



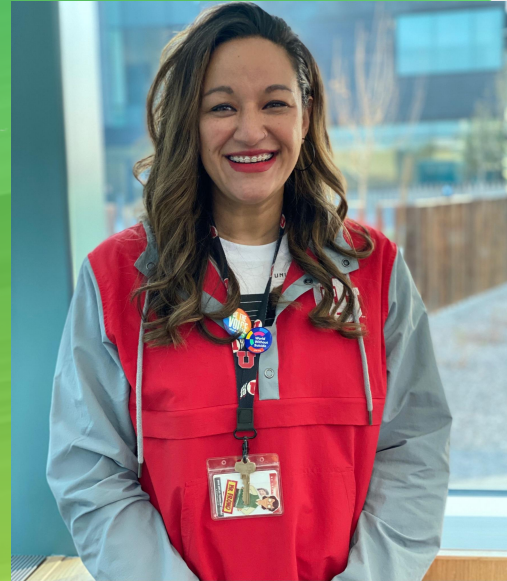
**BUILDING A SUPPORTIVE AND
RESILIENT CULTURE FOR
YOUTH MENTAL HEALTH**

Presented by:
Alyson Funn MEd &
Eric Dooley-Feldman, MA

WHO WE ARE



Eric Dooley-Feldman, MA
Counseling Psychology Ph.D. Candidate



Alyson Funn, MEd, AC
School Psychology Ph.D. Student

THE UTAH SCHOOL MENTAL HEALTH COLLABORATIVE

UTAH SCHOOL MENTAL HEALTH COLLABORATIVE
TEAM LEADERSHIP AND CONSULTANTS



Aaron Fischer, PhD, BCBA-D
Program Co-Director
School Psychology



Karen Manotas, MD
Program Co-Director
Psychiatry



Tyler Renshaw, PhD
Program Co-Director
School Psychology



Kristi Kleinschmit, MD
Program Co-Director
Psychiatry



A.J. Metz, PhD
Program Co-Director
School Counseling



Chathuri Illapperuma, PhD, NCSP, BCBA
Postdoctoral Fellow
School Psychology



Derek Smith, PhD
Technical Assistance
Consultant
Counseling Psychology



Tasha Seneca Keyes, PhD, MSW
Social Work Coordinator
Social Work



Molly Davis, MSW, CSW
Technical Assistance
Consultant
Social Work



Keith Radley, PhD, BCBA-D, NCSP
School Behavior Supports
Coordinator
School Psychology



Karen Tao, PhD
Clinical Mental Health
Counseling Coordinator
Counseling Psychology

UTAH SCHOOL MENTAL HEALTH COLLABORATIVE
TEAM COORDINATORS AND GRADUATE ASSISTANTS



Kara Applegate, MD
Psychiatry Fellow



Natasha Bottoms, MD
Psychiatry Fellow



Eric Dooley-Feldman, M.A.
Graduate Assistant



Sean Weeks
Graduate Assistant



Cambria Corsi, M.Ed.
Graduate Assistant



Sara Brown
Project Coordinator



Jocelyn Cazier Kodama
Project
Development Assistance



Annie Chuang
Project
Management Assistance



Grecia Corona
Social Media Director



Tori Manning
Social Media Intern

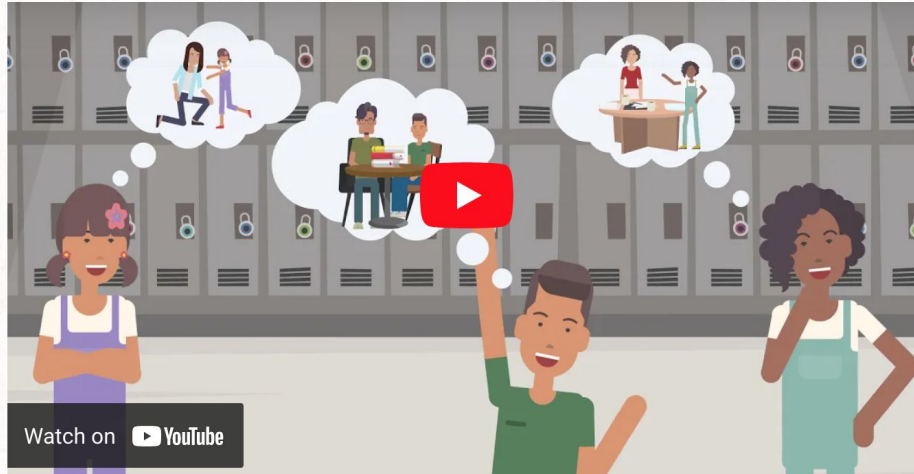


UTAH SMHC PURPOSE

Advance & align mental health infrastructure in school districts throughout Utah.

