PROMOTEPREVENT LEGISTLATIVE COMMISSION

* 5th meeting of commission to date
	+ Official report for legislature to be finalized by Winter of 2018

***GUEST SPEAKERS***

**JESSICA LAROCHELLE and GENEVIEVE MULLIGAN**

* Massachusetts Commission for Mental Health
* LAROCHELLE- Director of Public Policy & Commercial Affairs
* THE MISSION: advance mental health awareness, diagnosis & well-being
	+ Disseminate standards, advocate knowledge & reforms
* PREVENTION & EARLY INTERVENTION
	+ According to the CDC 1 in 7 children has a developmental/mental condition
		- Often, these children’s’ parents report an inability to properly support them
		- Juvenile Delinquency can develop if issues are not addressed early on
	+ 46% of 13-18 year olds either currently have mental health conditions or have reported symptoms in the past
		- 21% of them reported severe symptoms
		- 50% never received treatment
		- 17% of 9th-12th graders seriously considered suicide
	+ 50% of preventable mental conditions are diagnosed before the age of 18
* ACTIONS
	+ Address disparities in prevention funding
		- More public funding goes towards treating drug abuse, technically none goes to mental health prevention or treatment
		- Funding for mental health treatment comes in block grants, then that typically gets funneled towards treatment instead of prevention
		- Close the gap in funding-
	+ Help spread and replicate evidence-based studies that back mental health prevention.
	+ MYCHILD
		- Reach out to kids from infancy to 1st grade
		- Founded by Donna Mesler helped start this program with a SAMHSA award and the Boston Health Commission
			* Works in part with local health/community centers
		- Team includes a family partner- an adult who has experience with mental health
			* Works with the child’s pediatrician in order to erase stigma and make mental health information more accessible to the family
		- MYCHILD thus far has improved depression and anxiety symptoms in both the children and adults involved
		- Costs $164.21 less than similar Medicaid programs
	+ The Metrowest Health Foundation is investing in similar systems to MYCHILD
		- Investments are opportunistic but plenty
		- 81% of patients returned for further care after trying the system out
	+ Pediatricians already screen children for mental health issues at their checkups but often aren’t sure what to do with the information
		- MYCHILD provides pediatricians with more information and partners to help them apply that information
	+ SOS: SIGNS of SUCICDE
		- Suicide/depression awareness program pointed at middle and high schoolers
		- Educate on what depression is, link schools to community resources, inform parents and teachers of warning signs
		- Students are taught to:
			* A acknowledge
			* C care
			* T tell
		- Students complete an educational course, then complete a self-assessment and are encouraged to seek help if necessary.
		- 64% of informed students are less likely to commit suicide
			* Also an increased likelihood of intervening with loved ones at risk
		- Has already been adopted by select Mass. Public schools

**DR. SHELLA DENNERY & ANDRIA AMADOUR**

* Work with Boston Public Schools & Boston Hospital
* Why focus on schools?
	+ 8-10 year gap between when children are diagnosed and when they get help
	+ Some schools are staffed properly to offer mental health support while others aren’t
	+ Children often turn to teachers in times of crisis as unbiased adult figures
		- Teachers are often unprepared to handle these issues or do not have enough funding to really help, inform & fund teachers so they can provide the support students need
	+ Currently there are 61 school psychologists to meet the needs of a student body that is larger than 60,000
		- This number is supplemented with social workers & school programs
	+ 2010 Comprehensive Behavioral Health Program-
		- Historically, school mental health physicians are only instructed to help children with special needs even though their skillset goes much further
			* The goal is to set up systems that help kids *before* they fail instead of after
	+ Create a universal screening program that makes it easier to understand and quantify warning signs of mental illness & suicide
* COMPREHENSIVE BEHAVIORAL HEALTH MODEL
	+ Currently, schools teach through discipline instead of reward. Teaching by reward helps develop social skills better.
	+ Give kids targeted support as well as group meetings- build a support system within the school and each other
	+ Advocate for more school-based psychologists
* COMMUNITY MENTAL HEALTH PARTNERSHIPS
	+ Hospitals, universities, community organizations, local & state agencies
	+ Cooperation & collaboration
* TAP- Training & Access Project
	+ 4-5 representatives from each school
	+ Month by month breakdown of goals based off how adults learn best in order to help educators and school psychologists
* BIMAS 2.0- conducted twice a year with teachers in order to determine student behavior. Reduces areas of concern and shows which skills develop in their place.
	+ Overall increase in ADAPTIVE FUNCTION by students who participated in the course
	+ Improvement in conduct issues
		- System helps pinpoint kids who may have issues later down the line
* Utilize SOS and evidence-based practices
* Funding must be provided at a state level as agencies that have donated to the cause cannot provide enough