Multi-tiered School Mental Health Support for Ukrainian Refugees

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National Association of State Mental Health Program Directors (NASMHPD)
Annual Meeting
July 2022
Agenda

• Ukrainian refugee crisis
• Multi-tiered Systems of Support in Schools (MTSS) for newcomers
• Application of MTSS for newcomers in Poland and Czechia
Acknowledgements
14M Ukrainians have been displaced by war. 6M have crossed into other countries

- **Poland** has taken in 3,463,320 refugees
- **Romania** 943,015
- **Russia** 887,651
- **Hungary** 633,219
- **Moldova** 468,998
- **Slovakia** 435,660

- Source: UN, as of 20 May
Dear friends,

Thank you for all your letters and kind words of support. Your solidarity is strengthening our courage and hope – and we need it so much! And night is getting darker – every day we get news about horrifying atrocities, especially in those regions that are occupied by Russia.

Like this evening – priest being killed just because he belonged to Ukrainian orthodox church (not Russian). Yesterday – 7 women and child killed who were trying by car to get out of occupied region... In Mariupol over 2 thousand civilian people killed over last days because of enraged Putin’s order to take city by all means! This night at 4 AM we waked up in Lviv from explosions – there was bombing with 30 missiles directed toward place of training of soldiers near Lviv – now they train there those who were mobilized in recent days. 35 killed, 134 wounded... Each of them just few weeks ago were living peaceful lives...

And lot of infrastructure destroyed – factories, schools, hospitals, roads, bridges... Russian army is just destroying Ukraine... We cannot calculate how much it will cost for our economy – but we understand that it’s impact will be massive... Right now even in relatively safe Lviv you see already so many places closed – like restaurants, pharmacies, shops, institutions. So many people left already abroad that it is not possible to find workers and to have clients...

My brother and his wife decided to take their children to Poland. They left yesterday. They have three children – 10, 5, 2 years old. Two younger (girl and boy) were very stressed from air alarm signals (the youngest boy lost control over urination control every time as alarm sound was) and exhausted from need to go and stay for hours in shelters - children were scared and didn’t want to go there (specially at night) - so that my brother and his wife finally took decision to go. It was heart-breaking to see how they choose what toys to take and to what toys to say goodbye... And my parents (their grandparents) are in tears... And their dog left here (they couldn’t take it with them) looking at them with eyes that seem to understand everything...

My friends from Kyiv are adjusting in Lviv. They volunteer in the military hospital. Yet emotionally it is hard for them as their parents live in the village which is now right in the war zone – for one week without electricity, heating, connection with “outer world” and supply of food etc... They try to charge their phone from car generator just to make phone call and tell them that they are alive. I see my friends filled with pain and suffering, they cannot do this to do nothing for their parents...

– and in my turn one more update from Ukraine...

difference between days...

arrived yesterday from Kyiv to Lviv. Their faces are sad and exhausted by 10-day of their eyes reminded me of pictures from World War Two of people who were eye will recover – they are strong resilient family and already today their voices to our home for varenky...

In the beginning of war, I talked with him by phone, it was hard to hear what he was able to articulate so I can hear: “They are killing us, they are killing us, they vs about our army surrounded in Mariupol – and about incredible intensity of eautiful city with peaceful citizens and with our brave soldiers who will fight to asking NATO to close sky, we cannot protect ourselves effectively. From air la them that for psychopathic nature of Putin full control of Ukraine is his only as reading yesterday about Russian military cars that were destroyed by our rs ammunition that they use in Russia to repress peaceful protests – lot of he enslaved already Russian people!

leaving Ukraine – many parents of children I was treating as child psychiatrist necessary medical documents as they leave to European countries – so they can at they will be in safer place yet also sad – It is sorrow of feeling how children of one of my colleagues and some of our students also leave... We say short goodbye we no certainty about time when they will be able to come back... Our team other and appreciate so much this closeness – it is light in these dark times...

rt our resilient spirit – I feel it helps me too, it became good daily routine and e can do (https://www.facebook.com/oleh.romanchuk/). I am also aware thatental health professionals (we have lot of students and graduates of our uni) – so we worked on action plan and started step by step to act together to
Dear Friends,

Hundreds of thousands of war refugees from Ukraine, mostly women with children, are arriving in Hungary, Poland, Romania and other countries. We are trying to help. We use with our adult Ukrainian students the WHO self-help package SH+ in Ukrainian language: https://www.who.int/publications/i/item/9789240003927

with audiobooks: https://cdn.who.int/media/docs/default-source/mental-health/doing-what-matters-audio-audio-links-in-different-languages.pdf?sfvrsn=1f449f8d_16

Please share if you know some people in need.

