



# SAFETY PLAN/ MENTAL HEALTH

Compliance Training

2019-2020

# AGENDA:

- MENTAL HEALTH
- BULLYING / DASA
- SUICIDE PREVENTION
- SCHOOL VIOLENCE
- SOCIAL AND PROBLEM-SOLVING SKILLS IN THE CLASSROOM



# MENTAL HEALTH

# AWARENESS OF MENTAL HEALTH DISORDERS

- Defined as significant changes in the way an individual typically learns, behaves, or manages their emotions, resulting in distress <sup>1</sup>
- 1 in 5 children are diagnosed with a mental, emotional, or behavioral disorder, though only 20% receive care <sup>1</sup>
- ADHD, depression, anxiety, and behavior disorders represent the most common diagnoses among children and adolescents
- Approximately 50% of all lifetime cases of mental illness begin by age 14 <sup>2</sup>
- The average delay between onset of symptoms and intervention is 8-10 years <sup>2</sup>

# MENTAL HEALTH FACTS

- 9.4% of children (approximately 6.1 million) aged 2-17 years have received a diagnosis of ADHD <sup>3</sup>
- 7.4% of children (approximately 4.5 million) aged 3-17 years have received a diagnosis of a behavior disorder <sup>4</sup>
- 7.1% of children (approximately 4.4 million) aged 3-17 years have received a diagnosis of anxiety <sup>4</sup>
- 3.2% of children (approximately 1.9 million) aged 3-17 years have received a diagnosis of depression <sup>4</sup>

