The Role of Mental Health in Schools

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Center for School Mental Health

- To strengthen the policies and programs in school mental health to improve learning and promote success for America’s youth

- Established in 1995. Currently (beginning in 2011) have a 3-year funding cycle from HRSA with a focus on advancing school mental health policy, research, practice, and training.

- It is our goal to disseminate and diffuse high quality, user-friendly, and culturally and developmentally sensitive materials and resources to help foster a shared family-schools-community mental health agenda.

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  http://csmh.umaryland.edu, (410) 706-0980
Test Today:
Othello

PSAT Tutoring
after school today

Good Morning, Teacher

Aging Parent
Divorcing

No Father
Drunk
Hungry
Works Late
Alcoholic
Two Kids
Rule Breaker
Depressed
Stoned
Pregnant
Homeless

James Borgman
Mental Health Needs of Youth

- Around 20% of youth present with an emotional/behavioral disorder

- Around 10% present with significant impairment

- Only 16 to 33% receive any services

- Over 75% of youth who receive services, receive them in schools

- Low income and minority youth have even greater difficulty accessing mental health services

(Duchnowski, Kutash, & Friedman, 2002; Power, Eiraldi, Clarke, Mazzuca & Krain, 2005; Rones & Hoagwood, 2000; Wade, Mansour, & Guo, 2008)
Barriers to Traditional Mental Health Care

- Financial/Insurance
- Childcare
- Transportation
- Mistrust/Stigma
- Past Experiences
- Waiting List/Intake Process
- Stress
Treatment as Usual Show Rates in Traditional Outpatient Settings

(McKay et al., 2005)
School Setting

Schools are the most universal and natural setting (New Freedom Commission, 2007)

- 55.8 million youth attend 132,656 public and private schools (K-12) in the United States (USDOE, 2008)
- Over 6 million adults work in these schools
- There are 3.7 million full-time-equivalent school (K-12) teachers (USDOE, 2009)
- Students and staff comprise 20 percent of the U.S. population
School Setting

- Schools are the “defacto” mental health system
- Advantages of the school setting
  - Students don’t miss a whole day of school
  - Parents miss less work
  - Less threatening environment
  - Students are in their own social context
  - Services are more timely
  - Clinical efficiency and productivity
  - Cost effective
  - Greater access to all youth
  - Potential to impact the learning environment and educational outcomes
  - Outreach to youth with internalizing disturbances

(Evans & Weist, 2005; Flaherty & Weist, 1999; Rones & Hoagwood, 2000; Nabors et al., 2001; US Dept of HHS, 2001; Weist, 1999)
Definition of School Mental Health

- Involves **partnership** between schools and community health/mental health organizations, as guided by **families and youth**
- Builds on **existing school programs**, services, and strategies
- Focuses on **all students**, both general and special education
- Includes a **full array** of programs, services, and strategies- mental health education and promotion through intensive intervention

(Weist & Paternite, 2006)
What is the role of “expanded” mental health providers in schools?

- Work collaboratively with other providers in the school setting
- Do not replace school psychologists/social workers
- Provide additional support to the school
- SMH is not simply an “office” inside a school building
What does School Mental Health look like?

From the work of Joe Zins
Mission of School Mental Health

Consistent with the mission of schools, SMH strives to:

- Create a safe, caring, and enriching environment
- Encourage family driven policies and practices
- Support high-quality academic instruction
- Effectively serve culturally diverse populations
- Foster positive and healthy youth development
- Coordinate delivery of effective services for youth
- Prepare students for lifelong success
Academic Systems

Social Emotional Behavior Systems

Integrate
Mental Health and Academic Outcomes

Health & Mental Health Factors
- Physical Health/illness
- Mental Health
- Mental Health Problems
- High-risk Behaviors (e.g. Substance use)
- Developmental issues
- Social Competence/Self-esteem
- Family Strengths/Issues

Educational Behaviors
- SMH

Graduation/Drop-out
- Grades
- Standardized Test Scores
- Teacher Retention

Academic Outcomes
- Attendance
- Behavioral Competencies
- Behavioral Problems
- Educational Motivation
- Positive Attitudes Toward Schoolwork
- School Connectedness

Mental Health and Academic Outcomes

- By *enhancing* factors that *increase* a student’s ability to succeed in school, AND

- By *reducing* factors that *interfere* with a student’s ability to succeed in school...

