

**STUDENT MENTAL HEALTH WHITE PAPER
SEPTEMBER 2019**

WHAT RESEARCH SAYS ABOUT
STUDENTS' INCREASED
MENTAL HEALTH CRISES AND
HOW GAGGLE CAN BE
THE FIRST LINE OF DEFENSE
FOR DISTRICTS

At Gaggle, our mission is to help ensure the safety and well-being of all students. We use both artificial intelligence and trained safety experts to proactively assist districts in the prevention of bullying, inappropriate behaviors, school violence, and other harmful situations—24 hours a day, seven days a week, 365 days a year. Gaggle has helped hundreds of districts avoid tragedies and save lives, while also protecting their liability.



WHAT RESEARCH SAYS ABOUT STUDENTS' INCREASED MENTAL HEALTH CRISES AND HOW GAGGLE CAN BE THE FIRST LINE OF DEFENSE FOR DISTRICTS

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INTRODUCTION: THE NEED

A crisis in adolescent mental health is forcing school districts to become more proactive in monitoring and providing services to support students in need. The statistics are startling. Anxiety and depression among students is on the rise. 70 percent of teens now see anxiety and depression as a major problem among their peers.¹ Suicide is now the second-leading cause of death among 10- to 19-year-olds.² Four out of ten students report that bullying, substance abuse, and alcohol consumption are major problems affecting students they know.³ According to the National Education Association (NEA), at least 10 million students ages 13–18 need professional help for a mental health condition. Pew Research reports that the need for improved student mental health is found across the spectrum of race, gender, and socio-economic level.

Schools and districts are responding to a significant need expressed by their students due to increased rates of anxiety, depression, suicide, and other risky behaviors. This white paper reveals some of the research that is helping educators and school administrators understand and respond to this deepening crisis. Students are under both academic and social pressure. They feel anxious about high-stakes testing and the pressure to do well. Social media and increased screen time result in less face-to-face interaction and produce anxiety about lack of perfection. Researcher Jean M. Twenge found that adolescents with little in-person social interaction and high social media usage have the highest level of depressive symptoms and are most in need of intervention (Twenge et al., 2017).

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AT LEAST 10
MILLION STUDENTS
AGES 13-18 NEED
PROFESSIONAL
HELP FOR A
MENTAL HEALTH
CONDITION.

1 | <https://www.pewsocialtrends.org/2019/02/20/most-u-s-teens-see-anxiety-and-depression-as-a-major-problem-among-their-peers/>

2 | <https://www.nationwidechildrens.org/research/areas-of-research/center-for-innovation-in-pediatric-practice/suicide-prevention-and-research>

3 | <https://www.pewsocialtrends.org/2019/02/20/most-u-s-teens-see-anxiety-and-depression-as-a-major-problem-among-their-peers/>

Districts understand that improving student mental health is as important as keeping students physically safe on campus. The National Association for Secondary School Principals (NASSP) and the National Alliance on Mental Health (NAMI) are just two of the organizations that advocate for the kind of school-based mental health services that students need to thrive. The National Association of School Psychologists (NASP) recommend that schools provide multiple mental health services to address a range of students' needs. How schools can expand their services, create community partnerships, and where to look for additional guidance and training are included in this discussion.

Finally, this paper will discuss how districts are using Gaggle, a safety management solution, as a part of a comprehensive program supporting students' physical and emotional safety—first as an alarm system for students in distress and also for progress monitoring as schools expand their array of support services for all students.

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THE NATIONAL
ASSOCIATION
OF SCHOOL
PSYCHOLOGISTS
(NASP)
RECOMMEND
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NEEDS.

An abstract graphic on a dark blue background. It features a series of vertical bars of increasing height from left to right, overlaid with a thick, light blue line that trends upwards and ends in an arrowhead. A large, semi-transparent light blue circle is positioned in the lower-left quadrant.

ANXIETY
AND DEPRESSION
ON THE RISE

A 2018 Pew Research study found that 70 percent of teens believe that anxiety and depression are increasing. If they are not experiencing it themselves, they see it as a major problem among their peers. Researchers also found that mental health issues are of equal concern across demographic groups. Other factors revealed in the Pew research:



40% OF TEENS FROM AGES 13 TO 17 SAY THAT BULLYING, SUBSTANCE ABUSE, AND ALCOHOL CONSUMPTION ARE MAJOR PROBLEMS AFFECTING PEOPLE THEIR AGE.



36% OF GIRLS FEEL TENSE OR NERVOUS ABOUT THEIR DAY COMPARED TO 23 PERCENT OF BOYS



29% OF TEENS FEEL PRESSURE TO LOOK GOOD: 35 PERCENT OF GIRLS REPORT FEELING THIS PRESSURE COMPARED TO ONLY 23 PERCENT OF BOYS



28% OF TEENS FEEL PRESSURE TO FIT IN SOCIALLY

Other researchers report that 30 percent of high school students engage in multiple high-risk behaviors, such as substance abuse, sex, violence, depression, and attempted suicide (Durlak et al., 2011, citing Sryfoos, 1997; Eaton et al., 2008).

