VOCATIONAL REHABILITATION



YOUTH TECHNICAL ASSISTANCE CENTER

Supporting Students' Mental Health Needs



Presented by the Vocational Rehabilitation Youth Technical Assistance Center (Y-TAC),

at the Institute for Educational Leadership

Presenters

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The VR Youth Technical Assistance Center (Y-TAC)

- **Led by the Institute for Educational Leadership (IEL)**
  - Prepare & Support Leaders
  - Mobilize
  - Innovate

IEL Institute for Educational Leadership
Innovation. Equity. Leadership.

- **Partners**
  - Cornell University's Yang-Tan Institute on Employment and Disability
  - Boston University's School of Education
  - Key Subject Matter Experts (SME)

Y-TAC

YTAC's Primary Goals

To increase VR agencies' capacity to serve underserved students and youth with disabilities and assist these students and youth to:

- Engage in postsecondary education and training that leads to the attainment of postsecondary education skills and credentials; and
- Obtain competitive, integrated employment.

Y-TAC has a particular focus on ensuring needs are met for:

- Opportunity Youth (i.e., not in school or employed);
- Systems-involved youth (i.e., engaged in systems, such as juvenile justice, child welfare, homeless and runaway); and
- Youth who are blind or visually impaired.



PREPARE

INNOVATE

MOBILIZE

Increased VR Capacity to Improve:

- youth access to services;
- youth retention; and
- youth outcomes.

NAMI Valley of the Sun

NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental health conditions.

NAMI Valley of the Sun

- We Educate
  - Our Education Programs ensure families, individuals and educators get the support and information they need.
- We Advocate
  - Sharing national public policy for people with mental illness and their families.
- We Listen
  - Providing free referral, information and support.
- We Lead
  - Public Awareness events and activities, successfully fighting stigma and encouraging understanding.

IEL Youth and Civic Engagement (YCE)

Carly Fahey

Program Manager of The Youth and Civic Engagement Project:

- Former IEL youth participant, current staff member
- Learned to disclose physical and MH disability advocacy through IEL training many years ago
- Applying IEL's principles of innovation, preparation, equity, and support to currently lead several projects and teaching others the power of cross-disability advocacy
- YCE Created in partnership with the Ford Foundation
- Creating space and civic opportunities for Youth and Emerging Leaders with Disabilities
  - Ages 16-24
- Currently conducting Virtual Listening Sessions w/ youth
  - Focusing on intersections of disability, civic engagement barriers as they interact with racial inequities and the reality of disability and the pandemic

IEL Internship Programs

- Ebony Rempson – How I came to IEL
  - YouthACT Alum, Sam Halperin Award Winner (2017)
  - Previous IEL Experience
  - Developing Relationships within IEL and trying new things
    - Facilitating at YCE Listening Session
    - Evaluation w/ YTAC
    - Work across teams and projects (Y-TAC, YCE, others)
    - Event Planning on DC Innovation Project
    - Adjusting to Telework as an intern (working across teams, new projects, pandemic)



Polling question:

My relationship to young people who have a mental health (MH) diagnosis is:

A. I am a young person with a MH diagnosis
B. I am a parent of a young person with a MH diagnosis
C. I am an education professional
D. I am a Mental Health Professional
E. I am a Workforce Professional
F. My association is not one of the above

Introduction

Carly Fahey: How do we view youth with Mental Health Diagnoses?



Let's check ourselves; terminology

What do we mean by "Mental Health"?

What do we mean when we say someone has a "Mental Health Condition/disorder"?

Is a Mental Health condition the same as Mental Illness?

What is the difference between "Behavioral Health and Mental Health"?

Common Assumptions

Enter your responses in the chatbox:

What are some common assumptions people make about youth who have a mental health condition/illness/diagnosis?

Common Assumptions

Medical

Employment

Education

Assumptions: MEDICAL

While research highlights many positive patient experiences people with lived experience of a mental illness report feeling devalued, dismissed, and dehumanized by some of the health professionals.

Anti-stigma training is essential to combat behaviors that contribute to stigmatizing experiences among their patients.

