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Fayette County Public Schools
District Safety Advisory Council
Mental Health
03.15.2018
Meeting Notes

Special guests/subject matter experts of the meeting were Bethany Landgon, Don Rogers and Erin Rooks from Bluegrass Community Mental Health, Rashmi Adi Brown from CHES Solutions Group, Ashley Ritchie, Catherine Martin from UK Dept of Psychiatry, Jennifer Perry from UK Adolescent Medicine, Velva Reed Barker, LCSW and Geoff Wilson, LCSW, from the Offices of Paul Dalton, Brittany Thompson from The Ridge and Jessica Campbell from Our Lady of Peace.

Velva called Mental Health a big Abyss, which sometimes incorrectly has a negative connotation. She introduced Dr. Martin who showed a bullseye diagram indicating that from individual to family to peer to school to (now) social media, all aspects must communicate together for success in treating mental health. She shared statistics on perpetrators of school violence which found:

- 2/3 had experience with and access to firearms from their families
- Many were bullied.
- Many had depression/suicidal thoughts
- Attacks were planned
- Most had shared plan with at least one other person

Velva emphasized that families need to be more vigilant about gun storage in the home.
Schools need to be a safe, warm environment to learn without bullying.
She referenced the Australian Gun Buy Back program as a successful program in reducing crime and advocated for universal background checks.
Firearms are related to 50% of completed suicides and 70% of homicides.

"Violence is a contagious disease" G. Slutkin
Dr. Martin used this quote to compare violence to the Zika virus, spread "face to face." If we can use social media to track the spread of the Zika virus, why can't we use it to track violence?

Velva shared with the council she was the first high school social worker back in the late 80s, on a grant. Edythe J. Hayes lobbied on her behalf because she saw the need for school based social services. She introduced Terra to tell us about the national model Fayette Co. is using in elementary schools.

Terra is Director of Integrated Health @Health First frequently referred to as a Federally Qualified Health Center (FQHC). They have 13 primary care clinics, 8 of which are in Fayette Co. elementary schools. She shared the US has the most expensive healthcare delivery system yet has the lowest outcomes. Why? Because the system is so disjointed. Questions are not being addressed such as "Do you have firearms at home?" or "Do you have food at home?" These are examples of social determinates to health. At the Health First clinics, someone may show up for a sore throat, and eventually share they are depressed (for ex) at which point the Primary Care doctor calls in an on-site mental health professional. This model is called Integrated Health. This model reduces the stigma of mental health and allows for natural and more frequent screening.

The school-based clinics:

- Communicate daily with teachers
- Parent do not have to be present for most treatment
- Use a sliding pay scale regardless of access to health insurance
- Have staff to help enroll in health insurance
- Have a FT nurse practitioner, registrar, nurse and behavioral health specialist
- Conduct all Primary Care functions such as well child visit, sports physicals, immunizations, counseling, dental care
- Approximately 72% of sick visits result in the youth going back to class which is good for parents

Brittany from The Ridge shared about their programs for youth:

- Inpatient facility for ages 5-17
- Adolescent recovery program (longer program; acute stabilization)
- Partial program M-F; 4 hours; **in schools.**
  - *group therapy
  - *access to nurse practitioner

They strive to be proactive rather than reactive to attempt to avoid high-level care, although they do have the means to offer high-level care if it is necessary.

Velva shared while now working part time, she has seen an influx of students after the recent shootings in Parkland and Marshall Co. with suicidal ideations resulting from fear, not mental health.

- "What's going to happen to me?"
- High Anxiety/Depression
- Do our children have a "go-to adult?"

It is nearly impossible to form one on one relationships with adults with the current ratios of counselor-student, such as 1 to 800 students. Also, the students are being "tested to death." The counselors need help. How can they relationship build when they are so short staffed? She said it's time to put our money where our mouths are. If we claim the children are the most important thing, we need to fund more counselors and mental health staff. She said, "**It will take a village."**

Adi Brown said her daughter loves school, but that lock down drills had just become part of the day.

- Adults are hearing but not listening
- Kids know more than all of us
- Kids are the experts
- Who should the kids talk to?
- If kids are bringing guns to school because they feel unsafe outside of school, then we need to ask them "Who makes you feel unsafe and when did it start?"

Council participant feedback and questions:

Madison informed us many teens talk about death and suicide as a joke and it can be hard to differentiate between attention grabbing and a true intention/cry for help. With 2000 students and 4 guidance counselors at her school, there is typically a medical style waiting list for a 10-minute appointment.

Pat Dryer inquired about trends/changing reasons for depression in current times. Geoff informed us by age 16, 25% will have experienced a traumatic event. This figure has increased over time. In a typical high school classroom:

- 20-25% have a depressive disorder
- 20-25% have an anxiety disorder
- 15% have substance abuse
- 30-50% are in need of intensive mental health support
- Especially in KY, high numbers of homeless youth (not with biological parents)

Schools could be instrumental in addressing this. Clinics within schools would be a dramatic help.

