



Managing Creative Projects and Teams

# Re-Imagining Access to Mental Health in Public Schools

## Research Report

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## **Abstract**

The problem we are looking to address is mental health and wellbeing, particularly that of students in elementary and middle school within the American education system. Modern society demands updated competencies and this raise in the expectations from a child has led to high competition and stress in young students. A large population of these children are later diagnosed with mental health conditions. NAMI (National Alliance on Mental Illness) notes that in the US, one in six individuals aged 6-17 experience a mental health disorder each year and half of all mental health conditions begin by age 14.

Mental health cannot be separated from cognitive development, language development and social competence as they all affect the development of a child. What are termed as 'behavioral problems' in children are often the early symptoms of onset of mental health issues. Early discovery and support systems in the youth need to be adequately designed and addressed as a compliment to their learning and development.

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# Primary Research Plan

## Who and What Will We Study?

Through our research we aim to study the role of mental health on children between the ages of 10-14. We will research the roles and responsibilities that parents, teachers, and institutions have in regards to fostering supportive environments for children. The causes and early symptoms of depression and anxiety disorders in children will be the main focus of our study.

## How will we study?

Our research will consist of two components, primary research and secondary research. Our primary research will be conducted through interviews, surveys directed at parents, and observations of students. We intend to conduct interviews with teachers, school therapists, clinical psychologists, psychology students, and PHD researchers. We also intend to connect with Parsons faculty and alumni working in the field of education to gain further insights around the subject and guidance around the research methods. Furthermore, we will facilitate this research by partnering with schools in New York State, child psychologists and experts using online databases, and by sending links to our surveys to various parent oriented groups on social media. Through our secondary research we will be able to obtain information pertaining to the statistical data on children's mental health. Furthermore, literature on symptoms and treatments of children's mental health disorders are particularly important for our research. Our secondary research will be collected through scholarly articles, reports, and related news items.

## What are we looking to find?

Through our collaboration with various stakeholders we are looking to find effective solutions that will minimize the disconnect between children's mental health and the adults and institutions that are responsible for their wellbeing. We are interested in working directly with children between 10-14 to create viable solutions to identify discrepancies in their mental health.

# Interview Guide

## Interview 1 - Psychology students and PHD researchers

### Interview objectives:

1. Competence of participants
2. Background and connect with our goal
3. Their perception and experiences with the public educational system
  - a. Structure
  - b. Problems
4. Working of the system and gaps
5. Adaptation and implementation of research methods for children
  - a. Methods
  - b. Standards
  - c. Metrics
6. Relevant data or resource to base further steps
7. Networking and connections with experts
8. Affect of bullying, racism, etc on learning and a child's growth
9. Socio-economic factors in the country, affect on education
10. Solutions that they might know
  - a. Commercial viability
  - b. Impact
  - c. effectiveness
11. Insights on our process

### Step 1-Introduction

1. How are you? What have you been up to?
2. Please tell me a little bit about yourself.

### Step 2-Setting up the context

Firstly, I/ we want to let you know that this is intended to be more of a conversation with you.

All of your responses would be used only for educational purposes for one of our classroom

projects around 'mental health and the education system'.

Do you have any problem if we record this session?

## **Building Credibility**

1. May I ask, what are your most recent qualifications?
2. Which country did you attend middle and high school in?
  - a. If you attended school in the US, which area/district was your school located in?
  - b. Was it a public or private school?

## **Understanding the Educational System**

1. What resources and systems are in place in the publicly funded education system to assist children with challenges to their mental health?
2. What factors, according to you, affect the mental wellbeing of students most? (Racism, socio-economic background, etc)
  - a. What are the impacts that you believe this has on children?
  - b. What causes children to feel this way ?
  - c. How would children find the help they need in the current system?
3. Are there fundamental issues within the American school system preventing children from accessing the support they need?
  - a. How do these problems differ across location, economic background and age?
4. Do you think 10-14 year olds are more prone to these issues that you just mentioned?
  - a. How are these children tackled differently?

## **Research Methods**

1. Considering that our research revolves around children, how would you recommend we carry out our research? Specifically with interviewing or observing children.
2. Are you able to connect us with someone you would recommend that is already working in the sphere of mental health and the education system?

## **Parallel Solutions**

1. Are you aware of a product in the industry that caters to the mental health of children this age?
  2. Have you worked with or know of someone who has worked on such a solution for Children? I/we have gained valuable insights from this conversation with you today. We are extremely thankful for your time and would appreciate it if we are able to contact you should we require a follow-up conversation based on future discoveries.
-

## **Interview 2 - Internal psychologists in schools and teachers**

### **Interview objectives:**

1. Mental health infrastructure in public schools
2. Ways to identify symptoms
3. Coping mechanisms of children
4. Observations in behavior
5. Effective solutions for children

### **Opening Up and Setting Context**

Express our gratitude for their time and explain the purpose of our interview, our background and our goals

### **For School Psychologists**

1. Could you tell us about your background and how you came to work in this field?
2. How often do you see or meet with students - do they seek you out or are they recommended to you?
3. How do you approach or interact with students in a way that makes them feel comfortable for the first time, knowing there may be difficult conversations to follow?
4. What are some of the most common behaviours you seek to improve?
5. What are some of the warning signs you think are good indicators of these behaviours?
6. In your professional opinion, what are some of the most common school related factors that impact students' mental health?
  - a. What are some of the most common external factors that impact their mental health?
7. Can you provide us with examples of situations where you have had to counsel students who have expressed or been identified as having challenges to their mental health? Are there any tools or tactics you rely on?
8. What are some changes in the school environment that you feel would be beneficial in supporting students' mental health and wellbeing?

## **For School Teachers**

1. Could you tell us about your general interactions with students - what do you teach and how frequently do you conduct classes?
2. What is the level of personal involvement you have observed with respect to teachers and their students? Does a relationship exist beyond the classroom?
3. Do you perceive mental health and wellbeing to be a serious concern in this age group of students?
4. Do you understand this to be a personal issue with respect to each individual student, or is it on a systemic level?
5. What are some of the patterns you have observed with respect to which students are more vulnerable to struggling with mental health?
6. What are some indicators for you to be concerned about a student's mental health?
7. How do you respond in cases where you feel concerned? What are the questions you might ask, or the people you might talk to about it?
8. In your opinion, which factors affect students' mental health the most within the school environment and system?
9. From your experience, which factors affect their mental health the most outside of the school environment?
10. What are some changes in the school environment that you feel would be beneficial in supporting students' mental health and wellbeing?

## **Interview 3 - External psychologists**

### **Interview objectives:**

1. Psychology and children
2. Early identification of symptoms
3. Support groups
4. Coping mechanisms
5. Motivation of students
6. Mental health access
7. Tools and guidelines

### **Opening Up and Setting Context**

Express our gratitude for their time and explain the purpose of our interview, our background and our goals

### **For Clinical Psychologists**

1. How are mental health disorders identified in children? What are some identifying signs?
2. How do mental health disorders affect children differently than adults?
3. How do children communicate mental health issues?
4. How would you recommend approaching children that may be experiencing a tough time with their mental health?
5. When conducting our surveys and observations with children between the age of 10-14 to observe patterns of mental illness, what should we avoid doing?
6. What are tools you would recommend using to treat mental health disorders that can be easily implemented into the education system?
7. What solutions are currently being implemented to help children navigate their mental health challenges?

