

School Mental Health *Data Matters*



Accountability and Quality in School Mental Health

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.

In an effort to advance both research and practice in the area of SMH quality, the CSMH will be producing quarterly *Data Matters* newsletters. Content will include:

- Brief discussion and summaries of topics related to SMH outcomes, data collection and interpretation
- A “Community Spotlight” section, authored by leaders from “real world” communities and programs engaged in SMH program evaluation
- Resources to promote quality SMH assessment and improvement
- Citations and abstracts of recent literature on SMH evaluation and outcomes assessment

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



So many outcomes, so little time and resources...



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

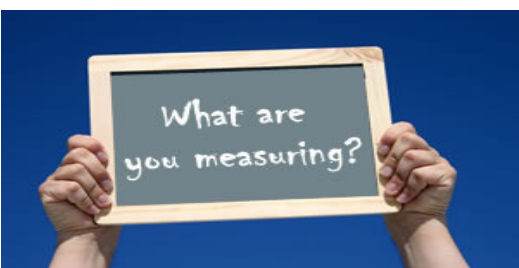
often discordant among different data sources (e.g., parent and teacher reports of grades and behavior often differ), deciding who to collect data from presents another challenge.

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.umaryland.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>



Community Spotlight

Minneapolis Expanded School Mental Health Program

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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

“The collection and presentation of data has been critical in demonstrating the effectiveness

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 Ebesutani 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.

* Ebesutani, C., Chorpita, B. F., Higa-McMillan, C. K., Nakamura, B. J., Regan, J., et al. (2011). A psychometric analysis of the Revised Child Anxiety and Depression Scales Parent Version in a school sample. *Journal of Abnormal Child Psychology*, 39, 173-185.

- 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.

* Hartung, C. M., Little, C. S., Allen, E. K., & Page, M. C. (2011). A psychometric comparison of two self-report measures of bullying and victimization: Differences by sex and grade. *School Mental Health*, 3, 44-57.

- 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.



* Zwirs, B., Burger, Z., Schulpen, T., Vermulst, A. A., Vermulst, R. A., HiraSing, R. A., & Buitelaar, J. (2011). Teacher Ratings of Children's Behavior Problems and Functional Impairment Across Gender and Ethnicity: Construct Equivalence of the Strengths and Difficulties Questionnaire. *Journal of Cross-Cultural Psychology*, 42, 466-481.

References

- Bourdon, K. H., Goodman, R., Rae, D., Simpson, G., & Koretz, D.S. (2005). The Strengths and Difficulties Questionnaire: U.S. normative data and psychometric properties. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44, 557-564.
- Bringewatt, E., & Gershoff, E. (2010). Falling through the cracks: Gaps and barriers in the mental health system for America's disadvantaged children. *Child Youth Services Review*, 32, 1291-1299.
- DuPaul, G. J. (2007). School-based mental health: Current status and future directions. In S. W. Evans, M. D. Weist, & Z. N. Serpell (Eds.), *Advances in school-based mental health interventions* (vol. 2, pp. 21.1-21.15). Kingston, NJ: Civic Research Institute.
- Goodman R (2001) Psychometric properties of the Strengths and Difficulties Questionnaire (SDQ). *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 1337-1345. Flaherty, L., & Weist, M. (1999). SMH: The Baltimore models. *Psychology in the Schools*, 36(5), 379-389.
- Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology Review*, 3(4), 223-241.
- Weist, M. D., Evans, S. W., & Lever, N. (2003). *Handbook of school mental health: Advancing practice and research*. New York, NY: Kluwer Academic/Plenum Publishers.

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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