

THE LANDSCAPE OF MENTAL HEALTH IN SD PUBLIC SCHOOLS

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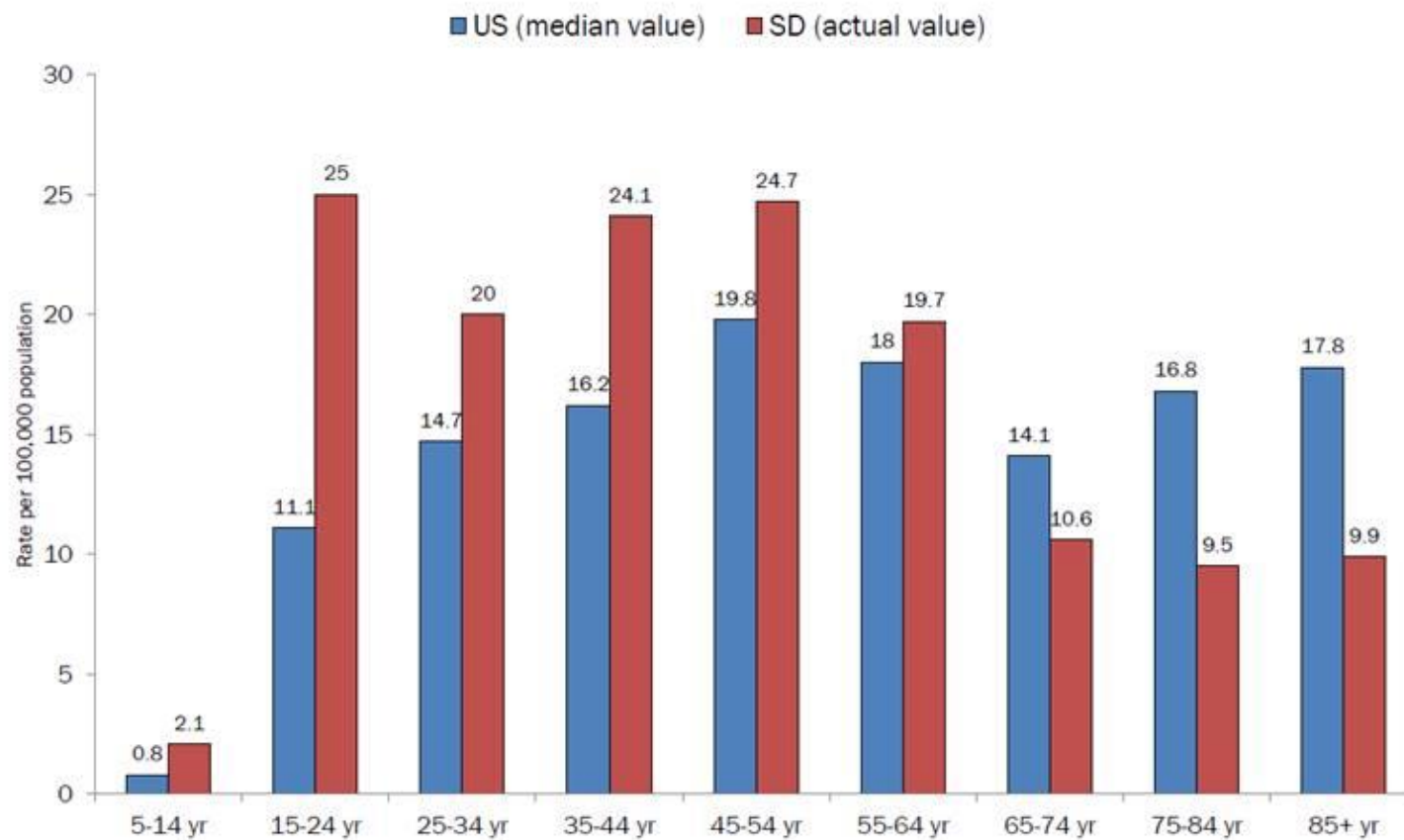
MENTAL HEALTH FOR SD KIDS

