

Understanding and Supporting Student Mental Health in an Educational Setting

Presented by Terrakay Bodily and Ashley Lower

Learning Intentions

- Equip educators with a foundational knowledge of student mental health.
- Develop awareness of the mental health continuum and common disorders.
- Understand signs and symptoms for common mental health disorders.
- Learn practical approaches to address and prevent worsening behavioral or mental health concerns
- Learn how to create an inclusive learning environment through supportive relationships.



Mental Health

The Utah State Board of Education (USBE) defines mental health as a person's emotional, psychological, and social well-being, which can affect how a person thinks, feels, and acts, including how a person handles stress, relates to others, and makes healthy choices ([Board Rule R277-625](#)).

What are the two key factors that can either support or weaken our mental health?



Why is This Important?

- Mental health can affect daily functioning, relationships, and overall well-being.
- Mental health disorders have distinct behavioral patterns important for early identification, diagnosis, and intervention.
- Recognizing behavioral signs early leads to early intervention and referring students for appropriate support.
- Raising awareness among individuals and professionals encourages proactive mental health care.

Notes of Caution



- **Recognize, don't diagnose:** This training is designed to inform you and raise awareness so you can recognize concerning signs and symptoms. It is not intended to enable educators to diagnose mental health disorders.
- **Individualized approach:** The supportive strategies discussed can be beneficial for students with or without a diagnosis, but remember that each student's mental health challenges may manifest differently.

Neurological Disorders

Neurodevelopmental disorders:

- Neurodevelopmental disorders affect brain development, impacting behavior and learning.
- Examples include autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), and intellectual disabilities.
- Symptoms vary but often include difficulties with organization, memory, concentration, communication, attention and social interactions.



Behavioral Strategies for Neurological Disorders

- Develop clear and consistent routines
- Provide visual supports
- Schedule movement breaks
- Provide flexible seating
- Provide explicit social skills instruction
- Provide a lunch bunch or mentoring program
- Utilize a “calm corner” or “calm room” to support self-regulation

