Greetings and Happy Spring! This is a time that most of us have the opportunity to catch up on reading and planning for the rest of the school year. Thus a few updates from the Maryland State School Health Council.

The fact that you are reading this now means we do have your updated e-mail address. If there are others on your local council who should receive our communications, please let us know. I thank those of you who completed our council survey last summer. You should also have received a fall newsletter in October. In that newsletter we included our contact information, and brief health reviews addressing HPV vaccine, management of concussions, food insecurity and the role of school pantries, and a discussion of the increasing concern in regard to e-cigarettes and vaping. If you did not receive the newsletter, it is available on our website: https://msshc.wordpress.com. We also are on Twitter @MSSHC and you can “LIKE” Maryland State School Health Council on Facebook.

The survey revealed marked inconsistencies in the structure and function of the local school health councils. Active membership can vary from a handful to more than 2 dozen with variable community input and cooperation with the local health departments. Some communicate with neighboring councils but most do not. Some work closely with school wellness committees and some are independent. Not surprisingly the frequency of meetings can vary from monthly to once a year and only six councils have a year end review with the local superintendent of schools and head of the health department. We are also concerned that a couple of county school health councils do not have representation from the local health department, which is required by the state statute.

Most of you are aware of the outstanding, comprehensive School Health Interdisciplinary Program (SHIP) which holds a yearly conference in August under the coordination of a number of state and local school health agencies including the MSSHC. This year’s conference will be held at the Radisson Hotel in Timonium, MD on August 3rd and 4th. In an effort to address local school health concerns, a 90 minute working luncheon for all school health councils will be incorporated into the conference on Thursday, August 3rd. The MSSHC is funding one free tuition for each local school health council. We would hope that with this advance notice and a registration fee of one hundred and twenty-five dollars, that all the counties and Baltimore City
can be represented by their chairs and/or other school health council staff.

The application is attached, please complete and return the registration soon before you miss out. It is clear that our goals and needs are common and that closer collaboration should be easy to accomplish. More information will be forthcoming but please “Save the Date”. This spring, prior to that conference, I will hope to contact many of you to inquire if there is an opportunity for me to come to your spring council meeting to “listen” not to preach! If possible, a regional meeting with a couple of councils would be of interest.

**Digital Learning Recommendations**

The Age of Digital Learning has arrived in many school districts with increased incorporation of individual digital computer devices in the classroom beginning in elementary school. The true educational value and true risks of the health implications that may ensue are yet to be fully understood. Recognizing that there are a wide variety of potential impacts on the developing brain of the child, the Baltimore County School Health Council convened a taskforce to identify these risks and their report with recommendations was sent to each local council last month. It is available on our website, noted above. Close monitoring is clearly mandated to achieve the proper balance of educational value and health risk. Any comments or additional concerns are welcome.

**American Academy of Pediatrics Updates**

I attach to this newsletter an outline from a series of sessions held in October at the national meeting of the American Academy of Pediatrics on increasing awareness in regard to mental health issues in school aged children. While the origins are diverse, the problem is nearly epidemic with alarming trends in anxiety, depression and suicide. School and community resources must collaborate to improve recognition and early intervention.

**Every Student Succeeds Act (ESSA) Update**

A critical reminder to school health advocates to contribute to and closely monitor your local school district’s needs assessment for the Every Student Succeeds Act (ESSA) which is under final revision this spring. For those of you not fully aware of the implications of this federal legislation to detail both the federal, state, and local funding and respective role in educational policy, please go to the SHAPE website at shapeamerica.org/advocacy. School health and physical education are incorporated into the mandated “well rounded education” to a far greater degree than in the prior No Child Left Behind Act, but competition for priority and funding will be intense.

