

# COMMUNITY CONVERSATIONS [9/25/18-11/6/18]

## Harvey, Trauma, and Helping Our Kids Cope

### Roundtable Discussion Responses



\*Note: Data Missing for District B – Oct. 11<sup>th</sup>

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## SECTION ONE:

### **One year after Harvey, how are the children and teens in your life or community doing?**

District A (Region Four): The children and teens are not doing very well. They have difficulty focusing and concentrating and increased anxiety. They also do not know how to express their feelings. There has been a major impact on the family system as a whole. Harvey exacerbated the trauma and issues that were already present. Children are acting out and do not want to come to school. Students are being moved from parent to parent and showing aggression because parents have hired help from families who were south of the flood. Students are also dealing with their fears regarding the current political climate more than the aftermath of Harvey. It has been hard for students to return to what is expected of them in school (e.g. panic attacks during STAAR test).

District C (West-End): Some children and teens are still living in hotels or are not in school. Harvey may have compounded previous trauma. Some youth were still dealing with losses from the 2016 Tax Day flood and once Harvey happened, then they experienced even more loss. There has been a community request for interdisciplinary organizations that have been offering help since Hurricane Harvey to offer more concrete aid to the youth in need. Parents are having to “remain strong” for their kids by holding in their emotions. It has been difficult for the entire community because multiple residents lost their property and are still having to carry on their daily life functions (e.g. job, school). A lot of families have had to move/re-adjust (multiple times sometimes). There has been a shift in priorities such as parents not being able to meet children at school for lunch. There has also been an increase in parent’s feelings of helplessness.

District D (Sunnyside): Harvey has resulted in instability for children – homelessness, having to switch schools, having to leave their homes, having to live in hotels. Sunnyside as a community was not really impacted by Harvey, but they did inherit children that were impacted by other hurricanes like Katrina who were traumatized by the storm. The trauma of Harvey has not been restricted to the children, teachers and

parents are also dealing with residual effects of the storm and the schools have been trying to take on all of trauma. Follow-up treatment has not been that popular in the community, resulting in children not receiving the help that they need and continuing to act out at school. The community spends less than ten cents on child-related Harvey recovery, which increases the detrimental effect on children and teens because the need is great, but the resources simply do not exist. Gifted and talented children are starting to decline academically.

District E (Kingwood): Some children have recovered from the effects of Harvey, but some children are still affected. They are worried that something of that magnitude will happen again in the future. Although the children are divided on where they are emotionally, all have a different story and a different perspective on what happened. Many children have learned that they should be respectful to their peers and they should have sympathy for their friends and family. The schools in the community are still re-building and multiple individuals are utilizing support groups, but some people are scared to ask for help. Harvey boosted the rate of PTSD in children and teens and created additional problems within the community. Despite the difficult residual effects of Harvey, there have been some positive outcomes such as increased interaction within the community.

District F (Alief): A lot of children and teens are still in the process of transitioning or relocating schools. A large number of youth encounter weather-related triggers (e.g. increased anxiety around Hurricane season). A lot of the teachers are not prioritizing mental health because of other job requirements (e.g. developing lesson plans, evaluations, professional development).

District G (HCC Alief Hayes): Last year was a rough year for the community. Many children did not perform well on the STAAR test and missed several days of school. Teachers stressed over the poor test scores and there is a combined lack of morale among teachers and students. One educator has two student families that are still homeless (one in hotel/one in shelter). There has been a lot of vicarious trauma and the trauma of Harvey has been particularly difficult for survivors of Hurricane Katrina. Children living with disabilities (e.g. autism) are particularly traumatized. A lot of children and teens are still experiencing losses. Although there were resources available, it was out of character for some to ask for help (due to pride). Some kids still do not have their basic needs met. An increase in symptoms are occurring in 1<sup>st</sup> grade students (e.g. crying, on edge, aggressive, sensitive, hypervigilant, separation anxiety). Somatic complaints have also emerged (e.g. stomachache, headache). Some disruptive behaviors have escalated and there has been an increase in children with anger problems as they try to deal with trauma from Harvey and other instances of trauma (e.g. sexual assault, parent separation, experiences of loss). There have been complaints from community members that besides the initial shock of Harvey, they have not been explicitly hearing about Harvey as an issue.

