

# **Empowering Parents\* To Address Their Students' Mental Health**

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## **Information and Outreach**

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# Presentation Objectives

To evaluate the need for parental/ home adults' involvement in student mental health as a means of harm reduction, including a review of some examples of avenues for parental involvement. Finally, a discussion of future considerations and idea sharing.

**WHY**

**HOW**

**WHAT NOW**

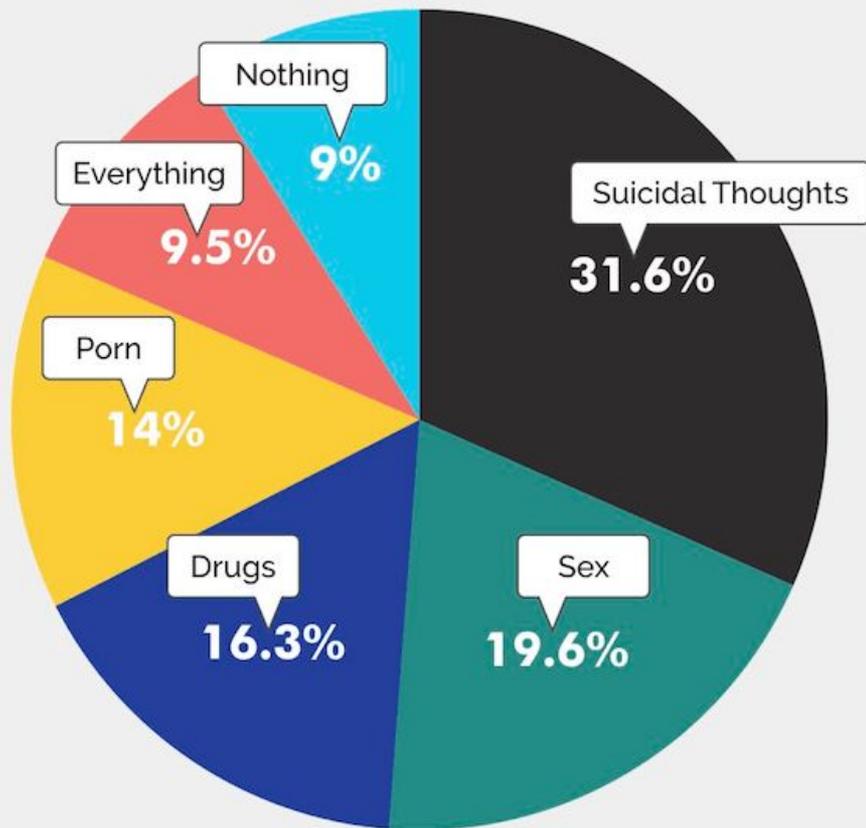
*\*Trigger Warning: Suicide, Suicidal Ideation*

# What do teens lie to their parents about?



Students, write your response!

# I AM CURRENTLY LYING TO MY PARENTS ABOUT...



# “WHY”

According to research, parent involvement improved academic, social, and mental health outcomes:

- Parental involvement was found to improve academic and emotional functioning among adolescents.
- Parent adolescence attachment found to be protective factor against mental health problems
- In addition, parental involvement predicted adolescent academic success and mental health both directly and indirectly through behavioral and emotional engagement.
- Parents as “gatekeepers” to successful mental health care for children: Greater attendance, positive treatment outcomes, evidence of improvement in externalizing behaviors
- Parent mental illness predicts child, future mental illness (both nature and nurture)
- Treating teen mental illness improves parent mental health symptoms

# Successful Family Engagement....

Specific to their child's mental health

Qualities?

Barriers?

