



BEST PRACTICES CLEARINGHOUSE

- Lessons from the Field -

Supporting Student Mental Health: What Works in Schools

MAY 24, 2023
3:00-4:30 PM ET



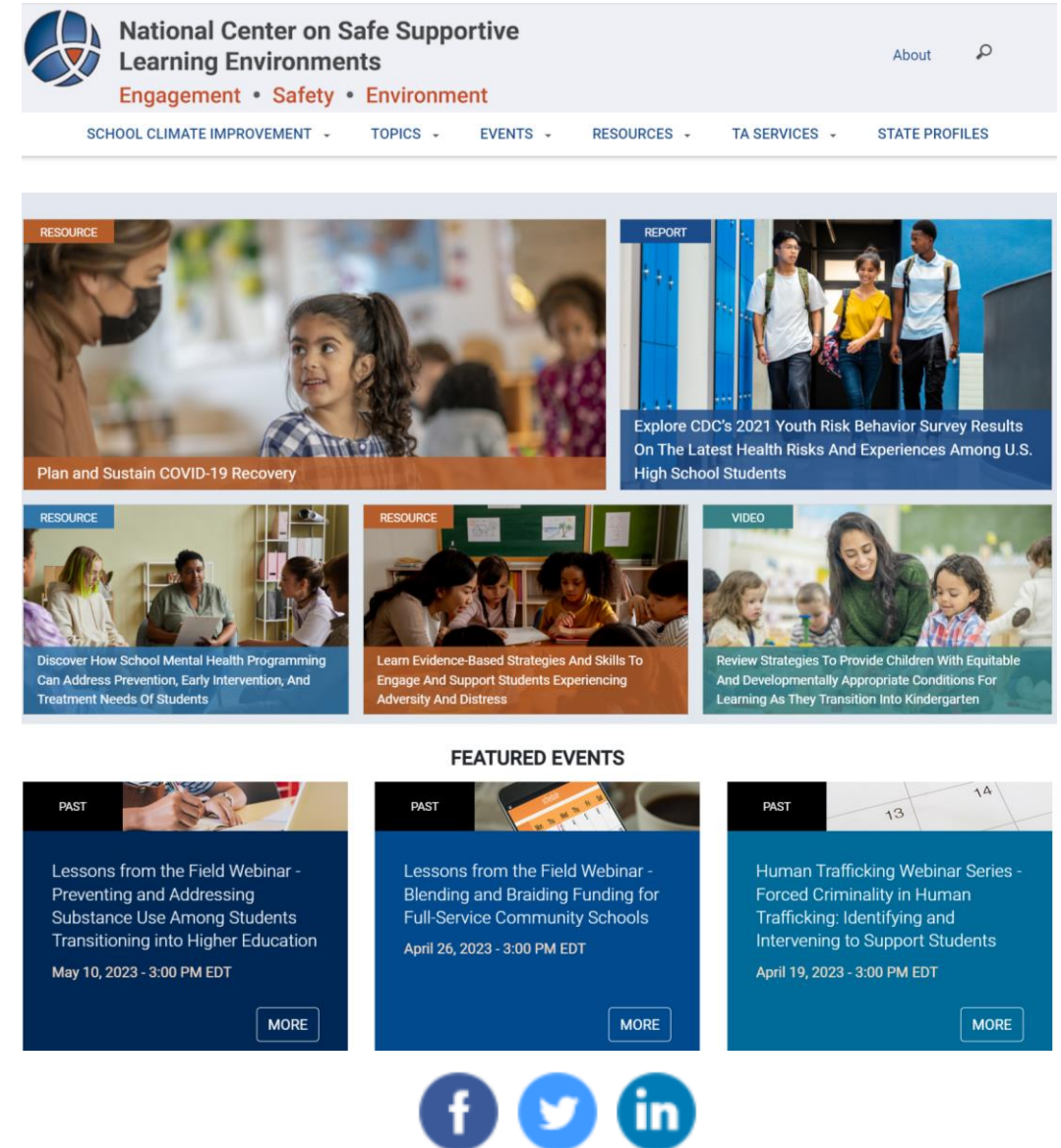
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Agenda

- 1) Introduction and Logistics
- 2) Welcome from the U.S. Department of Education
- 3) The State of Student Mental Health – Latest YRBS Data
- 4) Connectedness and Prevention
- 5) Comprehensive School Mental Health Systems and Interventions
- 6) Closing Remarks
- 7) Live Q&A



Meet Our Context Setting Speakers



Dr. Kathleen Ethier

Director, Division of Adolescent and School Health,
National Center for HIV, Viral Hepatitis, STD, and TB
Prevention, Centers for Disease Control and Prevention



Dr. Sharon Hoover

Professor, University of Maryland School of Medicine,
Division of Child and Adolescent Psychiatry; Co-Director,
National Center for School Mental Health; Director,
National Center for Safe Supportive Schools

Bios for the speakers are archived at the following location:

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Meet Our Panelists



Erik Martinez

Manager, Focal Services
Student and Family Services Division
San Francisco Unified School District, CA



Dr. Michelle Warren

Director, Mental Health Services
Osage County Interlocal Cooperative, OK



Booker Marshall

LGBTQ+ and Sexual Health Program Manager
Office of Student Health and Wellness
Chicago Public Schools, IL



Brittani Kindle

Mental Health Program Manager
Office of Student Health and Wellness
Chicago Public Schools, IL

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BEST PRACTICES CLEARINGHOUSE



Bryan Williams

DIRECTOR, OFFICE OF SAFE AND SUPPORTIVE
SCHOOLS, OFFICE OF ELEMENTARY AND SECONDARY
EDUCATION, U.S. DEPARTMENT OF EDUCATION



BEST PRACTICES CLEARINGHOUSE



Dr. Kathleen Ethier

DIRECTOR

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NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STD,
AND TB PREVENTION

CENTERS FOR DISEASE CONTROL AND PREVENTION



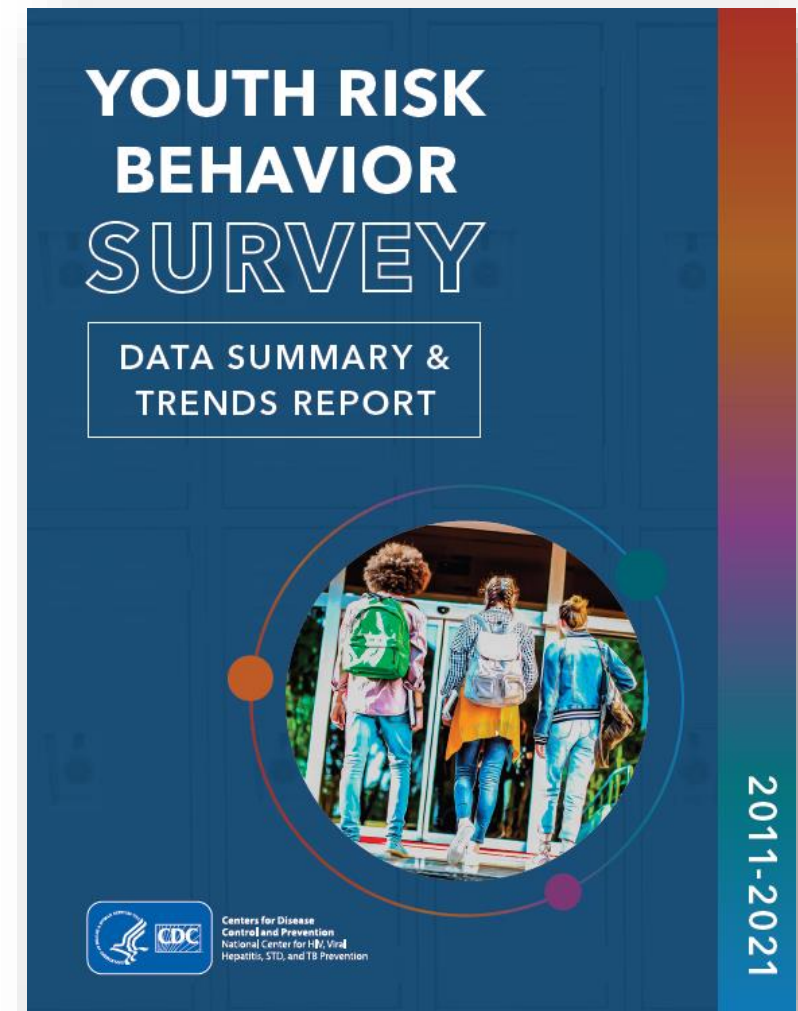
Supporting Student Mental Health: What Works in Schools

Kathleen Ethier, PhD







Director, Division of Adolescent and School Health
National Center for HIV, Viral Hepatitis, STD, and TB Prevention

YRBS Data Summary & Trends Report

- Provides key data on health risk behaviors and experiences among high school students
 - **Sexual behavior**
 - **Substance use**
 - **Experiences of violence**
 - **Mental health and suicidality**
 - **New and emerging national data**
- First Youth Risk Behavior Survey (YRBS) data collected since the start of the COVID-19 pandemic



Experiences of Violence

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Were threatened or injured with a weapon at school	7	7	6	6	7	7	
Did not go to school because of safety concerns	6	7	6	7	9	9	
Were electronically bullied	16	15	16	15	16	16	
Were bullied at school	20	20	20	19	20	15	
Were ever forced to have sex	8	7	7	7	7	8	
Experienced sexual violence by anyone	–	–	–	10	11	11	

