

HEALTHY YOUNG MINDS

A publication of MHANYS' School Mental Health Resource & Training Center

SEPTEMBER 2021, ISSUE 17

WHAT'S INSIDE

Message from the Director	pg. 1
A Trauma Informed Response to Grief	pg. 2-3
Trauma Responsive Understanding Self-Assessment Tool for Schools	pg. 3-4
Tools for Schools- Restorative Practice for Pandemic Times	pg. 5-6
Legislating Trauma Informed Schools	pg. 7-10
Did You Know?	pg. 11



This newsletter is for educators, parents, and students about mental health in schools. The information contained in this newsletter is intended for reuse. Please give credit to MHANYS.

Message from the Director

For students, the first day of school can be stressful enough: choosing what clothes to wear, making sure you have all the required supplies, figuring out your new class schedule, and wondering what it's going to be like seeing your friends again after a few months off. For the adults who surround and support our children, thoughts of safety, acceptance, and belonging are just as important as a desire for academic success and engagement in the arts, sports, and other meaningful activities. Transitions are exciting - but they can also be scary.

It is safe to say that the 2021-2022 school year will be unlike anything we have ever experienced. Following the confusion and uncertainty of in-person versus virtual classes and the anticipated lapses in learning, teachers, parents, and students are coming into this new year with unprecedented levels of anxiety and worry. Those fears go beyond learning and academics. Concerns about health and safety are at the forefront of most people's minds. During the pandemic, our collective attention has been drawn to the importance of mental health, wellness, and connectedness. When we talk about health and safety, we must include mental health and psychological safety.



We cannot address the mental health needs of our students without acknowledging the traumatic impacts of the Covid-19 pandemic. Sadly, for many, trauma is not new, but increased awareness of and attention to trauma-informed care and practices gives us hope to begin a process of healing. The School Mental Health Resource and Training Center (SMHRTC) is equipped to assist families, caregivers, educators, and school support personnel to be better positioned to address the emerging mental health needs as students return to the classroom in the Fall of 2021. Through our curriculum development materials, Family Education Webinar series, professional development resources and trainings, and wellness toolkits, we are eager to continue supporting students, schools, and communities in the coming academic year.

In closing and on a personal note, I am honored to be writing this letter after a transition of my own as I begin as the new Director of the School Mental Health Resource and Training Center. For the past seven years I worked at the Mental Health Association of Rockland County - overseeing and directing a variety of programs, educational initiatives, and community outreach. As a practicing therapist, former classroom teacher, and lifelong learner, I am deeply committed to the health and wellness of our students, school staff, and all of those that MHANYS impacts and supports across New York.

With great hope and gratitude,
Brandon Beachamp, M.Ed., LMHC
Director, School Mental Health Resource and Training Center

A Trauma Informed Response to Grief

Students have lived through one of the most frightening times in contemporary history. The collective trauma students have experienced is an enormous emotional loss event and the result of traumatic events and circumstances involves grief. Due to the groundbreaking research of the [Adverse Childhood Experiences \(ACEs\)](https://www.cdc.gov/aces/) (cdc.gov) there is now evidence that emotional trauma suffered in childhood can have lifelong effects on mental and physical health.

Many mental health professionals find unresolved grief accompanies behavioral health challenges, so in regards to youth it's imperative to understand all trauma includes loss and all loss involves the grieving process. Science has suggested that grief similar to fear is a stress reaction and levels of stress hormones like cortisol increase. Understanding grief as a stress reaction is important because unresolved trauma and grief influence mind-body health. Many adults have grown up avoiding their emotional pain and the outcome is seen in negative coping skills and poor mind-body health. Making the connection that grief is a stress reaction with numerous outcomes on a student's overall health will position families, educators and communities to recognize symptoms related to grief and offer trauma-informed responses.



Many school settings have embraced trauma-informed practices with a deep understanding of trauma's impact on student success and the recognition that learning requires physical and emotional safety, trusting relationships, connection, equality of conditions and a sense of belonging. In moving forward it's essential that students process the grief associated with their experiences during the pandemic. Grief is mixed in with so many other emotions and behaviors that it may be invisible to many educators, students and their families. Supporting the grieving process ensures that grief will not be categorized as a disease or character deficit but rather an essential part of being human.