District H (HCC Northline): Some children and teens are still having some trouble sleeping. They are also having to handle the stress of their parents as they continue to deal with displacement (e.g. some children and teens are still living in shelters). Immigrant children in Gulfton are struggling with their immigrant status in addition to the residual effects of Harvey. Many of them are experiencing a lower socioeconomic status than they encountered in their home country.

District I (Magnolia): Students are still displaced, and some have moved to different school districts. Children and teens have experienced a lot of anxiety and panic when it starts to rain (even those who were not “directly affected”) and they fear for the safety of their family members. Symptoms of trauma have also manifested through nightmares, bedwetting, and aggression in the classroom. There has been a lot of secondary/complex trauma for the most vulnerable, low socioeconomic individuals. Kids who were relocated/moved schools are sometimes “overlooked” because faculty don’t know their situation as intimately as their “old students”. For children and teens who lost their homes, shelters and six-month FEMA housing vouchers have now expired, which adds to the uncertainty of their living situation. Those who are housing other families are experiencing issues with crowded living quarters. Social workers are also unable to do home visits for those who are living with friends. In the community as a whole, physical restoration has been emphasized, but not mental health. However, school personnel are providing trainings from the Center for School Behavioral Health within their schools (e.g. with parents) and the training has been empowering for counselors.

District J (Southwest): During parent-teacher association (PTA) meetings, there have been discussions of the appearance or increase in symptoms of trauma such as kids crying when it rains. The damage of Harvey has only been compounded by undocumented people’s difficulty with navigating a new country, as well as reluctance to seek resources due to the impact it could have on one’s ability to get citizenship/residency. HISD child enrollment is lower due to the fears of the undocumented population. Additional residual effects include the appearance or increase in symptoms of trauma and issues with transportation. Some students cannot get consistent transportation to their new campus locations and other students are attending school less frequently.

District K (Stimley-Blue Ridge): There are some children who are still displaced following the occurrence of Harvey. Things have not gotten easier for them as they are “stuck in [the] traumatic experience”.

## **How are they coping with stress and the long-term or ongoing effects of Harvey?**

District A (Region Four): Some children and teens are not coping. They have had to deal with their parents feeling frustrated about their circumstances if they were affected by Harvey and children and teens have had trouble sleeping in unfamiliar places (due to

displacement). Some children do not have a stable place to stay and there have been symptoms of anxiety and separation. Some teachers using techniques such as mindfulness about water, which has led to a shift in thoughts about water and children and teens are more aware of water and the impacts that too much water can have. There has been an increase in services available due to grants and donations (e.g. Kipp money). Multiple families in one school who were impacted by Harvey received \$2,500.

District C (West-End): n/a

District D (Sunnyside): The parents of children with trauma have oftentimes experienced trauma themselves that is unresolved and not addressed so they cannot help their children. The ways in which trauma has presented itself is in violence, distracting with things like cell phones, bullying, and fights. Children and teens are not receiving follow-up care so they are angry, hostile, and oppositional and their parents do not see a way out and are feeling hopeless.

District E (Kingwood): Some people were not affected that much, but Harvey increased people's need for safety. Everyone is dealing with the residual effects in their own way, but multiple support groups and school clubs have been created to aid the youth in healing. There has also been open communication in families of the youth, which has allowed children and teens to better express how they are feeling. School counselors are also helping youth process their emotions and the ongoing effects of Harvey. A lot of children do not want to show that they are hurt, but school has become a "getaway" or a "hideaway" for these children.

District F (Alief): It has been difficult for the children and teens to get back to their normal routine, especially if their school or home was destroyed. There is also a lot of survival guilt amongst the youth where they did not experience any direct effects, but still saw the effects that Hurricane Harvey had on the community.

District G (HCC Alief Hayes): Children and teens are not really coping. They are just trying to get through each day. A lot of them are on edge or shut down more frequently. Some check-out of school early to re-group internally (a form of self-care; happens to adults and kids probably need a break as well).

District H (HCC Northline): Children and parents are more irritable and there has been an increase in conflict between teens and their parents as well as a decrease in patience with others. Children and teens have reported experiencing more nightmares and there have been occurrences of PTSD symptoms. Concerns have heightened with every flash flood and thunderstorm.

District I (Magnolia): Children and teens are less interested in speaking with school counselors than they were right after the storm. They are more inclined to talk with their peers than adults. Multiple families have encountered financial problems after Harvey and these problems have also impacted the children.

District J (Southwest): Children and teens are not coping effectively. Most are operating in an ongoing “crisis mode” and a large number have somewhat given up and are just “trying to make it”. Students are also often reluctant to voice their own needs.