# Tips for Successful Parent Engagement/Empowerment

From Washington State Health Care Authority-Division of Behavioral Health and Recovery

- Focus on Family Strengths
- Start at the most basic need



- “Do not do for a parent what they can do for themselves”
- Working with parents and not for or without them
- Setting boundaries

# “HOW”

## Effective Parent Engagement for Outcomes:

- Changing parent behavior (education, ex. Positive reinforcement)
- “Home Action Plans” and Follow Through (concrete, materials)
- Supporting children’s behavior change (ex. Reminders of coping strategies)
- Peer pairing, support; rapport building

## Barriers:

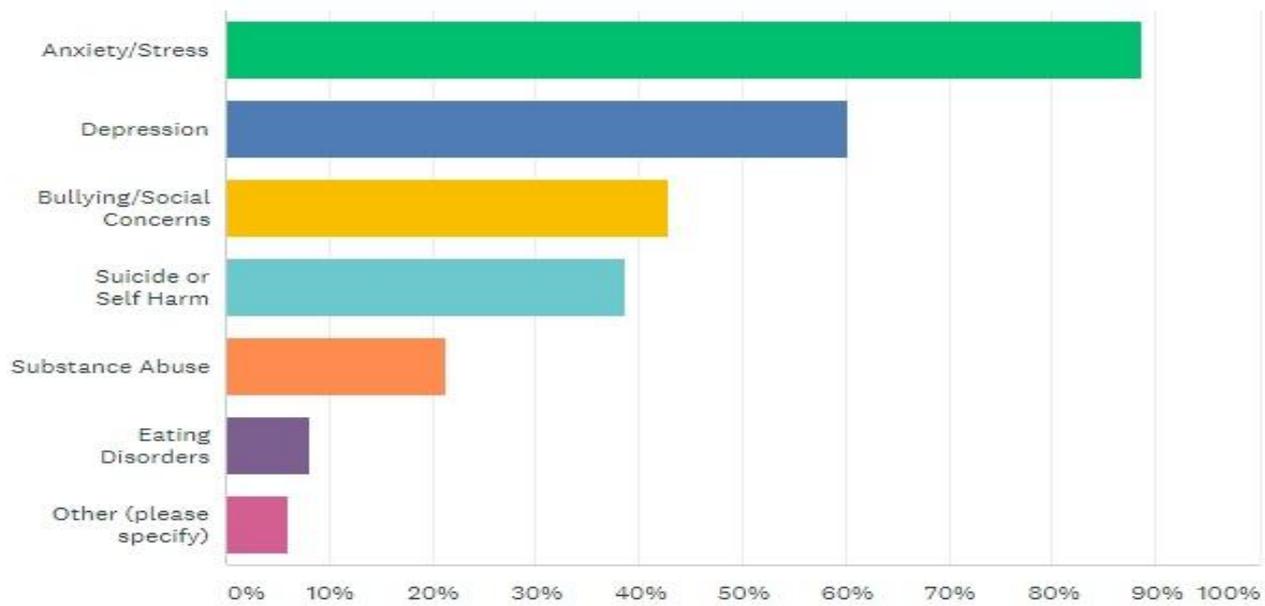
- Lack of time, resources, technical knowledge
- Not feeling understood/heard by school or therapist, don’t feel involved
- Stigma, blame, and judgment

