

HEALTHY YOUNG MINDS

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This newsletter is for
educators, parents, and
students about mental
health in schools.

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"13 Reasons Why": Don't Wait for Season Two to Begin the Conversation

The first season of the Netflix series, "13 Reasons Why" (13RW), generated a great deal of discussion among parents, students, and educators. The Mental Health Association in New York State, Inc. (MHANYS) agrees with the many professionals and organizations that expressed concern about the graphic depiction of suicide and the unfortunate response of some of the characters, specifically the guidance counselor, to Hannah's suicide.

Season two of "13 Reasons Why" will air on March 31, 2018. One positive outcome of the first season was the amount of attention and discussion the show generated. The stigma around suicide has meant that families, schools, and society, in general, have been uncomfortable talking about suicide. There is fear that raising the issue will increase a person's risk, concern that professional treatment is not readily available, and the belief that there is nothing that family and friends can do to help a person that is seriously thinking about taking his/her life. In fact, there is a lot that schools and families can do to minimize the risk of suicide.

First, we must understand the problem. According to the Center for Disease Control's Youth Risk Behavior Surveillance System (2015), 8.6%, or one out of 12 students in grades 9 to 12, has attempted suicide in the previous year. That is nearly two students in a typical classroom. Furthermore, nearly one in five reported suicidal thoughts.

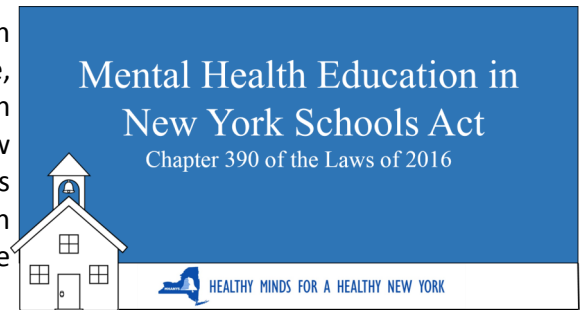
Second, educators, school staff, and administrators should have basic knowledge of mental health. Ninety percent of people who die by suicide have a diagnosed, undiagnosed, or misdiagnosed mental illness. Recognizing the signs and symptoms, and understanding typical adolescent development, will help educators be aware of emerging mental health problems in students.

Finally, schools should have a plan for identifying, referring, and supporting students in need of treatment. Each school should develop a policy consistent with school and community resources with a focus on collaboration. Schools have the opportunity to work with students who are receiving treatment and their families to support their individual wellness and recovery plans. Student mental health and wellness is critical to achieving positive educational outcomes.

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Mental Health Education in Schools Law: Implementation Update

On September 28, 2017, the New York State Department of Education (SED), in collaboration with Mental Health Association in New York State, Inc. (MHANYS), convened a New York State Mental Health Education in Schools Advisory Council to inform the implementation of new amendments to Education Law §804 made by Chapter 390 of the Laws of 2016 and Chapter 1 of the Laws of 2017. The new law, which recognizes instruction in mental health as a vital component of the required health education program, will become effective July 1, 2018.



The new law will require that health education programs recognize the multiple dimensions of health by including mental health in the program. The law emphasizes the relationship between physical health and mental health and the enhancement of student understanding, attitudes, and behaviors that promote health, well-being, and human dignity. Although Commissioner's regulation §135.1 currently includes mental health instruction, these recent amendments provide an opportunity to further clarify and expand upon the concept of mental health and wellness in schools.

The goal of the Advisory Council is to help provide schools with current resources to maximize students' knowledge and understanding of the multiple dimensions of health, including mental health and wellness. Prior to convening the Advisory Council's first meeting, SED and MHANYS conducted a survey of education stakeholders throughout the state. Over 800 respondents weighed in on questions related to the implementation of the new law. One question asked respondents to rank order nine various potential mental health topics that schools should teach. Instruction in the concept of wellness and self-care was ranked highest followed closely by the recognition of signs and symptoms of developing mental health challenges and instruction in awareness of mental health crisis such as suicide and self-harm, which was ranked third. Other survey questions focused on perceived barriers or challenges that schools might experience in responding to the new law as well as resources needed to be successful. The majority of respondents were health educators, school social workers, schools psychologists, schools counselors and school nurses.

The Advisory Council will meet again in November, 2017 to continue its work.

Continued from page 1 — "13 Reasons Why"

MHANYS and its affiliates are available to provide education and training and offer consultation to schools interested in addressing mental health and wellness. In addition, many of our affiliates provide community-based clinical services and many are now integrating those services into the school setting. For more information, contact Amy Molloy, MHANYS Director of Education, at amolloy@mhanys.org.

