Deconstructing the School Based Mental Health Service Delivery Model: A Systemic Approach to Comprehensive Social Emotional Learning

17th Annual Advancing School Mental Health Conference, 2016
Presentation One

• School Based Mental Health Service Delivery: Supporting Students, Engaging Families, Empowering Communities

– Brandt Bechard, BA
– Janee Both Gragg, Associate Professor, School of Education, University of Redlands
Presentation Two

• Practical Applications for Increasing Mental Health Literacy in Schools: Building a Culture of Wellness

  – Dr. Amber Bechard, Assistant Visiting Professor, School of Education, University of Redlands
  – Janet Chapman Curtis, MA, PPS, Yucaipa Calimesa Unified School District
Presentation Three

• Social Emotional Learning beyond the Classroom: A Comprehensive Approach to integrating Mental Health Literacy

  – Shyrea Minton, Assistant Professor, California State University, Northridge
  – Anita Shirley, MA, PPS, Corona-Norco Unified School District
SCHOOL BASED MENTAL HEALTH SERVICE DELIVERY: SUPPORTING STUDENTS, ENGAGING FAMILIES, EMPOWERING COMMUNITIES
Health Disparities

• The systemic barriers in which health disparities are embedded include
  – Poverty  (Chow, Jaffee & Snowden, 2003)
  – Political context  (Williams & Jackson, 2005)
  – Sociocultural dynamics  (Both Gragg & Wilson, 2011; Williams &
    Jackson, 2005)
  – Educational inequities  (Jones & Both Gragg, 2012; Orfield & Lee, 2005)
  – Environmental conditions  (Gee & Payne-Sturges, 2004)
Treatment Seeking Behaviors

• The low rates at which minority or marginalized families seek mental health care has dominated treatment seeking behaviors

(Bean, Perry and Bedell, 2007; Hadjicostandi & Cheurprokobkit, 2002; Szapocznik et al., 1988; Walton, 2001; Zapata, 1998).
Barriers to Mental Health Treatment

- Cultural differences in familial traditions
- Familial roles
- Language
- Lack of financial resources
- Insufficient knowledge about the healthcare system
- Geographic location
- Inaccessibility to resources including transportation

(Both Gragg & Wilson, 2011; Brook, 1998; Cunningham & Henggeler, 1999; Liddle & Hogue, 2000; Muirhead, 2000; Pabon, 1998)
Statistics

- 16 percent of all children receive mental health services

- 70—80 percent of those who do, receive that care in a school setting

(Burns, Costello, Angold, Tweed, et al., 1995)
Impact cont’d.

• Immigrant families, who cannot afford insurance and who live in drastically underserved communities are without mental health services

(Katoka, Zhang & Wells, 2002).
Bottom Line

• Many families are dependent on the school system in attempting to receive help for mental health concerns affecting the family

(Surgeon General’s Executive Summary, 1999).
1. Use of a Multisystemic or interdisciplinary approach
2. Incorporation of school and therapeutic services
References


References (cont’d)


My Story

• “I didn’t want to be seen as a person who has some sort of disability.”
  – How do you see this being related to stigma
  – did you fear or experience discrimination in the school setting
My Story (cont’d)

• “You know, I was aware that you gotta be able to suck it up and do it.”

  – Where did you receive this message? Was it implicit or explicit?
  – How did you do this?
My Story (cont’d)

• School is one context yet there are bigger world implications

  – What do you mean by this?
  – How does the school context link to larger world implications specifically?
Practical Applications for Increasing Mental Health Literacy in Schools: Building a Culture of Wellness
Mrs. K Likes Me
School Based Concerns

• Teachers are not prepared to address mental health concerns
• CPS referrals-hesitance
• Special Education and General Education case examples
  – John
  – Ben
School Based Mental Health

• Counselors - training and expectations
• Caseloads do not align to recommendations so students are not effectively served —case examples, the reality
Teacher Preparation

• Pre-service credential requirement
• Mental health education across the curriculum
• In-service training and ongoing support
• Collaboration with community and professionals
• Destigmatizing
• Providing resources
• Providing spaces
Social Emotional Learning beyond the Classroom: A Comprehensive Approach to integrating Mental Health Literacy
Joint report between the RAND Corp., CalMHSA found that students’ social, emotional, and mental health are seen as moderate to severe problems in schools according to a sample of principals. Depending on the issue may link to the likelihood of prevention and early intervention (PEI) activities.

1. For Example: Principals who reported moderate to severe problems with disruptive behavior, harassment, bullying, and general social, emotional, and mental health--80-90% across school levels--indicated they were engaging in PEI activities to address issues (Kaufman, Seelam, Woodbridge, Sontag-Padilla, Osilla, & Stein, 2015).
• Compare this to engagement levels for eating disorders and family violence and abuse.

