Comprehensive School Mental Health: A partnership among families, schools and communities

Sharon H. Stephan, Ph.D.
Nancy A. Lever, Ph.D.

Maryland Coalition of Families for Children’s Mental Health
3-11-13
“Inclinations to intensify security in schools should be reconsidered. We cannot and should not turn our schools into fortresses… We need resources such as mental health supports in every school and community so that people can seek assistance when they recognize that someone is troubled and requires help… If we can recognize and ameliorate these kinds of situations, then we will be more able to prevent violence.”

– December 2012 Connecticut School Shooting Position Statement
Interdisciplinary Group on Preventing School and Community Violence
December 19, 2012
Center for School Mental Health

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

• Established in 1995. Federal funding from the Health Resources and services Administration.

• Focus on advancing school mental health policy, research, practice, and training.

• Shared family-schools-community agenda.

• Co-Directors:
  Sharon Stephan, Ph.D. & Nancy Lever, Ph.D.  
  http://csmh.umaryland.edu, (410) 706-0980
Agenda

I. What is Comprehensive School Mental Health?

II. Making the Case for School Mental Health

III. The Importance of Family-School-Community Partnerships

IV. Two Local Examples

V. Future directions
SCHOOL MENTAL HEALTH – A DEFINITION
A partnership between schools and community health and behavioral health organizations...

Guided by youth and families.
Builds on *existing* school programs, services, and strategies.
Focuses on all students...

...in both general and special education
Includes a full array of programs, services, and strategies.
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

• Involves a **full array** of programs, services, and strategies—mental health education and promotion through intensive intervention
Who provides mental health services in schools?

Of the 98,000+ public schools in the United States, mental health services are provided by...

**Contracts:**
- County MH (29%)
- Community Health (19%)
- Individual Providers (18%)
- Juvenile Services (17%)
- Hospitals (6%)
- Faith-based (4%)

Foster et al. (2005)
A Shared Agenda –
Role of community mental health professionals:

- Provide a broad continuum of services to supplement school-employed staff services.

- Reduce unnecessary, expensive services (ER visits, crises, etc.) by:
  - facilitating connections/referral pathways to community providers
  - providing preventive care (screening, identification, brief intervention)
  - assisting with transition back to school from more restrictive psychiatric placements
Making the Case for School Mental Health

• What we know intuitively
• Demonstrated need
• Benefits of a school setting
• Connection to academic outcomes
• Social and economic costs
What we know intuitively

Healthy students make better learners

It is challenging to teach a child who is not able to focus on schoolwork

A child who succeeds in school is more likely to be healthy
Median Age of Onset: Mental Illness

- Birth
- Mid-teens
- Age 20
- Mid-20s
- Age 40
- Age 60
- Age 80

- Autism Spectrum Disorders
- Phobias & Separation Anxiety
- Conduct Disorder
- Intermittent Explosive Disorder
- Psychosis
- Major Depression
- Substance Abuse
- Opposition Defiant Disorder

Source: WHO World Mental Health surveys as reported in Kessler et al. (2007)
In a given classroom of 25 students...

1 in 5 will experience a mental health problem of mild impairment

1 in 10 will experience a mental health problem of severe impairment

Less than half of those who need it will get services.
Of those who do receive services, over 75% receive those services in schools

(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)
Why Schools?

• **Advantages** of the school setting
  – Less time lost from school and work
  – Greater generalizability of treatment to child’s context
  – Less threatening environment
  – Students are in their own social context
  – Clinical efficiency and productivity
  – Outreach to youth with internalizing disturbances
  – Greater access to all youth → mental health promotion/prevention
  – Cost effective
  – Greater potential to impact the learning environment and educational outcomes
What does the research tell us about school mental health outcomes?

- Improvements in social competency, behavioral and emotional functioning
- Improvements in academics (GPA, test scores, attendance, teacher retention)
- Cost savings!
- Increased access to care → Decreased health disparities

Greenberg et al., 2005; Greenberg et al., 2003; Welsh et al., 2001; Zins et al., 2004; Bruns et al., 2004; Lebr et al., 2004; Jennings, Pearson, & Harris, 2000; see Hoagwood, Olin, Kerker, Kratochwill, Crowe, & Saka, 2007 and Wilson & Lipsey, 2007)
The importance of Family-School-Community Partnership
What we know about parent engagement in schools

• When parents and school staff work together to support learning, students:
  – Earn higher grades and test scores
  – Enroll in higher level programs
  – Are promoted more and earn more credits
  – Adapt better to school and attend more regularly
  – Have better social skills and behavior
  – Graduate and go on to higher education

Parent-school engagement is a protective factor

- Parent engagement promotes:
  - Academic engagement
  - School performance
  - Emotional health
  - Behavioral functioning
  - Social skills

