Mental Health and Education

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National Alliance on Mental Illness Georgia

NAMI will develop and implement strategies that engage youth, young adults and their families, expanding our reach across the lifespan. 3

RESA MHAT (Mental Health Awareness Training)

Ending the Silence for School Staff	QPR (Question, Persuade, Refer)	safeTALK	Mental Health First Aid (Adult and Youth)	ASIST
Georgia Youth in Crisis / CIT- Youth	Trauma 101	BrainDev 101	Trauma/Brain 201	Secondary Trauma
	DECAL Tier 1 and Tier 2 Interventions	DECAL Social- Emotional Strategies	DECAL Workforce Development	

Mental Health & Youth



Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Mental Illness

Mental illnesses are **conditions** that **INFLUENCE** a person's thinking, feeling, mood or **behavior**, such as depression, anxiety, bipolar disorder, or schizophrenia. Such conditions may be occasional or longlasting (chronic) and affect someone's ability to relate to others and function each day.

Mental Health and Mental Illness

What is the difference?

 Although the terms are often used interchangeably, poor mental health and mental illness are not the same things. A person can experience poor mental health and not be diagnosed with a mental illness. Likewise, a person diagnosed with a mental illness can experience periods of physical, mental, and social well-being.

https://www.cdc.gov/mentalhealth/learn/index.htm

20% OF CHILDREN

ages 6-17 experience a mental health condition

(1 out of 5 children) in a given year

50-80% OF CHILDREN ages 8-15 experiencing a mental health condition don't receive appropriate, timely treatment

> 50% **OF STUDENTS** AGES 14 + with a mental health condition drop out of high 🧹 school 🔽 *More than any disability group

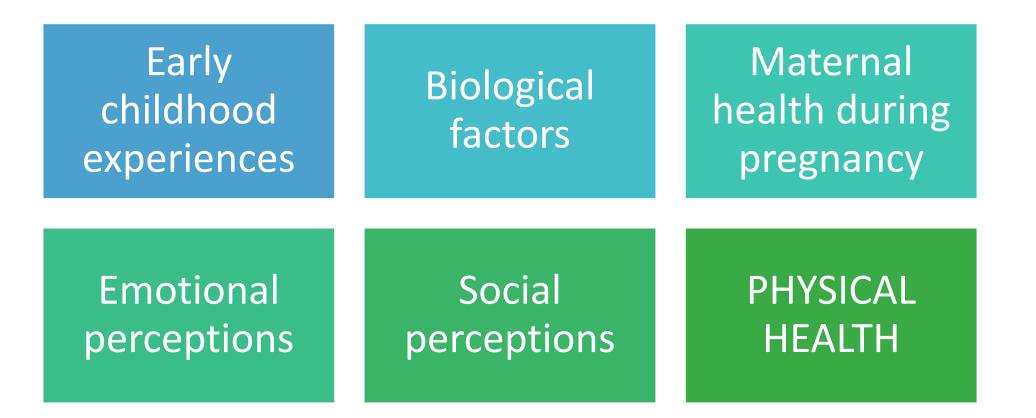
1/2 OF ALL LIFETIME CASES of mental illness begin by age 14

50-75% OF YOUTH IN JUVENILE JUSTICE SYSTEMS

experience a mental health condition **90% OF YOUTH WHO DIE BY SUICIDE** had one or more mental health conditions

Despite effective treatments there are long delays—<u>sometimes</u> <u>decades</u>—between onset of symptoms and treatment

What Contributes to Children's Mental Health





Mental Health, School Safety,& Education



School Safety

 School safety is defined as schools and school-related activities where students are safe from violence, bullying, harassment, and substance use. Safe schools promotes the protection of students from violence, exposure to weapons and threats, theft, bullying, and the sale or use of illegal substances on school grounds.

Source: SafeSupportiveLearning.ed.gov

On any given day, a public school student stands a roughly <u>one in</u> <u>614 million chance of</u> being shot.

Suicide is <u>the 3rd</u> <u>leading cause of death</u> <u>for 15 to 24-year-olds</u>

<u>1 in 65,000</u> children ages 10 to 14 dies by suicide each year. Less than 3% of children in Georgia reported bringing a weapon to school in 2019

2019 GaDOE 6-12 Student Health Survey

- **13.3%** Considered Suicide
- 19.2% Considered Self Harm
- 15.5% Don't Feel Connected to Their Classmates
- 21.2% Don't Feel That They Fit In
- 23.3% Don't Have an Adult to Talk To at School
- 25.9% Concerned About Safety
- 26.8% Feel Unsafe at School
- 54% Feel Students Don't Take Pride in Their School

What CAN we do?

What we CAN do.

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Sometimes the questions are complicated...

But the answers are simple.

Seek first to understand.

What we CAN do

- Are children coming to school ready to learn?
- Are there barriers to learning readiness?
- Are there barriers we haven't considered?
- Are there barriers that our students don't want us to know?

2019 GaDOE 6-12 Student Health Survey

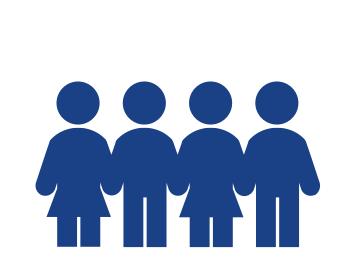
- 8.5% received threatening or harassing text messages
- 9.9% were the target of online bullying or harassment on social media
- 11.9% were victims of physical aggression
- **16.9%** were victims of bullying or threats
- 18.3% felt safe at school 0, 1, or 2 days out of 30
- 22.8% reported victimization by rumors or teasing
 33% were picked on or teased at school

2019 GaDOE 6-12 Student Health Survey

- •47% Family Problems
- 32% Peer Problems
- •31% School Performance
- •30% Demands of School
- •21% Bullying
- 19% Relationship Problems
- •14% Social Media

"One out of every four children attending school has been exposed to a traumatic event that can affect learning and/or behavior."

> NCTSN Child Trauma Toolkit for Educators



Violence & Mental Health

- Most people with mental illness will never become violent, and mental illness does not cause most gun violence. In fact, studies show that mental illness contributes to only about 4% of all violence, and the contribution to gun violence is even lower. i
- Research shows that a history of violence, including domestic violence; use of alcohol or illegal drugs; being young and male; and/or a personal history of physical or sexual abuse or trauma, increases risk. Mental illness alone is not a predictor of violence. ii

i Swanson, J.W., et. al., "Mental Illness and Reduction of Gun Violence and Suicide: Bringing Epidemiologic Research to Policy," Annals of Epidemiology 25 (2015) 366-376. ii D. Webster, et. al., "Five Myths About Gun Violence," The Washington Post, October 6, 2017

By supporting students learn to acquire the SKILLS to understand and communicate their emotions, manage their own behavior, persist through challenging tasks, and develop meaningful relationships we will create more peaceful schools and communities.

What we CAN do.

- Raise Awareness
- Promote resiliency
- Allocate resources
- Create inclusive and supportive learning environments for ALL children to support