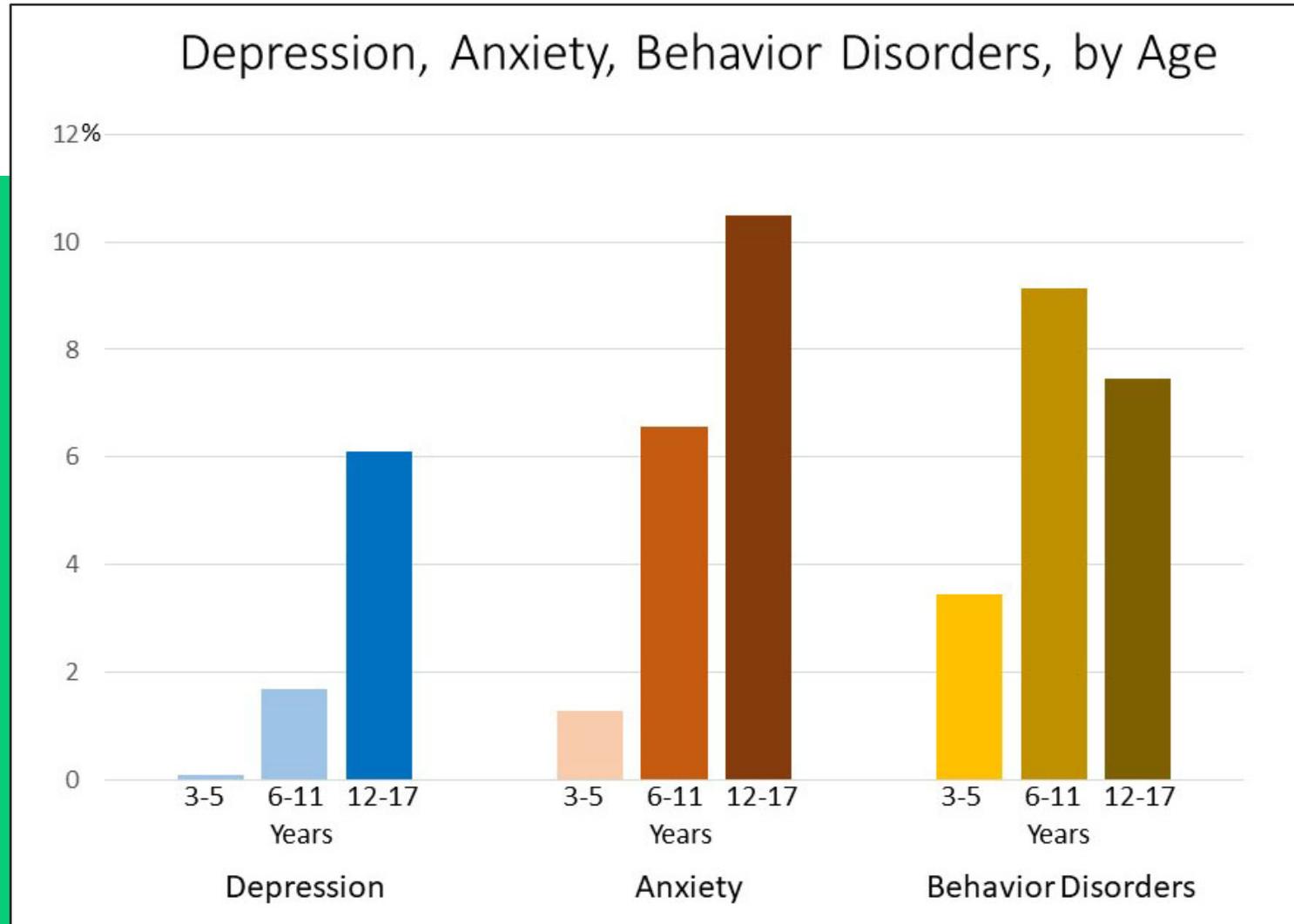


Figure 1. Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ. Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. *The Journal of Pediatrics*, 2018. Published online before print October 12, 2018.

# WHAT ARE THE EFFECTS OF UNTREATED MENTAL HEALTH DISORDERS?

- 37% of students with a mental health condition age 14 and older drop out of school – the highest dropout rate of any disability group <sup>2</sup>
- Over 60% of adolescents diagnosed with a mental health disorder were unable to complete high school and were 4 times less likely to attend college/trade school or obtain employment <sup>5</sup>
- 70% of youth in state and local juvenile systems have a mental illness<sup>2</sup>
- 3 times more likely to be involved in criminal justice activities <sup>5</sup>
- 1 in 12 high school students have attempted suicide <sup>5</sup>

# INFANCY & EARLY CHILDHOOD RISK FACTORS FOR MENTAL, EMOTIONAL, AND BEHAVIORAL DISORDERS <sup>6</sup>

## Individual

- Difficult temperament
- Hostile to peers, socially inhibited
- Irritability
- Fearfulness
- Head injury
- Motor, language, and cognitive impairments
- Early aggressive behavior
- Specific trauma

## Family & Community

- Parental drug / alcohol use
- Cold and unresponsive mother
- Marital conflict
- Negative events
- Family dysfunction
- Disturbed family environment
- Parental loss
- Poverty

# MIDDLE CHILDHOOD RISK FACTORS FOR MENTAL, EMOTIONAL, AND BEHAVIORAL DISORDERS <sup>6</sup>

## Individual

- Negative self-image
- Poor social problem-solving skills: impulsive, aggressive
- Passive and withdrawn
- Lack of behavioral self-control
- Early persistent behavior problems
- Anti-social behavior
- Head injury
- Specific trauma

## Family & Community

- Parental mental health & substance use disorders
- Child abuse / maltreatment
- Family dysfunction for child
- Poor parenting styles
- Peer rejection
- Poor grades / achievement
- Poverty
- Poor school connectedness

# ADOLESCENCE RISK FACTORS FOR MENTAL, EMOTIONAL, AND BEHAVIORAL DISORDERS <sup>6</sup>

## Individual

- Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration
- Low self-esteem
- Insecure attachment
- Poor social skills: communication and problem-solving skills
- Extreme need for approval and social support
- Shyness
- Favorable attitudes toward drugs
- Rebelliousness

## Family & Community

- Parental mental health & substance use disorders
- Marital & family conflict
- Child abuse / maltreatment
- Poor parenting styles
- Poor attachment with parents
- Parental unemployment
- Lack of adult supervision
- Poverty
- Peer rejection
- Poor academic achievement

# WARNING SIGNS IN THE CLASSROOM <sup>2</sup>

- Feeling very sad or withdrawn (e.g., crying, fatigued, unmotivated)
- Trying to harm or kill oneself or making plans to do so
- Out-of-control, risk-taking behaviors that can cause harm to self or others
- Not eating, throwing up, or using laxatives to lose weight; significant weight loss or gain
- Sudden changes in sleep and/or appetite
- Severe mood swings
- Intense worries or fears that get in the way of daily activities
- Avoiding friends and social activities
- Inability to carry out daily activities or handle daily problems and stress
- Changes in school performance
- Frequent disobedience or aggression
- Loss of enjoyment and interest in activities
- Feelings of worthlessness, anger, and/or guilt
- Use of drugs and alcohol

