

Alabama School of Math and Science

Mental Health Plan

Introduction

We believe mental wellness is central to ensuring a student's best start. Since ASMS is a residential school, we recognize that our students spend the majority of their time with our faculty, staff, and each other. Therefore, we have a duty to recognize and address our student's mental health and social emotional needs to help our students be the best version of themselves.

We have created this toolkit to help our community work together to assess, identify and address our community member's mental wellness.

Why Does Mental Health Matter at ASMS?

Research shows the importance of mental health services in schools. Mental health does not simply mean an absence of a mental illness. It includes our social, emotional and psychological well being. Taking care of our mental health is important as it impacts how we handle stress, make choices and relate to others. Mental health matters even more at ASMS because our students are faced with the challenge of rigorous curriculum and independent living at the same time.

Students, parents, faculty and staff may be experiencing a range of emotions as it relates to returning to in-person instruction after periods of isolation with the pandemic. Alabama has experienced an increase in the need for mental health services during the pandemic especially for children and adolescents. There was a 40% increase in ER visits related to anxiety/depression for children ages 12-18. Students will also be returning to the classroom with gaps in instruction and social skill development as a result of the pandemic. ASMS is prepared to support our students with these and any other stressors they may be facing this school year.

It is the responsibility of our community to be aware of any interpersonal and personal difficulties with which a student may be struggling. Specific responsibilities include:

- Parents openly sharing information about any mental health concerns with our Personal Counselor. This is important so we can be proactive with a plan of support for the student and be on the lookout for signs of concern. This information is considered confidential and will only be shared on a need to know basis.
- Faculty, staff, and students watching for signs of stress and/or difficulty handling the pressure of ASMS.
- All community members taking action - which can include informing the Personal Counselor and/or bringing the student to the Department of Student Affairs for help.

Common Developmental/Emotional/Mental Health Challenges of Adolescence

Anxiety Disorders. Varying levels of anxiety are common among students at ASMS; however, some students suffer from anxiety to such a degree that they need outside help to manage their symptoms. Physical symptoms of anxiety include: elevated heart rate; rapid,

shallow breathing; headaches; stomach pains; and nausea. Psychological symptoms of anxiety include: sleep disturbances, unrealistic fears, racing thoughts, mind going blank, impatience, confusion, nervousness, and feeling on edge. Behavioral symptoms of anxiety include: avoidance of situations, obsessive or compulsive behavior, distress in social situations, and phobic behavior. The most common symptoms of anxiety we see with our students range from mild uneasiness to panic attacks, obsessive-compulsive disorder, generalized anxiety disorder, and anxiety related to academic and social success.

Attention-Deficit/Hyperactivity Disorder (ADHD). ADHD, as it is commonly known, is a disorder that begins in childhood and continues into adulthood. It is the most common neurobehavioral disorder of childhood. ADHD is usually associated with an individual's ability to pay attention and control impulsive behavior. However, symptoms can also include: being easily distracted, constantly moving, forgetfulness, fidgeting, impulsive behavior, and mood swings.

Autism Spectrum Disorder. Autism Spectrum Disorder (ASD) is a developmental disorder characterized by challenges with interacting and communicating, restricted interests and repetitive behaviors, ASD is known as a spectrum disorder because there is a wide variation in the type and severity of symptoms.

Depression. The word depression is used in many different ways. It is normal to feel sad or blue when bad things happen. However, everyday blues or sadness is not a depressive disorder. The most common mood disorder is Major Depression Disorder. Symptoms can include reports of feeling sad or blue for no reason, loss of interest in hobbies, sleep problems, weight gain or loss, and difficulty concentrating. The symptoms must be interfering with their day to day activities and last for a period of at least two weeks. The symptoms of depression are due to changes in natural brain chemicals called neurotransmitters. One of these chemicals is Serotonin which helps regulate a person's mood. Many antidepressants work by changing the activity of serotonin in the brain. The best treatment for depression is a combination of medication and therapy.