- These outcomes:
  - Occur across grades, preschool to high school
  - Occur in both the short term and long term

(McKay)
McKay’s Conceptual Framework

**Home/Family Factors**
- Parenting style
- Family stress level
- Cultural values
- Social support
- Work schedule

**School Factors**
- Practices
- Policies
- Structure
- Climate
- Culture
- Quality

**Parent – School Involvement**
- Parent supportive activities at home
- Parent supportive activities at school
- School activities to support families

**Child Outcomes**
- Academic engagement
- School performance
- Emotional health
- Behavioral functioning
- Social skills
Barriers to engagement

• Factors that make parents apprehensive about the school setting:
  – They have received mostly negative feedback about their children
  – Many did not do well in school themselves
  – High staff turn-over has made building relationships difficult
  – Lack of communication about how they can become more involved
Barriers to engagement in urban settings

• Triple threat:
  – Poverty
  – Single parent status
  – Stress

• Concrete obstacles:
  – Time
  – Transportation
  – Child care
  – Competing Priorities

• Attitudes towards mental health & stigma

• Previous negative experiences with mental health institutions

(McKay)
Barriers to engagement in rural settings

• Scarce mental health resources

• Transportation

• Attitudes towards mental health & stigma

• Concerns about confidentiality

• Isolation

(McKay)
Promoting Engagement During First Contacts with Families
Goals of the first phone call

1) Clarify the need for mental health care

2) Increase caregiver investment and efficacy

3) Identify attitudes about previous experiences with mental health care and institutions

4) PROBLEM SOLVE! PROBLEM SOLVE! PROBLEM SOLVE! around concrete obstacles to care

(McKay)
Telephone Engagement Strategies
Work

• Structural family therapy telephone engagement intervention associated with:
  – 50% decrease in initial no show rates
  – 24% decrease in premature terminations

(Szapocznik, 1988; 1997; 2004)
Four Critical Elements of the Engagement Process

(Mckay)
Element #1

• Clarify the helping process for the client
  – Carefully introduce self, agency intake process, and possible service options
  – Do not assume that client has been given accurate information about services
  – Do not assume clients know what is expected of them and what they should expect from intake process/worker
Element #2

• Develop the foundation for a **collaborative** working relationship

  – Balance the need to obtain intake information (agency assessment, insurance forms, etc.) with helping the child and family to “tell their own story” about why they have come
Element #3

• Focus on immediate, practical concerns
  – Be ready to schedule a second appointment sooner than the following week
  – Parents may need help negotiating with other “systems” (i.e. school)
  – Responding to parents’ concerns provides an opportunity to demonstrate commitment and capacity to help
Element #4

- Identify and problem-solve around barriers to help seeking
  - Every first interview must explore potential barriers to obtaining ongoing services
  - Specific obstacles, such as time and transportation must be addressed
  - Other barriers may include previous negative experiences with helping professionals; discouragement by others to seek professional help; cultural/racial differences; experiences of racism and its impact on their willingness to receive services from a “system”
Results of using these elements

- % for first interview (n=33)
- % for comparison (n=74)

Accepted 1st Appt. 2nd Appt. 3rd Appt.

100
88
85
76
64
52
40
0
20
40
60
80
100
120
LOCAL EXAMPLES
The United States Department of Education
Safe and Supportive Schools Initiative
Maryland Safe and Supportive Schools (MDS3) Initiative

- Funding: U.S. Department of Education’s Office of Safe and Healthy Students (OSHS)
- Amount: 13M
- Length: 4 years (October 2010-2014)
- Partners:
  - MSDE,
  - Sheppard Pratt Health System
  - Johns Hopkins University
  - UMSOM, Center for School Mental Health
- Number of awards—11 states (of 33 applicants):
  - Other S3 States: Arizona, California, Iowa, Kansas, Louisiana, Maryland, Michigan, South Carolina, Tennessee, West Virginia, & Wisconsin
MDS3 Goals

1) Assess school climate, student engagement, and the school environment

2) Implement evidence-based programs (EBPs) to meet student needs, based on survey

3) Improve conditions for learning

4) Reduce school violence and substance use, and improve student engagement and the school environment to support student learning
Foundational Frameworks

- Positive Behavioral Interventions and Supports (PBIS)
- Data-based decision-making
- 3-tiered public health prevention model
- National Implementation Research Network Model of Program Implementation (coaching)
- Community Supports (Communities that Care)
MDS3 School Climate Survey

**SAFETY**

- **Physical Safety** - I feel safe at this school.
- **Bullying** - During the current school year have you been bullied?
- **Social-Emotional Wellbeing** - It is OK to hit someone if they hit me first.
- **Substance Use** - During the past 30 days, how many days did you have 1 drink of alcohol?

