History of the MHAB

- Initiated in 2016-2017, currently in the 6th year
- Introduced by the East Lansing Board of Education (BOE) due to many factors
  - Two suicides at the high school (within a month)
  - Community members and school professionals realized more guidance needed
  - Some controversial programming occurred
  - Available school board models for involving consultants from the community
- Designed to be advisory to the BOE
- Governed by a set of by-laws, created by the BOE
- Jen Novello, LMSW served as chair from 2016 – 2020
Purpose of the MHAB

- The MHAB reviews district programming that addresses social-emotional well-being.

- The MHAB may make recommendations to the BOE, if they see a need for providing professional advice regarding additional programming to address students’ social-emotional well-being.

- The MHAB may make recommendations to the BOE addressing other issues pertinent to student mental health, including preventative mental health programming.

- The MHAB may be asked by the BOE to vet programming being considered for use in the district that may impact students’ mental health and make recommendations to the BOE, concerning the analysis of the MHAB of said programming.
MHAB Vetting Guidelines

- What is the intended purpose of program?
- What is the available evidence/research to support the program (e.g., best practices)?
- Has the program been utilized in other districts and to what success?
- How feasible will implementation of the program be?
- What is the cost – financial and other?
- What “tier” for students or staff will the program address?
- How does this program compare with reasonable alternatives?
- How will the program be evaluated?
Structure of the MHAB

- **Membership (appointed by the BOE)**
  - Includes students, teachers, parents, administration, community members
  - Invitations extended to principals, social workers/counselors
  - Majority are mental health professionals
  - No more than 20 members
  - Call for applications each summer

- **Meetings**
  - 1-2 times per month
  - Subcommittee work in between

- **Subcommittees**
  - Building level subcommittees
  - Community outreach

- **BOE**
  - *Creating policy to drive action* (e.g., new hires)
  - Annual presentation
Some Past Activities & Accomplishments of the MHAB

- Suicide Prevention Policy
- TRAILS
- Staff Professional Development
  - E.g., 4 part trauma series for elementary school
- Formal recommendation to the BOE to hire district level mental health and wellness coordinator
- Trojan Mental Health Matters: [https://trojanmentalhealthmatters.org](https://trojanmentalhealthmatters.org)
- Collaborations with CMH
- Assisting with district communication
  - Providing resources
  - Increasing transparency
  - Trauma-informed/reducing anxiety
- Mood meters during virtual learning
- District-wide Mental Health Awareness Day May 2021
TRAILS Improves Access

Nearly 50% of all adolescents are impacted by mental illness, yet only 20% of those ever receive treatment. TRAILS promotes equitable access to youth mental health services through sustainable, cost-effective, school-based solutions.

Participating schools receive training and ongoing support to implement school-appropriate mental health programs grounded in cognitive behavioral therapy (CBT) and mindfulness – techniques proven to reduce symptoms of anxiety and depression.

Using a 3-Tiered Approach

Programming to meet the mental health care needs of all students.

**Tier 1**
Universal Education and Awareness

For all students and staff

Social and emotional learning (SEL) curriculum for the classroom, and self-care programming for staff; to promote mental health and wellness and build resiliency among students and staff.

**Tier 2**
Early Intervention

For students impacted by a mental health concern

Skill-building sessions grounded in CBT and mindfulness designed to equip students with tools they can use to reduce their symptoms of anxiety and depression.

**Tier 3**
Suicide Risk Management

For students in crisis

Case coordination among schools, families, community mental health agencies, and hospitals through utilization of the TRAILS Suicide Risk Management Protocol.
COVID-19 Impact on the MHAB
AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health
October, 2021

- Crisis in child mental health is related to COVID-19 stress and the struggle for racial justice
- Significant increases in ED for mental health emergencies
- More than 140,000 children lost a primary or second caregiver, with youth of color disproportionality impacted
- “Soaring rates” of depression, anxiety, trauma, loneliness, and suicidality
- Advocate for: increased federal funding, improved access to technology, accessible and affordable school-based mental health care and integrated mental health care (primary care), suicide prevention programs, community-based systems of care, trauma-informed care, and much more....

What Educators, School Staff, and School Districts Can Do

- Create positive, safe, and affirming school environments.
- Expand social emotional learning programs and other evidence-based approaches that promote healthy development.
- Learn how to recognize signs of changes in and mental and physical health among students, including trauma and behavior change. Take appropriate action when needed.
- Provide a continuum of supports to meet student mental health needs, including evidence-based prevention practices and trauma-informed mental health care.
- Expand the school-based mental health workforce.
- Support the mental health of all school personnel.
- Promote enrolling and retraining eligible children in Medicaid, CHIP, or a marketplace plan so that children have health coverage that includes behavioral health services.
- Protect and prioritize students with higher needs and those at higher risk of mental health challenges.