



Mental Health Aftermath of Traumatic School Crises

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Here's where we are!

Of the 55 million students who attend U.S. schools, 46 percent will experience a mental health disorder in their lifetime. And one in five of our young people live with a mental health condition, but less than half receive treatment.

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—highlighting the urgent need to create systemic approaches to the problem.

Here's where we are!

When considering National Institute of Mental Health (NIMH) reports that 13 percent of children ages 8 to 15 have had a diagnosable mental disorder within the previous year, 20 percent of youth ages 13-18 have a severe mental disorder, and 46 percent will experience some form of mental health disorder in their lifetime, this means that there are more than 10 million students, by conservative estimates, who are in need of mental health support and intervention in a system without the capacity to deliver these services.

And then....we have a **CRISIS!**

- Natural disaster crises (Storm, Flood, Fire, Earthquake, etc.).
- Human-caused crises (Accidents, Shootings, Stabbings, Acts of Terrorism, Suicide, Accidental Death, etc.)
- Aftermath Crises.

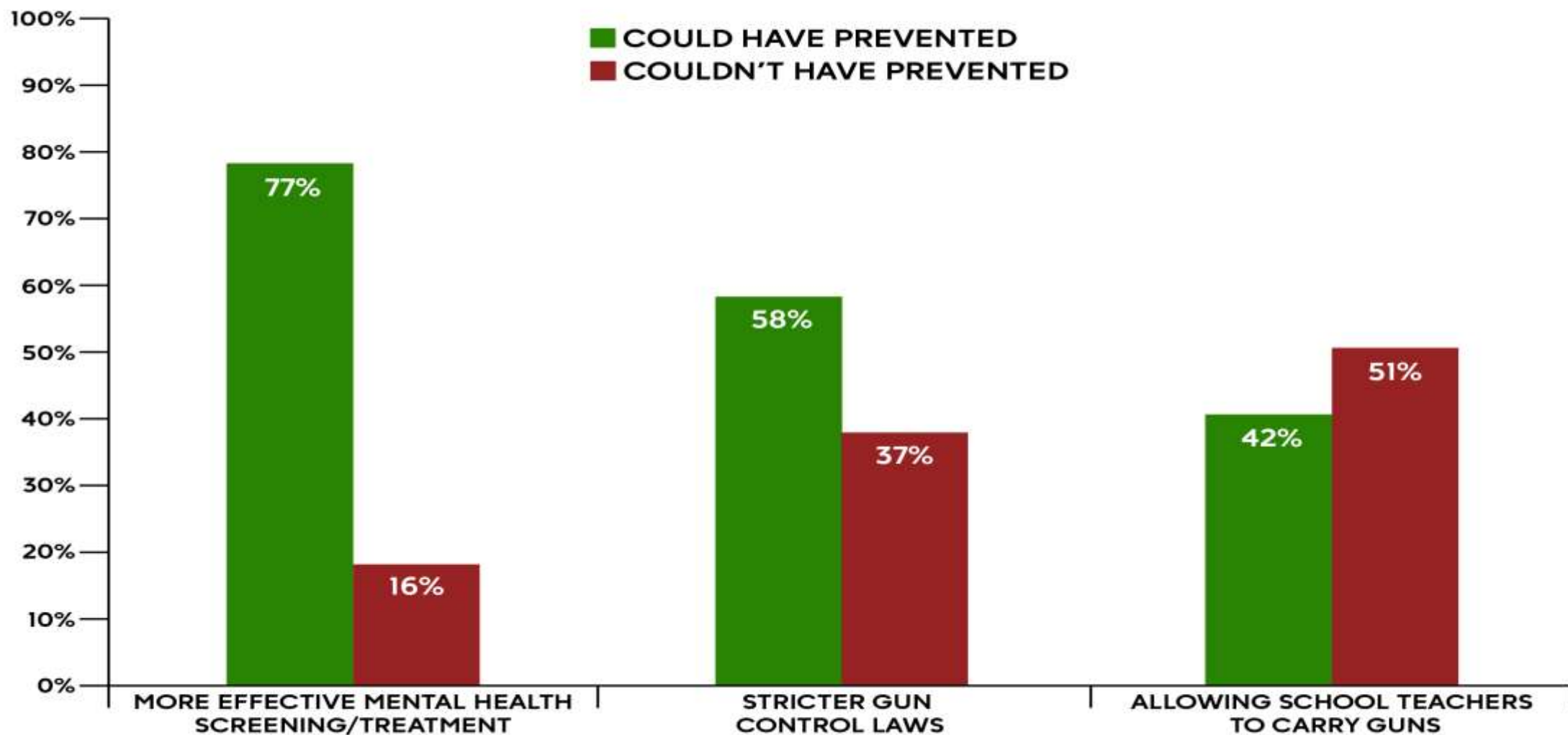
Mental Health Aftermath

Sydney Aiello, 19

Survivor of
Parkland, Florida's
Marjory Stoneman
Douglas High
School shooting
committed suicide