Eating Disorders. Eating disorders are not just about food, weight, appearance, or willpower; they are serious and potentially life-threatening illnesses. Young people with eating disorders see their self-worth largely in terms of their body shape and weight and their ability to control them. There are two primary eating disorders, anorexia nervosa and bulimia nervosa. A person suffering from anorexia refuses to maintain an adequate body weight and does so by severely restricting their food intake or compensating for normal food intake through the use of excessive exercise, purging, or laxatives. A person suffering from bulimia engages in binge-eating followed by compensatory behaviors to avoid weight gain. It is important to note that eating disorders are not something we only see in female students. Eating disorders are more about control and disturbances in the view of self. This can be very common in high achieving students.

Homesickness. For many students this is their first time away from home for an extended period of time. They are adjusting to being away from the comforts of home, separation from their support system, living with strangers, sharing space, leaving their friends, trying to fit in, make new friends, and increased responsibility. Some students experience difficulty adjusting to these changes. Homesickness is one of the more common struggles students will face, particularly in their first few weeks at ASMS.

Relationships. Developing meaningful relationships is one of the most important developmental tasks of adolescence. Thus, their relationships will be of utmost importance to our students. It is important that we be aware of the types of relationships our students are developing. Relationships that put the student at physical risk, involve any type of abuse, or cause the student a significant amount of stress, anxiety, or sadness are clearly unhealthy

relationships. It is important that we help our students to set appropriate boundaries and be cognizant of the consequences of their relationships.

Nonsuicidal Self-injury. Many terms are used to describe self-injury including self-harm and self-mutilation. Nonsuicidal self-injury is used to refer to situations in which the self injury is not intended to result in death. Nonsuicidal self-injury can include cutting, self-hitting, scratching, hair pulling, burning, and picking. It is not unusual for us to encounter a student who engages in self-injury. Many people use self-injury as a way of dealing with overwhelming feelings or relieving tension. Self-injury is not a suicide attempt but should be taken quite seriously, nonetheless. When an ASMS student self-injures, we must consider the student's well-being as well as the impact that such behavior has on other members of the community. When one student is engaging in self-harm, they usually share with other students about the behavior which can be distressing to the students. It is important for the Personal Counselor to be made aware immediately so the issue can be addressed in a professional manner.

Sexual Orientation and Gender Identity. Many students come to ASMS with a clear understanding and acceptance of their identity. Other students will begin to question their sexuality, others will experiment, and still others will decide that it is time to begin the "coming out" process. As students become more aware of their sexual feelings, it is not uncommon for students to realize or to accept that they are gay, bisexual, transgender, nonbinary, etc. These students also realize that unless they say otherwise, it will be assumed that they are straight/binary/etc. Often, because they do not wish to hide their true identity, they will endeavor to disclose to others. Needless to say, "coming out" places students in a vulnerable position and emotional state.

Suicide. Suicide is the third leading cause of death for young people. Although most people who have a mental illness do not die by suicide, having a mental illness does increase the likelihood of suicide compared with people who do not have one. Suicide is typically associated with depression. At ASMS, the risk of suicide can be associated not only with depression but also with the general stress that is common amongst students at ASMS. Community members should never ignore or dismiss comments regarding suicide or self-harm. Such comments should always be taken seriously and reported to the Personal Counselor or any Student Affairs staff member. Some important signs that a student may be suicidal are: expressing hopelessness or no reason for living; talking or writing about death; depicting suicide (including in schoolwork, creative writing, and artwork); withdrawing from friends, family, or society; having a dramatic change in mood; sleeping all the time or being unable to sleep and giving away prized possessions.

Traumatic Experiences. A traumatic event is any incident experienced by a person that is perceived to be dangerous and threatens serious injury or death. Common examples of traumas include accidents, physical or sexual assault, witnessing domestic violence, child abuse, sudden loss of a caregiver, or witnessing something terrible happen. Mass traumatic events include terrorist attacks, mass shootings, and severe weather events. Early childhood trauma refers to experiences that occur to children from birth to age 6. The impact of early childhood trauma may not be apparent until adolescence. Reminders of the trauma may bring back fears, intense physical reactions and post traumatic stress reactions long after the trauma has occurred.