Bullying can also lead to anxiety and depression. According to the National Center for Education Statistics (NCES), 20 percent of students ages 12–18 reported being bullied during the 2016–2017 school year. Of these, 15 percent were bullied online or via text message. This represents a 3.5 percent increase in

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THE NUMBER OF STUDENTS REQUIRING PROFESSIONAL HELP IS STAGGERING. AUTHOR TIM WALKER REPORTS IN NEA TODAY THAT 70 PERCENT OF STUDENTS WITH A MENTAL HEALTH DISORDER DO NOT RECEIVE TREATMENT, AND THAT AT LEAST 10 MILLION STUDENTS AGES 13-18 ARE SUFFERING FROM DEPRESSION, ANXIETY, ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD), OR BIPOLAR DISORDER.

THERE IS REAL URGENCY FOR EARLY TREATMENT OF MENTAL HEALTH DISORDERS.⁴

THE CHILD MIND INSTITUTE REPORTS THAT HALF OF ALL MENTAL ILLNESS OCCURS BEFORE THE AGE OF 14, AND 75 PERCENT BY THE AGE OF 24. “ONE IN FIVE STUDENTS IN THIS COUNTRY NEEDS TREATMENT,” SAYS DR. DAVID ANDERSON, SENIOR DIRECTOR OF THE INSTITUTE’S ADHD AND BEHAVIOR DISORDERS CENTER.

“WE ARE SEEING A REAL MOVEMENT TO PROPERLY AND SYSTEMATICALLY TACKLE THIS CRISIS.”

4 | <http://neatoday.org/2018/03/28/the-epidemic-of-student-anxiety>

cyberbullying from 2014 to 2015. There is gender disparity here with 21 percent of female students reporting being bullied compared to only 7 percent of boys.

A federal government website, www.stopbullying.gov, is a clearinghouse of information about bullying and cyberbullying. They report that 70.6 percent of young people have seen bullying in their schools, and 70.4 percent of school staff report witnessing bullying incidents. Research indicates that persistent incidents of bullying can lead to feelings of rejection, exclusion, isolation, and despair, as well as depression and anxiety. These could lead to suicidal thoughts, but correlation is not causation. 87 percent of school shooters have left evidence that they have been victims of bullying. 78 percent have a history of suicidal thoughts or suicide attempts before the attack.⁵

SUICIDES **ARE INCREASING**

Suicide is now the second leading cause of death for children ages 10–19 years old in the United States. The Center for Suicide Prevention and Research reports that one in six teens has seriously considered suicide in the past year.⁶

StopBullying.gov reports that most young people who die by suicide exhibit multiple risk factors. Researcher Jean M. Twenge found that depression, suicide-related outcomes, and suicide rates increased adolescent's between 2010 and 2015, especially among females. Twenge found that teens who spent more time on new media, including smartphones and social media, were more likely to report mental health issues.⁷ Her findings link screen activities with higher levels of depressive symptoms and suicide-related outcomes. Twenge also found that when adolescents spent more time on non-screen activities, they were less likely to report mental health issues.



SUICIDE IS
NOW THE
SECOND-LEADING
CAUSE OF DEATH
FOR CHILDREN
AGES 10–19 YEARS
OLD IN THE
UNITED STATES.

5 | <https://www.counseling.org/knowledge-center/vistas/by-subject2/vistas-crisis/docs/default-source/vistas/school-shootings-and-student-mental-health>

6 | <https://www.nationwidechildrens.org/research/areas-of-research/center-for-innovation-in-pediatric-practice/suicide-prevention-and-research>

7 | <https://journals.sagepub.com/doi/pdf/10.1177/2167702617723376>

The background is a solid dark blue. In the lower-left quadrant, there are three overlapping circles of varying shades of blue. To the right of these circles, there are three horizontal, wavy lines in a medium blue color, resembling stylized waves or ripples. The text is positioned in the lower-left area, partially overlapping the circles.

THE CAUSE:

A MENTAL HEALTH
TSUNAMI

“A mental health tsunami,” the term coined by author Ellen Flannery in an article for *NEA Today*, describes the huge number of teens and young adults who are suffering from anxiety.⁸ In Flannery’s reporting, Rob Benner, a Bridgeport, Connecticut school psychologist with nearly 30 years of experience, said “I see two major issues. One is testing anxiety, and the other is anxiety over social media.”

ACADEMIC **PRESSURE**

In the Pew survey of teens, academic pressure tops their list of stressors: 61 percent say they face a lot of pressure to get good grades. The path to getting into a good college includes pressure to take rigorous courses, high-stakes testing, and good grades. It also includes pressure to have high-quality extracurricular activities as well, so the student will be perceived more positively by college admissions staff. Students are looking for an edge that will help them stand out, and that creates pressure.

