

Module One: Behavioral Health Needs of Students addressing Mental Health and Substance Abuse

Objectives:

1. Recognize stigma of mental and behavioral health issues;
2. Identify warning signs of mental and behavioral health issues;
3. Understand warning signs of alcohol and drug-related problems;
4. Understand the role of school professionals in identifying and referring students who may be experiencing alcohol- or drug-related problems; and
5. Have access to local, statewide and national resources for understanding alcohol- and drug-related learning barriers.

Materials Needed:

1. Computer
2. LCD Projector
3. A Safety and Violence Prevention Curriculum
4. PowerPoint presentation

Background Review for the Facilitator

Module One is designed to provide the participant with the “big picture” as it relates to student health, safety, well-being and ultimately to academic achievement. Specifically, this module will focus on various mental and behavioral health and substance use and abuse issues in students. Educators are not expected to be mental or behavioral health professionals. However, when the behavioral and mental health needs of students go undetected and untreated, a substantial impact on their academic performance and achievement is the result. You are not expected to provide clinical intervention or treatment to students; rather, you have the opportunity to **recognize, reach out, and refer** the subtle changes that you see in students and, perhaps, catch the problem before it gets bigger.

As the presenter, you might be asked about definitions for alcohol and drug use, abuse and addiction. As you think about your response, it might be helpful to conceptualize this as a continuum of use, abuse and addiction. This continuum of addiction varies widely from person to person (physiological propensity for addiction varies according to general health, age, family history of addiction and other variables), and from substance to substance (some designer drugs are known to be highly addictive after just one use).

For example, alcohol is known to be increasingly addictive as the age of the user decreases (the younger the user, the more addictive), but it is impossible to predict how many exposures to alcohol will constitute addiction. How many exposures to the substance constitute “use” versus how many constitute “addiction?” Addiction can be physiological or psychological, but usually has elements of both. Since the school professional is asked to simply **recognize, reach out and refer**, the diagnosis along this continuum will be made by the professional who will provide assessment and treatment. We are asking all school professionals to be alert to the signs of **use** of any substance – with that directive, all other behaviors related to abuse and addiction will also be noticed and referred.

For this topic, consultation with or presentations by local law enforcement representatives or mental health and substance abuse professionals might be helpful in order to provide links to information locally about drugs that might find their way into the hands of students and their effects. While the concerns about elementary school students might not be as pressing as the concerns about middle or high school students, professionals at all levels need to know what is being used by youth in their communities. In addition, awareness of the easy availability of alcohol in most homes in America is crucial, and societal attitudes about the use of alcohol as a means of expressing one’s adulthood or “coolness” cannot be overlooked. As the facilitator, you will want to help school professionals examine their own attitudes about mental health issues, alcohol and other substances so they are aware of their own biases about student behaviors, the use of substances and why kids might use them – thereby clearing the way for more consistent referrals in your schools.

Stigma of Mental and Behavioral Health Issues

For many years, mental and behavioral health issues have been associated with weak character, lack of moral fortitude and failure. For this reason, many people stigmatize mental and behavioral health issues and equate them with *morality* and *character* issues. For example, alcoholism was once thought to be a failure of moral fiber and self-discipline, a character flaw that “right thinking” and religion could cure. Now, scientists have found that chemistry of the brain and body as well as environmental factors influence how susceptible a person might be to the disease of alcoholism and offer a variety of treatment strategies, including medication, abstinence, and for some, prayer or meditation. Another example is depression, which was once equated with laziness and acting as a “ne’er-do-well.” This condition, too, has been linked to chemistry of the brain and body as well as to environmental factors. The point is that both facilitators and participants might benefit from private reflection on opinions, biases and attitudes about mental and behavioral health issues.

Often little attention is paid to the non-academic issues that students face. A student's mental or physical health problems; family problems such as death, relocations or transitions; parental marriage, financial, and/or career problems; and societal problems all affect children in profound ways. For the most part, young people initially manifest their distress through subtle changes. These may include changes in friendships, changes in academic productivity and changes in dress or appearance. When a typically well-groomed young person stops showering and consistently appears disheveled, or a typically polite student becomes overtly disrespectful and defiant, the behaviors may be indicative of interpersonal distress. These changes may give way to more intense behaviors such as angry outbursts, violent behavior or language usage towards others, extreme sadness or helplessness and paranoia or suspicious behavior.

