

Tackling the Student Stress Dilemma

Independent School Executive
Forum

Managing Your Audio



Use Telephone

The screenshot shows a window titled 'Audio' with a minus sign icon in the top-left corner. Under 'Audio Mode:', the 'Use Telephone' radio button is selected with a green dot, while 'Use Mic & Speakers' is unselected. Below this, the text 'Dial: +1 800 555 1212' and 'Access Code: 141-607-114 (and additional numbers ..)' is displayed. At the bottom, a green status message reads 'You are connected to audio'.

If you select the “use telephone” option, please dial in with the phone number and access code provided.

Use Microphone and Speakers

The screenshot shows a window titled 'Audio' with a minus sign icon in the top-left corner. Under 'Audio Mode:', the 'Use Mic & Speakers' radio button is selected with a green dot, while 'Use Telephone' is unselected. Below this, there is a status bar containing a microphone icon, the word 'MUTED' in red, a speaker icon, and a series of ten zeros. A blue link labeled 'Audio Setup' is located below the status bar.

If you select the “mic & speakers” option, please be sure that your speakers/headphones are connected.

Managing Your Screen



Questions:

To ask the presenter a question, please type into the question panel and press send.

Questions panel

The screenshot shows the GoToWebinar interface. At the top is a menu bar with 'File', 'View', and 'Help'. Below it is a sidebar with icons for Audio, Questions, and a third icon. The main content area has two panels. The top panel is titled 'Audio' and contains 'Audio Mode' with radio buttons for 'Use Telephone' (selected) and 'Use Mic & Speakers'. It also displays 'Dial: +1 800 555 1212', 'Access Code: 227-984-025', and 'Audio PIN: 70'. Below this is a note: 'If you're already on the call, press #70# now. (and [additional numbers ...](#))'. The bottom panel is titled 'Questions' and features a large text input area with the placeholder text '[Enter a question for staff]'. To the right of the input area is a vertical scrollbar. At the bottom right of the input area is a 'Send' button. Below the Questions panel is a footer section with the text 'How to Schedule a webinar?' and 'Webinar ID: 202-981-385', followed by the 'GoToWebinar™' logo.

Mental Health Needs of College Students Growing



Colleges Feeling the Impact, Struggle to Meet Increasing Need

Increased Use of Counseling Services on College Campuses

5x

The factor by which demand for counseling services outpaced enrollment in 2014

33%

Of college counseling offices have a waitlist for services at some point in the academic year

51%

Of counseling center directors reported hiring new clinical staff in 2015, up from 30% in 2013

42%

Of college students reported experiencing greater than average stress in the last 12 months

”

Students Enter College Unable to Cope

“A lot [of students] are coming to school who don’t have the resilience of previous generations. **They can’t tolerate discomfort or having to struggle.** A primary symptom is worrying, and they don’t have the ability to soothe themselves.”

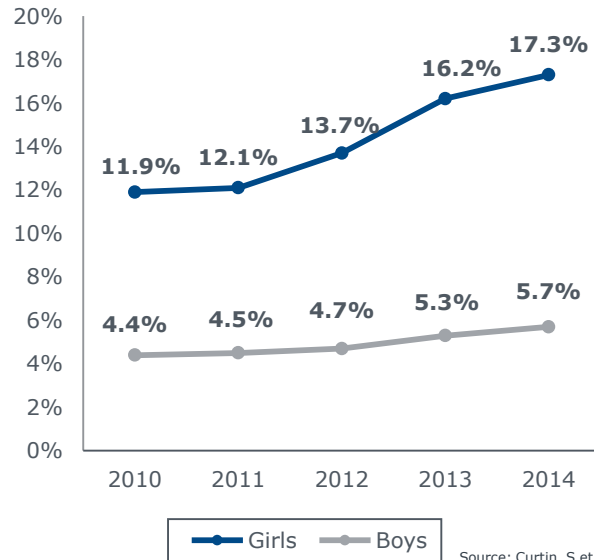
*Dan Jones, Director of Counseling and Psychological Services,
Appalachian State University*

Data on Teen Mental Health Tell Similar Story

Major Increase in Suicide Rates, Major Depression among Teenage Girls

Past Year Major Depressive Episode¹ Among Adolescents Aged 12-17

By Gender (2010-2014)