SOCIAL **MEDIA**

Flannery reports that the other big issue affecting teens’ anxiety is social media. A study published in *Clinical Psychological Science* points to the development of something troubling in the lives of U.S. teens between 2010 and 2015. During those five years, the number of teens who felt “useless and joyless” surged 33 percent. The number of 13- to 18-year-olds who completed an act of suicide jumped 31 percent.⁹

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ONE OF THE STUDY’S AUTHORS, FLANNERY REPORTED, WAS SAN DIEGO STATE UNIVERSITY PROFESSOR JEAN TWENGE, WHO STATED IN A *WASHINGTON POST* ARTICLE, “AFTER SCOURING SEVERAL LARGE SURVEYS FOR CLUES, I FOUND THAT ALL OF THE POSSIBILITIES TRACED BACK TO A MAJOR CHANGE IN TEENS’ LIVES: THE SUDDEN ASCENDANCE OF THE SMARTPHONE.”

8 | <http://neatoday.org/2018/03/28/the-epidemic-of-student-anxiety/>

9 | Ibid

In her own peer review journal article, Twenge detailed some of her findings:

·TEENS WHO SPEND FIVE OR MORE HOURS ONLINE A DAY WERE 71 PERCENT MORE LIKELY THAN THOSE WHO SPENT ONLY ONE HOUR A DAY ONLINE TO HAVE AT LEAST ONE SUICIDE RISK FACTOR.

·STUDENTS SAY THINGS BEHIND A SCREEN THAT THEY WOULD NEVER SAY FACE TO FACE, LIKE “YOU SHOULD KILL YOURSELF.”

·ADOLESCENTS USING ELECTRONIC DEVICES THREE OR MORE HOURS A DAY WERE 34 PERCENT MORE LIKELY TO HAVE AT LEAST ONE SUICIDE-RELATED OUTCOME THAN THOSE USING DEVICES TWO OR FEWER HOURS A DAY.

Twenge also found that the increase in depression symptoms and suicide-related outcomes was exclusive to females. This suggested to Twenge and her team that screen time, particularly in social media, may have a larger impact on girls’ mental health than on boys. The connection between the increase in teen depression and the rise of the smartphone is clear. Smartphones were used by about half of Americans by late 2012. By 2015, 92% of teens and young adults owned a smartphone (Twenge et al., 2018 citing Smith, 2017)

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TEENS WHO SPEND FIVE OR MORE HOURS ONLINE A DAY WERE 71 PERCENT MORE LIKELY THAN THOSE WHO SPENT ONLY ONE HOUR A DAY ONLINE TO HAVE AT LEAST ONE SUICIDE RISK FACTOR.

CHILDHOOD TRAUMA

ANOTHER CAUSE OF RISING MENTAL HEALTH CONCERNS AMONG STUDENTS IS THE INCREASE IN CHILDREN AND YOUTH EXPERIENCING TRAUMATIC STRESS, WHICH HAS LONG-TERM HEALTH IMPACTS ON YOUNG DEVELOPING BRAINS. ONE TOOL THAT SCHOOLS USE TO MEASURE TRAUMA IN CHILDREN IS THE ADVERSE CHILDHOOD EXPERIENCES (ACE) SCORE.¹⁰ PRACTITIONERS HAVE FOUND THAT THE HIGHER THE ACE SCORE, THE GREATER THE CHANCE THAT THE STUDENT IS SUFFERING FROM POOR PHYSICAL OR MENTAL HEALTH, AND COULD DEVELOP RISKY BEHAVIORS AND HAVE FEWER EDUCATIONAL OPPORTUNITIES. THERE ARE MANY CAUSES FOR STUDENT TRAUMA—AT HOME AND AT SCHOOL. SCHOOLS SOMETIMES INADVERTENTLY CAUSE TRAUMA TO THEIR STUDENTS THROUGH SCHOOL POLICIES AND PRACTICES. FOR EXAMPLE, SORTING STUDENTS BY PERCEIVED ACADEMIC ABILITY, OR TRACKING, LABELS THE STUDENT AS “NOT SMART,” AND THAT LEADS TO DIMINISHED SELF-WORTH. SOME BEHAVIORAL POLICIES CAN ALSO CAUSE TRAUMA TO STUDENTS, SUCH AS THE DISPROPORTIONATE NUMBER OF MINORITY STUDENTS INVOLVED IN BEHAVIOR REFERRALS.



THE SOLUTION:

CREATE MORE STUDENT
SUPPORT SERVICES

Many organizations involved with student mental health believe that although it may be a surprise to people that the public school system is the largest distribution channel for mental health services, it is imperative that schools and districts build out more comprehensive student services to support students' physical and mental health. Experts believe that this is not the sole responsibility of school districts but requires a community-based solution, including community-wide conversations involving students, parents, and educators about academic and social pressures.¹¹

The NASP urges districts to provide a continuum of school mental health services and believes this is critical to addressing the range of students' needs. They recommend a comprehensive multi-tiered system of supports (MTSS) using school-employed mental health professionals.

"MTSS encompasses the continuum of need, enabling schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, data-driven services for individual students as needed. Access to adequate staffing of school-employed mental health professionals is essential to the quality and effectiveness of these services."¹²

In their position paper on mental health in middle and high schools, the NASSP provides school leaders with a number of best practices for dealing with adolescent suicide as well as other mental health crises.¹³ Recognizing that schools have a limited capacity to provide school-based services, NASSP advocates that districts build their capacity to create comprehensive school-based interventions and coordinate mental and behavioral services for students.¹⁴



TALKING ABOUT
MENTAL HEALTH
SHOULD BE AS
NORMAL AS
TALKING ABOUT
PHYSICAL HEALTH.



