

MENTAL HEALTH TOOLKIT FOR TEACHERS



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MENTAL HEALTH

AS IT APPLIES TO TEACHERS, EDUCATORS, AND OTHER PROFESSIONALS WHO WORK WITH CHILDREN AND ADOLESCENTS IN SCHOOL SYSTEMS

WHAT IS MENTAL HEALTH?

"Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices."

www.cdc.gov

IT'S MORE COMMON THAN YOU THINK

1 in 6 US youth ages 6-17 experience a mental health disorder each year

1 in 5 Americans will experience a mental illness in a given year

WARNING SIGNS & SYMPTOMS

- Excessive worrying or fear
- Feeling excessively sad or low
- Extreme mood changes
- Avoiding friends & social activities
- Changes in sleeping habits, appetite, & energy levels

WHY IS MENTAL HEALTH IMPORTANT?

Mental and **physical health** play **equally** critical roles in overall mental health. For instance, having depression *increases* an individual's risk for several types of physical health problems like diabetes, heart disease, and stroke.

WHY SHOULD MENTAL HEALTH BE ADDRESSED IN SCHOOLS?

A student's mental health is a key predictor of **learning** and **achievement**. Addressing mental health in the classroom can help improve the overall learning environment and



HOW SCHOOLS PLAY A ROLE



Schools are an ideal place to provide mental & behavioral health services to children & youth

1 in 6 youth have a mental condition, but only half receive any mental health services



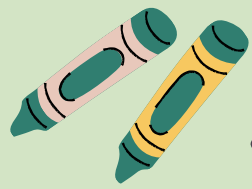
- Most school-aged youth are enrolled in schools
- Schools provide the full continuum of student needs through a **multi-tiered system of support (MTSS) approach**, which facilitates effective collaboration between key stakeholders (i.e., parent, student, teachers, and other school staff)
- Schools provide access to *caring and consistent* relationships with staff as well as access to *quality mental health services* from *school psychologists, school counselors*, and especially from those who they see most frequently, *teachers*.

School-based & school-connected mental health services can get youth & families the treatment & support they need, especially those in underserved communities

- Mental illness left untreated or inadequately treated can result in high rates of dropout, unemployment, substance abuse, interaction with the criminal justice system, and early death
- **School staff and students** can learn how to spot warning signs and symptoms of emerging mental health conditions and how to connect someone to the appropriate services and care.

50% of all mental health conditions start by age 14 and 75% by age 24





SCHOOL POLICY



STEPS THAT SCHOOLS TAKE IN ADDRESSING MENTAL HEALTH NEEDS

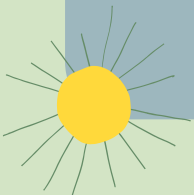
1. Individual and group counseling
2. Evaluation and assessment
3. Crisis prevention and response such as suicide assessments and child maltreatment
4. Violence prevention and intervention
5. Conflict mediation
6. Social emotional learning standards



REMEMBER!

Schools implement mental health services in different ways.

They may hire school-based therapists or social workers who can provide access to prevention programming, early identification of mental health challenges, and treatment options.



SCHOOL POLICY

1. EVIDENCE-BASED PROGRAMS

to provide positive school climate and promote student skills

2. EARLY INTERVENTION SERVICES

for students in need of additional supports such as skill groups

3. TREATMENT PROGRAMS AND SERVICES

that address the various mental health needs of students.

4. STUDENT AND FAMILY SUPPORTS AND RESOURCES.

5. Develop a school culture in which teachers and other student support staff are **TRAINED TO RECOGNIZE THE EARLY WARNING SIGNS** of mental health issues with students.

6. REFERRAL PROCESS

to ensure that all students have equal access to services and supports.

SPECIFIC ROLES OF INDIVIDUALS IN SCHOOLS

SCHOOL ADMINISTRATION

- Commit to prioritizing the well-being of students AND staff
- Establish universal approaches to identify mental health needs
- Provide adequate training and professional development so staff feel confident in how to identify and support student's mental health needs



TEACHERS

- Destigmatize and debunk myths about mental health
- Use Social-Emotional Learning (SEL) to create opportunities to learn about mental health within the curriculum
- Take care of yourself and consult with other staff
- You don't need to be an expert, but you should be aware



PARENTS & COMMUNITY AGENCIES

- Keep open communication about your child with the school
 - Make sure the school is aware of changes your child may be experiencing at home or in their community
- Make sure the schools in your area are aware of your services
- Provide pamphlets or other resources that are easily accessible for parents and school staff to refer to

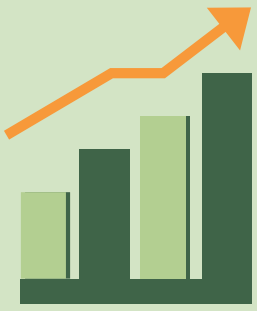


SCHOOL PSYCHOLOGISTS AND SCHOOL COUNSELORS

Mental health is everyone's business!