Culture, gender, economics and other demographic variables may influence the ways in which, and the extent to which, young people express their distress. Regardless of the nature of students' problems, if no assistance from caring adults is forthcoming, children's distress may become more intense, and can result in crisis levels. In crisis, a student's pain may manifest in one of two ways: they can turn their pain inward or they can direct their pain outward.

Pain turned inward may manifest in depression, eating disorders and self-injurious behaviors (e.g., cutting, branding, scarring). Other high-risk behaviors such as unprotected and indiscriminate sexual activity, alcohol and substance abuse or addiction, suicidal ideation and engaging in abusive relationships may occur. Pain turned outward may manifest in aggression, bullying, dating violence, violence toward animals or objects, defiant and oppositional behavior, gang affiliation or criminal activity.

The issue is not to memorize a laundry list of "warning signs," but rather to be aware that young people who are troubled, who are in pain, will communicate that pain in some way.

These warning signs overlap with each other and may be indicative of a variety of different social, emotional and behavioral health issues. This training has been designed to highlight the need for educators to **recognize, reach out, and refer** young people to professionals who can help address problems before they escalate to crisis level.

Mental and Behavioral Health Issues - How Do I Know What to Look For?

Mental illnesses are biologically-based brain disorders. They cannot be overcome through willpower and are not related to a person's character or intelligence. They are medical conditions that disrupt a person's thinking, feeling, mood, daily functioning and ability to relate to others. People affected can be of any age, race, religion or income.

Mental illness comes in a variety of forms and is accompanied by a number of related symptoms. Symptoms vary depending on the type and severity of the condition. Some general symptoms that may suggest a mental disorder include:

- Confused thinking
- Long-lasting sadness or irritability
- Extreme highs and lows in mood
- Excessive fear, worrying or anxiety
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Delusions or hallucinations (seeing or hearing things that are not really there)
- Increasing inability to cope with daily problems and activities
- Thoughts of suicide
- Denial of obvious problems
- Many unexplained physical problems
- Abuse of drugs and/or alcohol

Identifying Substance Use and Abuse in Students

The general indicators of substance use and abuse include anxiety or nervousness and a general sense that the student is 'out of it.' Please note also that students who are failing or underachieving are also at higher risk of experiencing problems with these issues.

By being aware of how students are functioning, you can **recognize, reach out and refer** them for support. Elementary school students who are experiencing depression or academic failure may not be abusing substances themselves, but their families may be doing so.

Substance use or abuse by students *or by members of a student's family* will result in barriers to learning. While it is documented that some children use substances, the most common problems for elementary students arise from the substance use and abuse by family members. In addition to potential physiological problems, such as fetal alcohol syndrome disorder and fetal alcohol effect, familial substance use/abuse creates challenges for children.

These challenges include developmental delays and emotional issues. Further, survival issues related to family finances may also arise, depending on the extent of the use or abuse of substances. For children who grow up in substance-using family systems, substance use may become a learned way to address life’s challenges.

Identifying Substance Prevalence and Use Among Students

Prevalence rates for alcohol use can be compared using the Centers for Disease Control and Prevention’s Youth Risk Behavior Surveillance System – United States. Compiled every two years, the survey is administered nationally to high school students. From these data sets, it is possible to see statistics for youth at the national and state levels. The 2011 data indicated the following:

Question	National Data	Ohio Data
Percentage of students who had their first drink of alcohol, other than a few sips, before age 13	20.5%	18.1%
Percentage of students who have had at least one drink of alcohol on one or more days during their life	70.8 %	70.7%

In addition to these data sets, important connections exist between tobacco and alcohol use. According to some studies, most adult users of alcohol or tobacco first tried these drugs during their early teens. Among smoking alcoholics, the initiation of regular cigarette smoking typically precedes the onset of alcoholism by many years, although data are inconsistent. Adolescents who begin smoking are three times more likely to begin using alcohol, and smokers are 10 times more likely to develop alcoholism than are nonsmokers.