Students benefit in understanding that it's impossible to go through life and not experience loss, and grief is not only connected with the death of a loved one, we all experience living losses. A person may grieve the loss of their health, the loss of a pet - children may grieve a divorce, a teenager may grieve the ending of a relationship, and a family may grieve the onset of serious mental or physical illness. We grieve whenever we feel a loss - when something dear to us is suffering or taken away from us.

The community's response to grief is important because if as individuals we are uncomfortable being sad or supporting someone who is sad, we position ourselves to numb our feelings and that is seen throughout society in various forms. Youth that are offered a safe space and encouraged to feel what they need to feel are less likely to self-medicate or exhibit behaviors that compromise their mind-body health.

Some of us have been told that time heals all wounds, but maybe time just helps us learn to live with our sorrow. This is a unique time in our history to respond to grief as the change agent that it truly is. If as a nation, community and family we are able to validate emotional pain and sorrow our youth will not carry their trauma and unresolved grief into adulthood. In offering trauma-informed responses students will learn that grief is a normal and healthy response to loss. Our lived experiences move with us and when we are offered support we integrate those experiences into the best of ourselves. Support builds resilience and to heal we need to feel what we feel with the understanding that our loss will be a part of us, but it does not need to be all of us. To help support students and their families here are some recommended resources. (CONTINUED ONTO NEXT PAGE)

National Association of School Psychologist – Addressing Grief: Tips for Teachers and Administrators
<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/addressing-grief/addressing-grief-tips-for-teachers-and-administrators>

Grief: Experiencing Life after Loss

<https://www.healwaynecounty.com/grief>

Children’s author, Julia Cook reads her book “Grief is like a snowflake”-

<https://www.youtube.com/watch?v=UOR9ALVyDzo>

What a Children’s Book Taught Me (and My Students) About Grief

https://greatergood.berkeley.edu/article/item/what_a_childrens_book_taught_me_and_my_students_about_grief

Trauma Responsive Understanding Self-Assessment Tool for Schools (TRUST-S)

by Noora Abdulkerim, Siena Tugendrajch and Amy Scheel-Jones, Coordinated Care Services, Inc.

Traumatic events may affect students and their families, teachers, administrators, school-based mental health service providers, and other school personnel. When experiencing acute or chronic trauma, some students might withdraw from their usual activities, while other students may start exhibiting disruptive behaviors in the classroom. Student success can be impacted across all metrics: academics, behavior, attendance and health. Adopting trauma-sensitive educational practices promotes achievement and wellbeing. Implementing these approaches systemically can be daunting.



One way to address your school’s trauma-responsiveness is using comprehensive assessment measures to identify trauma-informed strengths, emerging strengths, and areas for growth. The [Trauma Responsive Understanding Self-Assessment Tool for Schools \(TRUST-S\)](#) was developed by Coordinated Care Services, Inc. (CCSI). This survey is an adaptation of the original TRUST that was created by CCSI in partnership with The Institute of Trauma and Trauma Informed Care at The University of Buffalo. The TRUST-S was enhanced to reflect school-culture specific language in the questions, reporting and related resources.

Like its organizational counterpart, the **TRUST-S** is aligned with [SAMHSA’S Ten Implementation Domains](#) to guide participants through a series of questions regarding current trauma-informed educational practices. The **TRUST-S** is an assessment that schools and districts can use to evaluate their progress in working towards being more trauma-sensitive and informed. The **TRUST-S** is a self-assessment tool, grounded in highlighting the strengths of the school across these areas: government & leadership, policy, physical environment, engagement & involvement, screening, assessment & treatment, cross sector collaboration, training & workforce development, progress monitoring & quality assurance, financing and evaluation. Assessing these multiple domains allows for a holistic view of your school or district’s current trauma-sensitive practices while also providing specific, targeted feedback for each domain to promote growth and further guide implementation efforts.

The **TRUST-S** is unique in that it is used to evaluate the progress of organizations, not the progress of individual people. After using the **TRUST-S** for self-assessment, schools can examine their data results for trends and...

...insights by specific roles such as staff and administrators. This tool is able to disaggregate data by school level (i.e. whole school, district) as well as within different school departments and buildings. The final report provides schools with recommendations that they can use to strengthen their trauma-sensitive practices.

