

MARCH 2020

The Priority of Mental Health



COVENANT
CLASSICAL

Mental Health Training

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Training drawn from
Mental Health First Aid
and independent research

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Ed.D., Head of School



AWARENESS

1 out of 5 adults were treated for mental health symptoms in 2018.

50% of all lifetime mental illness begins by age 14.

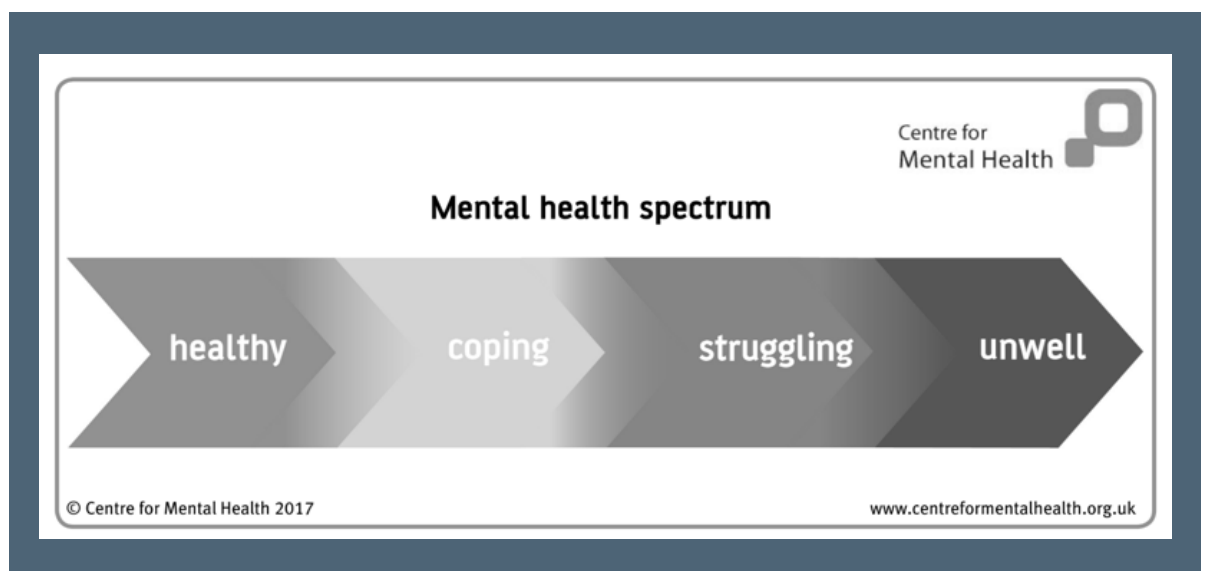
The average delay between onset of symptoms and treatment is 11 years.

Mental health challenges and disorders are the #1 cause of disability in the United States and Canada.

Mental illness is an underlying condition in 90% of all suicides.

Suicide is the #2 leading cause of death for people ages 10-34.

The overall suicide rate has increased 31% since 2001.

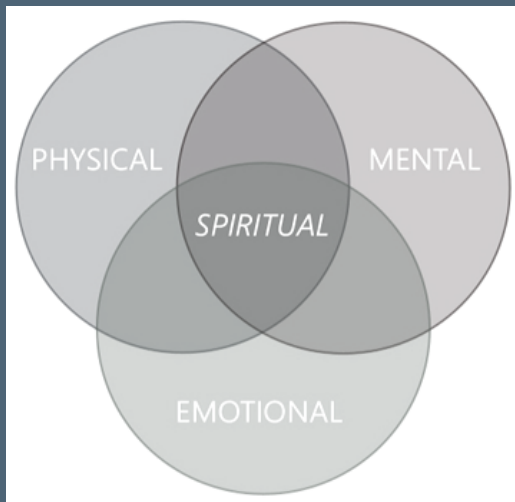


MISUNDERSTOOD

Schneider Williams likened the disease to a “terrorist” inside her husband’s brain. Her husband, Robin Williams, had been diagnosed with Parkinson’s disease after battling a multitude of symptoms, including paranoia, delusions, insomnia, tremors, and memory problems. It was only in the coroner’s report that the correct diagnosis—and the severity of it—became apparent.