- **OVER 20% OF STUDENTS IN PUBLIC SCHOOLS HAVE A DIAGNOSABLE MENTAL HEALTH DISORDER THAT WARRANTS ADDITIONAL SUPPORTS (WHITCOMB, 2018).**
- **OF THE FEW STUDENTS WHO RECEIVE SUPPORT (APPROXIMATELY 20% OF STUDENTS), OVER 70% OF THOSE STUDENTS RECEIVE INTERVENTIONS IN A PUBLIC SCHOOL SETTING (BARRETT, EBER, WEIST, N.D.).**
- **IN SOUTH DAKOTA (SD), 10.4% OF CHILDREN AGES 2-17 HAVE BEEN DIAGNOSED WITH ONE OR MORE EMOTIONAL, BEHAVIORAL, AND/OR DEVELOPMENTAL CONDITIONS (NSCH, 2007).**
- **THIS INDICATES AN ESTIMATED GAP OF 9.6% OF SD STUDENTS WITH NEEDED SUPPORTS THAT ARE NOT IDENTIFIED FOR CARE.**

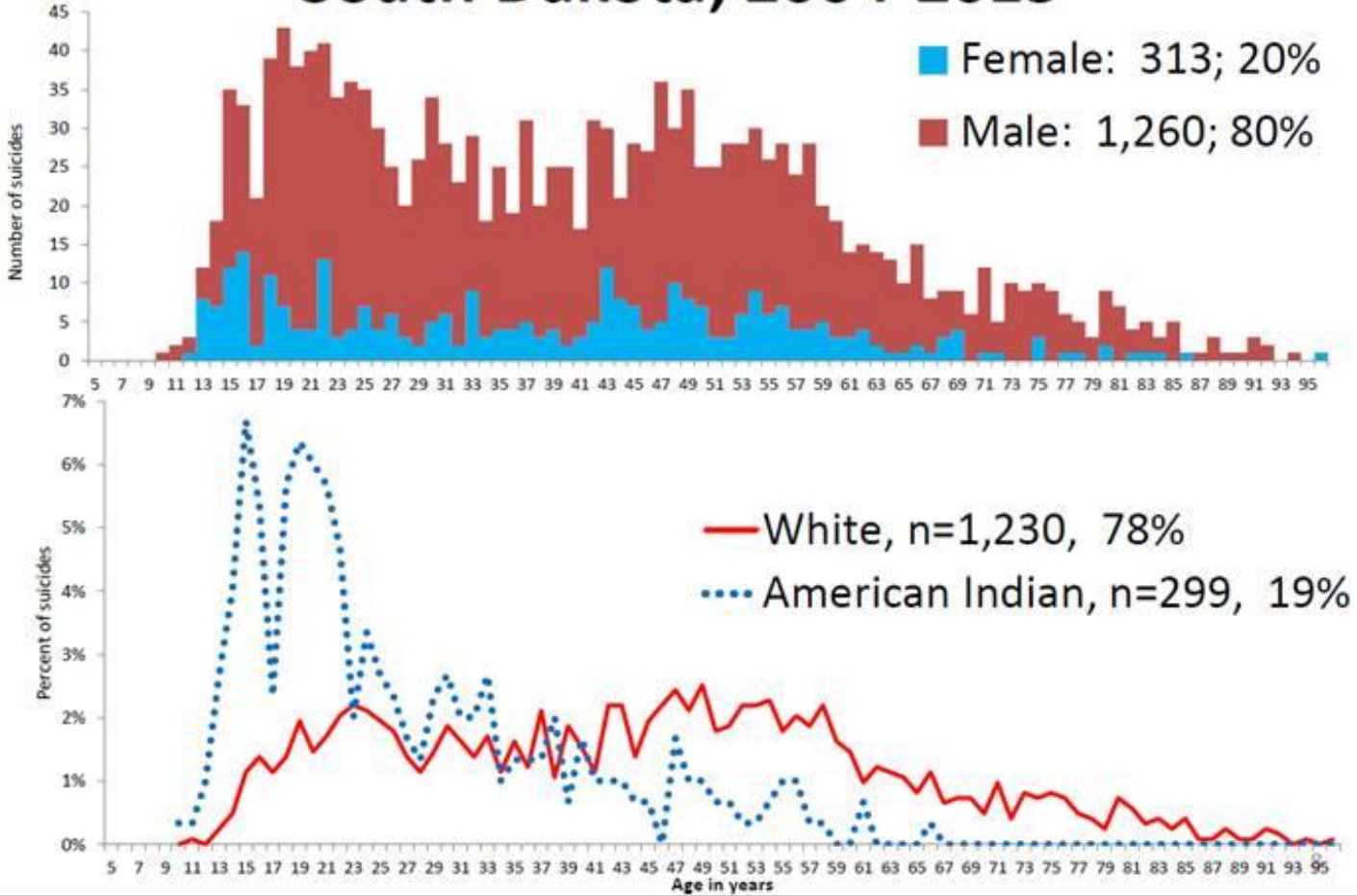
SUICIDE RATES

- **ACCORDING TO THE YOUTH RISK BEHAVIOR SURVEY (2015), 29% OF SOUTH DAKOTA HIGH SCHOOL STUDENTS EXPERIENCED EXTREME SADNESS OR HOPELESSNESS.**
- **FURTHERMORE, 17.7% OF THE YOUTH WHO TOOK THE SURVEY REPORTED CONSIDERING SUICIDE. IN ADDITION TO THE STARTLING SELF-REPORTED MENTAL HEALTH CONCERNS, OUTCOME DATA FROM 1999-2016 INDICATES THAT SD HAD 233 DEATHS BY SUICIDE FOR CHILDREN AGES 3-18, OR ROUGHLY 7.17% PREVALENCE RATE (SD KIDS COUNT, 2017).**
- **THIS HAS BROUGHT THE STATE NATIONAL ATTENTION FOR BEING ONE OF THE **TOP THREE STATES** IN YOUTH SUICIDES DEATHS IN THE COUNTRY; IMPORTANT TO NOTE IS THAT THE NUMBER ONE CAUSE OF SUICIDE IS TREATABLE MENTAL ILLNESS.**

