

The logo for Mikva Challenge, featuring the words "Mikva" and "Challenge" in a white serif font, stacked vertically, centered within a solid red square.

Mikva Challenge

Mikva Challenge Teen Health Council 2016 Policy Recommendations

Who is the Mikva Challenge Teen Health Council?

The Teen Health Council's (THC) mission is to improve the health and wellness of Chicago Public Schools through the creation of effective and sustainable youth wellness teams and to increase youth voice in policies related to health of young people in the city.

The Teen Health Council is a diverse group of high school youth that works in collaboration with the Chicago Department of Public Health and the CPS Office of Student Health and Wellness to research, debate, and report on policy recommendations concerning nutrition, physical activity, healthy relationships, and sexual and mental health. In 2010, the group decided to spread their health movement through school-based youth wellness teams that identify health problems in their schools and propose and implement changes to make their schools healthier.

Every year, the Teen Health Council produces a policy paper with a set of recommendations on how to improve the health and wellness of youth in Chicago. In the summer of 2016, they focused on improving access to and knowledge of behavioral health services for young people in Chicago. They leveraged their own research along with field interviews of youth across the city to understand what Chicago youth did and did not know about behavioral health, and how that can be used to design a program to better meet the needs of Chicago youth.

The following youth comprise the Mikva Challenge Teen Health Council and are responsible for the contents of this policy report:

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This summer, the Mikva Challenge Teen Health Council worked to identify how we can apply our knowledge of mental health and what we learned that young people know about mental health in order to better serve the overall mental health needs of Chicago youth. We conducted surveys, focus groups, learned from our own personal experiences, and did research on the topic in order to identify actionable policy items for the city to implement that could make a profound difference on the mental wellness of young people in Chicago. We also designed a toolkit for actions students can take in their school that we plan to launch during the 2016-2017 school year. Below are the policy recommendations we have developed that we feel can improve the overall quality of mental health services in Chicago.

Recommendation #1: Peer support groups for mental health in schools

In the face of the cuts to mental health services, the Mikva Challenge Teen Health Council is advocating that schools create afterschool programs aimed at reducing the stigma around mental health that allow students to have a safe place to talk with other students about their mental health issues. These support groups would be critical to helping reduce the stigma around mental health, as talking openly about mental health is the best technique for helping reduce the overall stigma surrounding the topic.¹ Here, students will participate in activities to create a safe, supportive, and comfortable environment that would allow them to feel secure in discussing mental health with one another.

This summer, the Teen Health Council surveyed over 200 youth from across Chicago, and found that 71% of the respondents were most comfortable talking about mental health with their friends.² In addition to surveys, we conducted group interviews with young people to gather information on what they know about mental health. Common responses in those interview groups were that students were more comfortable talking with their peers rather than adults. The fact of the matter is that young people are most comfortable talking about mental health with their peers, although the need for adult allies in making this happen is important. This support group would be co-facilitated by counselors and students who have been trained on how to implement the group and want to help create an environment for students to discuss mental health together will be welcomed as well. Ideally, CDPH, CPS SEL staff, and Mikva Challenge Teen Health Council students would train facilitators on how to lead the programs. In addition, student facilitators could be given service learning hours for their time training and facilitating these groups.

Having afterschool programs that support students with their mental health will work to reduce stigma as well as stress levels in students at the school. The US Department of Health and Human Services has gone on record stating that stigma against mental health leads to fear, mistrust, criminalization of, and violence against people with mental health disorders and their families.³ A population that is more educated and compassionate when it comes to mental health will only enhance the overall wellness of the school and help improve academic performance. Research shows that approximately 50% of students' ages 14 and older that have a mental health disorder end up dropping out of school.⁴ Students should not have to drop out due to a lack of support services

¹ <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

² Mikva Challenge Teen Health Council Survey on Youth Knowledge about and Use of Mental Health Issues and Care

³ <http://www.hhs.gov/ash/oah/adolescent-health-topics/mental-health/mental-health-disorders.html>

⁴ <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

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for mental health, and budget constraints in our city and state should not be a barrier to thinking creatively for solutions to this issue. The Teen Health Council believes this initiative is something that can be piloted in a handful of schools (perhaps in targeted communities), properly evaluated, and then replicated across CPS. Stigma around mental health is still prevalent, and this is a direct way in which we could combat the stigma that exists.