Tips to be Helpful

Listen Non-Judgmentally. Talk to the person about how they feel and listen carefully to what they say. Do not express any negative judgments about the person's character or situation. Be aware of your body language including posture, eye contact, and physical

position in relation to the person. To ensure you are understanding, reflect back on what you hear and ask clarifying questions. Allow silences, be patient, and do not interrupt.

Give Reassurance and Information. Treat the person with respect and dignity. Do not blame them for the situation. Have realistic expectations of their situation. Offer consistent emotional support and understanding. Provide information through helpful resources. Give the person hope for recovery. Do not give flippant or unhelpful advice such as “Get it together.”

Encourage Appropriate Professional Help. There are many treatment options to help students have a better life. A variety of professionals can help provide support to students experiencing challenges. These professionals can include: Primary care physicians, pediatricians, nurse practitioners, psychiatrists, psychologists, mental health care providers, and social workers.

Encourage Self-Help and Support Strategies. Certain factors can help students be successful despite mental health challenges they may encounter in their lives. Some of these factors include: Having a good support system, perceiving oneself as competent and likeable, having good problem-solving skills, having a healthy diet and good health practices, believing that they control their own life, parental and familial support, exercise, relaxation training, and proper nutrition and sleep.

Establishing Healthy Habits

In order for our students to become the best versions of themselves, we must help them establish healthy habits. These include:

- Sleep
- Eating
- Exercise
- Time Management
- Stress Management
- Self-Care Routine

On-Campus Resources

There are many resources available at ASMS if community members are concerned about a student’s well-being. The Personal Counselor, the Director of Student Affairs, the School Nurse and both Assistant Directors are trained to address such issues.

The primary purpose of the clinically-oriented counseling offered by ASMS is to help with the adjustment issues frequently encountered by students leaving home for the first time and adapting to a residential school environment. It is intended to be of short-term duration.

ASMS employs a full-time Licensed Professional Counselor to provide individual and group therapy for our students. Ms. Lacey Broadus serves as the Personal Counselor, her office is located on the first floor of the Administration Building across from the entrance to the Cafeteria. She is available for appointments with students during the following hours:

Monday, Wednesday, and Friday: 8:00AM - 4:30PM

Tuesday and Thursday: 11:00AM - 7:00PM

Off-Campus Resources

Many students may have established a mental health provider prior to coming to ASMS. We encourage students to maintain these therapeutic relationships with their established therapists. Students can keep their appointments on breaks or through telehealth services while on the ASMS campus.

ASMS is also happy to refer students to mental health providers in the local area for assessments and evaluation for medication. Appointments may be scheduled through the Personal Counselor or Director of Student Affairs. The outside provider will work with parents and guardians to include them in all decisions related to the student's treatment. The student and parent/guardian will be required to sign a release of information form allowing ASMS to consult with the outside mental health professional should the need arise to communicate with the therapist/treatment team. The student, parent or guardian shall be held financially responsible for costs incurred from outside providers. For local students we ask that the parents transport their students to these appointments. For students outside of the local area, ASMS will provide transportation to and from appointments.

Policy Regarding Mental Health Concerns

It is our policy to work with any student who is struggling at ASMS. Our number one priority is to ensure their safety, and in most cases remaining at ASMS is still a healthy and viable option. In some cases, we may refer the student to help outside of the school or meet with the student and their parents to discuss these issues and their options.

On some occasions, parents may be asked to seek help for their student through an off-campus mental health evaluation for their student. Asking the student to temporarily leave campus should not be viewed as a punitive measure as it is intended to keep the student safe. During the time the student is off-campus for the evaluation, ASMS staff will work with the student's mental health provider to determine a safety plan for the student's return to campus.

Only in rare instances, when it is determined that ASMS is not a healthy and safe place for a student, will we recommend that he/she return to his/her home school because of one of these issues.