From a practical standpoint, the **TRUST-S** can be implemented with schools of all sizes and can also be administered more than once. The brief survey takes between 12 and 15 minutes to complete online or via mobile device. Additionally, there is no limit to how many participants can complete the survey at each school or school district. All staff are encouraged to anonymously input their feedback to guide positive change for their school or district's climate, culture and success!

TRUST-S Snapshot

What does the TRUST-S survey offer schools? A free, comprehensive, strengths-based method to assess school-wide trauma-informed practice implementation.

Who can complete the TRUST-S survey? Teachers, counselors, administrators, and ALL school personnel can complete the measure. The measure can be completed at the school or district level. The measure is most complete when all staff, in all roles, participate.

How much does the TRUST-S survey cost? The **TRUST-S** is free to all NYS schools.

How often should the TRUST-S survey be administered? The survey can be administered multiple times each year to continuously evaluate your school's progress across trauma-responsive domains. Recommended use is an initial baseline followed by annual point in time progress monitoring.

Where can I sign my school up for the TRUST-S survey? <https://trust-survey.com/Landing>

Who can I contact if I have questions about the TRUST-S survey?

Please send any questions to askccsi@csi.org

Learn more:

<https://www.ccsi.org/articles/trauma-responsive-understanding-self-assessment-tool-for-schools-trust-s/>

<https://www.traumainformedny.org/Home>

<https://trust-survey.com/Learn-About-TRUST-and-TRUST-S>

Register at
MHANYS.org/registration

Mental Health & Wellness 101
September 15th, 12-1 pm

Suicide Prevention
for Schools
September 16th, 12-1 pm

Mental Health & Wellness 101
in the Workplace
September 23rd, 12-1 pm

Mental Health & Wellness 101
September 29th, 12-1 pm

BACK FROM BREAK
Mental Health & Wellness Learning Opportunities

MHANYS
Mental Health Association
in New York State, Inc.

Tools for Schools

Restorative Practice for Pandemic Times



“Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.”¹ The COVID-19 pandemic has threatened and taken lives, brought into question safety around others, and disrupted connections. As the Delta variant emerges while educators and allied professionals contemplate returning to school, no doubt safety concerns are paramount.

What lies on the other side of this next threshold remains to be unveiled. We can prepare for and best address what comes by reminding ourselves what has been learned, building on strengths and utilizing practices that have been shown to address critical needs: listening, understanding, and healing from trauma.

While the pandemic has had the potential to impact safety for all, we know that oppressed communities have been disproportionately affected when compared to counterparts, due to centuries of structural and systemic inequalities that have led to unequal access to assets (e.g., economic, health and social) and policies that have harmed some. While these existed long before COVID-19, they are now magnified (D. Chhabra, M.D. Personal Communication, August 5, 2021).

Perhaps universally experienced, and likely more so for those in oppressed communities, “The most traumatic aspects of all disasters involve the shattering of human connections. And this is especially true for children.”²

Restorative practice is highly suited to supporting educators crossing into unknown territory where it is quite likely they will encounter concerns about safety, inequities, and broken connections. A trauma-sensitive approach such as this addresses these concerns by embracing “a way of thinking and being, focused on creating safe spaces for real conversations that deepen relationships and build stronger more-connected communities.”³

During the pandemic, the Centers for Disease Control and Prevention (CDC) has advised that protecting others starts with wearing a mask. This is akin to the direction given to every airline traveler – before caring for others, put on your own oxygen mask. Restorative practice attends to the needs of the educator – acknowledging and listening to individual experiences related to teaching and living during turbulent times.

During the pandemic and beyond there are plenty of opportunities to experience the “storms” created by death, loss, and economic and other challenges. Amid a natural storm such as a hurricane, there’s a place of calm – the “Eye” in the storm. Likewise, restorative practice builds upon the innate strength and resilience educators possess to be the “I” in these stormy times, by sharing a paradigm and practices that strengthen their ability to teach from a relational space of calm, curiosity, confidence, and connection.⁴

Curriculum is important, though the keys to teaching and learning lie in the relationships built in the classroom, school, and community. Restorative practice gives the “I” in the storm educator-explicit practices that build responsibility, respect, and relationship – all of which yield greater positive emotion, cooperation, and productivity. Focal points include a foundational understanding of affect; assertive communication that decreases the likelihood of conflict; Fair Process⁵ in decision making; using circles; community building; and reparation of conflict and harm. (CONTINUED ONTO NEXT PAGE)