LEGEND



In wrong direction



No change

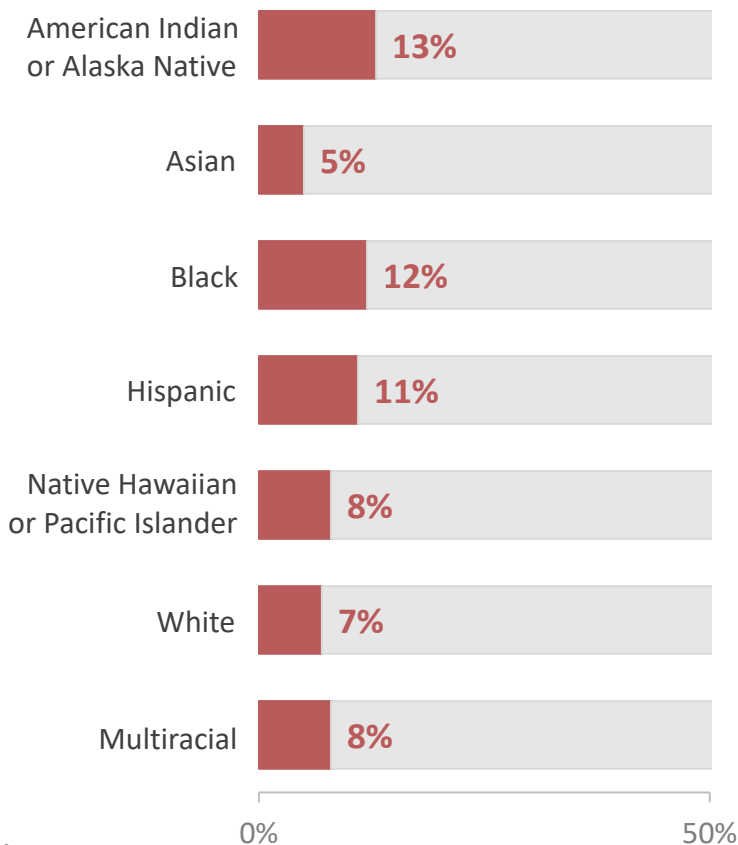


In right direction

Source: National Youth Risk Behavior Surveys, 2011-2021

Experiences of Violence – Data Snapshot

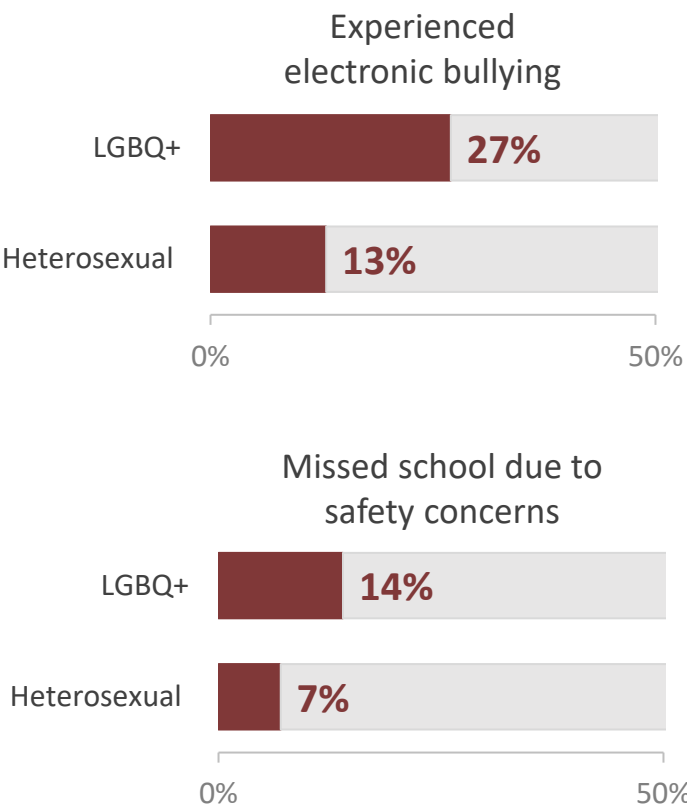
Black and Hispanic students were significantly more likely to miss school due to safety concerns








Female students experienced substantial sexual violence



LGBQ+ students experienced more violence than their heterosexual peers



Mental Health and Suicidality

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

LEGEND



In wrong direction



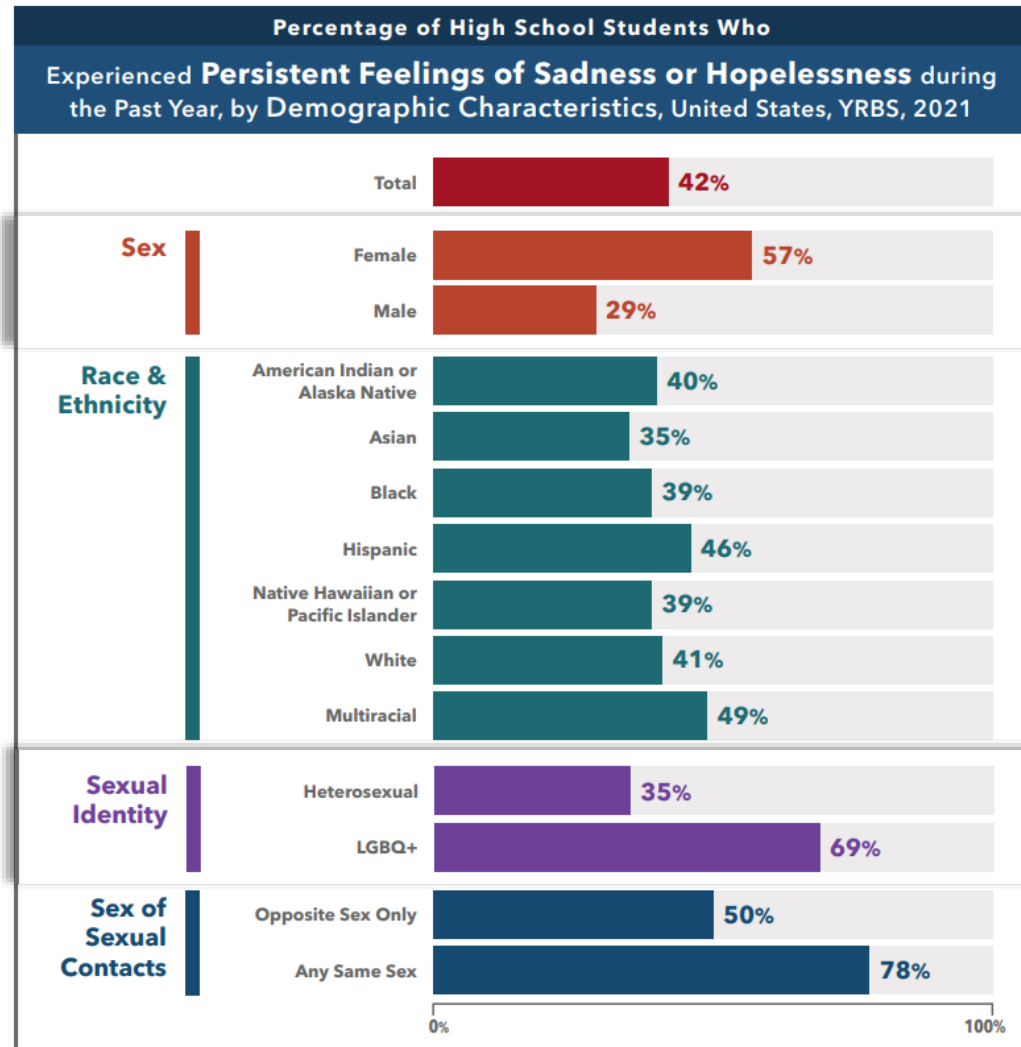
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In right direction

Source: National Youth Risk Behavior Surveys, 2011-2021

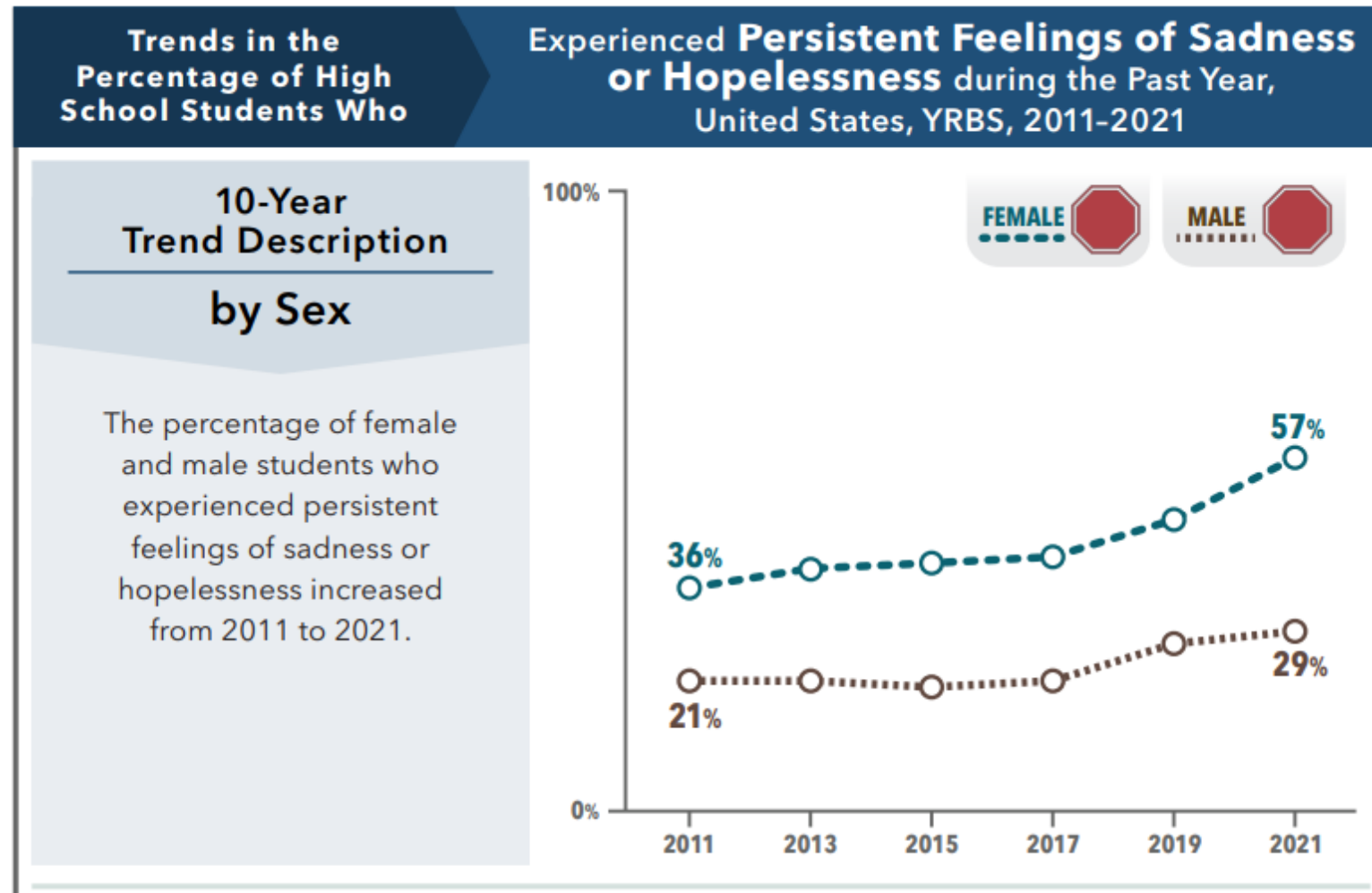
Female and LGBTQ+ students experienced higher levels of depressive symptoms



