What is Behavioral Health?

Behavioral health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Behavioral health is important at every stage of life, from childhood and adolescence through adulthood.

Purpose:

Caring for your behavioral health is an important part of your regular health care. Focusing on our behavioral health is a step we can all take to strengthen and improve our communities. "Good" behavioral health does not equate to a constant state of happiness, but instead living well and finding ways to cope despite life’s challenges.

The purpose of this toolkit is to provide Washington, DC families, teachers, and students with foundational information regarding behavioral health and provide a starting point to use in seeking care and resources in the national capital area.
In a DC youth survey, 17% of high schoolers in the District reported having attempted suicide – compared to about 7.4% nationally, which was highest among Black, Latinx and sexual minorities.

4.87% of DC youth with MDE did not receive mental health services in 2020.

The recent suicide rate in DC is 6.5 deaths per 100,000 population, an uptick that reversed the previous downward trend of the rate.

Per 1000 DCPS students there are 6.80 security officers, 2.49 psychologists, and 4.60 social workers.

10.49% of DC youth had at least one major depressive episode in 2020.
10 Common Behavioral Health Terms

**Behavioral Health**
The condition of being sound mentally and emotionally that is characterized by the absence of mental illness and by adequate adjustment especially as reflected in feeling comfortable about oneself, positive feelings about others, and the ability to meet the demands of daily life.

**Mental Illness**
Any of a broad range of conditions (such as major depression, schizophrenia, obsessive compulsive disorder, or panic disorder) that are marked primarily by sufficient disorganization of personality, mind, or emotions to impair normal psychological functioning and cause marked distress or disability and that are typically associated with a disruption in normal thinking, feeling, mood, behavior, interpersonal interactions, or daily functioning.

**Therapy**
Therapeutic medical treatment of impairment, injury, disease, or disorder.

- Types of therapy:
  - Cognitive-behavioral therapy (CBT)
  - Interpersonal therapy
  - Family therapy
  - Psychoanalytic therapy

**Prevention/Early Intervention**
Programs and systems designed to intervene and reduce symptoms or prevent behavioral health disorders. A few examples in the District are:

- Pre-natal care and postpartum mental health screenings
- Early identification and intervention (ChildFind, Early Stages, Strong Start, etc)
- Substance abuse prevention programs
- Harm reduction services

**Wraparound Services**
These programs incorporate the natural support systems of clients, along with various agency personnel and community representatives, to address children’s dynamic needs.

**Trauma Informed Care**
An approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff.

**Community-Based Organization (CBOs)**
Provide a variety of health and behavioral health services, including to specialized populations such as persons experiencing homelessness, deaf persons, youth, and seniors. This can include any public or private provider or behavioral health service.

**Adverse Childhood Experience (ACE)**
Traumatic events that occur during childhood. ACEs can have a significant impact on a person’s physical, emotional, and behavioral health throughout their life.

**System of Care**
A method of addressing children’s behavioral health needs, developed on the premise that the behavioral health needs of children, adolescents, and their families can be met within their home, school, and community environments. These systems child-centered, family-driven, strength-based, and culturally competent and involving interagency collaboration.

**Clinician**
- Psychologist: a person who specializes in the study of mind and behavior or in the treatment of mental, emotional, and behavioral disorders
- Psychiatrist: a medical doctor who diagnoses and treats mental, emotional, and behavioral disorders
- Social Worker: a person who specializes in activities or methods concerned with providing social services

5 MYTHS ABOUT BEHAVIORAL HEALTH

**MYTH**
Children don’t experience behavioral health problems.

**FACTS**
Even very young children may show early warning signs of mental health concerns. These mental health problems are often clinically diagnosable, and can be a product of the interaction of biological, psychological, and social factors.

**MYTH**
Only children with a diagnosis need behavioral health care.

**FACTS**
We all benefit from regular behavioral health care. Whether we are just navigating everyday life or facing an illness. You do not need a diagnosis to focus on your behavioral health.

**MYTH**
The only way to access care is if a child has an IEP or 504 plan.

**FACTS**
This is a common misconception. DC provides many avenues for families to access care. A child does not need to have a diagnosis, IEP, or 504 to receive care. Just because a child is receiving care, does not mean it will result in a diagnosis, IEP, or 504 plan.

