

North Dakota Department of Public Instruction



Youth Mental Health Training

Senate Bill (SB) 2048, introduced and passed during the 2015 North Dakota legislative session, creates a school-wide response and promising infrastructure relating to youth mental health, designed to increase awareness, understand the conflicts youth experience, and how to support and refer. Section 1 of the bill relates to teacher licensure to ensure preservice programs include mental health competencies; Sections 2 and 5 require districts provide mental health training to teachers and administrators and requires the Department of Public Instruction (NDDPI) provide training information to districts and a summary report to legislative management on the feasibility and effect of mental health training.

This fact sheet focuses on SB2048 Section 2 – North Dakota Century Code (NDCC) 15.1-07-34:

Once every two years, each school district shall provide a minimum of eight hours of training on youth mental health to elementary, middle, and high school teachers and administrators. Each school district shall encourage ancillary and support staff to participate in the training. The training must include:

- a. Understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and health care and treatment providers;
- b. Knowledge of mental health symptoms, social stigmas, risks, and protective factors; and
- c. Awareness of referral sources and strategies for appropriate interventions.

Each school district shall report the outcome of the training to the Department of Public Instruction.

The Superintendent of Public Instruction shall collaborate with regional education associations to disseminate information, training materials, and notice of training opportunities to school districts and nonpublic schools.

NDCC 15.1-07-34 was created as a result of several influences. School administrators and educators voiced increasing concern about student behavior and emotional health issues and the ineptness to react, refer and support youth experiencing trauma, crisis, and mental health and its overall negative influence upon attendance, academic, and social growth. Simultaneously, a Behavioral Health Stakeholders group, formed by the Human Service interim committee and consisting of over 100 members, recognized the urgency to address behavioral and mental health needs as outlined in the Schulte Consulting's Behavioral Health Planning Final Report for North Dakota, June 2014 (ruralhealth.und.edu/projects/nd-behavioral-health/legislative-study).

Mental Health Issues

Challenges growing up is evident in every generation and for most, a natural part of developing a positive self-image. However, with societal and parental changes, today's youth and the adults in their lives are not as capable to recognize conflict and provide supports and services. According to a 2013 Centers for Disease Control and Prevention (CDC) report, one out of every five children experiences a mental health disorder in any given year. The National Institute of Mental Health (2009) estimates only 20 percent receive treatment. Supportive research identifies nearly half of all lifetime cases of mental illness begin by age 14.

The 2013 North Dakota Youth Risk Behavior Survey (YRBS) reveals at-risk behaviors of high school students (grades 9-12) and shows a need for mental health training.

- 35 percent have had a drink of alcohol in the past 30 days
- 22 percent reported binge drinking in the past 30 days (consuming 5 or more drinks within a couple of hours)
- 25 percent reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past 12 months
- 16 percent seriously considered attempting suicide in the past 12 months
- 25 percent reported being bullied on school property in the past 12 months
- 18 percent used prescription drugs without a doctor's prescription in their lifetime

Multiple terms – mental health, emotional health, behavioral health, trauma, and crisis – are all used to define the broad range of behaviors that signal students need support. Optimal mental health can be defined as “a state of well-being 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 to his or her community.” (World Health Organization)

Not all students react equally to situations and events in their lives. Some students will handle a difficult situation with minimal school distraction. Other students will be noticeably disobedient and even destructive when dealing with the same event. Whether it is the death of a pet for a 6-year-old, the parents' divorce for a 10-year-old, the diagnosis of an eating disorder of a 15-year-old or symptoms of depression for an 18-year-old – each reaction may play itself out at school and result in poor grades, distractibility, alcohol abuse, cutting or a formal diagnosis. School personnel need to have information, processes and supports in knowing risk factors, screening/assessment protocol, internal/external referral for treatment, and reentry support.

Training sessions must focus on mental health as it affects youth. Youth mental health disorders include, but are not limited to depression, anxiety, attention-deficit/hyperactivity, behavior disorder, autism, substance use disorder, bipolar disorder, eating disorder and psychosis.