Themes include feeling:

- excluded from decisions,
- attributing physical symptoms to mental health conditions,
- excessively wait times
- insufficient information about one's condition or treatment
- paternalistic treatment
- spoken to using stigmatizing language
- being told recovery is not possible

(eg, Clark et al.19 Barney et al.20 and Connor et al.21)

Assumptions: EMPLOYMENT

Stigma in workplace culture assume people with mental illnesses are incompetent, unreliable, unpredictable and even dangerous

A belief that work itself is not good for people with mental illnesses and will cause harm.

Truth: Work can contribute to recovery
Work is more than a means for material support. It is also a major way individuals stay mentally healthy.

Employment is vital for daily structure and routine, a sense of self, meaningful goals and opportunities for friendships and social support.

Assumptions: EDUCATION

If a Student Is “High-Functioning”, They Can’t Have a Mental Illness

“So if you looked at the surface, you would think I was a happy and healthy teen. My report card would tell you that I was smart, capable, and in control. But I spent weeks at a time not wanting to live anymore, faking a smile while inside, I was coming undone.”

They’re Just Hanging Out with the Wrong Crowd

“When I was called in by a high school counselor because of my self-injury wounds, I was asked “which of my friends” were also doing it – as if my pain were just a fad, something I was doing to be hip or cool or edgy.”

If a Student Is Struggling, It’s Probably the Fault of the Caretakers

No amount of love, no amount of money, no amount of dance classes or violin lessons or summer camp is enough to fend off bipolar disorder.

Potential Signs/Symptoms

Common warning signs and expected youth behavior

Warning Signs and Symptoms

- Trying to tell the difference between what *expected* behaviors are and what might be the signs of a mental illness isn't always easy.

- There's no easy test that can let someone know if there is mental illness or if actions and thoughts might be typical behaviors of a person or the result of a physical illness.

Warning Signs and Symptoms

- **Feeling excessively sad or low**
- Confused thinking or problems concentrating and learning
- **Extreme mood changes, including uncontrollable “highs” or feelings of euphoria**
- Prolonged or strong feelings of irritability or anger
- **Avoiding friends and social activities**
- Difficulties understanding or relating to other people
- **Change in hygiene**
- **Changes in sleeping habits or feeling tired and low energy**
- Changes in eating habits such as increased hunger or lack of appetite
- Use of substances like alcohol or drugs
- **Multiple physical ailments without obvious causes (such as headaches, stomach aches, vague and ongoing “aches and pains”)**
- Social Isolation
- **Thinking about suicide**
- Slide in academic performance

How To Get Help: NON-URGENT

- Talk with your primary care provider
- www.namivalleyofthesun.org
- Connect with other individuals and families: NAMI
- Learn more about mental illness
- Visit NAMI.org

How To Get Help: URGENT & EMERGENCY

- Urgent: Text "NAMI" TO 741741
- Crisis Response Network: 602-222-9444
- CRISISNETWORK.ORG

- EMERGENCY: Call 911
  - Tell them:
  - It’s a mental health emergency
  - Tell them the diagnosis if you know it
  - Ask for a Crisis Intervention team (CIT)
  - “YOU CAN’T MAKE A MISTAKE BY REACTING!”

Re-integration after crisis

Use Trauma Informed practices

Educate peers

Educate professionals

Potential Signs/Symptoms in current context

Common warning signs and expected youth behavior and how it is compounded by the global pandemic racism.

COVID-19 Context: Putting Ourselves in Their Shoes

What's it like to walk in their shoes during the COVID-19 crisis?



Black Mental Health Isn't the Same as White Mental Health https://youtu.be/kjxRGbJvQIY





https://youtu.be/lGOaN0jLFXA



https://youtu.be/r47l4eUU1bc

How to engage youth during the current context

Trauma Informed Practices (TIPs)

Adverse Childhood Experiences (ACEs)

Extending of Adolescent Development

Over time, adolescence has been stretched at both ends.



Adolescence now lasts twice as long as it did in the 1950s and three times as long in the 19th century.