- SMH strategies have been shown to improve academic outcomes such as:
  - academic achievement
  - discipline referrals
  - graduation rates
  - attendance
  - teacher retention
  - school climate
Students with mental health problems are absent from school more than students without mental health problems (Gall et al., 2000; Woodruff et al., 1999)

Decreases in substance use is associated with improved attendance (Engberg & Morral, 2006; Lynskey & Hall, 2000)

Higher levels of school connectedness are associated with increased optimism and academic outcomes and decreases in depression and negative behaviors (Anderman, 2002)
Academic Performance

- Students with lower grades are more likely to exhibit mental health problems (Gall et al, 2000)

- Students with significant emotional disturbances are more likely to be retained or drop out of school (Woodruff et al, 1999)

- Students involved in violent/delinquent behaviors produce lower test grades (Mandell et al, 2002)

- Exposure to moderate levels of violence is related to decreased high school graduation rates (Delaney-Black et al., 2002; Grogger, 1997)
Teacher Retention

- Fifty percent of new teachers leave the profession within a five-year period (National Commission on Teaching and America’s Future, 2007)

- Teachers often feel unprepared and overwhelmed when trying to address mental health needs of their students (Roeser & Midgley, 1997; Williams et al, 2007)

- Among teachers who transferred schools, 53% cited problematic student behavior as a source of dissatisfaction (National Center for Education Statistics, 2001)
Poor school climate is related to increased behavioral/emotional problems, substance use, and aggression (Elfstrom et al., 2006)

SMH Can Reduce Long-term Costs


- Reduces economic/social burden of multiple systems when mental health problems are not addressed early (The National Center on Addiction and Substance Abuse at Columbia University, 2009; NIMH, 2004; Teplin et al, 2002)

- Reduces cost of school dropout (California Dropout Research Project, 2011)
Public Health Triangle

Levels and Types of Intervention

Intervention/Indicated:
intensive, individual

Prevention/Selected:
high-risk students, targeted group

Promotion/Universal:
all students, preventive
Evidence-Based Programs

- Summary of Evidence-Based Program Registries
  - CSMH Website: [http://csmh.umaryland.edu/resources/EBP%20registry%20list6.14.08.doc](http://csmh.umaryland.edu/resources/EBP%20registry%20list6.14.08.doc)

- EBPs implemented by ESMH Programs
  - CSMH Website: [http://csmh.umaryland.edu/resources/CSMH/Matrix%206.08.pdf](http://csmh.umaryland.edu/resources/CSMH/Matrix%206.08.pdf)
Public Health Triangle

**Intervention/Indicated:**
Psychoeducation, Activity Scheduling, Relaxation, Parent Management

**Prevention/Selected:**
Aggression Replacement Training, Coping Power, Cognitive Behavioral Intervention for Trauma in Schools, Coping Cat

**Promotion/Universal:**
Good Behavior Game, The Incredible Years, Responsive Classroom, Olweus Bully Prevention, SEL, PBIS
Resources for Teacher Education

- Supporting Children with Challenging Behaviors [www.bmcc.edu/Headstart/Trngds/Challenging/](www.bmcc.edu/Headstart/Trngds/Challenging/)

- Iris Center [http://iris.peabody.vanderbilt.edu](http://iris.peabody.vanderbilt.edu)
Collaborative for Academic Social and Emotional Learning (CASEL)