It emerged that “almost no neurons were free of Lewy bodies throughout [Williams’] entire brain and brainstem.”

*Lewy bodies are abnormal aggregations of protein that develop inside nerve cells, contributing to Parkinson's disease (PD), the Lewy body dementias (Parkinson's disease dementia and dementia with Lewy bodies), and some other disorders.



*Biological,
Emotional, or
Spiritual?*

MISDIAGNOSED

In the 19th century, general paresis was one of the most commonly diagnosed mental disorders. Its symptoms included: odd social behaviors, impaired judgment, depressed mood and difficulty concentrating.

Around 1900, they discovered what it really was--syphilis.

A few decades later a highly effective treatment was discovered--penicillin.

IDENTIFYING THE SYMPTOMS

The ability to recognize symptoms is the first step in helping parents to recognize potential mental health challenges in a child. Teachers and administrators serve as an integral member of the team. Noticing symptoms and discussing these with parents is essential to helping the child succeed in the classroom and in life. The teacher's role is not to diagnose the mental health struggle but to help parents identify symptoms that may suggest further evaluation.

PREVALENT MENTAL HEALTH ISSUES IN SCHOOLS TODAY



OCD



Depression



Anxiety

OBSESSIVE COMPULSIVE DISORDER

OCD in kids is usually diagnosed between age 7 and 12. Students with obsessive-compulsive disorder (OCD) have upsetting or scary thoughts or images (called obsessions) that pop into their minds and are hard/impossible to shake. They feel strong urges to repeatedly do certain things — called rituals or compulsions — to banish the scary and intrusive thoughts and ward off things they dread. Common compulsions include cleaning, checking, counting, repeating, arranging, touching, and seeking reassurance.

SCHOOL-RELATED SYMPTOMS (OCD)

- Repeatedly washing hands, using antibacterial wipes or hand-sanitizer
- Protecting what is perceived as clean space -- personal desk, locker, etc.
- Avoiding touching surfaces that others may have touched, such as doorknobs, desks, shared supplies, computer keyboards, etc.
- Seeking reassurance that they or others are not sick or dirty
- Refusing to share items or supplies with others for fear of contamination
- Avoiding using certain numbers that are perceived as unlucky or not safe
- Constantly rechecking backpacks/lockers/cubbies to see that everything is in order
- Checking behavior, i.e. making sure doors are locked, turning light switches on/off, etc.
- Reading a paragraph over and over again
- Avoiding leaving a perceived safe zone (classroom)
- Unreasonable avoidance of peers, teachers, for fear of causing them harm
- Getting up and sitting down repeatedly at a desk, until feeling just right
- Repeatedly revising the way letters/numbers are written to make them look just right
- Getting stuck on one or two questions because too much time is spent carefully filling in the circles, erasing, refilling until it looks perfect
- Needing multiples of things (3 of everything because it's a magic number)
- Constantly seeking reassurance that a mistake was not made
- Saying prayers a certain number of times; repeatedly confessing sins
- Constantly aligning books or other items on a shelf or desk
- Rearranging items to be in a certain order, such as by color or alphabetical order
- Erasing and rewriting words over and over
- Avoiding a hallway until walking in it feels just right

DEPRESSION

One of the most common mental disorders in the United States

SYMPTOMS

- Unusual sadness
- Loss of enjoyment in former interests
- Lack of energy/tiredness
- Thoughts of death
- Difficulty concentrating
- Moving slowly
- Agitation
- Having a hard time relaxing
- Low or excessive appetite
- Sleeping too much or too little
- Poor motor skills
- Unkempt appearance

SCHOOL-RELATED SYMPTOMS

- *Declining grades*
- *Lack of focus*
- *Vandalism*
- *Withdrawal from discussions*
- *Snapping at or starting fights with other students*
- *Becoming ostracized from normal friend group*

**3.2
MILLION**

An estimated 3.2 million adolescents aged 12 to 17 in the United States had at least one major depressive episode in 2017 (NIMH).