Do so through technical assistance and training.

Emphasis on the creation and fortification of multi-tiered systems of support (MTSS)



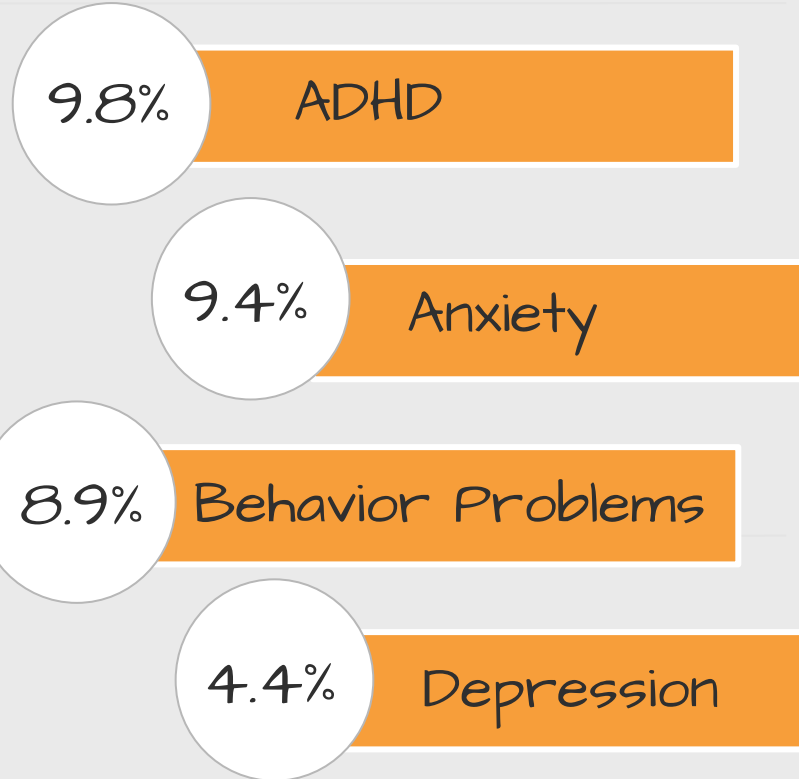
[Overview Video \(for parents/guardians\)](#)



**WHAT WE'LL
COVER TODAY**

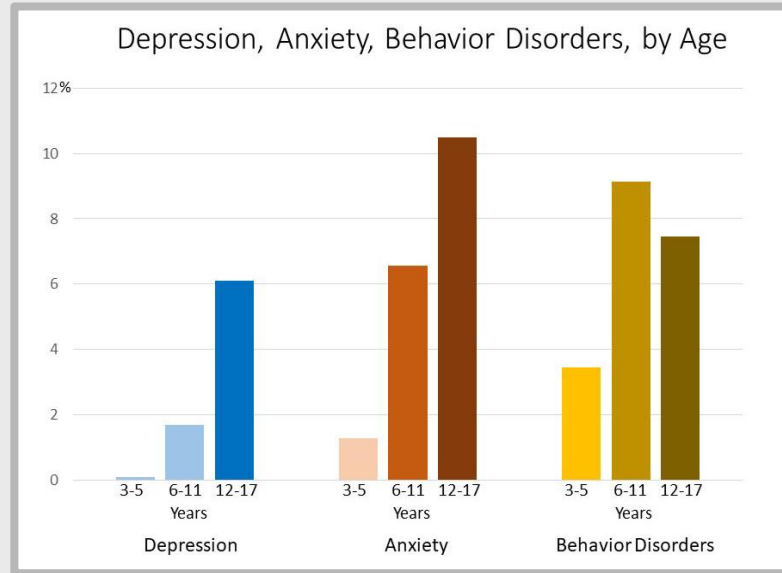
1. Primary concerns in youth mental health
2. Positive trends in youth mental health
3. Tiered systems of support for youth in your programs
4. Actionable resources

Estimates for diagnosis among children aged 3-17 years, in 2016-19:



CURRENT STATE
OF YOUTH
MENTAL
HEALTH

PRIMARY TRENDS IN YOUTH MENTAL HEALTH



- Sad/Hopeless = 32.5%
- Moderate Depressive Symptoms = 64.6%
- Purposeful Acts of Self Harm = 17.9%

POSITIVE TRENDS IN YOUTH MENTAL HEALTH

ADVOCACY AND ACTION

ADDRESSING MENTAL HEALTH AROUND THE COUNTRY

From providing mental health days to increasing resources, cities and states are taking action in schools.