Statistics about suicide and alcohol use highlight the interconnection of all these issues. According to TeensHealth, teens with alcohol and drug problems are also at a higher risk for suicidal thinking and behavior, because the depressive effects of alcohol and drugs can increase pre-existing mood disorders such as depression or bipolar disorder. The problem can be worsened in that many people who are depressed turn to alcohol or drugs as an escape. In addition to their depressive effects, alcohol and drugs alter a person’s judgment and interfere with the ability to assess risk, make good choices and think of solutions to problems. Many suicide attempts occur when a person is under the influence of alcohol or drugs.

Substance Use – How Do I Know What to Look For?

Many of the warning signs of student mental or behavioral health issues overlap with the indicators of student substance use, abuse and addiction. As stated previously, when students are struggling with barriers to learning, they:

- Show a decline in school work; their grades slip or drop dramatically;
- Miss school (skipping secretly or being too “tired” or “sick” to attend);
- Have unexplainable and dramatic mood changes (irritable, crying jags);
- Drop out of usual activities (music, sports, hobbies);
- Change their physical appearance (poor hygiene, unusual style changes);
- Lose motivation;
- Seem depressed or anxious;
- Are forgetful; and
- Change their sleeping habits, are tired, and possibly fall asleep in class.

Because of the emphasis on **change** in these indicators, it might be possible to overlook those students who have been customarily described as “underachievers” or who have often experienced academic failure. These students might be living with significant barriers to learning. You might miss the chance to help these students, who may be in danger of failing in school, if you focus only on students exhibiting *change*.

Substance Abuse – How Do I Know What to Look For?

When students are struggling with substance use, abuse or addiction, the Centers for Disease Control and the Adolescent Substance Abuse Knowledge Base indicate that these students:

- Suddenly change friends and do not introduce new friends to parents;
- May take money or valuables from others’ purses, lockers, desks or homes;
- Show furtive or secretive behavior, such as locking bedroom doors and taking a long time to answer;
- Have hostile, aggressive outbursts;
- Smell of alcohol or marijuana on their breath or body;
- Are negative, argumentative or destructive;
- Are paranoid, confused or anxious;
- Overreact to criticism;
- Act rebelliously;
- Are overly tired or hyperactive;
- Exhibit drastic weight loss or gain; and
- Always need money or have excessive amounts of money.

It is important to note from these lists of symptoms that school professionals are looking for *patterns* of behaviors that might indicate a student is struggling with life choices. Educators should not take any one of these signs as a definitive certainty of substance use, abuse or addiction.

How to Respond: Recognize, Reach out and Refer

The most important thing you can do is to **recognize** the signs and symptoms of distress in students, **reach out** to them, tell them you care and make the appropriate **referral** so that they can get the help they need to be successful in school and in life. Once aware of a student's mental and behavioral health issues, the following key messages will assist educators as they respond to student disclosure.

1. Key messages to use with the student once disclosure has occurred:
 - Thank you for sharing something so personal with me.
 - You deserve to be safe.
 - I appreciate that you trust me with this information.
 - I will explain the limits of confidentiality and Mandated Reporter Role.
 - Let's talk for a little bit about our next steps.
 - I am glad you brought this issue to my attention. I may not be able to answer all your questions, but I will get you connected to someone who can help.
 - I am concerned about you. Can we talk about this more with the guidance counselor (or other trusted adult at school)?
2. Before a disclosure (abuse, mental health issues, bullying, etc.):
 - Know your own biases about these issues.
 - Practice how you will respond to a student disclosure, incorporating youth-centered and non-judgmental approaches.
 - Be open to learning and incorporating new information that challenges your own beliefs.
 - Know to whom appropriate school supports/services should be referred.
 - Understand that your role is one of support and referral; you will not be expected to investigate a student's situation/claims nor should you.
 - Prepare how you will take care of yourself after a disclosure by a student of suicidal intention, abuse, trafficking, etc.
 - Confirm if there is a staff-convened task force or working group on these issues? If so, does it make sense at this time to join or consult with them?

