MHANYS Plans Mental Health Education in Schools Summit

In July of 2018 a new law will become effective requiring all middle and high schools to include mental health instruction in their health curricula. Now, mental health advocates who pushed for the new law are planning a March 16, 2017 Summit to inform education and mental health stakeholders about the implementation of the law.

The new requirement, which was signed into law by Governor Cuomo this past October, provides little specificity regarding curricula content. Any direction about content or guidelines for implementation of the law will presumably come from the State Education Department (SED).

Representatives from the Mental Health Association in New York State, Inc. (MHANYS) recently met with SED senior staff to discuss plans for implementation. MHANYS played a lead role in advocating for the new requirement; working for the past five years to pass the legislation. SED officials agreed to participate in the March 16 Summit, which will also include presentations by the Commissioner of the Office of Mental Health, Public Policy staff from MHANYS and guest speakers.

MHANYS’ Mental Health Education in Schools Summit
Learn about the new law that requires schools in New York State to teach about mental health.

Mental Health Association in New York State (MHANYS) invites stakeholders from across the State to learn about implementing the Mental Health Education in Schools Law in 2018.

When: March 16, 2017
Registration starts at 8:15am
Program Time: 9am to 2:00pm
Where: Albany Law School
Cost: $20 (includes lunch)

MHANYS’ Mental Health Education in Schools Summit
Learn about the new law that requires schools in New York State to teach about mental health.

Mental Health Association in New York State (MHANYS) invites stakeholders from across the State to learn about implementing the Mental Health Education in Schools Law in 2018.

When: March 16, 2017
Registration starts at 8:15am
Program Time: 9am to 2:00pm
Where: Albany Law School
Cost: $20 (includes lunch)

MHANYS’ Mental Health Education in Schools Summit
Learn about the new law that requires schools in New York State to teach about mental health.

Mental Health Association in New York State (MHANYS) invites stakeholders from across the State to learn about implementing the Mental Health Education in Schools Law in 2018.

When: March 16, 2017
Registration starts at 8:15am
Program Time: 9am to 2:00pm
Where: Albany Law School
Cost: $20 (includes lunch)

MHANYS’ Mental Health Education in Schools Summit
Learn about the new law that requires schools in New York State to teach about mental health.

Mental Health Association in New York State (MHANYS) invites stakeholders from across the State to learn about implementing the Mental Health Education in Schools Law in 2018.

When: March 16, 2017
Registration starts at 8:15am
Program Time: 9am to 2:00pm
Where: Albany Law School
Cost: $20 (includes lunch)
A number of studies have explored the crucial role that teachers can play with proper training, as mental health assessors. This body of research begins with the premise that teachers are ideally positioned to observe behavioral and socio-emotional aspects of young people in a consistent classroom setting over time. This vantage point allows teachers to see changes in patterns of behavior and the development and early onset of symptoms. Research in the field of mental health literacy has shown that people generally can be taught to recognize the signs and symptoms of mental health problems in a manner that empowers them to direct others to appropriate professional treatment.

Schools generally struggle with a lack of “in-house” mental health resources. It’s not uncommon for a particular school to have just one School Social Worker and/or a School Psychologist for every 1,000 students. The idea behind teachers as mental health assessors is not that they become counselors or therapists, but rather that they can play a crucial role in the recognition of at-risk students and facilitate referral to either school-based or community-based mental health treatment. This may help over-burdened school counselors by more efficiently targeting resources to students soon after the onset of symptoms. And early intervention improves the prospect of recovery.

Closing the latency gap from symptom onset to treatment is critical since the average age when symptoms begin for half of all lifetime mental health disorders is 14 years old, and the average delay in getting treatment (for the 40% of people who will get treatment) is as much as ten years. With proper training, teachers can help close this gap and spare young people years of unnecessary struggle and the damage that too often accrues from untreated mental illness. Research has shown that as little as 8 hours of training can significantly enable people with little previous mental health knowledge to recognize the signs and symptoms of emerging mental health problems.

Increase in Depression and Treatment in Adolescents and Young Adults

A new study published in the December, 2016 issue of Pediatrics, draws attention to an increase in the prevalence of major depressive episodes (MDEs) in adolescents and young adults. The study draws upon data from the National Surveys on Drug Use and Health for 2005 to 2014.

The 12-month prevalence of MDEs increased from 8.7% in 2005 to 11.3% in 2014 in adolescents and from 8.8% to 9.6% in young adults. Although mental health care contacts overall did not change over time, the use of specialty mental health providers increased in adolescents and young adults, and the use of prescription medications and inpatient hospitalizations increased in adolescents.

