Mental Health in the Proposed Education Budget for 2020-21

In his annual State of the State address, Governor Andrew Cuomo cited a recent survey conducted by the New York Council of School Superintendents, which listed student mental health as the number one concern of superintendents for the 2019-20 school year. In response to this and other looming concerns for the mental health of our youth, this year’s proposed Executive Budget includes a number of provisions to fund mental health initiatives in New York schools. These include:

**Increased Community Schools funding:** $50 million is set-aside within Foundation Aid for districts with Comprehensive Support and Improvement (CSI) schools and districts with a large and growing population of English language learners. In addition, the Budget expands the number of districts receiving community schools funding to 440 districts -- an increase of 200 districts. The budget also includes $250,000 for grants to school districts to allow community schools to expand mental health services and capacity of community school programs.

“Community Schools” are public schools that emphasize family engagement and are characterized by strong partnerships and additional supports for students and families designed to counter environmental factors that impede student achievement. Fundamentally, Community Schools coordinate and maximize public, non-profit and private resources to deliver critical services to students and their families, thereby increasing student achievement and generating other positive outcomes. Eligible school districts target school buildings as ‘community hubs’ to deliver co-located or school-linked academic, health, mental health, nutrition, counseling, legal and/or other services to students and their families in a manner that will lead to improved educational and other outcomes.

This program reflects the recommendations of the New NY Education Reform Commission and is consistent with the New York State Board of Regents advocacy for establishing programs for students and families that provide academic enrichment activities along with a broad array of student and family development opportunities within their communities.

- Continued on page 2
Mental Health in the 2020-2021 Education Budget—Continued from page 1

Education of Students in Office of Mental Health (OMH) facilities: Mental Health Pupils: Based on projected claims, a total of $52.75 million is provided for the 2020-21 school year to support the cost of educational services provided to students with disabilities who reside in (1) a group or family care home licensed by OPWDD (2) an OMH psychiatric center, or (3) an intermediate care facility or individual residential alternative licensed by OPWDD. Costs for these programs are paid by the school district where the facility is located and fully reimbursed by the State during the school year in which services are provided. The student’s school district of residence reimburses the State a basic contribution in the following year.

Primary Mental Health Project: A total of $894,000 is continued in 2020-21 for State support for school-based programs for the early detection and prevention of school adjustment and learning problems experienced by children in the primary grades.

School Mental Health Programs and the Mental Health Resource & Training Center: $1,500,000 is available for services and expenses of school mental health programs to a plan developed by the commissioner of education and approved by the director of the budget. Provided further, that of the amount appropriated, up to $500,000 may be used to support the School Mental Health Resource and Training Center.

Funding for a Master Teacher Program: There is $1.5 million allocated in the budget for the Master Teachers Program. The program would create a corps of outstanding teachers and counselors in order to improve the quality of instruction and counseling at public schools and establish mental health professional learning communities throughout New York State. This also provides a great opportunity to work with stakeholders to help embed Trauma Informed Care into school settings.

Supporting Students with Borderline Personality Disorder (BPD)

Emma* was a sophomore in high school struggling with severe social anxiety, recurring suicidal thoughts and self-harm behaviors. She became very upset in specific classes where she had issues with her peers, and it became disruptive to the learning environment. Emma also had difficulty completing assignments, and would often skip class, leading to failing grades. Her teachers had no idea how to help, reporting Emma’s struggles to the school based support team.

When school administrators met with Emma’s parents, they learned Emma had recently been diagnosed with Borderline Personality Disorder (BPD), and was at high risk for suicidality. Emma’s parents asked the school for support services, but with only one social worker for all the students, and a lack of information about BPD accommodations, the school was unsure how to proceed. They were concerned about Emma’s safety, and her ability to manage the demands of high school along with her symptoms.

This is the situation many educators find themselves in when confronted with students diagnosed with BPD. BPD is a complex and debilitating mental disorder, found to be affecting 3% of adolescents (Guilé et al., 2018), characterized by emotional dysregulation, impulsivity, identity confusion, difficulty with interpersonal relationships, and suicidality. BPD is

<table>
<thead>
<tr>
<th>Table 1 DSM-5 Diagnostic-Criteria for BPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Frantic efforts to avoid real or imagined abandonment</td>
</tr>
<tr>
<td>• A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation</td>
</tr>
<tr>
<td>• Identity disturbance: markedly and persistently unstable self-image or sense of self</td>
</tr>
<tr>
<td>• Impulsivity in at least 2 areas that are potentially self-damaging (eg, spending, sex, substance abuse, reckless driving, binge eating)</td>
</tr>
<tr>
<td>• Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior</td>
</tr>
<tr>
<td>• Affective instability due to a marked reactivity of mood (eg. intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)</td>
</tr>
<tr>
<td>• Chronic feelings of emptiness</td>
</tr>
<tr>
<td>• Inappropriate, intense anger or difficulty controlling anger (eg. frequent displays of temper, constant anger, recurrent physical fights)</td>
</tr>
</tbody>
</table>