ANXIETY

PHYSICAL SYMPTOMS

- Pounding heart
- Chest pain
- Rapid heartbeat
- Flushing
- Dizziness
- Rapid/shallow breathing
- Shortness of breath
- Stomach pain
- Nausea/vomiting
- Diarrhea/Constipation
- Headache
- Sweating
- Tingling
- Numbness
- Choking
- Dry mouth
- Frequent urination
- Restlessness
- Tremors
- Shaking

Occasional anxiety is an expected part of life. Occasional anxiety differs from an anxiety disorder. Anxiety disorder does not go away and can worsen over time.

SCHOOL-RELATED SYMPTOMS

- *Fear of socializing*
- *Being extremely well-behaved or quiet*
- *Fear of asking questions*
- *Excessive need to ask questions*
- *Needing a great deal of reassurance*
- *Unable to hand in assignments because they are not “perfect”*
- *Sudden headache or stomach pain--especially before tests, etc.*

EMOTIONAL SYMPTOMS

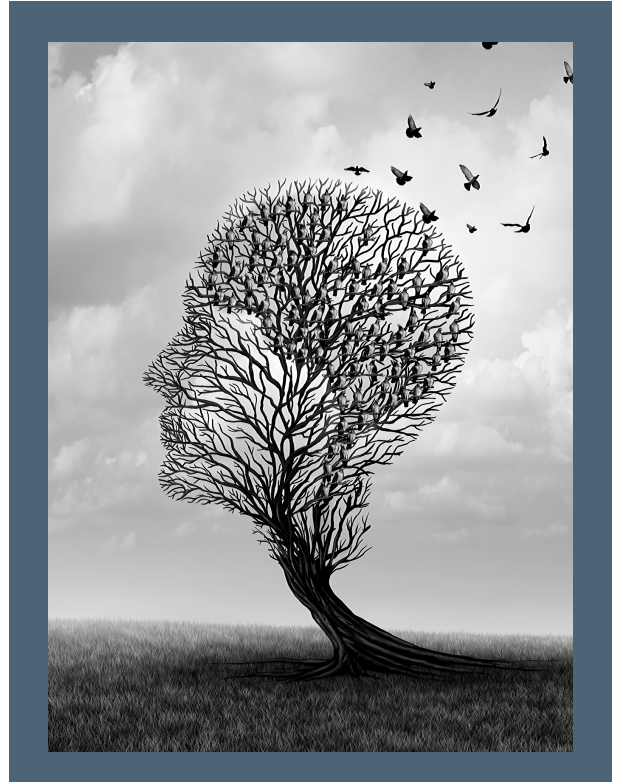
- Avoidance of situations
- Obsessive behavior
- Compulsive behavior
- Distress in social situations
- Phobic behaviors
- Unrealistic fears
- Racing thoughts
- Mind going blank
- Lack of concentration
- Poor memory
- Indecisiveness
- Irritability
- Impatience
- Anger
- Confusion
- Feeling on edge
- Sleep disturbance
- Vivid dreams

PANIC ATTACKS

A sudden episode of intense fear that triggers severe physical reactions when there is no real danger or apparent cause

SYMPTOMS

- Breaking out in a cold sweat
- Heavy breathing or inability to breathe properly, resulting in cut-off words or sentences if one attempts to speak
- Heavy pressure in the chest area
- Fast-beating heart
- Nausea and/or the need to use the bathroom promptly
- The seemingly uncontrollable feeling of being trapped, paralyzed, suffocated, and/or terrorized in any way



WHAT CAN I DO?

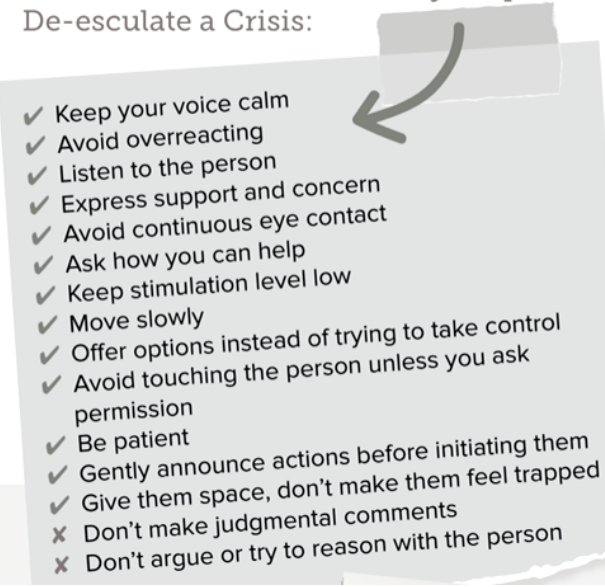
- Stay with the person and keep calm.
- Offer medicine if the person usually takes it during an attack.
- Don't make assumptions about what the person needs. Ask.
- Speak to the person in short, simple sentences.
- Remind them they are safe and the attack will be temporary.
- Help slow the person's breathing (counting slowly to 10, etc.)