District K (Stimley-Blue Ridge): There has been an increase in violence (fighting) because children are no longer using “flight” as an option when facing a “fight or flight” situation. There are general outbursts among students as well as inattentiveness and anxiety. Children fear the “consequences” of law enforcement. Despite all of these negative coping methods, the removal of technology in schools allowed students to communicate with adults better.

### **Now that you know more about signs and symptoms of trauma, did any of these behaviors exist before Harvey?**

District A (Region A): Yes, signs and symptoms of trauma existed prior to Harvey and they are continuing to have a residual effect on the children and teens in the community. These signs and symptoms are especially noticeable in low income areas.

District C (West-End): Yes, signs and symptoms of trauma existed prior to Harvey and they are continuing to have a residual effect on the children and teens in the community.

District D (Sunnyside): Yes, signs and symptoms of trauma existed prior to Harvey and they are continuing to have a residual effect on the children and teens in the community.

District E (Kingwood): Yes, signs and symptoms of trauma existed prior to Harvey and they are continuing to have a residual effect on the children and teens in the community. However, the signs became clearer post-Harvey and the trauma in the community became more prominent. The trauma in the community became more prominent and compounded by previous trauma. Since the hurricane, children and teens have become clingier when it rains. Especially when it rains for more than one day.

District F (Alief): Yes, signs and symptoms of trauma existed prior to Harvey and they are continuing to have a residual effect on the children and teens in the community. Counselors at the schools in the community have seen an increase in self harm and completed suicides.

District G (HCC Alief Hayes): Yes, signs and symptoms of trauma existed prior to Harvey and they are continuing to have a residual effect on the children and teens in the community. Harvey seems to have exacerbated the trauma that was already present.

District H (HCC Northline): Yes, signs and symptoms of trauma existed prior to Harvey and they are continuing to have a residual effect on the children and teens in the community.

District I (Magnolia): Yes, signs and symptoms of trauma existed prior to Harvey and they are continuing to have a residual effect on the children and teens in the community.

Some pre-existing traumas include parental separation, divorce, poverty, and lack of resources for parents.

District J (Southwest): Yes, signs and symptoms of trauma existed prior to Harvey and they are continuing to have a residual effect on the children and teens in the community. Some pre-existing traumas include conflicts between step-parents and adolescent children. An important note is that trauma has been a constant in HISD and the Southwest area has a large undocumented and refugee population.

District K (Stimley-Blue Ridge): Yes, signs and symptoms of trauma existed prior to Harvey and they are continuing to have a residual effect on the children and teens in the community. Harvey made people more alert and aware of signs and symptoms of trauma. Harvey has also increased conversation about mental health.

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## **SECTION TWO:**

### **If you are seeing mood or behavior changes, how do you and their teachers know if it's typical child/teen development or related to the trauma of Harvey?**

District A (Region Four): It is important to be aware of who that child is as a person in order to notice the subtle changes that might occur. Taking note of one's behavior and mood prior to Harvey means asking questions like "Is the mood intense and long lasting?", "How is the recovery time?", and "Are these typical coping skills that the child uses?". A lot of teachers are also traumatized and when one is in a state of trauma, then they cannot identify other's dysfunction. However, some teachers are able to spot signs of trauma related to Harvey due to participating in the Emotional Backpack training by the Center of School Behavioral Health at Mental Health America of Greater Health. Some schools also have a solid referral system to determine if something is typical or significant.

District C (West-End): Having a relationship with the youth helps one to be able to properly identify trauma because that individual will be able to notice subtle behavior changes.

District D (Sunnyside): Teachers have to look at timelines to determine when the behavior started in order to have an idea of whether it is related to the trauma of Harvey. There can be a lag in when the trauma manifests itself.

District E (Kingwood): A lot of teachers overlook the signs, but if the signs are severe enough, then then physical well-being of the child changes.

District F (Alief): The counselors are trained to spot the mood and behavior changes, but teachers need more training. There was heavy emphasis on the lack of training that teachers receive in relation to trauma and one suggestion was to increase training in trauma and cultural sensitivity. There is also a need to know the triggers that cause the

kids to react in school (e.g. when it rains, when the power goes out). One point that was brought up is that all sources of trauma have impacted children and teens in the past year, not just Harvey (e.g. trauma in their personal lives).