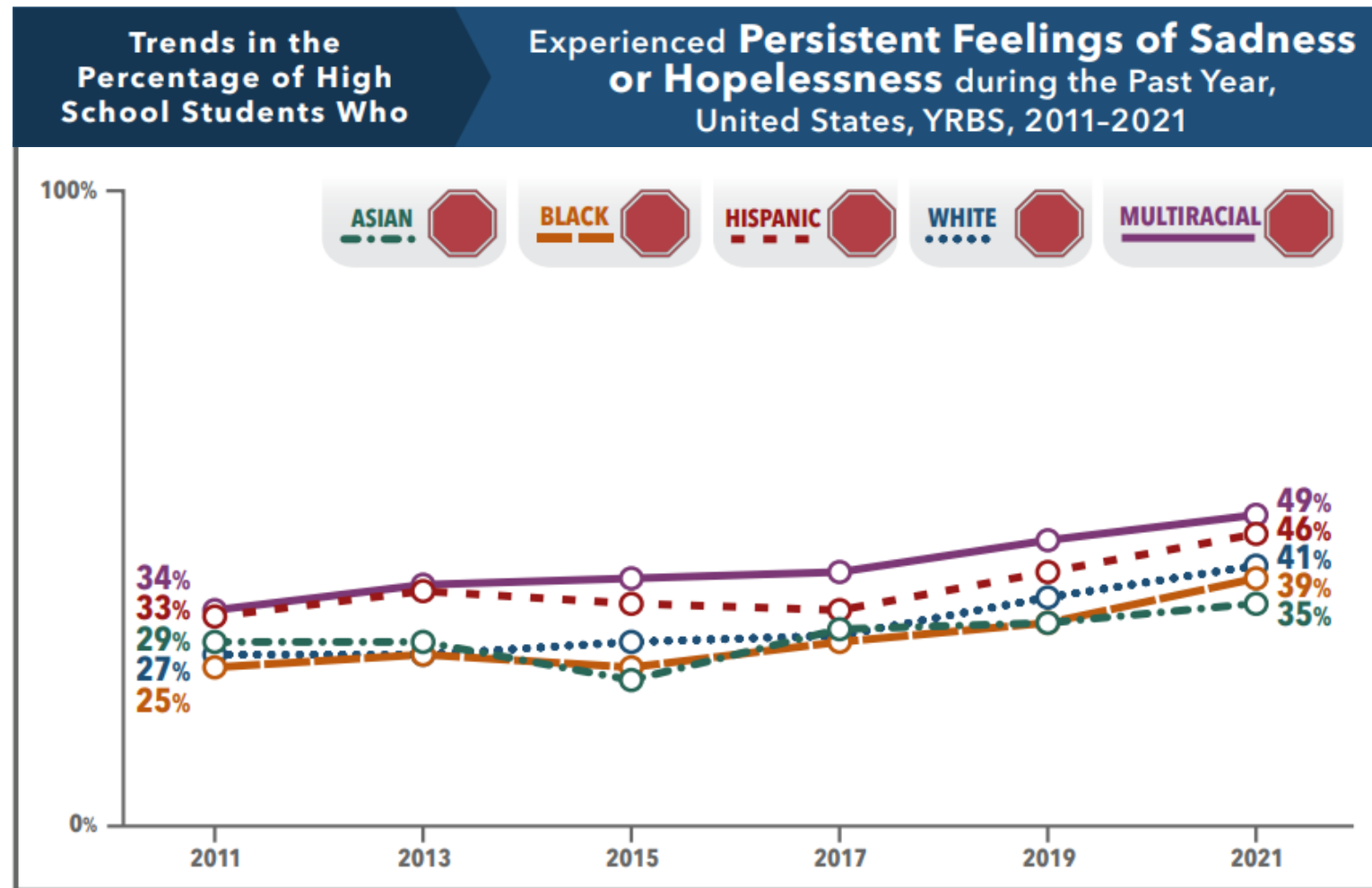
57% of female students felt persistently sad or hopeless compared to 29% of male students.

69% of LGBTQ+ students felt persistently sad or hopeless compared to 35% of heterosexual students.

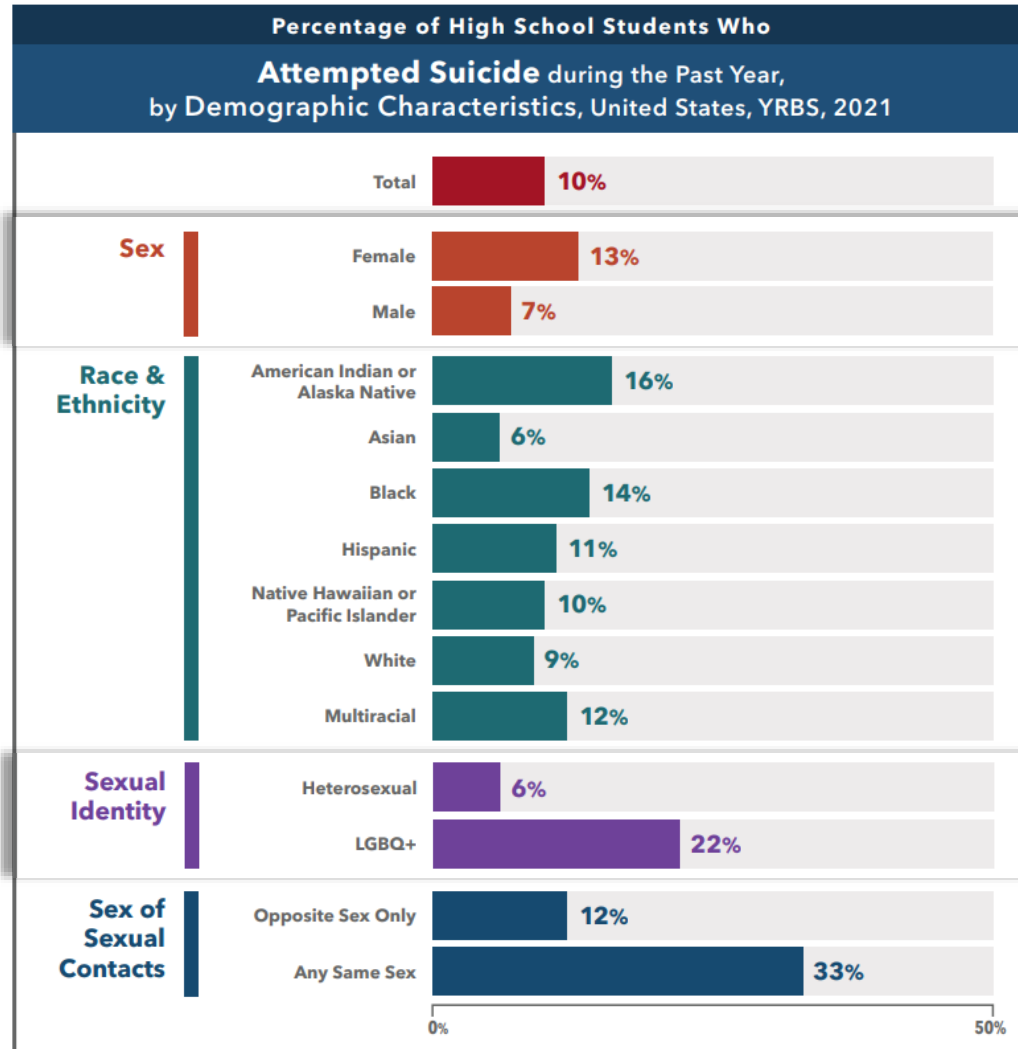
The disparity in depressive symptoms between male and female students is significant



Depressive symptoms increased among all racial and ethnic groups of students



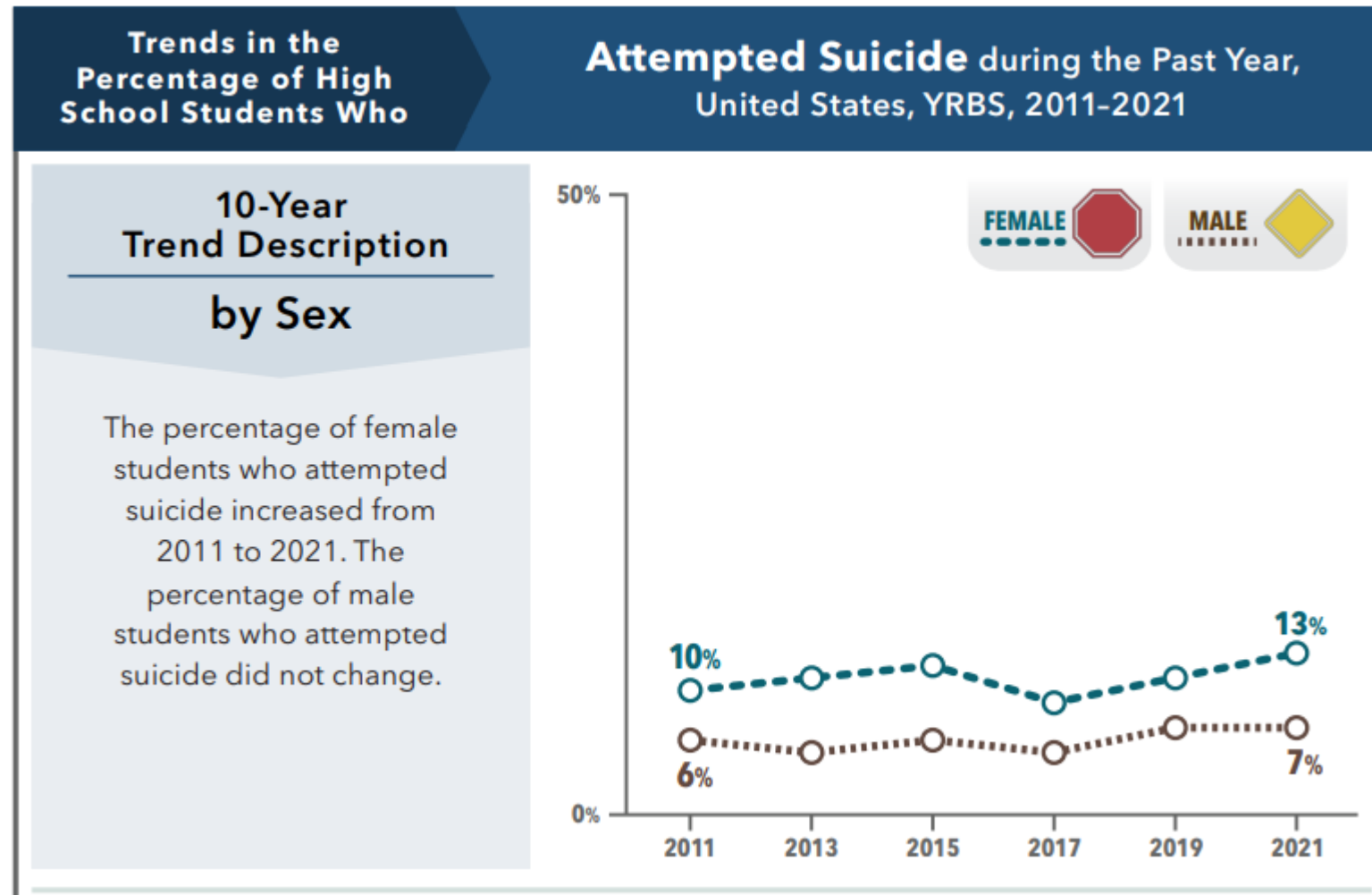
Female and LGBTQ+ students were more likely to attempt suicide