11 | <http://neatoday.org/2018/03/28/the-epidemic-of-student-anxiety/>

12 | <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services>

13 | <https://www.nassp.org/policy-advocacy-center/nassp-position-statements/promoting-mental-health-in-middle-level-and-high-schools/>

14 | Ibid.

Other NASSP recommendations for school leaders include:

- Creating a safe and nurturing school environment
- Supporting the physical and mental health of children
- Fostering their social and emotional well-being
- Being prepared to address teen suicide through effective communication and support

FUNDING ADDITIONAL STUDENT **SERVICES**

When the Every Student Succeeds Act (ESSA) replaced No Child Left Behind (NCLB) in 2015, the federal government restructured some of its education funding. In 2009, there was \$800 million allocated to students' mental health and wellness. In 2017, this amount dropped to \$400 million.¹⁵ The authors of ESSA understood the ways in which students are bullied and recognized that mental health issues often lead to suicide or other tragedies. Experts recommend using Title IV dollars to support student mental health. At least 20 percent of district Title IV funds must go to keeping schools safe and healthy. If a district wants to implement solutions for school violence, up to 80 percent of Title IV funds can be used to identify and prevent violent acts in schools.¹⁶

NASSP also recommends that state and local policy makers provide funding to expand mental health support for students in schools. They support the American Counseling Association's recommendation of one counselor for every 250 students, but counselors in many schools are often juggling twice as many students. "Districts need to take preemptive measures instead of waiting until violence happens...districts need to show that student health and safety is the number one priority." In addition to academics, NASSP recommends that districts promote social and emotional learning (SEL) and behavioral health for all students.¹⁷

OTHER NASSP RECOMMENDATIONS FOR SCHOOL LEADERS INCLUDE:



CREATING A SAFE AND NURTURING
SCHOOL ENVIRONMENT



SUPPORTING THE PHYSICAL AND
MENTAL HEALTH OF CHILDREN



FOSTERING THEIR SOCIAL AND
EMOTIONAL WELL-BEING



BEING PREPARED TO ADDRESS
TEEN SUICIDE THROUGH
EFFECTIVE COMMUNICATION
AND SUPPORT

¹⁵ | Ibid.

¹⁶ | <https://www.gaggle.net/wp-content/uploads/Gaggle-ESSAwhitepaper-interactive.pdf>

¹⁷ | <https://www.nassp.org/policy-advocacy-center/nassp-position-statements/promoting-mental-health-in-middle-level-and-high-schools/>

The NASP reports that students who receive social-emotional and mental health supports are more successful academically and personally.¹⁸ Educators can help decrease school violence by assisting students who are struggling by encouraging tutoring and mentorship, utilizing a “peer pal” for healthier communication and social skill development, and increasing family involvement so that the students do not feel alone.¹⁹

SCHOOLS OFFER **MORE PROFESSIONAL HELP**

Emily Tate reports in EdSurge that the education community is increasingly getting involved in these issues, looping in social workers, licensed therapists, and other mental health services to help students who are struggling. Tim Walker reports in *NEA Today* that 70% of students with a mental health disorder do not receive the treatment they need. More than two-thirds of students from ages 13 to 18, approximately 10 million individuals, require some level of professional help for a mental health condition. The most common of these are: depression, anxiety, ADHD, and bipolar disorder. Unfortunately, Walker reports, the majority of these students do not have access to treatment.

Walker cites statistics from the Child Mind Institute that half of all mental illnesses occur before the age of 14, and 75 percent by the age of 24—highlighting the need for systemic approaches to the problem. “One in five students in this country need treatment,” says

Dr. David Anderson, senior director of the Institute’s ADHD and Behavior Disorders Center. “We are seeing a real movement to properly and systematically tackle this crisis, because what these students don’t need is a ‘quick fix.’”