District G (HCC Alief Hayes): Through collaboration, one-on-one time with the student, and looking at prior behavior and grades. However, some adults do not feel like they have been trained to really know the difference or what to do in the moment when present with an active situation.

District H (HCC Northline): Teachers are not always able to tell, but parents and children seem more irritable.

District I (Magnolia): Trauma impacts one's sense of self and how that person views the world as well as their behavior and the signs that stem from trauma should prompt others to look more into it. Teachers don't really know unless it was a student they were close to and know was directly impacted by Harvey. English teachers were/are the most in-tune based on the students' in-class journals. Teachers are experiencing frustration in "dealing with" problematic behaviors/aggression. Sadly, there is more emphasis on test scores and crisis management vs. individual students. There is also emphasis by the TEA on test scores.

District J (Southwest): It is difficult to differentiate between typical development and trauma because having the ability to distinguish the two can require a more in-depth understanding of trauma. Screening can be difficult because it is sometimes not "obvious" or straightforward. A teacher's ability to recognize trauma in his or her students can be dependent on the strength/quality of the teacher-student relationship. Some students have expressed drastic behavior changes (e.g. fearful of weather changes, increased panic, lower academic performance, and developmental regressing). Other changes include an increase in nightmares and headaches.

District K (Stimley-Blue Ridge): Teachers still have difficulty differentiating between typical child/teen development and trauma related to Harvey, but they are slowly becoming more aware. Unfortunately, many behaviors that could be ascribed to trauma are becoming criminalized.

**What, if anything, do parents and teachers need to know about mental health and the effects of traumatic experiences? What would be the best way for them to get this information?**

District A (Region Four): Parents and teachers need to understand what trauma is and recognize the signs and symptoms. It is also important for teachers, officials, and parent to understand the complexity of trauma and how it is sometimes repressed. It would also be beneficial for them to understand why something might be happening and why

the behaviors are present. The best way to present this information would be through consistent education and making the information relative to the audience.

District C (West-End): Classes regarding mental health topics should be made available and if possible, incorporated to some extent into the school curriculum. Adults need to build relationships with youth in order to better understand the effects of traumatic experiences and they need to become familiar with services available.

District D (Sunnyside): All stakeholders in schools (e.g. teachers, cafeteria staff, bus drivers, etc.) need to have training on signs and symptoms of trauma and be informed about mental health/treatment. Suggestions for issuing this information includes in-school workshops that provide integrative knowledge of mental health, professional development trainings, and building relationships with parents and the family as a whole. Additionally, parents should have dedicated resources to be able to understand mental health issues and help their children – like a parent center at schools (that is not restricted to families who can afford to access the center). We have to change the stigma attached to labels. It is also important for parents and teachers to know that it is okay to look for help and it is okay to seek out help. One way for them to get this information would be to make mental health services more accessible.

District E (Kingwood): Parents and teachers need to know about the resources that are available for mental health and how to use them. They also need to know how to understand the signs and symptoms of mental health. Parents and teachers could also benefit from knowing that there are different types of emotions that their children could be experiencing that might fall under the category of “upset” (e.g. sad, mad, angry, depressed, stressed, etc.). Talking to friends who have mental health experiences and mental health experts could be a good way for them to receive this information.

District F (Alief): Parents need to know the signs and symptoms of mental health as well as the subtle changes that might occur in a child or teen. Parents have also been traumatized and might not know how to address their own effects, which can hinder their ability to help their children. As for teachers, there is a lack of training that is taking place. Two suggestions to increase teacher’s knowledge of mental health is to have mental health professionals train teachers and for teachers to ask questions when they are unsure of something regarding mental health or when experiencing abnormal behavior in a student.

District G (HCC Alief Hayes): Parents need to know the fundamentals (e.g. what is trauma, how to get help) because many are in denial. There needs to be an emphasis on information being transmitted in person and face-to-face (e.g. in-person info sessions) and varied times (morning, mid-day, and evening). One idea is to survey parents for the best time to meet. Building a relationship and rapport with parents is crucial. Meetings could potentially take place at public libraries, parks, or even the school. There also needs to be more resources for mental health and more trainings for parents, teachers, and administrators in order to reduce stigma and increase



awareness. Parents, teachers, and administrators need to “walk the walk” and be the example of positive and healthy mental health. It would also be helpful to train teachers in how to develop relationships/empathize with kids so that they can then build trust and community with them.