13 Reasons Why Resources for parents and schools:

Webinar:

<https://afsp.org/campaigns/look-ways-mental-health-awareness-month-2017/>

American Foundation for Suicide Prevention

National Association of School Psychologists

American School Counselor Association

Talking Points:

<https://www.jedfoundation.org/13-reasons-why-talking-points/>

Jed Foundation

Suicide Awareness: Voices of Education

CBT Tools to Help Students Manage Symptoms of Depression and Anxiety

Approximately 1 in 4 to 5 teens experience some sort of a mental health disorder, and only about a quarter of those affected seek treatment for a variety of reasons. Dr. Bernadette Melnyk, an expert in intervention research and child/adolescent mental health, has developed a program to help youth manage the symptoms of depression and anxiety, Creating Opportunities for Personal Empowerment (COPE).

The COPE Programs are based on a Cognitive-Behavioral Therapy-based skills-building approach that includes reducing negative thoughts, increasing healthy behaviors, and improving communications and problem-solving skills. As many who have a newly-identified mental illness know, getting access to timely mental health treatment is not always possible and may involve many weeks of waiting.

COPE is a 7 to 15 session program that can be delivered by a primary care physician, teachers, or online. COPE uses the concept of the ABCs (activator event, belief that follows, and consequence of the belief) to help young people identify their ABCs and reframe their thinking to achieve a more positive emotional outcome.

According to clinical research adolescents with higher levels of depression and anxiety, poor self-concept and suicidal thoughts showed large decrease in depression, anxiety, suicidal thoughts, and increased self-concept after going through the COPE program. Overall, COPE is a program that can be utilized in schools, or with a primary care physician in order to improve mental health outcomes.

To find out more information about COPE or how to implement COPE into your school go to: <https://www.cope2thriveonline.com/>

Legislative Watch: Proposed Mental Health in Education Legislation You Should Know About

There are three bills proposed in this year's legislative session that have implications for mental health and education. Although at the time of print of this article the legislative session will be over, it is highly likely that these bills will be active again on next year's legislative calendar. Here are the three proposed bills that MHANYS is tracking:

Instruction in Mental Health in Teacher Colleges {S.2465-C (Hamilton)/A.3686-C (Crespo)}: This bill directs the Commissioner of Education to require teachers (singular or plural) colleges to provide a course of instruction in mental health prior to each student's graduation. The bill seeks to better equip future teachers with the knowledge necessary to help identify students in need of mental health help.

Mental Health Education for Teachers {S.3550 (Hamilton)/A.4004 (Crespo)}: Teachers are on the frontline of educating our youth every day but often lack basic resources or knowledge about the signs, symptoms, and available treatments for mental health disorders, or how to respond to a mental health crisis. Teachers should be better-equipped to recognize and respond appropriately to these signs and to have the knowledge necessary to also teach students about mental health. MHANYS believes that educating teachers in public mental health compliments our proposal that students also need to learn about mental health.

School Certificate Title for School Mental Health Practitioners {S.6002 (Marcellino)/A.981 (Nolan)}: This bill creates a school certificate title for school mental health practitioners including licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, and licensed creative arts therapists to allow schools districts to hire these licensed mental health professionals.

**Mental Health
Association in
New York State, Inc.
(MHANYS)**

and its network of 26 local affiliates, serve New York State by offering innovative and effective programming that address a wide range of mental health challenges. MHAs fight stigma by increasing mental health knowledge in their communities and advocate for change in the mental health system ensuring access for all New Yorkers.



Did you know?

Teen Suicide

The Centers for Disease Control recently reported that in 2015, five girls out of every 100,000 ages 15 to 19 completed suicide in the U.S; double the rate in 2007 and the highest in 40 years for that age group.

Other alarming statistics include:

- 1 in 12 high schools students attempt suicide (Youth Risk Behavior Surveillance System – CDC)
- Suicide is the SECOND leading cause of death for ages 10-24. (2015 CDC WISQARS)
- Suicide is the SECOND leading cause of death for college-age youth and ages 12-18. (WISQARS)
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease COMBINED.

You should also know that 4 of 5 teens who attempt suicide have given clear warning signs. Understanding this fact is critical for prevention. You can learn how to recognize these signs and how to respond to a youth in crisis through suicide prevention training.

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Resources

Youth in Transition — www.youthnys.org

YOUTHPOWER! — www.youthpowerny.org

National Institute of Mental Health — www.nimh.nih.gov

National Eating Disorders Association — www.nationaleatingdisorders.org

New York State Association of School Psychologists — www.nyasp.org

Alcoholic Anon/Alcoholic Teen Hotline — 1.800.344.2666

Disability Rights New York — 1.800.993.8982

Eating Disorders Awareness/Prevention — 1.800.931.2237

National Runaway Hotline— 1.800.621.4000

Substance Abuse Hotline — 1.800.662.4357

The Trevor Project (LGBTQ suicide prevention) — 1.866.488.7386



Need community
information and/or
resources in NYS?

Call MHANYS

ASK FOR EITHER:
Mental Health Information Center
OR
Re-Entry Hotline
1-800-766-6177