(Steinberg, 2012)

Trauma (TIPs), Adolescents and ACEs

- Over half of all adolescents ages 12-17 in the US have been exposed to at least one ACE.
- Over 25% have experienced two or more ACEs.
- The majority of adolescents with trauma exposure do not receive the needed health services to identify and address these concerns.

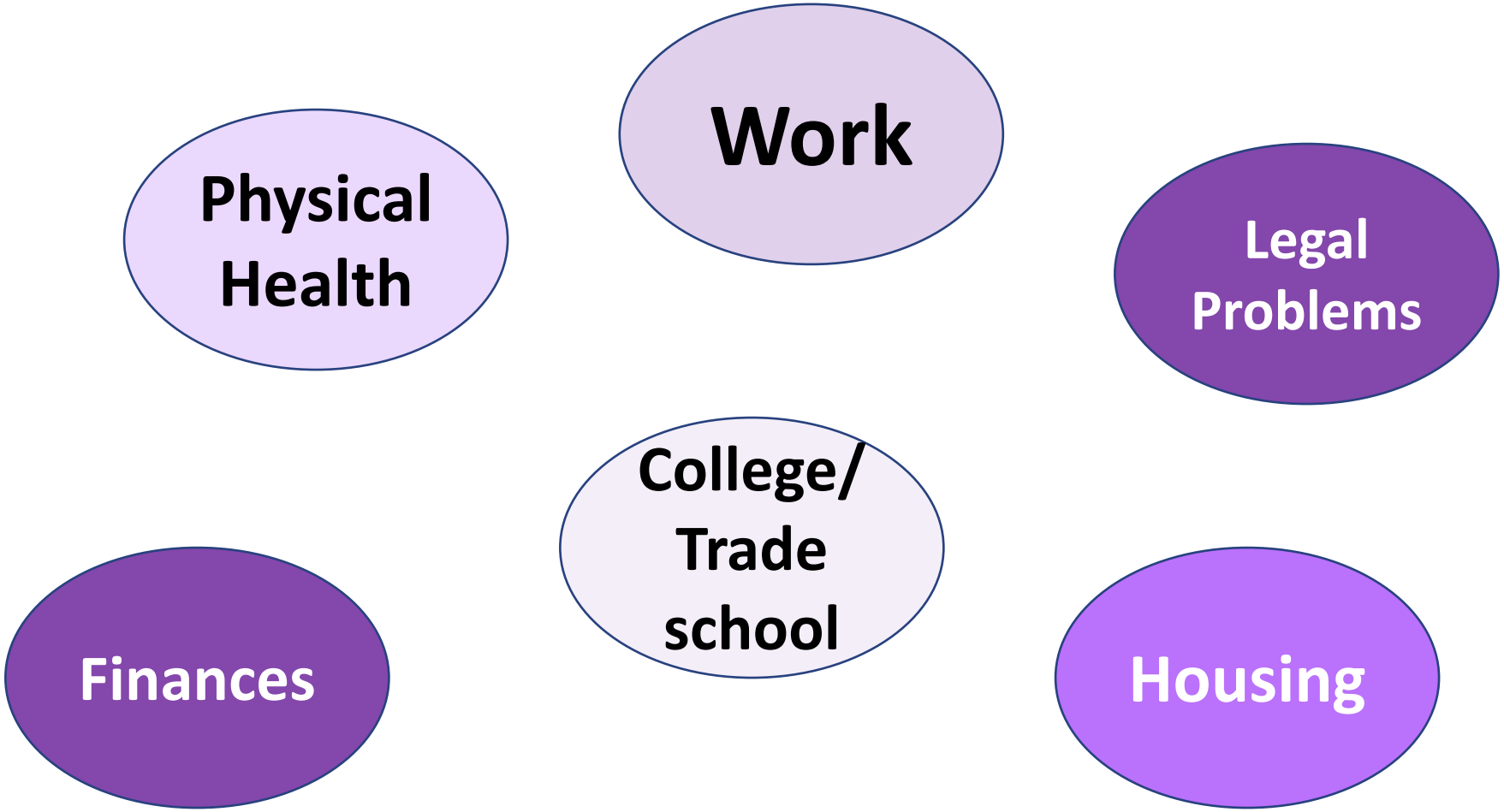
(Soleimanpour et al., 2017)

Connection Between ACEs and Employment

- The 2004 ACE study linked ACEs with absenteeism, job problems, and financial problems.
- A 2013 study found a connection between increased types of ACEs and increased risk for unemployment.
- ACEs also linked to increased risk for alcoholism, illicit drug use, and elevated mental health problems in individuals.