District H (HCC Northline): Good information would include how to recognize signs and symptoms of mental health, knowing that being strong does not mean being stoic, how to engage in self-care, and how to increase personal strength in order to help kids. Suggestions on how to give parents and teachers this information include building a connection with the student’s family and having an open workshop on psycho-education at schools. Other suggestions include engaging communities of faith to disseminate information and spreading information through the Children’s Museum (they can provide a lot of outreach).

District I (Magnolia): In the past year, families and the government have been more focused on housing, food, necessities, and jobs as opposed to mental health. Parents and teachers need information on stigma. If flyers or pamphlets with the words “mental health” were given out, then parents would be uninterested/offended/unwilling to take them. The information needs to be ongoing, “in your face”, and discussed more frequently. There was also a language barrier (need more bilingual materials). Social media is a suggestion for helping parents and teachers to get the information that they need because it is more effective than physical documents. It is important that teachers receive mindfulness and trauma training because through training, they can begin to figure out what is related to trauma (e.g. behavior, inability to “live, love, and laugh”). Parents and teachers also need to know that mental health and trauma exists on a spectrum (e.g. compare to physical illnesses such as a cold, a virus, and cancer). There has been legislation passed in other states that address mental health in schools. One example is the legislation passed in New York that implements mental health into school curriculum.

District J (Southwest): One suggestion for making sure that teachers and parents get the information they need is through the Parent-Teacher Organization (PTO) and a “trusted individual” within the organization. Face-to-Face would be most effective because not everyone has unlimited data to download apps, has a high literacy rate, and is fluent in the same language. There needs to be a greater emphasis on mental health services being Tier One versus Tier Three. Additional suggestions include increasing parents and teacher’s knowledge on stigma against mental health and counseling, knowledge on how to build coping strategies, and psychoeducation about the importance/benefit of mental health treatment. Teachers should also be trained on symptoms of trauma and how they are similar to other mental health illnesses. The best ways to make sure that they get this information is through advocacy surrounding social media and parent engagement in learning about social emotional learning.

District K (Stimley-Blue Ridge): Parents need to have an understanding of typical child/teen development and potential issues that could arise during development. It

would be beneficial to help parents with understanding their own mental health and in turn, then they will be able to help their children process their emotions and mental health. Teachers on the other hand need to have more training on mental health. Educational institutions need to take a bigger role in helping to educate parents, students, and teachers on mental health. The best way to facilitate these suggestions would be to increase partnership with mental health providers who can come in and educate on topics concerning mental health. There are also multiple avenues to get information to teachers (e.g. e-mail, handouts, workshops). There should also be the implementation of social workers/mental health providers in schools.

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## **SECTION THREE:**

### **Where do people in your community find help to support the mental health needs of children and teens?**

District A (Region Four): It is considered a privilege to have access to and receive professional services. Most supports come from clubs, peers, and the church-communal effect where individuals are given a sense of hope in knowing that they can expect things to get better.

District C (West-End): Mainly family support (the community is filled with diverse families)

District D (Sunnyside): Social media, schools, online supports, sports groups, and churches

District E (Kingwood): n/a

District F (Alief): Schools, churches, friends, scouting, additional curriculum that addresses mental health, community-based support, private practitioners

District G (HCC Alief Hayes): Often, it is through the school. However, the school is not always equipped to deal with potential issues (e.g. one school wasn't equipped to handle a student with bipolar disorder)

District H (HCC Northline): Schools, but counselors have a lot of responsibility, which decreases their response time. Residents have also found support through faith communities.

District I (Magnolia): Teachers at the schools. Counselors were not as effective at providing support and relief because they had to complete administrative duties (e.g. creating student schedules). Some people also went to the clergy for support, but sometimes the clergy did not know what to do.

District J (Southwest): A lot of the time, people make referrals for supports, even if the referral is not vetted. Other times, individuals actually make the phone call with the

person needing support and follow-up. Other sources of support include the YMCA, after-school enrichment, and the children's museum.

District K (Stimley-Blue Ridge): Through churches/alters and advocacy organizations.

### **a) Is it easy or hard to find these supports?**

District A (Region Four): Hard to find supports because they have to be accessible and potential clients have to have to willpower to go.

District C (West-End): Supports are available since Houston is home to several organizations that have services, but it is difficult for the community to access these services. The consensus is also that there are resources, but not enough manpower.

District D (Sunnyside): n/a

District E (Kingwood): n/a

District F (Alief): Those who wish to find those supports have to be looking for them.

