Fostering positive mental health in students can have a significant impact on kids. It:

- Improves overall health, student learning, attendance and engagement.
- Reduces bullying, risky behaviors, substance abuse, school violence, and involvement in the juvenile justice system.

With schools connecting to 95% of all kids ages 5-17 and kids spending the majority of their days at school, strengthening student mental health in schools can have a long-reaching benefit.

Research supports connectedness and sleep

- When students feel they belong in a school that cares about each student, their mental health is positively impacted.
- Kids who feel connected to at least one person at school have significantly better mental health than those who lack a connection to school. For example, LGBTQ youth who have just one accepting adult in their life reduce their risk of suicide attempt by 40%.
- Getting at least 8 hours of sleep per night improves student mental health and academic performance.
- Because teen’s biological sleep rhythms naturally cause them to fall asleep later, researchers recommend instruction should not begin earlier than 8:30 am.

To learn what is happening in Wisconsin regarding student mental health, the Fact Sheet research sources, and action recommendations for students, parents/caregivers, schools, and policymakers, see the Fact Sheet.
Abbi Hicks, from River Falls, Wisconsin, shares her insights on the impact of mental health on young people. Abbi is a current school psychologist graduate student and former Young Adult Lived Experience Partner with the Office of Children’s Mental Health.

How did my mental health impact me when I was a student?
All through elementary and middle school, I loved school and school came easy to me. I was a student who earned top grades and whom teachers always had glowing remarks about. When I began struggling with my mental health, this changed. I was dysregulated most of the day, nearly every day. What this looked like in me was irritability, anger, impulsiveness, defiance, being sensitive to emotional stimuli, taking a long time to calm down after being triggered, an inability to focus, and reacting out of proportion to a situation or comment. I had trouble sleeping, which resulted in me falling asleep in class. Being in the school building itself made me extremely uncomfortable in my own skin. There were lots of days where I couldn’t be at school. I had trouble concentrating. My thoughts raced constantly; it was exhausting. It was difficult to learn about English and math when I was battling thoughts of self-harm and suicidal ideation and trying to keep myself alive. I started failing classes. The status of my mental health came through in my work. For example, I vividly remember an art project with found objects. The theme of my project was death. My relationships with staff and other students became strained. I was absent from school as a result of many appointments and multiple hospitalizations.

Why do I think strengthening student mental health is important?
Strengthening student mental health is important because, to put it succinctly, all the things we want to see increase (e.g., attendance, academic achievement, connection, mental health, etc.) increase, and all the things we want to see decrease (e.g., mental health challenges, office discipline referrals, school avoidance, suspensions/expulsions, dropout rates, involvement in the juvenile justice system, etc.) decrease. There is a rule that I learned about in my first year as a school psychologist graduate student that has stuck with me that I think demonstrates the importance of strengthening student mental health. This is the 20/20 rule, which is attributed to Dr. Stephen Brock. The 20/20 rule suggests that 20% of students in schools have a mental health condition or matter that rises to the level of significance and only 20% of those students access community-based resources to address those conditions or matters.\(^1,2\) This means 80% of students with mental health needs may only have access to the supports they could use at school.\(^1,2\)

What should families, communities, and decision-makers know about strengthening student mental health?
Identifying students who need support for mental health and early intervention are critical. In education, there is a framework many schools use to provide supports to students. This framework is called multi-tiered system of supports (MTSS). With MTSS, all students can be screened for mental health challenges and related needs.

Since schools are made up of students with varying cultures, it will be important to find out what the needs of your school are. Culture has a huge impact on mental health. Different cultures look at mental health differently. Mental health has stigma associated with it in many cultures. This can affect how mental health is talked about (if at all) as well as help-seeking behavior. Different cultures talk about and feel different symptoms associated with mental health. For example, some cultures only talk about physical symptoms, some only talk about emotional symptoms, and some talk about both. Culture has
an influence on where people get support and how much support they get. For example, in some cultures, a person may get a lot of support from their family whereas in other cultures, people don’t get support from their families. It is crucial that decision-makers collaborate with families and communities to determine how the factors mentioned above apply.

Connection, connection, connection! I am extremely excited to see that OCMH has highlighted the importance of school connectedness, and I couldn’t agree more!

Collaboration and communication with school, families, and community supports is essential. Collaboration and communication can help ensure that supports and interventions implemented in one setting work with rather than against supports and interventions in other settings. When caregivers, educators, and other professionals are on the same page, student mental health is strengthened.

Speak up when you see signs that students may be struggling with mental health challenges. Do not be afraid of asking the student directly if they are thinking about suicide, you won’t be putting the thought in their head. If you don’t feel comfortable asking, find another staff member or school mental health professional to have a conversation with the student. If a student is exhibiting warning signs, this takes precedence in your day and further investigation should not be delayed. I cannot stress this enough.

