotion, prevention, and intervention services in school districts.

**Maryland** A new public-private partnership, Project Bounce Back, will direct $25 million from the CARES Act to bring additional counselors and psychologists into schools and expand Boys & Girls Clubs to every Maryland county.

**Nevada** The state passed a law allowing public school students to take 3 mental health days per school year.

**Florida** Miami-Dade County Public Schools provided staff with social-emotional learning and mental health awareness training and hired 45 new mental health coordinators.

**Virginia** Alexandria City Public Schools is redirecting funds from school police to mental health and mentorship programs.

**Georgia** Atlanta Public Schools plans to screen more than 30,000 pre-K to 12th grade students on their social-emotional behavior and has trained staff in trauma-informed practices.

(Abramson, 2022)
But Who Are You, and What Have You Noticed?

Let's Talk
The Multi-Tiered System of Support (MTSS) Model

- **Tier 1**: Universal Supports
- **Tier 2**: Groups and Check-ins
- **Tier 3**: Individual Therapy & Referral

**Diagram:**
- Tier 1: Universal Supports
- Tier 2: Groups and Check-ins
- Tier 3: Individual Therapy & Referral
The MTSS Framework from a Systems Lens
Tier I & II: Building a Culture of Mental Health

Encourage staff to regularly check-in with students re: social-emotional experience (individually & group contexts)

Check-in/Check-outs to start and end day

Peer well-being buddies

Incentivize inclusiveness (social isolation is a major concern for youth)

Incentivize acts of kindness
1. Re-examine your participant screening process.
   a. Is there opportunity for parents/guardians to report mental health concerns or past incidents upon registration

2. Consider implementing a regular mental health survey/check-in process for youth participants
   a. e.g. brief questionnaire that each youth participant fills out at intervals during program

3. Create a clear system of confidential reporting if youth participants are experiencing challenges related to their mental health (or have concerns for friends)
Tier III: Referral + Crisis Response

1. Identification of Youth
   Observation, self-report, peer report, survey/screening informed

2. Appropriate Referral
   On-site counselor, program director, community MH partner

3. Crisis Response Planning
   Choose programmatic standard (e.g. Brief CBT for Crisis Response)

Note: Parents/Guardians should be informed at Stage II
Choosing one model for your program

1. Brief Cognitive Behavioral Therapy for Crisis Response
2. Youth Nominated Support Team
**Staff Training**

**Orientation/ Initial Staff Training**
- Time devoted to understand typical mental/behavioral health concerns they may witness (e.g. anxiety, social isolation, suicidal or self-injurious thoughts/behaviors)
- Clear referral process for youth concerns

**Ongoing Support**
- Staff trainings on mental/behavioral health concerns should not be incongruent with support provided during programs
- Encourage regular check-ins with supervisors re: mental health of youth participants

**PD Opportunities**
- Consider virtual or in-person guest trainers to not only increase staff competency in response but also create exciting professional development opportunities
- Graduate student labs/trainee’s are a great low-cost resource!
What systems of support do your programs have in place for students and staff?
1. Developmental Relationships: Activity Resources
2. Mental Health Gov: What to Look for
3. Tips for Talking with and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers and Teachers
**Resources for Leaders**

1. Developmental Relationships Toolkits
2. Mental Health First Aid
4. BCBT Online Resource
5. YST Online Resource
Additional Resources

1. Utah School Mental Health Collaborative Resources
   - Utah Crisis Line
   - Mobile Crisis Outreach Team (MCOT)
   - Stabilization and Mobile Response Unit (SMR)
   - Safe UT
   - Utah Language Translation Services
Thank You!

Please email us with any follow-up questions or requests for collaboration. We are here to help!

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References