The Power of One Caring Adult

As we all know, life can deal anyone some pretty serious challenges. Our students face problems with physical health, mental health, families and communities. To deal with these stressors, students need healthy coping abilities

and perspectives on life, which together create resilience. One model of resilience has been proposed by the Search Institute, which has presented the 40 Developmental Assets. As we think about ways to help our students be successful, schools can focus on and influence some of these 40 assets. Since 1990, Search Institute's framework of Developmental Assets has become the most widely used approach to positive youth development in the United States. The assets are grounded in extensive research in youth development, resiliency, and prevention. They represent the relationships, opportunities, and personal qualities that young people need to avoid risks and to thrive. The 40 Developmental Assets represent everyday wisdom about positive experiences and characteristics for young people. Search Institute research has found that these assets are powerful influences on adolescent behavior and protect young people from many different risky behaviors, and promote positive attitudes and actions.

School professionals care about students. Because they see students five days out of seven, educators are perhaps the only other adults, besides parents, who are more aware of how kids are doing and who have the same power to influence a child's life. Resilience literature highlights the importance of one caring adult in the life of a child – stories in which the caring adult literally saves a child's life by noticing distress and communicating care. This curriculum has been designed to translate that innate care into action on a student's behalf, to enable each participant to develop the skills needed to recognize distress, and to refer as needed and communicate care to the child, if appropriate. It is up to each of us to make the decision to act – a conscious choice to extend a helping hand to a student in distress.

What we will build in this community, called a “school,” is a caring place where we will not allow a child who is depressed, who may be considering suicide, who is abusing drugs or alcohol, or who has experienced violence, to go unnoticed.

When students experience behavioral and mental health issues, it is likely that they will evidence some changes in the way they act, look and perform at school. Noticing these small changes in students' behavior is key to providing timely intervention. Many times, these small changes go overlooked and, in turn, it is not until a major blowup or violent incident occurs that the behaviors and changes are recognized and considered significant.

In nearly all the major incidents of school shootings during the past several years, the perpetrators left clues to their distress or mental state through writings in class assignments; and interactions with their friends and school personnel. Having the courage to identify these changes in your students can result in the prevention of some potentially devastating outcomes. Additionally, recognizing emerging mental health concerns and/or indicators of abuse and connecting that

child with the appropriate resources can substantially and significantly alter the life of the child.

Reporting and Referral Requirements

As an educator in the state of Ohio, you are a mandated reporter of suspected child abuse. Ohio law mandates teachers, school employees and school officials report unknown or suspected child abuse and neglect to children's services or a police officer. This report is confidential in civil court actions and the name of the reporting party cannot be released. The report is admissible in criminal proceedings. Reports can be made anonymously and should be made following your school district's policies and procedures.

A March 2007 amendment to the Ohio Revised Code states that an educator's failure to report suspicion of child abuse is a first- degree misdemeanor, punishable by up to six months in prison and up to a \$1,000 fine.

In addition, educators should adhere to district policies for reporting incidents of abuse or mental and behavioral health issues including substance use and abuse. Educators should be knowledgeable of their district or building policy and procedures for reporting and referring identified students. Educators should know to whom incidents of abuse or mental and behavioral health issues should be reported. This includes substance use and abuse as well as to whom students in their building should be referred. These connections may include social service agencies or 211 systems in the community.

There are school wide efforts to ensure schools are safe places – places where kids who are depressed or suicidal get help, where kids who are using alcohol and drugs are noticed, and where bullies, their targets, and children living in abusive homes are helped. This is the kind of school our children deserve and that we can all work to achieve. We hope that you will work with your school improvement team, or school climate committee, to create schools like this.

Role of School Professional

1. What experiences have you had with students that display signs and symptoms of mental illness or substance use/abuse in your classroom or school building?
2. How comfortable and confident do you feel about **identifying** a student displaying the signs and symptoms of mental illness or substance use/abuse?
3. How comfortable and confident do you feel about **referring** a student displaying the signs and symptoms of mental illness or substance use/abuse?
4. What is the referral process for students in your building for a student displaying the signs and symptoms of mental illness or substance use/abuse?

Quiz

Q1: When referring a student for additional services, which of the following is not expected by the teacher?