**MYTH**
If I have a mental illness, it is a sign of weakness.

**FACTS**
Mental illnesses are not a condition that people choose to have or not have. Mental illnesses are not results of willful, petulant behavior. No one should have to feel ashamed of this condition any more than any other medical condition.

**MYTH**
People with mental health problems can "snap out of it" if they try hard enough.

**FACTS**
Mental health problems have nothing to do with being lazy or weak. Biological factors, life experiences, and family history contribute to mental health problems. People with mental health challenges can get better and many recover completely.

https://www.nimh.nih.gov/research-conducted-at-nimh/research-areas/etpb/glossary.shtml

https://www.mentalhealth.gov/basics/mental-health-myths-facts

https://www.naminh.org/get-involved/advocate/help-fight-stigma/facts-myths/
**STEPS FOR SEEKING CARE**

**FOR STUDENTS**

**At school:**
- Reach out to a teacher or trusted adult
- They will connect you to the right school staff member to talk to.
- During your first meeting, be open and honest with how you've been feeling.
- After your first meeting, ask about follow up visits or additional outside care.

**At home:**
- Reach out to a trusted adult
- Ask them to help you find a doctor or professional at a local organization to talk to.
- During your first meeting, be open and honest with how you've been feeling.
- After your first meeting, ask about follow up visits or additional outside care.

**Parents**

**Resources**

**Tools**

**Strategies**
Anxiety is a natural response to stress. In society, we use the term anxiety or anxious to describe feeling worried about something. For example, currently we are living through a pandemic and life can feel very stressful. It is normal to feel stressed and worried. Normally, when the stressful event goes away, our feelings of stress or anxiety also go away. However, anxiety can become troubling when the feelings of worry or dread stick around, even after the stressful event is over.

**Signs of stress in children.**

- Feelings of worry
- Becoming easily frustrated
- Disruptions in sleep (sleeping more or less than normal, having difficulty falling asleep or staying asleep)
- Aching muscles or body pain
- Changes in appetite (eating more or less than normal)
- Difficulty concentrating or becoming easily distracted
- Headaches, chest tightness or chest pain

If the source of the stress is still present in the child’s life, it is normal for them to still be feeling anxious. However, you are the expert on your child and you know best. If your child seems overwhelmed by the symptoms they are experiencing (for example, panic attacks) or the symptoms last for an extended period of time, you might want to seek out additional support for your child. There are things that parents can do as well to support their children and reduce symptoms.

**How to tell when stress becomes something more.**
If your child is showing the following signs, they might be dealing with anxiety. Speak with your doctor for next steps.

**ELEMENTARY**
- Throwing temper tantrums or crying fits
- Not wanting to separate from caregiver
- Having more energy than normal
- Having nightmares

**MIDDLE**
- Regressing back to elementary school behaviors (temper tantrums)
- Having nightmares
- Panic attacks or difficulty breathing
- Difficulty focusing on school work

**HIGH SCHOOL**
- Isolating themselves from other people in the house, spending a lot of time alone
- Going to sleep very late
- Difficulty focusing on school work
- More irritable than normal

Because children often can’t understand difficult situations on their own, you should pay particular attention if they experience...

- Loss of a loved one
- Divorce or separation of their parents
- Any major transition—new home, new school, etc.
- Traumatic life experiences, like living through a natural disaster
- Teasing or bullying
- Difficulties in school or with classmates

https://www.mentalhealth.gov/talk/parents-caregivers

https://childmind.org/guide/helping-children-cope-traumatic-event/
Prompts for Having a Conversation with Your Child about Their Behavioral Health

Is there anything you want to talk about?

When was the last time you were very happy?

How are you coping since ____?

What makes you feel calm?

If you could change anything in your life what would it be?

What are you looking forward to/dreading this week?

Where is a place you feel safe?

What can I do to help?

What difficulties are you facing now?

Accessing an Evaluation Outside of the School

A parent or guardian can choose to have a psychiatric evaluation done outside of the school setting. Parents can choose to do this through their pediatrician, a community healthcare provider, or in certain cases an Independent Educational Evaluation.