## Results of Interviews

### Insights:

- 1. Lack of Funding-** Notable differences in the public and private school sectors pertain to the resources allocated through tax dollars in each district. Neighbourhood dictates the district in which children must attend school. Disparities in high income and low income neighbourhoods come from their differences in funding and therefore the resources received. Lack of funding has a direct impact on the mental health resources available to children. Schools that lack adequate mental health funding will produce higher levels of undiagnosed illnesses.
- 2. Coping Strategies and Therapies-** Coping strategies are an important set of skills for children to adopt to better be able to manage symptoms of mental illness. Cognitive Behavioural Therapy (CBT) is best suited to treat symptoms of mood disorders like anxiety and depression.
- 3. Developmental Psychology-** Use this as a platform for building out tools for students to recognize the way they are feeling and to create a space for belonging. A particular initiative that was discussed pertained to a professor's involvement with a children's museum to create play structures to observe how they would build skills and interact with one another.
- 4. Interventions in the School System-** Incorporating proven calming practises to daily activities in school could help with reducing some stress, panic, and anxiety amongst students. Calming activities can include yoga or meditation incorporated into the Physical Education curriculum. Spending more time on art and expanding the benefits that come with activating the creative part of the mind could also be beneficial. Food and nutrition are also very much linked to mental health. Especially in city centres, poverty rates because of the pandemic have increased, children often don't have access to proper nutrition that can feed their growing minds. School snack programs that provide not only nutritious snacks but also reduce the stress of food insecurity are definitely important.
- 5. Interconnectivity of Stakeholders-** Difficulty in synchronizing support and resources between parents, teachers, school boards, and governments. Mental health is the type of illness that requires multiple support systems working together. Oftentimes strategies can be implemented in schools but if parents aren't able to provide the additional support required at home, children suffer, and the same goes vice versa. The education system needs to be very much intertwined with home life.

- 6. Early Identification and Screening-** Mapping distress over disorders can help with children. Doing a daily check balances the mood and promotes realization. Use of primitive screening tools could help with early identification. Mental health first aid could help maintain checks and balances.
- 7. Behaviours and Identification-** There are some common early signs of mental health issues for children. Sometimes their personalities change. For example, an outgoing child suddenly becomes quiet. Sometimes it's hard to communicate with them: when the teachers try to talk with them, they just wave their heads in the air and refuse to talk. Sometimes they lack energy. In some situations, you can see they hurt themselves.
- 8. Technology as a contributing factor-** Technology can contribute as a negative impact on children's mental health. Technology can actually increase the divide between socio-economic groups. If one child doesn't have a smartphone, not only are they excluded for that purpose, they also won't be able to participate in social media, etc. How can technology create inclusive environments?

# The Survey

**Target Users:** Parents

## **Survey Objectives**

1. Factors of how parents choose school
2. Parents' perception of their children's emotions
3. Parents' reactions on children's mental health issues
4. Methods for children to relax
5. Platforms of the solution
6. Race and location

## **Survey Framework**

\*multiple choices

1. How many 10-14 years-old children do you have?
  - A. Prefer not to answer (->Thank you for doing the survey)
  - B. None (->Thank you for doing the survey)
  - C. 1
  - D. 2
  - E. More than 2
2. How old are your children? \*
  - A. 10
  - B. 11
  - C. 12
  - D. 13
  - E. 14
3. Are any of your children currently enrolling in a public school in the United States?
  - A. Yes
  - B. No

4. What are the most important factors that you consider when you select a school for your child?

(Please rank the following factors in order of importance, 1 being the most important factor)

- A. Ranking
- B. Overall environment
- C. Tuition
- D. Location
- E. Curriculum
- F. Mental health service
- G. Physical health service
- H. Others\_\_\_\_\_

5. How often do your children tell you or you can feel that they have any problems with school or daily

life due to any emotional problems, such as feeling depressed, sad or anxious?

- A. Not at all (-> question 8)
- B. Rarely
- C. Sometimes
- D. Often
- E. Always

6. In the past month, have you noticed your children had any problems with school or daily life due to

any emotional problems, such as feeling depressed, sad or anxious?

- A. 0 time (-> question 8)
- B. 1 time
- C. 2 times
- D. 3 or more times

7. How did you react? \*

- A. Watch how the kid act afterwards
- B. Have a conversation with the kid
- C. Cheer the kid up (playing, buying, etc.)
- D. Ask for advice (the kid's friends, teachers, etc.)
- E. Ask or take the kid to see a doctor
- F. Others\_\_\_\_\_

8. What is the most influential factor affecting children's mental health?  
(Please rank the following factors in order of effectiveness, 1 being the most effective factor)

- A. Performance in school
- B. Pre-education on mental health
- C. Family relationship
- D. Relationship with people in school (classmates, teachers, etc.)
- E. Relationship with people outside of school (neighbors, friends outside of school, etc.)

Others\_\_\_\_\_

9. If your children feel depressed, sad, or anxious, how likely will these activities make them feel better?

(Please rate each of the following objects on a rating scale of 1-5, where 1 is 'unlikely' and 10 is 'very likely')

- A. Play games
- B. Buy what the kid wants
- C. Watch videos
- D. Talk to people
- E. Others\_\_\_\_\_

10. If your children will be educated on mental health, which platform will be the most effective to engage them?

(Please rank the following factors in order of effectiveness, 1 being the most effective factor)

- A. A game
- B. A class
- C. A book
- D. A video
- E. A workshop
- F. Others\_\_\_\_\_

11. What is your ethnicity?

- A. Caucasian
- B. African-American
- C. Latino or Hispanic
- D. Asian
- E. Native American
- F. Native Hawaiian or Pacific Islander
- G. Two or More
- H. Other/Unknown
- I. Prefer not to say