# Project Overview

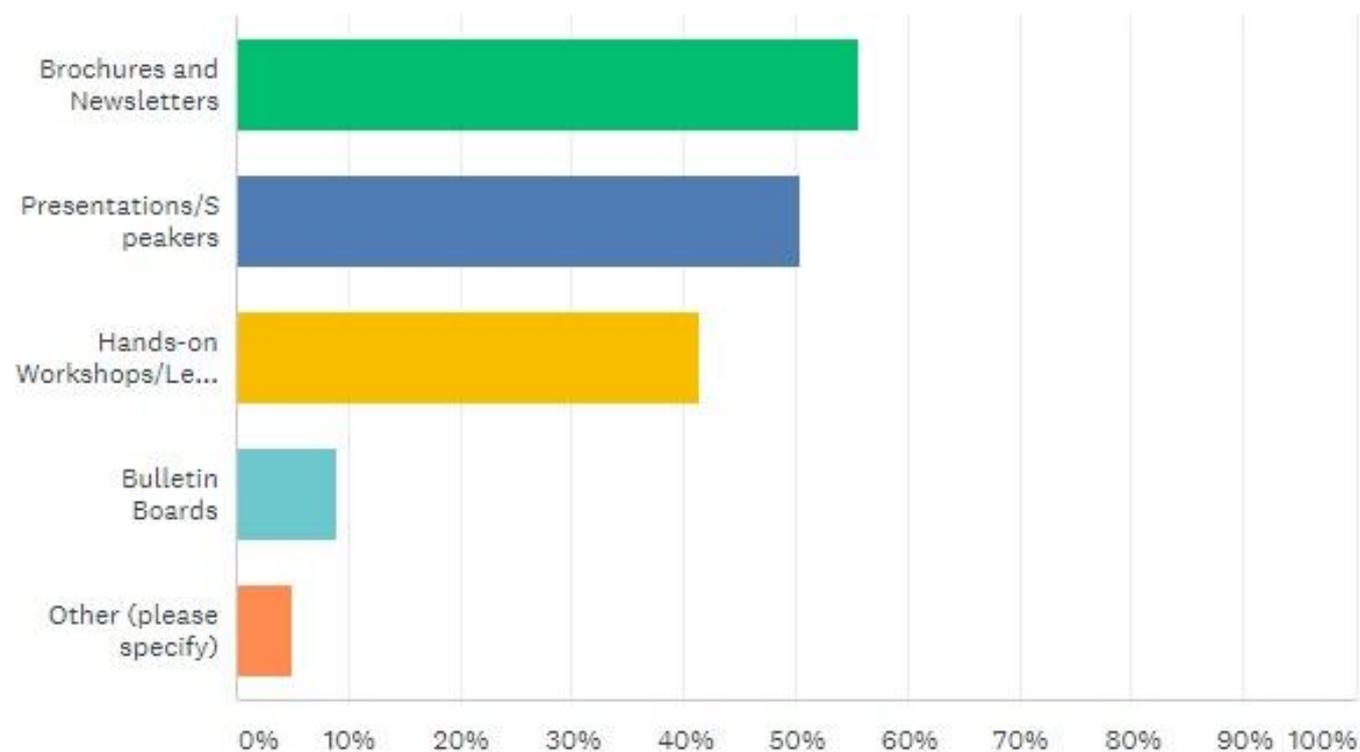
- Following loss of student to suicide, need for SEL support to students and families and focus on prevention
- High achieving high school population
- 250 parent responses to initial survey, ~30 responses to subsequent surveys
- Results not necessarily typical, emphasizing the importance of knowing your population