Pediatrician
Talk with your child’s pediatrician about having a psychiatric assessment. Each network will facilitate this process differently so it is important to know ahead of time what this process will consist of.

Community Healthcare Provider
Community providers such as those listed below are another option for parents to receive an assessment. Check with your insurance and the provider for associated costs. Click each link for additional information.

- Children’s National
- MedStar Georgetown
- Howard University Hospital
- HSC Healthcare System
- DBH Certified Providers List

Independent Educational Evaluation

*It is important to note that is occurs on a case by case basis and will only occur if a child is being evaluated for an IEP or 504*

In this case an Independent Educational Evaluation (IEE) can be conducted. A qualified examiner who is not employed by DCPS will assess if the child is eligible. IDEA gives parents the right to obtain an IEE at their own expense at any time, and it provides for IEEs at a public expense when a parent disputes an evaluation conducted by the school system personnel.

Link:
DCPS Parent Guide to Independent Services
<table>
<thead>
<tr>
<th>Questions to ask your child's mental health provider.</th>
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<tr>
<td>What is your approach or philosophy?</td>
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<tr>
<td>How will I know if my child is getting better?</td>
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<td>How involved will I be in my child’s treatment?</td>
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<td>Will I be involved in helping to set goals for treatment?</td>
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<tr>
<td>How will my child’s progress towards these goals be measured?</td>
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<tr>
<td>How do I know if my child needs medications and who can give me the medication?</td>
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<tr>
<td>How long does treatment typically take and how will I know when my child has finished?</td>
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<tr>
<td>Are there any materials I can read to learn more about my child’s issues and concerns?</td>
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<tr>
<td>How will I know if my child is getting better?</td>
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<td>Will my child get a formal “diagnosis” and will I have knowledge of that diagnosis?</td>
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<td>What information is kept in my child’s records and can others see those records?</td>
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<tr>
<td>Is there anything else that I can do to support my child during this time?</td>
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<tr>
<td>How will we know if the treatment is working?</td>
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<td>What are the treatment options for my child?</td>
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<td>How long might it take before we see an improvement?</td>
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<td>What might I see in my child as a result of participating in this type of treatment?</td>
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<td>What new skills might my child learn through this treatment process?</td>
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<td>What is the goal of this type of treatment?</td>
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A Multi-tiered System of Support (MTSS) is a three-tiered public health prevention framework that can be used to navigate the current reality whether it is through remote, blended, or non-blended schedule. The framework organizes interventions into three tiers based on the intensity of need. The critical components of this approach include a focus on evidence-based interventions, data-based decision making, problem-solving protocols, and a team-based approach. The three tiers of support allow states, districts and schools to strategically align their support to match the needs of students using data and resources available (Freeman, Miller, & Newcomer, 2015). MTSS encourages data-driven decision making for establishing social-emotional culture and behavioral supports needed for a school to be an effective learning environment, and to determine how and when support intensifies with each tier. Two examples of MTSS include Positive Behavior Interventions and Supports (PBIS) and Response to Intervention (RTI).

https://osse.dc.gov/page/school-climate-and-culture

Note: These percentages are based off the recommended nationwide averages an not directly correlated to DC
https://www.pbis.org/pbis/tiered-framework
Student Behavioral Health: Signs to Look For

Anxiety
- Includes rapid heartbeat and sweating; inappropriate responses to situation

Behavior
- Pattern of defiant, disruptive or impulsive behaviors; criminal activity or drug use

Depression
- Sadness; loss of interest or pleasure in activities they used to enjoy; feelings of worthlessness; thoughts of suicide or death

PTSD
- Flashbacks, or feeling like the event is happening again; trouble sleeping or nightmares; feeling alone; angry outbursts; or feeling worried, guilty or sad

Strategies For Educators to Support Student Behavioral Health

Promote social and emotional competency and build resilience
- Communicate with students how you are feeling - both good and bad
- Model by explaining your feelings, identifying your possible supports

Help ensure positive, safe school environment
- Allow space and time during class sessions to do whole/small group check ins
- Reassure students you care about them and you are here as a support

Teach and reinforce positive behaviors and decision-making
- Model by explaining your feelings, identifying your possible supports
- Highlight and encourage students who create space and time for themselves and tend to their mental health needs

Help ensure access to school-based mental health supports
- Reach out to your local school counselor for more resources
- Know your point of contact, encouraging students to reach out when it becomes difficult to bear
Set a time boundary to end work each day. Establish routines that will help differentiate between work time and home time.