(Anda et al., 2004; Soleimanpour, 2017)

Agenda Mapping Tool



(Rollnick, Miller, & Butler, 2008)

Potential Trauma Triggers in the Workplace

- Social exclusion
- Workplace violence
- Demeaning work conditions
- Prejudice
- Unclear job expectations
- Lack of control
- Excessive workloads
- Mistreatment from co-workers/supervisors
- Job insecurity

(Rosemberg et al., 2018)

What is Learned Hopefulness?

- Requires us to be grounded in reality, while still maintaining a hope that, despite everything working against us, we can do something that will help make the situation better.
- It's looking past what "is" and envisioning what "can be".



TIP: This diagram can be used as a hands-on activity to help youth focus on small change[illegible] can make to experience a feeling of control [illegible]eir life.

(Christens, Collura & Tahir, 2013)

Developing Discrepancy

"The function of a mirror is to reflect an image as it is, without adding flattery or faults. From a mirror, we want an image, not a sermon. We may not like the image we see; still, we would rather decide for ourselves our next move..." (Miller & Rollnick, p. 243. 2013)



The Counseling Relationship

- Counseling is viewed as both an art and a science.
- The largest influence on the helping process is the relationship between the helper and the individual being served.
- It is the ***process*** of verbal and non-verbal communication—***not the content***–on which the relationship is based.