■ **ILLINOIS** Under a new law, public school students in the state will be allowed to take 5 mental health days per school year, starting in 2022. In March 2021, Chicago Public Schools announced a \$24 million plan to invest in mental health and trauma support programs for students and staff.

■ **MASSACHUSETTS** The state is aiming to pass legislation called the Thrives Act to establish an advisory council that will help implement behavioral health promotion, prevention, and intervention services in school districts.

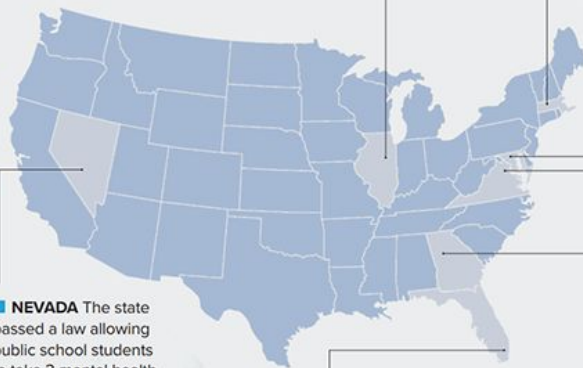
■ **MARYLAND** A new public-private partnership, Project Bounce Back, will direct \$25 million from the CARES Act to bring additional counselors and psychologists into schools and expand Boys & Girls Clubs to every Maryland county.

■ **VIRGINIA** Alexandria City Public Schools is redirecting funds from school police to mental health and mentorship programs.

■ **GEORGIA** Atlanta Public Schools plans to screen more than 30,000 pre-K to 12th grade students on their social-emotional behavior and has trained staff in trauma-informed practices.

■ **FLORIDA** Miami-Dade County Public Schools provided staff with social-emotional learning and mental health awareness training and hired 45 new mental health coordinators.

■ **NEVADA** The state passed a law allowing public school students to take 3 mental health days per school year.

