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How We’re Serving Schools During the COVID-19 Pandemic:  
A Message from MHANYS CEO Glenn Liebman

These are such difficult times that we are facing. We are in unchartered territory yet educators consistently rise to the occasion. They are innovative, creative and dedicated to insuring an education for young people. This is no surprise given their work ethic and commitment. At MHANYS, we will continue to do everything we can to support educators and students. Please feel free to reach out to us during this time of need.

It’s been three months since the COVID-19 pandemic radically changed our lives. For MHANYS, the changes began on March 9, 2020. It was just two days before one of our biggest events of the year; MHANYS annual Mental Health Matters Legislative Day at the State Capital. On this day, each year, mental health advocates from across the state gather together to urge state lawmakers to focus their attention on a number of public policy issues dealing with mental health. This year was going to be different because a record number of attendees were registered to participate in the event, and most of them were students. About 700 people were set to attend Mental Health Matters Day, some 500 of which were students ranging from fifth graders to college students. But on March 9, amidst growing concern over a potential public health threat called the “Coronavirus”, MHANYS had a difficult decision to make.

If you recall, New York was not yet on pause on March 9, the President had yet to declare a state of emergency and it would still be another 6 days before the CDC would recommended no gatherings of 50 or more people in the U.S. Many of us had not yet focused much attention on the news of events unfolding half a world away. But things were about to change fast. On March 9th, with the approval of MHANYS Board of Directors, and some wise guidance from the Governor’s office, I made the agonizing decision to cancel Mental Health Matters Day. And on March 12th, one day after our scheduled event that would have brought over 700 participants to the State Convention Center, Governor Cuomo announced that there could be no gatherings of more than 500 people and that any gatherings of fewer than 500 had to reduce capacity by 50%. Although we were all disappointed, it was confirmation that we made the right decision.

To redeem the March 11th scheduled event, we resolved to hold a virtual legislative day and attempt to engage as many of the registered participants as possible, especially since some 500 students were already scheduled for a field trip. Through MHANYS’ the School Mental Health Resource and Training Center, we hosted Mental Health Matters Day Roundtable, which focused on mental health policy issues that are important to schools and all New York State communities. In addition, MHANYS provided phone call and email scripts for advocates to foster engagement with legislative members remotely and via social media. Our effort to pivot from a large gathering to a virtual event marked just the beginning of a new way of advocating for mental health issues that has stretched on to this moment.

The first COVID-19 oriented directive to schools came on March 9 from the State Education Department (SED) and State Department of Health (DOH). The directive provided guidance to schools regarding “Novel Coronavirus”, directing schools to close for 24 hours if a student or staff member attended school prior to being confirmed as a positive COVID-19 patient. More SED guidance documents were issued in the days that followed and on March 15 school buildings were ordered to close in New York City, Westchester County and Suffolk County, as statewide confirmed cases of COVID-19 reached 729. Upstate school buildings would begin closing shortly thereafter. On March 16, a coalition of states, including New York, began limiting crowd capacity for recreational and social gatherings to 50 people. The following day MHANYS staff began working remotely and by March 20th, New York was officially on pause.

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Although MHANYS staff have been working remotely ever since March 17, we are busier than ever, and like the rest of the world we are learning as we go. We continue striving to fulfill our mission in spite of the change in routine. Through the School Mental Health Resource and Training Center we continue to engage families and schools, providing resources and soliciting feedback about their mental health and wellness needs during this time. Here are some of the resources we’ve made available to families and schools since the COVID-19 pandemic so dramatically changed the way we live, learn and work:

A Series of 3 Online Panel Discussions: Maintaining Mental Health in Schools During Social Distancing: an MTSS approach [https://www.mentalhealthednys.org/panel/](https://www.mentalhealthednys.org/panel/)

Family Education Webinars, including Trauma 101 for Families and Caregivers will be held on June 16. Details including registration can be found here: [https://www.mentalhealthednys.org/family-education-webinar-series/](https://www.mentalhealthednys.org/family-education-webinar-series/)

Family/Caregiver Resources: [https://www.mentalhealthednys.org/parents/](https://www.mentalhealthednys.org/parents/)

Youth Cyberbullying Prevention webinar: [https://www.mentalhealthednys.org/cyberbullying/](https://www.mentalhealthednys.org/cyberbullying/)

Tools for coping with stress and promoting mental health, including mini-webinar: [https://www.mentalhealthednys.org/coping/](https://www.mentalhealthednys.org/coping/)

Also, our public policy work continues. Although the State is running a budget deficit that has been compounded by the pandemic, MHANYS will continue to promote legislative initiatives important to schools, students and families. This work includes seeking funding opportunities for school personnel training and for an expanded role for the Resource Center. In addition, our legislative agenda around excused absences for mental health days for students and enhanced school-based mental health services are more important now than ever before, especially going forward as we anticipate the aftermath of COVID-19. Our work as mental health advocates will not be discouraged even in the face of seemingly insurmountable budget constraints.