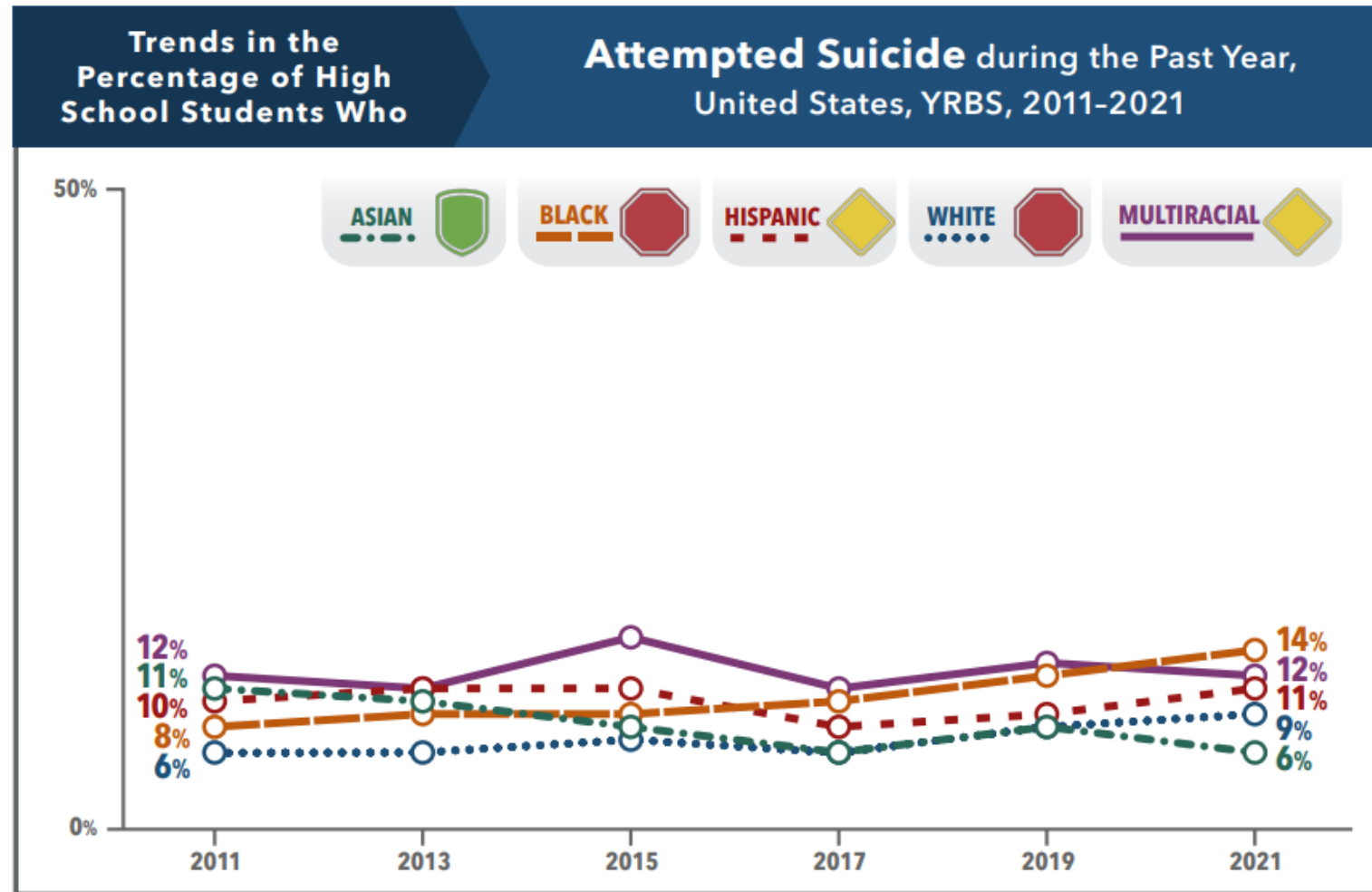
13% of female students attempted suicide compared to 7% of male students.

22% of LGBTQ+ students attempted suicide compared to 6% of heterosexual students.

Suicide attempts among female students continue to increase



Black and White students experienced increases in suicide attempts



Summary

- Adolescent mental health continues to worsen.
- Female students are experiencing substantially more violence, poor mental health, and suicidal thoughts and behaviors than their male peers.
- Disparities between LGBTQ+ students and their heterosexual peers remain significant and concerning.
- Patterns of disparities are less consistent for race and ethnicity, but equally important to understand.

Adolescents are experiencing a level of distress that calls on us to act.

School-based prevention strategies are effective



Activities to increase school connectedness

Classroom Management	Service-Learning Programs	Mentoring Programs	LGBTQ Supportive Policies and Practices
Providing professional development on classroom management techniques, and policies and practices that support youth	Implementing school-based service-learning programs	Implementing school-based mentoring programs	Implementing policies and practices that support LGBTQ youth

CDC's *What Works in Schools* program improves adolescent health and well-being

In schools implementing this approach within CDC-funded districts, students were **less likely** to:



HAVE EVER
HAD SEX



HAVE 4+
SEXUAL
PARTNERS



BE CURRENTLY
SEXUALLY
ACTIVE



MISS SCHOOL
BECAUSE
OF SAFETY
CONCERNS



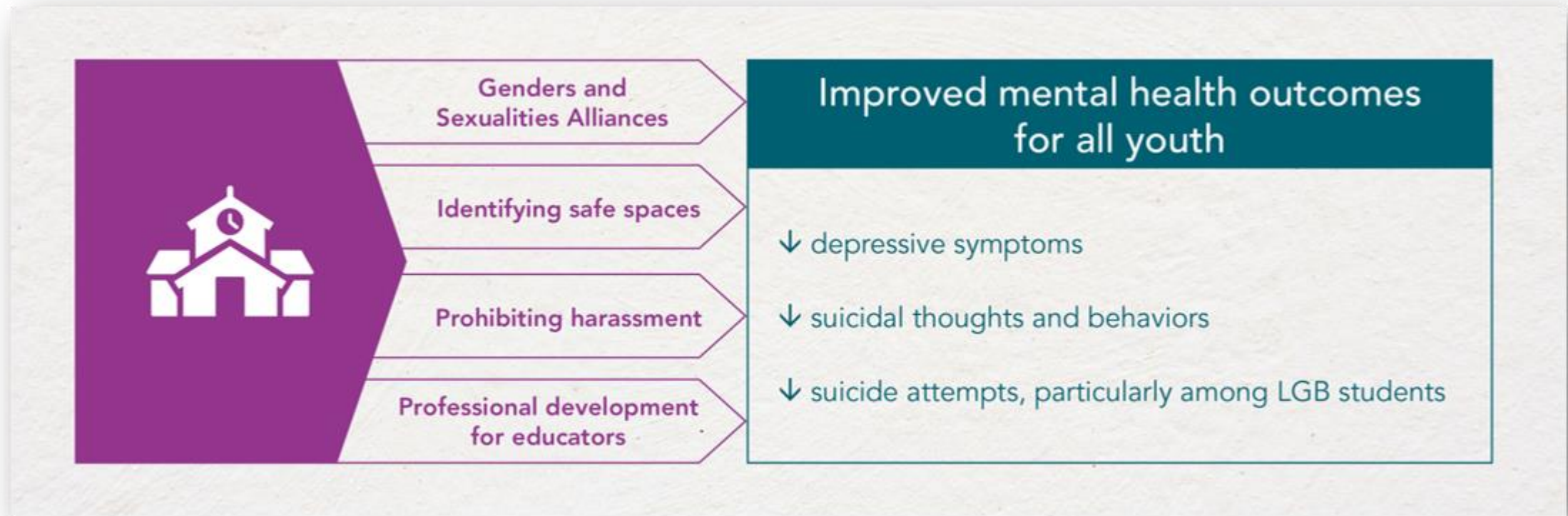
BE FORCED TO
HAVE SEX



USE
MARIJUANA

Robin L, Timpe Z, Suarez NA, Li J, Barrios L, Ethier KA. Local Education Agency Impact on School Environments to Reduce Health Risk Behaviors and Experiences Among High School Students. *J Adolesc Health*. 2022 Feb;70(2):313-321. doi: 10.1016/j.jadohealth.2021.08.004.