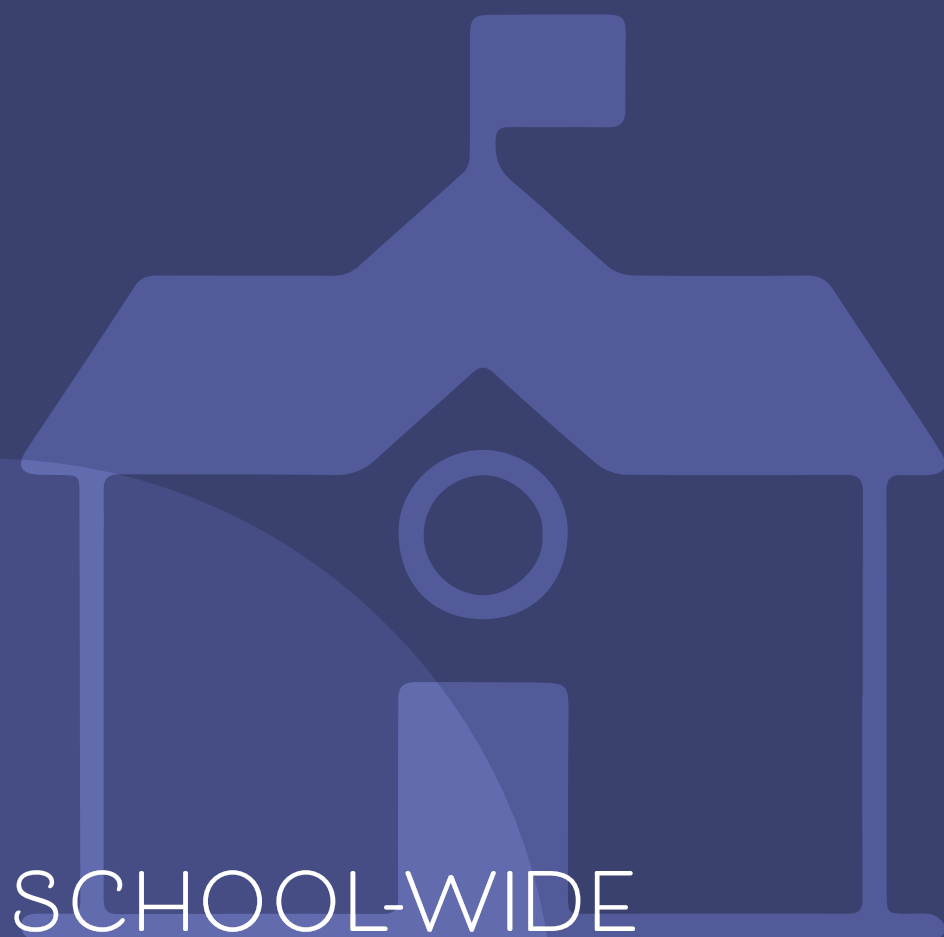
The NAMI advocates for the supports that schools need to provide school-based mental health services. Programs can bring trained community mental health professionals into schools to provide mental health care or to link families to resources. School-based programs can provide access to services and supports, and help reduce the confusion and isolation youth with mental health conditions and their families often experience.

NAMI HAS A PROGRAM CALLED ENDING THE SILENCE, WHICH NOT ONLY INFORMS STUDENTS ABOUT DIFFERENT MENTAL HEALTH CONDITIONS BUT TEACHES THEM HOW TO ASK FOR HELP FOR THEMSELVES OR A FRIEND. THIS FREE PRESENTATION LETS STUDENTS SEE THE REALITY OF LIVING WITH A MENTAL HEALTH CONDITION, SENSITIZES THEM TO MENTAL HEALTH ISSUES, AND PROVIDES TOOLS TO HELP. WALKER NOTES THAT STUDIES SHOW THAT 81 PERCENT OF TEENS WITH ANXIETY, 71 PERCENT WITH DEPRESSION, AND 85 PERCENT WITH ADHD GET BETTER WITH TREATMENT.²⁰

18 | <https://www.counseling.org/knowledge-center/vistas/by-subject2/vistas-crisis/docs/default-source/vistas/school-shootings-and-student-mental-health>

19 | Ibid.

20 | <http://neatoday.org/2018/09/13/mental-health-in-schools/>



SCHOOL-WIDE **INTERVENTIONS**

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When implemented effectively, SEL-based school-wide interventions can impact a number of different school and life outcomes. For example, successful interventions result in greater student engagement, fewer behavioral incidents, and fewer placements into special education. The Collaborative for Academic, Social, and Emotional Learning (CASEL) at the University of Illinois at Chicago report that schools and districts, both in the U.S. and internationally, are becoming more intentional in their focus on mental health promotion by creating positive and engaging school cultures. This collaborative of experts note that in order to promote the mental health of all students, schools must address their barriers to learning. They recommend that to accomplish these goals, schools and communities should:

- Weave resources into a cohesive and integrated continuum of interventions that prevent problems and promote healthy development
- Encourage early intervention to address problems
- Assist students with chronic or severe problems²¹

SOCIAL AND EMOTIONAL **LEARNING**

Dr. Chris Duzenbery is the director of college and career readiness at MSD of Decatur Township in Indianapolis, and has more than 35 years of experience in public and private education. She says that social and emotional learning encompasses soft skills, such as managing emotions, having empathy for others, cooperating, and making responsible decisions. Learning social and emotional skills in school impacts students outside the classroom as well, including awareness and prevention of substance abuse and mental health. (Duzenbery, 2019). SEL can improve a student's state of mind, emotions, and ability to focus, which improves academic achievement. According to a 2017 meta-analysis, Duzenbery reports

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LEARNING SOCIAL
AND EMOTIONAL
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IMPACTS STUDENTS
OUTSIDE OF THE
CLASSROOM AS
WELL, INCLUDING
AWARENESS AND
PREVENTION
OF SUBSTANCE
ABUSE AND
MENTAL HEALTH.²²

- DUNZENBERY, 2019

21 | <http://crisisresponse.promoteprevent.org/sites/default/files/root/materials/NCPublicationsTools/ConnectingSEL.pdf>

22 | Ibid.

higher social-emotional competencies predicted some long-term benefits such as an increase in high school and college graduation rates, lower likelihood of criminal behavior, fewer clinical mental health disorders, less substance abuse, and lower emotional distress.