# RESPONSIBILITY OF SCHOOL STAFF & PERSONNEL

- Report any mental health concerns to support staff and administration
  - Know who to turn to, such as principal, school psychologist, school social worker, school counselor, and school nurse, if you have questions or concerns about a student
  - Know how to access crisis support and other mental health services <sup>7</sup>
- Create an environment where students feel safe sharing information
- Be aware of risk factors & warning signs for mental health problems

# WHAT EDUCATORS CAN DO IN CLASSROOMS & SCHOOLS <sup>7</sup>

- Educate staff, parents, and students on the symptoms of mental health disorders and how to receive help
- Promote social and emotional competency and build resilience
- Help ensure a positive, safe school environment
- Teach and reinforce positive behaviors and decision-making
- Encourage helping others
- Encourage good physical health
- Help ensure access to school-based mental health supports

# YOUR ROLE IN A MENTAL HEALTH CRISIS

- Remain calm & seek help from an administrator and support staff
- Focus on your concern for their well-being and avoid being accusatory
- Listen
- Don't make promises
- Reassure them that there is help and they will not feel like this forever
- Avoid judgements
- Provide constant supervision (do not leave the student alone without an adult)

# PREVENTION & INTERVENTION STRATEGIES

- Conflict resolution training programs
- Peer mediation programs
- Extended day and other school safety programs
- Mentors for students
- Anonymous reporting process
- Positive Behavior Intervention System (PBIS)
- SEL curriculums
- Building-level emergency response team

# BUILDING-WIDE INTERVENTIONS

- Safety Response Team
- Positive Behavior Intervention System
- Mentoring Program
- SEL Programs (i.e., Second Step, Too Good for Drugs, etc.)
  - Collaboration with YES Community Counseling to provide in-school service workshops
- Partnerships with Community Programs
  - South Oaks Hospital
- Individual & Group Counseling

# COMMUNITY SUPPORT

- Nassau County Office of Mental Health, Chemical Dependency, and Developmental Disabilities Services
  - provides an overview of systems of service and a comprehensive guide to the programs available to Nassau County residents
- Nassau University Medical Center
- South Oaks Hospital
- Cohen Children's Northwell Health Pediatric Behavioral Health Urgent Care Center
- Mobile Crisis Helpline
  - 516-227-TALK (8255)
- Mobile Crisis Team
  - Provides in-home support seven days a week from 10:00am to 11:00pm
- YES Community Counseling

# CONTINUED SUPPORT & FOLLOW-UP

- Continue to take threats & mental health crises seriously
- Access school supports
- Maintain communication with administration and support staff
- Keep tabs on the rumor mill
  - If you hear or see something, refer the student to a support staff member
- Discourage gossip about particular incidents and students



# BULLYING / DASA

# TYPES OF BULLYING

- Verbal
  - Name-calling, teasing, inappropriate sexual comments, frightening phone calls, racial slurs, taunting and threatening to cause harm.
- Social
  - Spreading rumors about someone, intentionally excluding others from a group, telling other children not to be friends with someone, shunning, spreading gossip, arranging public humiliation, and embarrassing someone in public.
- Physical
  - Hitting, punching, shoving, kicking, pinching, spitting, tripping, pushing, taking or breaking someone's personal property, or making mean or rude hand gestures.

# STUDENTS WHO ARE BULLIED:

- May have a higher risk of depression and anxiety, including the following symptoms, that may persist into adulthood:
  - Increased feelings of sadness and loneliness;
  - Changes in sleep and eating patterns; and
  - Loss of interest in activities they used to enjoy.
- May be at risk of suicide.
- May be more likely to have health complaints.
- May have decreased academic achievement and school participation.
- May be more likely to miss, skip or drop out of school.
- May be more likely to retaliate through extremely violent measures (in 12 of 15 school shooting cases in the 1990s, the shooters had a history of being bullied)

# "NO STUDENT SHALL BE SUBJECTED TO HARASSMENT OR BULLYING BY EMPLOYEES OR STUDENTS ON SCHOOL PROPERTY OR AT A SCHOOL FUNCTION."

"Harassment" and "Bullying" - is defined in DASA as the creation of a hostile environment by conduct or by threats, intimidation or abuse (verbal and nonverbal actions), including cyberbullying, that:

- has or would have the effect of unreasonably and substantially interfering with a student's educational performance, opportunities or benefits, or mental, emotional or physical well-being;
- reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety;
- reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student; or
- **occurs off school property and creates or would foreseeably create a risk of substantial disruption within the school environment, where it is foreseeable that the conduct, threats, intimidation or abuse might reach school property.**

Education Law § 11(7).