Continued on page 4
Youth Aware of Mental Health, or YAM, is a program for 13–17 year olds that promotes increased knowledge about mental health. The five-hour program spans three weeks, every day of which is devoted to the exploration of mental health topics such as peer support, stress, crisis, depression, suicide, and help-seeking through role-play and discussions. YAM was developed by researchers at Karolinska Institute in Stockholm and Columbia University in New York. YAM is designed to raise mental health awareness about risk and protective factors associated with suicide, including knowledge about depression and anxiety, and to enhance the skills and emotional resiliency needed to deal with adverse life events, stress, and suicidal behaviors.

The YAM program includes education on the following themes:

- Awareness about mental health
- Self-help advice
- Stress and crisis
- Depression and suicidal thoughts
- Helping a troubled friend
- Getting advice: who to contact

The format of the YAM intervention, which includes student role plays, empowers youth to think about, verbalize, and discuss important stressors and mental health concerns, such as depression and suicide, in a context that is meaningful to them. YAM implementations and evaluations are currently ongoing throughout Europe (Sweden, Austria, France, Norway, and the U.K.), Australia, India, and the United States. To date, more than 100,000 youth have participated in YAM. Schools in at least two states including Montana and Texas are using YAM and researchers are evaluating the feasibility and acceptability in these settings. MHANYS will continue to monitor YAM for its readiness and availability to schools outside of the current evaluation pilots. Please contact MHANYS School Mental Health Resource and Training Center (www.mentalhealthednys.org/) for technical assistance and support in identifying mental health education resources that you can use to help develop your school’s mental health instruction curriculum.

Higher Rates of Teen Depression Among Girls Compared to Boys

An alarming trend has been unfolding over the past decade that reveals rates of depression among teenage girls rising faster and dramatically compared to their male peers. Major depression among teen girls in the U.S. increased from 12 percent in 2011 to 20 percent in 2017. This trend appears to manifest in a concurrent rise in self-harm rates. Over a five-year period between 2010 and 2015, the rate of emergency room visits due to intentional self-harm tripled among 10 to 14 year-old girls who were admitted to the emergency room after deliberately harming themselves. Even more tragically, the suicide rate for adolescent girls doubled since 2007. In search of an answer to explain the disparity between girls and boys, researchers turned their attention to the concurrent growth in the use of smartphones, social media and online gaming. Researcher Jean Twenge, at San Diego State University, found that social media had a stronger effect on girls than on boys. Research indicated that girls spend more time texting and on social media than do boys who use their smartphones and computers more for gaming. Although both girls and boys experience an increase in unhappiness the more time they spend on their devices, the increase is larger in girls. The data was drawn from surveys of more than 200,000 13 to 18 year-old adolescents in the U.S. and UK. The researchers examined digital media use in hours per day and measured psychological well-being separately.
Supporting Students with Borderline Personality Disorder (BPD) - Continued From Page 2

defined by any five of the nine criteria (See Table 1) in the Diagnostic and Statistical Manual for Mental Disorder, Fifth Edition (American Psychiatric Association, 2013).

Over the past decade, there has been increasing evidence that BPD should be diagnosed and treated during adolescence when symptoms often emerge. Children as young as eleven have been diagnosed with BPD, with prevalence in diagnosis increasing with age (Guilé et al., 2018), and peaking in early adulthood (Kaess et al., 2014).

New research about the neurobiology and developmental trajectory of BPD reveals that diagnosing and treating BPD in adolescence can improve long-term outcomes. Treating symptoms as early as possible with BPD specific treatments and early intervention are critical for recovery. The earlier treatment for BPD can occur, the more successful the results will be, since an adolescent’s brain is still developing and malleable (Kaess et al., 2014).

Leaving BPD untreated, however, can be associated with serious consequences. 50-80% of those with BPD have a co-occurring substance use disorder (Trull et al., 2018), and 10% of those with BPD will die by suicide (Soloff & Chiappetta, 2012). Moreover, Adolescents with BPD have higher rates of self harm and suicidal behavior, as compared to adults (Kaess et al., 2014).

Educators can be on the front lines of recognizing the symptoms of BPD. While those with BPD are often highly intelligent and creative, symptoms can impair their learning and daily functioning in school. A student impacted by BPD may have a significantly more difficult time than a typical teenager managing relationships, academic pressures or anxiety. It is critical for educators to be aware of the symptoms of BPD and how it may manifest in the school setting.

Common areas of concern for a student with a BPD diagnosis may include test taking, group projects and class presentations, recess and lunch time, teacher expectations, communication with teachers and peers, and lateness and truancy. These challenges are often caused by the student’s emotional sensitivity and regulation issues, interpersonal and communication difficulties, impulsivity or anxiety, medication side effects, and sleep disturbances. The earlier a student is recognized as needing extra support, the sooner the school can work with them through a lens of understanding and compassion, rather than blame and punishment.