<https://myfox8.com/2019/03/22/recent-marjory-stoneman-douglas-high-school-graduate-commits-suicide/>

COULD PARKLAND SHOOTING HAVE BEEN PREVENTED BY...



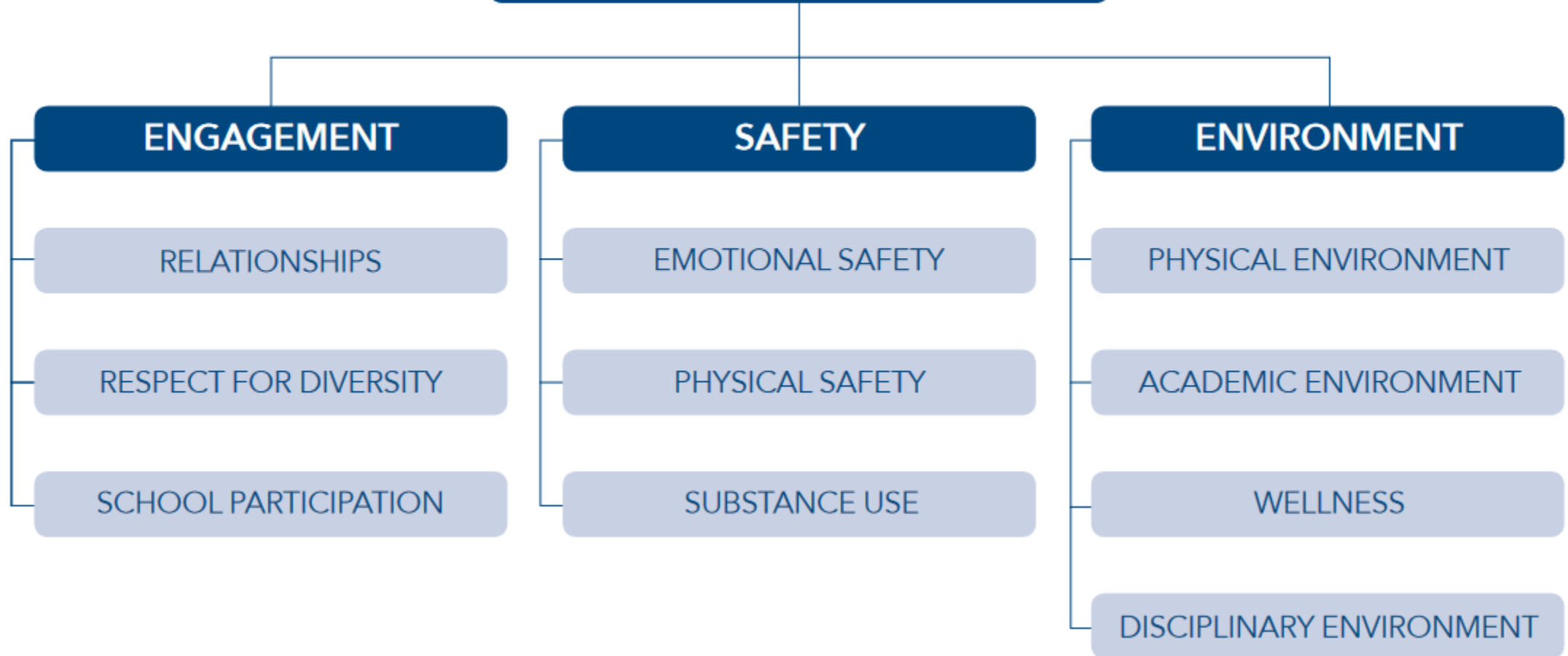
SOURCES:
ABC NEWS/WASHINGTON POST POLL

Children, like adults, often cycle through feelings of shock, anger, sadness, fear, and helplessness when they learn that people are dying unexpectedly and brutally at the hands of someone wielding guns. However, due to less-developed communication and emotional processing skills, children express their thoughts and feelings differently from adults. Children may have increased nightmares, intrusive thoughts, abrupt changes in their mood, and changes in their play behavior (i.e., acting out shootings, mimicking dying, or other aspects of the school shooting, etc.). They may also report aches and pain in their bodies following a traumatic experience. Children who are especially distressed or anxious may exhibit regressions in their development, such as increases in bedwetting, clinginess, and tantrums.

