

MENTAL HEALTH PORTAL

bcps-mentalhealth.com contains an array of resources for a wide variety of topics relating to mental health and student support.

IT'S IMPORTANT!

Mental health includes our emotional, psychological, and social well-being. It also helps how we handle stress, relate to others, and make everyday choices.

Broward Schools
Mental Health Resources
Visit bcps-mentalhealth.com

MENTAL HEALTH AFFECTS EVERYONE

Many factors contribute to mental health problems, including: biological factors, genes or brain chemistry, and/or life experiences such as trauma or abuse and family history.

THERE IS HELP

People with mental health problems can get better and full recovery is possible when they have access to mental health services and supports.

Just some of the available services include:

-Child Abuse Services (754) 321-1551

-School Climate (754) 321-1639

-Anti-Bullying

-Dating & Domestic Violence

-LGBTQ Resources

-Family Counseling (754) 321-1590

-Homeless Education Assistance (754) 321-1566

-Social Work Department (754) 321-1621

-Substance Abuse

-Community Health Referrals

-Suicide Prevention (754) 321-3421

-Crisis Text Line – Text “FL” to 741741

-211 Broward. Free 24-hour helpline. Dial 2-1-1

IF YOU SEE SOMETHING, SAY SOMETHING.

If you see something or hear something that may impact the safety of others, you must say something or send something. There are several ways you can report a tip:

Call: 754-321-0911

Text: 'SBBC' space with your text message to 274637 (CRIMES)

Email: school911@browardschools.com

Download Free Mobile App:



Your Nova High Support Team:

School Counselors:

Grade 9: Jasmine Quander-Smith

Grade 10: Yahshae Mainer

Grade 11: Jenna Gentile

Grade 12: Alin Andre (Guidance Director)



Additional Student Support Staff:

School Social Worker: Kimberly Perry

School Psychologist: Benjamin Jewell

Family Counselor: Guadalupe Zelaya

ESLS (ESE) Counselor: Dr. Ralph Levinson

ESE Specialist: Tera Ivey



NATIONAL ASSOCIATION OF
School Psychologists

Trauma: Brief Facts and Tips for Children and Adults

1. **Trauma is a serious problem.** Most children and adults will overcome a traumatic event with support. Some individuals are at greater risk for more serious traumatic reactions. Risk factors can include: proximity to a traumatic event, past exposure to trauma, substance abuse or mental illness, isolation, family stress, loss of a loved one, community stressors (poverty, violence).
2. **Trauma can have a lasting impact.** Trauma can increase the risk for psychological, behavioral or emotional problems (depression or PTSD), substance abuse, low occupational attainment or academic failure, social maladjustment and poor medical health.
3. **Common Reactions to Trauma.** Shock or disbelief, fear, sadness, guilt/shame, grief, confusion, pessimism, or anger. *In most cases these reactions are temporary and lessen over time.*
4. **Warning Signs.** If any of the following symptoms do not decrease over time, if they *severely* impact the ability to participate in normal activities, or if significant changes are noted, a referral to a mental health professional may be necessary.
 - Disruption or withdrawal from peer relationships
 - General lack of energy or interest in previously enjoyed activities
 - Decline in school/work performance, school/work avoidance, or difficulty concentrating
 - Physical complaints with no apparent cause (e.g., stomachaches, headaches)
 - Maladaptive coping (drug or alcohol use, severe aggression)
 - Repeated nightmares and reporting strong fears of death or violence
 - Repetitive play or talk re-enacting the traumatic events
 - Sleeping (difficulty falling or staying asleep) and eating disturbances
 - Increased arousal, easily startling or quick to anger, agitation, irritability, aggressiveness
 - Regression in behavior (thumb sucking, clinginess, fear of dark, assuming fetal position)
5. **Signs of Strong Emotional Reactions.**
 - Short temper/impatience; verbal outbursts
 - Sleep and/or eating problems; physical symptoms
 - Restlessness and agitation
 - Hitting and slamming objects, pets, or people
 - Desire to do harm
 - A sense of losing control over your life
 - Poor concentration or attention span
 - Social media posts expressing intolerance and/or anger
6. **There is help available.** If you or your family members are experiencing a crisis, reach out to the following:
Orlando Family Assistance: (407) 246.4357, **National Suicide Prevention Lifeline:** 1 (800) 273-8255
SAMHSA Helpline: 1(800) 662-HELP (4357)- English and Spanish