- Be available to consult with teachers
- Provide individual student services
- Advocate for the use of evidence-based interventions and practices to support student mental health





STATISTICS

WHY IS IT IMPORTANT TO ADDRESS MENTAL HEALTH NEEDS EARLY ON?

A circular gauge with a black border and a red segment on the right side. The text "25%" is written in the center of the gauge.

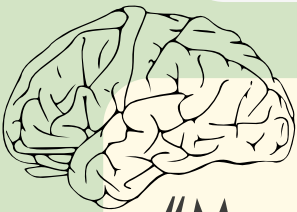
25%

A yellow five-pointed star with small white sparkles around it.

"It is estimated that **more than** of U.S. children has mental health problems, such as depression, anxiety, and aggression."

A yellow five-pointed star with small white sparkles around it.

"Untreated mental health is prospectively associated with chronic depression, substance use/abuse, and anxiety in **adulthood.**"

A yellow five-pointed star with small white sparkles around it.

"Many affected children and adolescents experience related impairments in **academic, social, and family functions.**"

COMMON DIAGNOSES

MOST COMMON MENTAL HEALTH DISORDERS AFFECTING STUDENTS

ANXIETY

- Feelings of stress or fear persist and are intense enough to interfere with everyday life
- All different forms involve excessive worry and stress
- Often distressed and easily frightened or upset
- Difficulty interacting with others
- Feeling anxious in a stressful situation is a common reaction but when those thoughts and feelings don't go away, it could be anxiety

DEPRESSION

- Not just sadness or moodiness
- Showing certain emotions like sadness or behavior (being overly tired and often irritable) for more than two weeks
- Emotions and behaviors affect the child's schoolwork, relationships, physical health, enjoyment, or everyday activities
- Excessive sleeping or inability to sleep
- Loss of interest in activities they used to enjoy

EMOTIONAL DISTURBANCE

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.
- Emotional disturbance is not a "diagnosis" but a Special Education eligibility category under Individuals with Disabilities Education Act (IDEA)

COMMON DIAGNOSES

MOST COMMON MENTAL HEALTH DISORDERS AFFECTING STUDENTS

EATING DISORDERS

Constant disturbance of eating or eating-related behavior. Consequences vary from serious impairs on physical and psychosocial functioning.

- Preoccupation with weight, food, calories, and dieting
- Appears uncomfortable eating around others
- Extreme concern with body size and shape
- Extreme mood swings
- Refusal to eat certain foods
 - Restrictions against whole categories of food (no carbohydrates, sugar, fat, etc.)
- Withdrawal from usual friends and activities
- Most common eating disorder: anorexia & bulimia

GRIEF/LOSS

Responses to a significant loss (bereavement, financial loss, medical illness) feelings may include:

- Loss of appetite
- Confusion/disbelief from event
- Frustration and anger (on self and others)
- High range of emotions
- Detachment/disruption of normal activities
- Hopelessness
- Rumination about the loss
- May resemble a depressive episode
 - Should be carefully considered

AUTISM

- Easily frustrated and act out in certain situations
- Sensitive to bright lights, loud noises, or busy hallways
- May need to go to the school nurse for medications
- Miss class time for doctor visits and therapy sessions
- Trouble speaking or not speaking at all
- Seem insensitive or unemotional
- May need classroom accommodations
 - Extra time for class assignments and homework
 - Take tests in a separate area, away from distractions



RISK FACTORS

CHARACTERISTICS AT THE BIOLOGICAL, PSYCHOLOGICAL, FAMILY, COMMUNITY, OR CULTURAL LEVEL THAT PRECEDE AND ARE ASSOCIATED WITH A HIGHER LIKELIHOOD OF NEGATIVE OUTCOMES

ANXIETY

- Excessive need for reassurance and approval from others
- Worry or fear before or during separation from loved ones
- Unrealistic or unfavorable opinion of one's own performance or abilities
- Obsessive thoughts or compulsive behaviors
- Fear of social or public situations
- Specific fears or phobias

AUTISM

- Delayed language skills
- Delayed movement skills
- Delayed cognitive or learning skills
- Hyperactive, impulsive, and/or inattentive behaviors
- Epilepsy or seizure disorder
- Unusual eating and sleeping habits
- Gastrointestinal issues (e.g., constipation)
- Unusual mood or emotional reactions