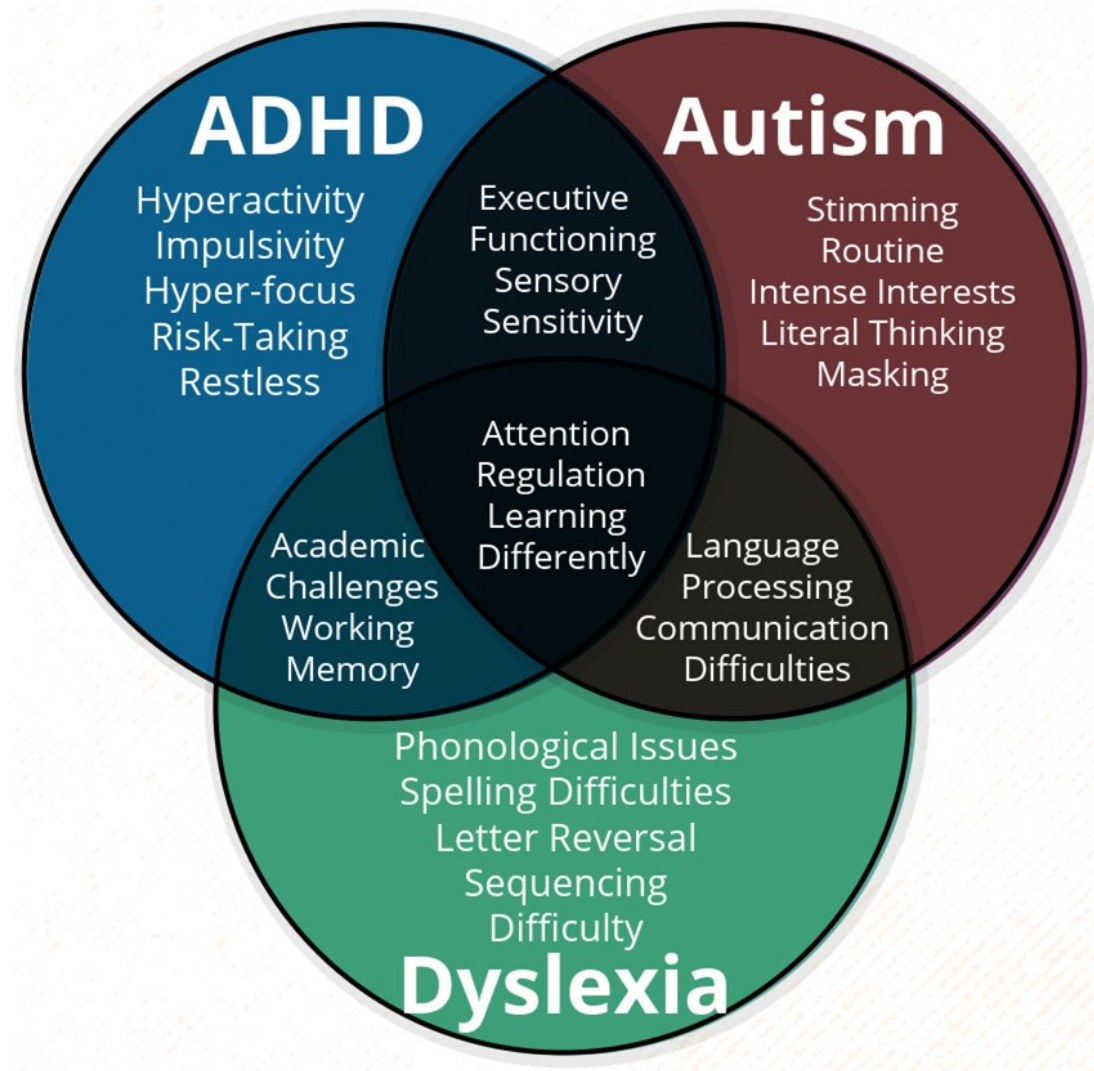
Neurological Disorders Continued



Dyslexia, dysgraphia and dyscalculia:

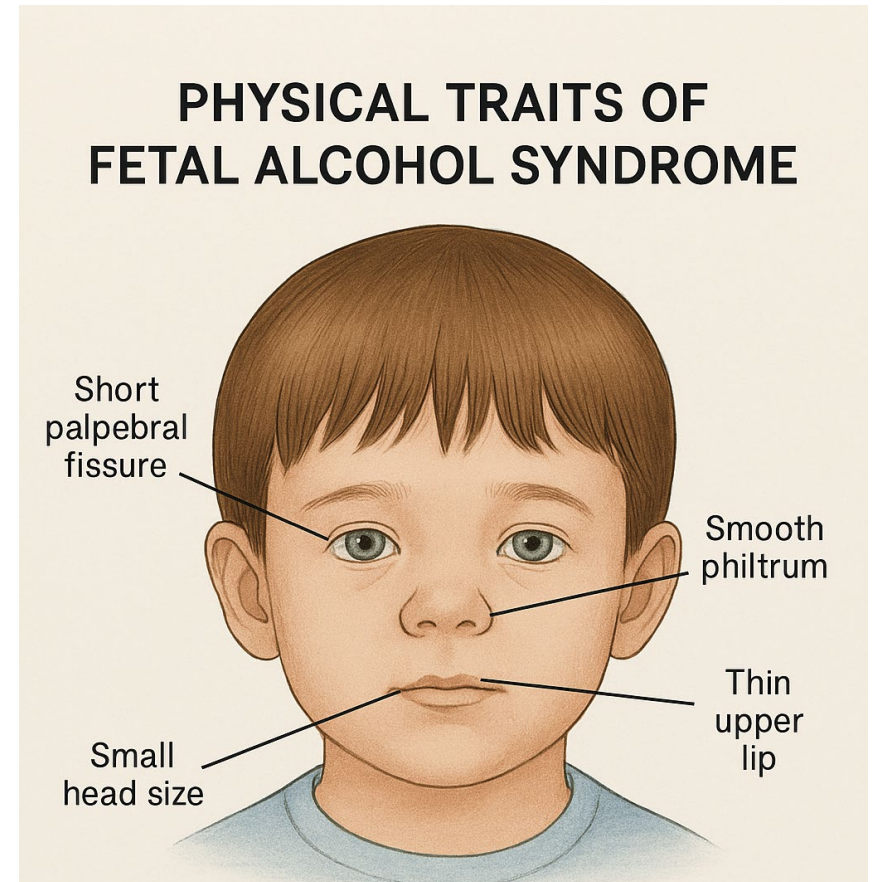
- Dyslexia affects reading and language processing abilities
- Dysgraphia impairs handwriting and fine motor skills
- Dyscalculia involves difficulties with math concepts and calculations
- Early diagnosis supports targeted interventions and educational strategies
- Support includes specialized teaching, and accommodations