Of course, it's impossible to separate the effects of COVID-19 from the structural and systemic inequalities that have led to disproportionate losses and effects among oppressed communities. The educator may think that those conditions are beyond their sphere of influence. Restorative practice explores "how health is shaped by many interrelated and interdependent levels of influence, including individual characteristics and behaviors, interpersonal relationships, and the environment (organization, community and public policy).⁶

When the restorative approach is understood and practiced, educators and others whom they serve, are afforded opportunities to experience:

- healing
- a greater sense of safety, connection, and well-being
- personal and collective efficacy
- being change agents for improved health, within and outside the school community

To expand on the concepts and practices noted above, professional development and consultation are available – at no cost – and vary in length, focus and schedule to accommodate needs. For further information, please contact Jon S. Rice, LCSW-R, NYS Office of Mental Health, Office of Prevention and Health Initiatives Jon.Rice@omh.ny.gov.

Sample presentations include:

Restorative Practice for Pandemic Times: Relationship, Re-Spect, Response-Ability, and Resilience – Introductory Overview

Affect, Shame and Vulnerability – The Building Blocks for Community

Effective Leadership: Accomplishing our Mission to Educate

First, Don Your Own Mask – Being the "I" in the Storm

Restorative Practices for the Classroom & Community Health/Well-being

What to Expect When the Unexpected Happens

Sources:

⁵Kim, W. & Mauborgne, R., [Fair Process: Managing in the Knowledge Economy, Harvard Business Review](#). January 2003

⁶McLeroy, Bibeau, Steckler & Glanz, 1988, in [Community Health & Restorative Practices](#), International Institute for Restorative Practices.

²Perry, Bruce, M.D., Ph.D. and Maia Svalavitz *The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook -- What Traumatized Children Can Teach Us About Loss, Love, and Healing*, 2017

⁴Schwartz, Richard, Ph.D., 2001 Annual Conference, St. Anne Institute, Albany, NY

¹Van der Kolk, *The Body Keeps Score, Brain, Mind, and Body in the Healing of Trauma*, 2015

³Vander Vennen 2014, in O'Connell, Terry, October 2014, [Redefining Restorative Justice/Practices](#), International Institute for Restorative Practices

Legislating Trauma Informed Schools

The following content could be alarming

Fifteen-year-old Phillip W witnessed his first murder when he was 8; an execution style killing with a shotgun. Phillip had witnessed more than 20 shootings in his short life and he himself was shot in the leg in 2014. Phillip is one of five expelled and suspended students, who along with three teachers brought a lawsuit against the Compton Unified School District. The lawsuit centered on the claim that, in Compton, the schools' reaction to traumatized students was too often punishment oriented as opposed to help oriented. The suit argued that trauma is a disability and that schools are required — by federal law — to make accommodations for traumatized students, not expel them. The plaintiffs wanted Compton Unified to provide teacher training, mental health support for students and to use conflict-mediation before resorting to suspension.

Tragically, the stories of youth in Compton are not isolated anomalies. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 37% of youth experienced a physical assault during a 1-year period, and 15% of children and youth experienced maltreatment by a caregiver. Forty-six percent of the nation's youth aged 17 and under report experiencing at least one trauma. Today, this reality has summoned a broader discussion nationwide under the rubric of trauma-informed (or trauma-sensitive) schools. Legislative efforts to establish trauma-informed principles in schools are trending at both the state and national levels. This article explores this trend and reports on various efforts to encourage or compel schools to adopt these practices often in concert with restorative practices.

Federal Legislation

Though trending today, trauma-informed legislative initiatives have been around for five decades. A study commissioned by the National Institute of Mental Health (NIMH) highlighted trauma-informed legislation that began as early as 1973. Forty-nine bills and 71 bill sections mentioned the term with a disproportionate number of bills focused on youth (73.2%). Twenty-eight trauma-informed bills were introduced in Congress in 2015, up from 0 in 2010 suggesting a renewed and growing trend.

Building on the NIMH report, MHANYS looked at current legislation at both the federal and state levels to demonstrate that this legislative trend continues to gain momentum. A congressional bill search in the current Congress (117th, 2021-22) similar to the search performed by the NIMH, found 85 bills that contained the search term "trauma informed". Approximately 47% also contained the search term youth. It should be noted that this analysis results in bills that may only be tangentially related to trauma-informed policy. This finding is informative insofar as it reveals the degree to which the construct of trauma-informed is well-embedded in mental health as well as school nomenclature. A more refined search is necessary to identify policy proposals that are trauma-informed centric.