Please make sure to take care of your own mental health. Self-care is an essential part of ensuring healthy relationships with others. We urge you to visit our website at [www.mhanys.org](http://www.mhanys.org) and to take advantage of any resources that you might need.

Thank you for all you do and please stay safe.

Glenn Liebman, CEO

### Promoting Equity and a Culture of Caring in Schools

Over the past few decades, schools across New York State have embraced evidence-based, school-wide strategies that promote a culture and climate of wellness – social-emotional learning, a trauma-informed approach and restorative practices. Ingrained in each of these initiatives is the opportunity to address equity and the role of systemic injustice, and create an environment that values connectedness, respect, compassion and empowerment.

MHANYS and its School Mental Health Resource and Training Center are committed to supporting schools through this critical work. We see conversations about discrimination and injustice to be fundamental to social-emotional development – specifically perspective-taking, empathy, appreciating diversity, respect for others...
Impact of COVID-19 on Youth Mental Health

Since the COVID-19 pandemic became everyday news there has been an explosion of media and academic attention on the mental health of Americans. As mental health advocates this is refreshing, but also disturbing. It’s refreshing because mental health rarely garners this level of appreciation, outside of violent catastrophic acts too often erroneously conflated with mental illness. The steady flow of reporting about the impact of the pandemic on the American psyche is a welcome sign that we do care about people’s mental wellness after all. But it is at once disturbing, because of the heavy toll that COVID-19, and the public response to it, is taking on peoples’ mental health, endangering many to the point of suicide. The most oft-cited statistic is that half of Americans say their mental health has been negatively impacted by the pandemic. Canadian youth (13-24) appear to be even more stressed, with seven in 10 respondents to a UNICEF Canada survey (April 30 to May 5, 2020) saying the pandemic is negatively impacting their mental health. Scarier yet is the spike in calls to suicide and disaster distress hotlines, as many predict the rates of death by suicide will go up significantly. A federal disaster-distress hotline for people in crisis received about 20,000 texts in April compared with 1,790 during the same time last year. One recent study (May 8, 2020) called “Projected Deaths of Despair During the Coronavirus Recession,” by Well Being Trust, is concerned about the “epidemic within the pandemic”. The report refers to these as deaths of despair, which includes deaths from drugs, alcohol, and suicide. It predicts an average of 68,000 additional deaths of despair associated with the pandemic, with a predicted low of 27,000 deaths if there’s a quick recovery from the pandemic to a high of 154,000 deaths if the recovery is slow. The increased estimates of deaths of despair are linked to economic failure with massive unemployment, mandated social isolation for months and possible residual isolation for years, and uncertainty caused by the sudden emergence of a novel, previously unknown microbe.

Of course, all of this should concern us. But of even greater concern is what we know about the impact of natural disasters on youth relative to adults. Although the Centers for Disease Control and Prevention (CDC) is saying that the risk of exposure to COVID-19 is low for young people in the U.S., research on natural disasters suggest that, compared to adults, children are more vulnerable to the emotional impact of traumatic events that disrupt their daily lives. The Lancet, Child and Adolescent Health noted that for children and adolescents with mental health needs, having to stay at home means a lack of access to the resources they usually have through schools. The article reported that a survey by the mental health charity YoungMinds, revealed that 83% of study...
participants in the U.K. up to age 25 years with a mental illness history, said the pandemic had made their conditions worse. The U.K, where schools closed on March 20, 2020 is on a very similar pandemic timeline as the U.S.

Emotion and Sentiment Lexicons created by the National Research Council Canada

Another indicator of the impact of COVID-19 on the emotional state of youth is portrayed in this student sentiment graph, which depicts students’ emotions immediately before and after March 11, 2020. This data was collected, analyzed and charted by Social Sentinel, a company that uses a proprietary algorithm to scan social media looking for signals and trends that can be used to provide alerts of threat. Their platform tracks overall national student mental health. Based upon students’ public social media posts, Social Sentinel is able to understand if the general US student population is feeling happy, fearful, angry or harmful. Note the rise in the emotional indicators fear, anger and harm compared to the decrease in happiness. The marked changes in these indicators coincide with the date (March 11) when the World Health Organization declared COVID-19 a pandemic. By March 25, although somewhat tempered, the emotion indicators were still significantly inverted compared to pre-COVID-19 levels.