The thing about mental health is that it takes time. Time to learn skills. Time to learn yourself. Time to let medications take effect (if that is the path that is decided). It’s a journey that has ups and downs. This is why compassion, empathy, and meeting students where they are at is necessary. Everyone’s journey is different and what may work for one student may not work for another student.

Lastly, I want to emphasize the importance of taking care of those who support students with mental health needs. If we do not take care of ourselves, we cannot take care of others. Especially in this time of burnout, never ending responsibilities, and high needs in our student populations, remember to take care of the staff.

- By: Abbi Hicks


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**OCMH Updates**

**Social Connectedness of Youth July Visits Highlight Youth Programs in the State**

The Wisconsin Office of Children’s Mental Health is taking its Social Connectedness of Youth focus across the state and visiting with communities that are doing work in youth social connectedness. The visits started in July and will continue through the fall.
July visits were in the Western and Northwestern part of the state and included:

- **Mental Health Matters** – Eau Claire and Chippewa Valley Counties (Eau Claire, WI)
- **Family Resource Center St. Croix Valley** (Baldwin, WI)
- **Washburn County Mental Health Task Force** (Spooner, WI)
- **In a New Light Galley** – Northwest Passage (Webster, WI)

Each visit told different stories of great programming all supporting the social connectedness and mental health of Wisconsin’s young people. Local community leaders and people with lived experience shared their work and stories with visiting Wisconsin state representatives from the Office of Children’s Mental Health, Department of Health Services, Department of Children and Families, and the Department of Public Instruction. Brief highlights are below. The full recap will be available on the [OCMH website](#) shortly.

**Mental Health Matters** is an Advancing a Healthier Wisconsin project working to build a community culture to support youth resilience and decrease depression among middle and high school age youth by increasing protective factors that build youth resilience. The grant has three focus areas:

- **Education and Awareness** – An educational presentation on ACEs and resiliency was developed and presented to over 2,000 groups/people.
- **Mindfulness** – Strategies promoting mindfulness were implemented in schools to improve focus and memory, decrease depression and anxiety, help people cope with stress, and improve the school environment in middle and high school staff and students.
- **Data** – A Youth Mental Health Scorecard was developed with the goal of aiding community decision-makers and youth-serving professionals in identifying opportunities for policy and practice changes that support mental well-being.

**The Family Resource Center St. Croix Valley** provides education, resources, and support to families with children prenatal to kindergarten entry in Pierce, Polk, and St. Croix Counties. They are creating social connections through a number of their program: Welcome Baby, Baby & Me, Play & Learn, Early Childhood Education (ECE) Families and Schools Together (FAST), FastWorks, Parent Cafes, special events, Triple P, and young parents program.

**Washburn County Mental Health Task Force** works to identify youth with unmet needs and connect them with appropriate services. The taskforce developed a youth wellness screen assessment in 2018 that was available to high school freshmen. Since then, the taskforce has built a spectrum of services including: a resiliency group, youth diversion program, Healthy Minds, Mental Health First Aid, and a Youth Leadership Academy.

**In a New Light** is a therapeutic nature photography program for all students at Northwest Passage Residential Treatment Center and an art gallery in Webster, Wisconsin that displays the students’ work. The photography programs emphasize skilled expressive arts training and nature immersion that empowers youth who are struggling with mental health issues to find beauty in the world that surrounds them, as well as in themselves. The artwork on display at the In a New Light Galley is all available for purchase.

**Handling a Mental Health Crisis Now Available in Spanish and Hmong**
This new OCMH tool provides a shared understanding of what a mental health crisis looks like and offers advice and resources on how caregivers can best support their child or teen. The [flyer](#) is now also available in [Spanish](#) and [Hmong](#).
Funds to improve Behavioral Health. On August 3rd, Governor Evers and DHS Secretary-designee Karen Timberlake, during a visit to Children’s Wisconsin’s new Mental Health Walk-In Clinic, announced an investment of $14 million in American Rescue Plan Act funds in the following behavioral health initiatives:

- $2.3 million to Children’s Wisconsin to support expanded hours for its new Craig Yabuki Mental Health Walk-In Clinic. The funding will also allow the bridging of services for youth until they can access the services they need.
- $2.7 million to start a pediatric psychology residency program in partnership with the Medical College of Wisconsin
- $5 million to nearly 200 behavioral health provider agencies to hire and supervise at least one qualified treatment trainee—a master’s level counselor, marriage and family therapist, or social worker—seeking to obtain the hours of observed practice needed to become licensed in their field. The funding will be split between agencies serving adults and agencies serving children.
- $2 million for $5,000 stipends each year for up to 200 qualified treatment trainees in unpaid two-year internship positions
- $620,000 to expand the network of agencies that sponsor qualified treatment trainees, including agencies located in behavioral health professional shortage areas and agencies that serve uninsured and underinsured patients as well as Medicaid members
- $1 million for a pilot program managed with UW-Whitewater at Rock County to make it easier for students to move from an associate degree in human services to a bachelor’s degree in social work. UW-Whitewater will work with the UW System and the Wisconsin Technical College System to implement these curriculum enhancements across the state.
- $500,000 to develop a post-master’s certificate in treating people dually diagnosed with both mental health and substance use disorders.

As Governor Evers said, “These investments today build on the work we’ve been doing to expand mental health services in our state, including by providing funding for our kids and schools through the Get Kids Ahead Initiative, and will help bridge critical gaps in care for kids and families all across our state to help them lead their full and best lives. From expanding behavioral health career pathways in our UW System to enhancing mental health services at Children’s so our kids can get the care they need, together, we’re building a behavioral health system that works for everyone.”

Telehealth Grants for Behavioral Health Providers. Neighborhood access stations will be funded to help remove barriers to care through $2.5 million in grants announced by Governor Evers and the Wisconsin Department of Health Services (DHS) on July 27. Grants to remove location and technology barriers to care will be awarded to 27 providers for community behavioral health services that will provide access to mental health and substance use treatment and recovery supports through telehealth. Private behavioral health telehealth stations with the tools needed for virtual appointments will be set up in central locations for people who may be struggling to access the services they need. This includes community centers, food pantries, homeless shelters, libraries, long-term care facilities, and schools.

“These grants will help ensure more folks can meet with a provider no matter where they live, closing gaps in services and building a behavioral health system that works for everyone at a time when treatment and recovery supports for mental health and substance use are more important than ever,” said Gov. Evers. View the entire news release.
Proposed investment of Opioid Settlement Payment. The Department of Health Services and the Department of Justice on August 8 outlined a proposal on how to invest $31 million in opioid settlement funds to Wisconsin now that the state has received its first, $6 million payment. Under the proposal funds would be invested in strategies supporting harm reduction, capital projects, funding for tribal nations, data collection and surveillance, prevention, treatment, and recovery. While all of the funding initiatives would affect the quality of life for children, items of particular importance for children and families would be $2 million for K-12 programming, $2 million for family support centers, and $1 million to address the root causes of addiction such as housing insecurity and childhood trauma. As proposed, there would be three phases to fund distribution. Joint Finance Committee approval of the plan is required. More.

Safer Communities Act Mental Health Provisions. The Bipartisan Safer Communities Act will make numerous investments in mental health, including:

- Children and Family Mental Health Services:
  - $250 million for the Mental Health Block Grant for states and territories
  - $240 million for Project AWARE
  - $120 million for the Mental Health Awareness Training program
  - $80 million to support pediatric primary care providers to rapidly access mental health specialists’ expertise in guiding treatment
  - $60 million for mental health training for primary care clinicians who treat youth through HRSA’s Primary Care Training and Enhancement Program
  - $40 million to the National Child Traumatic Stress Network grant
  - $28 million set-aside of additional funds for grants to support trauma care in school settings
  - $150 million for the National Suicide Prevention Lifeline implementation of 988
  - The existing Certified Community Behavioral Health Clinic (CCBHC) Medicaid program was expanded nationwide using a phased approach allowing ten new states to enter into the demonstration every two years.
  - On telehealth, the Center for Medicare and Medicaid Services (CMS) will now offer guidance to states on best practices for access and delivery through Medicaid and the Children’s Health Insurance Program (CHIP). These recommendations will encompass both physical and mental health.

- Funding for Schools
  - $500 million through the School Based Mental Health Services Grant Program to increase the number of qualified mental health service providers that deliver school-based mental health services to students in school districts with demonstrated need
  - $500 million in funding to the School Based Mental Health Service Professionals Demonstration Grant to train and diversify the pipeline of school counselors, school social workers, and school psychologists
  - $1 billion in funding through Title IV-A to support a variety of activities to improve conditions for student learning, including developing positive school climates through evidence-based practices
  - $50 million in funding to the 21st Century Community Learning Centers program, which funds extracurricular, afterschool and summer programs, with a focus of new funding to target programs for older youth
  - $300 million in funding through the STOP School Violence Act to institute safety measures in and around schools, support school violence prevention efforts and provide training to school personnel and students. Codifies the schoolsafety.gov clearinghouse, which provides evidence-based resources to improve school safety.
Biden-Harris Administration Announces Two New Actions to Address Youth Mental Health Crisis. On July 29, the Biden-Harris Administration announced two new actions to strengthen school-based mental health services and address the youth mental health crisis.