Similarities and Differences



Fetal Alcohol Syndrome (FAS)

- FAS is the most severe form on the spectrum of Fetal Alcohol Spectrum Disorders (FASDs).
- FAS is caused by prenatal alcohol exposure.
- Physical features: low birth weight, short stature, small head, facial and skeletal anomalies, heart, renal, vision and hearing issues.
- Neurocognitive: intellectual disabilities, poor memory, executive function deficits, attention problems, hyperactivity, impulsivity, language delays and social interaction difficulties.



Behavioral Strategies for Fetal Alcohol Syndrome

- Break tasks into steps
 - Give one instruction at a time
 - Use checklists or visual aids
- Use visual schedules and clear, simple instructions to reduce confusion
- Reduce overstimulation
 - Create a calm, low-distraction environment by limiting exposure to loud noises, crowded spaces, or sudden changes
- Provide explicit social skills instruction
- Teach emotional regulation and coping skills
- Prepare the the student for transitions with advance warnings and reassurance of what to expect next

Attachment Disorders

- Attachment disorders affect emotional bonds formed during early childhood
- Common types include reactive attachment disorder and disinhibited social engagement disorder
- Symptoms include difficulty trusting others, social withdrawal, and trouble forming relationships
- Early trauma or neglect often contributes to attachment challenges
- Therapeutic approaches focus on building trust and emotional regulation skills



Behavioral Strategies for Attachments Disorders

- Develop clear and consistent routines; predictability helps promote safety and trust.
- Set up check-ins with a safe, trusted adult. Play based activities are best to promote trust (e.g., cooperative games and shared storytelling).
- Set and maintain clear expectations and boundaries.
- Respond consistently to met or unmet expectations.
- Encourage healthy independence by providing opportunities for responsibility.
- Teach emotional regulation and coping skills.
- Prepare the the student for transitions with advance warnings and reassurance of what to expect next.
- Create plan with parent to build consistency across settings.