200%

Increase in suicide rate among girls ages 10-14 between 1999 and 2014

172%

Increase in minors requiring hospitalization for an eating disorder between 2003 and 2014

25%

Of teens meet criteria for an anxiety disorder

8%

Of children ages 7-16 have attempted self-injury

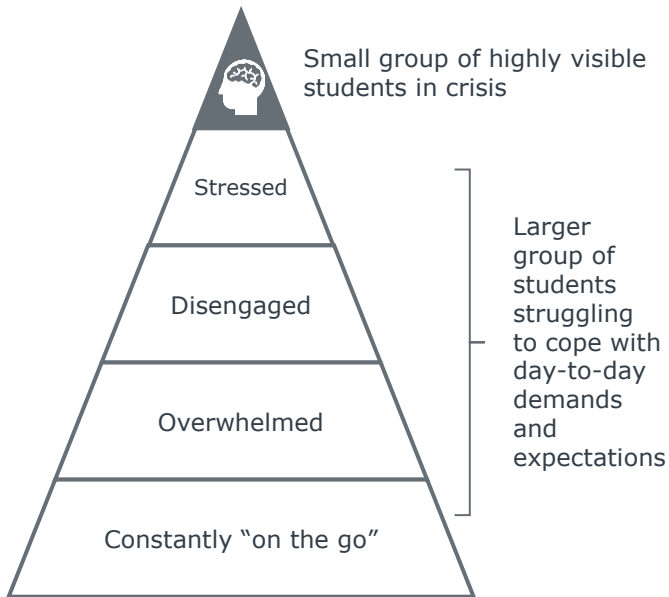
Source: Curtin, S et al. (2016). "Increase in Suicide in the United States, 1999-2014." Center for Disease Control and Prevention; Merikangas, K. et al. (2010). "Lifetime prevalence of mental disorders in US adolescents: results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A)." Journal of the American Academy of Child & Adolescent Psychiatry ; Olsson, M. (2015). "Trends in Mental Health Care among Children and Adolescents." The New England Journal of Medicine; Mental Health America. (2016). "State of Mental Health in America." Bichell, R. (2016). "Suicide Rates Climb in U.S., Especially Among Adolescent Girls." NPR; Barrocas, A. et al. (2012). "Rates of Nonsuicidal Self-Injury in Youth: Age, Sex, and Behavioral Methods in a Community Sample." American Academy of Pediatrics; Youth.gov (2016). "Prevalence." EAB interviews and analysis.

1) A major depressive episode is characterized as suffering from a depressed mood for two weeks or more, and a loss of interest or pleasure in everyday activities, accompanied by other symptoms such as feelings of emptiness, hopelessness, anxiety, worthlessness,

Students in Crisis Merely the Tip of the Iceberg

Sub-clinical Concerns Pervasive, Troubling for Independent Schools

Below the Surface, Many More Students Struggling...



...And it's Keeping You Up at Night



88%

Proportion of independent school heads citing anxiety as common student wellness issue



49%

Proportion of independent school heads citing depression as major student health challenge

Evidence of Poor Student Well-being at Every Turn

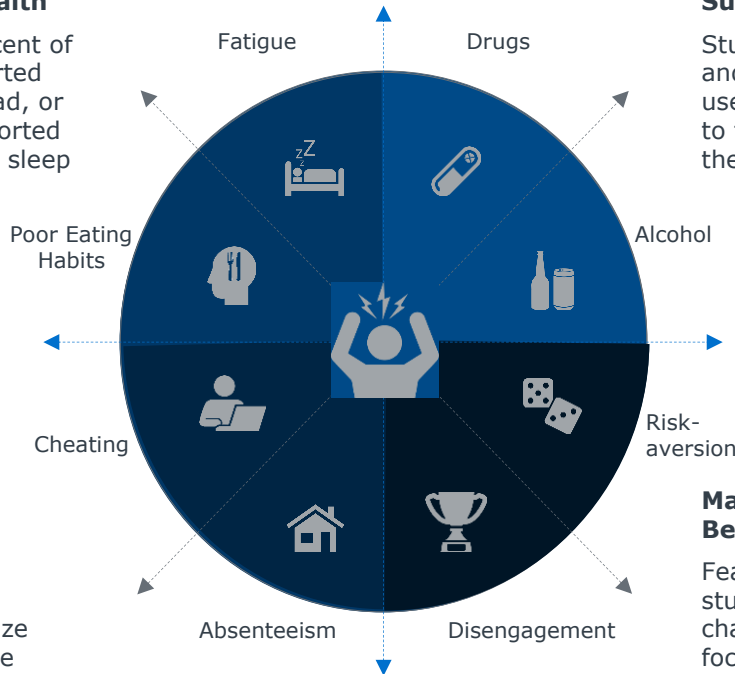
High Levels of Stress Manifest in a Variety of Ways on Campus