## Results of the Survey:

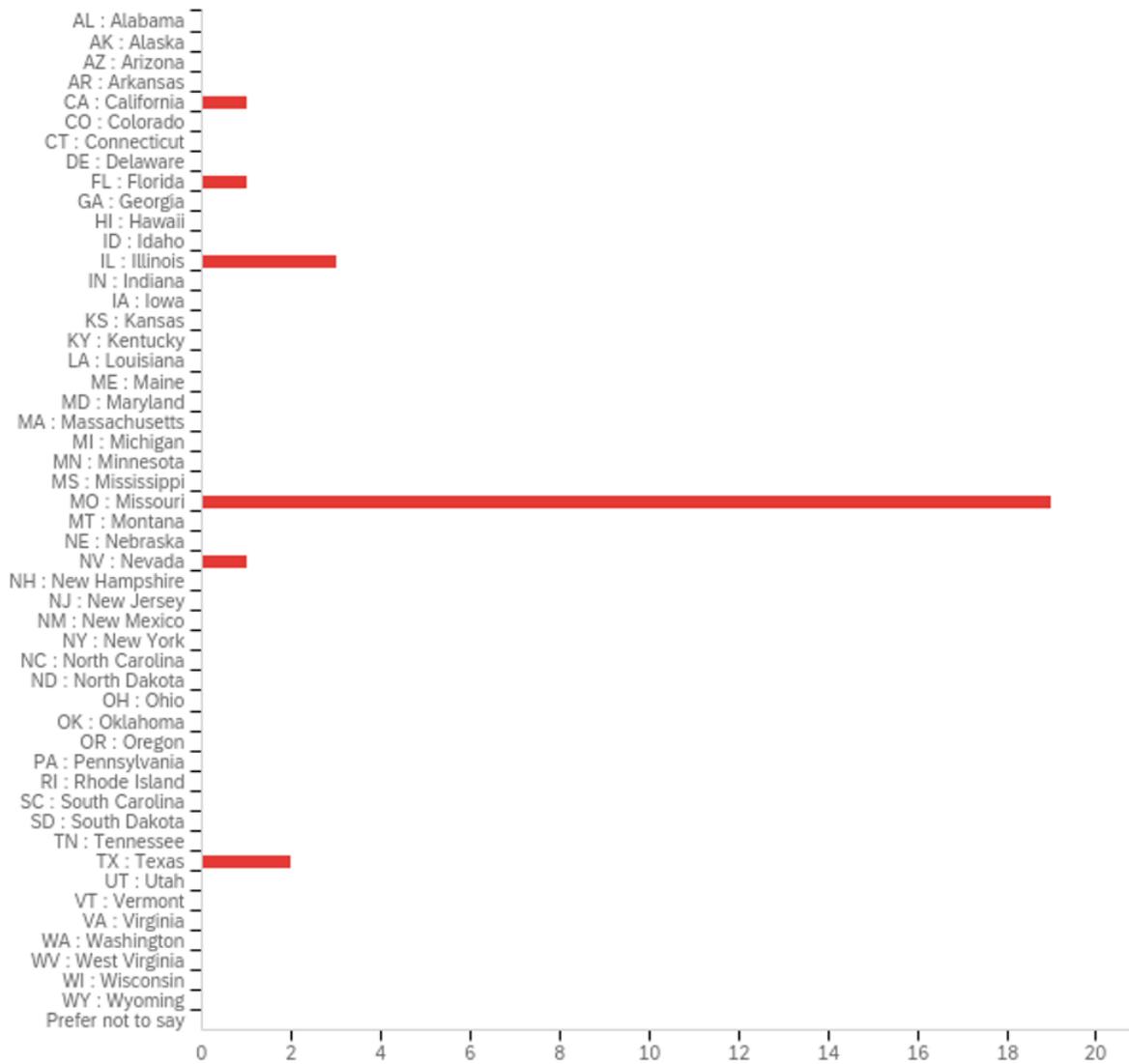
Q1 - How old are your children? (Select all that apply)

<u>#</u>	<u>Answer</u>	<u>%</u>	<u>Count</u>
<u>1</u>	<u>0-5</u>	<u>21.31%</u>	<u>13</u>
<u>2</u>	<u>6-9</u>	<u>24.59%</u>	<u>15</u>
<u>3</u>	<u>10-14</u>	<u>32.79%</u>	<u>20</u>
<u>4</u>	<u>15-21</u>	<u>21.31%</u>	<u>13</u>
	<u>Total</u>	<u>100%</u>	<u>61</u>

Q2 - Are any of your children currently enrolled in a public school in the United States?

<u>#</u>	<u>Answer</u>	<u>%</u>	<u>Count</u>
<u>2</u>	<u>Yes</u>	<u>75.00%</u>	<u>27</u>
<u>3</u>	<u>No</u>	<u>25.00%</u>	<u>9</u>
	<u>Total</u>	<u>100%</u>	<u>36</u>

Q3 - Which state is the school located in?



Q4 - What are the most important factors you considered when selecting a school for your child? (Please rank the following factors in order of importance, 1 being the most important factor)

<u>#</u>	<u>Field</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Mean</u>	<u>Std Deviation</u>	<u>Variance</u>	<u>Count</u>
<u>1</u>	<u>Ranking</u>	<u>1.00</u>	<u>7.00</u>	<u>4.17</u>	<u>1.95</u>	<u>3.81</u>	<u>36</u>
<u>2</u>	<u>Overall environment</u>	<u>1.00</u>	<u>7.00</u>	<u>2.25</u>	<u>1.34</u>	<u>1.80</u>	<u>36</u>
<u>3</u>	<u>Tuition</u>	<u>1.00</u>	<u>8.00</u>	<u>5.22</u>	<u>2.16</u>	<u>4.67</u>	<u>36</u>
<u>4</u>	<u>Location and safety</u>	<u>1.00</u>	<u>6.00</u>	<u>2.67</u>	<u>1.31</u>	<u>1.72</u>	<u>36</u>
<u>5</u>	<u>Curriculum and faculty</u>	<u>1.00</u>	<u>6.00</u>	<u>3.03</u>	<u>1.21</u>	<u>1.47</u>	<u>36</u>
<u>6</u>	<u>Mental health service</u>	<u>2.00</u>	<u>7.00</u>	<u>5.17</u>	<u>1.24</u>	<u>1.53</u>	<u>36</u>
<u>7</u>	<u>Physical health service</u>	<u>5.00</u>	<u>8.00</u>	<u>6.33</u>	<u>0.82</u>	<u>0.67</u>	<u>36</u>
<u>8</u>	<u>Others</u>	<u>1.00</u>	<u>8.00</u>	<u>7.17</u>	<u>2.05</u>	<u>4.19</u>	<u>36</u>

Q5 - How often do you think that your children experience any problems with school or daily life, such as feeling depressed, sad or anxious?

<u>#</u>	<u>Answer</u>	<u>%</u>	<u>Count</u>
<u>1</u>	<u>Never</u>	<u>0.00%</u>	<u>0</u>
<u>2</u>	<u>Rarely</u>	<u>16.67%</u>	<u>6</u>
<u>3</u>	<u>Sometimes</u>	<u>55.56%</u>	<u>20</u>
<u>4</u>	<u>Often</u>	<u>25.00%</u>	<u>9</u>
<u>5</u>	<u>Always</u>	<u>2.78%</u>	<u>1</u>

	<u>Total</u>	<u>100%</u>	<u>36</u>
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Q6 - How often do your children come to you if they experience any problems with school or daily life, such as feeling depressed, sad or anxious?