Time will tell the way in which student sentiment will change in the future and even now as the pandemic enters the third month. What’s going to prove critical is the manner in which parents and educators engage youth throughout the pandemic and when we begin getting back to school, work and play. The School Mental Health Resource and Training Center has compiled a list of COVID-19 mental health resources to help educators and parents talk with young people.

Resources to Support Youth and Families During the Coronavirus COVID-19 Outbreak: [https://youth.gov/feature-article/covid-coronavirus-resources](https://youth.gov/feature-article/covid-coronavirus-resources)


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COVID-19 and the Mental Health Of Your Children, The Youth Mental Health Project:

Plan Ahead to Support the Transition-back of Students, Families, and Staff:
http://smhp.psych.ucla.edu/pdfdocs/newsletter/spring20.pdf

Supporting Kids’ Mental Health During the COVID-19 Pandemic:
https://www.weareteachers.com/kids-mental-health-covid-19/

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Ringing the Alarm: How Are the Children?

In December 2019, The Congressional Black Caucus Emergency Task Force released a report titled Ring the Alarm: The Crisis of Black Youth Suicide. The Task Force found that in the last several years, data has indicated an alarming increase in the suicide rate for Black youth and teens, and that rate is increasing faster than any other racial or ethnic group. Research also revealed that Black youth under the age of 13 are twice as likely to die by suicide than their white counterparts.¹

As a pandemic moves across the country and the globe, we often find ourselves turning to ancestral wisdom for guidance and direction. The Masai tribe in Africa have a specific greeting for each other that has more than one meaning: “Kasserian ingera,” and in English, “And how are the children?” A high value is placed on children’s well-being, which is also indicative of how the tribe is doing as a whole. Why are our Black youth and teens suffering so, and what does that say about the world we are living in?

Black youth and teens are less likely to get care for depression (a major risk factor for suicide) due to structural inequities, social determinants of health, stigma, and mistrust of the healthcare system and providers. A huge risk factor for Black youth is exposure to trauma, which is disproportionately experienced in Black communities in the forms of exposure to racism, discrimination, neighborhood violence, and economic insecurity. Even witnessing trauma experienced by others has been found to be associated with a greater risk of depression and PTSD. It is common for mental health symptoms of Black youth and teens to be misunderstood as conduct issues, leading them to be suspended from school or pushed into the juvenile justice system, where they are even less likely to access adequate mental health care.¹

The alarm is ringing, and it’s getting louder.

Now, as the world grapples with the coronavirus, all youth and teens are at a higher risk for mental health complications. A Kaiser Family Foundation poll found that nearly half of Americans reported that the current pandemic is harming their mental health.² Existing mental health conditions may be exacerbated during this time, as well as a rise in substance abuse and misuse disorders. The National Black Justice Coalition. (2020, April 16). Statement: “A Youth Mental Health Crisis is Imminent.” Retrieved May 8, 2020, from http://nbjc.org/media-center/releases/youth-mental-health-crisis-imminent

Before this crisis, we were seeing an alarming increase in deaths by suicide by youth and teens, and especially by Black youth and teens. Now, with schools moving to virtual learning, it is even more difficult to access mental health services and peer support networks.³

So, are the children okay? There is no definitive answer, but we can make sure that they will be. We must anticipate and prepare for the need for competent mental health support and services for youth and teens, with a specific focus on diversity, equity, and inclusion to address this alarming trend of rising deaths by suicide in Black youth and teens.

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Tools to Promote Mental Health and Wellness

Talking about our own mental health or beginning the conversation when you are concerned about a loved one can be difficult. In recognition of May as Mental Health Awareness month, MHANYS and the School Mental Health Resource and Training Center (Resource Center) developed a toolkit and new website content to encourage families and communities to open up about mental health in an effort to reduce stigma.

The Resource Center has launched a new webpage highlighting tools to promote mental health and wellness through grounding, self-awareness, engaging in self-reflection and building social connections. Grounding is a practice that helps us pause and be present in everyday experiences. It can also be used to divert our attention from unpleasant thoughts, memories, and feelings, and support a sense of safety and calm. Self-awareness is also important to mental health. Recognizing our emotions and the effect that people, places, and experiences have on those emotions can help us better manage them. Finally, self-expression provides an opportunity to creatively process thoughts and emotions.