EMOTIONAL DISTURBANCE

- Competing more for the attention of parents and teachers
- Withdrawing from playgroups and friends
 - Unwilling to leave home
 - Less interested in schoolwork/difficulty concentrating
 - Aggressive
 - Having added conflict with peers or parents
 - Resist authority



RISK FACTORS CTD

EATING DISORDERS

- Fluctuations in weight
- Menstrual irregularities
- Dizziness
- Insomnia
- Dental problems (enamel erosion)
- Impaired immune functioning
- Muscle weakness

DEPRESSION

- Trouble concentrating and solving everyday problem
- Feel worthless or guilty and blame themselves
- Have negative thoughts that are hard to change or ignore
 - Thoughts of self-harm, death, suicide
 - Angry outbursts that are out of character
 - Difficulty making decisions
 - Tired, unmotivated or low in energy
 - Eating too little or overeating
 - Vague or unexplained physical problem

GRIEF/LOSS

- Neglect of necessary adaptive activities at work and at home
- Severe pangs of emotion
- Denial of implications of the loss to the self
- Intrusive images

SCREENING

Purpose:

1. Understand students' well-being and distress
2. Identify any mental health conditions early on and connect individuals with specific resources and services

SCREENING INCLUDES:



RATING SCALES

A closed-end survey question that is used to evaluate how survey responders feel about a particular product or statement. Ex: Likert scales

SURVEYS

A list of questions aimed for extracting specific data from a particular group of people

INTERVIEWS

A structured format where one individual asks questions and another answers.

SPECIFIC EXAMPLES OF SCREENING TOOLS:

- Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)
- Student Risk Screening Scale (SRSS)
- BASC-3 Behavioral and Emotional Screening System (BESS)

Note: Screening tools should be age-appropriate



MENTAL HEALTH SCREENING TOOLS FOR TEACHERS

SYSTEMATIC SCREENING FOR BEHAVIOR DISORDERS (SSBD)

Explores externalizing and internalizing behavior. This is a tool to identify behavior disorders in students. It is a three-stage, multiple-gating mass screening system.

BASC-3 BEHAVIORAL AND EMOTIONAL SCREENING SYSTEM (BESS)

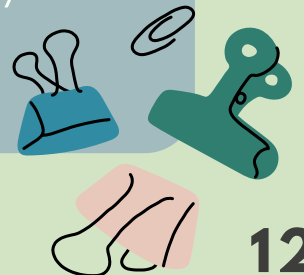
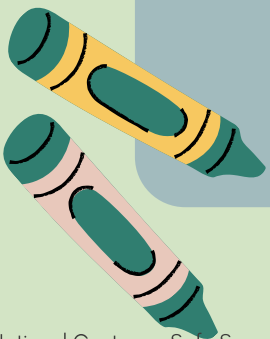
A reliable, quick and systematic way to determine behavioral and emotional strengths and weaknesses of children and adolescents in preschool through high school.

SOCIAL, ACADEMIC, AND EMOTIONAL BEHAVIOR RISK SCREENER (SAEBRS)