LGBTQ-supportive school policies and practices support all students



Kaczkowski, W., Li, J., Cooper, A. C., & Robin, L. (2022). Examining the Relationship Between LGBTQ-Supportive School Health Policies and Practices and Psychosocial Health Outcomes of Lesbian, Gay, Bisexual, and Heterosexual Students. *LGBT health*, 9(1), 43–53. <https://doi.org/10.1089/lgbt.2021.0133>



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BEST PRACTICES CLEARINGHOUSE



Dr. Sharon Hoover

PROFESSOR, UNIVERSITY OF MARYLAND SCHOOL
OF MEDICINE
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CO-DIRECTOR, NATIONAL CENTER FOR SCHOOL
MENTAL HEALTH
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SUPPORTIVE SCHOOLS



Comprehensive School Mental Health Systems and Interventions

Sharon Hoover, PhD, Professor

National Center for School Mental Health (NCSMH), Co-Director
National Center for Safe Supportive Schools (NCS3), Director



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@NCSMHTweets

@NCS3tweets

Lessons from the Field Webinar
May 2023



Agenda

1. National Center for School Mental Health
 - Resources
 - SHAPE – School Health Assessment and Performance Evaluation System
2. Implementing Services
 - Tiered services
 - Progress monitoring
3. Effective School-Community Partnerships to Support School Mental Health

National Center for School Mental Health (NCSMH)

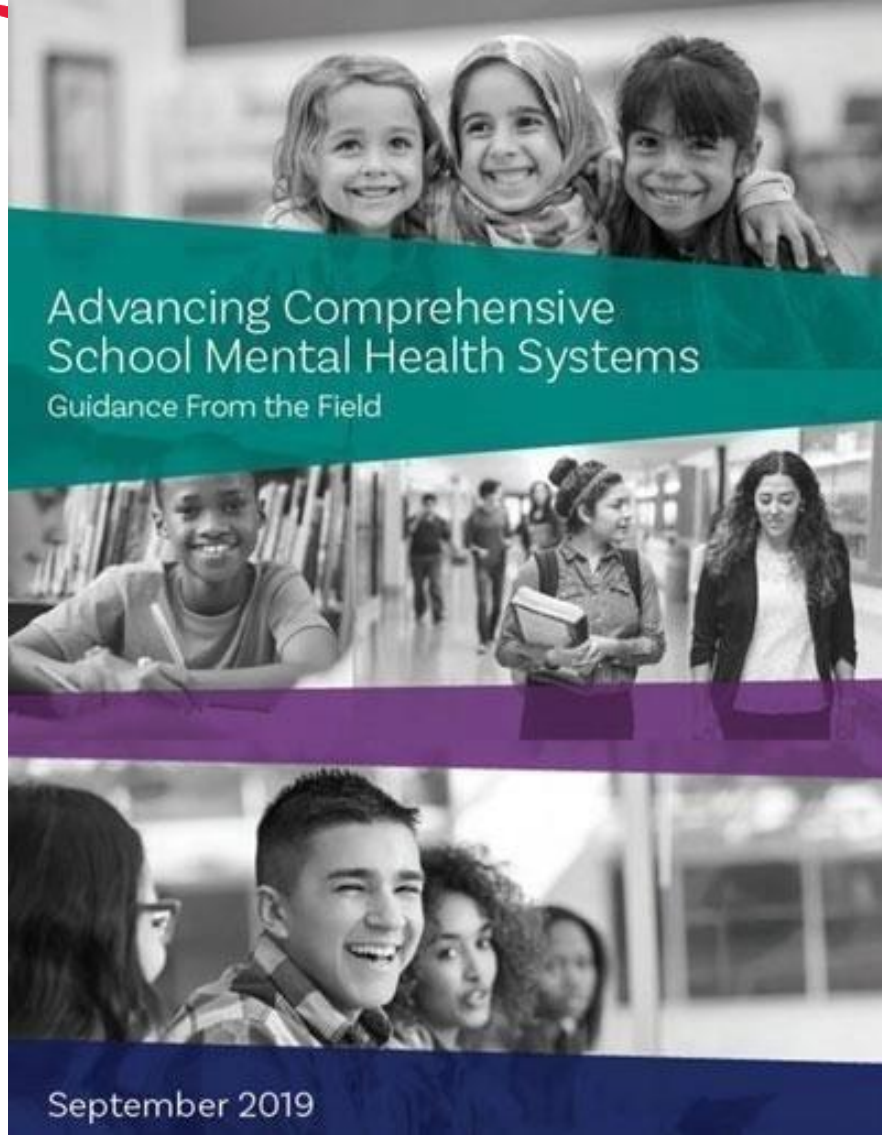
- Established in 1995 with funding from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration.
- The **NCSMH mission** is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.



UNIVERSITY *of* MARYLAND
SCHOOL OF MEDICINE



Visit the NCSMH website at
www.schoolmentalhealth.org



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

SHAPE School Health Assessment and Performance Evaluation System

About Us Contact Us [Take a Tour](#) [Sign Up](#)

What is **SHAPE**?

Your **FREE** assessment tool designed to improve school mental health system quality and trauma responsiveness at the school, district, and state levels.

[Learn More](#)

[Take a Tour](#)

From our program quality and trauma responsiveness assessments and feedback reports to our extensive library of free and low-cost screening and assessment measures, SHAPE delivers the tools you need to improve your school or district's mental health programs and increase your grant funding opportunities. Take the tour to learn more.

I want to sign up for:

[Myself](#) [My School](#) [My District](#) [My State](#)

SHAPE helps districts and schools improve their school mental health systems! **HOW?**

- SHAPE users map their school mental health services and supports
- Assess system quality using national performance standards
- Receive custom reports and strategic planning guidance and resources
- Utilize additional SHAPE features including the Screening and Assessment Library and Trauma-Responsive Schools Assessment and Resources
- Use state and district dashboards to collaborate with schools in your region

SHAPE Features

- School & District Profiles**
- Quality Assessment & Resources**
- Custom & State Dashboards**
- Screening & Assessment Library**
- Trauma-Responsive Schools Assessment & Resources**

School Mental Health Matters

You are **8x more likely** to complete mental health treatments in schools than in other community settings

3/4 of youth who receive mental health services access them in schools

Positive school climate integrated with social emotional learning **improves school safety** and decreases bullying

Students who participate in social emotional learning programs improve academic performance by **11 percentile points**

Put your star on the map

92 schools
Have earned Gold Star Status

112 school districts
Have earned Gold Star Status

28 states
Have schools or districts with Gold Star Status

[Learn More](#)

School Health Assessment and Performance Evaluation (SHAPE) System

www.theSHAPEsystem.com

SHAPE helps districts and schools improve their school mental health systems! **HOW?**





National School Mental Health Quality Assessment- SMH-QA

Quality Domains

- ✓ Teaming
- ✓ Needs Assessment and Resource Mapping
- ✓ Mental Health Promotion for All (Tier 1)
- ✓ Early Intervention and Treatment Services and Supports (Tiers 2/3)
- ✓ Screening
- ✓ Impact
- ✓ Funding and Sustainability



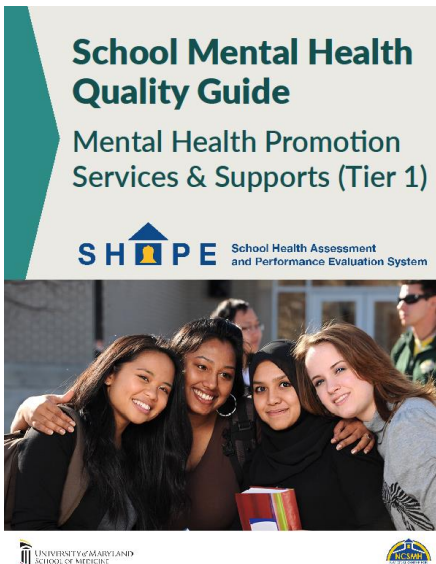
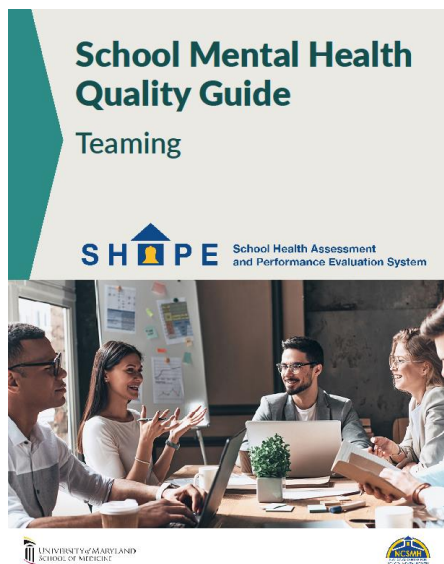
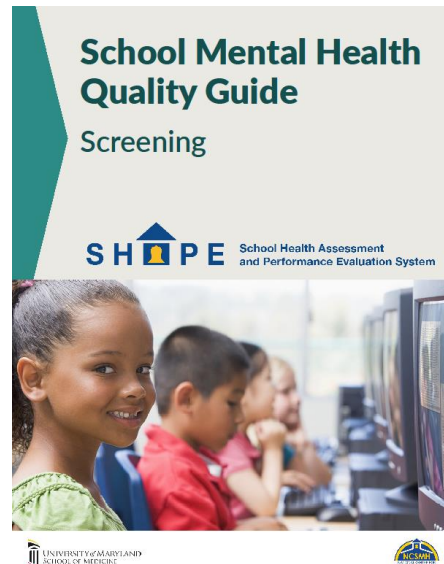
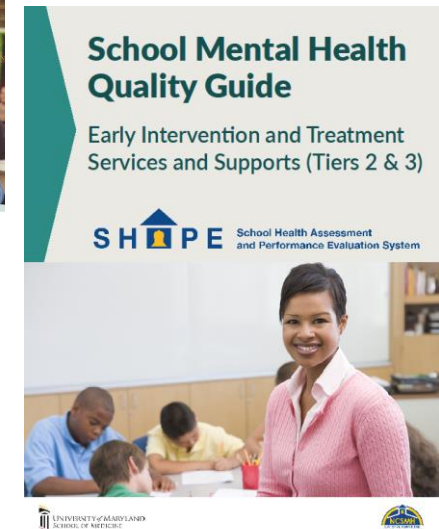
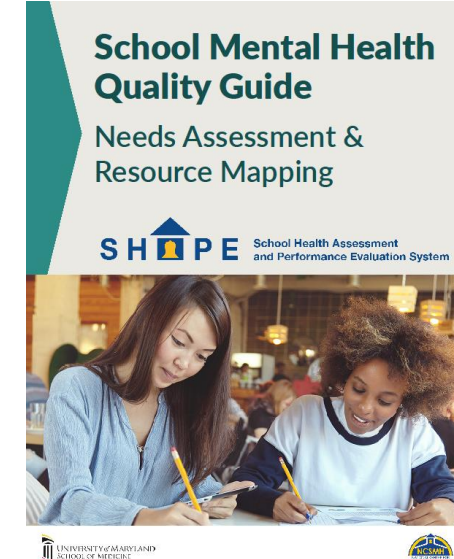
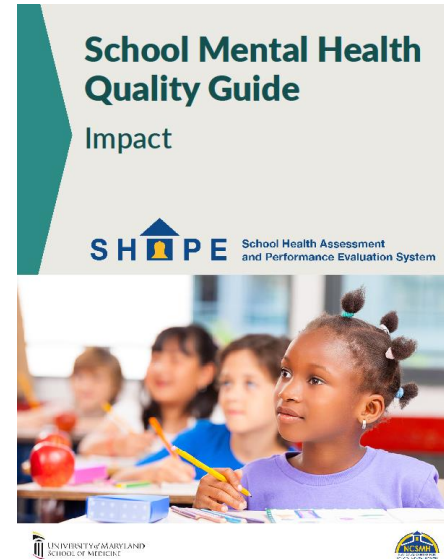
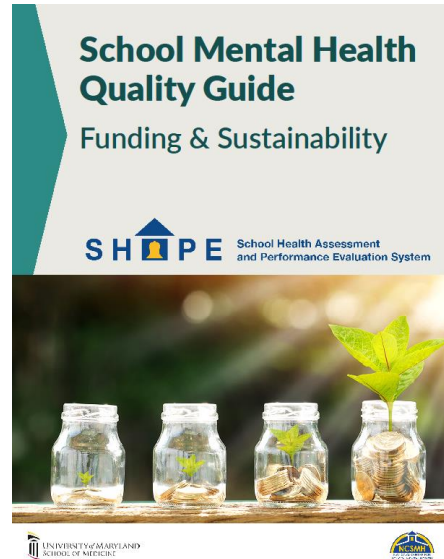