- Create your own transition or ritual in and out of the workday to create mental and emotional boundaries.
  - For example, lighting a candle to start the workday and blowing it out at the end, starting the workday with a cup of coffee and ending it with a cup of tea, even turning on the computer to start the day and turning it off and putting it away at the end.

Self-care is so important but often gets overlooked or set aside because "there isn't enough time", especially as teachers' days get busier and busier.

Micro self-care is a way to fit in tiny moments of it throughout the day, without it adding onto a full schedule.

- Taking 1 minute between classes to eat a snack, get up and walk around the room, or look out the window and away from the computer all count as self-care.

Find different ways to feel close to the people who love and support you or discover something new.

- Connect with others in new ways.
  - Find an online group to engage with, send a letter to family and friends, cook your favorite recipe with someone over a video call, or go for an outdoor walk to catch up with a coworker. Follow local guidelines.
  
  - Find ways to connect with coworkers for fun outside of work.

Notice when stress is increasing and pay attention to those physical signs. Then, work to regulate and calm your nervous systems.

- This can include deep breathing, grounding techniques (touching a soft blanket, a calming scent, drinking water), and just overall being gentle with your body when you notice your nervous system is activated.

Stress is directly connected to our body's nervous system. When we're stressed, our body releases hormones of adrenalin and cortisol to shift our body into "fight or flight mode", a state that's adaptively meant to help us survive a threat or enemy.

Looking for additional support? The Medstar Georgetown Wellbeing In School Environments (WISE) Workbook was created to help you develop your own personal well-being plan. Find it at the link below.

WISE Teacher Well-Being Workbook
Family Run Organizations provide support, advocacy resources, and guidance while leveraging the strengths and expertise of local families with real life experience with the behavioral health system in DC. These organizations are often a meaningful first step in providing a support system for families looking to begin the journey of focusing on their child’s behavioral health.

Parents Amplifying Voices in Education (PAVE).......................... dcpave.org
Total Family Care Coalition......................................................... totalfamilycarecoalition.org
Edgewood/Brookland Family Support Collaborative.......................... ebfsc.org
East River Family Strengthening Collaborative, Inc. (ERFSC).................. erfsc.org
Collaborative Solutions for Communities............................................ wearecsc.org
Far Southeast Family Strengthening Collaborative.......................... fsfsc.org
Georgia Avenue Family Support Collaborative................................. gafsc-dc.org

School Mental Health Program
Each public and private charter school has a school-based program with a behavioral health clinician operated by the Department of Behavioral Health. The program offers prevention, early intervention, and clinical services to youth and their families. Contact your school to identify your school-based counselor. For more information visit:
https://dbh.dc.gov/service/school-behavioral-health-program

Department of Behavioral Health Access HelpLine
The Access HelpLine is operated by behavioral health professionals and is available 24/7. Professionals can refer a caller to immediate help or ongoing care. You may call the Access HelpLine to get emergency psychiatric care, help with problem solving, or to determine whether to seek ongoing mental health services or other types of services, and/or find out what services are available.
Call: 1-(888)7WE-HELP or 1-888-793-4357

Community Based Organizations
Mental health services are available to District residents via community based organizations certified by DBH. Services include diagnostic assessment, medication, counseling, and community support. Residents can choose a provider from the list found on the DBH website or by calling or visiting a provider.
http://dbh.dc.gov/page/list-community-based-service-providers

Children and Adolescent Mobile Psychiatric Services
ChAMPS is an emergency response service for children, teenagers and adolescents experiencing a mental health or behavioral health crisis. ChAMPS is partnered with the DBH, local hospitals, and the District of Columbia’s Metropolitan Police Department and provides help for children living in the District. ChAMPS comes to a school the same day at no charge and is available 24/7 for youth ages 6-18, or up to age 21 for fostered youth.
(202) 481-1440 https://www.catholiccharitiesdc.org/champs/