

Notice. Talk. Act.™

at School

2020 Briefing Report



apafdn.org/schools

The Mental Health Crisis at School

Because adolescence is a critical period for mental, social, and emotional well-being and development, many mental disorders manifest in this period and in young adulthood,^{1,2,3} with almost half of lifetime mental disorders appearing by age 14. These psychiatric disorders lead to considerable disability in the child's functioning and fulfillment of daily roles. The primary contributors to the loss of future years of "healthy" life in 10- to 24-year-olds are neuropsychiatric disorders, with alcohol use being the leading risk factor.¹ Mood and anxiety disorders are among the most frequent psychiatric illnesses in youth.⁴ A large multi-state study of unmet mental health care needs showed that 35.7% of adolescents met criteria for high psychiatric distress. Of these adolescents, 25.9% did not receive professional support for their mental health needs.⁵ Children and adolescents who experience delays between onset of symptoms and treatment initiation tend to have poorer outcomes across many disorders (e.g., psychosis, depression, obsessive-compulsive disorder). These poor outcomes include greater symptom severity, lower symptom resolution, impaired functioning and disability, and decreased quality of life.^{6,7,8} Early identification and intervention during the adolescent period is crucial and should include a focus on prevention rather than merely addressing symptoms after they manifest. Ideally, students would receive universal, complete mental health screening and the necessary interventions that promote positive social and emotional development.⁹ Historically, schools have served as the default setting for mental health services provided to children, especially those children with minimal resources.

When children display disruptive behaviors at school, it often means that there is turmoil in their lives, so-called **adverse childhood experiences**, and a lack of **positive childhood experiences**. These behaviors are caused by underlying issues that students are trying to communicate. They are purposeful and are their attempts to solve a problem. However, the school responses to students with disruptive behaviors often are discrimination,

criminalization, and exclusion, particularly for students identified as poor, of color, immigrants, or disabled. By working with school resource officers on Zero-Tolerance policies, schools established codes and punishments that criminalize students for minor infractions of school rules. This has led to more suspensions, expulsions, and even in-school arrests. Marginalizing and policing vulnerable students are prevalent and systemic and have led to what is called the School-to-Prison Pipeline. Because of suspensions or expulsions, students spend more time away from school, increasing the chances of students dropping out of school, ending up in the juvenile justice system, and returning to a prison as an adult. In fact, juvenile incarceration can have long-lasting impacts on a child's future.¹⁰



Facts About Youth Mental Health, Treatment, and Discrimination

Mental disorders among children cost society an estimated **\$247 billion** each year in the US due to their frequency, early onset, and impact on the child, family, and community.^{11,12,13}



Hispanic and non-Hispanic black adolescents are **less likely** than white adolescents **to receive services** for mood and **anxiety disorders**, even when these disorders lead to severe impairment in daily life.¹⁷



Between **13-20% of children** in the US experience a serious **emotional problem** in a given year.¹³

Children with mental disorders often have more than **1+ disorder** (40%).^{14,15,16}



14 million students are in schools with police but **without** at least one of the following school personnel: **counselor, nurse, psychologist, or social worker**.¹⁸



Students **suspended** or **expelled** for a discretionary violation, spending less time at school are **3 times more likely** to be in contact with the **juvenile justice system** the following year.¹⁹

Nearly **two-thirds** of children in need of mental health services receive **little or no treatment**.¹⁷



Students with **disabilities** represented **12% of the overall student enrollment** & **28% of students** referred to law enforcement or **arrested**.²⁰



Consequences of Childhood Mental Illness

Mental disorders are among the most costly conditions to treat in children.²¹ Mood disorders, in particular, are among the most common primary diagnoses for all hospital stays among children in the United States, with the rate of hospital stays among children for mood disorders increasing 80% from 1997 to 2010.²² Untreated mental health problems can disrupt a child's functioning at home, at school, and in the community. For some children, mental disorders are associated with serious difficulties at home, with peer relationships, and in schools.^{23,24,25} Children who do not receive treatment for mental health issues are at a greater risk for negative outcomes, including school failure, contact with the criminal justice system, dependence on social services, teenage parenthood, and suicide.^{26,27} Suicide was the third leading cause of death among individuals between the ages of 10 and 14 and the second leading cause of death among individuals between the ages of 15 and 34 in 2015.²⁸ Mental disorders in children are linked to an increased risk for mental disorders in adulthood.¹¹ As a result, this can lead to decreased productivity, increased substance use and injury, and substantial costs to the individual and society.²⁹ Among adults in the United States, 35% of all disability days are attributed to mental health conditions.³⁰

What is *Notice. Talk. Act.*[™] at School?