**ENGAGEMENT**

- **Relationships and Connectedness** - I feel like I belong.
- **School Participation and Academic Emphasis** - I like this school.
- **Parental Involvement** - This school tries to involve parents or guardians.
- **Culture of Inclusion and Equity** - Teachers believe that all students can do well if they try.

**ENVIRONMENT**

- **Order and Discipline** - Disruptions by other students can get in the way of my learning.
- **Physical Environment** - The school has a bright and pleasant appearance.
- **Supportive Services** - This school has programs to deal with violence and conflict among students.
Menu of Evidence-Based Programs

- **Positive Behavioral Interventions and Supports**
  - (PBIS; Sugai & Horner, 2006)
  - 3 tiered prevention model, focused on climate and behavior management

- **Olweus Bullying Prevention Program**
  - (Olweus, 2007)
  - Bullying and school climate

- **Botvin’s Life Skills program**
  - (Botvin et al., 2006)
  - Substance abuse prevention

- **Check-in/Check-Out**
  - (Hawken & Horner, 2003)
  - Mentoring and behavior management

- **Check & Connect**
  - (Anderson et al., 2004)
  - Mentoring and truancy prevention

- **Cognitive Behavioral Intervention for Trauma in Schools**
  - (CBITS; Kataoka et al., 2003)
  - Focused on mental health issues (e.g., anxiety, depression)
University of Maryland
School Mental Health Programs
School Mental Health Program (SMHP)  
Baltimore City, MD

- Established 1989 in 4 schools  
  - Currently in 27 schools  
- Elementary through high school  
- Mental health promotion, prevention, intervention  
- Predominantly serving students in general education  
- Low SES, highly stressed communities, violence exposure, substance abuse  
- Licensed social workers, psychologists, counselors, psychiatrists, and graduate trainees
Baltimore ESMH Funding

Funding 2012 - Baltimore City ESMH Network

- Baltimore Mental Health Systems, Inc.: 29%
- Baltimore Substance Abuses Systems, Inc.: 16%
- Family League of Baltimore, Inc.: 4%
- Baltimore City Public Schools: 51%
Services: A Full Continuum of Care

• 10-20% Broad Environmental Improvement/Mental Health Promotion (CHANGE AGENT ROLE)

• 50-60% Prevention/Early Intervention (PREVENTION SPECIALIST ROLE)

• 20-30% Intensive Assessment/Treatment (THERAPIST ROLE)
School Mental Health Training

- 2 Post Doctoral Fellows
- 2 Psychology Doctoral Interns
- 6 Child and Adolescent Psychiatry Fellows
- 12 Psychology Externs (6 Graduate Programs)
- 23 Social Work Interns
- 2 Psychiatric Nurse Practitioners Interns
- 2 Undergraduate Externs
- 2 High School Students- SOM Summer Research Mentor Program
Psychiatry Fellows By the Numbers

- 6 second-year psychiatry fellows
- 4 hours available in the schools
- 1 hour clinical supervision by faculty psychiatrist
- Each serves 2 schools (includes the full range of elementary to high school)

- 2 hours/week telepsychiatry in Baltimore School Mental Health Initiative (BSMHI)
**Prince George’s County and Baltimore City School Mental Health Initiatives**

- Initiated in 2006 (PG) and 2009 (Baltimore)

- Funded by state and local education authorities

- Concern over high rate of referrals to non-public schools, racial disproportionality (PG), and high costs of non-publics

- Program model:
  - Therapy
  - Case Management
  - Psychiatric Consultation/Tele-psychiatry
  - Family support partners (BSMHI)
  - Continuum of care with other UMB programs (day hospital, inpatient, specialty clinics, community mental health)
FUTURE DIRECTIONS IN SMH
Four Themes in Quality Services

• Systematic Quality Assessment and Improvement

• Family Engagement and Empowerment

• Modular, Evidence-Based Skill Training

• Implementation Support
Quality Assessment and Improvement (QAI) Principles

- Emphasize access
- Tailor to local needs and strengths
- Emphasize quality and empirical support
- Active involvement of diverse stakeholders
- Full continuum from promotion to treatment
- Committed and energetic staff
- Developmental and cultural competence
- Coordinated in the school and connected in the community
Examples of QAI tools

• School Mental Health Quality Assessment Questionnaire (SMH-QAQ)
  – https://csmh.umaryland.edu

• Mental Health Planning and Assessment Template (MHPET)
  – www.nasbhc.org
Effectively Partnering with Families

• Early focus on engagement, e.g., through candid discussions about past experiences

• Emphasize empowerment and the potential for improvement

• Provide pragmatic support

• Emphasize mutual collaboration

• See McKay, Hoagwood
Focus on Evidence-Based Practice – “Manualized” and “Modularized”

**Intervention/Indicated:**
Cognitive Behavioral Intervention for Trauma in Schools, Coping Cat, Trauma Focused CBT, Interpersonal Therapy for Adolescents (IPT-A)