<u>#</u>	<u>Answer</u>	<u>%</u>	<u>Count</u>
<u>1</u>	<u>Never</u>	<u>0.00%</u>	<u>0</u>
<u>2</u>	<u>Rarely</u>	<u>8.33%</u>	<u>3</u>
<u>3</u>	<u>Sometimes</u>	<u>41.67%</u>	<u>15</u>
<u>4</u>	<u>Often</u>	<u>44.44%</u>	<u>16</u>
<u>5</u>	<u>Always</u>	<u>5.56%</u>	<u>2</u>
	<u>Total</u>	<u>100%</u>	<u>36</u>

Q7 - In the past month, how often have you noticed your children feeling depressed, sad or anxious?

<u>#</u>	<u>Answer</u>	<u>%</u>	<u>Count</u>
<u>1</u>	<u>0 time</u>	<u>8.33%</u>	<u>3</u>
<u>2</u>	<u>1 time</u>	<u>13.89%</u>	<u>5</u>
<u>3</u>	<u>2 times</u>	<u>19.44%</u>	<u>7</u>
<u>4</u>	<u>3 or more times</u>	<u>58.33%</u>	<u>21</u>
	<u>Total</u>	<u>100%</u>	<u>36</u>

Q8 - What behaviours were indicative of your children feeling depressed, sad or anxious?

Short temper, crying, easily frustrated

Frowning, crying, yelling, running away

Anxious about things that scare her

My teen is diagnosed PTSD. Flat affect, no appetite, physically trying to be smaller, no energy...

Communication, anger or outbursts

He is six - not wanting to go to school, increased behavioral issues, crying, outbursts

They tell me

Irritability, crying easily, not feeling motivation to do much

Crying, anger, frustration, exhaustion

Crying, moody

Missing assignments

Irritability, sad affect, verbally expressing feelings, low energy

Not wanting to do anything but sit in her room

With my 4 year old, she was simply afraid to be without me all day and she is very shy. With my 14 year old, he stays in his room, is moody, starts failing classes when he's normally an a and b student, and has been a lot messier than usual.

Crying, avoiding school, unable to discuss school without bursting into tears

Panic attack, withdrawn

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Panic, crying, withdrawal, loss of confidence

---

Just overall drained, tired.

---

Self harm, agitation, seclusion

---

Emotional and behavioral dysregulation

---

Not wanting to engage in activities

---

Being rude to siblings or isolating

---

Irritability, short tempers, crying over small things, fighting with their siblings

---

Clingy, quick temper

---

Stomach ache

---

Thumb sucking, saying they are bad or stupid, saying they should not be here

---

Anger

---

Pacifier dependence, moodiness/tantrums, sleep difficulties, lethargy or restlessness

---

Worrying

---

She told me, or she seemed anxious (didn't want to go, seemed upset)

---

Kids are bullying my middle school child. They call her names, send notes, etc.

---

homework anxiety mostly, or forgot something

---

They got angry and cried

---

Q9 - How did you react? (Select all that apply)

<u>#</u>	<u>Answer</u>	<u>%</u>	<u>Count</u>
<u>1</u>	<u>Observing how your child behaves afterwards</u>	<u>12.93%</u>	<u>15</u>
<u>2</u>	<u>Having a conversation with your child</u>	<u>26.72%</u>	<u>31</u>
<u>3</u>	<u>Consoling your child emotionally (playing, hugging, etc.)</u>	<u>25.86%</u>	<u>30</u>
<u>4</u>	<u>Buying your child a gift</u>	<u>0.86%</u>	<u>1</u>
<u>5</u>	<u>Asking for advice from people around you (other parents, family members, neighbours)</u>	<u>8.62%</u>	<u>10</u>
<u>6</u>	<u>Seeking help from school (teachers, school therapist etc.)</u>	<u>10.34%</u>	<u>12</u>
<u>7</u>	<u>Taking your child to a doctor, therapist or behaviour specialist</u>	<u>12.93%</u>	<u>15</u>
<u>8</u>	<u>Others</u>	<u>1.72%</u>	<u>2</u>
	<u>Total</u>	<u>100%</u>	<u>116</u>

Others - Text

---

My kid has a therapist and she and I speak everyday about how she's feeling.

---

Reminding them of coping skills they have learned.

---

Q10 - What do you think are the main factors affecting children's mental health? (Please rank the following factors in order of relevance, 1 being the most relevant factor)

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	<u>Performance in school</u>	1.00	6.00	3.36	1.25	1.56	36
2	<u>Access to mental health resources</u>	1.00	6.00	3.97	1.42	2.03	36
3	<u>Family relationships</u>	1.00	5.00	2.42	1.28	1.63	36
4	<u>Relationship with people in school (classmates, teachers, etc.)</u>	1.00	5.00	2.08	1.06	1.13	36
5	<u>Relationship with people outside of school (neighbors, friends outside of school, etc.)</u>	1.00	6.00	3.89	1.20	1.43	36
6	<u>Others</u>	1.00	6.00	5.28	1.73	2.98	36

Q11 - If your children feel depressed, sad, or anxious, which of these activities make them feel better? (Select all that apply)

#	Answer	%	Count
1	<u>Playing games with friends</u>	20.51%	24
2	<u>Watching TV shows or videos</u>	24.79%	29
3	<u>Browsing on social media</u>	6.84%	8
4	<u>Talking about how they are feeling</u>	22.22%	26

<u>5</u>	<u>Spending time alone</u>	<u>14.53%</u>	<u>17</u>
<u>6</u>	<u>Others</u>	<u>11.11%</u>	<u>13</u>
	<u>Total</u>	<u>100%</u>	<u>117</u>

Others - Text

My physical comforts like hugs and my presence.

My kid's comfort is a Coke Icee and we get them too often.

Listen to music, family time

Going for a walk, riding their skateboard, listening to music

Playing with his toys with me (he's only 2)

Sleeping, exercising

Spending time with friends

Being outside

Dancing, singing, doing art, going for a walk

Doing something out of our normal routine

Playing games with family

Exercise

Q12 - Which platform would be the most effective to engage your children to learn something new?(Please rank the following factors in order of effectiveness, 1 being the most effective factor)

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	<u>A game</u>	<u>1.00</u>	<u>7.00</u>	<u>2.22</u>	<u>1.53</u>	<u>2.34</u>	<u>36</u>
2	<u>A website</u>	<u>2.00</u>	<u>8.00</u>	<u>4.06</u>	<u>1.63</u>	<u>2.66</u>	<u>36</u>
3	<u>A social media platform</u>	<u>1.00</u>	<u>8.00</u>	<u>4.97</u>	<u>2.30</u>	<u>5.30</u>	<u>36</u>
4	<u>A class</u>	<u>1.00</u>	<u>6.00</u>	<u>4.36</u>	<u>1.40</u>	<u>1.95</u>	<u>36</u>
5	<u>A book</u>	<u>2.00</u>	<u>7.00</u>	<u>5.06</u>	<u>1.45</u>	<u>2.11</u>	<u>36</u>
6	<u>A video</u>	<u>1.00</u>	<u>6.00</u>	<u>2.86</u>	<u>1.67</u>	<u>2.79</u>	<u>36</u>
7	<u>A workshop</u>	<u>1.00</u>	<u>8.00</u>	<u>4.89</u>	<u>2.08</u>	<u>4.32</u>	<u>36</u>
8	<u>Others</u>	<u>1.00</u>	<u>8.00</u>	<u>7.58</u>	<u>1.50</u>	<u>2.24</u>	<u>36</u>

Q13 - What is your ethnicity?