Poor Physical Health

Seventy-three percent of students who reported feeling unhappy, sad, or depressed also reported not getting enough sleep

Substance Misuse

Students look to drugs and alcohol to relax; use prescription drugs to focus, work late into the night



Academic Misconduct

Overwhelmed students copy homework, plagiarize online sources; take "mental health days" off from school

Maladaptive Behaviors

Fear of failure keeps students from new challenges; singular focus on grades creates disengagement

External Factors Contribute to Student Stress



Outside of Your Control, but Having a Huge Impact



New Parenting Style

Performance-driven parenting creates busy, failure-adverse, overscheduled students; high level of parental intervention leaves students unable to cope on their own

“You’ve heard of the helicopter parent. What about the snowplow parent, who **plows the path ahead to make it as smooth as possible**? This approach isn’t helping kids any more than a helicopter parent does.”

Head of School



College Admissions Stress

Increased selectivity of elite colleges creates academic, extra-curricular pressure among high school students

“Parents say: ‘I got into Yale; you’ll get into Yale too.’ Well, you got into Yale 25 years ago. Maybe your kid will get into Yale, and maybe they won’t. **But the pressure you’re putting on them is just so high.**”

Jennifer Jones, Director of Counseling and Wellness, John Burroughs School



Social Media and Technology

Increased connectedness eliminates time away from social pressure, exacerbates regular aspects of adolescence

“For kids who are anxious, technology amplifies that. When I was in high school, I went home and watched Miami Vice on Friday night, I may have been vaguely aware people were doing cooler things, but **I didn’t have to watch the pictures unfold in real time.**”

Liz Perry, Head of Upper School, St. Luke’s School



New Parenting Style Having Negative Impact

Over-involvement, Pressure Contributes Negatively to Student Wellness

New Parenting Style Leaves Students...



Overscheduled

41% of 9-13 year olds report feeling stressed always or most of the time because they have too much to do



Grade-oriented

90% of high school students report getting good grades is important, but only 6% say they value learning



Unaccustomed to Failure

"10 or 20 years ago kids were allowed to make more mistakes. Sign up for that course that interests you and if you don't get a good grade that's ok! It's 7th grade. It's not like that anymore."

Helping or Hovering?

"Parents need to understand they're not giving their children a chance to develop competency, a feeling of pride and well-being. Children are not developing the skills they need to become fully functioning adults."

*Holly Schiffrin, Associate Professor of Psychology,
The University of Mary Washington*

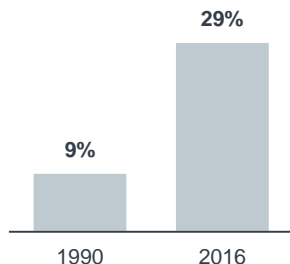
Source: The Princeton Review. (2015). "Student Life in America: Teens' and Parents' Perspectives on the High School Experience."; Advocate Health Care. (2013). "Dangers of Overscheduling Your Child."; Schiffrin, H. et al. (2014). "Helping or Hovering? The Effects of Helicopter Parenting on College Students' Well-Being." Journal of Child and Family Studies; English, B. (2013). "Snowplow Parents' Overly Involved in College Students' Lives." Boston Globe; EAB interviews and analysis.

More Applications Increases Competition

More Students Apply to More Schools, Selectivity at Top Schools Increases

Students Expand College Lists to Secure a Spot...