1. **Los traumas son un problema grave.** La mayoría de los niños y adultos superan un acontecimiento traumático si reciben apoyo. En algunas personas, existe un riesgo mayor de que se produzcan reacciones traumáticas más graves. Entre los factores de riesgo, se pueden incluir: cercanía a un acontecimiento traumático, exposición a traumas en el pasado, abuso de sustancias o enfermedades mentales, aislamiento, estrés familiar, pérdida de un ser querido, factores adversos de la vida en comunidad (pobreza, violencia).
2. **El impacto de los traumas puede ser duradero.** Los traumas pueden aumentar el riesgo de experimentar problemas psicológicos, emocionales (depresión o TEPT) o de comportamiento, abuso de sustancias, dificultades laborales o fracaso académico, inadaptación social y mala salud.
3. **Reacciones comunes a los traumas.** Shock o incredulidad, miedo, tristeza, culpa o remordimiento, pena, confusión, pesimismo o enojo. *En la mayoría de los casos, estas reacciones son temporales y disminuyen con el tiempo.*
4. **Señales de advertencia.** Si alguno de los síntomas descritos a continuación no disminuye con el tiempo, si tiene un impacto *serio* en la capacidad de la persona para participar en actividades normales o si se perciben cambios importantes, es posible que se necesite acudir a un profesional de la salud mental.
 - Interrupción o aislamiento de las relaciones con otros
 - Falta de energía o desinterés por actividades que antes se disfrutaban
 - Disminución del rendimiento escolar o laboral, evasión de la vida escolar o laboral, o dificultad para concentrarse
 - Problemas físicos sin causa aparente (p. ej., dolores de estómago, dolores de cabeza)
 - Ineficacia para enfrentar situaciones (consumo de drogas o alcohol, agresiones graves)
 - Pesadillas constantes y mucho miedo a la muerte o violencia
 - Juegos o charlas repetitivas en los que se recrean los acontecimientos traumáticos
 - Trastornos alimenticios y del sueño (dificultad para conciliar o mantener el sueño)
 - Excitación elevada, situaciones en las que la persona se sobresalta fácilmente o se enoja con rapidez, nerviosismo, irritabilidad, agresividad
 - Regresión en el comportamiento (chuparse el dedo, apego a otros, miedo a la oscuridad, adopción de la posición fetal)
5. **Síntomas de reacciones emocionales fuertes.**
 - Mal genio o poca paciencia, arrebatos verbales
 - Trastornos alimenticios o del sueño, síntomas físicos
 - Agitación e inquietud
 - Maltrato y golpes hacia otras personas, animales u objetos
 - Deseo de hacer daño
 - Sensación de pérdida de control de la propia vida
 - Falta de concentración o períodos de atención reducidos
 - Publicaciones en redes sociales en las que se expresa intolerancia o enojo
6. **Puede recibir ayuda.** Si usted o alguno de sus familiares están pasando por una crisis, llame a los siguientes números: **Orlando Family Assistance (Centro de Asistencia Familiar de Orlando):** (407) 246-4357, **National Suicide Prevention Lifeline (Red Nacional de Prevención del Suicidio):** 1 (800) 273-8255, **SAMHSA Helpline (Línea de Ayuda de SAMHSA):** 1(800) 662-HELP (4357), inglés y español

HELPING CHILDREN COPE WITH DEATH OR TRAGEDY

By Dr. Robin F. Goodman

When children experience the death of someone special or deal with tragic events, it can be difficult to know what to say and how to help children. We offer the following suggestions to the adults as a guide.

Talk to your children: Start with a general statement or question then listen to what they say or ask. Look for opportunities to check in more than once.

Be honest: Use age appropriate language, share basic information, and correct misinformation. It's OK to say "I don't know" and focus on what you do know.

Reassure: Using routine and structure to reassure children they will be all right, you are all right, and things in their world will continue. Remind them of the people that take care of them and how to get help.

Return to the familiar: Getting back to familiar tasks and distracting or even fun activities provides balance and perspective.

Use media sense: If the death or event may be on the news, turn off or limit TV viewing especially for little ones. Monitor what news and social media children and teens are watching or using.

Model coping: Adults have feelings and can help children by modeling appropriate ones and especially how to cope with upset or sadness in healthy ways.

Encourage expression: Children may more easily express their thoughts and feelings in pictures, music, play and poems. Be careful not to press for details but rather validate how they feel and problem solve ways to feel better.

Stay connected: Being connected to others – friends, family, a faith community – can be especially healing and powerful when feeling upset, overwhelmed and alone.

Provide comfort: Hugs – given and received - help everyone, young and old.

Find the good: Look for stories of hope. Cope with kindness. When able, be the hope – reach out a hand, offer help, care for others day to day.

Originally posted on: www.acaringhand.org

Helping Children Cope After a School Shooting

In response to a school shooting tragedy, many children may have questions and concerns. The ICHOC offers the following suggestions to help guide parents, teachers, and caring adults to best support children who may be grieving, concerned, or troubled by the school shooting:

Be Supportive

- ☐ Children will benefit greatly from support and caring expressed by the adults in their lives. Create an environment in your home or classroom that encourages respect for each other's feelings and fears, and allows for a supportive, healing environment.

Be Available

- ☐ Let children know that you are available to talk with them.
- ☐ Let children ask questions.
- ☐ It is ok if you do not have answers to all the questions. It is ok to let your child know that you do not have the answer but that you will try and find out.

Be Caring

- ☐ Let children know about the support being provided to students, friends, and families of the victims.
- ☐ Be aware of children who may have experienced a previous trauma and may be more vulnerable to experiencing prolonged or intense reactions and will need extra support.