Mental Health Policy

The safety and wellbeing of students are of the utmost importance to ASMS. In addition to physical illness, ASMS recognizes that students may also have mental health concerns. Some of these concerns may be normal, transitional issues related to the academic rigors and residential environment. Others may be of a more severe and of a long-term nature. Regardless of the specific concerns, ASMS always attempts to make reasonable and appropriate measures to accommodate students on an individual basis in the least restrictive environment. Under any circumstance, ASMS will seek to act in the best interest of the affected students and the general student population. Decisions will not be made in isolation, and parents/guardians, school counselors, and outside mental-health professionals may be consulted along with the student in determining the most reasonable and appropriate action according to the circumstances.

Mental Health Evaluation

In the interest of student safety, it is important that ASMS be notified of any mental health concerns that may have been exhibited by students prior to or during enrollment at ASMS. ASMS requires a written letter from the student's therapist/psychiatrist/psychologist stating the student can handle the academic and residential pressures of ASMS. At any time, ASMS may require a mental health evaluation as a precautionary measure during the year to ascertain if an ASMS student's current needs require a higher level of expertise than the school can meet. If the school learns that information regarding the student's psychiatric history was not disclosed the student's continued enrollment will be evaluated by the school's administration.

Students diagnosed with mood, anxiety, or personality disorders must submit a letter from a licensed psychologist, psychiatrist or professional counselor (LPC) stating that, in their professional opinion, the student can handle the academic and residential pressures of the ASMS environment. The professional should outline any treatment protocol (e.g. weekly counseling, medication, crisis plan, etc.) that should be continued during the student's enrollment at ASMS.

Mental Health Emergencies

In the event a student exhibits destructive behaviors including, but not limited to, threats to harm self or others, injury to self or others, suicide gestures, alcohol use or medication overdose, etc. ASMS faculty and staff will follow the following procedure:

1. ASMS will contact the parent/guardian immediately.
2. The parent will be informed of the student's immediate psychological and safety needs, including supervision.
3. The parent/guardian will be required to travel to ASMS immediately to pick up their student.
4. ASMS staff will remain with the student until the parent arrives to campus.
5. If the student has disclosed they are actively suicidal with a plan, ASMS will contact a local crisis line for hospitalization screening through AltaPointe's CarePointe at 251-450-2211 or take the student to USA Children's and Women's hospital for further psychiatric evaluation.
6. If there is an immediate need for hospitalization, ASMS staff will remain at the hospital until the parent arrives.
7. Due to safety concerns, the student will not be allowed to return to campus until the following has been met:
 - a. Student has completed a thorough psychiatric evaluation or hospitalization.
 - b. The mental health provider (licensed psychologist, psychiatrist or professional counselor, LPC) must submit in writing verifying the student:
 - 1) is not a danger to self or others and
 - 2) can handle the academic and residential pressures of the ASMS environment.

- c. The student and parent/guardian will also be required to sign a release of information form allowing ASMS to consult with the outside mental health professional evaluating the student.
- d. The statement must also include a recommended treatment plan for the student.
- e. ASMS will work with mental health professionals to determine if it is safe for the student to return to campus within 2 weeks of the date the student left campus.
- f. If the determination is made that ASMS is not the best environment for the student, the student will be administratively withdrawn and required to return to their home school.

In the event of suicide attempts/mental incapacity, by agreement of the Director of Student Affairs with concurrence of the Academic Dean, ASMS shall have the right to require the student to leave the ASMS campus with a recommendation for dismissal.

Helpful Resources

Websites

American Academy of Child and Adolescent Psychiatry	www.aacap.org
American Psychiatric Association	www.psych.org
National Alliance on Mental Illness	www.nami.org
National Institute of Mental Health	www.nimh.nih.gov
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Centers for Disease Control and Prevention	www.cdc.gov
Alabama Department of Mental Health	www.mh.alabama.gov

Helplines

AltaPointe Health Systems Crisis Line	(251) 450-2211
National Suicide Prevention Lifeline	1-800-273-8255
Crisis Text Line	Text EMM to 741741