If you know similar content for children, maybe also in English, with videos, but with no or limited text, please suggest sources.

Thank you,

Robert
Support Needed for Polish Schools

Approx. 186,000 Ukrainian students in Polish schools

Approx. 540,000 in distance learning in Ukrainian schools.

According to Dr. Porzak:

Ukrainian students in Polish schools need more systematic psychological support and integration.

Context depends on local “headmasters and specialists.”

“Tools supporting recovery, adaptation and integration are needed for schools and host families.”
Our Training Team

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Sharon Hoover, PhD
Jeff Bostic, MD, EdD
Robin Smith, MA
Kira Mauseth, PhD
Tona McGuire, PhD

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Funders
Several private donations covered travel, training materials, translation
A note on Translation

- Three languages needed (Polish, Ukrainian, Russian)
- 17 evidence-based, psychological training and triage manuals
- Handouts and other resource materials
- Approximately 1,143 pages of text—in less than three weeks.
- 27 volunteers from 7 different countries
  - Ukraine, Poland, Kyrgyzstan, Russia, Mexico, Germany
March 28-31 ~10 trainings
April 1-5 ~10 trainings
Reactions and Behavioral Health Symptoms in Disasters – COVID-19

Emotional Response – Lows to Highs

- HEROIC
- HONEYMOON – Community cohesion
- IMPACT
- DISILLUSIONMENT
- SECOND IMPACT – Delta variant
  Subsequent disaster cascade effects
- THIRD IMPACT – Omicron variant
- RECONSTRUCTION – A new beginning

Months Pre- and Post- Initial Outbreak

-3 Outbreak 3 6 9 12 15 18 21 24 27 30 33 36
Ivanka
I learn English language.
I go for walks around the Firlej Lake. I do a lot of art.

Veronika
My first week in Poland.
I learn English language.
I play with my friends.

Ukraine is my homeland.
It is my very special country.

The Ukraine capital is Kyiv.
The president of Ukraine is Volodymyr Zelensky.
Ukraine is my homeland, it is my very special country.

My name is Sofija.
Health Support Team

- Designed for the purpose of training local volunteers from within the impacted community in how to provide supportive services to their families, friends, and other community members in an ongoing, sustainable and culturally appropriate way.
What do Children, Youth and Teens need?

- **TRUST**: honest answers and explanations
- **SAFETY, ROUTINE, STABILITY**: consistency, plans and predictable patterns
- **CONTROL AND A SENSE OF FUTURE**: Forward thinking
Increasing Communication

- The Supportive Relationship
- Zones of Regulation
- De-escalation Skills
- Active Listening Skills
ACTIVE LISTENING

• Ask open-ended questions.

Clarify

• Summarize what you think you heard.

Reflect

• Listen with the intent to understand and care, not problem solve.

Express Empathy
Younger Children- Calming interventions

**Bubble Breathing**
- Use bubbles with wand
- Have the child try to blow the biggest bubbles they can, using slow soft breaths or pretend to do above.

**Scruntches**
- Have the child sit in a chair
- Tighten up their whole body, count slowly to 3, and relax
- Repeat several times
- Check for any tight muscles
Older Youth and Teens – Calming interventions

SQUARE BREATHING

• You can’t panic if your body isn’t in panic mode.
• Start by practicing control with your breathing.
• Slow your breathing by counting slowly to three or four for every breath in and out.
• Try to breathe in through the nose, and out through the mouth.
• Use square breathing (make a square with your finger in the air—using a four count for each side of the square)
Additional Elements Added to HST

• *Multi-Tiered Systems of Support (MTSS)* approach
• Elements of *Trauma Informed Schools*
• *Asking Is Caring* Suicide Prevention content
National Center for School Mental Health

**Mission:**
Strengthen policies and programs in school mental health to improve learning and promote success for America's youth

- Focus on advancing school mental health policy, research, practice, and training
- Shared family-schools-community mental health agenda

**Directors:** Drs. Sharon Hoover and Nancy Lever

**Faculty:** Tiffany Beason, Ph.D., Jill Bohnenkamp, Ph.D., Elizabeth Connors, Ph.D., Britt Patterson, Ph.D., Kris Scardamalia, Ph.D., Cindy Schaeffer, Ph.D.