Suicide Death Rates by Age, 2010-2014



Suicide death by age and gender and race, South Dakota, 2004-2015

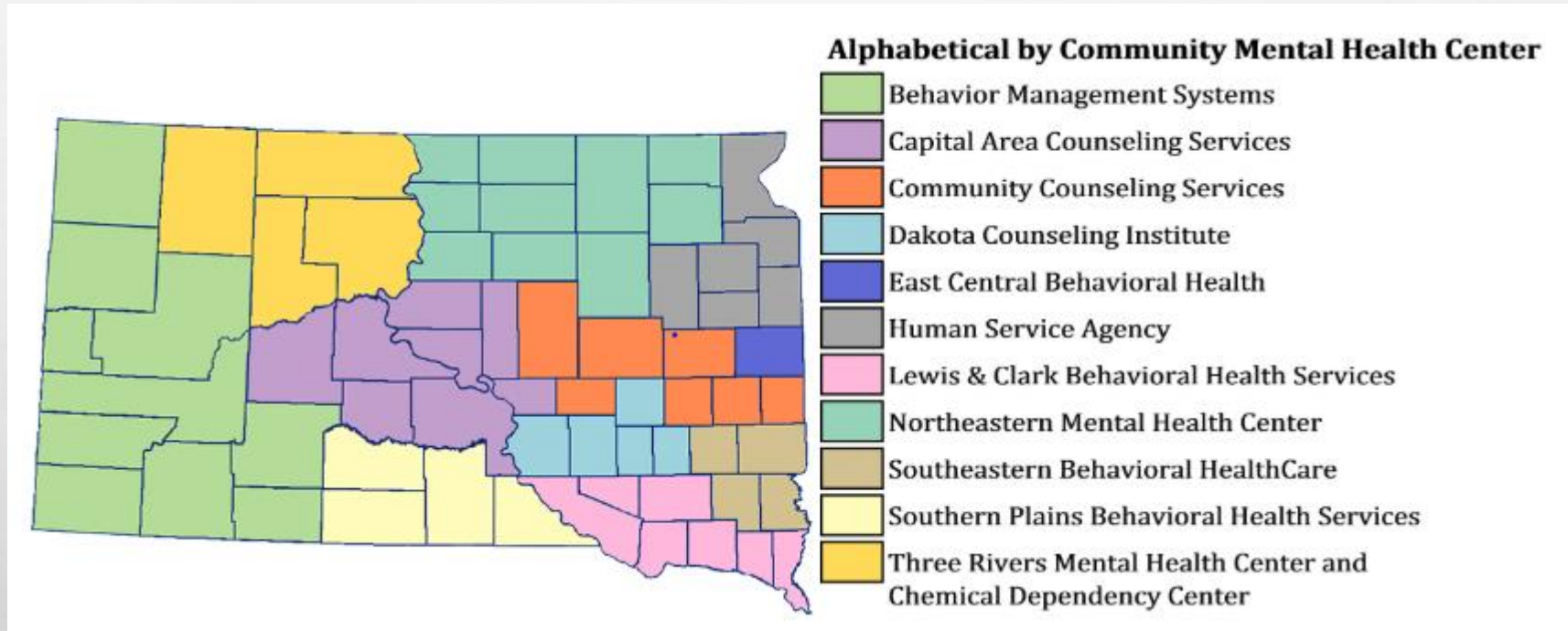


FACTORS RELATED TO GAPS IN CARE

POVERTY

- **GAPS BETWEEN SIGNIFICANT NEED AND IDENTIFICATION IS PART OF THE LANDSCAPE IN SD. COMPLICATED BY THIS CHARGE IS THE SIGNIFICANT POVERTY RATE IN THE STATE. ACCORDING TO KIDS COUNT (2018), OVER 17% OF SD CHILDREN LIVE IN POVERTY. THIS INCREASES THE NEED FOR SPECIALIZED MENTAL HEALTH CARE AS WELL AS CREATES BARRIERS TO RECEIVING NEEDED SERVICES.**