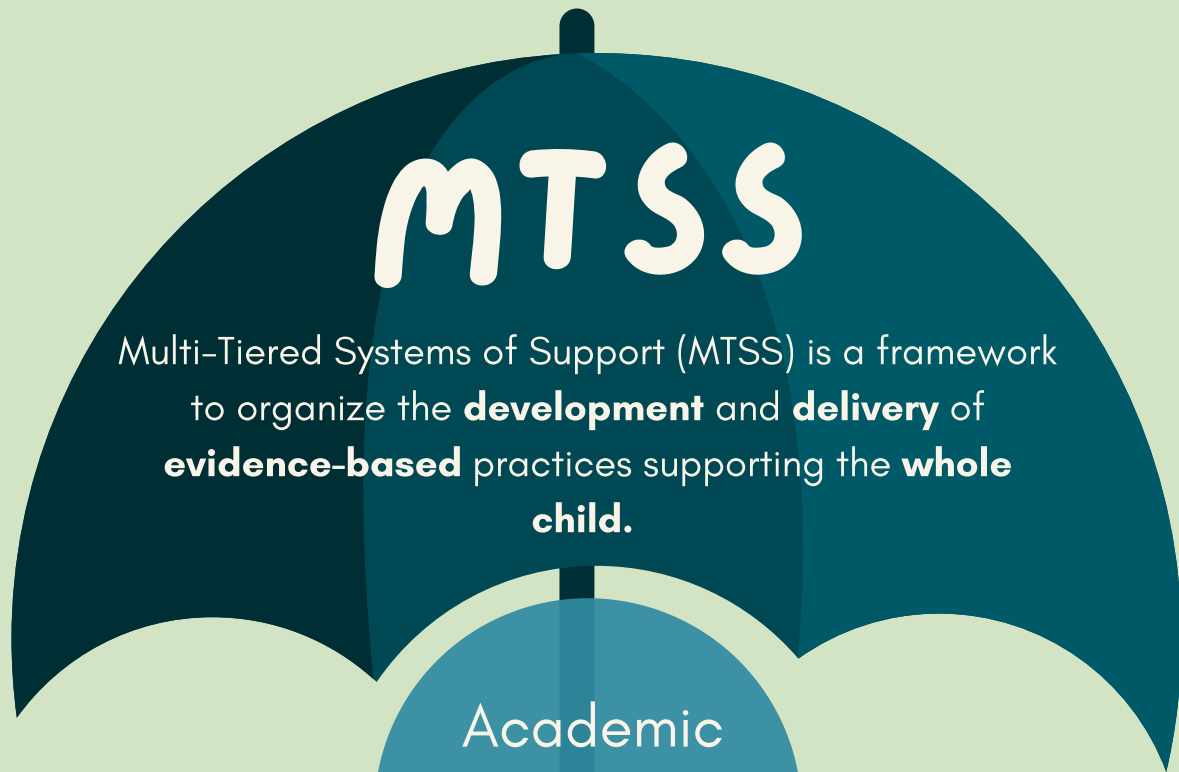
Explores social, academic, and emotional behavior of students, including both protective and risk factors. The SAEBRS is designed for universal screening to identify school-, class-, and individual-level social-emotional learnings needs.

STUDENT RISK SCREENING SCALE (SRSS)

Explores externalizing and internalizing behavior. A free-access tool that is used three times per year to identify students who may be at risk for challenging, antisocial behavior.



A SYSTEMS APPROACH TO MENTAL HEALTH



Family & Community Engagement

- Trusting Family Partnerships Features
- Trusting Community Partnerships Features

Inclusive Policy & Practice

- Strong LEA/School Relationships Features
- LEA Policy Framework Features

Administrative Leadership

- Strong & Engaged Site Leadership Features
- Strong Educator Support System Features

Integrated Education Framework

- Organizational Structure Features
- Strong & Positive School Culture Features



MTSS – HOW DOES IT WORK?

The MTSS framework places emphasis on problem **prevention** and reducing the frequency, duration, and intensity of existing problems.

ESSENTIAL COMPONENTS OF MTSS

IMPLEMENTATION FIDELITY

Implementation of evidence-based practices that include research-based core instruction, research-based valid instruction/intervention, and fidelity to the research models

PROBLEM-SOLVING

Problem-solving model that emphasizes collaboration of teachers and instructional support specialists who work together to plan for the academic, behavioral, and social needs of students

DATA SYSTEMS

- Data and assessment systems that are used for the purposes of universal screening, diagnostic study, and progress monitoring
- Instructional/intervention planning decisions are based on data



INSTRUCTION/INTERVENTION

- Quality instruction for all students
- Includes early intervention with multi-tiered delivery of instruction/intervention
- Instruction/intervention are driven by the needs of students

MTSS – A MULTI-TIERED APPROACH

MTSS framework is designed to meet the academic and behavioral needs of **ALL** learners. MTSS is broken down into **three tiers**, matching multiple levels of intervention to the type, severity, and complexity of a student's individual needs.



TIERS 1-3 FOR STUDENTS

TIER 1: ALL OF YOUR STUDENTS

UNIVERSAL PREVENTION STRATEGIES AND INTERVENTIONS FOR ALL STUDENTS

About 80% of your students will be successful with this support

- KEY component of the MTSS framework
- Social, emotional learning curriculum
- Bullying prevention activities
- Suicide prevention programming
- Restorative practices
- Check-in, check out



TIER 2: SOME OF YOUR STUDENTS

TARGETED INTERVENTIONS

15% of your students will require additional supports to be successful academically, socially, and emotionally.