# Parental Input and Feedback

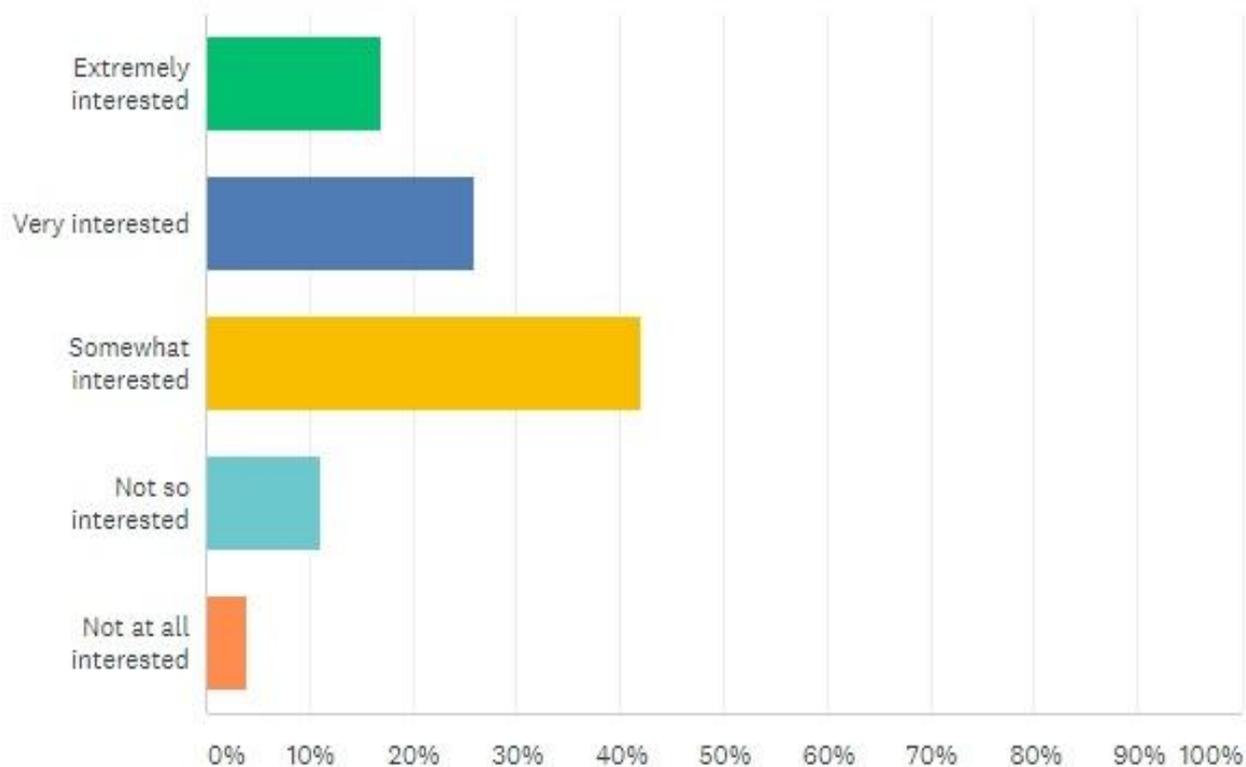
What types of student social/mental health concerns are you most interested in learning more about?



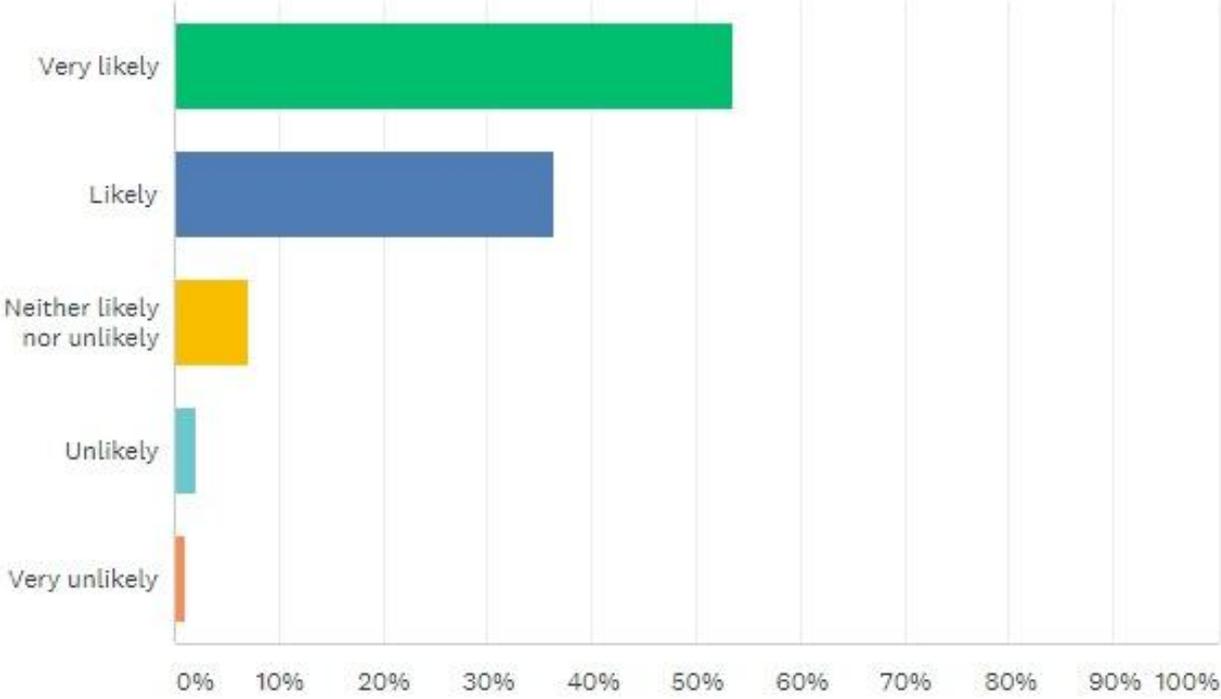
What is your preferred method(s) for receiving this information?