Federal legislation wherein trauma-informed was central to the proposals is most recently apparent in two bills introduced in 2019. The [Trauma-Informed Schools Act of 2019](#) (i.e., H.R. 4146 of the 116th Congress) stalled in the House of Representatives in August of 2019. The bill provided for the use of trauma-informed practices in public elementary and secondary schools and would have allowed states to use certain federal funds to train teachers in such practices. According to the bill summary, Trauma-informed practices were defined to include:

(CONTINUED ONTO NEXT PAGE)



- evidence-based professional development that promotes a shared understanding among teachers and other staff that traumatic experiences are common among students and that school-wide learning environments where all students and adults feel safe, welcomed, and supported can enable students to succeed despite such experiences;
- adoption of disciplinary procedures and practices that utilize evidence-based restorative practices that build a culture of trust; and
- activities that engage teachers and other staff in a process of school-based planning to help all students feel safe and connected to the school community.

The [RISE from Trauma Act](#), introduced in the 2019-20 (also in the 116th Congress) would expand and support trauma-informed care in schools and increase resources for communities to address the impact of trauma on children. Specifically, the bill would support trauma-informed early childhood care and provide more resources for public school teachers and leaders through grants and partnerships. It supports the growing trend of community schools offering wraparound services and suggests trauma-informed care is receiving national bipartisan attention.

States

In 2017 the National Conference of State Legislatures (NCSL) found almost 40 bills in 18 states that specifically include language on Adverse Childhood Experiences (ACE). In addition, the 2017 NCSL scan identified 20 approved statutes in 15 states that referenced ACEs and trauma-informed policies and practices.

These bills and statutes promote a variety of trauma-informed practices, such as: screening for ACEs; training staff and providers; and creating safe and supportive environments. They also address implementing trauma-informed processes within a number of health and social service systems, including: health care; behavioral health; child welfare; juvenile/criminal justice; education; and early childhood.

The number of states with policies encouraging or requiring schools to provide professional development on trauma-informed care increased from 9 to 30 from September 2017 to September 2019, according to an analysis of school health policies from Child Trends, the Institute for Health Research and Policy at the University of Illinois-Chicago and EMT Associates, Inc.

MHANYS tracked and analyzed current trauma informed school legislation either passed into law or introduced and pending legislative action in 19 states including New York. As already referenced, legislative initiatives to advance trauma informed schools policies have existed for several decades. However, our analysis focused on recently passed legislation or bills actively under consideration in the 2019 through 2021 legislative sessions. All of the states included in our analysis are primarily trauma informed school initiatives or include trauma informed elements as part of a broader framework, such as suicide prevention or school safety. Links to each legislative bill are provided for those interested in reviewing any of these proposals. MHANYS summarizes key features of these proposals for similarities and distinct features. One or more of the following elements are common among these proposals:

- **Training/Learning:** in trauma, trauma-informed practices, ACEs, etc., for school personnel including teachers, teacher assistants, administrators, specialized instructional support personnel, paraprofessionals in Illinois - school board members. In some examples (e.g., California, Mississippi) pupils receive instruction in trauma recognition, symptoms

(CONTINUED ONTO NEXT PAGE)

- **Environment:** create an atmosphere (environment, school culture, etc.) where all students and adults feel safe, welcomed, and supported
- **Disciplinary/Restorative:** develop procedures and practices of positive behavioral interventions and supports to address the underlying causes of student behavior, including trauma; avoiding harsh, punitive, or exclusionary disciplinary practices and including restorative practices. In some proposals, revising the role and/or training of school security, resources officers, law enforcement, etc
- **Social-emotional:** integrate social-emotional instruction for students and/or training for school personnel

New Trauma-Informed School Laws in States

The following states have recently (since 2019) added trauma informed schools laws.

Pennsylvania	Texas
Missouri	Tennessee
Nevada	Louisiana
Kentucky	

Proposed Trauma-Informed Schools Legislation in States

The following states have introduced trauma informed school legislation between 2019 and 2021, which have yet to become law.