DISTANCE TO CARE



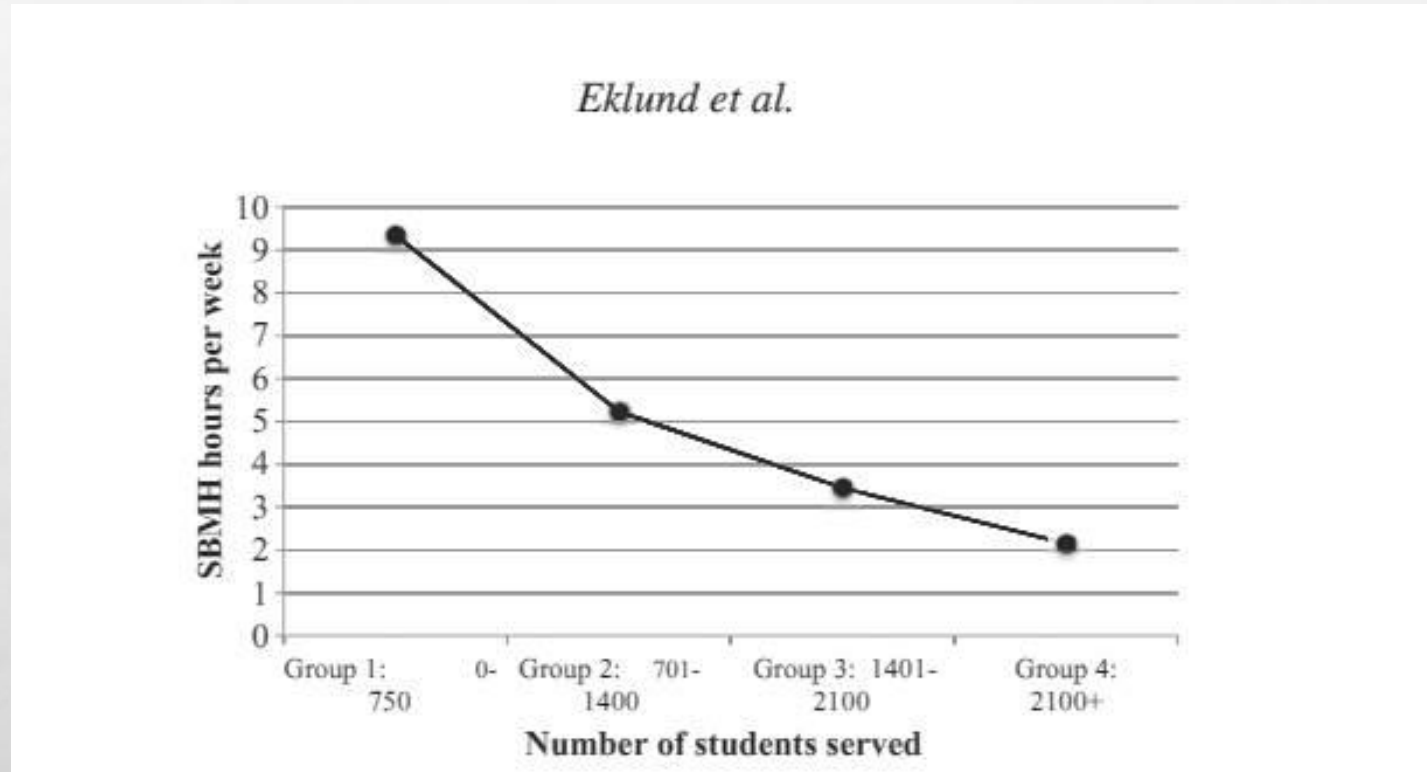
PROFESSIONAL SHORTAGES

- IN SD, THERE ARE 699 PUBLIC SCHOOLS DISTRIBUTED AMONG 149 PUBLIC SCHOOL DISTRICTS.
- ACCORDING TO THE CERTIFICATION OFFICE RECORDS OF THE SD DEPARTMENT OF EDUCATION, THERE ARE ONLY **98** CERTIFIED SCHOOL PSYCHOLOGISTS IN THE STATE. THIS INDICATES THAT SD HAS A RATE OF ONE SCHOOL PSYCHOLOGIST FOR EVERY SEVEN PUBLIC SCHOOLS IN THE STATE. NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS (NASP) RECOMMENDS THAT THE RATIO OF SCHOOL PSYCHOLOGISTS TO STUDENTS SHOULD IDEALLY BE 1:500 FOR SCHOOL PSYCHOLOGISTS TO PROVIDE A COMPREHENSIVE MENTAL AND BEHAVIORAL HEALTH ROLE IN THAT SETTING. AT PRESENT, SOUTH DAKOTA'S RATIO IS **ONE SCHOOL PSYCHOLOGIST FOR EVERY 1,569** STUDENTS, THREE TIMES ABOVE THE NATIONAL STANDARD OF CARE.