–[Kathy Wu](#), PhD, licensed psychologist, assistant professor of psychology at Delaware Valley University in Doylestown, Pennsylvania

U.S. DEPARTMENT OF EDUCATION'S SAFE AND SUPPORTIVE SCHOOLS MODEL

ASPECTS OF SCHOOL CLIMATE



THE DISASTER RISK MANAGEMENT CYCLE



DISASTER RISK MANAGEMENT CYCLE (DRMC) DIAGRAM

Definitions:

Mitigation/Prevention:

Activities which eliminate or reduce the chance of occurrence or the effects of a disaster.

Preparedness:

Planning on how to respond to disasters should they occur. This includes the provision of legislation, trained personnel and resources.

3 stages of DRMC

PRE-DISASTER

- Risk Assessment
- Mitigation/Prevention
- Preparedness

DISASTER RESPONSE

- Warning/Evacuation
- Saving People
- Providing Immediate Assistance
- Assessing Damage

POST-DISASTER

- Ongoing Assistance
- Restoration of Infrastructural Services
- Reconstruction (Resettlement/Relocation)
- Economic & Social Recovery
- Ongoing Development Activities
- Risk Assessment Mitigation/Prevention

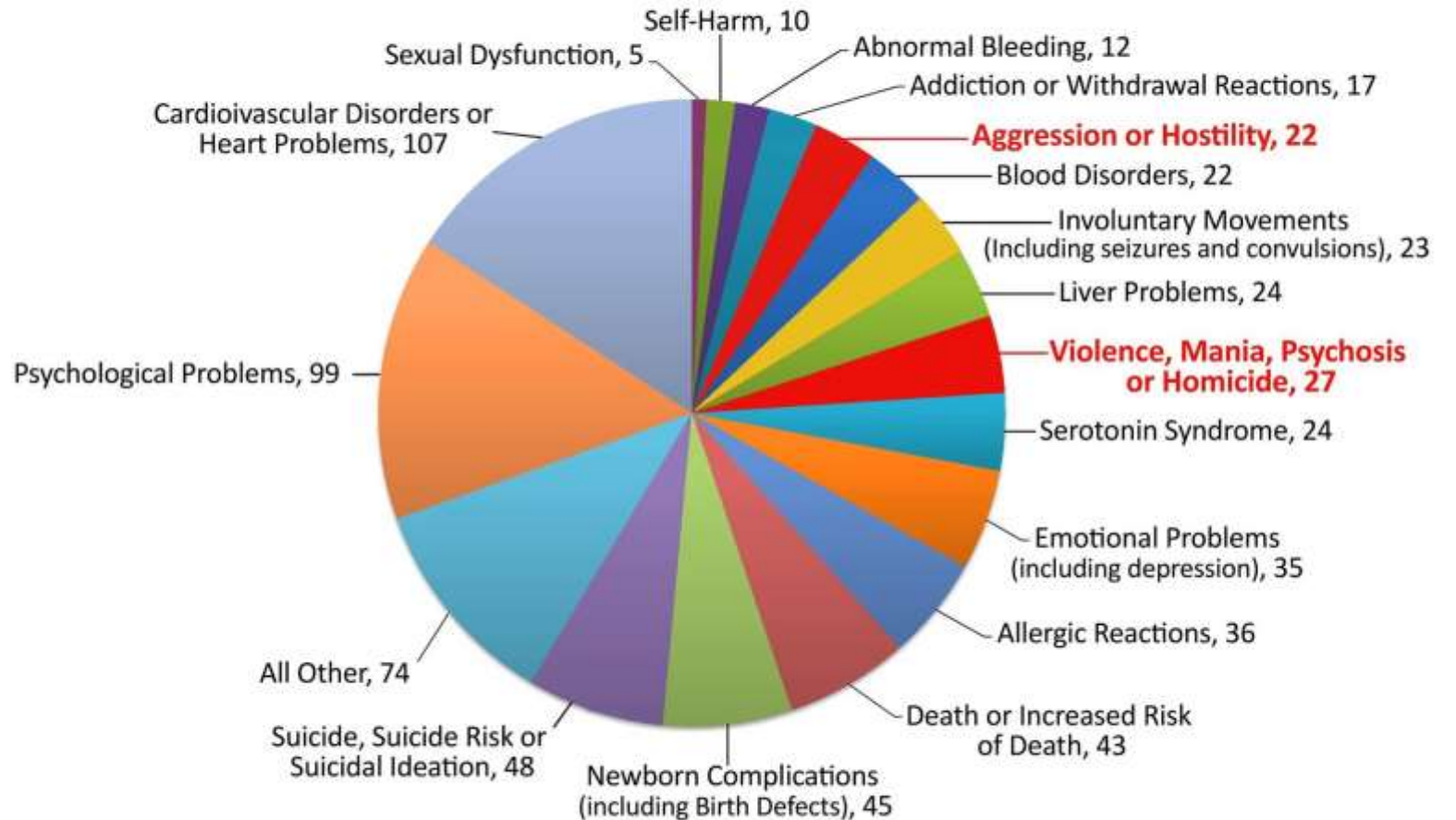
According to an article published by Lowe & Galea (2017) in the journal *Trauma, Violence, & Abuse*, mass shootings have a significant negative impact on the mental health functioning of students. Research indicates that exposure to violence or learning that a close friend or loved one has faced such exposure is associated a range of negative mental health outcomes posttraumatic stress disorder (PTSD) and depression (Lowe & Galea, 2017). The study reviewed school shootings internationally and found that greater proximity to the attack, direct exposure to the incident (e.g., seeing the event or being injured), and being acquainted with the deceased was associated with more several mental health difficulties. Furthermore, school shootings may have long-term effects on individuals' health or increased risk for post-incident psychological disorders. (Turner, E.A. 2018. School Shooting and Youth Mental Health. *Psychology Today*)