Quality Guides

Provides guidance to advance school mental health quality and sustainability

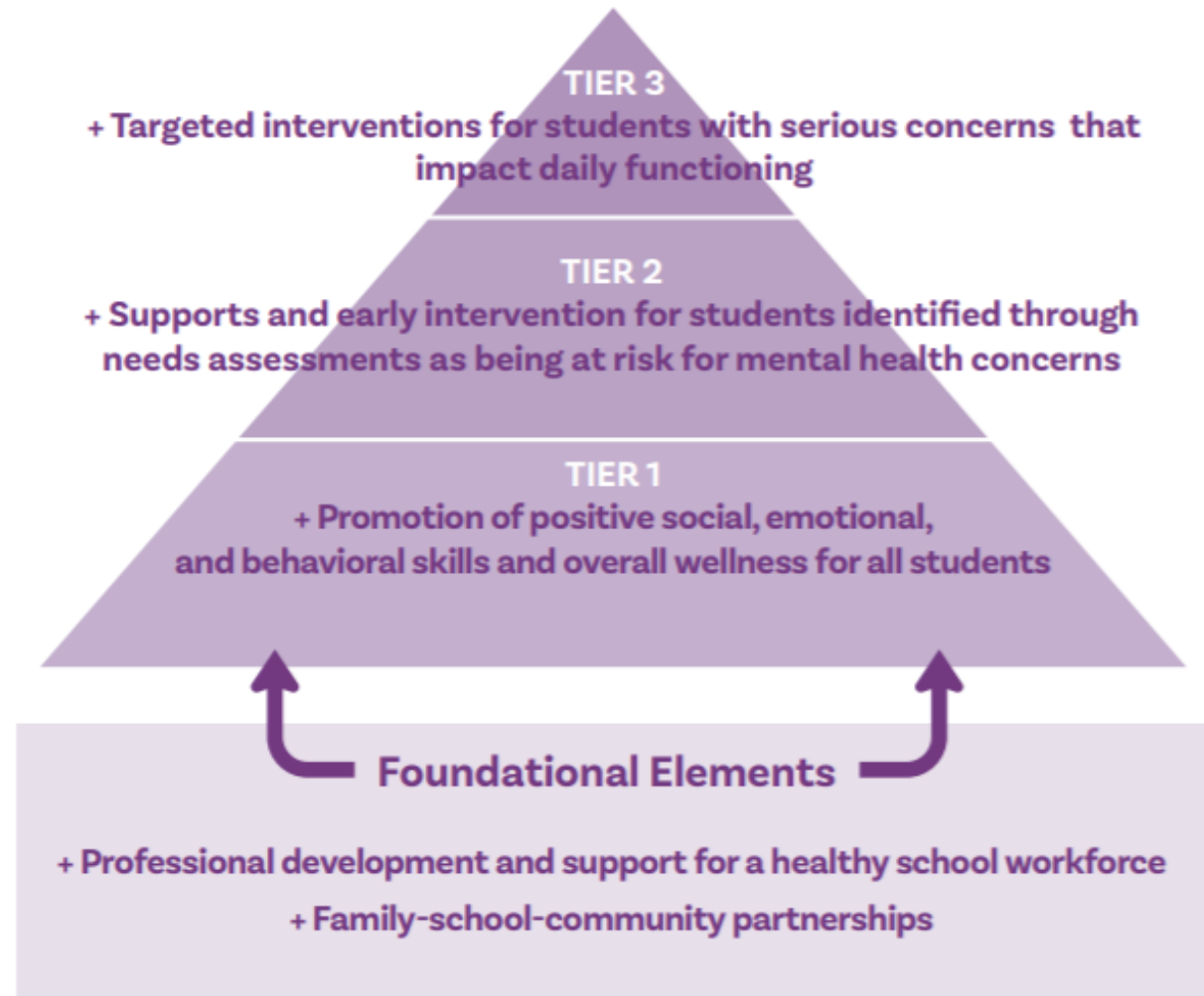
Includes:

- Background
- Best practices
- Action steps
- Examples from the field
- Resources





Multi-Tiered System of Supports (MTSS)





Tiers of Support

Tier 3

Intensive

for students with moderate to severe challenges

Tier 2

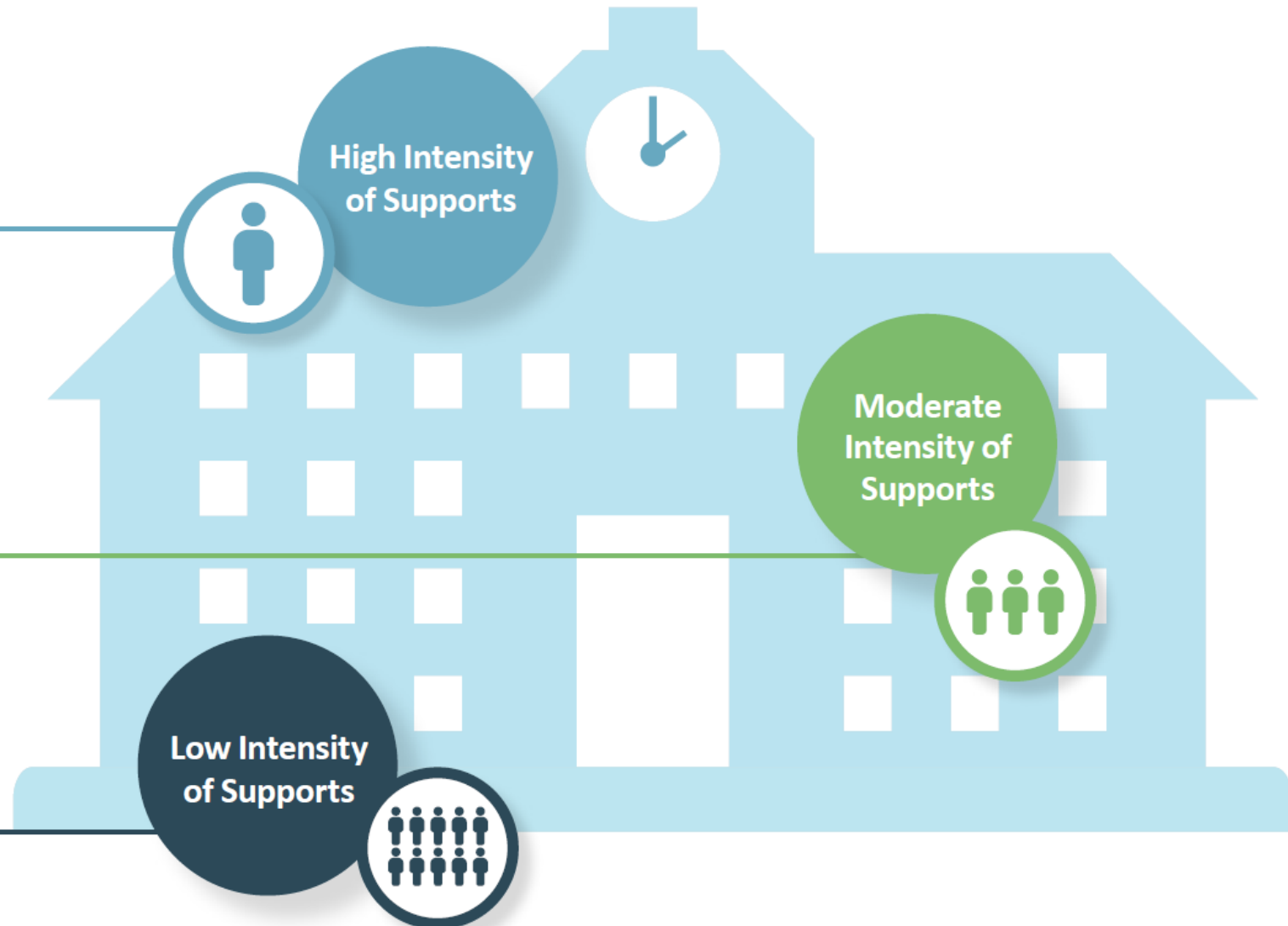
Targeted

for students identified as at risk for a negative behavioral health outcome or who are experiencing mild to moderate concerns

Tier 1

Universal Support and Universal Screening

for all students





Trauma-Informed Multi-Tiered System of Supports for School Mental Health¹²⁹

Examples of mental health-related interventions, supports, and activities:

MATCH-ADTC:

Modular approach to therapy for children with anxiety, depression, trauma, or conduct problems

Coping Cat:

Cognitive-behavioral treatment for children with anxiety

Dialectical Behavioral Therapy:

Type of cognitive behavioral therapy for people who feel emotions very intensely

Social Skills Group

RULER:

Social and emotional learning approach

PBIS:

Positive Behavioral Interventions and Supports

BHS:

Behavioral Health Screening

Mental Health First Aid,
Restorative Practices

Examples of trauma-focused interventions, supports, and activities:

TF-CBT:

Trauma- Focused Cognitive Behavioral Therapy

CBITS:

Cognitive Behavioral Intervention for Trauma in Schools

Bounce Back:

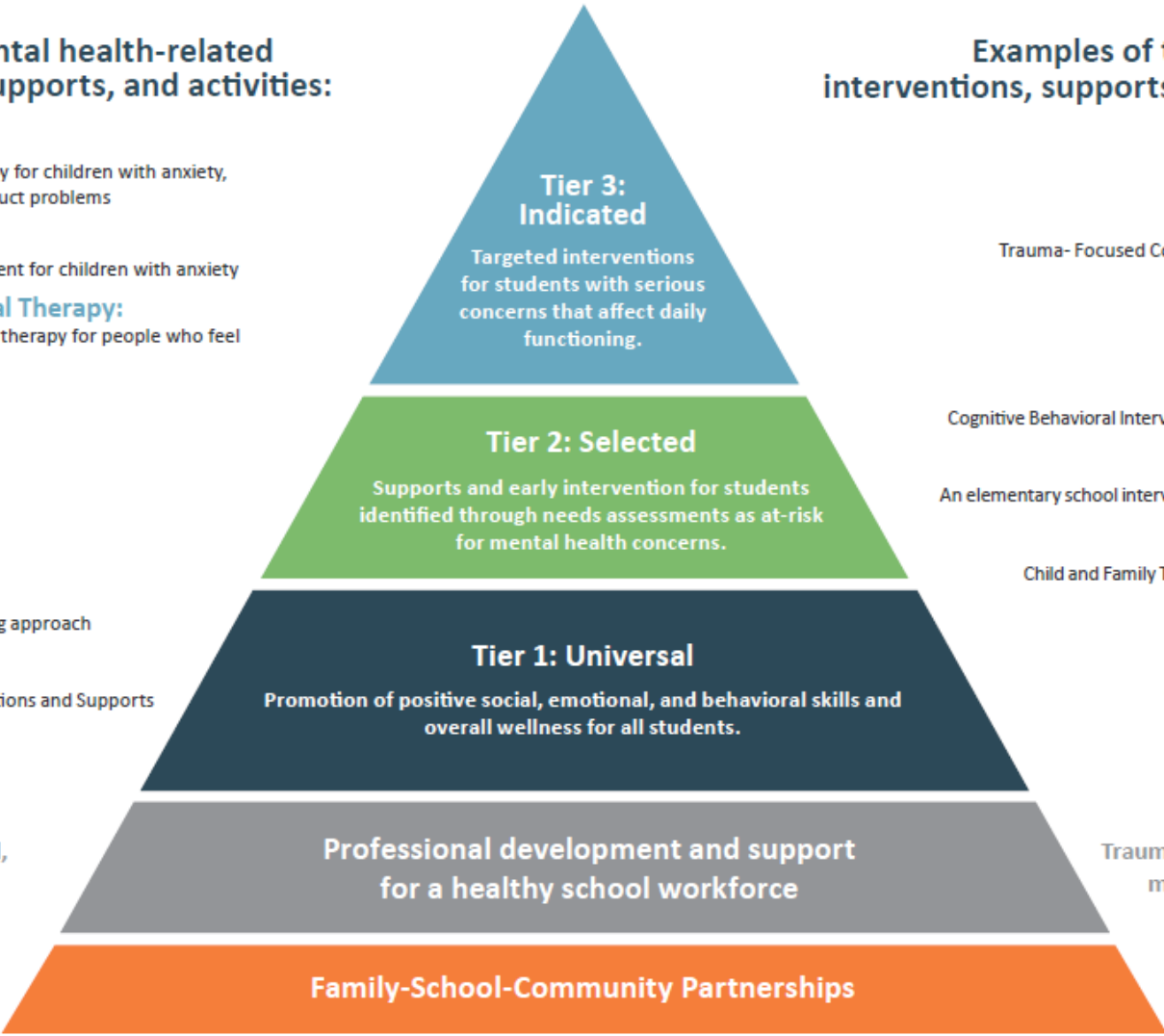
An elementary school intervention for childhood trauma

CFTSI:

Child and Family Traumatic Stress Intervention

Trauma Screening

Trauma informed classroom
management strategies



Tier 1 Services and Supports

- School Climate
- Teacher and School Staff Well-being
- Positive Behaviors and Relationships
- Positive Discipline Practices
- Mental Health Literacy
- Social Emotional Learning



What Is Mental Health Early Intervention? (Tier 2)

Strategies designed to address mental health concerns for students who have been identified through a systematic, equitable process as experiencing **mild distress or functional impairment, or being at risk for a given problem or concern.**

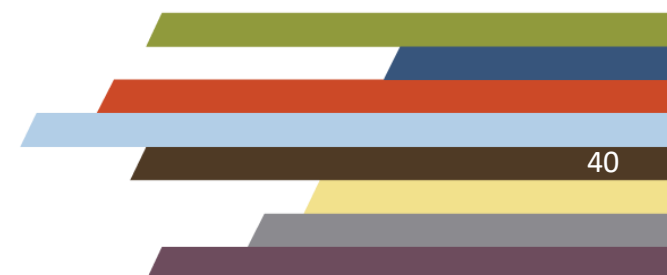
Value of Mental Health Early Intervention

- Mental health problems often first emerge at school (Richardson, Morrisette, & Zucker, 2012)
- Early identification of problems prevents worsening of symptoms
- Early intervention promotes positive youth development



What Is Mental Health Treatment? (Tier 3)

Strategies designed to address mental health concerns for students who are already experiencing **significant distress and functional impairment**.



Value of Mental Health Treatment in Schools

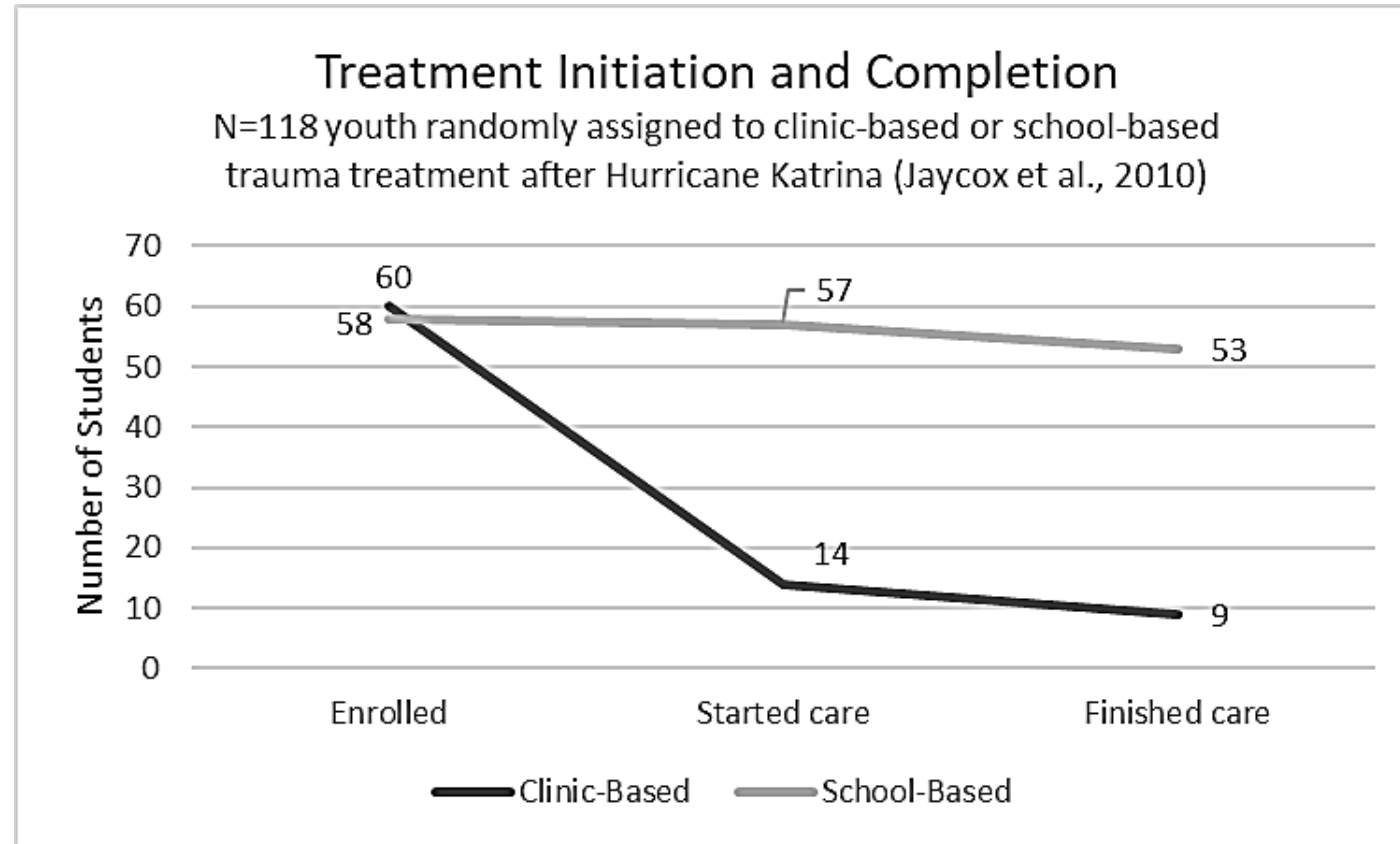
- Schools are accessible.
- Most children who receive mental health treatment do so in schools.
- It effectively reduces symptoms.
- Treatment is most effective when integrated into students' academic instruction.



(Green et al., 2013; Rones & Hoagwood, 2000; Burns et al., 1995; Foster et al., 2005)

Why Mental Health Treatment in Schools?

- Youth are 6x more likely to complete mental health treatment in schools than in community settings (Jaycox et al., 2010).
- Mental health treatment has large effects on decreasing mental health symptoms (Sanchez et al., 2018).
- Mental health services are most effective when they are integrated into students' academic instruction (Sanchez et al., 2018).



Effective School-Community Partnerships to Support School Mental Health



Effective School-Community Partnerships to Support School Mental Health

Comprehensive school mental health systems rely on a foundation of educators and school-employed mental health professionals (e.g. school psychologists, school counselors, school social workers), in partnership with community health and mental health professionals. States, districts, and schools often grapple with how to strategically staff a full continuum of mental health supports and services, sometimes exclusively relying on either schools or community partners. This strategy fails to leverage the strengths and resources of each system (education and health/behavioral health) and may lead to siloed and fragmented supports. This document provides an overview of the key elements of school-community partnerships and specific action steps for states, districts, and communities to foster effective collaboration between schools and community health and behavioral health partners.

When it comes to school-employed and community partners supporting school mental health:

It is not either/or, it is both/and!

