

Marathon Community Meeting

Introductions

- **School Administration**

- Rick Parks - Superintendent
- Sarah Budny - MAES/MVA
- David Beranek - MHS
- Joseph Koch - St. Mary's School

- **School Counselors**

- Jennifer Aune and Jeni Luzinski

- **School Psychologist**

- Amber Richards

- **Mental Health Counselors**

- Erin Osowski - Charis Counseling
- Rachel Sheldon - Elmergreen Associates

- **Licensed Clinical Social Worker**

- Noreen Salzman- Centre for Well-Being

Today's Community Meeting Will Cover

- **Overview of mental health supports offered in the school district**
 - Overview of mental health
 - School-based vs. community supports
- **Facts and myths about mental health**
- **Warning signs and risk factors for serious mental health concerns**
- **Basic intervention skills**
- **Resources for help**
- **Coping with a significant mental health crisis**

Overview of Mental Health

What is mental health?

- A person's condition with regard to their psychological and emotional well-being
 - May contribute to social, physical, academic, and/or emotional concerns
- May look different for children vs. adolescents vs. adults
 - Understanding what is developmentally appropriate
- Many factors may contribute to mental health
 - Biological/Hereditary factors
 - Family history of mental health needs
 - Environmental factors including exposure to traumatic experiences
 - Lifestyle including diet, exercise, sleep habits, coping skills

Overview of Mental Health Supports in Marathon School District

School mental health supports

- School counseling and school psychology services
 - Mental Health Screening (b.e.s.t., YRBS, BASC-BESS)
 - Social Emotional Learning lessons/CREW
 - Safe School Ambassador training and implementation
 - Counseling (group & individual)
 - Consultation
 - Referral to service

Community mental health supports

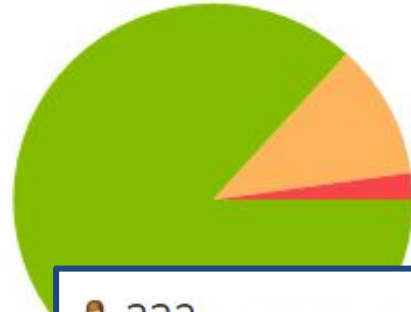
- Charis Counseling
- Elmergreen Associates

Fall Mental Health Screeners

MVA 6-8th Grade Self-Screener

Behavioral and Emotional Risk Index

BESS-3 (Student)



MAES 4K-5th Grade Screener

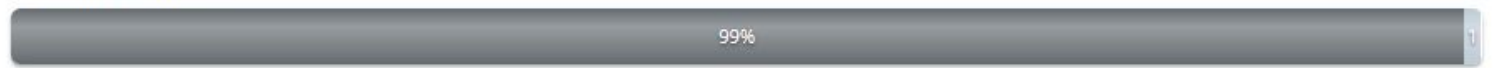
332 / 549 students allocated
329 complete screenings
0 in-progress screenings
328 screened students
4 unscreened students

G-Scale | C-Scale | P-Scale

Health: 90.7% ?

8 Intensive Support Screenings
13 Strategic Support Screenings
15 Emerging Behavior Screenings
293 Core Behavior Screenings

Screening Progress



G-Scale ?



Myths vs. Facts: True or False?

- Children can't have mental health concerns.
- Seeking help for mental health concerns will lead to being ostracized and make symptoms worse.
- Personality weakness or character flaws cause mental health problems.
- People with mental health problems can snap out of it if they try hard enough.
- Talking openly about suicide will cause it.
- Anyone can learn to help someone who is struggling with thoughts of suicide.
- There are signs that we can look for that may indicate someone is struggling with their mental health.

Myths vs. Facts: True or False?

TRUE

- Anyone can learn to help someone who is struggling with thoughts of suicide.
- There are signs that we can look for that may indicate someone is struggling with their mental health.

FALSE

- Children can't have mental health concerns.
- Seeking help for mental health concerns will lead to being ostracized and make symptoms worse.
- Personality weakness or character flaws cause mental health problems.
- People with mental health problems can snap out of it if they try hard enough.
- Talking openly about suicide will cause it.

Definitions

Risk Factors- Stressful events or situations that may increase the likelihood of mental health concerns and/or crisis. (Not predictive!)