Recommendation #2: Increased training of school teachers/staff in Youth Mental Health First Aid

CPS should require a certain amount of teachers and staff to take the Youth Mental Health First Aid (YMHFA) course training on proper mental health identification and care techniques. In a perfect world, this number would be 100% of teachers and staff across the board. For now, the Teen Health Council recommends that each school be required to have at least 10 teachers and staff per school participate in the day-long training for certification. Much like schools are required to have at least 2 teachers and staff members per school trained as sexual health educators, there is no reason why a certain number of teachers and staff from each school should not be receiving this training as well. CDPH can help in these efforts by possibly allocating funds to schools that are in community boundaries identified as ‘high-need’ within the context of Health Chicago 2.0 efforts.

According to data provided to the Teen Health Council from the CPS Office of Social Emotional Learning, last year only 75 teachers/staff from a total of 4 schools in the entire district were trained in YMHFA. In addition, the fact that social workers and school psychologists in the district are often stretched across multiple schools with a specific caseload of students they work with can make it difficult to address immediate concerns. As one of our focus group interviewees stated, “if you are not already one of the students on their caseload, trying to see them or any adult for mental health support in school gets real messy.” Simply put, most students simply do not have trained adults who can be first responders to mental health emergencies that require immediate attention. Most social workers, school psychologists/clinical psychologists are in a school for 1-2 days per week, if that, so it stands that in order to better be prepared for these situations, schools should have their full-time teachers and staff attending these trainings.

The need for this training is direr than ever. A recent report based on public records of the district shows that per 1,000 students, CPS employs 4.21 police officers for every 2.18 counselors.⁵ More and more, our peers are seeing their behaviors criminalized due to a lack of available support and lack of recognition from teachers and staff on the difference between someone “acting out” versus someone experiencing a mental health emergency that requires services. This alone has a significant impact on young lives and futures, contributing to the cycle of suspension and incarceration that some end up falling into due to a basic lack of support. National studies show that 70% of our peers in juvenile detention facilities have been diagnosed with at least one mental health condition.⁶ These issues manifest locally as well. In a recent longitudinal study of adults who were incarcerated as youth in the Cook County Juvenile Detention Center, 30% of females and 45% of males who were incarcerated in juvenile facilities as a minor experienced long term mental health disorders years after their incarceration.⁷ Young people tend to be most at-risk for incarceration when they are not in school, and young people are often choosing to not be in school because the school cannot support their needs. While many students not be able to go to mental health facilities, have access to a school social worker or school psychologist, or be able to talk to a therapist, the presence of educated and qualified teachers on the topic of mental health would improve the overall support system of that student. This training would foster healthy

⁵ <https://www.the74million.org/article/exclusive-data-shows-3-of-the-5-biggest-school-districts-hire-more-security-officers-than-counselors>

⁶ http://www.ncmhjj.com/wp-content/uploads/2013/07/2007_Blueprint-for-Change-Full-Report.pdf

⁷ <http://www.ojjdp.gov/pubs/246824.pdf>

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teacher-student relationships by building a sense of trust and creating a more supportive environment within schools.

There are a few options for implementation of this recommendation. The first would be to take advantage of existing professional development days for CPS teachers and staff, and have them attend YMHFA training on those days. The second would be to stagger attendance from each school so that no more than 5 teachers and staff attend the training at a given time, thus limiting the burden of having a lot of substitute teachers in the school. There is also a third option; two teachers and/or staff members from each school can attend a week long training that would certify them as a YMHFA instructor who can train others in YMHFA. Those instructors could then train 20-25 of their colleagues in their school on a designated professional development day, and thus increase the capacity of the school to deal with mental health emergencies in students. It costs \$2,000 per person for certification to run the training⁸, but this is where CDPH could step in and offer funding to schools to help offset the cost of the program in the name of improving the overall health and wellness of our communities across the city.

Recommendation #3: Increased Support for Training Programs for Police Officers

Police officers are finding themselves having to respond to calls for their services with individuals experiencing a mental health emergency or long-term illness. As these incidents are brought to the attention of the public, it has only increased the distrust between the police and the citizens they serve and protect. In order to combat these issues, the Teen Health Council recommends that CIT, or Crisis Intervention Training programs, be implemented in Chicago in order for police officers to better handle these situations.

