

Mental Health vs Behavioral Health

Work Smarter Not Harder; Understanding the Difference & Delivering Effective Support



SELPA

ACCESS • LEADERSHIP • EQUITY

Objectives



- Understand key differences
- Identify signs
- Apply strategies
- Improve service delivery

Reflection



“Think of a student you struggled with. Was it mental health, behavioral health, or both”.

Why This Matters



- Mislabeled leads to ineffective support
- Discipline vs support confusion
- Equity implications



Mental Health

- Internal emotional & psychological state
- Examples: anxiety, depression, trauma

Behavioral Health

- Observable actions & responses
- Example: aggression, avoidance, non-compliance

Mental Health



- Mental health is about thoughts and feelings.
- Mental health is more specific to biological factors that influence our mental state.
- Negative behaviors do not always accompany a mental health condition..
- Mental health is considered Intrinsic.

Behavioral Health



- Behavioral health has more to do with the specific actions people take.
- Behavioral health is about how people respond in various scenarios.
- Two people who are experiencing similar emotions may react in very different ways.
- Behavioral health is considered Extrinsic.

Overlap

- Mental health influences behavior
- Behavior impacts mental health



False Positives of Depression



- Person sleeps a lot
- Person does not have much drive or motivation
- Person is easily moved to tears
- Person seems to have a slow effect
- Person does not seem to get excited about much

False Positives of Anxiety



- Student appears fidgety or agitated
- Student has a difficult time paying attention
- Student seems to act before thinking
- Student is easily frightened

Misinterpretation Risks

- Trauma labeled as defiance
- Punishing symptoms
- Missing root causes



What to Look For (Mental Health)

- Mood changes,
- Withdrawal
- Anxiety
- Dysregulation

What to Look For (Behavior)

- Disruption
- Refusal
- Impulsivity
- Attention-seeking

The Basic Behavior Cycle



1. Baseline: This is where the child typically is
 - Baseline may vary depending on the individual's needs and characteristics.
 - Ideally, you want to develop a plan to manage the behavior and maintain the child at baseline. This is the target of behavior management.
2. Escalation: After the child is triggered, internal stressors rise:
 - Student encounters environmental triggers and is attempting to gain or avoid/protest something.
 - Interventions at the escalation level should focus on return the child to baseline. Helpful methods include: Re-direction, distraction, delaying request, behavioral momentum.
3. Crisis Mode: This is where the child is engaged in full form of inappropriate behavior/meltdown
 - Intervention should focus on maintaining safety of the child, yourself, and others.
 - Reduce interaction with child as appropriate.

The Basic Behavior Cycle



4. De-Escalation: The child is beginning to cool off.
 - Careful, re-escalation can easily occur here. DO NOT administer consequences yet.
 - Continue to reduce interaction with child as appropriate. Allow child time to return to baseline. Monitor behavior.
5. Depression: The child goes below his or her baseline.
 - This may be short or long and may be hard to observe. Can be internal (wallow) or external (crying). Energy is low.
6. Return to Baseline: The child has returned to typical behavior.
 - This is the time to administer consequences if necessary.

Regulation Before Expectation



You can identify the root problem with regulation:

The Three “R”s: Dr. Bruce Perry’s Sequence of Engagement, also known as the "Three R's," emphasizes a specific order for engaging with individuals, particularly those with trauma histories: **Regulate, Relate, Reason**

Think of the 3 R's – as a sequence. This sequence recognizes that lower brain functions must be regulated before higher-level cognitive functions can be effectively engaged.

Behavior Problem; What Can I do?



- Establish consistency even if it appears inconsistent: same day of the week or time
- Establish boundaries: Students thrive when they understand their subsystem: authoritative-parent, teacher, law enforcement; child-student
- Ensure limits are in place: warning signs that boundaries may become violated

Rules

Agendas

Time Schedules

Expectations

Mental Health Problem; What Can I do?



- Empathy: development of understanding of the where, what, why, when and how of where the student is coming from and more importantly the where, what, why, when and how of where they want to go!
- Listen!!!!
- Restate back what you heard!!!!!!
- Unconditional Positive Regard: accepting of the student
- Assess the student's limits: when TO push and when NOT to push
- Trust and verify with permission! I want to talk to..... So that I can find out to better help

When Both Are Needed



Combine Therapy + Behavior Support

Collaboration

Therapist, Teacher, Behavior Specialist, Family

Discussion Question



With Your Elbow Partner:

Give an example of a behavior you feel is a behavioral issue, and one example of a behavior that could be a mental health issue.

Please assign a person to share out



Evaluation



Contacts



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