Youth Mental Health Training and Reporting Requirements (NDCC 15.1-07-34)

Every two years, eight hours of youth mental health training must be given to all elementary, middle school and high school teachers and administrators. Ancillary staff and support staff are encouraged to participate. Districts are given the right and responsibility to implement and deliver the training using a variety of resources and methods that best meet their needs and address data collection. A district's comprehensive staff professional development plan, based on a needs assessment, can assist in determining implementation.

Training topics must include:

- a. Understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and health care and treatment providers;
- b. Knowledge of mental health symptoms, social stigmas, risks, and protective factors; and
- c. Awareness of referral sources and strategies for appropriate interventions.

Districts will report training dates, participants, and outcomes using the NDDPI STARS System.

Implementing Youth Mental Health Training

- ◆ **Youth Mental Health First Aid (YMHFA):** The Youth Mental Health First Aid (YMHFA) is the only research/evidence-based program which NDDPI has supported with a trained statewide cadre. NDDPI has partnered with the National Council for Behavioral Health to train instructors across the state. Additionally, Department of Human Services and Department of Juvenile Services have endorsed this program with agency trainers to support standard cross-training.

The YMHFA, geared for adults who interact with youth ages 12-18, is an eight hour training. It is an international program with research-based evidence demonstrating the effectiveness of this program in improving knowledge of mental disorders and substance abuse, removing fear and misunderstanding, and enabling those trained to offer concrete assistance. It helps educators understand that mental disorders are real, common, and treatable and that it's OK to seek help. Participants do not learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan. Each training is limited to 30 participants with a recommendation that there be two instructors. For more information, go to www.mentalhealthfirstaid.org.

Cost: Costs would include instructor fees at approximately \$400 per instructor plus travel expenses and the price of manuals estimated at \$20/manual. The NDDPI has purchased manuals and will provide manuals while the supply lasts. For more information and/or to set up a training, contact Gail Schauer at gschauer@nd.gov or (701) 328-2265.

- ◆ **Elementary Mental Health Training:** NDDPI is currently working on a mental health training for adults who interact with youth ages 5-12. This program is preliminary, and there are plans to have a pilot project this school year. NDDPI anticipates this training will be available in the spring of 2016. More information will be provided as it becomes available.
- ◆ **Mental Health Training Curriculum for Juvenile Justice (MHTC-JJ):** This curriculum was first designed for juvenile justice professionals. A modified version can be provided to school staff. Almost 70 percent of youth involved with the juvenile justice system have a diagnosable mental health disorder. Yet, the majority of staff who work with youth every day lack training.

This eight-hour training was developed by the McArthur Foundation's Models for Change/Juvenile Justice Action Network and provides critical information and practical strategies for interacting and communicating with youth in their care who have mental health needs. The training includes:

- The Interface Between the Juvenile Justice and Mental Health Systems
- Understanding Adolescent Development
- Mental Health and Substance Use Disorders
- Child Trauma
- Treatment of Youth with Mental Health Disorders
- Working with Youth – What You Can Do
- Family Engagement

Cost: Include travel per diem at state rates for instructors and the cost of manuals estimated at \$25/manual. For more information contact Lisa Jahner, North Dakota Juvenile Justice Specialist, at ljahner@ndaco.org or (701) 328-7320.

- ◆ **North Dakota Special Education State Systemic Improvement Plan (SSIP):** The SSIP is in place to support districts and schools in developing school improvement goals related to students with behavioral, social/emotional, social communication, and mental health needs. Each Special Education unit will be identifying goals, objectives, strategies, and activities that each public school will include in their existing Continuous Improvement Plan using the AdvancED ASSIST Tool. Special Education is providing trainings, two of which may meet the training requirements in NDCC 15.1-07-34.