#	Answer	%	Count
1	<u>Caucasian</u>	<u>88.89%</u>	<u>32</u>
2	<u>African-American</u>	<u>0.00%</u>	<u>0</u>
3	<u>Latino or Hispanic</u>	<u>0.00%</u>	<u>0</u>
4	<u>Asian</u>	<u>8.33%</u>	<u>3</u>
5	<u>Native American</u>	<u>0.00%</u>	<u>0</u>
6	<u>Native Hawaiian or Pacific Islander</u>	<u>0.00%</u>	<u>0</u>

<u>7</u>	<u>Two or More</u>	<u>2.78%</u>	<u>1</u>
<u>8</u>	<u>Other/Unknown</u>	<u>0.00%</u>	<u>0</u>
<u>9</u>	<u>Prefer not to say</u>	<u>0.00%</u>	<u>0</u>
	<u>Total</u>	<u>100%</u>	<u>36</u>

## Insights from the Survey

1. 36 parents participated in our survey and 75% of the parents have at least one child who is going to public school.
2. Only 17% of parents have rarely or never noticed kids not having any problems, and only 8% of parents think their children rarely or never came to them to talk about their feelings.
3. Even though in the past month, almost 60% of parents have noticed their children feeling sad 3 or more times, the average ranking for mental health service among the seven factors is 5.17.
4. Parents prefer to have a conversation with their children and console them emotionally when they feel sad.
5. From the parents' perspectives, the main factors affecting children's mental health are relationships with people in school and family relationships.
6. Watching TV or videos, talking about how they are feeling, and playing games with friends are the most effective activities to help children feel better.
7. Parents think a game or a video will be the most effective platform to engage their children to learn something new.

## Takeaways

1. According to the responses, most parents believe they have a healthy relationship with their children: they can notice the differences when their children feel sad, and their children are willing to tell them what is happening. Parents also tend to have a conversation with their children. Therefore, the effectiveness of communication between parents and children is critical. Are parents giving enough respect and attention to their children in the conversations?
2. For insight #4, one possible interpretation of the results is that parents prefer to work on their children's mental health issues at home or find doctors instead of working with the schools.
3. In order to create a healthy environment for children's mental health, the relationships among children, parents, and all other people in school are very important too.
4. Our team should consider making the solution a game or a video to engage children.

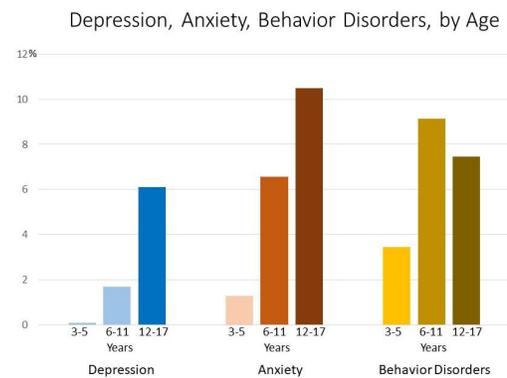
# Secondary Research

## The American education system

1. Not a single state in the country has an adequate supply of child psychiatrists, and 43 states are considered to have a severe shortage
2. Because of a shortage of pediatric psychiatrists and other behavioral health practitioners, pediatric primary care providers often identify and manage their patients' behavioral health problems

## Children are suffering from mental health issues

1. 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety
2. Depression and anxiety have increased over time
3. "Ever having been diagnosed with either anxiety or depression" among children aged 6-17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011-2012.
4. "Ever having been diagnosed with anxiety" increased from 5.5% in 2007 to 6.4% in 2011-2012.
5. "Ever having been diagnosed with depression" did not change between 2007 (4.7%) and 2011-2012 (4.9%).
6. Diagnoses of depression and anxiety are more common with increased age
7. Many family, community, and healthcare factors are related to children's mental health
8. Among children aged 2-8 years, boys were more likely than girls to have a mental, behavioral, or developmental disorder.
9. Among children living below 100% of the federal poverty level, more than 1 in 5 (22%) had a mental, behavioral, or developmental disorder.
10. Age and poverty level affected the likelihood of children receiving treatment for anxiety, depression, or behavior problems



## **Mental health issues have impacts on learning**

1. Mental health problems can affect a student's energy level, concentration, dependability, mental ability, and optimism, hindering performance
2. Research suggests that depression is associated with lower grade point averages, and that co-occurring depression and anxiety can increase this association

## **Mental health issues and demographics**

1. Among children living below 100% of the federal poverty level, more than 1 in 5 (22%) had a mental, behavioral, or developmental disorder.<sup>5</sup>
2. Age and poverty level affected the likelihood of children receiving treatment for anxiety, depression, or behavior problems
3. children with low SES often have worse access to education and social participation than their peers with high SES
4. Children and adolescents with low SES are two to three times more likely to develop mental health problems than their peers with high SES
5. low SES relates to a higher burden in different areas of everyday life and an exposure to stressful life situation

## **Biggest contributing factors that lead to mental health issues**

1. Heredity (genetics): Many mental disorders run in families, suggesting that the disorders, or more accurately, a vulnerability to the disorders, might be passed on from parents to children through genes.
2. Biology: As in adults, many mental disorders in children have been linked to abnormal functioning of particular brain regions that control emotion, thinking, perception, and behavior. Head traumas also can sometimes lead to changes in mood and personality.
3. Psychological trauma: Some mental disorders might be triggered by psychological trauma, such as severe emotional, physical, or sexual abuse; an important early loss, such as the loss of a parent; and neglect.
4. Environmental stress: Stressful or traumatic events can trigger a disorder in a person with a vulnerability to a mental disorder.

## **Some children are more likely to experience mental health disorders**

1. Having a long-term physical illness
2. A parent who has had mental health problems, problems with alcohol or has been in trouble with the law
3. The death of someone close to them
4. Parents who separate or divorce
5. Experiencing severe bullying or physical or sexual abuse
6. Poverty or homelessness
7. Experiencing discrimination
8. Caring for a relative, taking on adult responsibilities
9. Having long-lasting difficulties at school.