Be Reassuring

- ☐ Acknowledge the frightening parts of the event.
- ☐ Explain what happened in words that children understand. Explanations should be appropriate to the child's age, developmental stage, and language skills.
- ☐ Reassure children that they are loved and will be taken care of.
- ☐ Children who have concerns about siblings who are living on a college campus or have concerns about safety at their own school should be reassured and their concerns validated.

Be Thoughtful

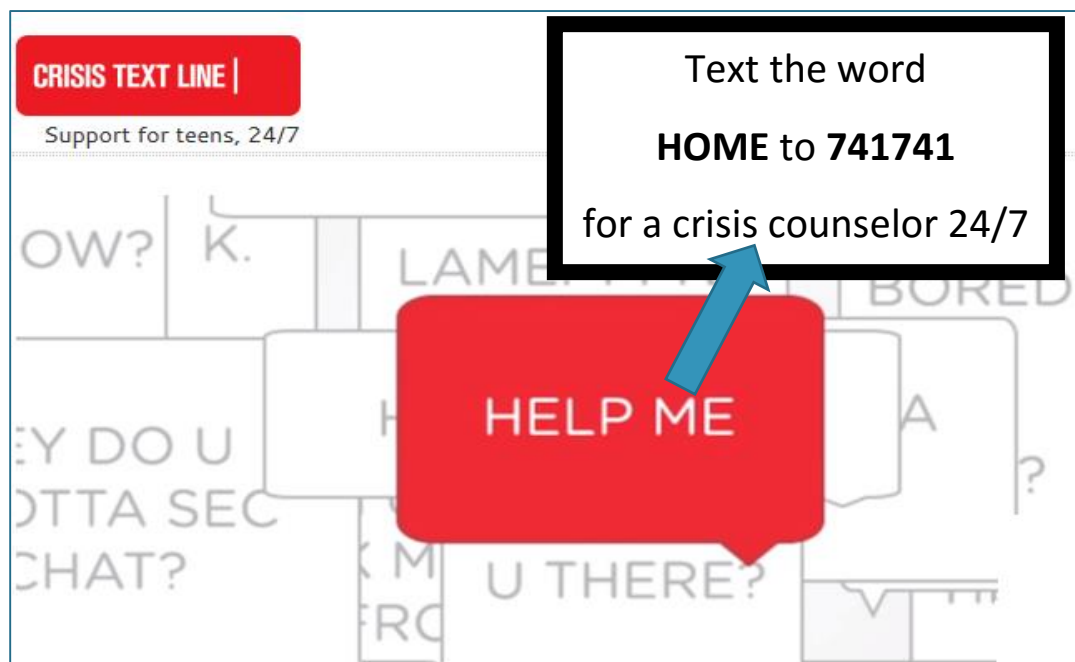
- ☐ Be aware of how you talk about the event and cope with the tragedy. Children learn about how to react to traumatic situations by watching and listening to parents, peers, and the media.
- ☐ Reduce or eliminate your child's exposure to television images and news coverage of the shooting. The frightening images and repetition of the scenes can be disturbing for children. If they do see coverage, be sure to talk with them about what they saw and what they understood about the coverage. Make sure to correct any misunderstanding or misinterpretations.
- ☐ Maintain your child's routine as best as possible.

Be Creative

- ☐ For children who are too young to talk or do not feel comfortable talking about their feelings, expressive techniques such as play, art and music can provide additional ways for children to express their feelings and let you know what may be troubling them.

Many behaviors and symptoms of stress are normal for children who have just experienced a trauma. However, if you find that your child is preoccupied with the event, has ongoing sleep or eating disturbances, is experiencing intrusive thoughts or worries, is focused on fears about death, or is having difficulty going to school and leaving parents, your child should be evaluated by a mental health professional. Contact your pediatrician, family physician, or school counselor if you feel that the symptoms are persisting and are interfering with your child's daily routines.





Suicide is the 2nd leading cause of death for school-age youth nationally and the 2nd leading cause of death in 10-19 year-old youth in Florida (2017). According to the 2017 Youth Risk Behavior Survey <http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>, 14% of Florida high school students self-reported having seriously considered attempting suicide and 11% reported having made a plan to attempt suicide in the previous 12 months.

To assist with your efforts, we have attached some resources that can be shared with parents, educators, and students.

The Student Support Services Project website lists a variety of suicide awareness and prevention resources, including FDOE-approved youth suicide awareness training materials, at <http://sss.usf.edu/resources/topic/suicide/index.html>.

The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) and resources at <https://suicidepreventionlifeline.org>

Youth Suicide Warning Signs <https://www.youthsuicidewarningsigns.org>

Suicide Prevention Resource Center at <http://www.sprc.org/13-reasons-why>

Society for Prevention of Teen Suicide <https://www.sptsusa.org>, all provide resources for parents and educators.

[Suicide Prevention Free In-Home Trauma Counseling](#)

[Suicide Prevention Resource Guide 2017](#)

[Preventing Youth Suicide \(Spanish\)](#)

[Preventing Youth Suicide \(English\)](#)

[Preventing Youth Suicide \(Teen Version\)](#)