Accountability and quality are becoming increasingly important in school mental health (SMH). With difficult economic times, more attention has been placed on accountability; SMH programs must provide evidence of their efficacy to justify the investment. Further, related both to limited financial resources and to advancements in research on “what works” in children’s mental health, there has been a growing demand on SMH programs to utilize outcome data to provide evidence of service quality and impact on student, family, and school outcomes. The field has also called for the use of such data to inform service delivery via quality assessment and improvement (QAI) mechanisms.

Although it is expected that SMH interventions have a positive impact on both psychosocial and academic outcomes, some clinical programs may be more interested in assessing psychosocial outcomes; whereas many school systems may be more interested in learning about the impact of the SMH programs on academic outcomes. Collecting social, emotional, behavioral, and academic outcomes will ultimately provide the most comprehensive understanding of the impact of SMH on students, families, and schools. Although research has documented the success of SMH programs in overcoming logistical barriers to care, improving access to care (Bringewatt & Gershoff, 2010; Weist et al., 2003), fostering clinical efficiency and productivity (Flaherty & Weist, 1999), and positively impacting students’ emotional and behavioral functioning (Rones & Hoagwood, 2000) effectiveness studies remain limited (DuPaul, 2007). Further, SMH programs consistently struggle to efficiently and effectively evaluate their impact.

We welcome input regarding additional content that would be useful as we pursue the objective of enhancing the use of data to improve SMH quality. In addition, if you are interested in contributing to Data Matters content (e.g., as a “real world” setting or topical discussion), please contact Dr. Nicole Evangelista at nevangel@psych.umaryland.edu
When deciding on outcome measures, SMH programs must consider the feasibility of collecting the data and whether the data will provide the necessary information to demonstrate meaningful outcomes. Choices about what data to collect can be extremely challenging for programs, as they must consider the burden on providers and respondents (e.g., students, parents, teachers, school administrators), financial constraints (e.g., very few program budgets include funding for evaluation), and limits to evaluation expertise. Additionally, the choice of specific data elements and measures is challenging due to differing interests and priorities (e.g., schools may prefer to know whether programs positively impact grades, attendance and promotion; clinicians may prefer to understand the impact of their interventions on psychological or behavioral outcomes). Further, given that reports on both psychosocial and academic outcomes are often discordant among different data sources (e.g., parent and teacher reports of grades and behavior often differ), deciding who to collect data from presents another challenge.

In the Community Spotlight section, Dr. Mark Sander, Director of the Minneapolis Expanded School Mental Health Program describes how their program addressed some of these challenges as they developed and implemented an evaluation protocol for their SMH program.

**Resources**

There are several measures that are available in the public domain which can be utilized in SMH outcomes assessment. A listing of free measures to assess psychosocial outcomes and school climate can be found on the CSMH website at [http://csmh.umd.edu/resources/CSMH/Free%20Assessment%20Links%206.22.11.pdf](http://csmh.umd.edu/resources/CSMH/Free%20Assessment%20Links%206.22.11.pdf).

**Strengths and Difficulties Questionnaire**

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire for children and adolescents ages 3-16. There are parent and teacher versions of the SDQ, as well as a self-report form for youth aged 11-17. Each form, comprised of 25 items, assesses five domains: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behavior. There are supplemental questions about whether the respondent thinks the child has a problem, and if so, inquires further about the chronicity, distress, social impairment, and burden to others caused by this problem. A follow-up version is also available to assess if the intervention was effective. The SDQ has adequate internal consistency (Bourdon et al., 2005) and satisfactory validity (Goodman, 2001). These measures are available free online in over 70 languages by visiting [http://www.sdqinfo.org](http://www.sdqinfo.org).
With an increased focus on accountability in the SMH field, school mental health programs need to develop effective and feasible systems to monitor the program, and conduct evaluation and research. Our expanded school mental health (ESMH) program in Minneapolis, Minnesota has been refining our measurement system for the past several years.

Initially, we focused on four key outcomes identified by stakeholders; specifically the impact on increasing access to service and improving children’s mental health functioning. We also have used several process variables to evaluate the impact on access, specifically: 1) percent of students who were referred and seen, 2) percent of students for whom this is their first time receiving mental health services, 3) time from referral to first visit, and 4) effective engagement in services (i.e., the number of services in a year).

To measure improvement in children’s mental health functioning, we utilized the Strength and Difficulties Questionnaire (SDQ), which is completed by teachers and parents at intake and every three months concurrent with treatment plan reviews. Over the past three years, we collected data regarding the program’s impact on educational behaviors, such as out-of-school suspensions and attendance.

Year after year, we have relied on our data to more clearly operationalize and improve our program and facilitate more effective program planning. Our data has helped to refine our practice by tracking number of students seen, length of time from referral to intake, presenting problems, monthly referrals, and service volume. Taken together, these data provide critical information for our program design and implementation, as well as the effectiveness of the program. Key stakeholders and advocates, including funders, have found this data vital to sustaining ongoing support.

For the health plans, we have highlighted outcomes related to significantly increasing access to care for students and families who typically do not access mental health services, effectively engaging students and families in treatment, and improving mental health functioning.

For schools, we have demonstrated how our ESMH program reduces out of school suspensions and improves attendance.

For local county government (i.e., local mental health authority), we have highlighted how we improve access to services for students and families who might not otherwise engage in services. SMH programs must have data to make the case for the significant impact we can have on improving the lives of students and families.
Recent Literature

- In the February 2011 issue of the *Journal of Abnormal Child Psychology*, Chad Ebetsutani and colleagues provide results of a study that examined the psychometric properties of the Revised Child Anxiety and Depression Scale-Parent Version (RCADS-P) in a school-based population of children and youth. The results indicate that the RCADS-P has high internal consistency, test-retest reliability, and good convergent/divergent validity. The authors concluded that the RCADS-P is an adequate measure of depression and anxiety in a school based population.
  

- In January 2011, Cynthia Hartung and colleagues published their findings on the psychometric properties of the Revised Olweus Bully/Victim Questionnaire (OBVQ) and the Reynolds Bully-Victimization Scales (BVS) for students in grades 3-5 in *School Mental Health*. Results indicated that the BVS had better reliability than the OBVQ. In addition, the authors discuss several interesting sex and grade differences, as well as implications for the assessment of school bullying and victimization.
  

- Barbara Zwirs and colleagues conducted a study to examine the construct equivalence of the teacher version of the Strengths and Difficulties Questionnaire (SDQ) and compare scores across Dutch, Moroccan, Turkish, and Surinamese children (aged 6-10 years) who live in the Netherlands. These findings were published in the *Journal of Cross-Cultural Psychology* in April 2011. Results revealed that the factor structure of the SDQ is invariant across children’s ethnicity and gender.
  
References


*The mission of the Center for School Mental Health (CSMH) is to strengthen policies and programs in school mental health to improve learning and promote success for America’s youth.*

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