## **Early onset symptoms/behaviours that lead to mental health disorders**

1. Young children:
  - a. Have frequent tantrums or are intensely irritable much of the time
  - b. Often talk about fears or worries
  - c. Complain about frequent stomach aches or headaches with no known medical cause
  - d. Are in constant motion and cannot sit quietly (except when they are watching videos or playing video games)
  - e. Sleep too much or too little, have frequent nightmares, or seem sleepy during the day
  - f. Are not interested in playing with other children or have difficulty making friends
  - g. Struggle academically or have experienced a recent decline in grades
  - h. Repeat actions or check things many times out of fear that something bad may happen
2. Older children and adolescents:
  - a. Have lost interest in things that they used to enjoy
  - b. Have low energy
  - c. Sleep too much or too little or seem sleepy throughout the day
  - d. Are spending more and more time alone and avoid social activities with friends or family
  - e. Diet or exercise excessively, or fear gaining weight
  - f. Engage in self-harm behaviors (such as cutting or burning their skin)
  - g. Smoke, drink, or use drugs
  - h. Engage in risky or destructive behavior alone or with friends
  - i. Have thoughts of suicide
  - j. Have periods of highly elevated energy and activity and require much less sleep than usual

- a. Say that they think someone is trying to control their mind or that they hear things that other people cannot hear

## Behaviours of children with mental health issues

### 1. Common disorders among children

- a. **Anxiety disorders.** Anxiety disorders in children are persistent fears, worries or anxiety that disrupt their ability to participate in play, school or typical age-appropriate social situations. Diagnoses include social anxiety, generalized anxiety and obsessive-compulsive disorders.
- b. **Attention-deficit/hyperactivity disorder (ADHD).** Compared with most children of the same age, children with ADHD have difficulty with attention, impulsive behaviors, hyperactivity or some combination of these problems.
- c. **Autism spectrum disorder (ASD).** Autism spectrum disorder is a neurological condition that appears in early childhood — usually before age 3. Although the severity of ASD varies, a child with this disorder has difficulty communicating and interacting with others.
- d. **Eating disorders.** Eating disorders are defined as a preoccupation with an ideal body type, disordered thinking about weight and weight loss, and unsafe eating and dieting habits. Eating disorders — such as anorexia nervosa, bulimia nervosa and binge-eating disorder — can result in emotional and social dysfunction and life-threatening physical complications.
- e. **Depression and other mood disorders.** Depression is persistent feelings of sadness and loss of interest that disrupt a child's ability to function in school and interact with others. Bipolar disorder results in extreme mood swings between depression and extreme emotional or behavioral highs that may be unguarded, risky or unsafe.
- f. **Post-traumatic stress disorder (PTSD).** PTSD is prolonged emotional distress, anxiety, distressing memories, nightmares and disruptive behaviors in response to violence, abuse, injury or other traumatic events.
- g. **Schizophrenia.** Schizophrenia is a disorder in perceptions and thoughts that cause a person to lose touch with reality (psychosis). Most often appearing in the late teens through the 20s, schizophrenia results in hallucinations, delusions, and disordered thinking and behaviors.

## **2. Warning signs of mental illness in children**

- a. Persistent sadness — two or more weeks
- b. Withdrawing from or avoiding social interactions
- c. Hurting oneself or talking about hurting oneself
- d. Talking about death or suicide
- e. Outbursts or extreme irritability
- f. Out-of-control behavior that can be harmful
- g. Drastic changes in mood, behavior or personality
- h. Changes in eating habits
- i. Loss of weight
- j. Difficulty sleeping
- k. Frequent headaches or stomach aches
- l. Difficulty concentrating
- m. Changes in academic performance
- n. Avoiding or missing school

## Depression and anxiety

1. Depression is more than just feeling down or having a bad day. When a sad mood lasts for a long time and interferes with normal, everyday functioning, you may be depressed. Symptoms of depression include:
  - a. Feeling sad or anxious often or all the time
  - b. Not wanting to do activities that used to be fun
  - c. Feeling irritable, easily frustrated, or restless
  - d. Having trouble falling asleep or staying asleep
  - e. Waking up too early or sleeping too much
  - f. Eating more or less than usual or having no appetite
  - g. Experiencing aches, pains, headaches, or stomach problems that do not improve with treatment
  - h. Having trouble concentrating, remembering details, or making decisions
  - i. Feeling tired, even after sleeping well
  - j. Feeling guilty, worthless, or helpless
  - k. Thinking about suicide or hurting yourself
2. It is possible to have depression and anxiety at the same time
  - a. Depression and anxiety are different conditions, but they commonly occur together. They also have similar treatments.
  - b. Feeling down or having the blues now and then is normal. And everyone feels anxious from time to time — it's a normal response to stressful situations. But severe or ongoing feelings of depression and anxiety can be a sign of an underlying mental health disorder.
  - c. Anxiety may occur as a symptom of clinical (major) depression. It's also common to have depression that's triggered by an anxiety disorder, such as generalized anxiety disorder, panic disorder or separation anxiety disorder. Many people have a diagnosis of both an anxiety disorder and clinical depression.
  - d. Symptoms of both conditions usually improve with psychological counseling (psychotherapy), medications, such as antidepressants, or both. Lifestyle changes, such as improving sleep habits, increasing social support, using stress-reduction techniques or getting regular exercise, also may help. If you have either condition, avoid alcohol, smoking and recreational drugs. They can make both conditions worse and interfere with treatment.

## Methods to help children get over trauma

1. Make your child feel safe. All children, from toddlers to teens, will benefit from your touch—extra cuddling, hugs or just a reassuring pat on the back. It gives them a feeling of security, which is so important in the aftermath of a frightening or disturbing event. For specific information on what to do and say, see the age-by-age-guide.
2. Act calm. Children look to adults for reassurance after traumatic events have occurred. Do not discuss your anxieties with your children, or when they are around, and be aware of the tone of your voice, as children quickly pick up on anxiety.
3. Maintain routines as much as possible. Amidst chaos and change, routines reassure children that life will be okay again. Try to have regular mealtimes and bedtimes. If you are homeless or temporarily relocated, establish new routines. And stick with the same family rules, such as ones about good behavior.
4. Help children enjoy themselves. Encourage kids to do activities and play with others. The distraction is good for them, and gives them a sense of normalcy.
5. Share information about what happened. It's always best to learn the details of a traumatic event from a safe, trusted adult. Be brief and honest, and allow children to ask questions. Don't presume kids are worrying about the same things as adults.
6. Pick good times to talk. Look for natural openings to have a discussion.
7. Prevent or limit exposure to news coverage. This is especially critical with toddlers and school-age children, as seeing disturbing events recounted on TV or in the newspaper or listening to them on the radio can make them seem to be ongoing. Children who believe bad events are temporary can more quickly recover from them.
8. Understand that children cope in different ways. Some might want to spend extra time with friends and relatives; some might want to spend more time alone. Let your child know it is normal to experience anger, guilt and sadness, and to express things in different ways—for example, a person may feel sad but not cry.
9. Listen well. It is important to understand how your child views the situation, and what is confusing or troubling to him or her. Do not lecture—just be understanding. Let kids know it is OK to tell you how they are feeling at any time.
10. Help children relax with breathing exercises. Breathing becomes shallow when anxiety sets in; deep belly breaths can help children calm down. You can hold a feather or a wad of cotton in front of your child's mouth and ask him to blow at it, exhaling slowly. Or you can say, "Let's breathe in slowly while I count to three, then breathe out while I count to three." Place a stuffed animal or

pillow on your child's belly as he lies down and ask him to breathe in and out slowly and watch the stuffed animal or pillow rise and fall.