Warning Signs- the early *observable signs* that indicate increased risk of mental health crisis for someone in the near-term. (Within hours or days.)

Protective Factors and Intervention- Personal and social resources that promote resiliency and reduce the potential of suicide and other high-risk behaviors.

Risk Factors

Certain factors may increase your risk of developing a mental illness, including:

- A history of mental illness in a blood relative, such as a parent or sibling
- Stressful life situations, such as financial problems, a loved one's death or a divorce
- An ongoing (chronic) medical condition, such as diabetes
- Brain damage as a result of a serious injury (traumatic brain injury), violent blow to the head
- Traumatic experiences, such as military combat or assault
- Use of alcohol or recreational drugs
- A childhood history of abuse or neglect
- Few friends or few healthy relationships
- A previous mental illness

Warning Signs

- I** *Ideation / threatened or communicated*
- S** *Substance abuse / excessive or increased?*

- P** *Purposelessness / no reasons for living*
- A** *Anxiety /agitation / insomnia*
- T** *Trapped / feeling no way out*
- H** *Hopelessness / nothing will ever change*

- W** *Withdrawal from friends, family, society*
- A** *Anger (uncontrolled)/ rage / seeking revenge*
- R** *Recklessness/ risky acts / unthinking*
- M** *Mood changes (dramatic)*

Adolescent Warning Signs For Suicide

Is the youth (up to age 20) :

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Showing worrisome behavior or changes particularly in the presence of the above warning signs.
 - **Specifically:**
 - Withdrawal from or changes in social connections
 - Recent increased agitation or irritability
 - Anger or hostility that seems out of character or context
 - Changes in sleep (increased or decreased)