Each year almost 1 in 11 adolescents and young adults have an MDE. The prevalence of these episodes increased between 2005 and 2014. The trend was limited to those in the 12 to 20 age range, and was somewhat more prominent among non-Hispanic whites than minority groups and among adolescent girls than boys.

Adjusting the analyses for socio-demographic and household factors that have been previously found to be associated with adverse mental health outcomes in adolescents, such as single parent homes or income, did not account for the increasing trend in depression. Furthermore, the trends could not be explained by any changes in prevalence of substance use disorders as the analyses adjusted for alcohol and non-alcohol drug abuse and dependence.

Teachers as Mental Health Assessors?

A number of studies have explored the crucial role that teachers can play with proper training, as mental health assessors. This body of research begins with the premise that teachers are ideally positioned to observe behavioral and socio-emotional aspects of young people in a consistent classroom setting over time. This vantage point allows teachers to see changes in patterns of behavior and the development and early onset of symptoms. Research in the field of mental health literacy has shown that people generally can be taught to recognize the signs and symptoms of mental health problems in a manner that empowers them to direct others to appropriate professional treatment.

Schools generally struggle with a lack of “in-house” mental health resources. It’s not uncommon for a particular school to have just one School Social Worker and/or a School Psychologist for every 1,000 students. The idea behind teachers as mental health assessors is not that they become counselors or therapists, but rather that they can play a crucial role in the recognition of at-risk students and facilitate referral to either school-based or community-based mental health treatment. This may help over-burdened school counselors by more efficiently targeting resources to students soon after the onset of symptoms. And early intervention improves the prospect of recovery.

Closing the latency gap from symptom onset to treatment is critical since the average age when symptoms begin for half of all lifetime mental health disorders is 14 years old, and the average delay in getting treatment (for the 40% of people who will get treatment) is as much as ten years. With proper training, teachers can help close this gap and spare young people years of unnecessary struggle and the damage that too often accrues from untreated mental illness. Research has shown that as little as 8 hours of training can significantly enable people with little previous mental health knowledge to recognize the signs and symptoms of emerging mental health problems.
Continued from page 2 — Increase in Adolescent Depression and Treatment

The trends in adolescents were different among boys and girls. This aligns with past studies that also found a larger increase in depressive symptoms in girls than boys in more recent years. Adolescent girls may have been exposed to a greater degree to depression risk factors in recent years. For example, cyberbullying may have increased more dramatically among girls than boys. As compared with adolescent boys, adolescent girls also now use mobile phones with texting applications more frequently and intensively. Problematic mobile phone use among young people has been linked to depressed mood.

In the context of these limitations, this study provides useful information on temporal trends in 12-month MDE and treatment of depression based on large and nationally representative samples of adolescents and young adults. Prevention, early detection, and treatment of depression and other common mental disorders in these age groups are major goals of public mental health initiatives. Yet adaptation and broad implementation of effective treatment and prevention programs remains a challenge. The growing number of depressed adolescents and young adults who do not receive any mental health treatment for their MDE calls for renewed outreach efforts, especially in school and college health and counseling services and pediatric practices where many of the untreated adolescents and young adults with depression may be detected and managed.

| Percent of Adolescents in Each Survey Year Meeting Criteria for 12-mo MDEs |
|-----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| All Ages                    | 8.7  | 8.0  | 8.2  | 8.4  | 8.0  | 8.0  | 8.3  | 9.3  | 10.6 | 11.3 |
| Ages 12–13                  | 5.6  | 5.3  | 4.3  | 5.1  | 4.5  | 4.2  | 4.2  | 5.6  | 5.9  | 7.2  |
| Ages 14–15                  | 9.1  | 7.8  | 8.6  | 8.5  | 8.6  | 9.0  | 8.7  | 10.1 | 12.1 | 11.8 |
| Ages 16–17                  | 11.2 | 10.6 | 11.6 | 11.0 | 10.5 | 10.6 | 11.7 | 11.9 | 13.4 | 14.7 |
| Girls                       | 13.1 | 11.9 | 12.1 | 12.6 | 11.3 | 12.0 | 12.1 | 14.2 | 16.1 | 17.3 |
| Boys                        | 4.5  | 4.2  | 4.6  | 4.3  | 4.9  | 4.2  | 4.7  | 4.6  | 5.2  | 5.7  |

The growing number of depressed adolescents and young adults who do not receive any mental health treatment for their MDE calls for renewed outreach efforts...