# "NO STUDENT SHALL BE SUBJECTED TO HARASSMENT OR BULLYING BY EMPLOYEES OR STUDENTS ON SCHOOL PROPERTY OR AT A SCHOOL FUNCTION."

"Harassment" and "Bullying" - include, but are not limited to, acts based on a person's **actual or perceived**:

- Race (includes traits historically associated with race including, but not limited to, "hair texture and protective hairstyles," which includes "braids, locks and twists");
- Color;
- Weight;
- National origin;
- Ethnic group;
- Religion or religious practice;
- Disability;
- Sexual orientation;
- Gender (includes gender identity or expression); or
- Sex

Education Law §11.

# CYBERBULLYING

Cyberbullying - harassment or bullying that occurs "**through any form of electronic communication.**" Education Law § 11.

- e.g. - Facebook, text messages, making websites to bully another student, etc.
- **The threat of cyberbullying:**
  - Exists 24hours/day, 7 days/week, 365 days/year
  - Does not provide an opportunity for its victims to walk away
  - Is distributed to a wide audience
  - May be conducted anonymously

# SCHOOL BUILDING DASA COORDINATOR

- **At least one staff member in every school building.**
- Trained to handle human relations regarding race, color; weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender (including gender identity or expression) and sex.
- Point person for DASA in the school.
- **Receives oral or written reports of harassment, bullying or discrimination from principal, students, parents and employees.**
- Leads or supervises the prompt and thorough investigation of reports of harassment, bullying or discrimination

# SCHOOL BUILDING DASA COORDINATOR (CONT'D)

- Works on school strategies to prevent harassment, bullying and discrimination.
- Works with the principal to make regular reports on data and trends related to harassment to the Superintendent.
- Upon the direction of the Superintendent or principal, promptly notifies the appropriate local law enforcement agency when there is a belief that any harassment, bullying or discrimination constitutes criminal conduct.

# REPORTING BULLYING

- School employees who witness or receive a report of bullying, harassment or discrimination must:
  - (1) **orally notify the DAC (Dignity Act Coordinator), Principal or superintendent within one day** and
  - (2) file a written report with the DAC, principal or Superintendent within two days of the initial oral report
- Students and parents are permitted to make oral or written reports of bullying to teachers, administrators and other personnel selected by the District.

# RESPONSIBILITIES OF SCHOOL EMPLOYEES

- Become familiar with the District's policies.
- Know the DASA Coordinator in your building.
- Be able to recognize harassment, bullying and discrimination.
- When you witness harassment, bullying or discrimination or if you receive a report of such behavior, notify the principal, Superintendent or DASA Coordinator in your building verbally within one school day.

# RESPONSIBILITIES OF SCHOOL EMPLOYEES (CONT'D)

- File a written report with your building's principal, Superintendent or DASA Coordinator within **two** school days after making the initial oral report
- Look for opportunities to incorporate DASA instruction in your classroom. There are resources available at:

[www.p12.nysed.gov/dignityact](http://www.p12.nysed.gov/dignityact)

# RESPONDING TO BULLYING

When you witness bullying, DO:

- Intervene immediately.
- Separate the students involved.
- Make sure everyone is safe.
- Meet any immediate medical or mental health needs.
- Stay calm. Reassure the children involved, including bystanders.
- Model respectful behavior when you intervene.

# RESPONDING TO BULLYING

When you witness bullying, DON'T:

- Ignore it. Don't think children can work it out without any adult help.
- Don't immediately try to sort out the facts.
- Don't force other children to say publicly what they saw.
- Don't question the children involved in front of other children.
- Don't talk to the children involved together – only separately.
- Don't make the children involved apologize or patch up relations on the spot.

# RESPONDING TO BULLYING

After an incident of bullying, DO:

- Listen and focus on the child – assure him/her that you want to help.
- Assure the child that bullying is not his/her fault.
- If the child has a difficult time speaking about it, refer him/her to a guidance counselor, psychologist or mental health service.
- Work together to resolve the situation with input of child, parents and school.
- **Follow up:** it takes consistent effort to ensure that bullying stops.

# RESPONDING TO BULLYING

After an incident of bullying, DON'T:

- Tell a child to ignore bullying.
- Don't blame the child for being bullied.
  - Even if he/she provoked the bullying – no one deserves to be bullied.
- Don't tell the child to physically fight back. It could cause the child to be hurt, suspended or expelled.