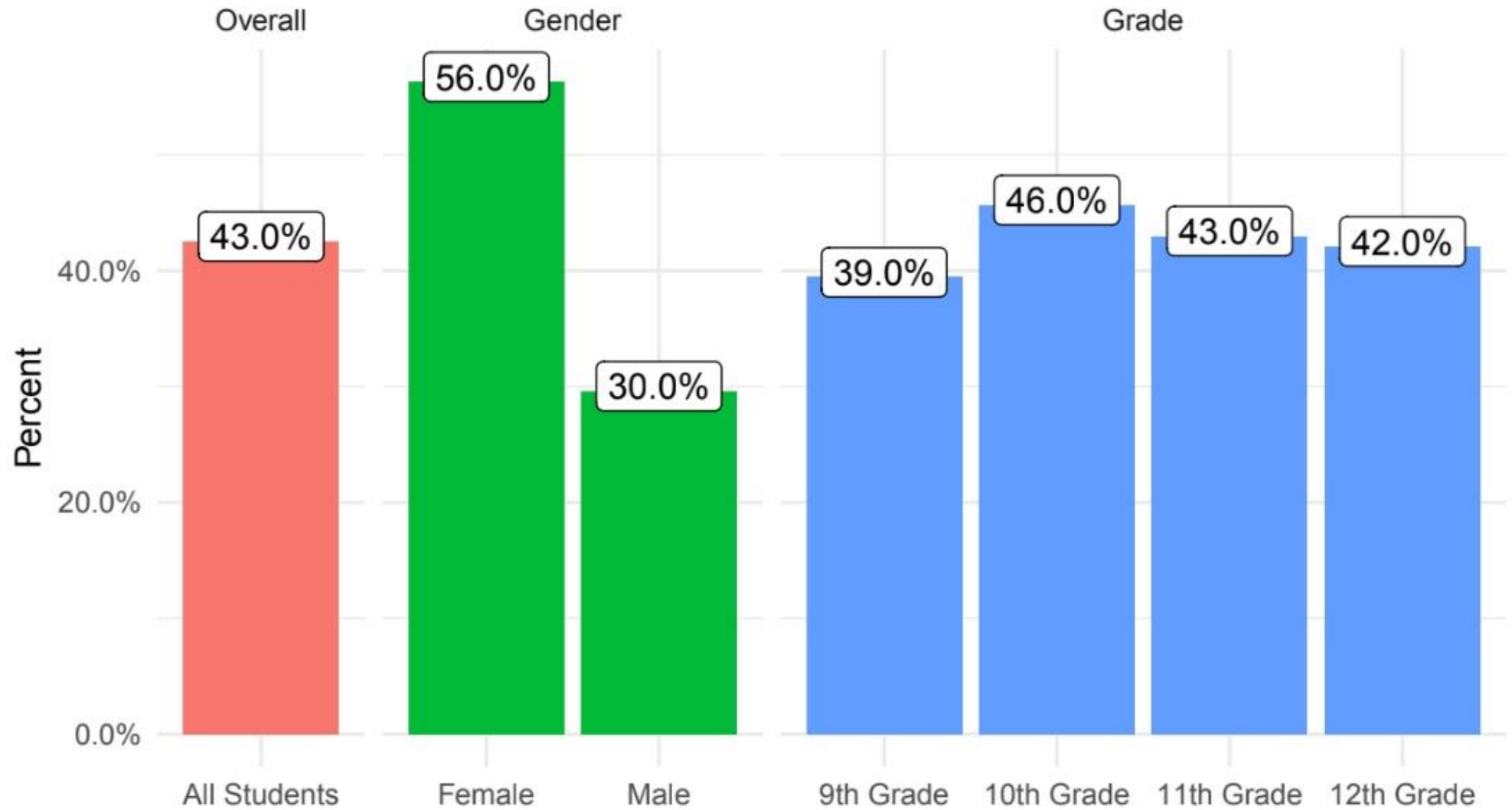
AAS Consensus group, 2014

Adolescent Warning Signs For Suicide

Marathon County Schools
YRBS Data 2019
Grades 9-12

