

The Four Town Hall Topics for The Oklahoma Academy Listening Sessions

The Oklahoma Academy Listening Sessions serve to better educate attendees of a listening session on the topic of Mental Health, elicit feedback from the attendees as to their priorities within that topic, and to share the findings from all listening sessions to the Academy Town Hall attendees.

Historically, the Academy has physically held meetings in all four quadrants of the state as well as the two major metro areas. This year, given the pandemic, we will host a total of twelve virtual listening sessions, two per quadrant and two in each metro.

For this year's topic of Mental Health, we have identified four major topic areas and over fifteen specific subtopic areas. The four major topics are: Children and Youth, Community Response, State Level Engagement, and Resource Management.

For each individual listening session, we will address TWO major topic areas. Each of the major topics has FOUR subtopic areas. Below are the subtopic areas for Children & Youth and Community Response. Each area contains **WHAT** the subtopic is and **WHY** it is important.

Listening Session: Addressing Children and Youth

Subtopic Areas:

Prevention and Early Intervention

What: Prevention in mental health aims to reduce the incidence, prevalence, and recurrence of mental health disorders and their associated disability. Preventive interventions are based on modifying risk factor exposure and strengthening the coping mechanisms of individuals. Risk factors include but are not limited to poor nutrition, perinatal depression, bullying, and parental neglect. It is important to invest during critical periods of development (prenatal, childhood, adolescence through early childhood) and to focus on building resilience within the individual.

Why: The consequences of not investing in prevention and early intervention strategies often result in higher rates of suicide, school dropouts, homelessness, and involvement with the juvenile justice system. Not only is suffering reduced but the use of our dollars – both public and private – are invested more wisely and efficiently. The research strongly supports “upstream policy investments” to improve mental health outcomes.

Adverse Childhood Experiences (ACEs)

What: ACEs were first brought to light by a study done in the late 1990s by Kaiser Permanente (KP) and the Center for Disease Control and Prevention. The study, which included over 17,000 members of the KP system, sought to identify the prevalence of different types of adverse childhood experiences, from physical abuse and neglect to exposure to domestic violence and parental separation and divorce, and their impact on adult health outcomes. The original ACE Test was comprised of ten distinct experiences.

Why: The three bigger takeaways from the study were that: ACEs are common; they often occur together; and that they have a “dose-response relationship” with many health problems. The research showed that an individual's ACE score is strongly associated with adult high-risk health behaviors such as smoking, alcohol and drug abuse, and obesity and the prevalence of diseases related to those behaviors. Screening for ACEs

early on can lead to early detection and implementation of evidence-based treatment protocols/programs. According to America's Health Rankings, "Oklahoma is the least-healthy state in the nation" when measured by the number of ACEs our children experience.

Trauma-Informed Treatment and Resilience Training

What: These concepts are closely related to mitigating the effects of ACEs described above. As more research is being conducted on the topic of trauma and its impact on children and adults, a Trauma Informed Care Continuum has been developed that suggests how individuals, communities and states can more effectively address trauma-related outcomes using a systems approach. The suggested continuum begins with being trauma AWARE, then SENSITIVE, then RESPONSIVE, and finally INFORMED. Each stage incorporates increased levels of education, collaboration, and application of evidence-based policies. There is also growing research and application into programs building resilience and hope within our citizens and communities. Finally, the Acesconnections.com connects people using trauma-informed and resilience-building practices worldwide.

Why: ACEs don't disappear; they remain a part of each individual for his/her life. But as knowledge about the prevalence and consequences of ACEs increases, trauma-informed, resilience-building, and hope-centered practices are being implemented in communities, education, public health departments, faith-based organizations and law enforcement. These practices help systems to better understand the prevalence of trauma and to identify the best prevention and treatment options needed. By utilizing an "asset mapping" approach, the systems listed above can more clearly see where they are "asset rich" and "asset poor." The latter informs the system where resources need to be directed to improve the outcomes within that organization.

School-Based Programs

What: With over 50 million K-12 students in the US, and almost 700,000 in Oklahoma, having a system-wide of trauma-informed detection and instruction is essential. The impact of ACEs on children can manifest in difficulties focusing, self-regulating, trusting, and negative cognitive effects. By implementing a trauma-informed set of policies and programs, teachers are better trained to identify and help children with self-regulation. The school system becomes a place where school community members work to provide trauma awareness, knowledge, and skills to reverse negative outcomes. The National Child Traumatic Stress Network compiles school-based information and research from across the country.

Why: In-class behavioral/attitude issues are often cited by classroom teachers as one of their top concerns. While poverty, classroom size, and the lack of technology are critical concerns, they are more macro in nature and rely on national/state investment policy adoption and funding. But issues like bullying/cyberbullying, tardiness, disrespect, and absenteeism negatively impact the classroom environment on a daily basis. While teachers can't control the macro factors, with evidence-based programs and training, they can better understand and address disruptive forces in their classrooms. Many children come from dysfunctional family settings, so having programs that engage the parents or caregivers in addressing both the socio-emotional and cognitive short-comings is essential.

Listening Session: Community Response

Subtopic Areas:

Physical Environment

What: Mental illness is a widespread health challenge and the conditions that impact them are complex and multi-causal. Mental illness disorders occur due to a combination of factors, including a person's environment and lifestyle. Physical environmental factors contributing to mental illness are those that have the power to effects person's biology or neurochemistry. Examples include but are not limited to: safe and affordable housing, access to quality education, public safety, availability to healthy foods, access to local emergency and health services, parks, sidewalks, etc.