The fall newsletter included an attachment on the status of the revisions to the federal School Wellness Policy Program.
**Behavioral Health Issues in Schools**: Update from AAP meeting in Oct 2016:

Attachment to Spring 2017 Newsletter from Maryland State School Health Council

**Top Three Causes of Death in Childhood:**

<table>
<thead>
<tr>
<th>Year</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
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<tbody>
<tr>
<td>1916</td>
<td>Infectious Diseases</td>
<td>Birth Defects</td>
<td>Cancer</td>
</tr>
<tr>
<td>2016</td>
<td>Trauma</td>
<td>Suicide</td>
<td>Homicide</td>
</tr>
</tbody>
</table>

20-30% of American school children have significant mental health problems

Only 20% are receiving services

Key is early recognition of concern and early intervention

% of US schools with the following mental health programs

- Education and prevention programs: 63%
- Behavioral intervention programs: 59%
- School based psychologists, social workers: 75%

Number of US school based staffed health centers: 2315

Compliance with intervention (Study in Los Angeles) 85% with school based intervention and only 8% with community based therapists

Recognition and intervention programs lead to a Positive School Climate of support

Leads to less drug use, less aggression/bullying, and less absenteeism

Levels of mental health programs:

- **Tier 1**: Education on awareness, with parent, staff, and peer support:
  - Substance abuse, bullying, ADD, anxiety/depression, trauma, and suicide

- **Tier 2**: Early intervention to address social skills, response to trauma, and build resistance

- **Tier 3**: Individual counseling, crisis intervention, special education counseling

Key to compliance and success is to develop collaboration with school team, parents, child, and community resources
ANXIETY: 22% of middle school students, 26% of high school students
5-15% with generalized anxiety, separation anxiety and phobias
Often present with somatic complaints, always in the nurse’s office
Critical need for parents to control their own anxiety
10-15% with social anxiety, panic disorder, selective mutism, and/or OCD
Again, critical role for early recognition and early intervention
Medication +/- cognitive behavioral therapy. Successful response to treatment
SSRI alone = 55%, CBT alone = 60%, SSRI and CBT = 81%

DEPRESSION/SUICIDE: 15% of middle school, 28% of high school, 5-7% are severe
Average age of onset = 15 years
Individual role of genetics, psychological state, social situation, and cultural pressures
Need for early recognition of symptoms
70-80% of suicides had > one diagnostic symptom for 6 months
Withdrawal from friends and thus their support
“broken” spirit
Not sleeping is very common
“I am a disappointment to everyone”
Loss of support options from parents, sibs, friends
Turn to texting in search of support: average American teen sends 3500 texts a month
In desperation, they turn to random internet contacts for “inclusiveness” (aware of risk)
If rejected with anonymous internet contacts >90% attempt suicide

WEB SITES for support: Elementary School: Bounce Back
Teens: Cool Teens, and BRAVE
Attention Local School Health Council Chairpersons...

One representative from your local school health council is invited to attend the School Health Interdisciplinary Program (SHIP) Conference at no cost!

The Maryland State School Health Council is pleased to offer each of our Local School Health Councils an opportunity to have one individual on the local council sponsored (valued at $125/person) to attend the School Health Interdisciplinary Program (SHIP) Conference on Thursday and Friday, August 3-4, 2017 at the Radisson Hotel (2004 Greenspring Drive, Timonium, Maryland). Please have the chairperson respond by June 30th to shuntley@som.umaryland.edu, 410-706-0981 to take advantage of this sponsorship opportunity.

The School Health Interdisciplinary Program (SHIP) is a multifaceted approach to continuing education. SHIP provides comprehensive training on coordinated school health. The conference focuses on topics vital to school professionals. This year’s SHIP is committed to addressing School Health: The Foundation of Success for Students and Communities. Training will focus on helping school-based professionals understand core concepts in the field, including best practice strategies and policy across a three-tiered framework of healthcare. Particularly relevant topics include: School Determinants of Health, Population Health, Emergency and Disaster Preparedness, Psychotropic Meds, and more hot topics.

First Name:   M.I.:   Last Name:

Address 1:    Credentials/Degree:

Address 2:

City:       State:       Zip:       E-Mail:

Employer:   Position:

Jurisdiction of Local School Health Council to which you belong:

For more information:
Sylvia McCree- Huntley, MS
410-706-0981 (office); 410-706-0984 (fax)