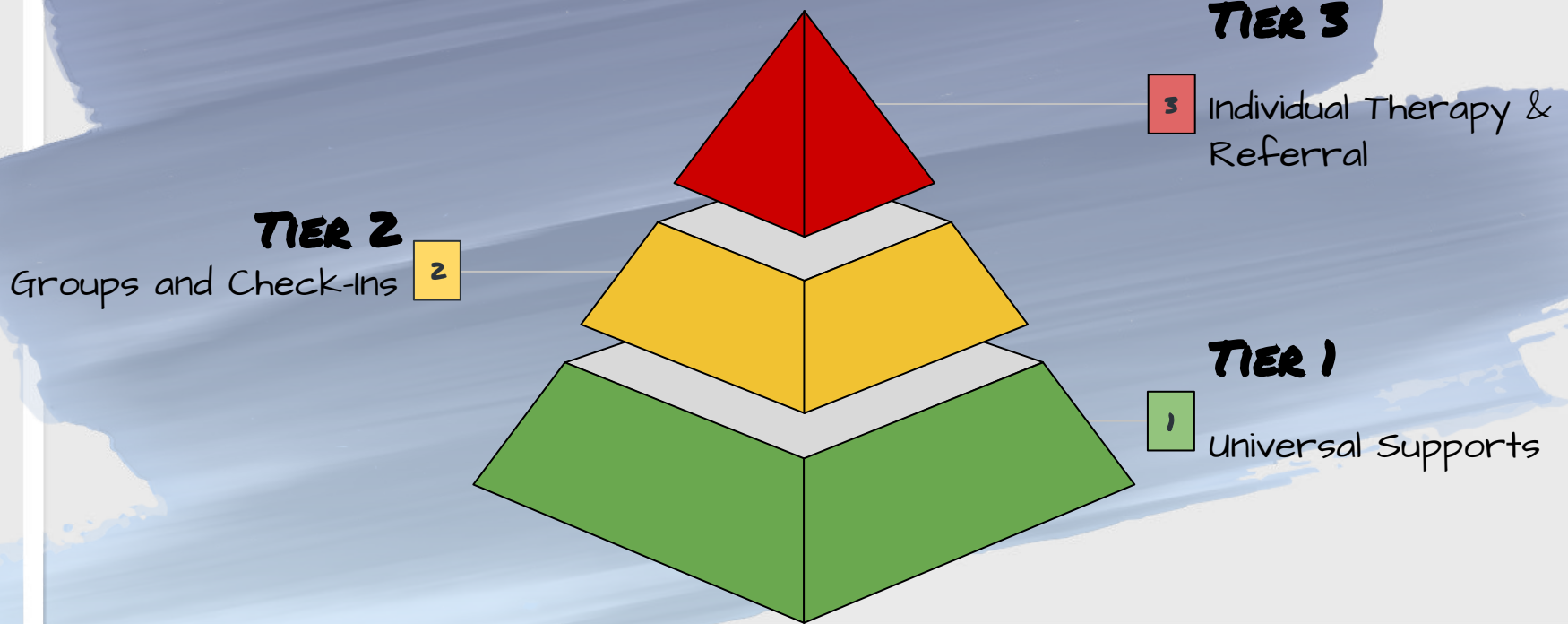


**BUT WHO ARE YOU,
AND WHAT HAVE YOU NOTICED?...**

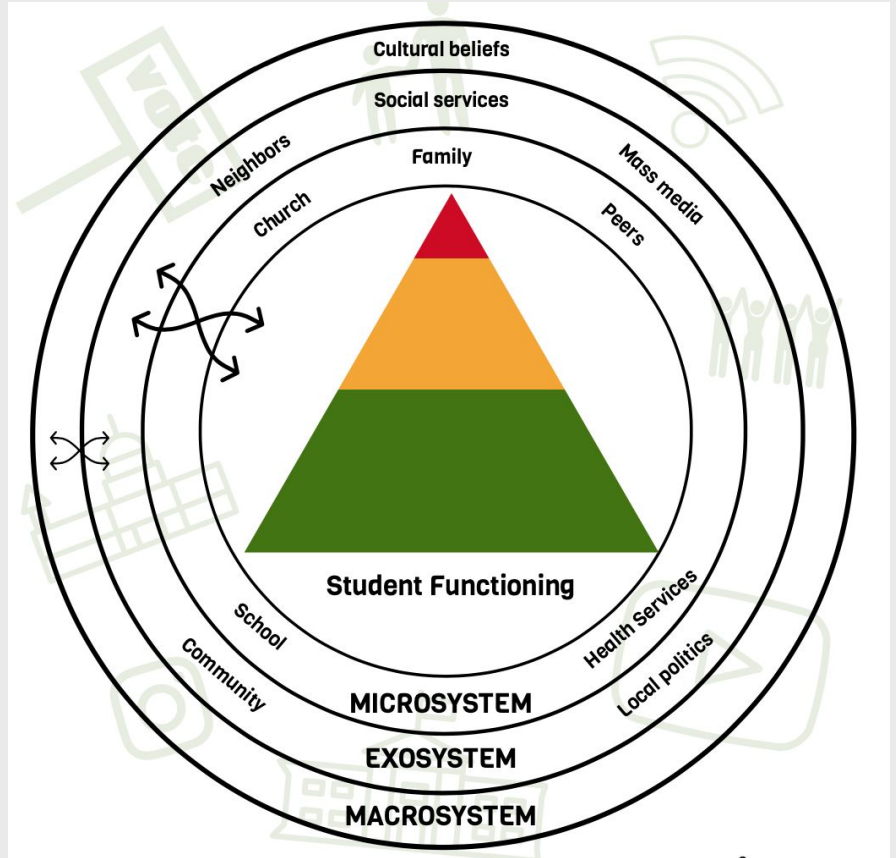


Let's Talk

THE MULTI-TIERED SYSTEM OF SUPPORT (MTSS) MODEL



THE MTSS FRAMEWORK FROM A SYSTEMS LENS



TIER I + II: BUILDING A CULTURE OF MENTAL HEALTH

Encourage staff to regularly check-in with students re. social-emotional experience (individually & group contexts)

Check-in/Check-outs to start and end day

Peer well-being buddies

Incentivize inclusiveness (social isolation is a major concern for youth)

Incentivize acts of kindness



**TIER II + III:
IDENTIFICATION
AND PROPER
SUPPORTS FOR
AT-RISK YOUTH**

1. Re-examine your participant screening process.
 - a. Is there opportunity for parents/guardians to report mental health concerns or past incidents upon registration
2. Consider implementing a regular mental health survey/check-in process for youth participants
 - a. e.g. brief questionnaire that each youth participant fills out at intervals during program
3. Create a clear system of confidential reporting if youth participants are experiencing challenges related to their mental health (or have concerns for friends)

TIER III: REFERRAL + CRISIS RESPONSE

1

Identification of Youth

Observation, self-report, peer report, survey/screening informed

2

Appropriate Referral

On-site counselor, program director, community MH partner

3

Crisis Response Planning

Choose programmatic standard (e.g. Brief CBT for Crisis Response)