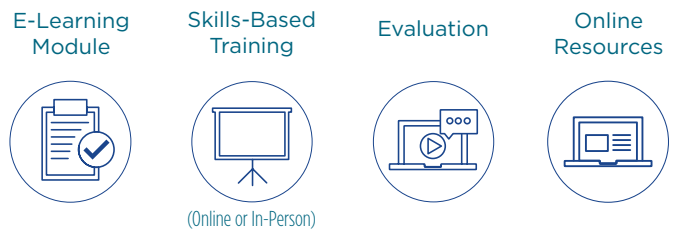
The *Notice. Talk. Act.*[™] at School program was developed by the American Psychiatric Association Foundation (APAF) with a goal of effectively equipping middle and high school educators and school personnel with an increased awareness of mental health in youth. The program shifts the emphasis from obtaining a specific disorder diagnosis to developing evidence-based skill sets, which have been shown to be practical across school staff with different educational backgrounds. The program focuses on the knowledge and skills needed to *notice* early warning signs of mental health conditions, to effectively *talk* to students exhibiting those signs, and to *act* to connect students with emerging mental health conditions and their families with appropriate services and supports.



Formulated with expertise and collaboration from school mental health professionals, psychiatrists, teachers, and school administrators who have extensive experience and represent geographically, ethnically, socioeconomically, and racially diverse communities, the program consists of a two-step process, with additional components of follow-up assessments and online resources as pertinent for identified needs.

PROGRAM COMPONENTS

Tools and research to take action



Step 1 begins with an online e-learning module. This establishes a baseline of knowledge for educators and relevant school personnel on the notice portion and addresses the talk and act components of the training. The module is interactive; videos, audio playbacks, and quizzes are utilized to assess knowledge and provide real-time feedback to learners. The e-learning module also covers the following areas:

1. Facts and statistics about youth mental health and the public health implications of these conditions in the youth population
2. Early warning signs of mental health conditions in youth and what to look for in student behavior, school performance, interaction with peers, and related factors

3. A brief introduction to the motivational interviewing technique known as OARS (open-ended questions, affirmations, reflective listening, and summarizing), used to facilitate a conversation with a student

Step 2 is offered as an in-person or virtual classroom module. This module is delivered by *Notice. Talk. Act.™ at School* certified trainers, working in collaboration with the school and community-based mental health professionals. This portion elaborates on the talk and act components. The certified trainers, school personnel, and community mental health providers work together to address the availability of mental health resources, services, and supports for students and families. This provides an important opportunity for the certified trainers and other school and mental health professionals to discuss the unique challenges and opportunities in communities related to care, which may include workforce shortages, wait lists, lack of an appropriate array of mental health services, and more. Step 2 allows the school mental health professionals to select diverse scenarios for role-playing activities during the training, presenting the teachers and other relevant school personnel with situations that could happen, have happened, or are currently happening in their school community and enabling the participating school staff to exercise the skills they are learning in the training.

In addition, step 2 focuses on how to navigate complex local mental health services and supports and connect students and families with mental health care appropriate for their level of need. Participating school staff will learn how to establish a culture of teamwork to effectively connect students and families with appropriate mental health services; to apply the OARS technique for engaging youth in difficult conversations; and to interact with team members by using OARS and scenarios to practice skills in noticing, talking, and acting.

Assessments help evaluate the impact of the program. In addition to pretraining and posttraining surveys, there are 3-, 6-, and 12-month short follow-up assessments that make it easy for the school to track data for the program and to evaluate improvement. The data collected will be helpful in identifying the resources needed for everyone at the school.

Why *Notice. Talk. Act.™ at School* is unique?