1. Less than one-half of middle school and high school principals who reported problems with these issues were implementing efforts to address the issues. (Kaufman, Seelam, Woodbridge, Sontag-Padilla, Osilla, & Stein, 2015).
Social & Emotional Learning (SEL) as a SBMH Program

• Much research to support the inclusion of SEL activities/curriculum within schools.
  – Consider children’s emotional experiences in stressful vs. supportive environments.
  – Zhai, Raver, and Jones (2015) found that engagement in SEL activities or curriculum was linked to positive changes in teachers’ reports of children’s social skills, student-teacher relationship, and positive changes in students academic skills.
Social Emotional Learning (SEL) Defined

• Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

Collaborative for Academic, Social, and Emotional Learning (CASEL, 2016)
SEL Defined (cont.)

• Long-term Goals:
  – 1: To support children’s emotional and behavioral development;
  – 2: To improve the emotional climate of Schools.

• Short-term Goals:
  – 1: promote students’ self-awareness, self-management, social-awareness, relationship, and responsible decision-making skills;
  – 2: improve student attitudes and beliefs about self, others, and school.

The Five (5) SEL Competencies

- Self-Management
- Social Awareness
- Relationship Skills
- Responsible Decision-Making
- Social & Emotional Learning

CASEL (2015)
The Five (5) SEL Competencies (cont.)

Self-awareness: Having the ability to recognize your emotions and thoughts, and how they influence behavior.

- What are your strengths and weaknesses or limitations?
- Do you possess a well-grounded sense of confidence and optimism?

Self-management: Having the ability to regulate your emotions, thoughts, and behaviors across various situations.

- How well do you manage stress, control your impulses, how are you motivated, are you able to set and achieve personal and academic goals?
The Five (5) SEL Competencies (cont.)

Social awareness: Empathy for others

- Having the ability to take the perspective of others, and empathize with others from diverse backgrounds and cultures.

Relationship skills: Having the ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups.

- Communicating clearly, engaging in active listening, resisting inappropriate social pressure, negotiating conflict constructively, seeking and offering help when needed.

CASEL (2015)
The Five (5) SEL Competencies (cont.)

Responsible decision making: Making constructive and respectful choices related to personal behavior and social interactions.

- Considering ethical standards, safety, social norms, the well-being of others.
SEL Three (3) Tier Model

Tier 1 - Universal - All Students - Preventative
- Classroom Guidance Lessons
- Check in Check out

Tier 2 - 5-15% of the Population
- Small Targeted Groups
- Serve students in purposeful way

Tier 3 - Top 5% of the Population
- Facilitate Specific Interventions
- After Intervention then refer
Example

Tier 1 - Classroom Lessons
- Social Skills
- Emotion Management

Tier 2 - Small Groups
- Social Skills - Friendship, Problem Solving/Conflict Resolution, Bullying 101
- Emotion Management - Calming Down Techniques, Mindfulness, Anger Management, Greif/Loss

Tier 3 - Individual and Refer out
- 1 on 1 counseling
- Refer to outside therapy
James

- 4th grade class presentation on Calming Down Techniques
- Teacher identified 4th grade student for small group because he was crying/hiding under the desk most of the day
- Student went through 8 week session of Emotion Management with School Counselor
- After 8 weeks of small group counseling - behaviors lessened but did not totally subside
- School Counselor conferenced with student and parent to continue with 1 on 1 counseling
- School Counselor and parent were not seeing much progress after 6 more weeks of counseling
- Student was referred out to an outside therapist
- Counselor checked in with student periodically

- Parents Divorced - Strained relationship with Father
- Cocktail of Medications for: Anxiety, Depression, ADD
- Did Neuro brainwave therapy
- Placed on IEP in 11th grade
- Attending College
Angela

- Identified during school wide Suicide Prevention Week
- Attended multiple small group counseling sessions
- Did individual School Counseling with Safety Violence Prevention Counselor
- Referred to Marriage Family Therapist for one on one counseling
- Sent to UNITY Camp
- Set up with a Mentor

- Complex Trauma
- Suicidal Ideation
- Self Injurious Behavior
- Substance Abuse
- Grief and Loss
- Borderline Personality Disorder
- Multiple Suicide attempts - starting 3rd grade
- Attending College to be a Pediatric Nurse
Barriers to Seeking Mental Health Services

- Stigma around mental health
- No knowledge about what the school can offer to students
- Lack of School Counselors to do interventions before therapy
- Pulling students from class is limited due to strong push for academics
- Lack of transportation
- Fear of deportation
- No insurance/money
- Don’t think it will work
SEL Outcomes

SEL Approaches
- Explicit SEL Skills Instruction
- Integration with Academic Curriculum Areas
- Teacher Instructional Practices

 SEL Skill Acquisition: Five Competence Areas
- Improved Attitudes about Self, Others, and Schools

Positive Social Behavior
Fewer Conduct Problems
Less Emotional Distress
Academic Success

CASEL (2015)
Engagement of Stakeholders

Recommendations for implementation

Eight areas:

1) SFC and agency partnerships
2) Commitment to full continuum of MH services
3) Services for all youth
4) Ongoing collaboration
5) Family and involvement of others
6) Quality assessment
7) Empirical support
8) Culturally competent
- Encourage schools and districts to align school caseloads to recommendations
- Develop protocol for integrating mental health awareness into teacher preparation programs
- Build inservice teacher capacity by providing explicit lesson plans that integrate specific mental health domains in Health Education Standards
- Develop collaborations for school-home-community sharing of valid resources related to mental health assistance