Common Mood Disorders



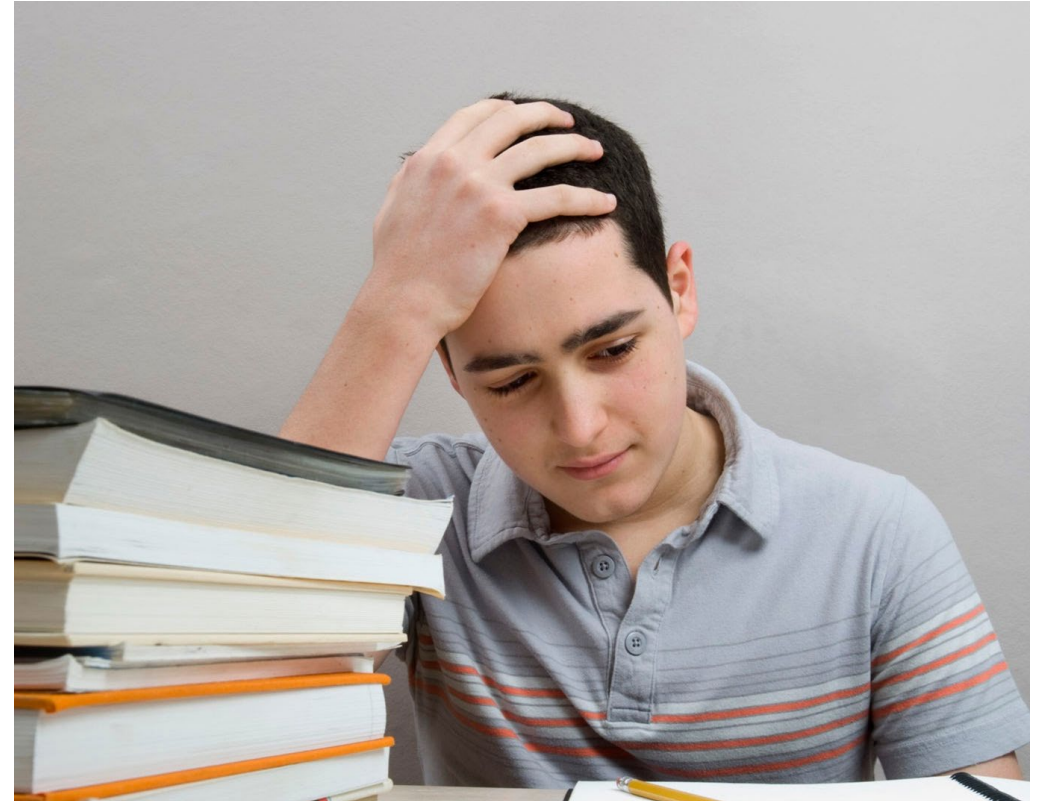
- Common mood disorders include depression, bipolar disorder, and dysthymia.
- Core symptoms involve persistent sadness, loss of interest, fatigue, changes in appetite or concentrations, mood swings and irritability.
- Feelings of worthlessness and guilt may lead to social isolation and reduced motivation in daily life.
- Symptoms interfere with personal and social responsibilities, complicating relationships and tasks.

Behavioral Strategies for Mood Disorders

- Encourage participation in activities (art, sports, music) even when motivation is low.
 - Start small and gradually increase engagement.
- Positive reinforcement is very important. Give praise for any and all effort.
- An established routine creates predictability and stabilizes mood.
- Teach emotional identification and regulation skills.
- Utilize a “calm corner” or “calm room” to support self-regulation.
- Teach self-advocacy skills.
- Teach coping skills.
- Teach problem solving skills in small group services.
- Provide flexible deadlines and chunk assignments.
- Provide opportunities for breaks.

Anxiety

- Common anxiety symptoms are restlessness, feeling on edge, difficulty concentrating, irritability and sleep disturbances.
- Avoidance behaviors related to triggers are most common (e.g., running, refusal) and can lead to social withdrawal and less participation in daily activities.



Behavioral Strategies for Anxiety Disorders

- Provide scaffolded opportunities to engage in anxiety-provoking activities.
- Provide opportunities for structured problem-solving.
 - Break down stressors into manageable steps, reducing overwhelm and fostering a sense of control.
- Encourage engaging in meaningful activities (exercise, sports, hobbies), even when anxious, to counteract withdrawal and improve mood.
- Support in challenging negative thoughts.
 - Identify automatic anxious thoughts, examine evidence for/against them and replace with realistic alternatives (e.g., “I’m prepared and have succeeded before”).
- Utilize a “calm corner” or “calm room” to support self-regulation.
- Teach coping skills.

Post Traumatic Stress Disorder (PTSD)



- PTSD in youth can develop after experiencing or witnessing events that overwhelm their ability to cope.
- In youth, PTSD can resemble ADHD, oppositional defiant disorder (ODD) or anxiety disorders, making accurate diagnosis difficult.
- Symptoms include intrusive memories, flashbacks, avoidance, mood changes, hypervigilance and sleep disturbances.
- PTSD behaviors can affect relationships and daily functioning, causing significant challenges in daily life.