- Mental health screenings
- Small group counseling
- Restorative practices - Check-in, check out
- Tier 2 students still receive all Tier 1 curriculum



TIER 3: A FEW OF YOUR STUDENTS

INTENSIVE, TARGETED INTERVENTIONS

5% of your students require the most support to succeed

- Individual counseling
- Referrals for external services
- Functional Behavior Assessments (FBA) and intervention plans
- One-to-one instruction
- Tier 3 students still receive all Tier 1 curriculum

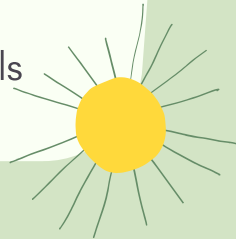


MTSS FOR TEACHERS TIERS 1-3

TIER 1 FOR TEACHERS



- Teachers provide core academic curriculum instruction aligned with their state standards
- Serve as part of a school-site team, actively supported by administration with clear roles and responsibilities
- Provide students with the necessary time, resources, and tools



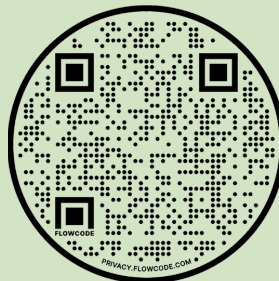
TIER 2

- Provide students with behavioral instruction/intervention
- Teachers may help collect data, such as observational data, to support documentation of student progress

TIER 3

- Teachers can understand the timelines, data and nature of interventions that are established for the child
- Coordinating planning helps teachers support and reach their students

GET THE CTA'S TAKE ON MTSS



PROGRESS MONITORING

A KEY COMPONENT OF A MULTI-TIERED SYSTEM OF SUPPORT (MTSS)

WHAT IS PROGRESS MONITORING USED FOR?

1. To assess a student's academic, behavioral, or psychosocial performance
2. To measure a student's improvement or responsiveness to intervention
3. To evaluate the effectiveness of intervention

GUIDING PRINCIPLES TO KEEP IN MIND

1. Work with the student to develop goals and measurable ways of tracking
2. Monitor for more than just symptoms (e.g. life skills, school performance)
3. Give feedback to the student (e.g. visual, graphical, verbal)

METHODS TO MONITOR PROGRESS

Interviews with teachers, students, and parents/caregivers

Student Observations (e.g. classroom, snack/lunch, recess)

Other assessments [e.g. Behavior Goal Attainment Scaling (GAS) and the Outcome Rating Scales (ORS)]

Outcome Rating Scale (ORS)

Name _____ Age (Yrs.): _____ Gender: _____
Session # _____ Date: _____
Who is filling out this form? Please check one: Self _____ Other _____
If other, what is your relationship to this person? _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Individually (Personal well-being)

-----|

Interpersonally (Family, close relationships)

-----|

Socially (Work, school, friendships)

-----|

Overall (General sense of well-being)

-----|

The Heart and Soul of Change Project

<https://heartandsoulofchange.com>

Child Outcome Rating Scale (CORS)

Name _____ Age (Yrs.): _____
Gender: _____
Session # _____ Date: _____
Who is filling out this form? Please check one: Child _____ Caretaker _____
If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

Me (How am I doing?)

-----|



Family (How are things in my family?)



School (How am I doing at school?)



Everything (How is everything going?)



The Outcome Rating Scales and the Child Outcome Rating Scales (left) are examples of ways to monitor progress in students' mental health.



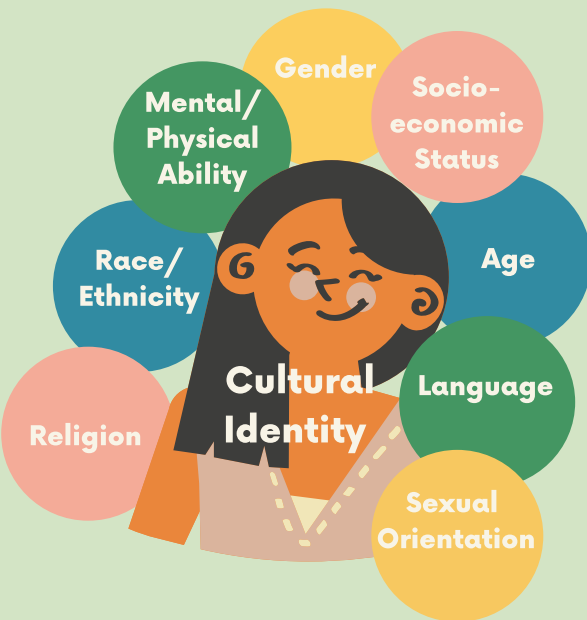
MENTAL HEALTH + CULTURAL DIVERSITY



WHAT EDUCATORS NEED TO KNOW

CULTURAL DIVERSITY REFERS TO THE MANY UNIQUE CHARACTERISTICS THAT MAKE UP CALIFORNIA'S RICHLY DIVERSE K-12 STUDENT POPULATION. THESE CHARACTERISTICS INCLUDE BUT AREN'T LIMITED TO:

- Ethnicity
- Language
- Race
- Sexual Orientation
- Age
- Gender
- Religion
- Disability
- Socioeconomic Status



A STUDENT'S CULTURAL IDENTITY AFFECTS THE WAY THEY BEHAVE AND EXPRESS THEIR THOUGHTS, FEELINGS + EMOTIONS

- Culturally informed stigmas about mental health
- Motivation to seek treatment for mental health concerns
- Willingness to accept support, interventions or other resources

AWARENESS COUNTS – IDIOMS OF DISTRESS

- Be mindful of how a student might be telling you something is wrong (i.e. Latinos often use the term “nervios” as a way to express anxiety)
- Stereotypes, beware – not all members of a given culture express themselves the same way
- Look out for students with frequent stomachaches or headaches – mental health issues often present as physical distress, especially if the student doesn't have the words to describe what they're feeling



MENTAL HEALTH & CULTURAL DIVERSITY



Only 1 in 10 Latinos will contact a mental health professional.



ASIAN-AMERICAN FAMILIES

- Many Asian- American families share common, traditional cultural values that include suppression of negative feelings and avoidance of emotional expression
 - Asian-Americans have the greatest difficulty with language barriers as an obstacle to seeking mental health treatment

HISPANIC OR LATINO

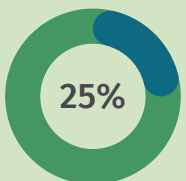
- Emotional expression is not a common part of Hispanic culture, creating a barrier to seeking treatment
- Language barriers are a significant challenge for members of the Hispanic and Latino population in seeking mental health services

DID YOU KNOW?

55.3% of California's K-12 Student Population is Hispanic or Latino (2020-2021)

LGBTQ+ YOUTH

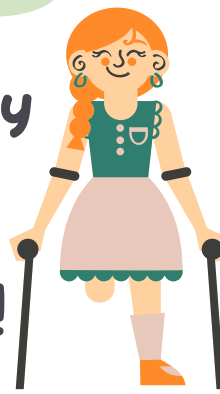
- Adolescents who identify as lesbian, bisexual, transgender, queer, questioning, and beyond are particularly at risk due to the many adversities they face, including bullying, coming out to family and friends, discrimination, and more
 - LGBTQ+ youth are 4x more likely to attempt suicide, have suicidal ideations, or self-harm



Black youth exposed to violence are at **greater risk** for PTSD by over 25%



MENTAL HEALTH + CULTURAL DIVERSITY



HOW CULTURALLY SENSITIVE TEACHERS CAN HELP!

- Promote a classroom culture of sensitivity and acceptance of **all** students.
- Be an **advocate** in your school, encouraging colleagues to help foster a school culture that embraces diversity and inclusion
- Create opportunities in the classroom for students to share how they are feeling



GET TO KNOW YOUR SCHOOL'S MENTAL HEALTH TEAM - WE'RE HERE FOR YOU!

- Connect with your school's psychologist and/or school counselor
- School counselors and school psychologists have resources and training to support teachers who have students struggling with mental health issues
- School counselors and psychologists can help initiate assessments, implement interventions and provide referrals for students in crisis



LOOK AT SCHOOL AND DISTRICT-WIDE RESOURCES FOR DIVERSE STUDENTS

The Orange County Department of Education offers [translation services](#)





CONFIDENTIALITY



FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)

protects the privacy of students by restricting access to records containing personally identifiable information

EDUCATIONAL RIGHTS

- * Allow a person(s) to make educational decisions for a student
- * The default educational rights holder is a child's biological parent(s)
- * Once a student turns 18 they hold their own educational rights
- * A court can limit a parent's educational rights or appoint someone else to make educational decisions for a student

FERPA Statutes



IMPORTANT TO KNOW

- * A release of information form must be signed in consent by a parent/legal guardian with educational rights before student records can be shared with agencies outside of a school
- * Only share confidential student information with colleagues who have a legitimate educational interest in the student

U.S. Department of Education



CONFIDENTIALITY FOR TEACHERS



WHAT STUDENT INFORMATION IS CONFIDENTIAL?