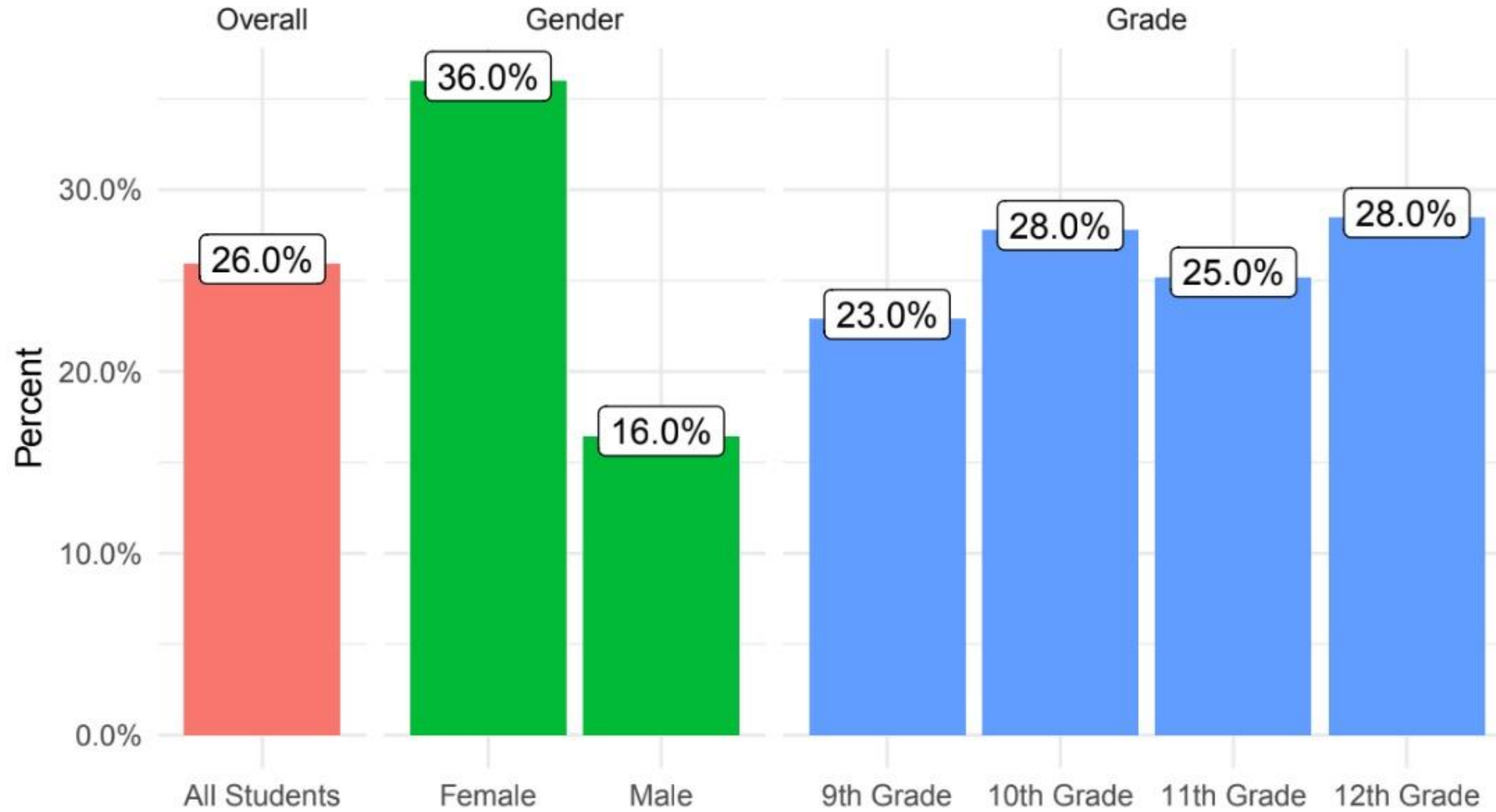
Self-Reported Anxiety

Students who had experienced significant problems with anxiety (past 12 months)