Would you be interested in attending an evening Parent Workshop with presentations and resources, including mental health resources?



Would you sign up for a regular newsletter outlining different mental health concerns facing teens, and different strategies to help?



# **Outreach-Multiple Methods**

-Information Session

-Youth Mental Health First Aid

-Newsletters

March

April

May

# For the Kids

## -Mental Health Month

-Attending Information Session with Parents

## -Question, Persuade, Refer Training

### Mental Health Facts CHILDREN & TEENS

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.

20%	11%	10%	8%
20% of youth ages 13-18 live with a mental health condition <sup>1</sup>	11% of youth have a mood disorder <sup>1</sup>	10% of youth have a behavior or conduct disorder <sup>1</sup>	8% of youth have an anxiety disorder <sup>1</sup>

#### Impact

50% 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 18.

10 yrs The average delay between symptoms and intervention is 10 years.

50% Approximately 50% of youth with mental illness drop out of school.

70% 70% of youth with juvenile justice mental illness are in the juvenile justice system.

#### Warning Signs

- 1. Sudden, unexplained changes in mood, behavior, or personality.
- 2. Talking to himself or herself, or appearing to be "out of touch" with reality.
- 3. Out-of-control, risk-taking behaviors that cause harm to self or others.
- 4. Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing.
- 5. Not eating, throwing up or using laxatives to lose weight; significant weight loss or gain.
- 6. Intense worries or fears that get in the way of daily activities like hanging out with friends or going to classes.

#### 4 Things Parents Can Do

- 1. Talk with your pediatrician
- 2. Get a referral to a mental health specialist
- 3. Work with the school
- 4. Connect with other families

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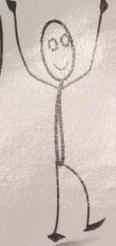
TEXT 741741  
FROM ANYWHERE  
IN THE USA  
TO TEXT WITH A  
TRAINED CRISIS  
COUNSELOR.

MAY IS MENTAL HEALTH AWARENESS MONTH

CRISIS TEXT LINE



There are 17 species of penguins. King Penguins are my favorite.



# Cultural Considerations-Differences in Stressors and Expression

Cultural Model of Suicide (Chu et al., 2010)

Unique Stressors:

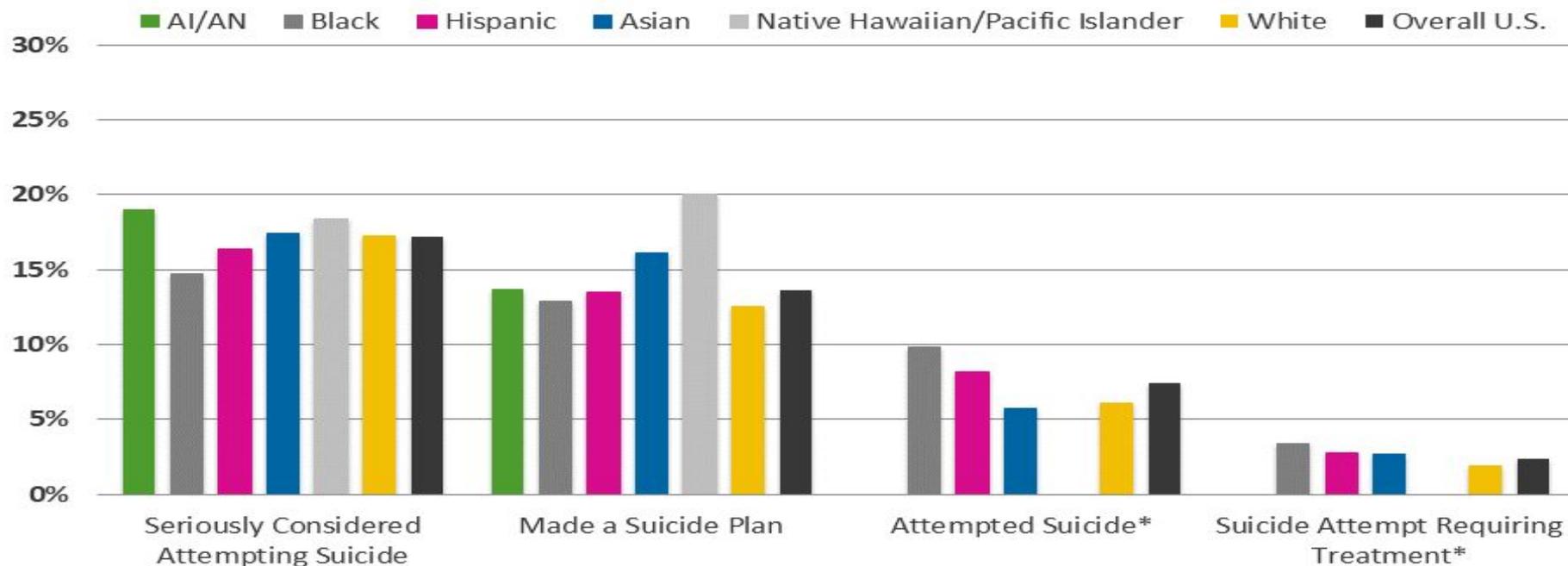
- Asian Americans twice as likely as White counterparts to consider school problems a contributing factor to suicide
- Acculturative stress among Latino adolescents is associated with higher levels of thoughts about suicide
- Overall, minorities attribute outside stressors (job loss, ) more to suicide than to internal factors (hopelessness,) which is more common in white

Expression:

- Asian: anger, fatigue, shame of not meeting expectations
- Perceived racism and discrimination have been found to be associated with depression, increased substance use, and hopelessness among African American youths

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# Past-Year Suicidal Thoughts and Behaviors for High School Youth, United States 2017



\*Percentage estimates for AI/AN youth and Native Hawaiian/Pacific Islander youth who had a past-year suicide attempt or whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse were too small to be reliable and are not included in this chart.

# Cultural Considerations: Stigma and Barriers

## Cultural Barriers:

Views of the male and female roles

“passive” role in medicine

Religion

eastern vs western view of therapy collaboration (Centre for Suicide Prevention)

## Logistical Barriers

transportation, access to insurance

“Irrespective of race/ethnicity, parents rated affordability, lack of transportation, distance, and stigma-related barriers as more likely to prevent or delay them from seeking treatment for mental health care”

# **Cultural Considerations-Steps toward Competence**

*Asnaani & Hofmann, 2012*

**Guideline #1: Conduct a thorough culturally-informed but person-specific functional assessment of presenting problem**

**Guideline #2: Engage in self-education about specific cultural norms and consult the literature for culture-specific treatment techniques**

**Guideline #3: Ensure adequate and effective training of therapists in cross-cultural competency**

**Guideline #4: Explore the patient's perspective on both seeking psychological treatment, and the nature of the therapeutic relationship**

**Guideline #5: Be aware of the importance of respect in the cross-cultural therapy setting**

**Guideline #6: Identify and incorporate client's culturally-related strengths and resources into treatment**

**Guideline #7: Identify and utilize technique-specific cultural modifications**

## **“WHAT NOW”**

Meeting families where they are:

Integrating parent  
education/empowerment with recent  
events

# Impact of COVID-19

- National Survey June 2020: 27% of parents report worsening mental health, 14% report increase in student behavioral challenges
- Parents whose students struggled with distance learning experienced statistically significant higher levels of depression and anxiety
- Significant associations between parent pandemic stress, parent depression, anxiety/stress symptoms, and increases in child internalizing and externalizing problems.
- \*Discussions with parents about COVID-19 experienced less anxiety, stress and depression in children

# **Example: Tips for Parents: Developmentally Appropriate Discussions**

Developmentally appropriate conversations:

Preschoolers: egocentric, impersonal, temporary:

use concrete and finite terms, may require repetition; assuring their needs are satisfied

Early elementary: self-blame, repetitive questioning, “magical thinking”

Clear concrete explanations, “whys”

Middle elementary: concrete, questioning/worry about others

Respect their curiosity without enabling worry, authentic about feelings, coping

Adolescence: uncharacteristic expressions of grief/stress, risk-taking, romantic view

Giving space to explore feelings, conversations about safety, two-way conversations

## PARENT ANXIETY AND COVID-19

- Significant increase in stressors (emotional, health, financial) led to significant increase in anxiety and nervous symptoms (>80% of parents surveyed)
- Working/learning from home has led to a loss of boundaries and "stir crazy" stressors that can take a toll on familial relationships

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## VIDEO

- <https://cbs58.com/news/psychologist-offers-advice-for-parents-while-raising-children-during-high-stress-times-like-pandemic>

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## INFLUENCE OF PARENTAL ANXIETY

- Parent anxiety symptoms significantly contribute to child anxiety symptoms, particularly if the parent is displaying externalizing symptoms (ex. Hostility, paranoid, frustration)
- Some degree of parental anxiety actually beneficial: increases conscientiousness and concern in parenting
- Too much can lead to reduced child self-esteem, overprotection, anxiety disorders in adulthood, avoidance, enabling

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## ADULT VS. CHILD ANXIETY

### Adult Anxiety Symptoms

- Constant worry
- Physical symptoms/tense muscles
- vocalizing/acknowledge anxiety

### Child Anxiety Symptoms

- Nightmares
- Developmental regression (bed wetting, tantrums)
- Stomach aches they are unable to explain
- Reassurance seeking

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## WHAT CAN WE DO?

### With Your Child

- Be calm, but honest
- Ask your child questions, but allow them space
- Exercises together

### For Yourself

- Don't do it alone
- Seek Support Outside the Family (free,
- Take care of basic needs



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## MINDFUL PARENTING

- Listening with full attention, not planning response
- Imagine your child's feelings and match response/manage own feelings
- Do nothing before you do something (pause)
- ROUTINE
- Exercises together: mindful meals, PMR, belly breaths, coloring, walks etc.

### Love and Logic phrases:

- Bummer!
- I'm not sure how to react to that, I'll get back to you on it.
- I bet that's true/it feels that way
- What do you think about that?
- I love you too much to argue

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# Concluding Thoughts and Discussion

- Understand the cultural, socioeconomic dynamics of your school's population
- Seek parent input and frequently ask for feedback
- Involve students as appropriate, encourage conversations between youth and parents
- Integrate with local community resources
- Be prepared for disclosures and uphold the safety of parents and students, referring out if necessary

# References and Further Reading

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Stephen W. Patrick, Laura E. Henkhaus, Joseph S. Zickafoose, Kim Lovell, Alese Halvorson, Sarah Loch, Mia Letterie, Matthew M. Davis *Pediatrics* Oct 2020, 146 (4) e2020016824; DOI: 10.1542/peds.2020-016824

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# Resources

- Wisconsin-based resources available through crisis text line:
  - text “HOPELINE” to 741741 or
  - visit the [Center for Suicide Awareness](#) to be connected with someone in WI who can help
- Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Trevor Project: A national organization focused on crisis and suicide prevention efforts among LGBT youth.
  - Phone: 1-866-488-7386
  - Chat: [TrevorChat](#)
  - Text: “START” to 678678

# What Questions or Comments Do You Have?



Students, write your response!