The Resource Center posted activities and tools to practice grounding, and help promote self-awareness and self-expression in ways that build social connections. Examples include a Mindful Nature Hunt, a Wellness Board, and Mindful Stones. A short webinar, titled “DIY Tools for Coping” further explores mental health and wellness strategies to reduce stigma. Humans are naturally social beings, and connecting to others who support us helps us feel we are not alone. Visit www.mentalhealthEDnys.org/coping to learn more.

MHANYS School Mental Health Resource & Training Center Launches the Family Education Project

MHANYS School Mental Health Resource and Training Center’s Family Education Project has received funding from Mother Cabrini Health Foundation to educate NY families about mental health problems and treatment resources to help empower caregivers to address their unique family circumstances. The project will support the mental health of youth and young adults by focusing on whole family wellness, including extended family members, with special attention given to those most impacted by health disparities, disadvantaged families and minority populations, as 57% of students in NY identify as non-white or multiracial.

The Family Education Project includes 30-minute monthly educational webinars, activities and tools for promoting mental health and wellness, and other resources (see article: “Tools for Promoting Mental Health and Wellness”). The webinars are easily accessible for families and school staff, and the resources and helping strategies provided are strengths-based and person-centered, allowing for families to develop their own tools and coping strategies regardless of barriers to access and other disparities. (CONTINUED ONTO NEXT PAGE)
The success of the project has been remarkable, with nearly 1500 people viewing either the live or recorded webinars in the first few months. Topics included understanding and supporting mental health and wellness, coping with stress and crisis, and supporting the whole family through self-care and building a wellness mindset.

If you would like to learn more about the Family Education Project, or view some of our resources, visit [https://www.mentalhealthednys.org/parents/](https://www.mentalhealthednys.org/parents/).

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**School Shorts: Spotlighting School Mental Health Initiatives Across New York State**

Since 2018, New York State schools have been required to provide mental health instruction as part of their K-12 health curriculum. Many educators have developed exemplary lesson plans for mental health education and schools are implementing district-wide strategies to promote the mental health and wellness of students, staff, and families.

In recognition of the great work being done across the state, MHANYS’ School Mental Health Resource and Training Center (Resource Center) has developed School Shorts, an innovative and engaging resource designed to highlight school mental health initiatives. Resource Center staff work with school leaders and educators to create brief videos describing the project rationale; the implementation process, including barriers; the effectiveness and lesson learned; and a description of how the initiative aligns with mental health education.

When the production of a School Short is completed, the video is shared with schools state-wide through email and social media, including relevant resources. In addition, Resource Center staff often share these ideas with schools when providing technical assistance. We know and appreciate that we can learn from one another and created this resource to allow state-wide sharing of creative initiatives and effective solutions.

If you have an idea to share and would like it to be considered for a School Shorts production, please visit [mentalhealthednys.org/school-shorts/](https://www.mentalhealthednys.org/school-shorts/) and fill out the application. For any questions, please email schools@mhanys.org.

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**Supporting those with Eating Disorders during the COVID-19 Pandemic**

There is no question that the challenges brought about by the COVID-19 pandemic have been particularly difficult for the mental health community, including those impacted by eating disorders. Eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder, and others, are serious mental illnesses that will impact 30 million Americans at some point in their life. During this time of great uncertainty, the National Eating Disorders Association (NEDA) has resources available that can help you navigate the challenges of an eating disorder, and the added difficulty that has been brought about by the COVID-19 pandemic.

Eating disorders are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships. In fact, eating disorders have the second highest mortality rate of any mental illness, after opioid addiction disorder. These illnesses often start in childhood or adolescence and can affect individuals of any gender, age, race, religion, ethnicity, sexual orientation, socioeconomic status, body shape, and weight. The good news is that eating disorders are treatable and early recognition may prevent the...
Comfort as a Skill: Is Comfort the Emotional Cure for Our Times?

Written by Jen Marr

It is a growing certainty among educators that the emotional consequences of the past few months on our schools and communities can barely be understood. How are we addressing mental health issues now? How do we manage the emotional toll we anticipate in the fall?

Even before the COVID-19 Pandemic brought unthinkable levels of isolation, our world was increasingly lonely, socially distanced, and hurting. Depression, loneliness, suicide rates and anxieties were on the rise. In the depth of this pandemic we know countless among us are hurting.

This time demands that we do a better job of caring for one another. But even when we care deeply, our skills are often woefully underdeveloped, leaving us unprepared to help our most vulnerable, especially at a time like this.

Therefore, to combat the feelings of loneliness and isolation, the goal must be to make sure people feel cared for. Not empathy, not sympathy - care. (CONTINUED ONTO NEXT PAGE)

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That is comfort.