- ▶ Many existing school mental health programs are centered around specific disorders or conditions (e.g., depression, suicide risk, bullying), which may not be helpful across different professions in school settings. *Notice. Talk. Act.™ at School* addresses psychiatric illnesses and needs comprehensively.
- ▶ The program recognizes the distinctive risks and vulnerabilities associated with the adolescent developmental period and is focused solely on improving outcomes in individuals ages 12–18 years, whereas other programs are directed to a specific group such as children, children and adolescents, or young adults.
- ▶ There are numerous student-focused interventions that promote peer support and education. However, *Notice. Talk. Act.™ at School* works specifically with adults (middle school, junior high school, and high school teachers and personnel) to equip them with the tools to build relationships with students and among themselves, improve mental health awareness, and identify referral for appropriate services.
- ▶ The program components include the following: e-learning module (30–40 minutes), customizable classroom module (available both in person and online), follow-up assessments, and additional resources for identified needs—all in one curriculum.
- ▶ *Notice. Talk. Act.™ at School* is offered at two pricing levels: Tier One for \$20.00 per staff member and Tier Two for \$10.00 per staff member. The program is also available in Spanish.

Any interested schools or community organizations are encouraged to visit apafdn.org/schools to obtain more information and to apply for the program.



Recent Evaluation Data from New Curriculum

Preliminary data are based on over 800 survey respondents from the first 9 months after the pilot implementation. Changes and trends in student behavior and disciplinary action are reflected in baseline data and ongoing analysis.

OVERALL FEEDBACK

Above Average
4 OUT OF 5

Rated on:

- » Quality of the course
- » E-learning effectiveness & knowledge gained
- » Certified instructor performance
- » Level of interactivity and engagement



91%

of school staff
continue to use

Notice. Talk. Act.™

to connect students to support
services throughout the school year.

83%

felt engaged with the
interactive activities during
the in-person training.



87%

were empowered to use
the Notice. Talk. Act.™
training to help their
students.



IMPACT

As **part of the curriculum**, schools were able to establish and emphasize their school referral process, **resulting in the following:**



Increasing Numbers
in **referral** and
staff comfort
levels connecting
with their **mental**
health team



Increased Confidence
in **staff referring**
students to support
personnel and their
ability to communicate
a concern to mental
health professionals

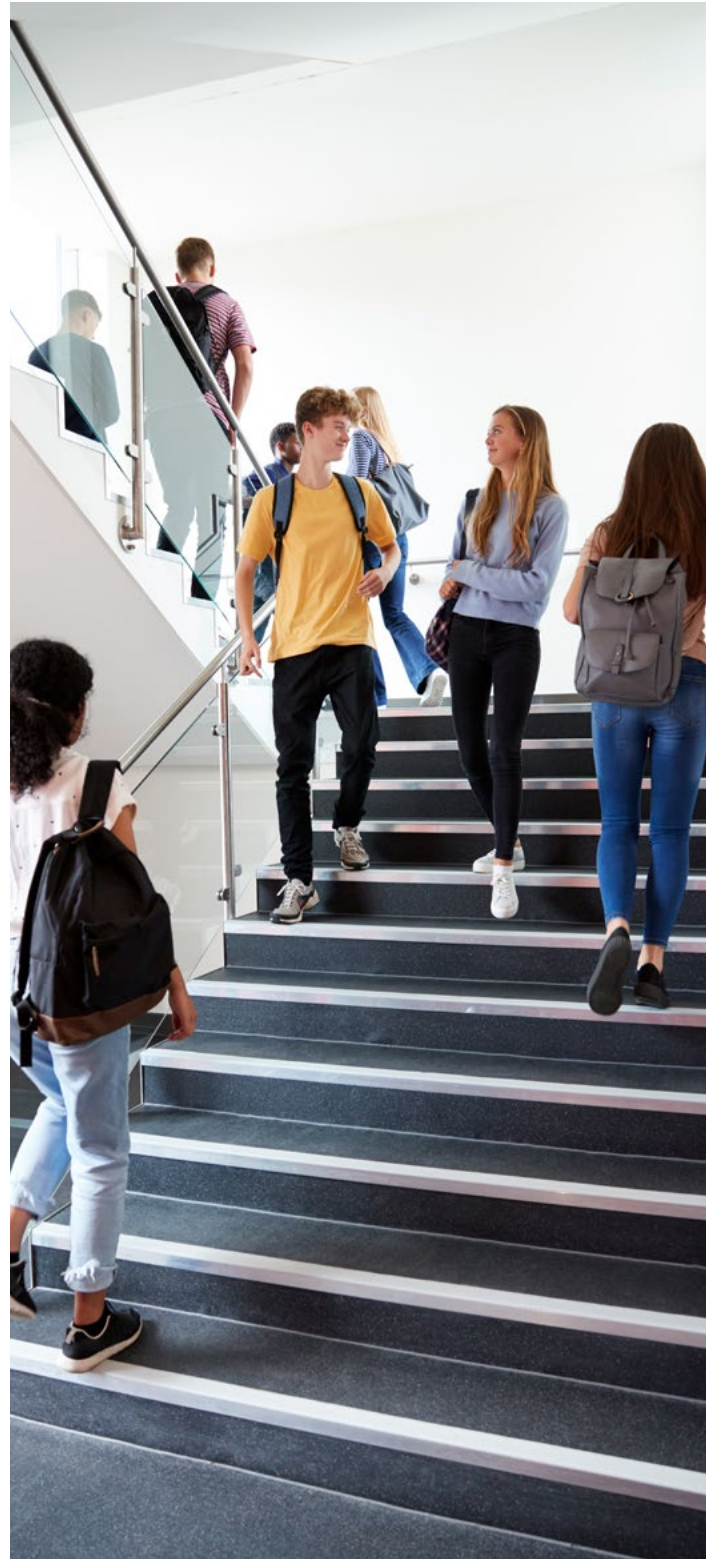
Read full data report at apafdn.org/about/news

