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Public Dissemination Event regarding the report:

***Preventing Mental, Emotional, and Behavioral Disorders Among Young People:
Progress and Possibilities***

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“The scientific foundation has been created for the nation to begin to create a society in which young people arrive at adulthood with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships with others. Implementation of the recommendations of this report will move it firmly in the direction of such a society” (p. 385).

Wow. What an amazing report that provides an aspiration and clear strategy to move in the direction of achieving it for our nation.

It is my great pleasure to be with you today. I am from the University of Maryland, Center for School Mental Health (CSMH), and our center has been fortunate to be involved in training, practice, research and policy in school mental health since the early 1990s. We are indebted to the Maternal and Child Health Bureau of the Health Resources and Services Administration for its support and guidance of our center since its inception in 1995,¹ and we have benefitted from support from other federal agencies (from the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control and Prevention, the National Institute of Mental Health, the National Institute of Justice, the U.S. Department of Education) and from a number of Maryland and Baltimore agencies and foundations.¹ In particular, my comments here are guided by experiences associated with a study on quality in school mental health² and from connection to the Center for Prevention and Early Intervention (CPEI) at Johns Hopkins University,³ and a National Community of Practice for School Mental Health supported by our center and the IDEA Partnership.⁴

I am speaking from the perspective of schools and school mental health (SMH) programs and services, an increasingly powerful force in our education, health and human service systems.^{5,6,7} There is much to endorse and celebrate in this groundbreaking report, which will no doubt significantly influence national and international efforts focused on mental health promotion for children, youth and their families for years to come.

First, we know that our health care system is actually an illness care system. This report provides critical reinforcement to the key theme of a public health approach, building

from a triangular conceptual model, with environmental enhancement, relationship development, and mental health promotion at the base, and moving up from there, building universal, selective and indicated prevention. It emphasizes a developmental perspective, and this perspective could be expanded by building on the theme of *P-16*, or integrated strategies to promote learning, academic achievement, and health and wellness for youth, from preschool through university graduation and productive entry into the workforce.

The “considerable potential of school-based intervention” (p. 187) is emphasized, with the “responsibility for and investment in intervention affecting children’s development and long-term future...shared by multiple service systems, including education, child welfare, primary care, and mental health” (p. 385). Indeed, the school mental health movement is building upon the recognition that schools are the most universal natural setting, and the optimal setting in which to launch, grow and sustain an array of health promotion programs and approaches, reflecting *integrated strategies to reduce academic and non-academic barriers to learning in youth*. The SMH movement has also embraced the need for a *shared agenda*, with schools, families, community mental health and other youth-serving systems working together to build a continuum of evidence-based promotion and intervention strategies for all youth – in general and special education, and of diverse racial, cultural, personal, and sociodemographic backgrounds.

The report emphasizes the need for better coordination of federal programs, and further development of infrastructure through enhanced and innovative funding, and a reprioritization toward more research funding for promotion and prevention. Specifically, it calls for a set aside from the community mental health services block grant to “send a clear message that *prevention is a priority* and we need to *begin to help refocus the mental health system on prevention activities*” (p. 369).

Emphasis is also placed on the interdisciplinary nature of this work, and that there are very significant training and workforce issues in front of us, including training teachers, health and child care providers and other front line staff to support the emotional and behavioral health of young people. The need to move beyond ‘supervision’ to implementation support and coaching for effective practice is underscored.

However, as we build promotion and prevention for children and youth, capitalizing on the significant advantages of doing this work in schools, there are many other dimensions of infrastructure and implementation support needing attention. As part of the work of our center, the Center for Prevention and Early Intervention, and with funding from four Baltimore-based foundations (Abell, Blaustein, Krieger, and Straus),⁸ we are implementing a range of evidence-based preventive interventions in school mental health, including three mentioned in the report – Promoting Alternative Thinking Strategies or PATHS, the Good Behavior Game, and the Incredible Years.