Behavioral Strategies for PTSD

- Create predictable expectations and routines.
- Teach relaxation skills. Grounding techniques help with focusing on the present moment.
- Utilize a “calm corner” or “calm room” to support self-regulation.
- Create an individualized emergency plan:
 - Identify and reduce exposure to trauma reminders when possible.
 - Address needs during emergency drills and potential crisis situations.
- Provide a menu of options for tasks and assignments.
- Provide opportunities for journaling or creative expression.
 - Example: writing, art, and music as emotional outlets.

Obsessive-Compulsive Disorder (OCD)

- OCD involves recurring obsessions and compulsions that disrupt daily life.
- Common obsessions include fears of contamination and harm.
- Compulsions are repetitive behaviors aimed at reducing anxiety.
- OCD symptoms can cause significant distress and impair functioning.



Behavioral Strategies for OCD

- Delay and distract:
 - When the urge to perform a compulsion arises, delay it for a few minutes and engage in a distracting activity (drawing, listening to music).
- Limit reassurance seeking:
 - Gently reduce giving repeated reassurance (common compulsion).
 - Replace reassurance with coping statements like: “I can handle uncertainty”.
- Create a personalized coping plan based on OCD symptoms
- Create predictable expectations and routines
- Provide flexible deadlines
- Provide structured notes

***Note:** strategies should be adjusted based on the specific thoughts (obsessions) and actions (compulsions) of the student

Oppositional Defiant Disorder (ODD)



- ODD is characterized by a persistent pattern of angry, irritable moods and argumentative behavior
- Symptoms include frequent temper tantrums, refusal to comply with rules and deliberate annoyance of others.
- ODD typically begins in childhood and can impact social, academic and family functioning.

Behavioral Strategies for ODD

- Recognize strengths and provide positive reinforcement
- Offer choices when possible
 - Gives the student a sense of control without compromising structure
- Create clear expectations and routines
 - Set simple clear rules and review them regularly
- Consider visual schedules to avoid power struggles
- Address behavior privately, neutrally, and objectively
 - Do not engage in arguments
 - Keep instructions short and clear
- Establish predetermined consequences
- Maintain the relationship
 - Show empathy and validate feelings while maintaining boundaries

Protective Factors

Social connections create a strong foundation to help students overcome behavioral and mental health challenges.