PROFESSIONAL SHORTAGES

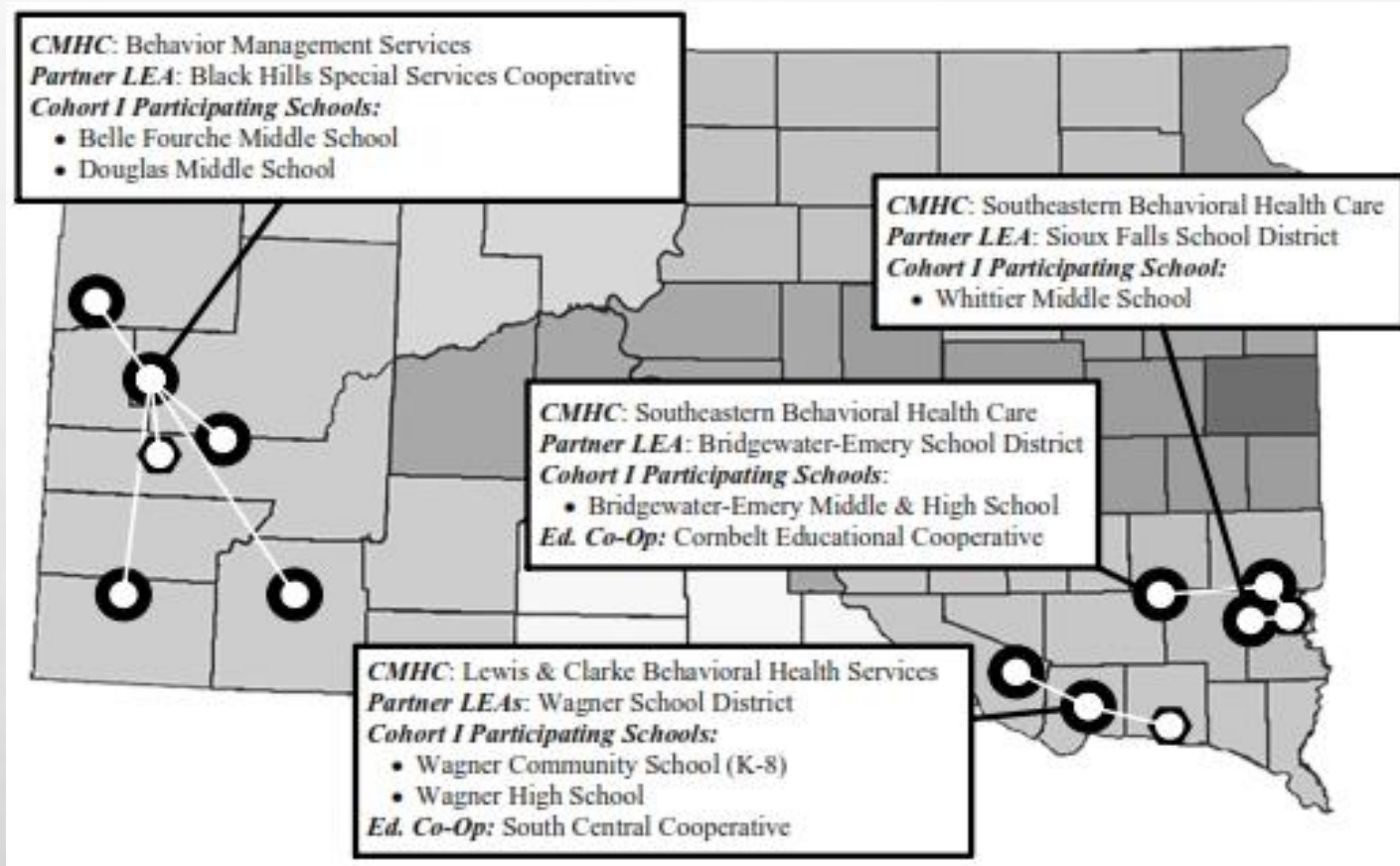
- **WITH REGARDS TO SCHOOL COUNSELORS, THE AMERICAN SCHOOL COUNSELOR ASSOCIATION RECOMMENDS A RATIO OF ONE SCHOOL COUNSELOR TO EVERY 250 STUDENTS. IN SD, WE HAVE ONE SCHOOL COUNSELOR FOR EVERY 402 STUDENTS. MANY SCHOOLS IN SOUTH DAKOTA DO NOT HAVE A SCHOOL-BASED MENTAL HEALTH PROVIDER ON STAFF ON A REGULAR BASIS IN THE SCHOOL BUILDING; LARGER DISTRICTS OFTEN EMPLOY THESE PROVIDERS, BUT SERVICES ARE REGULARLY SHARED BETWEEN MULTIPLE SCHOOL BUILDINGS WITHIN THE DISTRICT.**
- **THROUGH SCHOOL DISTRICT PERSONNEL REPORTING, THERE ARE 82 SCHOOL DISTRICTS (149 SCHOOL DISTRICTS IN THE STATE) THAT DO NOT EMPLOY ANYONE IN A SCHOOL COUNSELING ROLE (SCHOOL COUNSELOR OR STUDENT ADVISOR) IN SOUTH DAKOTA.**
- **THIS SIGNIFICANT GAP BETWEEN NEEDS OF STUDENTS AND SERVICE PROVIDERS REQUIRES SYSTEMATIC PREVENTION AND RESPONSE EFFORTS TO BEST ADDRESS THIS CRITICAL NEED.**