Because SEL instruction fosters skills that children will need to cope with challenges, it is possible that fewer children may need intervention. SEL also helps teachers create a more caring classroom environment. Good mental health is critical for children to have success in school and life, and SEL provides skills for students and an environment that promotes their physical and emotional health and safety. Duzenbery cites the National Institute of Mental Health's estimates that one in five children ages 13 to 18 have or will have a serious mental illness. By integrating SEL practices into teaching, she notes, teachers will enhance social and emotional skills in students while creating a safe and supportive environment where all children feel welcome. It is hoped that introducing the language of mental health will reduce some of the stigma and encourage children to seek help when they need it.

In their meta-analysis of follow-up effects to SEL programming, researcher Rebecca Taylor and her colleagues examined 82 interventions involving more than 97,000 students from kindergarten to high school. They were interested in learning how SEL sets students up for success and what directly relates to academic learning. The team found that the academic performance of students who participated in SEL programs was 13 percentile points higher than those students who did not participate. In fact, SEL students experienced long-term decreases in conduct problems, emotional distress, and substance abuse compared to control groups. SEL students were also less likely to have a clinical mental disorder or get arrested as well as having lower rates of pregnancy and sexually transmitted infections (Taylor, et. al., 2017).



DUZENBERY CITES THE
NATIONAL INSTITUTE
OF MENTAL HEALTH'S
ESTIMATES THAT
ONE IN FIVE CHILDREN
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WILL HAVE A SERIOUS
MENTAL ILLNESS.



GOOD MENTAL
HEALTH IS CRITICAL
FOR CHILDREN TO
HAVE SUCCESS IN
SCHOOL AND LIFE

Findings from other studies indicate that SEL programs are associated with positive results such as improved attitudes about the self and others, increased prosocial behavior, lower levels of problem behaviors and emotional distress, and improved academic performance (Durlak, 2011, citing Catalano et. al, 2002; Greenberg et al., 2003; Zins et al, 2004).

COMMUNITY-WIDE **CONVERSATIONS**

Meeting all students' needs requires collaboration between schools and community health providers. Schools are not equipped to provide the wide range of services students need. Increasingly, schools and communities are partnering together to provide social services support to students and their families. It is up to each community to determine how referrals to treatment options should occur. The Suicide Resource Center advocates for community involvement for suicide prevention. Preventing teen suicide is a community problem, not just a school problem. Suggested participants in a community effort to conduct prevention activities include churches and places of worship, healthcare providers, corporate sponsors or workplaces, and other community groups. Building a coalition of community partners can help members better understand the factors around suicide in their communities and begin to identify suicide prevention strategies that may be appropriate and effective.

Many communities across the country have taken a public health approach to suicide prevention—seeing it as community problem. A public health perspective requires that communities work together to understand and address systemic, family, and personal risk factors for suicide.

A GOOD EXAMPLE OF HOW THIS WORK CAN BE ORGANIZED IS IN EL PASO COUNTY, COLORADO. THE COUNTY PUBLIC HEALTH DEPARTMENT CONVENED ALMOST 60 COMMUNITY PARTNERS TO TACKLE THE FOLLOWING GOALS:

INCREASING COMMUNICATION BETWEEN AND AMONG YOUTH-SERVING AGENCIES WHEN A YOUTH IS IDENTIFIED AS AT RISK FOR SUICIDE TO INCREASE COORDINATION OF SERVICES AND ACTIVITIES;

REDUCING THE STIGMA OF BEHAVIORAL HEALTH CONDITIONS, SUCH AS DEPRESSION OR ANXIETY, IN ORDER TO INCREASE HELP-SEEKING BEHAVIOR AMONG YOUTH;

IMPROVE DEPRESSION SCREENINGS IN PRIMARY CARE AND PUBLIC HEALTH SETTINGS TO IDENTIFY YOUTH AT RISK FOR SUICIDE AND REFER THEM TO APPROPRIATE TREATMENTS.²³

23 | <https://www.elpasocountyhealth.org/services/teen-suicide-prevention>

GAGGLE IS SAVING LIVES

Suicide is the second-leading cause of death among youth ages 10–24. Each day, more than 3,000 U.S. high school students try to end their own lives, according to the Centers for Disease Control and Prevention. But schools using Gaggle to review their students' use of online tools were able to intervene in more than 6,000 cases of possible suicide or self-harm during the 2018–19 school year alone, saving at least 700 lives. Gaggle discovered:

52K

REFERENCES TO SUICIDE OR SELF-HARM IN STUDENTS' ONLINE ACTIVITY—6,000 SERIOUS ENOUGH TO MERIT IMMEDIATE ATTENTION BY THE DISTRICT.

34K

REFERENCES OF VIOLENCE TOWARD OTHERS—1,600 WARRANTED AN IMMEDIATE CALL TO PREVENT A POTENTIAL INCIDENT.

15K

INSTANCES OF NUDITY OR SEXUAL CONTENT—5,100 REQUIRED IMMEDIATE ACTION.

These figures come from Gaggle's student safety management solution, which uses a combination of machine learning algorithms and human safety experts to review students' online activity. The solution alerts school officials when students show signs of self-harm, depression, thoughts of suicide, substance abuse, cyberbullying, unhealthy relationships, and other credible threats.