**Prevention/Selected:**
Coping Power, FRIENDS for Youth/Teens, The Incredible Years, Second Step, SEFEL and DECA Strategies and Tools, Strengthening Families Coping Resources Workshops

**Promotion/Universal:**
Good Behavior Game, PATHS to PAX, Positive Behavior Interventions and Support, Social and Emotional Foundations of Early Learning (SEFEL), Olweus Bullying Prevention, Toward No Tobacco Use
Implementation Support

• Moving beyond “Train and Hope”

• Focus on:
  – Interactive and lively teaching
  – Off and on-site coaching, performance assessment and feedback, emotional and administrative support
  – Peer to peer support
  – User friendliness

• see Dean Fixsen, Karen Blasé, National Implementation Research Network (NIRN)
SMH Capacity Building to SEAs and LEAs

- 5-year CDC cooperative agreement, NASBHC and CSMH

- **4 modules:**
  - Overview of SMH
  - Quality in SMH
  - Social Marketing to School Administrators/Educators
  - Statewide Capacity Building Planning

- West Virginia, California, Tennessee, Utah...
The role of schools in Primary Care-Mental Health integration

- School-based primary care providers (e.g., school nurses, school-based health center providers)

- Schools as a “medical home”

- Partnership with community pediatricians
The role of school mental health in Substance Abuse Prevention and Intervention

• SMH professionals currently supporting many substance abuse prevention and intervention programs

• Treatment:
  – Treatment for co-occurring MH disorders
    • TRAUMA
Workforce Development

Enhancing Competencies of MH workforce:
UMB SSW Course on SMH
Course Masters: Drs. Michael Lindsey and Nancy Lever
  – Interdisciplinary School Mental Health Course at Graduate Level
  – Integrating Evidence-Based Programs and Practices in SMH into Lectures
  – Highest Ranked Course in School of Social Work

Enhancing Competencies of Education workforce:
CSMH and MSDE
Online curriculum on MH competencies for educators
School Mental Health and Other Child-Serving Systems

• Foster Care - Developed Training Curriculum to Better Connect SMH and Foster Care

• Juvenile Services – Issue Brief on SMH role in school re-entry following juvenile detention; Juvenile Justice/Dropout Prevention Practice Group
School Behavioral Health and the Military

• SBH website and Operations manual http://brainhealth.army.mil/SBH/

• Building Capacity to Create Highly Supportive Military-Connected School Districts, DoDEA Grant, (Astor, PI - USC)
Technology-assisted Treatments

- Telephone CBT
- Texting
- SmartPhone Apps
- Avatars
- Telepsychiatry
“Protect our children and our communities”

• Develop universal systems for assessing school climate, student mental health and outcomes of comprehensive school mental health efforts

• Youth Mental Health First Aid for teachers (Project AWARE)

• School and school district training in school-based trauma, anxiety, conflict resolution and violence prevention strategies

• Provide interdisciplinary training to school-employed and school-based community mental health professionals in the delivery of evidence-based comprehensive school mental health services
SCHOOL MENTAL HEALTH RESOURCES...
Welcome to SchoolMentalHealth.org

This site offers school mental health resources not only for clinicians, but also for educators, administrators, parents/caregivers, families, and students. To efficiently find resources that fit your needs, just click the link to the left that corresponds to your role in the school community. However, since you may benefit from resources in numerous domains within this site, we encourage you to explore many areas.

The resources on this site emphasize practical information and skills based on current research, including prominent evidence-based practices, as well as lessons learned from local, state, and national initiatives.

SchoolMentalHealth.org is designed for use by anyone who is interested in school mental health. It is also a central feature of the Baltimore School Mental Health Technical Assistance and Training Initiative.

What’s New

Clinicians: Take a look at the Anger Management Protocol, as well as Treatment Planning for Children and Adolescents, all from the University of Maryland’s Center for School Mental Health.

Educators: Check out the user-friendly Mental Health Fact Sheets for the Classroom, provided by the Minnesota Association for Children’s Mental Health.

* Many of the resources on this website are in PDF format. In order to view these resources, please ensure your computer has Adobe Reader or Adobe Professional. Adobe Reader can be downloaded for free online. To visit the Adobe website click here.
National Community of Practice on School Behavioral Health

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
  - Families in Partnership with Schools and Communities
  - 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
CSMH Annual Conference on Advancing School Mental Health

• 1996 Baltimore
• 1997 New Orleans
• 1998 Virginia Beach
• 1999 Denver
• 2000 Atlanta
• 2002 Philadelphia
• 2003 Portland, OR
• 2004 Dallas*

* Launch of National Community of Practice on School Behavioral Health

Mark your calendars for
Oct 3-5, 2013 in Crystal City-Arlington, Virginia