EVIDENCE OF IMPACT OF SHORTAGES ON MENTAL HEALTH SERVICES



PROGRAMS IN PLACE IN SD

SD PROJECT AWARE



TIER 3:
**Wrap-Around
Services**



- Collaboration between LEA and CMHC
- Care coordination via in-school supports and telehealth
- Individualized assessment, intervention plan, family supports

TIER 2:
**Targeted
Interventions**



- Small group social activities
- Individual and/or group progress monitoring
- Targeted screening and parent education

TIER 1:
**Universal
Prevention**



- Universal screenings, foster home and school partnerships
- Trauma-informed training for school staff
- Positive Behavior Supports & other prevention activities

***Home and
Community
Awareness***



- De-stigmatize through mental health awareness training
- Build self-healing, trauma-informed communities
- Create community partnerships

SD Project AWARE: Interconnected Systems Framework

MTSS: POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS

- **MTSS HAS BEEN IMPLEMENTED IN OVER 30 SCHOOL DISTRICTS ACROSS SD.**
- **PBIS IS A SYSTEM OF PREVENTION AND RESPONSE THAT APPLIES BEHAVIORAL PRINCIPLES TO SCHOOL-WIDE SETTINGS TO INCREASE POSITIVE OUTCOMES FOR STUDENTS (ACADEMIC ACHIEVEMENT; PROBLEM BEHAVIOR REDUCTION; SUGAI & HORNER, 2002).**
- **PBIS IS A UNIVERSAL PREVENTION SYSTEM THAT CREATES A MORE POSITIVE SCHOOL ENVIRONMENT THROUGH SYSTEMATICALLY IMPROVING SYSTEMS AND PROCEDURES (BRADSHAW, KOTH, BEVANS, IALONGO, & LEAF, 2008).**
- **IN PARTICULAR TO MENTAL HEALTH, MANY SCHOOLS ARE EXPLORING AN INTERCONNECTED FRAMEWORK THAT INVOLVES SCREENING FOR INTERNALIZING, EXTERNALIZING, AND ADAPTIVE BEHAVIORS. THIS CAN THEN INFORM INTERVENTIONS. FOR MORE INFORMATION, VISIT: [HTTP://WWW.MIDWESTPBIS.ORG/INTERCONNECTED-SYSTEMS-FRAMEWORK](http://www.midwestpbis.org/interconnected-systems-framework)**

SECOND STEP

- **IS A PROGRAM ROOTED IN SOCIAL-EMOTIONAL LEARNING (SEL) THAT HELPS TRANSFORM SCHOOLS INTO SUPPORTIVE, SUCCESSFUL LEARNING ENVIRONMENTS UNIQUELY EQUIPPED TO ENCOURAGE CHILDREN TO THRIVE. MORE THAN JUST A CLASSROOM CURRICULUM, SECOND STEP'S HOLISTIC APPROACH HELPS CREATE A MORE EMPATHETIC SOCIETY BY PROVIDING EDUCATION PROFESSIONALS, FAMILIES, AND THE LARGER COMMUNITY WITH TOOLS TO ENABLE THEM TO TAKE AN ACTIVE ROLE IN THE SOCIAL-EMOTIONAL GROWTH AND SAFETY OF TODAY'S CHILDREN.**