# SUICIDE PREVENTION

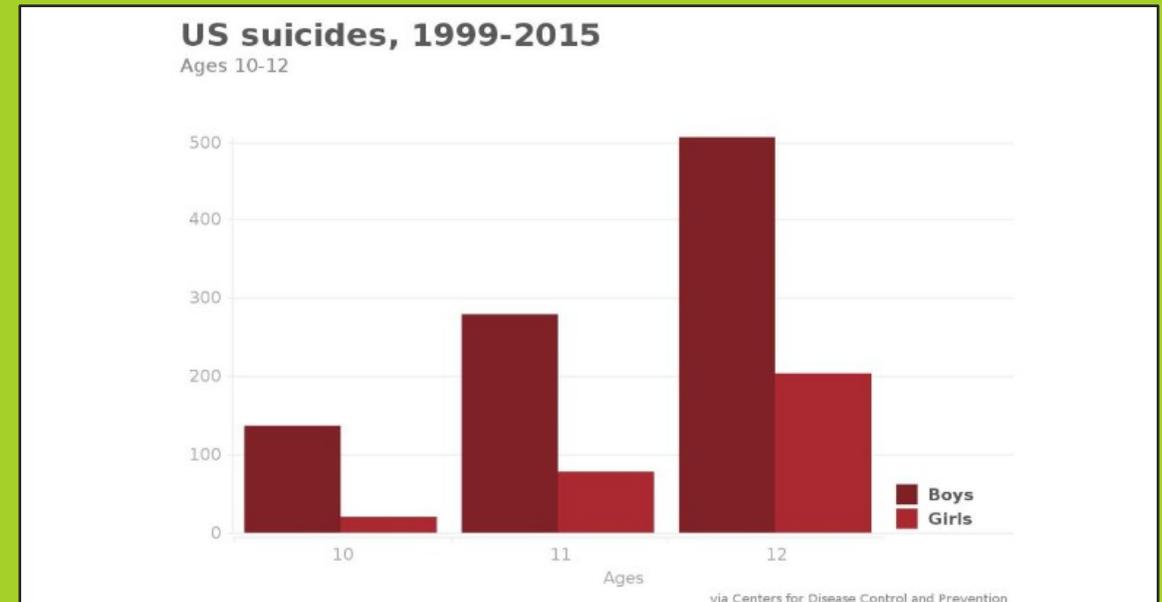
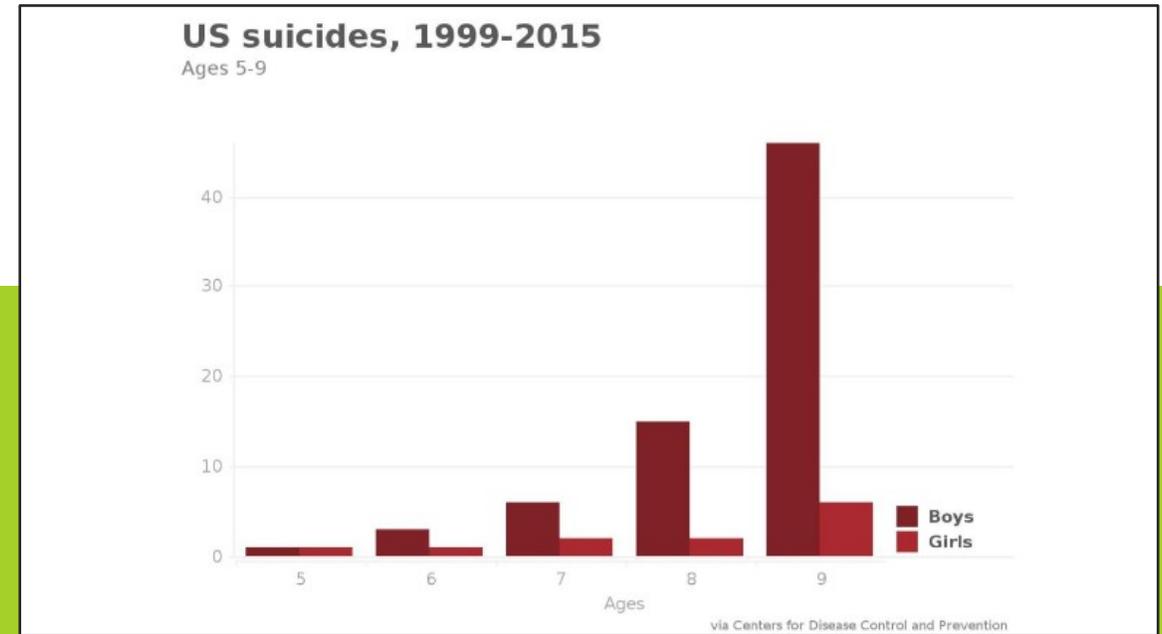
- A. STATISTICS / AWARENESS
- B. WARNING SIGNS / RED FLAGS