During the pilot phase, the *Notice. Talk. Act.™ at School* program was implemented by 10 schools, including both traditional and nontraditional schools, reaching over 1,000 staff members from different socio-geographical areas in Florida, Maryland, Ohio, Texas, Virginia, and Wisconsin. The pilot implementation was in its first phase from February to September 2019. School staff members were encouraged to complete pretraining and posttraining surveys, as well as 3-, 6-, and 12-month follow-up assessments to track data for the program. According to our surveys, 91% of the trained individuals have used the *Notice. Talk. Act.™* key messages to connect them to appropriate support services throughout the school year. The individuals, on average, also rate the quality of the course, e-learning effectiveness and knowledge gained, certified instructor performance, and level of interactivity and engagement highly—above average or 4 out of 5. In addition, 83% of the respondents felt engaged with the interactive activities during in-person training, and 87% of respondents indicated that they were empowered to help their students.

In addition to data on program effectiveness, each of the schools voluntarily agreed to submit monthly data tracking mental health-related referrals and social-emotional competencies in students for 24 months, 1 month before receiving the training as baseline data and 23 months after the in-person training received. During the first 9 months of the study, we learned that establishing and emphasizing school referral processes as part of the curriculum has had a positive outcome with respect to staff referring students to support personnel and their ability to communicate a concern to mental health professionals. This resulted in increases in referral numbers and staff comfort levels connecting with their mental health team. The average rates of mental health referrals at most schools significantly increased in the month after the in-person training. Although the data for truancy, suspensions, and detention do not yet show a clear pattern, changes in interaction between staff noticing concerning behavior and student disciplinary action can be relevant.

Note: These are the preliminary data from the first 9 months after the implementation of the program. Changes and trends in student behavior

and disciplinary action are reflected in baseline data and ongoing analysis, which will indicate the feasibility of conducting further research studies, as well as identifying interventions for school staff members to effectively recognize and respond to adolescent mental health issues.



Testimonials



“ I recommend this program as it provided a concise platform of how to support students with every stakeholder in the building. ”

“ The program allows staff to have an easier way to notify counselors if they had a concern with a student. ”

“ I loved the real-world scenarios that your curriculum utilized during training. I also love the *Notice. Talk. Act.™* magnet as a quick refresh of the steps to remember. ”

“ This program seemed to be a more collaborative effort throughout the staff in noticing, talking, and supporting some of our students with social/emotional needs. ”

“ *Notice. Talk. Act.™* at School empowers teachers to know what to do in a number of different scenarios. Having a toolbox with a variety of avenues and strategies is priceless. ”

“ Key benefits of the program: More conversations with stakeholders about mental health, ability to get more students who are struggling with mental health issues, and proactive approach rather than reactive approach with identifying signs of mental health issue. ”

Summary

Notice. Talk. Act.™ at School aims to use the unique position of teachers and educational staff to monitor and interact with middle school, junior high, and high school adolescents on a daily basis. Early referral for treatment is key in preventing or lessening maladaptive outcomes, and evidence-based reviews support the implementation of school-based programs for altering negative trajectories and giving youth the greatest chance possible for a healthy future.

If you have any questions regarding the program, please contact:
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apafdn.org/schools



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