Continued from page 1 – Mental Health Education Summit

MHANYS is inviting representatives from numerous education and mental health stakeholder groups from across the state to attend the Summit. Mental Health Associations (MHAs), which are community-based mental health providers, many of which already partner with schools in their communities, are expected to be valuable resources to schools in the development and delivery of mental health curricula content. Several MHAs already contribute their time, resources and knowledge to various schools in the State. The Mental Health Association of Rockland County, for example, provides mental health instruction in Spring Valley High School on a variety of topics, in two, 40 minute modules each week throughout the school year.

“The Summit is designed to provide the education and mental health communities with information about the implementation of this historic new law” according to MHANYS’ CEO Glenn Liebman. “We also hope to build bridges between educators and mental health advocates and providers through the networking opportunity that the Summit will provide.”

To learn more about the Summit and how your school may be able to participate, please contact John Richter, Director of Public Policy, MHANYS at (518) 434-0439, ext 229, or at jrichter@mhanys.org. Go to www.MHANYS.org to register.
Proposed Legislation Could Mean Better Preparation of Teachers on Student Mental Health Needs

In a recent article published in The Atlantic, columnist Jessica Lahey laments that educators are not adequately trained to address the mental health crises. And as Lahey correctly notes “teachers are often the first person children turn to when they are in crisis, and yet teachers are, as a profession, woefully unprepared to identify students’ mental-health issues and connect them with the services they need—even when those services are provided by schools.”

And while timely and relevant, Lahey’s observations aren’t new, but instead refresh findings from a pivotal study* completed in 2011 that revealed the dearth in teacher knowledge about evidence-based mental health interventions and the availability of school resources for children with emotional and behavioral problems. Overall, the study showed that most teachers had not heard of 9 out of 10 evidence-based programs presented as part of the study. Teachers were also not sure whether their schools provided specific assessments and interventions to support children and 57% of teachers were not sure whether their schools provided functional behavioral assessment and intervention planning.

Fortunately, some of New York’s lawmakers are taking notice, and taking steps to help remedy this problem. Legislation introduced last year by Senator Jesse Hamilton and Assemblyman Marcos Crespo would require teachers to receive training in courses, programs, and activities related to mental health. More specifically, the training would include best practices for the safe de-escalation of crisis situations, and identifying signs and symptoms, including the early stages of mental illnesses and situations that may necessitate timely notification to appropriate school officials. The training would be included under existing law that requires teachers to complete a minimum of one hundred hours of continuing teacher and leader education during each five-year registration period.

The bill proposed last year by legislators Hamilton and Crespo did not pass either house of the Legislature and is expected to be amended and reintroduced in the 2017 Legislative session.

*Study: Teachers’ Knowledge of Evidence-Based Interventions and Available School Resources for Children with Emotional and Behavioral Prob-

Send Students to Mental Health Matters Legislative Day

March 8th, 2017 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 and provide 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 prepared to hear from and visit 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. 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 your school’s elected officials.

Please join us in 2017! To register: www.MHANYS.org. For more information call 518-434-0439.
Did you know?

Age of Onset

When do the first signs and symptoms of mental illness begin?

One-half (median) of all lifetime cases of mental illness begin by age 14; three-quarters by age 24. The median age of onset for specific disorders are:

- Anxiety Disorders — Age 7
- Eating Disorders — Age 12
- Substance Use Disorders — Age 15
- Schizophrenia — Age 12
- Bipolar Disorder — Age 25
- Depression — Age 32*

*The relative older age of 32 as the average age of onset for depression is skewed upward due to a high percentage of depression being diagnosed and reported later in life.

The above information is from “Youth Mental Health First Aid” (YMHFA) training materials. Take a MHFA class to learn more about young people and their mental health.

To locate or schedule a training in NYS contact MHANYS.

Follow Us Online

www.MHANYS.org
- Facebook at MHANYSinc
- Twitter @MHAacrossNYS

Contact Information

MHANYS
194 Washington Ave
Suite 415
Albany NY
518-434-0439

Resources

Youth in Transition — www.youthnys.org
Youth Power — www.youthpowerny.org
National Institute of Mental Health — www.nimh.nih.gov
National Eating Disorders Association — www.nationaleatingdisorders.org
New York State Association of School Psychologists — www.nyasp.org
Alcoholic Anon/Alcoholic Teen Hotline — 1.800.344.2666
Disability Rights New York — 1.800.993.8982
Eating Disorders Awareness/Prevention — 1.800.931.2237
National Runaway Hotline— 1.800.621.4000
Substance Abuse Hotline — 1.800.662.4357
The Trevor Project (LGBTQ suicide prevention) — 1.866.488.7386