BUT IF K-12 LEADERS HAVE VISIBILITY INTO STUDENTS' ONLINE ACTIVITY, BACKED BY 24/7 MONITORING WITH THE HELP OF HUMAN SAFETY SPECIALISTS, THEY CAN STEP IN AND TAKE APPROPRIATE ACTION TO PROTECT STUDENTS FROM HARMING THEMSELVES AND OTHERS—IN SOME CASES, PREVENTING A SITUATION FROM BECOMING TRAGIC BEFORE IT'S TOO LATE.

—THROUGH THE GAGGLE
LENS: THE STATE OF STUDENT
SAFETY 2018–2019 SCHOOL
YEAR REPORT



HOW DISTRICTS ARE **USING GAGGLE**

HOW DISTRICTS ARE USING GAGGLE

Many districts across the country use Gaggle as part of a more holistic program to identify students who need interventions or require additional academic, social, physical, or emotional support services. Using Gaggle has helped each of the following districts save students' lives. Districts are implementing services and programs, such as SEL or PBIS (positive behavioral intervention and supports), to create supportive learning environments that give students skills to navigate their lives and deal with challenges appropriately. Districts are also working with their local community resources to extend wrap-around services to students in need. School leaders often involve local law enforcement professionals, social workers, and health professionals as part of their overall student safety plan, so that supporting safety and well-being is a community goal.



DICKINSON ISD

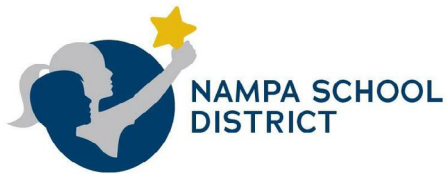
Dickinson ISD, Texas is located between Houston and Galveston. One of the country's worst school shootings happened in 2018 right next door to Dickinson in Santa Fe, Texas. That tragedy provided the impetus for Dickinson to expand their school safety plan to include more components and more partners. Gaggle operates as the 24/7 alarm system that identifies students in distress. "Unfortunately, we've been mostly reactive," says Dr. Melissa Williams-Scott, executive director of information systems for Dickinson. "Those students who are in most need are experts at hiding what's going on."

However, Dickinson is taking a proactive approach by adopting programs that help students develop tools and skills to deal with life's challenges, such as a bullying awareness program, character education, and a "No Place for Hate" program. District leaders have also partnered with social workers for support services for students and families, applied for grants for counseling services, and provided access to trauma care and mental health professionals. In the fall of 2019, all teachers will participate in professional development on restorative practices to use with students to help them see certain behaviors and acting out in a different way. The goal is that adults learn to respond in a more effective way to classroom situations and disruptions.



THOSE STUDENTS WHO ARE IN MOST NEED ARE EXPERTS
AT HIDING WHAT'S GOING ON."

Gaggle is an important component of this program. The district response team was carefully chosen by Williams-Scott and other administrators. Every campus has an administrator, a counselor, Williams-Scott, and the network administrator connected to the Galveston County Police as their Gaggle response team. They had five serious incidents during the 2018–2019 school year where the intervention pushed students into treatment of one kind or another. "Social media plays a huge role around mental health today," says Williams-Scott. "Gaggle is the only program that will catch the journals and letters. The fact that we need Gaggle is sad, but cool and helpful all at the same time."



NAMPA SD, Idaho has focused on youth suicide for a number of years. The Mountain West region has the highest suicide rates in the country, and Idaho is part of that area. Some Idaho schools have multiple suicides each year. Superintendent Paula Kellerer engaged the community to see how they could approach suicide prevention from a community perspective rather than just the district's perspective. A panel of experts addressed the myths around suicide with the community. Nampa is now working with many partners, such as United Way and the Blue Cross of Idaho Foundation for Health, that support SEL and PBIS in the schools as preventative measures. An impact team of 13 people met to determine where investments could be made upstream to prevent suicides downstream.

Gaggle is an important part of the Nampa program as it helps identify students in crisis and provides 24/7 monitoring of student-authored documents. "Gaggle is one of our tools," says Kathleen Tuck, director of communications and community relations. "Once students are identified, we'll have a variety of options to help them—we need to have a lot of different ways to identify students who need help and services to support them." Counselors and teachers are being trained on student behavior and what signs to look for. To prevent secondary trauma for teachers and paraprofessionals, they are receiving instruction on self-care.



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Changes in schools include rewarding behavior when teachers see students exhibit grit, gumption, resilience, trustworthiness, and integrity. In order to reduce student stress, they are also teaching students about the importance of learning to fail. Try, fail, iterate is a more productive cycle of learning about how failure can be a positive outcome beneficial for students.



WICHITA FALLS ISD, Texas just completed its first full year using Gaggle during the 2018–2019 school year. They piloted Gaggle in the spring of 2018. “There were lots of disturbing topics and risky behaviors that students spoke to, and the number of interventions because of crisis situations was in the double digits,” says Superintendent Mike Kuhrt. “Gaggle made it vividly clear we needed to do something.” The magnitude of what they found through Gaggle may have surprised faculty and staff. When they started sifting through situations that Gaggle revealed, they saw a lot of students who were struggling.