Rhode Island	Massachusetts
West Virginia	Mississippi
Hawaii	New Jersey
Maryland	California
Iowa	Indiana
Illinois	

In New York

Our statutory search yielded one recently enacted law in New York that addresses trauma informed principles in education. S.4990-A(Biaggi)/A.2766-A(Hevesi) was signed into law on February 16, 2019 as Chapter 675 of 2019. The new law amended the Social Services Law, in relation to standards and training for child day care. To ensure that child care providers receive training in Adverse Childhood (ACES), focused on understanding trauma and nurturing resiliency.

Our search also found three legislative proposals in the most recent legislative session of 2021. These include the following:

S.3699 (Bailey)/A.5774 (Joyner): Relates to requiring training for teachers and administrators in the area of childhood trauma. The bill would direct the Commissioner of Education to require that all persons applying for a teaching certificate or license as a special education teacher on or after January 1, 2022 shall have completed enhanced coursework or training in the area of trauma as it relates to children and its impact on child development and learning.

(CONTINUED ONTO NEXT PAGE)

S.5161(Parker)/A.7476(Frontus): Enacts the “New York City Training And Comprehension of Trauma in Children (TACTIC) Act”; establishes the TACTIC council; provides for a trauma informed care training program to teachers in schools located in the city of New York; creates a department of child trauma informed care to assist with parenting workshops, to assign trauma informed care specialists to schools and to report to the TACTIC council regarding child trauma informed care provided to schools in the city of New York.

S.3681(Felder): Relates to mandatory continuing education for teachers relating to mental health issues and trauma informed care. The bill would amend the mental hygiene law and the education law, in relation to mandatory continuing education for teachers relating to mental health issues and trauma informed care. Under the legislation the Commissioner of Mental Health, in consultation with the commissioners of the Department of Health and the State Education Department, would develop educational and program materials related to mental health and trauma informed care, that will be offered as part of the required continuing teacher and leader education requirements. In addition, the bill would amend the Education Law to require that 10 of the 100 hours of continuing teacher and leader education that is needed in a 5-year period be related to mental health and trauma informed care.

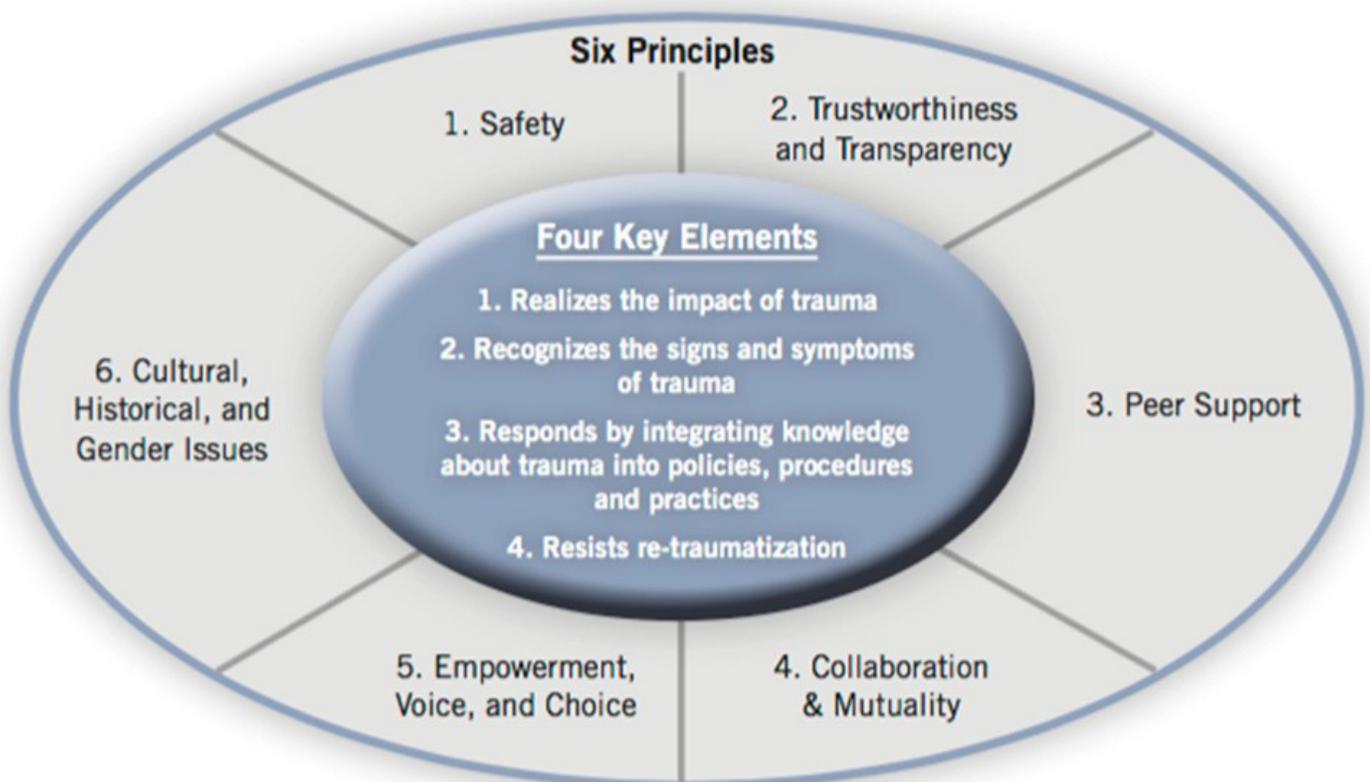
As can be seen in the examples of trauma-informed school policy reflected at both the state and federal levels, there is no shortage of policy templates by which New York can model its own laws and policies. Thankfully, what New York does have and has led the way in, is the teaching of mental health education in schools as a legal mandate. This requirement represents a solid foundation on which to build trauma informed schools. New York also has to its advantage a School Mental Health Resource and Training Center (SMHRTC) to support the dissemination of trauma informed resources to all New York schools.