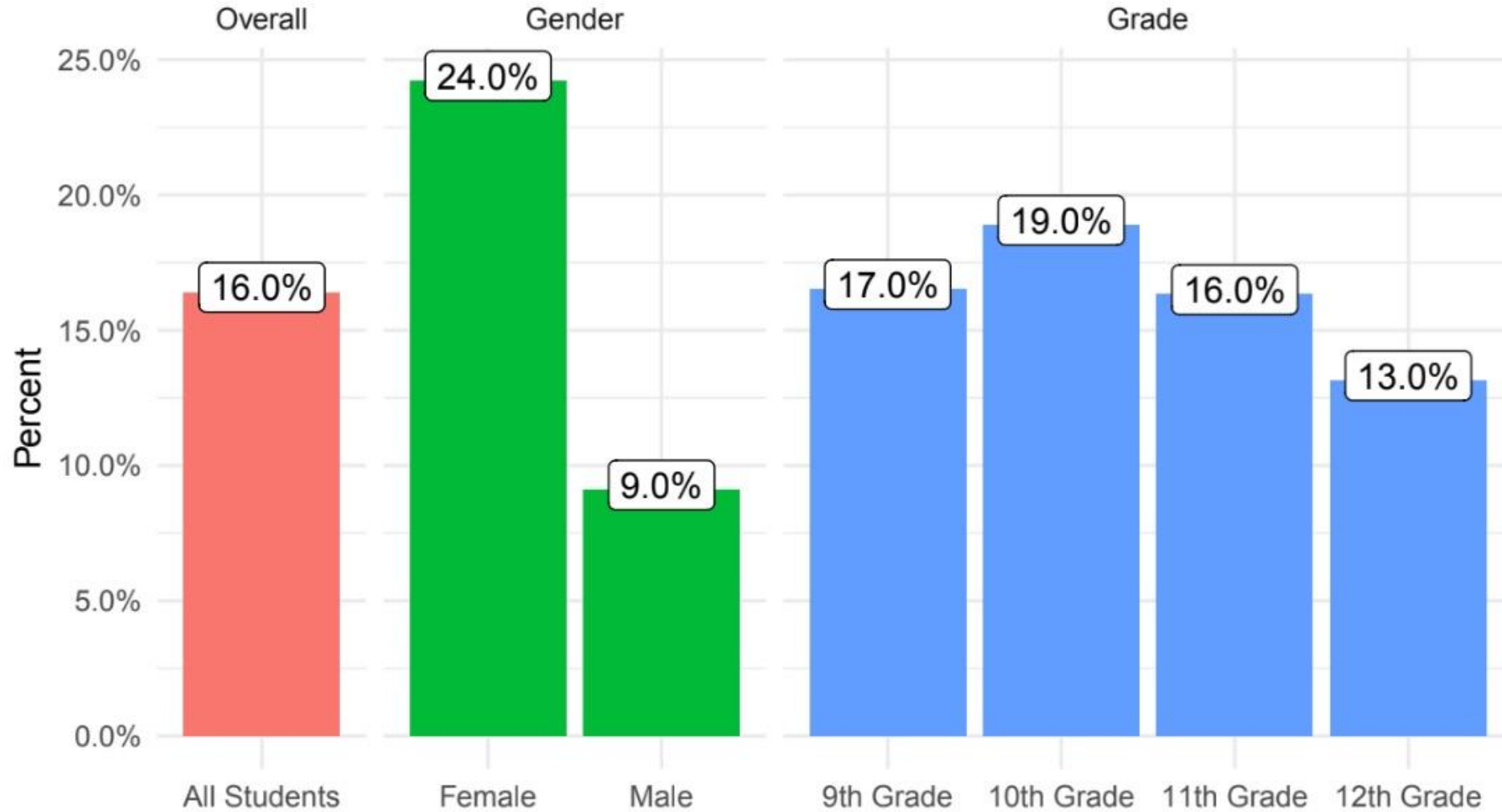
Self-Reported Depression

Students who experienced prolonged, disruptive sadness (past 12 months)



Self-Harm

Students who intentionally self-harmed without intending to die (past 12 months)