No significant learning occurs without a significant relationship



Maslow's hierarchy of needs

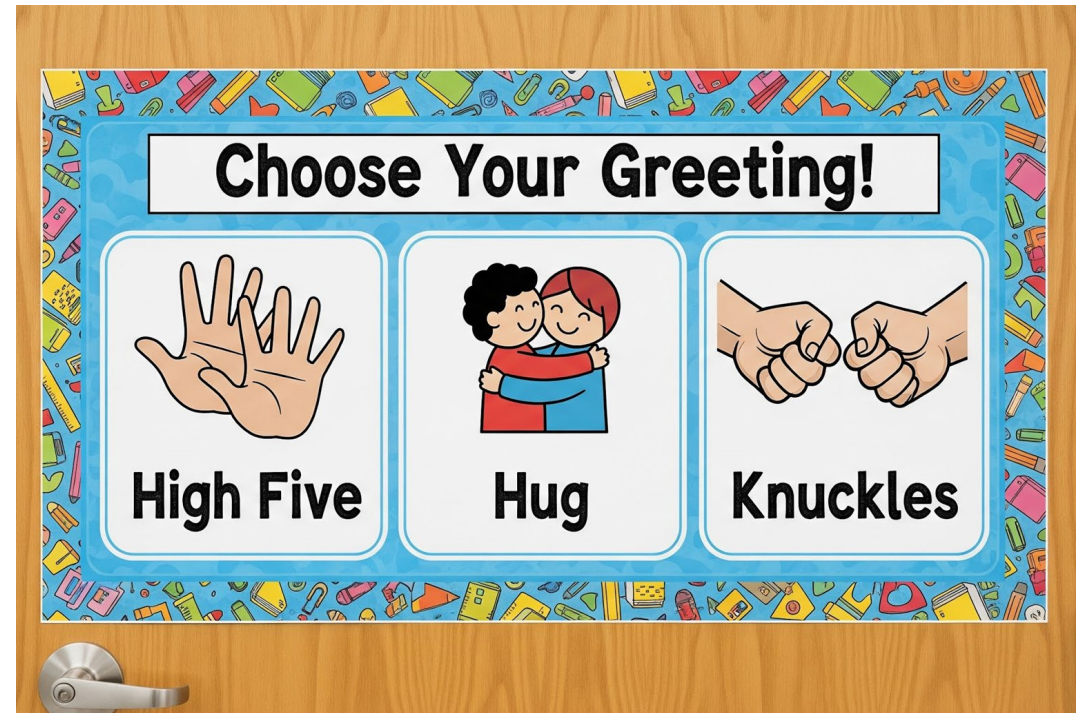
Connection Strategies

Greeting Students

Set the tone early and often by greeting students at the door with:

1. Eye contact
2. Smile
3. Personal recognition

Door greeter signs with greeting preference options for the students is a great way to interact!



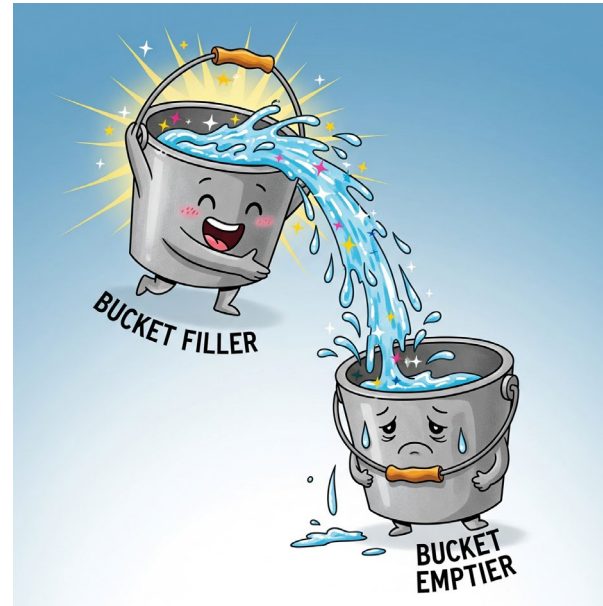
Relate Breaks



- Can be 60 seconds or 2 minutes
- “Would you rather” questions
- Open ended questions
- Consider using a round robin object or talking stick to make sure that all who want to participate can do so