Note: *Parents/Guardians should be informed at Stage II*

CRISIS RESPONSE

Choosing one model for your program



1. Brief Cognitive Behavioral Therapy for Crisis Response
2. Youth Nominated Support Team

STAFF TRAINING

Orientation/ Initial Staff Training

Time devoted to understand typical mental/behavioral health concerns they may witness (e.g. anxiety, social isolation, suicidal or self-injurious thoughts/behaviors)

Clear referral process for youth concerns

Ongoing Support

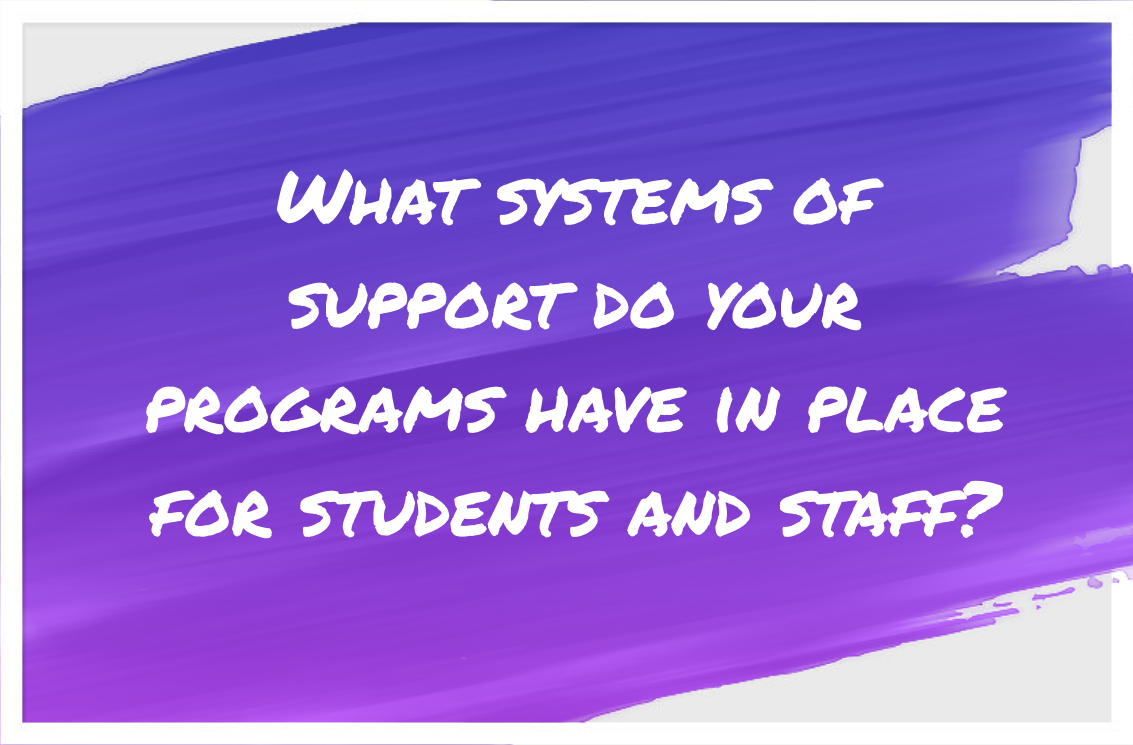
Staff trainings on mental/behavioral health concerns should not be incongruent with support provided during programs

Encourage regular check-ins with supervisors re: mental health of youth participants

PD Opportunities

Consider virtual or in-person guest trainers to not only increase staff competency in response but also create exciting professional development opportunities

Graduate student labs/trainee's are a great low-cost resource!



**WHAT SYSTEMS OF
SUPPORT DO YOUR
PROGRAMS HAVE IN PLACE
FOR STUDENTS AND STAFF?**

RESOURCES FOR STAFF

1. Developmental Relationships: Activity Resources
2. Mental Health Gov: What to Look for
3. Tips for Talking with and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers and Teachers

RESOURCES FOR LEADERS

1. Developmental Relationships Toolkits
2. Mental Health First Aid
3. Engaging School Administrators: A Guide for Safe Schools/Healthy Students
4. BCBT Online Resource
5. YST Online Resource

ADDITIONAL RESOURCES

I. Utah School Mental Health Collaborative Resources

- Utah Crisis Line
- Mobile Crisis Outreach Team (MCOT)
- Stabilization and Mobile Response Unit (SMR)
- Safe UT
- Utah Language Translation Services



THANK YOU!



Please email us with any follow-up questions or requests for collaboration. We are here to help!

eric.dooleyfeldman@utah.edu

alyson.funn@utah.edu

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