- * Student Name
- * Assessment Results
- * Attendance Records
- * Demographic Information
- * Parent Contact Information
- * Grades
- * Student Login Information
- * Section 504 Plan
- * Individualized Health Plan (IHP)
- * Individualized Education Program (IEP)

All teachers who work with the student should have access to these



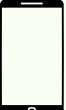
DO

WAYS TO PROTECT STUDENT DATA

- ✓ Check account share settings 
- ✓ Be careful sending data via email 

DO NOT

WAYS TO PROTECT STUDENT DATA

- ✗ Leave devices unlocked and unattended 
- ✗ Store data on flash drives that can get stolen 
- ✗ Store data on a personal device 

Email & Student Privacy



FERPA for School Staff



WELLNESS

WHAT IS WELLNESS?

a construct comprised of elements that (a) contribute to well-being, (b) people pursue for their own sake, & (c) can be defined and independently measured

IMPORTANT ELEMENTS OF WELL-BEING

Positive emotion
Engagement
Relationships
Meaning
Accomplishment

HOW YOUR WELLNESS IMPACTS YOUR STUDENTS

- * As a teacher, you shape and directly influence each of your students
- * **Teachers' emotion regulation skills and life satisfaction are associated with students' social and emotional well-being**

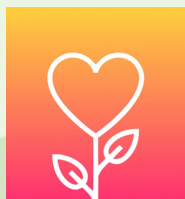
WELLNESS PROMOTING PRACTICES

- * Gratitude journaling- the daily practice of writing down 3 (or more) things that went well or you are grateful for
- * Savoring - take time to intently focus on a positive experience 2-3 times each day
- * Reminiscence - look back and reflect on positive moments of your life
- * Signature Strengths - complete the free survey and practice using your identified strengths daily



GRATITUDE RESOURCES

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Gratitude: Journal App



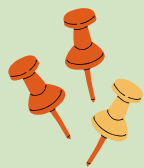
Gratitude Quiz



Silk & Sonder



Three Good Things



FAQ:



FREQUENTLY ASKED QUESTIONS

HOW PREVALENT ARE MENTAL HEALTH ISSUES WITH MY STUDENTS?

It is estimated that more than 25% of US children have mental health issues such as anxiety, depression and aggression. Each year, 1 in 6 US youth ages 6-17 experience a mental health disorder.

WHAT CAN I DO AS A TEACHER TO HELP STRUGGLING STUDENTS?

Use Social-Emotional Learning (SEL) curriculum to create opportunities for students to learn about mental health and reduce stigma. Consult with peers and other staff for support. No one expects you to be an expert, but you can be aware and open up the conversation in your classroom.

IS SCHOOL REALLY THE BEST PLACE TO ADDRESS MENTAL HEALTH?

1 in 6 youth have a mental health condition, but only half receive any type of mental health services or treatment. School-based and school-connected mental health services can ensure youth and families get the treatment and support they need, especially those in underserved communities.

WHAT IF I AM FEELING OVERWHELMED OR IN NEED OF SUPPORT?

Practice self-care, reach out to peers and don't isolate! Focus on things that bring you calm and happiness, go for a walk, do yoga, practice breathing or meditation. Your school psychologist or school counselor has a list of resources they can offer if you feel you may need additional support. They are there for you too!



SELF-CARE CHECKLIST FOR TEACHERS

- Am I drinking enough water to stay hydrated?
- Am I eating healthy and enough to fuel my body?
- Am I getting enough sleep at night?

PHYSICAL

- Is my mind focused or distracted by thoughts?
- Is my breathing steady or shallow?
- Is my body relaxed or tense?

MENTAL

- Is something bothering me?
- Am I doing things that make me happy?
- Am I using my strengths?

EMOTIONAL

PRACTICE POSITIVE AFFIRMATION

- What am I proud of?
- What am I grateful for?
- What made me happy today?

SELF-CARE CHECKLIST FOR STUDENTS

- Am I drinking enough water to stay hydrated?
- Am I eating healthy and enough to fuel my body?
- Am I getting enough sleep at night?

PHYSICAL

- Is my mind focused or distracted by thoughts?
- Is my heart beating super fast or at a steady rate?
- Is my body relaxed or tense?

MENTAL

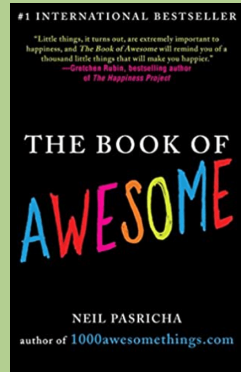
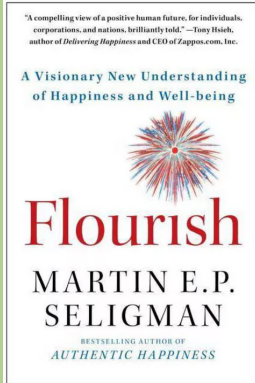
- Am I letting someone know if something is bothering me?
- Am I doing things that make me happy?
- Am I using my strengths at school?