The skill of comfort, which is the cultivating of human care and connection, is something that can be taught and learned. There is a process to the skill, and when the steps are practiced repeatedly, the human empathic response is engaged and awakened. Connections happen and our core human needs of belonging, trust, and safety are met.

We are living in a time and place where we know that most everyone around the globe is dealing with overwhelming change and stress. It’s a time when we can without a doubt assume that any person we interact with is struggling with something. We don’t know when it will all end, and the uncertainty just adds to the stress. When this long-term stress is unchecked, it takes an enormous toll on our collective physical and mental health.

What offsets this stress? How can we emotionally recover?

Dr. David DeSteno, Professor of Psychology at Northeastern University explains, “When our bodies endure long term stress, the wiring to offset this stress is found in human relationships and connection. We need human connection to feel safe, to cope with stress and to manage fear.”

Human relationships and social connectedness are so critical in times of stress that Dr. Arthur C. Evans JR, CEO of the American Psychological Association, recently told a nationwide Town Hall that above everything else, social connectedness is what is needed at this time. He stated “There are hundreds of studies that go back decades that show that the amount of social support that you have - people in our lives who support and help us - is directly related to our physical health, our mental health and generally how we do in life”.

In the past decades, there has been an increased focus on mindfulness and meditation – to self-regulate our emotions in order to help ourselves manage stress. But just maybe we should be redirecting some of that inner self-focus outward: towards caring for and connecting with others and letting them care for and connect with us.

Comfort begins by putting the focus on others, not self. Instead of requiring the one suffering to initiate action, comfort equips those around the sufferer to be the ones to reach out and help. This is critical because when someone is hurting, alone, isolated, struggling, anxious, or depressed, they may not be able to initiate a cry for help.

Comfort is an action not an emotion like empathy or compassion. The skill of comfort can be broken down into five steps. Two steps include perspective taking and three steps are steps of efficacy.

When these steps are combined to close the “Circle of Comfort”, emotions such as empathy and compassion are naturally carried along. Our human empathic response is engaged and awakened by completing the cycle. And even better than that, by giving comfort, you are yourself comforted and more emotionally grounded.

Comfort equips us to open our eyes and hearts to those in need. It then goes deeper to teach our ears how to listen, our hands and mouths how to communicate, our feet how to show up and our brains how to remember this skill. We acquire concrete skills when we learn how to comfort others, enabling us to catch those suffering before they head into crisis.

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If I’ve learned anything over my many years in crisis response, it is this: there is always something good that can come out of the most horrible of situations. In the case of where we are today, what if that good was an increase in our connectedness and our relationships with each other? What if we can make the world a little less lonely by learning to care a little more?

“Comfort is a skill, not a trait. Research shows it can be developed if people adopt a growth mindset,” says Dr. DeSteno. “Evidence also shows that those who suffer from adversity will be more motivated to help others. They feel more equipped from witnessing the effects small gestures had on themselves. Teaching comfort skills during this time is like feeding those that are hungry. This is a time we are most open to learn.”

Dr. John Draper, Director of the National Suicide Lifeline, Vibrant, wrote these words in the foreword to my book, Paws to Comfort: “The mental health community and our dear pets can’t do it alone. The world needs all of us to know how to connect with those that are struggling too”.

Let’s change our perspective on human care and rise to the opportunity we have been given to mend our hurting world.

Jen Marr is Founder and CEO of Inspiring Comfort LLC and Author of the book Paws to Comfort. To learn more about how you can bring Comfort Skills Programming to your school or community, visit www.inspiringcomfort.com or email Jen at jen@inspiringcomfort.com.

Did You Know?

- Nearly half of Americans report the coronavirus crisis is harming their mental health (Kaiser Family Foundation)
- 54% say they are more emotionally exhausted.
- A federal emergency hotline for people in emotional distress registered a more than 1,000 percent increase in April compared with the same time last year.
- Parents with minor children -- 20% say they are already having trouble with their mental health, compared with 13% of those with no younger children at home (as of April 6 – 12, Gallop)
- Americans who are working are more likely to report negative emotional effects than those who are not working -- 18% vs. 12%, respectively.
- A UK-based survey by YoungMinds, of 2,111 participants up to age 25 y.o.a. with a mental illness history found that 83% said the pandemic had made their conditions worse.
- A University of Oxford study suggests that younger children (aged four to 10) are more worried about the pandemic than those in the 11-16 age group.
### RESOURCES

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**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@mhanys.org or 1-800-766-6177 / 518-434-0439

[mentalhealthEDnys.org](http://mentalhealthEDnys.org)