1. Awarding the first of nearly $300 million in grants. Secured through the FY2022 bipartisan omnibus agreement to expand access to mental health services in schools, this funding is allocated to two critical programs:
   - The Mental Health Service Professional (MHSP) Demonstration Grant Program. In FY22, this program will provide over $140 million in competitive grants to support a strong pipeline into the mental health profession, including innovative partnerships to prepare qualified school-based mental health services providers for employment in schools.
   - School-Based Mental Health (SBMH) Services Grant Program. In FY22, this program will provide over $140 million in competitive grants to states and school districts to increase the number of qualified mental health services providers delivering school-based mental health services to students in local educational agencies with demonstrated need.

Additional funding to support mental health services in schools will be distributed in following months.

2. Governors encouraged to Invest More in School-Based Mental Health Services. In a letter sent to Governors across the country, the Departments of Education and Health and Human Services highlight federal resources available to states and schools to invest in mental health services for students. The joint letter from Secretaries Becerra and Cardona highlights actions by the Biden-Harris Administration to improve the delivery of health care in schools and make sure children enrolled in Medicaid have access to comprehensive health care services, as required by law. The letter also previews forthcoming Medicaid guidance on how states can leverage Medicaid funding to deliver critical mental health care services to more students, including ways to make it easier to bill Medicaid for these services.

Investing in Kids’ Mental Health Now Act (S.4747). U.S. Senators Bob Casey (D-PA), Chair of the Senate HELP Subcommittee on Children and Families, and Rob Portman (R-OH) have introduced bipartisan legislation that provides pediatric mental health care providers with a one-year Medicaid funding increase through an enhanced Federal Medical Assistance Percentages (FMAP). Pediatric mental, emotional, and behavioral health care providers serving Medicaid patients in participating states will have access to this funding.

In addition, the legislation directs the U.S. Department of Health and Human Services, within one year of enactment, to:
   - Issue guidance on how to expand mental, emotional and behavioral telehealth services nationwide.
   - Issue guidance on best practices to support children in crisis or in need of intensive mental, emotional, or behavioral services.

The text of the bill can be found here.

(more)
Children’s Mental Health in the News

OCMH Senior Research Analyst Amy Marsman spotlights recent articles and research findings about issues affecting youth mental health.

Fentanyl driving Wisconsin’s record opioid overdose deaths. Wisconsin State Journal. Read Article
- Resource: Stop Overdose, CDC
- Resource: Fentanyl Basics, CDC
- Research: Perspectives on rapid fentanyl test strips, Harm Reduction Journal

More states are allowing students to take mental health days off. NPR. Read Article
- Resource: States Allowing Student Mental Health Days

Over 70% of Schools Say Pandemic Effect on Student Behavior, Socio-Emotional Development, Staffing Grew Worse in 2021-22. The Journal. Read Article
- Research: 2022 School Pulse Panel, IES

- Related: CARE Act is law in 44 States and Territories
- Related: Now Is the Time to Act for Youth Caregivers

Of Interest

Simon Biles, Advocate for Youth Mental Health – The Child Mind Institute interviewed Simon Biles, Olympic gymnast and youth mental health advocate. Watch the interview.

(more)
I’M SO STRESSED OUT!

Is it stress or anxiety?

**Stress**
- Generally is a response to an external cause, such as taking a big test or arguing with a friend.
- Goes away once the situation is resolved.
- Can be positive or negative. For example, it may inspire you to meet a deadline, or it may cause you to lose sleep.

**Both Stress and Anxiety**
- Both stress and anxiety can affect your mind and body. You may experience symptoms such as:
  - Excessive worry
  - Uneasiness
  - Tension
  - Headaches or body pain
  - High blood pressure
  - Loss of sleep

**Anxiety**
- Generally is internal, meaning it’s your reaction to stress.
- Usually involves a persistent feeling of apprehension or dread that doesn’t go away, and that interferes with how you live your life.
- Is constant, even if there is no immediate threat.

Ways to Cope
- Keep a journal.
- Download an app with relaxation exercises.
- Exercise and eat healthy.
- Get regular sleep.
- Avoid excess caffeine.
- Identify and challenge your negative thoughts.
- Reach out to your friends or family.

Find Help
If you are struggling to cope, or the symptoms of your stress or anxiety begin to interfere with your everyday life, it may be time to talk to a professional. Find more information about getting help on the National Institute of Mental Health website at www.nimh.nih.gov/findhelp.

www.nimh.nih.gov/stressandanxiety

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