CIT has been implemented in police departments across the nation and have shown to make officers feel more prepared when dealing with the mentally ill⁹. However, since these programs are voluntary, their impact is not as widespread as it could be. We understand police work is a stressful and intense field that requires split second decisions, however we also know that better training for officers in being able to recognize the signs of someone who is mentally ill and working to deescalate the situation and providing them access to the services they need is a better solution in the long term than incarceration or worse. Currently, the city plans to increase training of police officers in CIT by 50%¹⁰, but that is not enough when 1 in 4 people killed in police involved shootings have a serious mental illness.¹¹ Of the over 11,000 police officers working in the city of Chicago, only 521, less than 5%, have participated in Crisis Intervention Team training in the 2014-2015 reporting period. All Chicago police officers should be *required* to participate in comprehensive training programs focused on dealing with the mentally ill in order to ensure the safety of both the officer and the citizen and ultimately decrease the mentally ill population in jail. Cook County Jail is the largest provider of mental health services in the country¹², which is unsustainable. Properly training our police officers would go a long way in reducing the number of people who are receiving treatment at the county jail, and ultimately would improve the quality of life in our communities.

⁸ <http://www.mentalhealthfirstaid.org/cs/become-an-instructor/certification-process/>

⁹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3769782/>

¹⁰ <http://www.chicagotribune.com/news/local/breaking/ct-chicago-mental-health-response-reforms-met-20160128-story.html>

¹¹ http://www.washingtonpost.com/sf/investigative/wp/2015/12/26/2015/12/26/a-year-of-reckoning-police-fatally-shoot-nearly-1000/?hpid=hp_rhp-top-table-main_shootings-1248pm:homepage/story&tid=a_inl

¹² <http://www.theatlantic.com/politics/archive/2015/06/americas-largest-mental-hospital-is-a-jail/395012/>

Recommendation #4: Teaching students correct information about mental health in schools

According to the National Center for Children in Poverty: “Mental health problems may lead to poor school performance, school dropout, strained family relationships, involvement with the child welfare or juvenile justice systems, substance abuse, and engaging in risky sexual behaviors.” With this in mind, the Teen Health Council believes that CPS should be required to teach standardized lessons on mental health as a part of health curriculum in order to reduce the risk of these potential outcomes outlined by the National Center for Children in Poverty and properly educates young people about mental health. These lessons would include information that is meant to reduce stigma among students, give them resources for getting help inside and outside of school, inform them of their legal rights, and develop a comfortable space where students are open to learning correct information about mental health. The implementation of this policy would standardize the way mental health is taught in school, thus making learning about mental health part of the curriculum the same way that sexual education and physical education are requirements. This could either be a standalone course or as a unit with increased point of emphasis for their health class.

At Lake View High School, pieces of mental health education were incorporated once a week into the health class requirement over an 8-week period. Students learned how to deal with the stress of school and life in general, as well as elements of psychology. However, students never learned critical information about their legal rights to accessing care and other serious mental health issues that would have been beneficial to them to be better informed about. In addition, the school psychologist who led these weekly lessons was only available to speak with students for a few days out of every week, which limited the access students had to her expertise. Thus, to combat the lack of time available to meet with counselors/social workers etc., students would have the option of taking the YMHFA course available to teachers in order to better increase their knowledge about mental health and their capacity to support their peers experiencing a mental health emergency. The Teen Health Council could work with the CPS SEL office to develop criteria for students who want to participate in the training and identify targeted schools to make it happen.

Another component to properly educating young people on mental health in their schools would require to have school counselors, psychiatrist, social workers, or any mental health related staff members in the school introduce themselves to students early in the school year. This would be done within the first month of school, either in an assembly, during lunch, or by going class to class in order to make the presence of the school behavioral support staff known to the students so they can have a face to associate with the name. Most students are not aware that their school has an on-staff social worker, counselor, or psychiatrist. Most do not know where to access these support systems in their school; so having these people introduce themselves early in the year would be a way to alleviate that issue. This early intervention could help with giving students the confidence to seek help with potential issues that could arise down the line. In addition to school personnel, we propose that local providers of mental health services in the community are invited as well in order for students to be aware of what support exists for them outside of the school. Outreach efforts from community partners are crucial giving students the understanding of what support is available to them and how they can take advantage of those systems, and the schools should increase their efforts of integrating those partners into the school, especially given the cuts to school budgets.