Background

The mental and behavioral health of students is a necessary focus of education. Approximately 75 to 80 percent of children and youth in need of mental health services do not receive them.¹ Of those who do receive assistance, the vast majority (70% to 80%) receive mental health services in schools.² Further, youth are six times more likely to complete evidence-based treatment when offered in schools than in community settings³. As such, schools are often considered the natural and best setting for comprehensive prevention and early intervention services for all students, including those with and without identified education disabilities.^{4,5}

School mental health supports and services must be a critical component of any educational system on par with high quality academic instruction.

Benefits of Comprehensive School Mental Health Services

Comprehensive school mental health promotes well-being and social emotional health for all students and staff, while also supporting those with mental health challenges. As our nation continues to advance equity in access to resources and opportunity, school mental health services can be a key factor in reducing disparities in academic achievement, physical and mental health, and access to quality care. Comprehensive school mental health services can reduce health disparities, especially for low income and minoritized youth.

Access to school-based mental health services improves:

- Physical and psychological safety
- Academic performance
- Social-emotional competence

Access to school-based mental health services reduces negative outcomes such as:

- Disciplinary referrals
- Dropout
- Substance abuse
- Involvement in the criminal justice system

¹ U.S. Department of Health and Human Services, 2001
² Farmer, Burns, Philip, *et al.*, & Costello, 2003; *et al.*, & *et al.*, 2000
³ *et al.*, 2010
⁴ Anglin, 2003
⁵ NASP, 2015

Multi-Tiered System of Support

The success of a comprehensive school mental health and behavioral health system relies on educators, school-employed mental health professionals (e.g. school psychologists, school counselors, school social workers), other specialized instructional support personnel, and community health and mental health providers working across a Multi-Tiered System of Support (MTSS; see Figure 1). The MTSS approach ensures that all students can access the service array, including students in both general and special education, and that all students have exposure to universal mental health supports. The number of tiers in an MTSS can vary, though many districts employ a three-tiered model.



Figure 1. Multi-tiered system of support

School-Employed Mental Health Professionals and Community Partners Support Students Across a Multi-Tiered System of Support

Successful and sustainable school mental health systems integrate partners seamlessly so that the full spectrum of mental health supports and services are tightly coordinated to meet student needs. Effective collaboration between school-employed and community mental health partners broadens the availability of supports and enhancing access to mental health care. The roles and responsibilities of school and community partners will differ based on unique resources and needs of school districts and the local community. Figure 2 illustrates one example of the complementary roles of schools and community partners in an MTSS.



Figure 2. Complementary Roles Between Schools and Community Partners

The allocation of roles and responsibilities for school- and community-employed personnel across a multi-tiered system of support is generally as follows:

- Tier 1:** Implemented primarily by school-employed mental health professionals, and other relevant specialized instructional support personnel (e.g. school nurses) with support from community professionals
- Tier 2:** Implemented by both school-employed mental health professionals, other relevant specialized instructional support personnel and community professionals
- Tier 3:** Implemented primarily by community professionals with support from school-employed mental health professionals and other relevant specialized instructional support personnel

Element II: Clear Roles and Responsibilities

Partnerships between school and community providers are facilitated by clear delineation of roles and responsibilities. School staff and community partners should learn one another's roles and responsibilities so they can effectively collaborate to support students they each serve. School-employed professionals should help community providers understand the systems of the school and legal obligations that differ from community-based care. Similarly, community-employed staff should offer education and guidance to school-employed staff if they have areas of unique expertise and knowledge related to mental health and the broader mental health care system.

School-employed mental health providers and community partners must commit to regular communication with one another to ensure all students can access to the supports they need. Effective partnerships may require a "retooling" of how school-employed mental health professionals are used to allow for more comprehensive service delivery.

If students are supported by both a school-employed and a community-employed provider, a communication and data sharing plan must be developed so that all parties share the same knowledge and information about the students they are serving.

Action Step I: Develop a Memorandum of Understanding

Use a memorandum of understanding (MOU) or other agreements to detail the terms of the partnership. Key features of an MOU might include:

- Delineation of roles and responsibilities of the school- and community-employed professionals (e.g. prevention, promotion, and intervention services; data collection and reporting; confidentiality agreements and information sharing protocols; attendance at team meetings, trainings, and professional development)
- Outline of fiscal and resource agreement, including details of payment exchange processes
- A plan for duration and termination, including a timeline for the partnership and procedures for requesting termination by either party

Resource:

This Memorandum of Understanding template includes the key features and potential language to use in an agreement between school and community mental health partners.

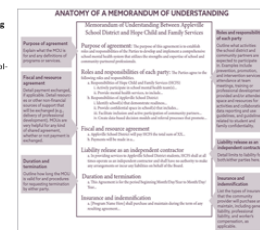


Figure 3. Anatomy of a Memorandum of Understanding

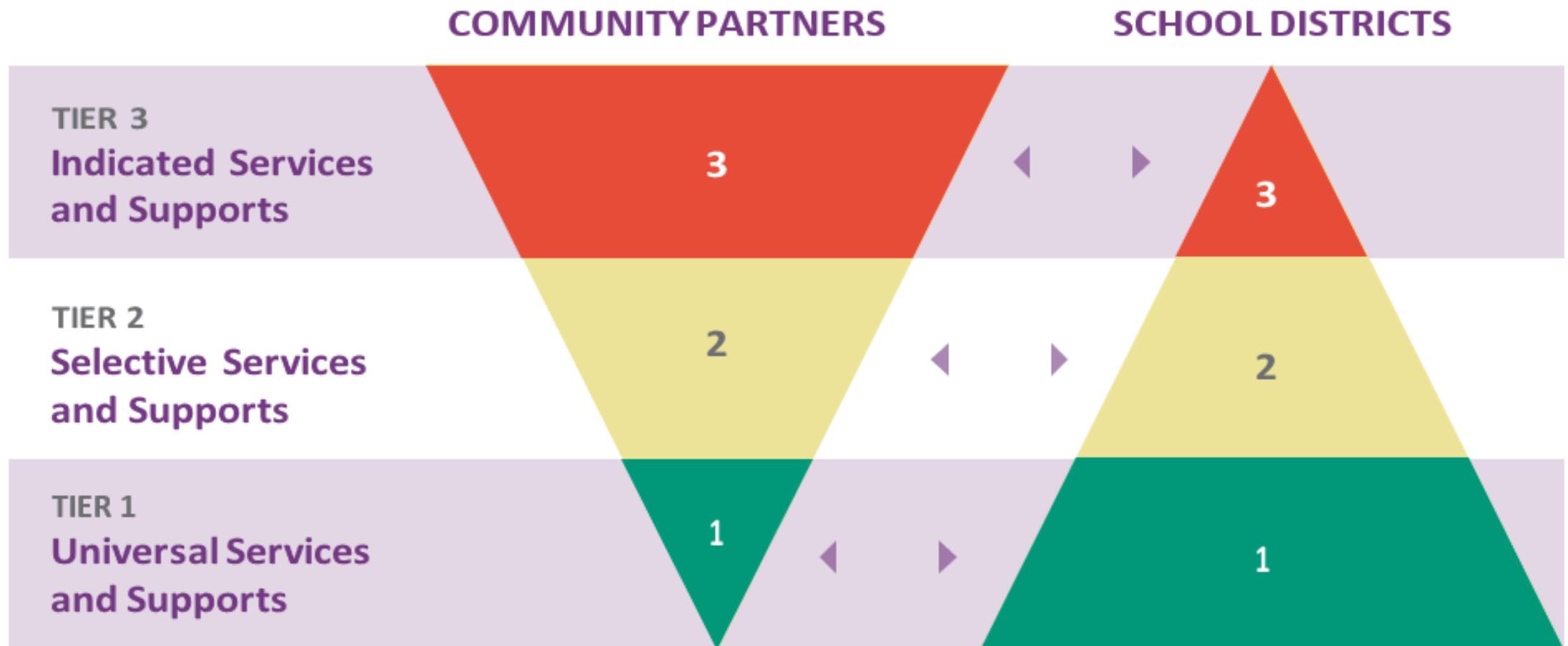
Action Step II: Develop shared language and accountability systems

For school-community mental health partnerships to be successful, all providers must work together to develop shared language and accountability systems that are grounded in a mutual set of goals. School- and community-employed partners can look to the school improvement plan to identify common goals for collaboration. Partners need to understand the privacy laws governing education systems (e.g. Family Educational Rights and Privacy Act) and health systems (e.g. Health Insurance Portability and Accountability Act) and ensure that any memoranda of understanding and other information sharing agreements align with legal requirements.

Resource:

This joint guidance document from the Department of Education and the Department of Health and Human Services explain the relationship between the Family Educational Rights and Privacy Act (FERPA) statute and implementing regulations and the Health Insurance Portability and Accountability Act (HIPAA) privacy rule.

School-Community Partnerships to Support Students Across a Multi-Tiered System of Support



Connect



www.schoolmentalhealth.org



www.theSHAPEsystem.com

facebook.com/centerforschoolmentalhealth



@NCSMHTweets



Meet Our Panelists



Brittani Kindle
Mental Health Program Manager
Office of Student Health and Wellness
Chicago Public Schools, IL



Erik Martinez
Manager, Focal Services
Student and Family Services Division
San Francisco Unified School District, CA



Dr. Michelle Warren
Director, Mental Health Services
Osage County Interlocal Cooperative, OK



Thank You!

Should you have any questions, please contact us at NCSSLE@air.org or 800-258-8413. We are happy to help!

NCSSLE Website

<https://safesupportivelearning.ed.gov>

Best Practices Clearinghouse

<https://bestpracticesclearinghouse.ed.gov/>

Topics for next *Lessons from the Field* and *Human Trafficking* Series Webinars

- **June 14:** Early Learning
- **June 28:** Building Protective Factors to Minimize Human Trafficking Risks
- **July 12:** Teacher Apprenticeships



Feedback Form



[NCSSLE] 2023 - Lessons from the Field - Supporting Student Mental Health: What Works In Schools

Thank you for attending the webinar, *Supporting Student Mental Health: What Works In Schools*, on May 24, 2023. To best serve you, we would greatly appreciate receiving your feedback on the webinar.

1. Prior to the webinar, how knowledgeable were you about the webinar's topic?

- ☐ Not At All Knowledgeable
- ☐ Somewhat Knowledgeable
- ☐ Very Knowledgeable

2. Overall this webinar was a good use of my time.

- ☐ Strongly Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Strongly Agree

3. This webinar improved my understanding of the covered topic.

- ☐ Strongly Disagree
- ☐ Somewhat Disagree
- ☐ Somewhat Agree
- ☐ Strongly Agree

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