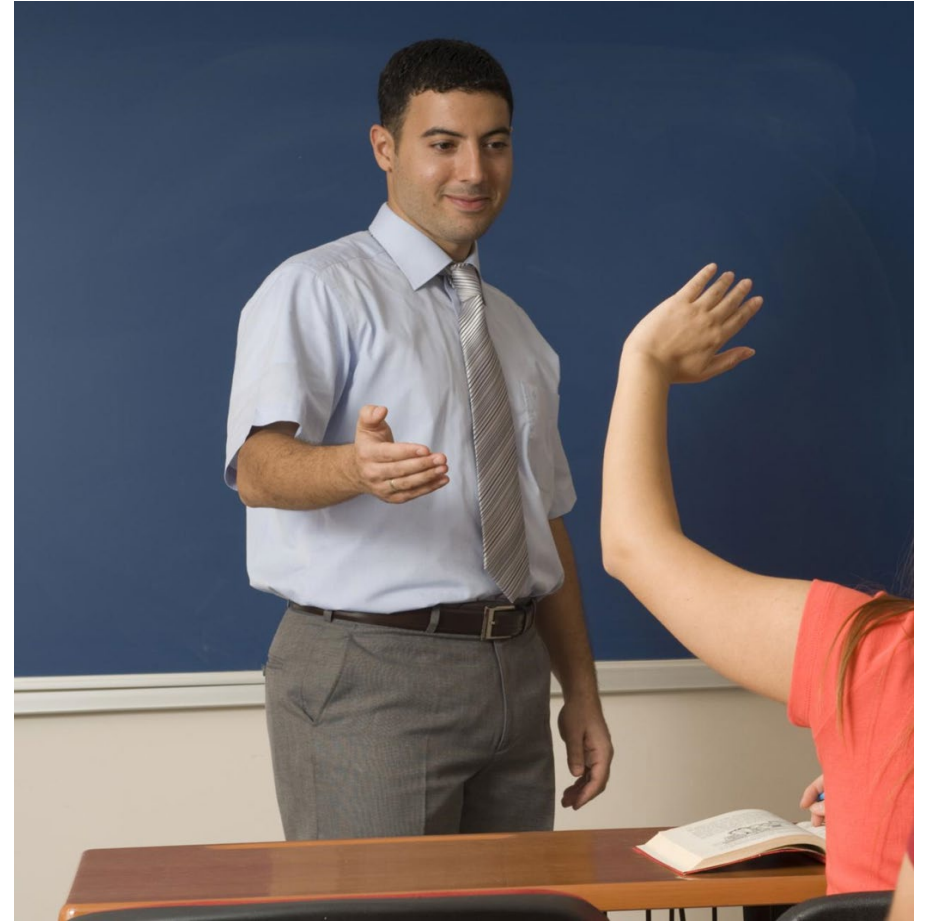
Pulse Meter

- How are you feeling today?
- What is your tolerance level today?
- How full is your bucket today?



Two by Ten Relationship Intervention

- The two by ten strategy involves two minutes of focused, positive engagement over ten days
- Aims to build trust and improve relationships with students
- Encourages consistent, brief, meaningful interactions to reduce behavioral issues
- Supports emotional connection and social-emotional development
- Simple, structured approach proven to be effective in the classrooms settings



Positive Home Connections

Never undervalue the significance of a positive note home.