Martin asked about how we could help troubled youth who are not facing detention, but for less extreme measures and who have guardians who are non-participants/non-helpful, yet the student clearly needs mental health support.

Jennifer Perry from UK Adolescent Medicine shared her experience in Harrison County High School where you can refer directly to them for an assessment without parental permission, and if the assessment shows need for therapy, she can start getting necessary community referrals. She also noted in the state of KY, you can consent for self-treatment of mental health at age 16.

One participant asked if private care was permitted to share mental health records with schools. We were told it does require parental sign-off, although 95% of parents will say yes. Their doctor can communicate with school counselors.

Much talk of "need more money" and "need to build relationships." Greg pointed out perhaps we need to focus less on increasing personnel and more on training of how to build these relationships using the resources we already have.

Velva referenced "Social Emotional Training" and "Trauma Informed Care" training.

Donte inquired about the transition to gaining HealthFirst clinics in the middle schools. He said he works with kids who had access to the clinics in elementary school and it is tough when they are no longer available. We were informed school-based services can serve ANY student, even if it is not their school. However, mental health services are primarily used in the school the clinic is housed in. They are definitely trying to expand into middle schools in the near future. One of the challenges is finding approved space. These clinics need 2 exam rooms, labs, offices.

Steven asked the panelists to address the balance issue between urging schools not to punish/expel for firearms in school and the growing fear of the students with the leniency. How can we comfort the kids? The answer it seems is by ramping up identification techniques. Once the child has been identified, the situation is being managed.

- The Ridge has many outpatient services beyond acute treatment.
- People do not want to use the schools for mental health for fear of labeling.
- We have very low staff numbers for child psychologists in our community and across KY. Child psychologists are hard to find. However, we cannot hire our way out of this mental health crisis.

Slido Q: How can students dismantle the stigmatism of mental health?

- Adults need to openly discuss (and therefore "normalize") these issues in school to make children more comfortable. Children who report are not "narks" but are instead "helping."
- Talk to kids and look beyond face value. What you are seeing on the surface is a symptom of what is beyond. Truancy is a symptom of something at home.

- Cultivate a discussion of social/emotional help. Discourage words like “crazy” or “cray cray.” They carry a negative connotation. Be purposeful with your words. Start at home.
- Cultivate positive relationships to reduce the stigma.

Lisa wanted to clarify the **recommended** ratios of student to mental health professional. She asked Velva if she was advocating for 2 Social Workers, 2 counselors and 2 psychologists in a school of 500, and Velva said “Yes, ideally.”

Geoff shared the alarming statistic of in a typical high school classroom, there will be 1-3 suicide attempts we know about. And for every attempt we know of, there are likely 100 that no one is aware of.

BEST PRACTICES FROM THE PANEL:

1. Screen every kid in every grade once per year.
2. Compile a resource list for all school staff. Since we are understaffed, it is especially important we know what is available for self-paid and Medicaid.
3. Support House Bill 604 which advocates for appropriate mental health to student ratios.
4. Schools must catch up with how kids have changed. Perhaps change curriculum.
5. Find a way to use social media taken outside of school and be able to use it inside school.
6. Take time to build relationships. Then they will listen to adults. It also gives the students a voice. Listen.
7. Free up counselors to attempt to eliminate the medical model of the waiting list and short appointment.
8. Be aware of the issue of Tobacco and Opiates.
9. Staff Training. Sometimes not doing the wrong thing is more important than doing the exact right thing. Motivational Training for teachers.

Other suggestions mentioned:

- See Something, Say Something.
- In an ideal school environment Counselors would focus on scheduling, testing, classroom guidance. Social Workers would focus on dropout prevention, attendance, mental health screening. Psychologists would focus on Special Ed testing, whole child testing…. Currently, at elementary level, we only have one level: counselor.
- If businesses can use social media to mine for data, how can we mine social media to help identify and prevent? This is a very cutting-edge question and Velva offered to send out a relevant article on it.
- “FAIR TEAM” is a community-based panel of representatives from Juvenile Justice, DCBS, FCPS and mental health professionals.

Adi Brown shared kids are going home to abuse and neglect. An adult at school can give one **specific** positive compliment the student can “hold onto” at home.

Penny shared with the suicide rates so high, how can we minimize the burden of responsibility on our kids? Schools are required to conduct suicide prevention discussions early in the school year. Dialogue with the kids: “You can do everything right and it still can happen.”
One of the council members pointed out the school can only do so much. Opioids, homelessness, gun access at home. These present problems which are bigger than the reach of our schools.