Each of these preventive interventions has a strong evidence-base, and the literature supports that when they are implemented with fidelity, positive short and longer term outcomes for youth are demonstrated. But we are learning that integrating these

evidence-based interventions into the real world setting of schools is very hard work. Schools are fluid environments, with frequent changes in leadership, and busy and often stressed staff, who may be skeptical about new agendas. Related to very poor capacity within all child serving systems to address emotional and behavioral challenges in youth, and the significant demands of education, schools are often reluctant to have deeper involvement in youth mental health promotion and intervention. This is a legitimate concern, as schools can become the ‘payer of last resort’ for increasingly intensive mental health services if there is not a shared school-family-community system agenda for this work.

We also know that educators and education leaders are contending with intensive accountability demands, and unless we can show that school mental health promotion is in fact associated with reduced barriers to learning and improvements in valued outcomes, such as improved student attendance, behavior, and learning, education will have difficulty making this agenda a priority. And efforts need to be taken to assure that the promotion and prevention agenda is an *ongoing priority*, as our experience is that when school principals begin to lose interest, staff lose interest and program implementation and the potential to achieve valued outcomes falls off.

Further, there is tension between research-supported intervention and implementation in real world settings such as schools, along multiple dimensions including cost, resources and time for training, and fidelity versus adaptation of the intervention. Some level of adaptation will almost always need to occur and the line is blurry between adaptation and reinvention and the corresponding loss of the evidence-base. Emerging research also suggests that manualized interventions are difficult to implement in many settings including schools, and there is movement toward modular strategies involving focus on the top evidence-based skills and strategies for particular disorders, augmented by use of formal programs and their manuals.⁹

Youth and family engagement and empowerment in services and in ongoing program development, improvement and expansion is fundamental to positive outcomes. Almost all programs can do much better in this realm, including this report and initiatives that follow from it. This speaks to the broader issue of the critical importance of relationships. The technological work of integrating evidence-based prevention in schools rests on relationships, which are directly associated with a range of critical outcomes. For example, positive school climate and student connectedness to school are largely related to relationships, and connectedness for diverse groups of students is associated with enhanced school attendance, behavior, and academic performance and reduced involvement in risk behavior (including emotional distress, suicidal ideation, substance use, violence, and early sexual activity) and drop-out.¹⁰

All schools and school districts should be focused on enhanced climate and relationships. Some may also be ready for the technological challenges of implementing evidence-based preventive interventions. School readiness assessment for the prevention agenda will be critical to its success.

The good news is that we are making significant progress. For example, in building federal support for school mental health prevention and intervention (as in the prominent Safe Schools/Healthy Students Initiative),¹¹ increasing education-system of care connections,¹² expanding positive behavior support in schools,^{13,14} and growing national and global networks.¹⁵

But in reality, this work is in its infancy, and this powerful report from the Institute of Medicine will help to escalate the field's developmental trajectory.

Thank you.

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Notes/ References

- 1) The Center for School Mental Health receives primary support from the Office of Adolescent Health, Maternal, and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services (PI: M. Weist, U45 MC00174; 2005-2010). It is also supported by a number of Maryland child serving agencies.
- 2) *Enhancing quality in expanded school mental health*. National Institute of Mental Health, U.S. Department of Health and Human Services (PI: M. Weist; 1R01MH71015-01A1; 2003 – 06).
- 3) *Center for Prevention and Early Intervention*. Johns Hopkins Bloomberg School of Public Health. National Institutes of Mental Health and Drug Abuse, U.S. Department of Health and Human Services (PI: Nick Ialongo; P30 MH086043; 2004-2009).
- 4) *The National Community of Practice on School Mental (Behavioral) Health* is sponsored by the IDEA Partnership, housed at the National Association of State Directors of Special Education and funded by the Office of Special Education Programs (PI: Joanne Cashman), and the CSMH, www.sharedwork.org.
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- 14) Office of Special Education Programs, U.S. Department of Education. Technical Assistance Center of Positive Behavior Intervention and Support (PBIS), www.pbis.org.
- 15) *International Alliance for Child and Adolescent Mental Health and Schools*. Education Development Center, Inc., Boston, MA, www.intercamhs.org.