SOURCES OF STRENGTH

- **IS A NATIONALLY-RENOWNED MODEL THAT USES PEER LEADERS AND LOCALIZED MESSAGING TO ENGAGE STUDENTS IN COOPERATION WITH ADULT ADVISORS. ITS APPLICABILITY TO THE TARGET AUDIENCE (MIDDLE- AND HIGH-SCHOOL YOUTH) COUPLED WITH CULTURAL COMPETENCY CONSIDERATIONS FOR TRIBAL COMMUNITIES (REFERRED TO AS 1ST NATION) ARE CRITICAL FEATURES.**
- **SOS FOCUSES ON SUICIDE PREVENTION AND OTHER SOCIAL ISSUES SUCH AS BULLYING, SUBSTANCE ABUSE, AND VIOLENCE; THE SELECTION OF SOS WAS MADE IN DIRECT RESPONSE SOUTH DAKOTA'S HIGH INCIDENCE RATES OF YOUTH SUICIDE. FIDELITY COMPONENTS REQUIRE A THREE-YEAR START-UP PROCESS IN WHICH PEER LEADERS AND ADULT ADVISORS RECEIVE A 4-6 HR INTERACTIVE TRAINING ONCE PER YEAR AND THEN CONTINUE TO MEET, PLAN, AND SPREAD ACTIVITIES/MESSAGES THROUGHOUT EACH YEAR.**

YOUTH MENTAL HEALTH FIRST AID

- **YOUTH MENTAL HEALTH FIRST AID IS DESIGNED TO TEACH PARENTS, FAMILY MEMBERS, CAREGIVERS, TEACHERS, SCHOOL STAFF, PEERS, NEIGHBORS, HEALTH AND HUMAN SERVICES WORKERS, AND OTHER CARING CITIZENS HOW TO HELP AN ADOLESCENT (AGE 12-18) WHO IS EXPERIENCING A MENTAL HEALTH OR ADDICTIONS CHALLENGE OR IS IN CRISIS.**

NAMI ENDING THE SILENCE

- **IS A RESEARCH-BASED EDUCATION PROGRAM DEVELOPED BY NAMI NATIONAL THAT FEATURES INTERACTIVE PRESENTATIONS, INCLUDING YOUNG ADULTS LIVING WITH MENTAL ILLNESS WHO SHARE THEIR JOURNEY OF RECOVERY, THAT HELP STUDENT AUDIENCES LEARN ABOUT THE WARNING SIGNS OF MENTAL HEALTH CONDITIONS.**
- **THIS EDUCATION PROGRAM WAS CHOSEN AS IT FOCUSES ON DE-STIGMATIZATION OF MENTAL HEALTH CONDITIONS AND CAN BE IMPLEMENTED ACROSS ALL TARGET AUDIENCES – STUDENTS, SCHOOL STAFF AND FAMILIES. PRESENTATIONS ARE DELIVERED IN A TEAM APPROACH IN PARTNERSHIP WITH A TRAINED ADULT FACILITATOR.**

BOYS TOWN

- **CREATE A POSITIVE SCHOOL CULTURE AND CALM CLASSROOMS.**
- **DYNAMIC TRAINING TO STRENGTHEN YOUR MULTI-TIERED SYSTEM OF SUPPORT TO FOCUS ON THE WHOLE CHILD THROUGHOUT OUR LEARNING COMMUNITY.**
 - **MOTIVATE STUDENTS WITH CHALLENGING SOCIAL AND EMOTIONAL, BEHAVIORAL AND ACADEMIC NEEDS**
 - **REDUCE SEVERE DISCIPLINE PROBLEMS**
 - **INCREASE STUDENT AND TEACHER SATISFACTION**
 - **IMPROVE ADMINISTRATIVE INTERVENTION PROCESSES**
 - **REACT POSITIVELY TO PROBLEM SITUATIONS**
 - **IMPROVE STUDENTS PHYSICAL AND EMOTIONAL SAFETY**
 - **REDUCE ABSENTEEISM**

SUMMARY

- **MENTAL HEALTH IS CRITICAL TO SD CHILDREN**
- **20% OF SD CHILDREN HAVE A DIAGNOSABLE MENTAL HEALTH DISORDER**
- **AN ESTIMATED 70% OF CHILDREN WHO RECEIVE SERVICES RECEIVE THEM AT SCHOOL**
- **WE HAVE SIGNIFICANT PROFESSIONAL SHORTAGES AND SERVICE GAPS THAT ARE AFFECTING PROVISION OF SERVICES**
- **PROGRAMS THAT FOCUS ON PREVENTION AND SCREENING ARE BEING IMPLEMENTED IN SD SCHOOLS**

THANK YOU!

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