11. Acknowledge what your child is feeling. If a child admits to a concern, do not respond, "Oh, don't be worried," because he may feel embarrassed or criticized. Simply confirm what you are hearing: "Yes, I can see that you are worried."
12. Know that it's okay to answer, "I don't know." What children need most is someone whom they trust to listen to their questions, accept their feelings, and be there for them. Don't worry about knowing exactly the right thing to say — after all, there is no answer that will make everything okay.
13. Realize that questions may persist. Because the aftermath of a disaster may include constantly changing situations, children may have questions on more than one occasion. Let them know you are ready to talk at any time. Children need to digest information on their own timetable and questions might come out of nowhere.
14. Encourage family discussions about the death of a loved one. When families can talk and feel sad together, it's more likely that kids will share their feelings.
15. Do not give children too much responsibility. It is very important not to overburden kids with tasks, or give them adult ones, as this can be too stressful for them. Instead, for the near future you should lower expectations for household duties and school demands, although it is good to have them do at least some chores.
16. Give special help to kids with special needs. These children may require more time, support and guidance than other children. You might need to simplify the language you use, and repeat things very often. You may also need to tailor information to your child's strength; for instance, a child with language disability may better understand information through the use of visual materials or other means of communication you are used to.
17. Watch for signs of trauma. Within the first month after a disaster it is common for kids to seem mostly okay. After that, the numbness wears off and kids might experience more symptoms — especially children who have witnessed injuries or death, lost immediate family members, experienced previous trauma in their lives or who are not resettled in a new home.
18. Know when to seek help. Although anxiety and other issues may last for months, seek immediate help from your family doctor or from a mental health professional if they do not abate or your child starts to hear voices, sees things that are not there, becomes paranoid, experiences panic attacks, or has thoughts of wanting to harm himself or other people.
19. Take care of yourself. You can best help your child when you help yourself. Talk about concerns with friends and relatives; it might be helpful to form a support group. If you belong to a church or community group, keep participating. Try to eat right, drink enough water, stick to exercise routines, and get enough sleep. Physical health protects against emotional

vulnerability. To reduce stress, do deep breathing. If you suffer from severe anxiety that interferes with your ability to function, seek help from a doctor or mental health professional and if you don't have access to one, talk with a religious leader. Recognize your need for help and get it. Do it for your child's sake, if for no other reason.

## **Behavioral practices to avoid onset of depression/ anxiety**

1. Exercise regularly. Exercising regularly is one of the best things you can do for your mental health.
2. Cut back on social media time. Research has shown that increased social media usage can cause or contribute to depression and low self-esteem. Social media can be addicting, and it's a necessity to stay connected with family, friends, and even coworkers. It's how we plan and invite each other to events and share big news.
3. Build strong relationships. Having a strong support system and an active social life is important for our mental health. Research has shown that having even "adequate" social support can protect against depression.
4. Minimize your daily choices. Researchers think that having too many choices can actually cause significant stress that can lead to depression.
5. Reduce stress. Chronic stress is one of the most avoidable common causes of depression. Learning how to manage and cope with stress is essential for optimal mental health.
6. Maintain your treatment plan. If you've already experienced one depressive episode, there's a decent chance you'll experience another. That's why maintaining your treatment plan is so important.
7. Get plenty of sleep. Getting plenty of high-quality sleep is necessary for both mental and physical health. According to the National Sleep Foundation, people with insomnia have a tenfold risk of developing depression compared to those who sleep well.
8. Stay away from toxic people. We've all met that person who just makes us feel bad about ourselves. Sometimes they're an outright bully, and other times they subtly put us down to make themselves feel better. They may even be someone who takes advantage of us. Regardless of the specific situation, toxic people should be avoided at all costs. They can lower our self-esteem.
9. Eat well. Recent research has shown that regularly consuming a high-fat diet can have similar effects as chronic stress in terms of causing depression. In addition, an unhealthy diet can also deprive your body of vital nutrients it needs to maintain physical and mental health.

10. Maintain a healthy weight. Obesity can result in low self-esteem, especially once you start adding in the judgements and criticisms of other people. If you're exercising regularly, getting enough sleep, and eating well, maintaining a healthy weight should fall into place.
11. Manage chronic conditions. People with other chronic conditions have a higher risk of developing depression.
12. Read prescription medication side effects carefully. However, a number of different prescription medications can cause depression as a side effect. Read prescription labels carefully before taking them. You can talk to your doctor and see if other medications or treatments can resolve your condition without depression as a side effect.
13. Reduce alcohol and drug use. The excessive use of alcohol and any drug use not only is associated with higher risks of depression, but also high risks of depression relapse. Limit alcohol intake, and eliminate any drug use as safely as possible.
14. Get off nicotine. Smoking and depression can perpetuate each other, though any type of nicotine can act as a depression trigger.
15. Plan for unavoidable known triggers. There are some depression triggers, but if you know about them, you can plan for them. And that can help you cope preemptively. Examples of unavoidable depression triggers could be the anniversary of a death or a divorce, or knowing that you'll see your ex and their new partner at your child's school function.

## **Mental health first aid**

1. Mental health first aid is a training program that teaches members of the public how to help a person developing a mental health problem (including a substance use problem), experiencing a worsening of an existing mental health problem or in a mental health crisis. The training teaches people how to offer initial support until appropriate professional help is received or until the crisis resolves.
2. How is mental health first aid administered?
  - a. Mental Health First Aid is an interactive 8-hour training course that presents an overview of mental illnesses and substance use disorders in the U.S.
  - b. The course introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and reviews common treatments.
  - c. The course offers easy to follow materials for non-clinicians to identify, understand, and provide initial help to individuals in crisis or showing symptoms of a mental illness or substance use disorder.

## **Knowledge parents should have to identify mental health symptoms**

1. Mental health disorders in children — or developmental disorders that are addressed by mental health professionals — may include the following:
  - d. Anxiety disorders.
  - e. Attention-deficit/hyperactivity disorder (ADHD).
  - f. Autism spectrum disorder (ASD).
  - g. Eating disorders.
  - h. Depression and other mood disorders.
  - i. Post-traumatic stress disorder (PTSD).
  - j. Schizophrenia.
2. Warning signs that your child may have a mental health disorder include:
  - a. Persistent sadness — two or more weeks
  - b. Withdrawing from or avoiding social interactions
  - c. Hurting oneself or talking about hurting oneself
  - d. Talking about death or suicide
  - e. Outbursts of extreme irritability
  - f. Out-of-control behavior that can be harmful
  - g. Drastic changes in mood, behavior or personality
  - h. Changes in eating habits
  - i. Loss of weight
  - j. Difficulty sleeping
  - k. Frequent headaches or stomach aches
  - l. Difficulty concentrating
  - m. Changes in academic performance
  - n. Avoiding or missing school

## **Common techniques for treating mental health issues**

1. Psychotherapy
  - a. Also known as talk therapy or behavior therapy, is a way to address mental health concerns by talking with a psychologist or other mental health professional.
  - b. With young children, psychotherapy may include play time or games, as well as talk about what happens while playing.
  - c. During psychotherapy, children and adolescents learn how to talk about thoughts and feelings, how to respond to them, and how to learn new behaviors and coping skills.
2. Medication
  - a. Such as a stimulant, antidepressant, anti-anxiety medication, antipsychotic or mood stabilizer — as part of the treatment plan.