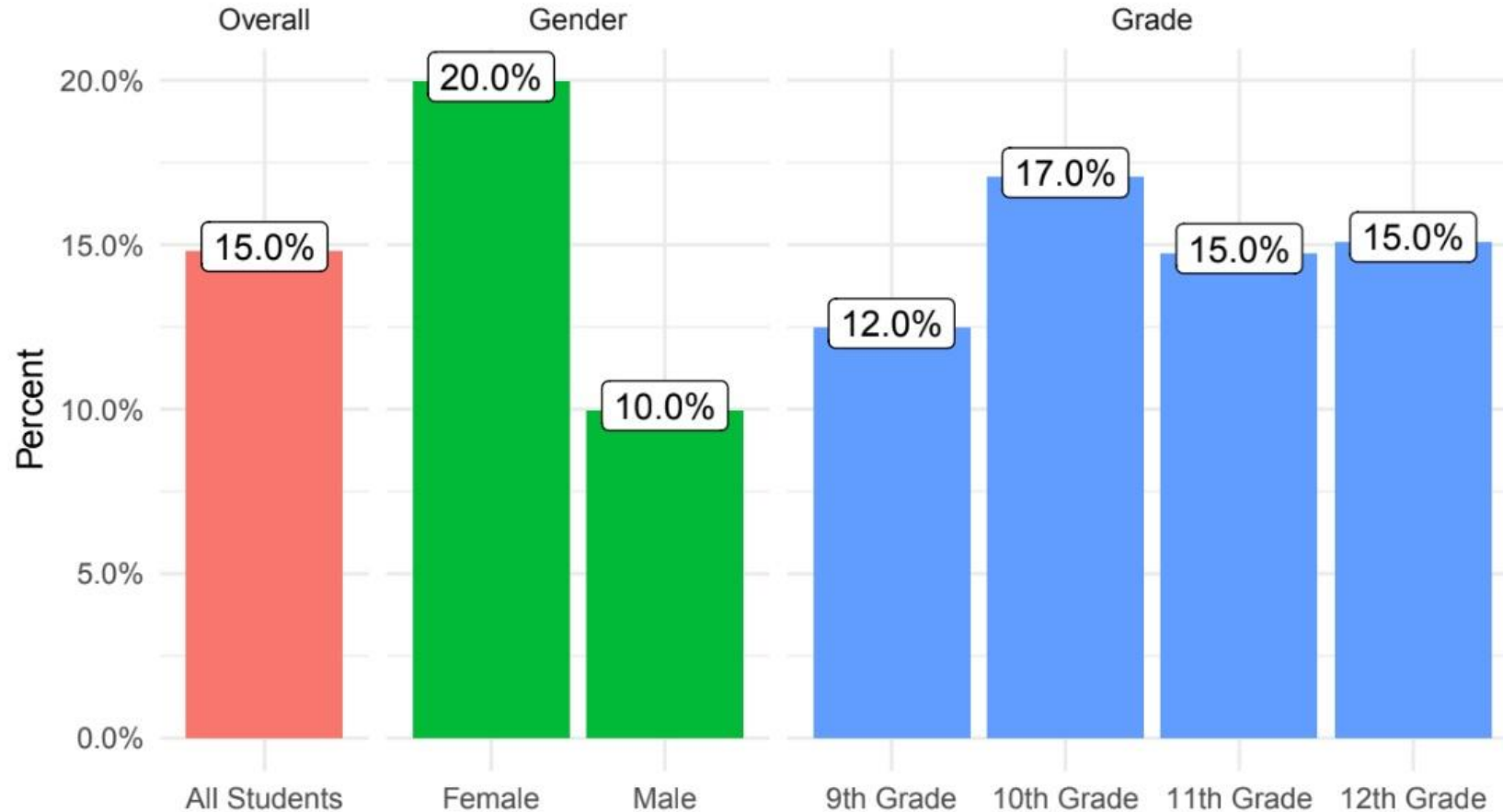


Suicidal Thoughts and Behavior

In recent years, youth suicides and suicidal ideation have been on the rise (see e.g. Ruche et al). The YRBS asks students whether they have seriously considered, planned, and attempted suicide. It also asks whether students received medical care as the result of a suicide attempt.

Considered Suicide

Students who seriously considered suicide (past 12 months)



Protective Factors across the lifespan

- **Skills** to think, communicate, solve problems, manage anger and other negative emotions; coping skills
- **Purpose & value** in life; hope for the future, pets, work/ life focus, family connections and support; feeling of use in your world
- **Personal characteristics**- health and access to healthcare, positive outlook, healthy lifestyle choices, spirituality or religious belief
- **Supports**- family, friends, mentors, vocational and other caring connected people
- **Safe Environment** – restricted access to lethal means; personal safety

Suicide in the Young (under 15 y.o.)

Warning Signs (very similar to previous list):

- Change in usual behavior
- School refusal
- Risky behavior
- Talk of intent to die
- Self harm (may be seen as recurrent “accidents”)
- Verbal clues of suicidal thoughts

Risk Factors:

- More than one mental health diagnosis & untreated MH concerns
- Early trauma or stressful events
- Negative school experience (bullying)
- Loss of early primary attachments (death, placement in foster care etc.)
- Internalizing distress vs. externalizing

If a child mentions suicide (or not wanting to be around anymore)-take it seriously!!!!

Clear Signs Of A Suicidal Crisis

1. Someone threatening to hurt or kill themselves
2. Someone looking for the means to kill themselves; has a clear plan.
3. Someone showing signs of distress/ agitation/ anxiety

Get the facts and take action!

Keep Your Eyes and Ears Open

Direct clues:

- I wish I was dead
- I'm going to end it all
- I'm going to kill myself

Less Direct clues:

- Life's just too hard
- You'd be better off without me
- What's the point?

What IS Helpful

1) Show You Care—Listen carefully—Be genuine

“I’m concerned about you . . . about how you feel.”

2) Ask the Question—Be direct, caring and non-confrontational

“Are you thinking about suicide?”

3) Get Help—Do not leave him/her alone

“You’re not alone. Let me help you.”

Resources for Help

What are YOUR resources?

Resources for Help

To address the Crisis:

- **911** or Law enforcement
- **Statewide Crisis Hotline**
- Local Crisis Agency, Mental Health Clinicians and Facilities
- Hospital emergency room staff or PCP office/rural health center in rural areas

For follow-up, support & information after the crisis:

- Private counselors/therapist
- Faith Community
- Local Health Center
- 211

When to Call Crisis

- Crisis clinicians are:
 - Available 24 / 7
 - Clinicians can often come to your location for an assessment
- Call for a phone consult when you are:
 - Concerned about someone's mental health
 - Need advice about how to help someone in distress
 - Worried about someone and need another opinion
- The phone call is free

Crisis Hotline: 715.845.4326 or 800.799.0122

The National Suicide Prevention Lifeline is: 877-273-TALK (8255)