AVOID SAYING...

- *"Just calm down."*
- *"You have nothing to be nervous about."*
- *"I wouldn't do that, You're embarrassing yourself."*
- *"You're overreacting."*

SUICIDE PREVENTION

TECHNIQUES that May Help De-escalate a Crisis:

- 
- ✓ Keep your voice calm
 - ✓ Avoid overreacting
 - ✓ Listen to the person
 - ✓ Express support and concern
 - ✓ Avoid continuous eye contact
 - ✓ Ask how you can help
 - ✓ Keep stimulation level low
 - ✓ Move slowly
 - ✓ Offer options instead of trying to take control
 - ✓ Avoid touching the person unless you ask permission
 - ✓ Be patient
 - ✓ Gently announce actions before initiating them
 - ✓ Give them space, don't make them feel trapped
 - ✗ Don't make judgmental comments
 - ✗ Don't argue or try to reason with the person

*National
Suicide Prevention
Lifeline:*
1-800-273-8255



*Crisis
Text Line:*
741741

WARNING SIGNS

- Extreme mood swings
- Feeling like a burden
- Feeling trapped
- Increased use of alcohol or drugs
- Isolating from family and friends
- Changes in sleep or eating habits
- Engaging in self-harm
- Researching suicide methods
- Making jokes about suicide
- Withdrawing from daily activities, such as going to school or work
- Sleeping too much/too little
- Visiting/calling people to say goodbye
- Giving away prized possessions
- Sudden improvement/Sudden calmness
- Loss of interest in former activities
- Illogical/confused thinking
- Unkempt appearance
- Weight gain/weight loss
- Difficulty concentrating
- Burst of creativity, usually with themes of hopelessness
- Being uncomfortable with touching others or being touched
- Becoming more accident or injury prone
- Psychomotor agitation (pacing/wringing hands)

INTERVENTION

1

Observe.

2

Identify.

3

Ask for help.

Teachers have a daily opportunity to observe and interact with students. It is their responsibility to identify any concerns they might have and bring them to the attention of administration and parents.

MENTAL HEALTH CRISIS

Any situation where there is a potential for self-harm or harm to others (violence)

WHAT DO I DO?

- Do not leave the student alone.*
**If you feel unsafe, leave the location immediately and seek help.*
- Call 911 or get the person to an emergency room.
- Remove any objects the person could use to hurt him/herself.
- Try to keep the person as calm as possible. Help the student to focus on an object or repeat a mantra.

ASK, ASK, ASK.

What if you can't tell if someone is in danger? **ASK!** It is always best to ask if you are concerned. Ask questions similar to the following:

- *Are you thinking about killing yourself?*
- *Are you having thoughts of suicide?*
- *Do you feel safe?*

SPEAK UP.

Make careful observations of the child over time, noting specific behaviors that illustrate the concern.

Bring your observations directly to administration. Administration will walk alongside both the teacher and family in navigating the concern.

Share these concerns with the parents of the child, using concrete examples from the classroom.

*Be willing to
communicate with
sensitivity and care.*

*Do NOT label or
attempt to diagnose.*

*Provide support
and resources.*

.....

*Ready to
Support.*

THREATS OF VIOLENCE

Covenant Classical School takes seriously any threat of violence to self or others. A threat of violence must be reported directly to administration. Administration will assess the situation alongside the school safety committee and notify parents. The Head of School will directly contact the authorities with immediacy if a threat is deemed viable by the committee.

EQUIPPING STUDENTS

Equip students to identify and report concerns to teachers and administration.

Encourage students to share openly with a person in authority.

Mental health concerns regarding peers should be brought directly to teachers and administration and not shared through social media or in conversation among students.

Teachers are to remain in close communication with administration regarding any concerns brought to their attention.