## **Facilitating open communication between parents and children**

1. Start communicating effectively while children are young.
2. Communicate at your children's level.
3. Learn how to really listen.
  - a. Make and maintain eye contact.
  - b. Eliminate distractions.
  - c. Listen with a closed mouth.
  - d. Let your children know they have been heard.
4. Keep conversations brief.
5. Ask the right questions.
6. Express your own feelings and ideas when communicating with children.
7. Regularly schedule family meetings or times to talk.
8. Admit it when you don't know something.
9. Try to make explanations complete.

## **Measuring treatment process**

1. Gathering existing data
2. Biological measurements
3. Diagnostic interview
4. Screening assessment tools

## **Creating supportive environments for children**

1. Fun and engaging playgrounds with safe and age-appropriate equipment
2. Purpose-built and adaptable sporting facilities
3. Green and open spaces
4. Classrooms and learning spaces designed and set up to encourage movement
5. Outdoor classrooms
6. Secure bike and scooter storage
7. Sensory play areas
8. Fitness and sport equipment and/or line markings which encourage active play
9. Buildings and classrooms designed for multi-purpose use of indoor and outdoor space to encourage an active school life.

# Competitive Research

## Breathe



### 5. Breathe, Think, Do with Sesame

(Android, iPhone, iPad)

Breathe, Think, and Do with Sesame is a free app that helps kids learn to deal with frustrating situations using the "breathe, think, do" method. They'll learn to take long, deep belly breaths to calm down, think of a few strategies to handle the problem, and then do those things. They'll develop resilience as they overcome frustrations and challenges on their own.

Even young children aged two to five can become more aware of their own emotions. Breathe, Think, Do features your child's favourite Sesame Street characters to help teach them skills such as problem-solving, self-control, planning and perseverance.

[Download Breathe, Think, Do with Sesame](#)

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### Strengths

- Simple method to teach children techniques of mindfulness, differences between cognitive differences and realities, conflict resolution, and de-escalation techniques. Notable Brand of Sesame Street, children will recognize the characters, songs, etc.
- Simple method for them to stop what they are doing when they are feeling frustrated and perform three easy tasks: breath, think, and do

### Weaknesses

- This app doesn't allow for the identification process. It would be beneficial to include a component in which children can learn to identify their emotions. Although geared towards children that feel frustrated, it doesn't expand into other emotions.

### Opportunities

- Parents are starting to become aware of emotional check-ins for their children at much younger ages
- Meets parents demands of entertaining their children while providing an educational component

### Threats

- More mindfulness apps are emerging, although may not be specific for this age group

# Smiling Mind



## 4. Smiling Mind

(Android, iPhone, iPad)

Smiling Mind is designed to help people pressure, stress, and challenges of daily life. This app has a fantastic section on Mindfulness in the Classroom. An especially good choice for the younger users out there, as it was created specifically with students in mind. Smiling Mind offers programs for a variety of age groups, including 7-9, 10-12, 13-15, 16-18 and adults. The app has an easy-to-use interface for keeping track of your progress over time, both in terms of how many sessions you complete and how your emotions change.

[Download Smiling Mind](#)

### Strengths

- Allows children to practice daily meditation and mindfulness
- Tool developed by psychologists and educators
- Includes school programs aimed at mental health and resilience
- Easily embedded in school and home life

### Weaknesses

- Competitive market- emergence of other mindfulness apps- Headspace

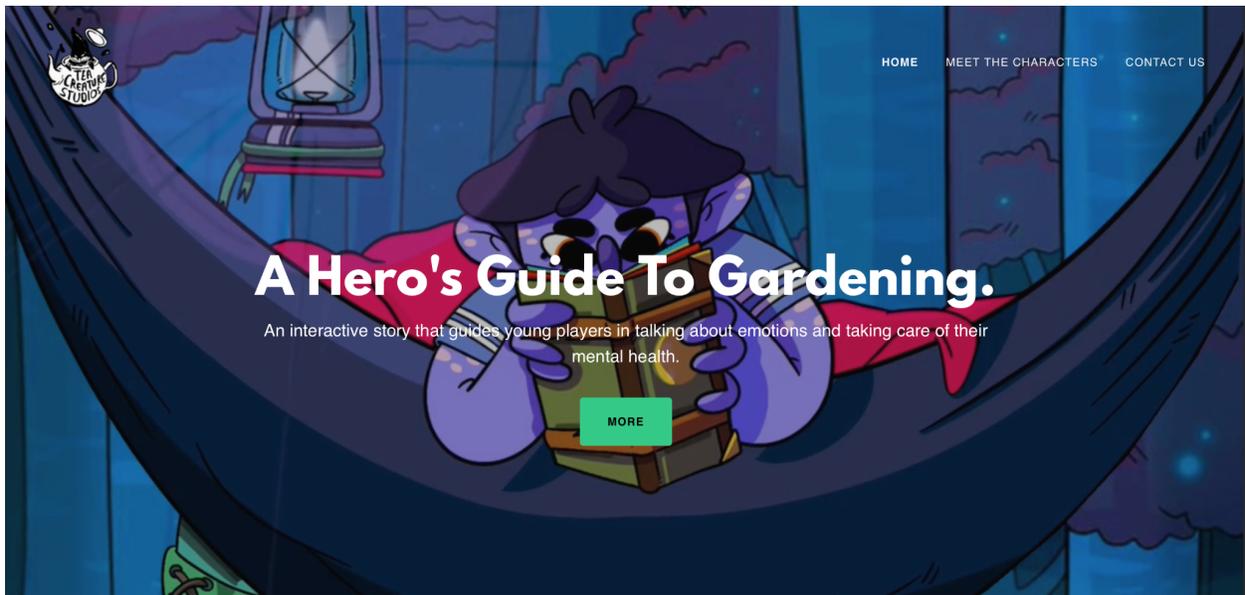
### Opportunities

- Makes mindfulness more accessible
- Ability to integrate a mindfulness program in school and homelife

### Threats

- Brand is important in app loyalty, this is an Australian Company, may not be as well equipped to penetrate the American market

## A Hero's Guide to Gardening



### Strengths

- The interactive story is engaging
- It's allows children to have fun and learn about mental health
- The design is memorable

### Weakness

- The game doesn't have any review
- Can be confusing to children who are not familiar with interactive games

### Opportunities

- More children have their own mobile phones so they should be able to play this game
- More parents regard a game as a platform for their children to learn something new
- Most mindfulness games are for kids who are under 9 years old

### Threats

- There are many other different categories of apps for children's mental health

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