# THE REALITY

- The reality is that children at-risk for suicide are sitting in your classrooms every day. Although your job is to teach them, not diagnose them, there are ways that can help you better identify these struggling students and get them to someone who is trained to make a more complete assessment of their needs.
- Your role in this process is critical *but very limited* and is often the **first step** in getting students the help they need.

# STATISTICS

- From 1999-2015, 1,309 children ages 5 to 12 took their own lives in the US. That means one child under 13 died of suicide nearly every five days, on average, over those 17 years (CDC, 2017).
- The frequency was higher from 2013 to 2015 - once every 3.4 days - due to a 54% spike in the suicides of 11 and 12 year-olds (CDC, 2017).
- Suicide among elementary students is not as common as it is for middle and high school students.
- Although child suicides are infrequent, many children attempt suicide. These attempts are a major predictor of future suicide (in adolescence and adulthood). It is crucial to identify those children at risk as early as possible (Wise, 1997).



# STATISTICS

- Suicide is the 2nd leading cause of death for our youth ages 10-24 (CDC, 2017).
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, **combined** (Jason Foundation, 2019).
- Each day there are over 3,041 suicide attempts by young people grades 9-12. (Jason Foundation, 2019).
- 30% of 9<sup>th</sup>-12<sup>th</sup> grade students have felt sad or helpless during the course of an academic year (SPCNY, 2019).
- According to the Centers for Disease Control and Prevention Youth Risk Behavior Survey, 17.2% of youth in 9-12th grades seriously considered attempting suicide, and 7.4% reported a suicide attempt in the past 12 months (CDC, 2017).

# AWARENESS

- Four out of five completed suicides give clear warning signs of their intentions.
- This means that we have an opportunity to assist 80% of those who are contemplating suicide (Jason Foundation, 2019).
- Your job isn't to figure out what the problem is - it's simply to pay attention to the warning signs and get the student help (SPCNY, 2019).



# AWARENESS

Signs that a student may be at risk include the following **F-A-C-T-S**

- **Feelings** usually lasting more than two weeks
  - sad and unhappy, anxious or worried, angry and aggressive
  - hopelessness for the future
  - helplessness- there is nothing to be done to improve their outcome and no one who can help (Remedy Health Media, 2019)
  - sudden overwhelming worrying or fear for no reason, that gets in the way of daily activities (Mentalhealth.gov, 2019)
  
- **Actions**
  - withdrawing from activities or friendships, social isolation
  - doing risky, dangerous things like drinking and driving
  - seriously making plans or trying to harm oneself, researching ways to die online (Mentalhealth.gov, 2019)
  - involvement in many fights or desire to badly hurt others (Mentalhealth.gov, 2019)
  - giving away their favorite possessions (Remedy Health Media, 2019)

# AWARENESS

- **Changes** in the normal mood and behavior of your student
  - drastic changes in personality
  - severe mood swings that cause problems in relationships
  - not eating, throwing up, or using laxatives to make oneself lose weight (Mentalhealth.gov, 2019)
- **Threats**
  - threatening statements about dying or what will happen if the child dies
    - “You won’t miss me when I die” or “I won’t bother you anymore when I’m gone”
    - “I’d rather be dead” or “I just don’t care about anything anymore”

# AWARENESS

- **Situations** that can serve as triggers
  - getting into trouble at home or school or with the law
  - experiencing a loss or facing a life change that is too overwhelming for the student to deal with on their own
  - Ups and downs during the learning process are normal, but a pattern of these negative changes can be a red flag, especially when accompanied with other warning signs:
- **Specific to School**
  - drop in academic performance
  - decreased interaction with teachers and kids at school
  - lack of interest in school
  - school refusal
  - loss of interest in normal daily activities (playing, sports, extracurricular activities)

(Wise, A. and Spengler, P. (1997). Suicide in children younger than the age of fourteen: Clinical judgment and assessment issues. Journal of Mental Health Counselling. 19(4),318-335.)