District G (HCC Alief Hayes): Hard – “I wish I knew earlier what I know now” (teacher had a nephew with a bx health issue)

District H (HCC Northline): Not easy.

District I (Magnolia): Students have learned the “menu of services” and refer each other, but the grant money for multiple of the services is running out.

District J (Southwest): n/a

District K (Stimley-Blue Ridge): Hard.

### **b) If it's easy, what makes it so?**

District A (Region Four): n/a

District C (West-End): n/a

District D (Sunnyside): n/a

District E (Kingwood): n/a

District F (Alief): n/a

District G (HCC Alief Hayes): n/a

District H (HCC Northline): n/a

District I (Magnolia): n/a

District J (Southwest): n/a

District K (Stimley-Blue Ridge): n/a

### **c) If it's hard, why?**

District A (Region Four): n/a

District C (West-End): Geographic boundaries is proving to be a large barrier. Depending on where the service is located, they might not be deemed "comfortable" to access by the community. The community feels very isolated and restricted their area due to cultural barriers. Multiple residents are afraid of venturing too far out of the neighborhood, which has led to community members being hesitant to access services. Timing of services and lack of transportation are also important issues to note.

District D (Sunnyside): n/a

District E (Kingwood): n/a

District F (Alief): In the viewpoint of the counselor, they are stretched thin at the schools they work with. In their school district, there is one counselor assigned to six schools. This is dangerous for their students because that means that the counselor cannot be everywhere at once trying to monitor the mental health difficulties that students may be facing. There was a total of 2-3 completed suicides last year. Stigma is also a big factor in why it is hard to find mental health supports.

District G (HCC Alief Hayes): Denial and stigma are a large reason why. However, there is also a lack of training/knowledge of what to do or where to refer.

District H (HCC Northline): n/a

District I (Magnolia): It may be straightforward to find the services, but parents (especially undocumented) are scared or hesitant to access them. Especially social work services because parents associate them with Child Protective Services (CPS) and are disturbed by that.

District J (Southwest): Transportation is difficult. HISD "two-mile" bus route is problematic.

District K (Stimley-Blue Ridge): Stigma and geographical/financial access as well as transportation issues.

### **d) If it's hard to find support, what would make it easier?**

District A (Region Four): Flyers containing information, coffee with the principal, parent meetings, coffee with school counselors, social media (e.g. Facebook), a way for teachers to refer, and family therapy session.

District C (West-End): Quality volunteers/Quality staff working in these services.

District D (Sunnyside): n/a

District E (Kingwood): n/a

District F (Alief): The support of businesses, funding increases, and the community helping each other.

District G (HCC Alief Hayes): Helping teachers with their own well-being (e.g. mindfulness, self-care, etc).

District H (HCC Northline): n/a

District I (Magnolia): Information that is readily available online, as opposed to ephemeral paper documents. The down side is that sometimes having things online can be least effective for most vulnerable populations (e.g. clients might not have enough data for phone apps related to services and not everyone is literate or speaks/reads English)

## **District J**

District K (Stimley-Blue Ridge): Having knowledge of the supports available and creating conversations about support within the community.

## **e) Where would be the best place for children and teens to receive counseling, if necessary?**

District A (Region Four): At schools where staff will be able to let the children and teens know that “If we made it through Harvey, then we can make it through anything”. Schools should be valued more because while Harvey flipped children and teen’s world upside down, schools have been able to provide a place of consistency and students have appreciated that.

District C (West-End): n/a

District D (Sunnyside): At schools.

District E (Kingwood): n/a

District F (Alief): The non-traditional suggestion would be for children and teens to receive counseling in their homes since that is where they were affected. This would also allow one to look at the family structure and the whole familial system. Holistically, it is most effective and probably easier. Other non-traditional suggestions include meeting them where they are (e.g. school) or to provide tele-counseling through a secure online platform or through phone/text. The traditional suggestion would be to invite parents to the school. One suggestion for nonprofits who would like to help is for them to look at their mission and expand the mission to be able to provide services for post-Harvey (e.g. Salvation Army, Food Bank, Habitat for Humanity).

District G (HCC Alief Hayes): During school hours – “Children and teens are pulled out of class for so many different things, but for mental health is the last priority”. It is also easier/better to talk with students one at a time.

District H (HCC Northline): At schools, if schools will welcome the help.

