Needs for School-Based Mental Health

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Mental Health and Academic Outcomes

Mental Health Factors
- Student mental health problems (anxiety, depression, anger, trauma)
- High-risk Behaviors (e.g. Substance use)
- Student social-emotional wellbeing & resilience
- Educator social-emotional wellbeing & competence

Educational Behaviors

Academic Outcomes
- Graduation/Drop-out
- College entry
- Grades/ school performance
- Standardized test scores
- School climate
- Teacher Retention

What proportion of students face one or more of these issues:

- Anxiety about school performance
- Problems dealing with parents & teachers
- Unhealthy peer pressure
- Managing frustration in response to boring work
- Bullying
- Common developmental, adjustment problems
- Fears about starting school
- School phobia
- Drug or alcohol use
- Suicidal ideation
- Worrying about sexuality
- Facing tough decisions
- Considering dropping out of school
- Traumatic experiences outside of school
- Perfectionism
- School refusal
- Selective mutism
- Dealing with death or divorce
- Feeling depressed or overwhelmed

Adverse Childhood Experiences

- ACEs are experiences in childhood that are unhappy, unpleasant, hurtful.
- Sometimes referred to as toxic stress or childhood trauma.
What are Adverse Childhood Experiences (ACEs)?

- Growing up (prior to age 18) in a household with:
  - Recurrent physical abuse.
  - Recurrent emotional abuse.
  - Sexual abuse.
  - Emotional or physical neglect.

Growing up (prior to age 18) in a household with (cont.):

- An alcohol or drug abuser
- An incarcerated household member
- Someone who is chronically depressed, suicidal, institutionalized or mentally ill
- Mother being treated violently
- One or no parents
ACE Scores

- 1/3 of adults have an ACE score of 0.

- The majority of adults with an ACE score of 0 have few, if any, risk factors for diseases that are common causes of death in the US.

- An ACE Score of 4 or more results in having multiple risk factors for these diseases or the disease themselves.

- An ACE score of 6 or more results in a 20 year decrease in life expectancy.
Childhood Experiences Underlie Chronic Depression

Childhood Experiences Underlie Later Suicide
Old View of Mental Health

Modern View of Mental Health

Dual Continua View of Mental Health
Breakdown of the Dual Continua of Mental Health

<table>
<thead>
<tr>
<th>High Well-Being and Quality of Life</th>
<th>Low Well-Being and Quality of Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 to 15% Struggling but content:</td>
<td>10 to 15% Complacent or ambivalent:</td>
</tr>
<tr>
<td>Person has significant amount of distress but also high amounts of quality of life</td>
<td>Low distress and low amounts of well-being and quality of life</td>
</tr>
<tr>
<td>High distress/illness/suffering:</td>
<td>50 to 60% Complete mental health:</td>
</tr>
<tr>
<td>Languishing: Person has significant amounts of distress and low well-being and quality of life</td>
<td>Low distress/illness/suffering</td>
</tr>
<tr>
<td>15 to 25%</td>
<td>10 to 15%</td>
</tr>
</tbody>
</table>

Resilience Defined

- Resilience: the ability to survive and thrive in the face of life's daily ups and downs, curve balls, and stressors.

- Survive:
  - Navigate stressful situations successfully
  - Bounce back after a challenging, adverse situation
  - Minimize life suffering

- Thrive:
  - Ability to flourish in life
  - Optimize well-being and life satisfaction
  - Be as effective as possible in everything you do
We All Can Become Resilient

- Resilience does not require something rare or special—it’s ordinary magic.