Students applying to 7+ schools



...Making their Targeted Schools Even More Selective

Average admissions rate of top 10 selective colleges



The Catch-22 of College Admissions

"Kids see that the **admit rates are brutal and dropping**, and it looks more like a crapshoot. So, they send more apps, which forces the colleges to lower their admit rates, which spurs the kids next year to send even more apps."

*Bruch Poch, Former Dean of Admissions,
Pomona College*

Too Much of a Good Thing?

Constant Connection has Negative Impact on Kids

In the Past, Students Had Few Options for Staying Connected

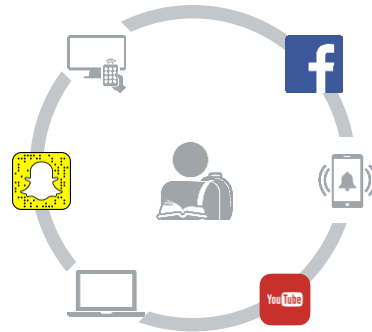


78%

Of high-income teens owned a smartphone in 2014



Today, Students Have Virtually Limitless Options



Increased Technology Use Correlated with Negative Outcomes

25%

Of adolescents report being bullied repeatedly through the internet or cell phone

2.7x

The likelihood of depression among heavy users of social media versus non-heavy users

2.6x

The risk of reporting eating or body image concerns among frequent social media users, compared to less frequent users

But You Are Also Part of the Problem

Internal Processes, Programs Having Equally Negative Impact on Students

Current Practice Contributes to Poor Student Outcomes in Four Areas



Limited Ability to Identify, Reintegrate Students in Crisis

- Current approach fails to connect all students in crisis to necessary support
- Reintegration poses logistical, academic, and social challenges



Schedule Organization Undermining Student Health

- Traditional school schedule keeps students constantly “on-the-go”
- Organization and timing of work often designed with adults, not students, in mind



College Admissions Programming Exacerbating Stress

- High school experience heavily focused on “getting in” to the right college
- Classes and activities geared at college resume-building



Inadequately Preparing Students for Future

- Schools struggle to find sufficient time to develop coping skills, adaptability necessary for future success

Tackling the Student Stress Dilemma

15 Practices for Improving Student Mental Health, Well-being

Opportunities to Better Support Students

Expand the Support Network

1. Faculty-led Crisis Identification
2. Stigma-mitigation Strategies
3. Student-led Peer Support
4. Coordinated Reentry Processes



Deploy Time in Student-centric Way

5. Student-Faculty Homework Load Calibration
6. Homework-free School Days
7. Optimized Final Exam Schedule
8. Mission-aligned School Schedule



Reframe College Admissions

9. Goal-setting for Personal Growth
10. Community-based Career Exploration
11. College-facilitated Application Prep
12. Admissions Officer for a Night



Equip Students with Life Skills

13. Life-long Fitness-oriented P.E. Curriculum
14. Self-regulation through Mindfulness
15. Growth Mindset School Culture



- 1 **Support Students in Crisis**
 - 2 Deploy Time in a Student-centric Way
 - 3 Reframe College Admissions
 - 4 Equip Students with Life Skills
-

The Silent Epidemic on Your Campus

Mental Health Challenges All Too Common...



8%

Of teens suffer from anxiety disorders with severe impairment



2nd

Suicide is the 2nd leading cause of death in youth, ages 10-24

But Most Don't Receive Treatment



80%

Of children and adolescents with mental health needs receive insufficient or no treatment

The New Normal



"I hired a new head of upper school three years ago. Her first year she spent a third or more of her time working with parents and students on issues related to emotional well-being, really serious issues including medical leaves. I kept promising her, **'This is an anomaly. It hasn't been this bad; it will get better next year.'** Well it didn't. **It just continued.**"

Head of School, Independent School

Source: Merikangas, K. et al. (2010). "Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Survey Replication – Adolescent Supplement." Journal of the American Academy of Child & Adolescent Psychiatry; Costello, J. et al. "Services for adolescents with psychiatric disorders: 12-month data from the National Comorbidity Survey–Adolescent." Psychiatric Services; U.S. Department of Health and Human Services. "Child Health 2014."; VanOrman, A. et al. (2016). "Suicide Replaces Homicide as Second-Leading Cause of Death Among U.S. Teenagers." Population Reference Bureau; EAB interviews and analysis.