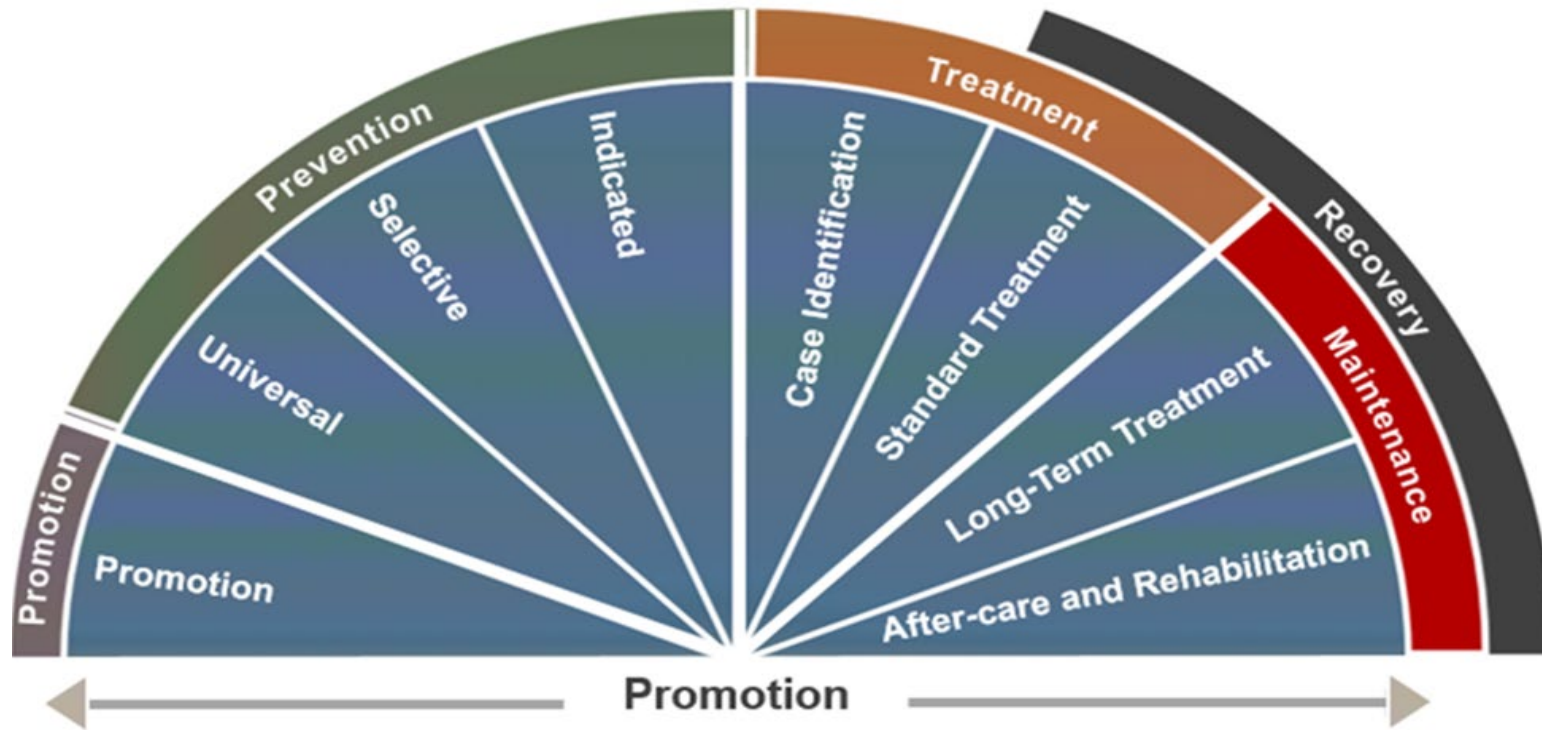
When to Access Help and Support

- 1. Social withdrawal and isolation:** A typically sociable student begins avoiding friends, spending more time alone, or disengaging from group activities—especially when this shift is sustained over days or weeks.
- 2. Decline in academic performance:** A sudden drop in grades, decreased participation, difficulty concentrating or missed assignments can all signal underlying emotional or cognitive distress.
- 3. Noticeable mood and behavioral changes:** Frequent outbursts, irritability, aggression, severe anxiety, repeated emotional meltdowns or extreme mood swings are important red flags.
- 4. Frequent physical complaints without medical cause:** Frequently reports headaches, stomachaches, or fatigue—without valid medical reasons—often linked to anxiety or emotional stress.
- 5. Risky or self-harming behaviors:** Warning signs include self-inflicted injuries (e.g., cutting), expressions of hopelessness or suicidal thoughts, giving away personal items or engaging in substance use.



If you observe one or more of these signs persisting over time and impacting the student's functioning, it's appropriate to consider involving mental health professionals or following your school's referral process.

Continuum of Care



Where to Access Supports

Mental Health Agencies and Local Mental Health Authorities (LMHAs)

- [LMHA Map](#)
- [211](#)

Immediate Help Resources

- [Safe UT](#)
- [988 Call and Text line](#)
- [Youth Crisis Care Center](#)

Community and Support Groups

- [Utah Parent Center](#)
- [Utah Afterschool Network](#)

Resources

- [Parent and Educator Mental Health Resource List](#)
- [School-based Mental Health Staff Roles and Responsibilities in the Educational Setting](#)
- [Introduction to the Protective Factor Framework](#)
- [Utah Crisis and Suicide Prevention Resources](#)
- [Grief Support Resource Guide](#)
- [Substance Abuse and Mental Health Services Administration: Talking to your kids about Prescription Drug Abuse](#)

Thank You!

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Contact information

Terrakay Bodily

terrakay.bodily@schools.utah.gov

Ashley Lower

ashley.lower@schools.utah.gov