Why: Designing physical space at the front end or redesigning existing space in the following areas can help improve both personal and public mental health. ACCESS TO GREEN SPACE/NATURE, reduces depression, stress, promotes exercise, and improves social interaction. ACTIVE SPACES FOR EXERCISES, helps to reduce obesity, provides for stress resilience, promotes walk ability and bike ability within and outside of neighborhoods. SAFETY, both physical and traffic, provides for greater security and less anxiety about potential crime or vehicular dangers. Also, a good transport system reduces pollution, congestion, and commuting times while improving access to employment and retails outlets/opportunities.

Employee Assistance Programs (EAPs)

What: EAPs are a fringe benefit usually administered by a business' human resources department. This workplace service provides confidential counseling and intervention services to all employees for a range of personal and work-related issues. This is an employee benefit separate from health insurance, meaning it comes at no cost to the employee. There is, however, a per/employee monthly fee paid by all employees. The issues covered by EAPs range from very serious, such as suicide prevention to simpler concerns, like struggling with work-life balances. Other issues can include marital problems, domestic violence, substance abuse, and financial/legal problems.

Why: An EAP can be an important part of a comprehensive employee benefits package – EAPs help employees deal with difficult personal and work-related issues before they impact attendance, productivity, performance. They are also a good employee retention and attraction tool in this highly competitive environment for high quality workers. The most successful plans are those where the employer has a strong educational effort when rolling out the EAP, including having the EAP provider come in and explain the services available, while emphasizing that is free and confidential.

Mental Health Training for Law Enforcement

What: Three stats to set the stage (NAMI): almost 600,000 adults in Oklahoma have a mental health condition (14%); one out of every eight emergency room visits involve a mental health or substance use condition; and approximately 1.6 million Oklahomans live in a mental health professional shortage area. When a 911 call comes in, the police are usually the first to be contacted. Historically, law enforcement training did not acknowledge the growing number of citizens with mental health disorders nor how to properly interact with them should a confrontation occur. Fortunately, nearly every state has adopted the Crisis Intervention Team Model (CITM), including Oklahoma, in 2002. This program partners police officers with mental health professionals, screening centers, and organizations that help find housing for the homeless. The focus is on safety, understanding and service to individuals with mental illness and their families.

Why: While police officer altercations are front and center since the death of George Floyd in 2020, the dangers of a poorly trained police force have been prevalent in society for decades. According to a recent study, 23% of all people killed by police officers displayed evidence of mental illness. Overall, the risk of death as the result of police intervention was seven times greater for people with mental illness than those without. With a growing number of citizens with mental illness lacking access to effective treatment programs, and with police officers called out to perform so many varied duties, having the proper training is critical to crisis de-escalation. The benefits of CITM include an immediate response to a crisis, a decrease in arrests and use of force, officers' injuries during crisis decline, and the under-served are provided with much needed care.

Training for Educators

(School Based Mental Health Supports and Educator Training)

What: Oklahoma is the least-healthy state in the nation when measured by the number of Adverse Childhood Experiences (ACEs) our children experience. In 2018, the Oklahoma State Department of Health noted that Oklahoma children witness domestic violence at greater rates than in any other state in the nation. This staggering statistic indicates that our children not only suffer incredible childhood trauma, but the aftershocks of those childhood events cast a long shadow on the individuals directly impacted and ultimately their families, cities, towns, and state. Along with the prevalence of ACEs, we know Oklahoma students struggle with a host of other mental health concerns. According to data in the Oklahoma Youth Risk Behavior Survey (YRBS), in the decade between 2009 and 2019, students increasingly reported that they have “felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities” (28.2% in 2009; 38.6% in 2019). Suicide is the second-leading cause of death for youth and young adults in Oklahoma. According to the 2019 YRBS, 15% of Oklahoma high school students reported seriously considering suicide within a 12-month period. In addition, 17% of Oklahoma middle school students reported that they had seriously considered killing themselves at some point in their lives. According to countyhealthrankings.org (2020), suicide among youth ages 10-24 has increased 111% over the past 8 years in Oklahoma, with American Indian youth having the highest rate, and firearms being the method of choice at 55%.

Why: The Oklahoma State Department of Education understands that educators have a vast impact on the mental health of students and that supporting educators in training regarding mental health and trauma is of the utmost importance. When educators understand the impact of trauma and mental health concerns on students' ability to learn they are able to implement strategies and provide resources to assist students in learning at high levels. In addition, when educators understand the impact of mental health concerns and trauma on student behavior, they are better able to incorporate regulatory interventions that keep students functioning within the classroom. Through the Project AWARE grant, the OSDE has seen the impact that implementing mental health training for educators has on not only student behavior and attendance but school climate as well. Since 2018, the OSDE has hosted an annual trauma summit open to educators from around the state. In 2018, Casey Gwin, co-author of *Hope Rising* presented with Steve Graner of the Child Trauma Academy to a capacity audience of 900. In 2019, Dr. Robin Gurwich was the featured speaker at the summit, where 600 people attended. In February 2020, OSDE hosted its biggest trauma summit to date with 6,000 attendees. Dr. Bruce Perry, one of the world's foremost experts on the impact of trauma on the developing brain, was the featured speaker. He discussed intergenerational trauma and his Neuro-sequential Model for assisting students who have experienced chronic stress and adversity. By training the educators in our state on the effects of chronic stress and adversity on the brain's ability to learn, we are giving them tools to help students affected by trauma regulate within the classroom and thus return more quickly to learning. Trauma-informed educators also understand the importance of being a trusted adult to students, which can potentially mitigate subsequent mental health concerns.

Second Series of Listings Sessions beginning in early May through June

Listening Session: State Level Engagement and Resource Management