Mental health and education policy makers and advocates must consider the degree to which legislation is necessary to advance trauma informed schools here in New York. Of course a voluntary approach would be ideal, but are schools likely, or even able, to initiate reforms given both fiscal and time constraints? And yet legislative mandates for schools to become trauma informed, in the absence of funding, may be untenable for many schools. MHANYS welcomes dialogue with mental health and education policy through leaders in pursuit of rational and fiscally sound strategies, whether legislative or voluntary, to help our schools become trauma informed settings. Youth will reap the benefits of our success for generations to come.

Did You Know?

According to SAMHSA, a trauma-informed program, organization, or system is one that:

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices;
- Seeks to actively resist re-traumatization of both persons served and staff.



The six key principles of a trauma-informed approach include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues (Substance Abuse and Mental Health Services Administration, 2014).

RESOURCES

Alberti Center for Bullying Abuse Prevention
ed.buffalo.edu/alberti.html

Disability Rights New York
drny.org

JED Foundation
jedfoundation.org

NAMI
nami.org

National Institute of Mental Health
nimh.nih.gov

NY State Coalition for Children's Behavioral Health
cbhny.org

NYS Health Foundation
nyshealthfoundation.org/resources/

NYS PTA
nyspta.org

NYS School Counselors Association
nyssca.org

NYS School Psychologist Association
nyasp.org

NYS School Social Work Association
nyssswa.org

Parent to Parent
parenttoparentnys.org

The National Child Traumatic Stress Network
nctsn.org

The Trevor Project (LGBTQ Suicide Prevention)
thetrevorproject.org

Understood
understood.org

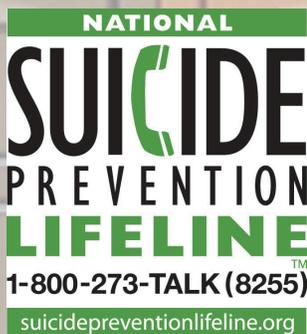
Youth Communication
youthcomm.org

Youth Decide NY (Problem Gambling Prevention)
youthdecideny.org

Youth Mental Health Project
ymhproject.org

Youth.gov
youth.gov/youth-topics/youth-mental-health

YOUTHPOWER!
youthpowerny.org



Office of
Mental Health

CRISIS TEXT LINE |

TEXT "Got5" TO 741741
TO START A CONVERSATION

Free, 24/7, Confidential Crisis Support

WE ARE HERE TO HELP



MHANYS School Mental Health Resource and Training Center is available to provide information and resources to schools and families, including:

- mental health instruction and training
- guidance on community resources
- technical assistance

Contact us directly at schools@mhany.org
or 1-800-766-6177 / 518-434-0439
mentalhealthEDnys.org



MHANYS.org



@MHANYSinc



@MHAacrossNYS

Print and post page as a resource reference.