- Meta-analyses of over 700 positive youth development, SEL, character education, and prevention interventions
- Included school, family, and community interventions for youth

SEL Programs:
- Effective for students with and without behavioral and emotional problems
- Effective for diverse populations in varied settings
- Improve social-emotional skills, attitudes about self/others, connection to school and positive social behavior; reduce conduct problems and emotional distress

www.casel.org
Prevention/Selected Interventions

One example:

- Cognitive Behavioral Interventions for Trauma in Schools (CBITS)
  - Ages 10 – 15
  - Implemented by: SMH Providers
  - Used with students who have experienced a traumatic event
  - Teaches six cognitive-behavioral techniques (e.g. education, relaxation, problem solving)
  - Includes parent education and teacher education
Indicated Interventions for DBD
(some examples)

- **Incredible Years** (Carolyn Webster-Stratton)
  - Population: Parent and Child components (3-8 year olds)
  - Treatment Model: groups, using videotaped vignettes

- **Helping the Noncompliant Child** (Rex Forehand)
  - Treatment Model: individual families
  - Modeling, role plays, in-vivo training

- **Your Defiant Child/Defiant Teens** (Russell Barkley)
  - Treatment Model: parent-management training; family training
Indicated Interventions – “Common Elements” approach

- Evidence-Based Services Committee
- Reviewed major, randomized, controlled research studies for psychosocial (non-medical) treatment interventions for youth
- 435 studies were reviewed over a 5-year period

- Practice Components (Common Elements)

- Good review:
  
Depression: Common Elements

- Cognitive
- Child Psychoeducation
- Activity Scheduling
- Maintenance/Relapse Prev
- Problem Solving

% of EBP w/ Practice Component

0 20 40 60 80
Disruptive Behavior (13y.o. and older): Practice Components

- Problem Solving
- Cognitive
- Goal Setting
- Tangible Rewards
- Communication Skills

% of EBP w/ Practice Component

0 20 40 60 80 100
Exploring PracticeWise Resources

- www.practicewise.com

Subscription-based resources:

- PracticeWise Evidence-Based Services Database (PWEBS)
- PracticeWise Practitioner Guides
- PracticeWise Clinical Dashboards
- Modular Approach to Therapy for Children (MATCH)
Example of printable PDF describing practice element:

**Praise**

**Objectives:**
- to inform the caregiver about the value of praise
- to provide the caregiver with strategies to increase the child’s appropriate behavior
- to encourage participation in treatment

**Steps:**

- **Provide rationale**
  - Elicit the caregiver’s opinion regarding the value of praise. Explain that praise has many benefits, including:
    - leads to increased appropriate behavior and decreased inappropriate behavior,
    - contributes to the child’s positive self-image, and
    - motivates the child to persevere through steps to master new skills or accomplish difficult tasks.

- **How to praise: Labeled praise**
  - Instruct caregiver to provide labeled praise that describes a specific behavior to teach the child what behaviors are valued by the caregiver. For example, “I like the way you put your toys away” conveys more information than “Good job.”

- **How to praise: Enthusiasm**
  - Instruct caregiver to provide praise using a sincere and enthusiastic tone, to vary phrases used to convey praise (e.g., “I like it when you...”; “You did a nice job...”), and to use nonverbal rewards (e.g., high-5’s, smiles, hugs, etc.).

- **How to praise: Avoid criticism**
  - Instruct caregiver to provide praise without criticism. The caregiver of a noncompliant child might say “Good job putting the toys away!” Why can’t you always do that?” but this would be better stated as “Good job putting the toys away!” The caregiver of an anxious child who approaches a feared stimulus might say “See! That’s not so scary!” in an attempt to
Implementation Considerations

- What is the target population at your school?
- What population was the intervention designed for?
- What are your target outcomes?
- What is the target behavior of the intervention?
- What other programs exist in your school/community?
- How will training/coaching/ongoing support be provided?
- What is the cost of implementation?
National Implementation Research Network

- Mission: Close the gap between science and service by improving the science and practice of implementation in relation to evidence-based programs and practices.