[http://media.wix.com/ugd/ef5da1\\_176748adb283415989c01f1f3d26d9fo.pdf](http://media.wix.com/ugd/ef5da1_176748adb283415989c01f1f3d26d9fo.pdf) -Suicide Prevention Center of NY State, 2019

<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm> Centers for Disease Control and Prevention, 2017.

<http://jasonfoundation.com/youth-suicide/facts-stats/>  
<http://prp.jasonfoundation.com/facts/signs-concerns/>  
(Jason Foundation, 2019).

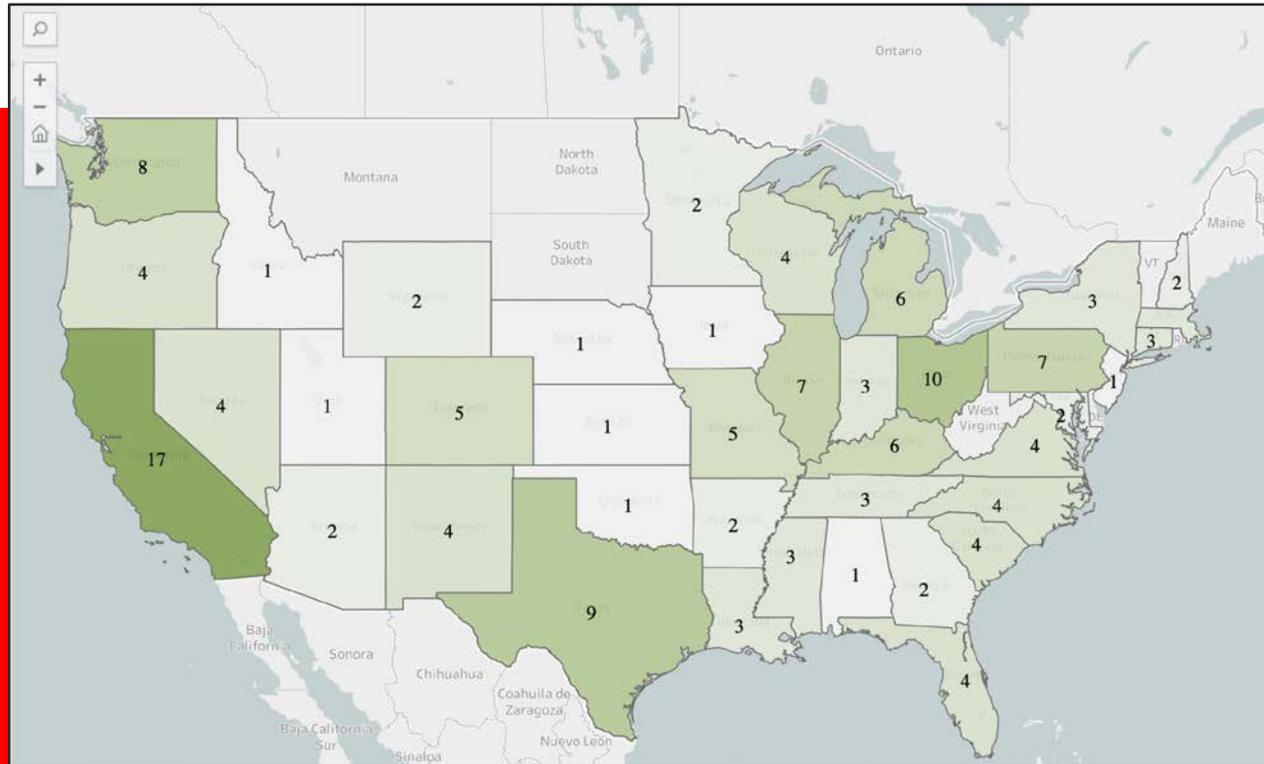
<https://www.mentalhealth.gov/talk/educators>  
MentalHealth.gov, 2019

<https://www.psychom.net/children-and-suicide> 2019 Remedy Health Media, LLC ALL RIGHTS RESERVED

# SCHOOL VIOLENCE



## USA NUMBER OF ACTIVE SCHOOL SHOOTINGS FOR THE PAST FIFTY-SEVEN YEARS



**1971-2018 NUMBER OF ACTIVE SCHOOL SHOOTINGS, K-12 SCHOOLS  
BY STATE-158 Incidents**

\*\*Center for Homeland Defense and Security, K-12 School Shooting Study

# SCHOOL VIOLENCE-WARNING SIGNS

## Types of Threats:

- Conditional Threat- warns that a violent act will happen unless certain demands aren't met "If David doesn't stop bothering me, he is going to be sorry"
- Veiled Threat- implies but does not explicitly threaten violence "We all would be better off without you around anymore"
- Indirect Threat: suggests that a violent act could occur, but not that it will likely occur "If I wanted to, I could kill everyone in this school"
- Direct Threat: states a specific act against a specific target " I am going to place a bomb in the school's gym"

When students plan targeted violence, they almost always tell at least one person (often a peer).