Before Gaggle, the district had no formalized system of monitoring student mental health issues. Wichita Falls had many community partners but did not have a process for referrals. Their discipline and mental health processes were separate. To connect and integrate counselors, Kuhrt tapped middle and high school counselors to help identify students in crisis. The existing counselors were overwhelmed. They resisted taking responsibility for students’ mental health as they were already taking extra time to work with students.



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In response to counselors’ concerns, Kuhrt hired a director of social emotional services and divided responsibilities between traditional counselors and those tasked with mental health in middle and high school. During the upcoming school year, the district will review all programs to determine any deficiencies in their programs that support physical and emotional health. Kuhrt anticipates this will be a growing year, but he already knows they will need to find funding to create a referral process for services and then provide training for teachers.

Kuhrt believes that students, knowing that Gaggle was scanning their documents 24/7, sometimes posted content they knew would be flagged and followed up. It may have even slowed down some behavior or prevented an incident. “Once you save one student’s life, you’re done,” says Kuhrt. “Gaggle pays for itself. It’s been invaluable for the other six to 10 children who we would not have identified without Gaggle.”



CINCINNATI PS, Ohio has a number of teams dedicated to SEL and building positive school culture in campuses across the district. The teams support the overall physical and mental well-being of students. The district has used Gaggle for many years. Gaggle was originally part of a general student safety initiative, but now identifies students who need counseling services or professional help. Chief Information Officer Sarah Trimble-Oliver reports that the district also has teams working with ACEs kids—identified as students with adverse childhood experiences, or trauma.

They have found that trauma has a long term impact on students and their lifelong health. Social workers and counselors work with external health providers to operate as a team to support children and craft a support plan.

“High school is where we see the most alerts from Gaggle,” says Trimble-Oliver. “Gaggle is one of our tools to support the overall safety of our students.” Gaggle is so integrated into the district, it is a regular part of the district’s process. Alerts go to the school principal first. Then the principal decides whether to address the issue directly or pass it along to a counselor. “We continue to invest in Gaggle every year because it is not something we would want to be without,” says Trimble-Oliver. District administrators feel they have a good process and that the alerts get to the right people who will follow up as needed.



ALL SCHOOL DISTRICTS ARE SEARCHING FOR SOLUTIONS AND PROGRAMS TO KEEP STUDENTS SAFE. STUDENT SAFETY IS A HOT TOPIC. IT’S THE ONE WE TALK ABOUT THE MOST. BUT, OF COURSE, STUDENT MENTAL HEALTH GOES HAND-IN-HAND WITH THAT.”

“All school districts are searching for solutions and programs to keep students safe. Student safety is a hot topic. It’s the one we talk about the most. But, of course, student mental health goes hand-in-hand with that,” says Trimble-Oliver.

CONCLUSION

The crisis in student mental health, particularly in middle and high schools, is causing school districts to expand the ways they identify students in crisis and provide services that support their physical and emotional health. Education experts now recommend that schools look to the well-being of the whole child. This means that it is not just about academic achievement anymore. Curriculums that include social and emotional learning teach skills that students can use to moderate and manage their own behavior, treat others with understanding, and develop persistence and resilience in the face of challenges.

The Center for Health and Healthcare in Schools reports that students who receive interventions usually do quite well and show greater resilience and emotional functioning. They demonstrate this through academic motivation, self-efficacy, and commitment to school. Schools that used interventions reported less violence, bullying, and other problem behaviors.

It is clear from the evidence presented in this paper that there are many tools and resources available to districts to create a safe physical and emotional learning environment for students. Prevention programs, such as SEL and PBIS, provide language and skills for students to more proactively manage their own emotional health and may decrease the need for interventions. Expanding school-based services to include referrals to social and healthcare experts extends responsibility for children into the community beyond the school. A growing body of evidence will help determine the most effective intervention strategies and result in the creation of more supportive learning environments and eventually, improved outcomes²⁴.

And whether you call Gaggle your first alarm system or your safety net, it provides reassurance to districts that they are doing everything possible to ensure their students' safety and well-being.

ABOUT GAGGLE

GAGGLE HAS BEEN PROVIDING SCHOOL SAFETY PRODUCTS AND SOLUTIONS TO THE K-12 MARKET SINCE 1999. USING BOTH ARTIFICIAL INTELLIGENCE AND TRAINED SAFETY EXPERTS, GAGGLE'S EARLY-WARNING SYSTEM PROACTIVELY ASSISTS DISTRICTS 24/7/365 IN THE PREVENTION OF SUICIDE, BULLYING, INAPPROPRIATE BEHAVIORS, SCHOOL VIOLENCE, AND OTHER HARMFUL SITUATIONS. GAGGLE HAS HELPED HUNDREDS OF DISTRICTS AVOID TRAGEDIES AND SAVE LIVES, WHILE ALSO PROTECTING THEIR LIABILITY. FOR MORE INFORMATION, PLEASE VISIT WWW.GAGGLE.NET AND FOLLOW GAGGLE ON TWITTER AT @GAGGLE_K12.

²⁴ | <http://healthinschools.org/>

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