- Develop practical implementation frameworks to guide transformation of behavioral health services

- Provide technical assistance to agencies implementing evidence-based practices

- Website: http://nirn.fmhi.usf.edu
Partnership Opportunities

- School/Family/Community Partnerships are critical to successful SMH

- Do caregivers feel welcome in your school?

- Are you aware of the community agencies/programs/activities within a 15-mile radius of your school?

- Breaking out of silos is critical
Opportunities for Collaboration

- Outpatient Centers (university, hospital, community)
- Mentors
- After School Programs
- Parent Support/ Empowerment programs
- Child Serving Agencies (child welfare, juvenile justice)
- Recreational/ Extra-curricular programs
- Fraternities/ Sororities
- Faith-based Organizations
- Business Communities
- Volunteer Service Organizations
- Psychiatrists
Prince George’s School Mental Health Initiative

- Began in 2006, Collaborating with MSDE, CSMH, PGCPS
- Serving youth primarily in Transition ED programs who are at risk for non-public referrals
- Staff include therapists, case managers, psychiatric consultants
- Build relationships with community providers
- Provide:
  - Mental health services
  - Case management
  - Psychiatric consultation
  - Increase knowledge of community resources
  - Family support and advocacy
Maryland Coalition of Families for Children’s Mental Health

- Provide information and support to families caring for children with mental health needs throughout Maryland
- Integral component of BSMHI
- Family Navigator provides:
  - Family support
  - Advocacy
  - Education
  - Coaching
  - Information
OSEP TA Center on Positive Behavioral Interventions and Supports

- Provide capacity-building information and TA to assist schools in identifying, adapting, and sustaining effective school-wide disciplinary practices

- Development of an Interconnected Systems Framework for School Mental Health (Barrett, Eber, Weist, 2009)
  - Provides examples of developing interconnected systems between schools and community partners
  - http://csmh.umaryland.edu/resources/CSMH/index.html
The RENEW Model

Rehabilitation, Empowerment, Natural supports, Education and Work (RENEW), an intensive individualized school-to-career service for the most at risk students

- Created in NH in 1996, has been provided to over 500 youth with emotional or behavioral disorders in NH
- Primary Tier 3 or Intensive level intervention for high school students with SED or SMI
- Goals include: high school completion, employment, post secondary participation, positive community inclusion
- “manualized” intervention with tools and fidelity instrument
National Community of Practice
www.sharedwork.org

- CSMH and IDEA Partnership

**12 practice groups:**
- Connecting School Mental Health and Positive Behavior Supports
- Connecting School Mental Health with Juvenile Justice and Dropout Prevention
- Education: An Essential Component of Systems of Care
- Family-School-Community Partnerships
- Improving School Mental Health for Youth with Disabilities
- Learning the Language: Promoting Effective Ways for interdisciplinary Collaboration
- Psychiatry and Schools
- Quality and Evidence-Based Practice
- School Mental Health and Culturally Diverse Youth
- School Mental Health for Military Families
- Social, Emotional, and Mental Health in Schools
- Youth Involvement and Leadership
General SMH Resources

- Center for School Mental Health
  http://csmh.umaryland.edu
- School Mental Health Connection
  www.schoolmentalhealth.org
- Center for Health & Health Care in Schools
  www.healthinschools.org
- UCLA Center for Mental Health in Schools
  www.smhp.psych.ucla.edu
CSMH Training Events

- **School Health Interdisciplinary Program (SHIP)**. Towson, MD.
  July 31 – August 4, 2011

- **16th Annual Conference on Advancing School Mental Health**. Charleston, SC.
  September 22 - 24, 2011

- See [http://csmh.umaryland.edu](http://csmh.umaryland.edu) or call 410-706-0980 (or 888-706-0980 toll free)
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