

School Mental Health Resource A Resource for Kansas School Communities KSDE TASN ATBS School Mental Health Initiative



### Purpose

Provides Kansas school communities – *schools, parents, and community partners* – with information to support the social, emotional, behavioral, and mental health needs of children within a multi-tier system of supports.

### Aligns with Kansas State Board of Ed (KSBE) Vision

It's understood that "academics alone won't guarantee a student's success after high school" and that by working as a team, Kansas school communities can more effectively help children develop "the knowledge, attitudes, and skills necessary to understand and manage emotions; the ability set and achieve positive goals; the ability to feel and show empathy for others; the ability to establish and maintain



positive relationships; and make responsible decisions."

## ACEs and Trauma

More then half (54.8%) of Kansas adults have experienced at least one Adverse Childhood Experience (ACE) when growing up.

1 in 5 Kansans have experienced 3 or more ACEs as a child/adolescent.

**ACEs** lead to poor mental and physical health.

ACEs negatively impact academic performance. Studies have shown, for example, that "students dealing with ACEs are two-and-one-half times more likely to fail a grade; score lower on standardized achievement test scores; have more receptive or expressive language difficulties; are suspended or expelled more often; and, are designated to special education more frequently."



# More Information & Resources



SMHI Resources

## Why is it important?

**Mental health refers** to our emotional, psychological, and social well being. It is important at every stage of life, from early childhood through adulthood.

16% of Kansas children ages 2-17 have a parent who reports that a doctor has told them their child has autism, developmental delays, depression or anxiety, ADD/ADHD, or behavioral/conduct problems.

**11.3% of Kansas youth ages 12-17** had at least one Major Depressive Episode within the past year (2013-2014).

Between 2010-2014, **only 39.6% of Kansas youth ages 12-17** with a Major Depressive Episode received treatment for their depression.



**Provides a context** for supporting the mental health needs of children in schools; and how school communities can leverage educational frameworks to this end.

Discusses **impact of ACEs** on children and youth; consideration of ACEs within the functional behavioral assessment process, and the importance of self-care for education professionals.

**Information and resources** on suicide prevention, the Interconnected Systems Framework, wraparound, poverty, homelessness, migrant students, undocumented students, and students who identify as LGBTQ.

**Fact sheets** on mental diagnoses commonly seen in children and adolescents, including: ADHD, Autism Spectrum Disorder, Anxiety, and Nonsuicidal self-injury.

Request Assistance www.ksdetasn.org

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Kansas State Dept of Ed. (2016, May 9). Kansas CAN Five Outcomes. • www.mentalhealth.gov/basics/what-is-mental-health/ National KIDS COUNT. (2011-2012) • SAMHSA. Behavioral Health Barometer: Kansas, 2015 • Wolpow, R., Johnson, M. M., Hertel, & Kincaid, S.O. (2009) The heart of learning and teaching: Compassion, resiliency, and academic success. • www.kdheks.gov/brfss/pdf/KSACE\_2014\_2015\_Report.pdf