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Adding Staff Common Response to More Demand



External Focus Unsustainable, Doesn't Completely Address Challenge

Why Adding Staff Isn't Moving the Dial On Mental Health

Personnel Growth Doesn't Remove Barriers to Student Support



Student Knowledge Unaltered

Students still unable to recognize signs, symptoms, need for support



Stigma Persists Despite Additional Staff

Perceptions, myths around mental health remain intact



Time, Access to Counselors Remains Limited

Even with smaller counselor-to-student ratio, developing trusting relationship difficult, limited by lack of time



Leaving Schools with Two Persistent Problems:

- Students falling through the cracks, not receiving needed support
- Students identified late, when more intensive interventions are necessary

Significant Opportunity Within School Community



Educate Community, Improve Process around Mental Health Issues

Equip faculty, students with knowledge to identify at-risk students; reduce stigma



Educate faculty with mental health-specific training to recognize the signs, symptoms of distress, mental health concerns



Deploy peer-to-peer education strategies to help students recognize signs, symptoms of distress, mental health concerns in themselves and others



Raise awareness among entire school community to better understand realities, facts about mental health, as a means of reducing stigma

Improve existing processes to proactively identify, support students



Regular faculty meetings with counseling staff to communicate concerns about possible students in distress



Meet predictable needs proactively by developing support for times when students often encounter challenges



Ensure roles and responsibilities are well-known in advance of crisis to protect against further challenges, known risks

Faculty Enlisted to Identify At-risk Students

Harpeth Hall Mobilizes Faculty to Recognize, Aid Struggling Students

Faculty Key to Identifying At-risk Students



1 Faculty Trained to Recognize Behavior

Faculty trained to recognize, articulate academic, behavioral, emotional issues, including warning signs of depressions, anxiety, social isolation

2 All Faculty Involved in Formal Discussion

Faculty, academic advisors, and counseling staff meet to discuss students of concern

- Monthly upper school meeting
- Weekly middle school meeting

3 Faculty Serve as First Line of Defense

Faculty provide support to students, referring on to counselors, involving parents when necessary



Students of Concern Meeting

- Focus of meeting is to identify **troubling changes in student behaviors**, brainstorm solutions, interventions
- Faculty submit **"Student of Concern" form** in advance of meeting, outlining changes in student's behavior
- Group discussion **surfaces larger pattern of behavior**; brainstorm solutions, interventions

Normalize Mental Health with Education, Visibility

Westminster Schools Mitigates Stigma, Reduces Barriers to Support



Reduce Stigma with Peer-to-Peer Education



Student Presentations

- Students in Active Minds group research, lead informational sessions for other students on topics related to mental health



Schoolwide Events

- Active Minds student-led schoolwide events raise awareness, educate students about mental health topics



Resources on Display

- Students in Active Minds group create resources, information; displayed throughout school

Integrate Mental Health Support into School Life



Make Support About Wellness

- Renaming counseling center The Wellness Center (aka The Well) shifts emphasis from illness to wellness



Offer Satellite Counseling

- Hold office hours in student-friendly space (ex. the gym)



Have an "Ear to the Ground"

- Involve students in grade-level programming development around mental health

Organization in Brief: Active Minds



- National non-profit supporting peer-to-peer mental health education
- Equips students with the skills to speak openly about mental health, educate other students, encourage seeking help



Create Peer-to-Peer Mental Health Support

Windward Proactively Addresses Mental Health with Peer Counselors



Peer Counselors Preempt Crisis, Provide Support to All Middle Schoolers



- ✓ Every middle school student is paired with upper school peer counselor
- ✓ Pair meets regularly to discuss struggles, challenges; counselor provides support, coping strategies, someone to listen
- ✓ Peer Counselors selected through competitive application process; receive extensive training in active listening, empathy, confidentiality, mental health issues

Peer Counselors Increase Awareness, Help Identify Students in Distress



Advisory Program Used for Small Group Discussion

Peer counselors facilitate discussions in middle school Advisory about mental health issues



Weekly Meeting with Director Of Counseling

Peer counselors meet as a group with Director of Counseling to discuss middle school students of concern

Reentry a Major Challenge for Students, Schools



After Leave of Absence, Students with Unmet Needs Struggle to Succeed

Adolescent Mental Health Treatment

5-9%

Of teens require hospitalization or prolonged absence from school (>11 days) as a result of mental health issues

5-7 days

Average length of time teens stay in the hospital for mental health reasons

Reintegration Fraught with Challenges

“Teens return to the community at high risk of relapse and are expected to take on the task of recovery while managing all the social and academic pressures.”