OrdinaryMagicMusic.com

Number of Resilience Factors and Life Satisfaction
## Ingredients to Becoming Healthy, Happy and Resilient Person

- Developing helpful and optimistic thinking
- Seeking “good” social support
- Good sleep
- Clarifying values and doing what matters most
- Management of intense negative emotions
- Regular exercise
- Role models
- Mindfulness-based practices
- Problem-solving skills
- Purposefully practicing gratitude
- Grit and perseverance
- Scheduling time for recreation and relaxation
- Receiving mentoring
- Cultivating positive emotions
- Healthy, balanced diet

## Mental Health Problems: The Numbers

- 20 to 30% of students have a diagnosable mental health disorder
- When referred to agencies outside of the school, only 10 to 15% of the children who need MH services get them
  - Versus, when MH services are provided to the school, over 90% of referred student receive them
The Problems: Anxiety-Related Disorders

- **Prevalence**
  - 6-15% for children and adolescents
    - 2.0-12.9% Separation anxiety
    - 5.0-10.0% GAD
    - 3.0-10.0% Specific phobia
    - 0.5-2.8% Social phobia
    - 1.0-2.0% OCD

What is anxiety?

- Fear = reasonable response to a threat
- Anxiety = unjustified or unreasonable fear
  - All about paying attention to potential threat/harm
- Activation of the sympathetic nervous system
  - Fight,
  - Flight,
  - or Freeze
- Results in two batches of behavior that allow the anxious person to control her environment
  - Avoidance behaviors
  - Oppositional behaviors
Yerkes-Dotson Curve
Anxiety and Performance

- Real fire
  - Fire alarm goes off when there is a fire
    - Presence and/or severity of anxiety is justified by the situation (credible danger)
- False fire alarm
  - Fire alarm goes off BUT no fire
    - Presence and/or severity of anxiety is not warranted by the situation (no real danger)
Evolutionary Perspective

Oh crap!!!! I better get out of here!

Look at the furry kitty!! I want to play.

Evolutionary Perspective

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The Problems: Depressive Disorders

- Prevalence of Major Depression:
  - 3% in preadolescents
  - 15-20% in adolescents
  - Girls > Boys in adolescence

- Prevalence of Dysthymic Disorder:
  - ~3% of children and adolescents
  - Equal in males & females during childhood/adolescence

Beck’s Cognitive Triad of Depression

- Negative view of the self (e.g., I’m unlovable, ineffective, nothing I do is right)

- Negative view of the future (e.g., nothing will work out, the future looks bleak)

- Negative view of the world (e.g., world is hostile, others are out to get me)

*Beck, 1978*
Lack of Response-Contingent Reinforcement

- Withdrawal from pleasurable activities in life
- Less contact with reinforcing experiences

What is depression?

- I suck…
  - My future sucks…
  - The world I live in sucks…
- Glass is half empty
- Hypo or hyper-somnia
- Irritability
- Behavioral inactivity – loss of interest

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The Problems: Trauma-Related Disorders

- Prevalence of PTSD
  - 2-5% of children and adolescents
  - Fewer than 20% of children with a history of exposure to a traumatic event develop a disorder (Costello, Erkanli, Fairbank, & Angold, in press)

- Sex differences
  - Girls 2-3 times more likely than boys
What is trauma?

- Sudden or unexpected events
- Shocking nature of events
- Actual or perceived threat to life/bodily/personal integrity
- Subjective feelings of intense terror, horror, or helplessness

Which experiences are traumatic?

- Man-made
  - Child physical or sexual abuse
  - Witnessing or victim of domestic, community, or school violence
  - Severe accidents
  - Potentially life-threatening illnesses
  - Exposure to war, terrorism, or refugee conditions
- Natural disasters
  - Hurricanes
    - Katrina
  - Tsunami
    - Thailand
  - Earthquake
    - Haiti
  - Fires
  - Mudslides
The Problems: Disruptive Disorders

- Prevalence of Oppositional Defiance
  - 2 – 16%
  - Characterized by defiant, oppositional attitude to authority figures
  - Gender differences
    - Significantly more males than females

- Prevalence of Conduct Disorder
  - 3 – 10%
  - Characterized by aggressive behavior and general violation of rules and social norms
  - Gender differences
    - Males outnumber females 4/5:1