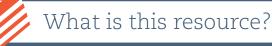


School Mental Health Resource A Resource for Kansas School Communities KSDE TASN ATBS School Mental Health Initiative



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

Stay Connected www.facebook.com/TASNSMHI

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