Emotions Matter Inc., a 501c3 non-profit organization to support those impacted by BPD, created a new resource which offers individuals, parents and professionals information on how to understand BPD in the school environment. This resource offers an introduction to the process of seeking accommodations for a student with BPD, first-hand testimonials from those with lived experience, and strategies for handling transitions and interruptions to education.

“Receiving accommodations for my disabilities including BPD has helped provide a structured, accessible, and supportive learning experience. In part due to my accommodations, I have found school to be a wonderful and enjoyable experience." - Student with BPD

“My daughter had tremendous social anxiety with BPD. Accommodations made her feel good about herself and interact with others.” - Parent of Child with BPD

Although balancing the demands of academics and treatment can be challenging for students, schools can support BPD recovery by providing daily motivation, socialization, and structure, mitigating isolation often associated with suicidality. Schools can build students’ self-esteem through creative, active and academic pursuits, fostering their unique identity as individuals whose lives will continue beyond the stigmatizing psychiatric diagnosis of BPD.

The vast majority of those diagnosed with BPD recover and live meaningful lives. Support from educators can play a vital part in their long-term recovery.

This resource is available as a free downloadable at www.emotionsmatterbpd.org/resources2, or in print at https://emotionsmatterbpd.org/store. For more information, email outreach@emotionsmatterbpd.org.

This is a fictional story that represents a common profile of an adolescent with BPD.
Mental Health Matters Legislative Day
March 11th, 2020 in Albany New York

Mental health advocates will gather again in Albany for MHANYS’ annual Mental Health Matters Legislative Day to meet with legislators and rally at the State Capital. This year we are excited to support legislation to increase mental health literacy among school personnel and to seek adequate funding for mental health services. This annual event draws families, students, teachers, mental health service providers, and other mental health and education stakeholders. In past years, youth from across the state joined MHANYS for this event and visited legislators to advocate on mental health issues—experiencing valuable lessons in civics.

The event is free, begins at 8 am at the Empire State Plaza in Albany and includes a continental breakfast and free Mental Health Matters t-shirt. A rally at the State Capital will be held at noon and legislative visits occur in the afternoon. Schools are encouraged to attend and MHANYS can help schedule appointments with your school’s elected officials. Please join us in March! To register: www.mhanys.org. For more information call 518-434-0439.

Teen Mental Health First Aid (tMHFA): Project Update

In the September issue of Healthy Young Minds we reported on a new in-person mental health training designed for high school students that was announced on September 9, 2019 by the National Council for Behavioral Health. Teen Mental Health First Aid (tMHFA) helps students learn about mental illnesses and addictions, particularly how to identify and respond to a developing mental health or substance use problem among their peers. Similar to CPR, students learn a 5-step action plan to help their friends who may be facing a mental health problem or crisis, such as suicide.

The Center is partnering with the Schodack Central School District in Rensselaer County to provide mental health first aid training to its entire 10th Grade class at Maple Hill Senior High School in late February-Early March. All sophomores will have three 75-minute sessions in a classroom setting to learn to identify and respond to mental health problems among their friends and be advocates for positive mental health in their communities. The Center was one of only two pilot sites chosen in New York State to deliver the tMHFA curriculum. Center staff received special training through the National Council for Behavioral Health this summer to prepare for the tMHFA pilot.

A parent meeting was held recently as well as a Youth Mental Health First Aid training was held on February 1 for parents in the community.

tMHFA is an evidence-based training program from Australia. The National Council adapted the training with support from Born This Way Foundation and Well Being Trust. The pilot program is being evaluated by researchers from Johns Hopkins University Bloomberg School of Public Health to assess its effectiveness. The training will be made available to the public for the 2020-2021 school year following an analysis of the pilot study. The training for Maple Hill Jr./Sr. High School is being implemented in partnership with the Mental Health Association in New York State, Inc. (MHANYS). Schools interested in learning more about the training for next year should contact MHANYS.
Did you know?

Youth Trauma Facts...

- More than two thirds of children reported at least 1 traumatic event by age 16.
- The national average of child abuse and neglect victims in 2015 was 683,000, or 9.2 victims per 1,000 children.
- Each year, the number of youth requiring hospital treatment for physical assault-related injuries would fill every seat in 9 stadiums.
- 1 in 4 high school students was in at least 1 physical fight.
- 1 in 5 high school students was bullied at school; 1 in 6 experienced cyberbullying.
- 19% of injured and 12% of physically ill youth have post-traumatic stress disorder.
- More than half of U.S. families have been affected by some type of disaster (54%).

Source: SAMHSA’s National Child Traumatic Stress Initiative (NCSTI)