- A. *Recognize, reach out, and refer.*
- B. Investigate further to be sure that the student requires additional services.
- C. Follow your school or district policy for in-school and/or community referrals.
- D. Let the student know that you care and want to help.

Q2: Mental illnesses and behavioral health issues are associated with_____.

- A. Weak character
- B. Lack of moral fortitude
- C. Biologically-based brain disorders
- D. Failure of self-discipline

Q3: Scientists have found that chemistry of the brain and body as well as environmental factors influence how susceptible a person might be to the disease of alcoholism.

- A. True
- B. False

Q4: Substance use or abuse by students *or by members of a student's family* will result in _____.

- A. Barriers to learning
- B. Developmental delays
- C. Emotional issues
- D. Survival issues
- E. All of the above

Q5: Teens with alcohol and drug problems are also at a higher risk for suicidal thinking and behavior, because the depressive effects of alcohol and drugs can decrease pre-existing mood disorders such as depression or bipolar disorder.

- A: True
- B: False

Q6: In crisis, a student's pain may_____.

- A. Manifest in one of two ways
- B. Turn inward
- C. Turn outward
- D. Show nothing at all

E. A through C

Q7: It might be possible to overlook those students who have been customarily described as “underachievers” or who have often experienced academic failure. These students might be living with significant barriers to learning.

- A. True
- B. False

Q8: When responding to students, educators should:

- A. Focus only on instructional needs of the student
- B. Thank the student for sharing something so personal
- C. Know their own biases about these issues
- D. Be open to learning and incorporating new information that challenges their own beliefs
- E. B through D

Q9: School professionals are not looking for *patterns* of behaviors that might indicate a student is struggling with life choices. Educators should only take any ONE of these signs as a definitive certainty of substance use, abuse or addiction.

- A. True
- B. False

Q10: Which of the following are ways or indicators that a student might benefit from a referral for additional assessment or services?

- A. School work has declined; grades are suddenly slipping or dropping dramatically
- B. Unexplainable and dramatic mood changes (irritable, crying jags)
- C. Dropping out of usual activities (music, sports, hobbies)
- D. Physical appearance changing (poor hygiene, unusual style changes)
- E. All of the above

Q11: What Protective Factors do students need to be successful?

- A. Common Sense
- B. High Family Income
- C. Healthy environment: home, school, community
- D. All of the above
- E. A and C only

Q12: Resilience literature highlights the importance of one caring adult in the life of a child – stories in which the caring adult literally saves a child’s life by noticing distress and communicating care.

- A. True

B. False

Quiz – Answer Key

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- A. True**
- B. False

National, State and Local Resources

Once these behaviors have been identified and the student has been referred to the principal or their designee, resources for helping students and their families are available at the local, state and national level. Each county Alcohol, Drug and Mental Health Board funds local agencies to provide services to students and families with mental illness, alcohol and other drug behavior.

State resources to promote healthy lives through the prevention and treatment of behavioral health disorders such as Red Flags, Ohio Mental Health Network for School Success and Drug Free Action Alliance, are available through the Ohio Department of Mental Health & Addiction Services to help educators, youth, and parents recognize and respond to signs of behavioral health disorders. To learn more about these resources visit <http://mha.ohio.gov/> or <https://www.drugfreeactionalliance.org/about-us>.

Nationally, the Search Institute has become the most widely used approach to positive youth development in the United States. The assets are grounded in extensive research in youth development, resiliency, and prevention in schools and communities. They represent the relationships, opportunities, and personal

qualities that young people need to avoid risks and to thrive. To learn more visit <http://www.search-institute.org/>.

Through the Substance Abuse and Mental Health Services Administration (SAMHSA) national resources are available to help create communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness. To learn more visit <http://www.samhsa.gov/>

The Fetal Alcohol Spectrum Disorder Statewide Steering Committee is a partnership that includes representatives from nine state agencies, three universities, providers and parents. The mission is to establish efficiency in state systems resource allocation, coordination of services, and augmentation of available resources to address Fetal Alcohol Spectrum Disorders. To learn more about this initiative and help for students, visit <http://mha.ohio.gov/Default.aspx?tabid=112>.