The first is Prevent-Teach-Reinforce (PTR) training, a research-based collaborative strategy for conducting a functional behavior analysis that leads to the development of effective behavior intervention plans. This approach defines the problem behavior, develops a comprehensive behavioral definition to include actions or verbalizations, analyzes the context in which the behavior occurs and when it is absent, identifies and addresses the social/emotional and mental health reasons for the behavior, and identifies replacement behaviors to teach the students.

The second training is evaluating the need and designing explicit instruction for teaching self-regulation skills to students with behavioral, social/emotional, social communication and mental health difficulties. Self-regulation is defined as having the ability to strategically and consistently modulate one's emotional reactions or emotional states in order to be more effective at coping with and engaging in the instructional activities of the classroom. The learning tasks promote the student's recognition of emotional and mental health needs; development of social interaction skills including expressing their thoughts, feelings, and behaviors; recognize shared behaviors and use external supports to engage in appropriate behaviors and complete the tasks of each lesson.

This training can meet the law's requirements if all of the required topics are covered and the focus is kept on youth mental health. For more information, contact your local Special Education Unit. A directory can be found at www.nd.gov/dpi/Administrators/SpecialEd.

- ◆ **Professional Community:** Local community members could provide training if they are knowledgeable and comfortable with the subject matter. Districts should complete a needs assessment with a review of local data and existing school programs. Youth mental health training should be aligned to compliment other efforts within the school. The training must include all topics outlined in ND15.1-07-34 and must be focused on youth mental health. Possible community members may include, but are not limited to, social workers, counselors, psychologists, physicians, treatment providers, juvenile justice or law enforcement personnel, special education teachers, and/or other lead teachers with expertise in youth mental health.

Suicide Prevention Training vs. Youth Mental Health Training

NDCC 15.1-19-24 requires districts provide middle school and high school instructional staff, teachers and administrators with at least two hours of professional development each year relating to youth suicide risk indicators, appropriate staff responses, and referral sources.

Suicide prevention is often included in mental health training and the two topics are interrelated. However, mental health training is more than suicide prevention. Within the youth mental health training, up to two hours per biennium may be counted as suicide prevention as long as the training meets the requirements in NDCC 15.1-19-24, addressing "youth suicide risk indicators, appropriate responses, and referral sources."

Summary

Preparing school staff with awareness and understanding of youth mental health provides an assurance that children will have the support they need for a solid foundation of emotional and mental wellness. Focusing on prevention and early intervention of students' social, emotional and mental health needs helps students prepare for the many life changes today and in the future, including the stresses of adult life.

Note: SB 2048 does not apply to private schools. Private schools are only required to meet the five school approval requirements set forth in NDCC 15.1-06-06.1.

Resources (To Be Considered in Designing Professional Development)

- ◆ ND Century Code 15.1-07-34
www.legis.nd.gov/cencode/t15-1c07.pdf?20150804110625
- ◆ Center for Mental Health in Schools
smhp.psych.ucla.edu/
- ◆ Children's Mental Health (CDC)
www.cdc.gov/media/dpk/2013/dpk-child-mental-health.html
- ◆ The Learning Center: Schools and Trauma
learn.nctsn.org/course/index.php?categoryid=39
- ◆ The National Child Traumatic Stress Network: Resources for School Personnel
www.nctsn.org/resources/audiences/school-personnel
- ◆ National Institute of Mental Health
www.nimh.nih.gov/index.shtml
- ◆ North Dakota Department of Human Services: Children's Mental Health Services
www.nd.gov/dhs/services/mentalhealth/children.html
- ◆ North Dakota Federation of Families for Children's Mental Health
ndffcmh.org/
- ◆ NREPP: SAMHSA's National Registry of Evidence-Based Programs and Practices
www.samhsa.gov/nrepp
- ◆ Substance Abuse and Mental Health Services Administration: Caring for Every Child's Mental Health
www.samhsa.gov/children
- ◆ Youth Mental Health First Aid
www.mentalhealthfirstaid.org/cs/



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