*Henry White, Clinical Director,
Brookline Community Mental
Health Center*

Primary Barriers to Successful Reintegration



School Work

- Homework, tests, projects pile up, becoming unmanageable



Social Isolation

- Students face unwanted attention, questions from peers



Care Coordination

- Lack of coordination between external providers, school

Source: Brookline Community Mental Health Center. "Bridge for Resilient Youth in Transition."; (2014). "A School-Based Transition Program for Adolescents Returning to High School After a Mental Health Emergency." Psychiatric Services; Singh, S. (2015). "Transitioning from Psychiatric Hospitalization to Schools." UCLA Center for Mental Health in Schools; Clemens, E. et al. (2011). "Elements of successful school reentry after psychiatric hospitalization." Preventing School Failure: Alternative Education for Children and Youth; EAB interviews and analysis.

Structured Reentry Eases Transition

Bridge For Resilient Youth In Transition (BRYT) Provides In-School Support



Reentry Meeting

- Student, guidance counselor, adjustment counselor, school leaders, teachers, parents, transition program staff, school nurse meet to plan student's reentry
- Delineate staff responsibilities and set dates for monitoring student progress, follow up



Dedicated Team

- Clinician/Program Coordinator: licensed professional customizes clinical support to the need of the student
- Academic Coordinator: responsible for liaising with faculty to ensure academic progress



Dedicated Space

- Staffed by clinician, academic coordinator at all times
- Transition space inside the school
- Primarily used to reintegrate student into school community

BRYT Provides Essential Support through Integrated Framework



Care Coordination

Clinical care available on-site; program team monitors, communicates student progress to parents, school staff, outside clinicians; provides holistic transition planning



Academic Support

Helps organize and complete assignments; discusses workloads with teachers; schedules tutoring sessions



Family Support

Arranges meetings with family, school personnel; communicates progress with family

Dedicated Space Integral to Student Transition

Transition Room Designed to Ease Students' Reintegration

Typical BRYT Transition Room



Key Elements of a BRYT Transition Room:

- 1 Space dedicated solely for BRYT use
- 2 Open and staffed all day by clinician/program coordinator, academic coordinator
- 3 Includes workspace, informal seating, computers
- 4 Room connected to an office available for family, student meetings
- 5 Near an exit, enabling students to enter, leave discretely

Transition Support Leads to Successful Students

Bridge For Resilient Youth in Transition Yields Results, Expands Rapidly



47

**BRYT programs
started since 2004**



<10%

**Of students
require re-
hospitalization**



82%

**Of program participants
graduate on schedule; nationally
about 50% students with serious
mental health issues drop out**

“Once I heard what they are doing in Brookline, and now in many other places in Massachusetts, I couldn’t help but wonder why this program hasn’t always existed and why every school system in the country isn’t using it. Not to be too dramatic, but it really saves lives, and at a very small cost.”

*Nancy Reed,
American Psychiatric Association*

“Because the program is fully integrated into the school environment, access is easy, acceptance of services by students and families is enhanced, and staff members are available immediately to respond to crises and emergencies.”

*Henry White,
Clinical Director, Brookline
Community Mental Health Center*

Key Lessons for Supporting Students in Distress



Moving from Reactive to Proactive Mental Health Strategy



1

Use entire school community as eyes and ears

Expand the reach of your counseling staff by equipping broader school community (especially faculty, peers) to recognize, describe signs of students in distress, to connect more students with needed care; provide forums for discussing students of concern

2

Normalize mental health issues, help-seeking behaviors

Reduce barriers for students seeking support by increasing awareness and reducing stigma around mental health concerns, empowering students to access support when necessary

3

Create a reintegration blueprint with clear roles, ownership to support all student needs

Design processes, delineate clear roles, ensure accountability to ensure students reintegrating into campus life are supported academically, socially, and psychologically



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