# OTHER WARNING SIGNS:

- Detachment from school environment, including teachers, students, and school activities
- Violent thoughts leaked through journals, writing, doodles, videos
- ‘Injustice Collector’/Feelings of Persecution-student cannot forget/forgive people that have wronged him
- Written lists of those that have wronged him
- Displays signs of depression/desperation
- Severe mood swings
- Significant anger management issues: Temper tantrums, outbursts, extremely sullen
- Involvement in many fights
- Lack of empathy/compassion towards others
- Externalizes blame
- Very rigid/opinionated in belief system; extreme intolerance of others and their belief systems
- Fascination with violence-themed entertainment (books, movies ,YouTube channels)
- Drastic changes in student’s behavior or personality

# INTERVENTION WITH VIOLENT STUDENTS

At the first signs that a student is escalating and becoming violent in your classroom:

- Alert building administration by either using the classroom call button or sending a student to the main office
- Evacuate the classroom as necessary
- Do Not escalate the situation verbally- speak in a calm voice, do not threaten the student
- Administration along with support staff will arrive and will further direct the intervention

Administration and Building Follow Up:

- Police may be called
- Student may be transported to hospital for evaluation
- Superintendent's Hearing may be scheduled with student suspension
- Student may be placed on home instruction temporarily
- Psychiatric evaluation paid for by the District may be required

# SOCIAL AND PROBLEM SOLVING SKILLS IN THE CLASSROOM



The ability for children/young adults to manage their emotions and behaviors to create meaningful relationships with their peers is an important prerequisite for success in the academic setting.

# STRATEGIES FOR TEACHING SOCIAL AND PROBLEM-SOLVING SKILLS IN THE CLASSROOM

- Teach students a problem solving procedure:
  - 1) Identify the problem.
  - 2) Generate possible solutions.
  - 3) Think about what will happen if I do this and how it will make my peers/teachers feel.
  - 4) Try the solution.
- A social problem solving chart in the classroom for visual reference would also be useful.
- Role plays are helpful for teaching social and problem solving skills. This helps students understand how to use these skills in different situations.

# SOCIAL PROBLEM-SOLVING SKILLS IN THE CLASSROOM CONTINUED

- Cognitive Behavioral Research Group at the University of Florida developed the following acronym as part of the *Take CHARGE!* curriculum to teach middle school students the process:
- Check – See If You’re Angry
- Hold on – Calm Down & Think
- Analyze – Figure Out the Cause
- Reflect – On Possible Solutions
- Go for it – Pick a Solution
- Evaluate – See What Happened

# OTHER WAYS TO TEACH SOCIAL PROBLEM-SOLVING SKILLS IN THE CLASSROOM

- Teach students to communicate their feelings:

The ability to respectfully communicate emotions is an important foundation of social problem solving skills. The use of “I-statements” helps students state their feelings in a way that does not place blame on anyone else. The students will say “I \_\_\_\_\_ when \_\_\_\_\_” when they have a conflict with another student.

- Model and discuss empathy with your students:

In order for students to be successful in problem solving, they must understand the feelings of others. Utilizing literature and writing reflections on how a book character might be feeling is a helpful tool for teaching empathy.

# BEHAVIOR MANAGEMENT IN THE CLASSROOM

Consistent and positive behavior management in the classroom contributes to academic achievement and prosocial behaviors.

## Strategies:

- Establish expectations and classroom rules collaboratively. Communicate these rules and expectations with parents/guardians.
- Create visual reminders and examples of positive language throughout the classroom.
- Develop a classroom management plan with clear expectations and motivating rewards for positive behavior. (If a classroom management plan is not effective for a student, create an individualized positive behavior support plan).
- Collaborate with families and support staff (psychologists/social worker).
- Utilize frequent verbal praise for students engaging in prosocial behaviors.

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# ANY QUESTIONS?

Contact Chris Milano

516-434-7550

[Cmilano@levittownschools.com](mailto:Cmilano@levittownschools.com)