EMOTIONAL

PRACTICE POSITIVE AFFIRMATION

- What am I proud of?
- What am I grateful for?
- What made me happy today?

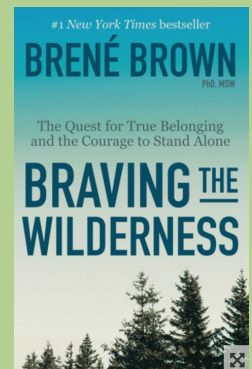
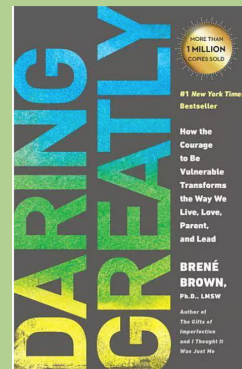
POSITIVE PSYCHOLOGY/WELLNESS



1. Flourish by Martin Seligman
2. The Book of Awesome by Neil Pasricha

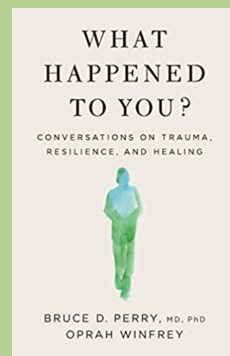
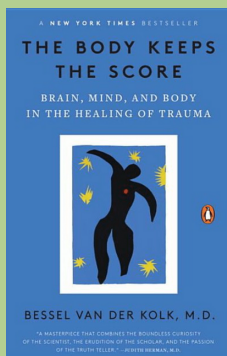
RESOURCES

PERSONAL GROWTH



1. Daring Greatly by Brené Brown
2. Braving the Wilderness by Brené Brown

TRAUMA



1. The Body Keeps the Score by Bessel Van der Kolk
2. What Happened to You by Bruce D. Perry & Oprah Winfrey

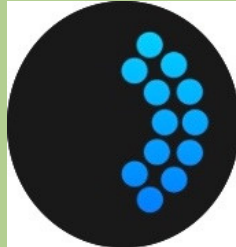
WELLNESS RESOURCES FOR TEACHERS

Gratitude Quiz



Free Online

Breathing Zone: Guided Breathing App



Google Play

Gratitude: Journal App



Apple & Google Play

Breathe: Wellness App for Anxiety, Stress & Sleep



Free Online

Silk & Sonder



Self-Care Journal

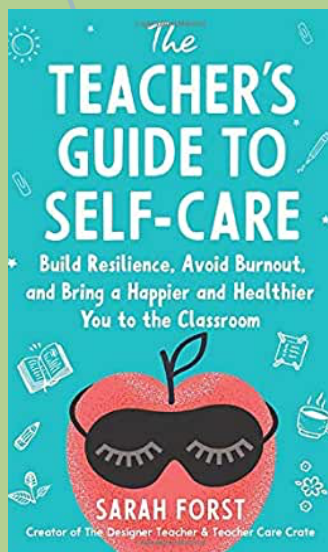
Three Good Things



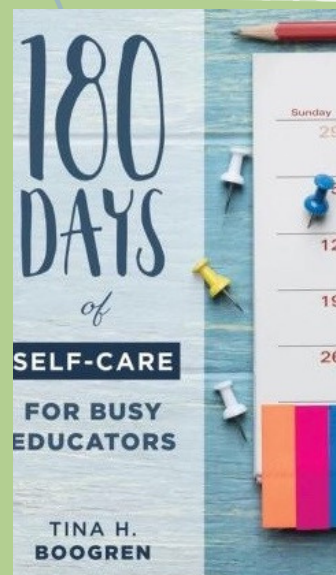
Google Play

CTA CALIFORNIA
TEACHERS
ASSOCIATION
Mental Health & Wellness Resources

Build Resilience, Avoid Burnout, and Bring a Happier and Healthier You to the Classroom



180 Days of Self-Care for Busy Educators: A 36-week plan of low-cost self-care for teachers



SCHOOL PLANNING WORKSHEET

What are specific ways your school community can participate?

SCHOOL ADMINISTRATION



TEACHERS



PARENTS & COMMUNITY AGENCIES



SCHOOL PSYCHOLOGISTS AND SCHOOL COUNSELORS

Mental health is everyone's business!



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This Mental Health in Schools Toolkit was produced by Chapman University M.A. in School Counseling and Ed.S. in School Psychology graduate students for use in schools and by the community. It is not for commercial sale, in part or in whole.

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