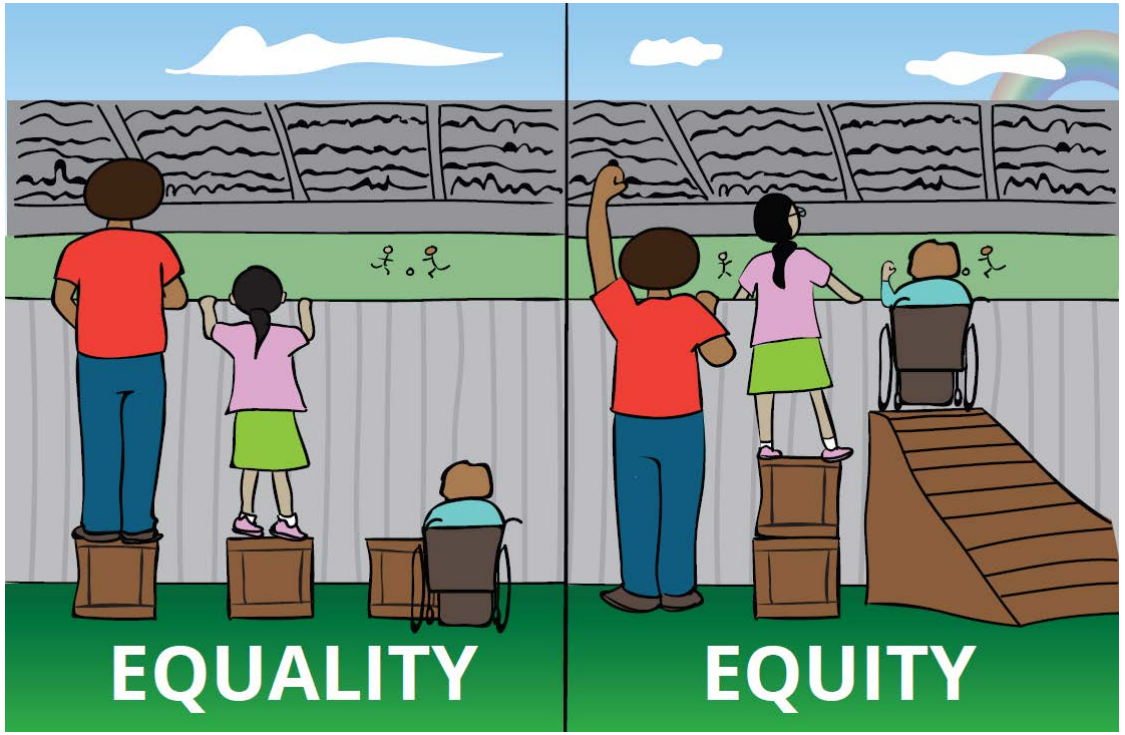
Action Schools Can Take

- Public and private schools should provide and/or facilitate the provision of appropriate mental health services to our nation's children.
- Schools provide a unique opportunity to identify and treat mental health conditions by serving students where they already are.
- School-based mental health services bring trained community mental health professionals into schools, where school-linked mental health services link families to resources in the community
- The earlier a young person can access mental health care, the more effective it can be.
- Schools should also have the funding necessary to coordinate school-based mental health services with the community mental health system so children and young adults do not fall through the cracks.
- When students get the right care at the right time, negative outcomes like school failure, hospitalization—and even suicide can be prevented (Ending the Silence, Text Talk Act, NAMI on Campus)

Rights and Self Advocacy

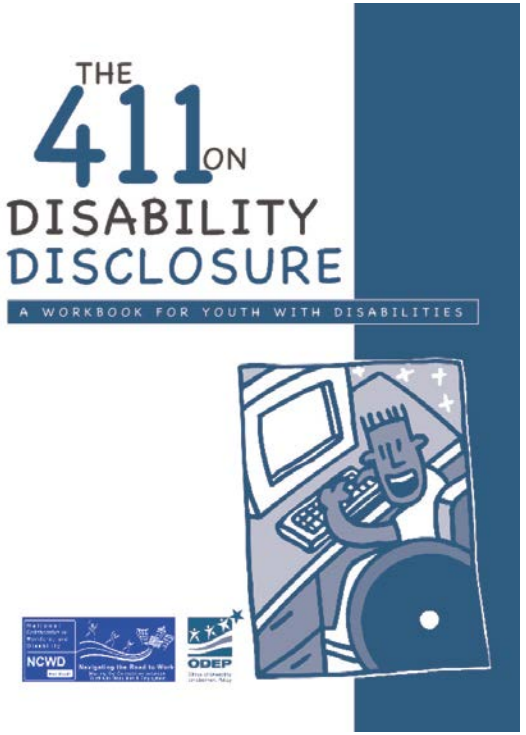
- Equity
- Disclosure
- Universal Design
- Understanding yourself

Rights and Self Advocacy: Equity is Critical



- Equity is not always “equal” or the same, but is adjusting to give folks what they need for success
- Equitable learning environments and flexible accommodations in disability and mental health are key
- Equity breaks down stigma, opens lined of communication, and allows the freedom to show up as your “whole self”

Rights and Self Advocacy: Disability Disclosure around Mental Health



- Equity and flexibility paves the way for disclosure
- Disclosure is a personal choice
- Leads to more services, crisis intervention,
- Protection or amour against discrimination
- Not always for everyone or every situation
- Privacy is very important as well

Rights and Self Advocacy: Universal Design



- Universal Design approaches use philosophes, practices, and accommodations that work for EVERYONE and are asset-based
- Using equity to make things universally accessible and inclusive
- Examples of UD in the classroom

Rights and Self Advocacy: Understanding You

- Learning from negative experiences helps you in understanding yourself and what you need to disclose or ask for
- Create a crisis plan if you can
- Knowing yourself is a lifelong journey
- Practice self-compassion, we don’t always have answers
- Things can always change, and that’s ok

Q&A

Let’s talk about what you learned and what you still question…..

Online Resources & Publications

www.namivalleyofthesun.org

https://y-tac.org

- Archived Webinars
- Archived Virtual Convening
- VR Toolkit for SSI Youth: https://ssiyouthtoolkit.org/
- Curriculum Guides
- Briefs
- Videos
- Reports

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