District I (Magnolia): At schools, during the school day (during electives)

District J (Southwest): At schools. Suggestion for integrating mental health into the curriculum alongside social skills. Additional places outside of school include at Mental Health First Aid Trainings, Communities in Service (CIS) (mostly crisis counselors), Catholic Charities Counseling (provides trauma focused treatment), and the Harris Center for Mental Health and IDD.

District K (Stimley-Blue Ridge): School, home, community centers (e.g. libraries).

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### **Powerful ending/Wrap-up question:**

### **Other than family and friends, what is one thing that would best help children and teens through hard times?**

District A (Region Four):

- ✓ Simple exercises that can be done in 1-2 minutes that help to curb impulsive behavior
- ✓ If they opt out of exercises, use mindfulness (relate it to them, use their music, help them become aware of their body)
- ✓ Help them keep their minds occupied and redirect their focus
- ✓ Music and Theatre

District C (West-End):

- ✓ Normalizing access to mental health instead of lumping it into disabilities
- ✓ Making services more youth friendly
- ✓ Equipping families with the tools to be able to deal with their trauma
- ✓ Targeting youth (they are the ones bringing the resources home)
- ✓ Self-care for secondary trauma
- ✓ Using a client-centered approach

District D (Sunnyside):

- ✓ Mental health resources in schools

District E (Kingwood):

- ✓ n/a

District F (Alief):

- ✓ Providing opportunities for release through drawing or writing
- ✓ Building resilience within children and teens
- ✓ Community building (helping each other)

- ✓ Helping the youth to build connections with their family and peers

District G (HCC Alief Hayes):

- ✓ STAR Program at DePelchin (outpatient, not at schools)
- ✓ YMCA membership
- ✓ Communities in Schools
- ✓ Memorial Hermann Clinic's therapist at schools
- ✓ Normalizing mental health (ex. Melanin and Mental Health program)
- ✓ Sharing our own stories
- ✓ Reminding kids to "keep their feelings, but correct their behaviors" if behavior is problematic
- ✓ Having a caring, non-judgmental environment
- ✓ Learning coping skills through face-to-face relationships and interactions (kids are so used to social media and cell phones that they no longer recognize boundaries)

District H (HCC Northline):

- ✓ Children's Museum holds Open Doors and has free passes for low income/at-risk families

District I (Magnolia):

- ✓ The language "mental health" could be off-putting to parents
- ✓ Having the support of the Center for School Behavioral Health is important for providers and empowering for counselors and educators

District J (Southwest):

- ✓ Implement a teacher support group that discusses vicarious trauma and how to support kids that are not in a healthy emotional and mental space (one suggestion includes allowing teachers to earn professional development credit for attending group meetings)
- ✓ Consider offering multiple options for wellness time since all teachers may not be interested in a discussion group (e.g. exercise, aromatherapy, etc.)
- ✓ Promote National Suicide Hotline (Phone/Text) / Teen Talk Line

District K (Stimley-Blue Ridge):

- ✓ Being able to talk to someone they trust (e.g. mentor)

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**Misc:**

District F (Alief): Families are no longer families in the traditional sense. Kids are just being left to fend for themselves and they are expected to overcome their trauma on their own. There is a lot of anxiety and fear in the small children. Conversations have

been started in the community about mental health, but they do not hold any substantial weight because there is a lack of following through on what to do about the current state of youth mental health in the community.

District G (HCC Alief Hayes): Group members wish they'd known about tonight (Oct. 17<sup>th</sup>) earlier. They weren't moved by the information on the flyer, but "want your voice to be heard" resonated with them. The culture and structure around mental health needs to be improved (e.g. increased accessibility to resources, less bureaucratic red tape). Individuals serious about mental health also need to be consistent with policy and action (make it matter). There should be a push for school and district personnel to attend community meetings to see what is going on in the community. There needs to be a better allocation of district funds for mental health to make it accessible to more children because there is currently a misappropriation of funds. Ideally, funding would go towards:

- Counselors at schools after hours
- Trained professionals who can assess kids/behaviors/needs
- Improved continuum of care and feedback loop (home, school, doctor)
- Social skill groups in school as a class (like art, physical education, etc.)
- Making coping/social skills a TEKS
- Meeting people where they are at; there is a reason why people are not showing up to the schools/parent-teacher association meetings/etc.
- Needs assessment survey (A.C.E.) and match with a service
- Building/helping staff with self-care so that they can be in the right headspace to teach

Finally, kids who have a parent that is incarcerated or divorced is another huge issue that permeates school cultures.