Funded in part by the Health Resources and Services Administration

www.schoolmentalhealth.org
www.theshapesystem.com

Facebook.com/CenterforSchoolMentalHealth
@NCSMHtweets
Guidance from the Field

• Why Address Mental Health in Schools
• A Public Health Approach to School Mental Health
• The Value of School Mental Health
• Core Features of a Comprehensive School Mental Health System
• Opportunities, Challenges and Recommended Strategies
• Local Spotlights
• State Spotlights
• Moving Forward

www.schoolmentalhealth.org/AdvancingCSMHS
Multi-Tiered System of Supports (MTSS)

Figure 5: Multi-Tiered System of Support

**TIER 3**
+ Targeted interventions for students with serious concerns that impact daily functioning

**TIER 2**
+ Supports and early intervention for students identified through needs assessments as being at risk for mental health concerns

**TIER 1**
+ Promotion of positive social, emotional, and behavioral skills and overall wellness for all students

**Foundational Elements**
+ Professional development and support for a healthy school workforce
  + Family-school-community partnerships
Refugee Center

Tier 3
Targeted interventions for students with serious concerns that impact daily functioning

Tier 2
Supports and early intervention for students identified as at-risk for mental health concerns

Tier 1
Promotion of positive social, emotional, and behavioral skills and overall wellness for all students

Community mental health
Primary care
Child welfare

Hospitals

Refugee Center
Partnership

School Mental Health Ontario

Santé mentale en milieu scolaire Ontario

NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

Center for Childhood Resilience

Resilient Kids. Stronger Communities. Brighter Futures.

Western Centre for School Mental Health
MTSS for Newcomer Students

**WELcome and WELLbeing**
(Tier 1)

**COpe**
(Tier 2)

**MEnd**
(Tier 3)

**WELcome and WELLbeing:** School staff and student peer strategies for welcoming all newcomer students (Tier 1).

**COpe:** Coping and resilience skills to support students as they transition to a new school and community (Tier 2).

**MEnd:** Mental health interventions for students experiencing distress or difficulties related to the newcomer experience and transition (Tier 3).
“Schools provide an important opportunity to intervene with refugee children as a setting of utmost importance where they spend a great deal of time and encounter acculturative struggles. Placing interventions in school can help reduce stigma, and also provide an opportunity to intervene with the school setting itself, having an impact on its ecology. For example, affecting a school’s norms, policies, and attitudes with respect to immigrant and refugee children can help support individualized interventions for refugee children.”

“Schools could provide an ideal setting to implement interventions to address the mental health needs of refugee children... In disrupted environments, schools are often one of the earlier institutions to be introduced... Schools can facilitate early identification and provide interventions to maximize cognitive, emotional and social development.”

Universal – Welcome and Wellbeing (Tier 1)

• Policy and practice guidance for all school administrators, educators and peer students to ensure that all newcomers in school are welcomed and supported and to promote newcomer wellbeing.

• Education
  – information about newcomer experiences, including the strengths and challenges they may bring to the school environment.
  – specific strategies administrators, educators and peer students can employ to make students feel welcomed, supported, and empowered to contribute to the school community.

• Activities to engage, foster mutual interests, and promote friendship between students (e.g., clubs of mutual interest)
Targeted – Coping (Tier 2)

- Identifying and Building Upon Strengths and Supports
- Expressing and Regulating Emotions
- Engaging in Pleasurable Activities
- Maintaining Cultural Identity
Individualized - Mend (Tier 3)

- Normalizing Distress
- Cognitive Behavioral Intervention Components
  - Relaxation
  - Behavioral Activation
  - Cognitive Coping
  - Goal Setting
  - Exposure
  - Problem Solving
- Journey Narrative
Mental Health Supports for Newcomer Students

• Given potentially stressful experiences during stages of migration, there may be mental health needs (PTSD, depression, anxiety).

• Substantial barriers for newcomers to accessing mental health care
  – Primacy of meeting basic needs
  – Language barriers
  – Stigma
  – Lack of familiarity with mental health care
Connect

www.schoolmentalhealth.org

www.theSHAPEsystem.com

facebook.com/centerforschoolmentalhealth

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