Recommendation #5 Wellness Days (CPS)

With the stress of school and life, young people are often not equipped with the tools for positive self-care. Our proposal is to make learning about positive self-care and wellness a part of the culture at CPS schools. Wellness programs in CPS schools should be designed to motivate, educate and support students, teachers and families in developing the mental, emotional, physical, and social ability to handle life's challenges healthfully, across school, at home, work and in the communities. To implement this recommendation, we want CPS to work with their students, teachers, and families across the board to promote wellness and the awareness to better address help to students who are in need of developing skills in order to address important issues happening in their lives.

A program was created and launched by Kinder Associates LLC in 2001 called *Wellness Works in Schools*¹³, is an innovative evidence based health and wellness program based on mindful awareness (mindfulness) principles and practices. Taught by their team of teachers in numerous and diverse educational settings, the program responds to contemporary educational challenges by helping students develop the needed skills to address important issues like: stress, mental health, emotional balance, behavior and learning readiness. The curriculum utilizes a wide variety of techniques, including group discussion, learning mindfulness skills, healthy breathing, mindful movements, rest, and group reflection. Furthermore, they also provide programs designed to promote mindful awareness in the family. In CPS, we see some schools such as Phoenix Military use 'Impact Days' in a similar vein; however, these days often only occur once per year. In order to promote continuous wellness and positive self-care, the Teen Health Council would like to see wellness days be a regular part of the curriculum, happening once per quarter.

Recommendation #6: Insurance companies, hospitals, mental health organizations, and mental health service providers should pay for/sponsor mental health service programs in schools

The seemingly never-ending cuts to programs in schools, which depletes the available resources for students in need of mental health services, has created a desperate situation for the youth of Chicago. It was just announced at the beginning of August that another 1,000 teachers and staff, including behavioral support staff, would see their positions cut by CPS for this school year. This comes on the heels of a particularly brutal year for cuts in the district, including a number of mid-year cuts that were unexpected. This has created a void of professional behavioral support services in schools that our community partners can help fill. In particular, the Teen Health Council believes that hospitals and other mental health service providers should sponsor mental health programs in schools.

This sponsorship can allow for schools to have more trained social workers and clinicians in the building that can help treat students with their behavioral and mental health issues. As has been previously discussed, most school social workers and psychologists have a limited amount of availability to students outside of their specific caseload. This leaves large numbers of students who are unable to access care and support for their mental health needs in school, which is where they spend an average of 7.2 hours per day, not including time

¹³ <http://www.wellnessworksinschools.com/>

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for extracurricular activities. By bringing the services directly to where students are, in a facility where they are comfortable, and where those services are already lacking, mental health providers, hospitals, and insurance companies have a unique opportunity to make a significant impact on the lives of young people who have been adversely impacted by cuts to their behavioral health programs. Such an endeavor does not have to be limited to only schools with school-based health centers, but to all schools across the city who are dealing with the consequences of cuts to their budgets. This has already been implemented in certain cities such as Northside Atlanta, Riverside California, Detroit Central City, and Blue Island Illinois. These programs will provide direct services to young people in need of counseling, promote stigma reduction, as well as call attention to the need for more mental health resources in local schools and communities.

Recommendation #7: Making hospitals more comfortable for the patients

There is a stigma attached to visiting a hospital or mental health facility, and on top of that, many of them do not feel comfortable or youth friendly to the young people going for services. We propose that architects, artists, facilities, and young people should work together in re-designing them to make them feel less intimidating to the young people who go there for services. By making the facilities more aesthetically pleasing, we begin to break the stereotype that seeking treatment is scary or abnormal. For example, in Lurie's Children Hospital they paint animals on the wall, build structures such as corals reefs and grass, and have multiple installations that are appealing to children¹⁴. Designing hospitals and mental health facilities to be more welcoming to the youth will make them feel more secure in going for the help they may need.

¹⁴ <https://www.luriechildrens.org/en-us/our-home/Pages/index.aspx>

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