There is overwhelming evidence that psychiatric drugs cause violence. 27 **Medication ONLY is NOT the Answer!**

International drug regulatory warnings cite violence, mania, hostility, aggression, psychosis and even homicidal ideation. Individuals under the influence of such drugs and committing these acts of senseless violence are not limited to using guns are not limited to just schools.

PSYCHIATRIC DRUGS: 409 DRUG REGULATORY AGENCY WARNINGS

Not everyone on psychiatric drugs will become violent, but according to official warnings, a percentage will.



*Note: Some warnings include more than one side effect

Changes in behavior are indicators of the stress of crisis situations. Common behavioral changes in crisis situations include the following:

- Withdrawal: some students will be less talkative, less interactive, less participative
- Talkativeness: some want to talk non-stop about the crisis; some want to talk non-stop about anything that will distract from the crisis, some talk with inappropriate silliness, sarcasm, or insensitivity to avoid uncomfortable feelings.
- Silence: some students don't want to talk about anything.
- Changes in eating patterns: particularly watch the student that eats far less than usual – lowered blood sugar contributes to feelings of depression and limits cognitive functioning. Also note the child who began overeating in crisis and has not returned to previous eating patterns within two weeks.
- Change in sleeping patterns: children who uncharacteristically fall asleep in school may not be sleeping well at night; it is appropriate to alert parents and/or refer to the social worker. Likewise, if parents report oversleeping at home, a check-up is in order.
- Lack of interest: Observe changes in the students interest level, particularly in things the student usually finds interesting. If it continues for more than two weeks a referral may be in order.

SYMPTOMS of PTSD:

Persistent re-experiencing of the traumatic stressor: Reoccurring intrusive and distressing thoughts, images, or feelings associated with the event; reoccurring and upsetting dreams about the trauma.

Persistent avoidance of reminders of the event: Deliberate efforts to avoid thoughts, feelings, discussions, activities, places, or people that are associated with the traumatic event; inability to remember elements of the event.

Emotional numbing: Reduced interest in important and previously enjoyed activities; feeling all alone or detached from others and unable to react emotionally; feeling as if there is no future.

Persistent symptoms of increased arousal: Difficulty falling or staying asleep; unusually alert and easily startled; difficulty concentrating; increased irritability and anger.

Engagement with students following a crisis!

- ▶ Emotional Reflection
- ▶ Active and empathetic listening skills
- ▶ Summarizing
- ▶ Encouragement
- ▶ Leading in dyads, triads, and small groups
- ▶ Utilization of Humor

*“Double-up” Disasters

Verbalization of Pent-Up Feelings

- ▶ Safe Zone for students to talk
- ▶ Opportunity to verbalize frustrations, feelings, and needs
- ▶ Group session provides normalization of emotions



QUESTIONS AND ANSWERS