

Thought Leader Dialogue:

Advancing Integrated Mental Health and Education Research

Convened by the Center for School Mental Health and the

Center for Health and Health Care in Schools

September 21, 2011

Charleston, South Carolina

Meeting Notes

Purpose of the Meeting

To identify action steps to promote a coordinated research agenda that a) encourages collaboration between education and child emotional and behavioral health stakeholders, and b) supports the application of emotional and behavioral health and education research findings to educational practice.

Meeting Objectives

To create a forum for emotional and behavioral health and education researchers, educational leaders, and funders to:

- *Discuss opportunities and challenges in conducting research related to the intersection of children's emotional/behavioral health and education*
- *Identify priority research topics and questions related to prevention/promotion, education and treatment practices and policies that target children's emotional/behavioral health in the education system*
- *Strategize about steps needed to achieve meaningful collaboration and progress in mental health and education research targeting emotional/behavioral health in schools*

I. Welcome and opening remarks

Olga Acosta Price, Director of the Center for Health and Health Care in Schools (CHHCS) and Sharon Stephan, Co-Director of the Center for School Mental Health (CSMH), welcomed the group to the meeting. Dr. Acosta Price presented the findings of a pre-meeting survey completed by the invited researchers. There were 16 respondents. Findings are listed below:

- The majority of respondents focused their research at the child, school building, and school district level.
- Funding for respondents' research was primarily from state and federal agencies and foundations.
- The greatest challenges for researchers included:
 - Time constraints

- Overburdened teachers
- Multiple competing priorities in schools
- The opportunities included:
 - Focusing on adoption of evidence based practices
 - Examining educational outcomes
- What respondents hoped to achieve from the day
 - Collaboration on setting and prioritizing a research agenda
 - Connecting educational and mental health research (cross pollination of ideas)
 - Action planning on how to grow and sustain school and school district programs that promote and sustain social, emotional, behavioral, and academic progress of students

II. Framing the Day's Discussion

Dr. C. Hendricks Brown presented highlights from “Continuing a Course of Rigorous Research,” from the Institute of Medicine’s (IOM) Report *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, as a framework for the day’s discussion.

The IOM report, a comprehensive synthesis of ten years of research, shows both the progress and the possibilities for advancing behavioral health promotion and prevention for young people. Defining “young people” as the period from birth to 25 years, the report demonstrates that long-term interventions built on a developmental framework are successful and can target risk factors and strengthen protective factors.

The report concludes that successful interventions were oriented not to the individual but were systemic and that individual interventions were not sustainable. The report emphasizes that universal interventions are effective and have maximum benefit among those with the most problems. That is, the universal interventions have the maximum effect with the highest risk young people. Additionally, many prevention programs may have multiple benefits such as impacting both drug use and conduct disorder.

Some of the recommendations from the IOM report include:

- Engage the highest level of government in a concerted effort to support the social and emotional health of young people and hold the Departments of Education, Health and Human Services, and Juvenile Justice accountable for demonstrating how their programs support the social and emotional health of youth
- Create a network of mental health prevention and promotion from individuals to schools and communities that are required to identify, designate, and implement high quality programs
- Widely disseminate information about effective programs to those who are responsible for creating a network of mental health prevention and promotion
- Develop a competent workforce for implementing effective programs
- Adapt these programs for different communities including minority communities
- Develop strategies to identify implementation gaps, as well as a dissemination plan

So where does education fit in?

- Schools are the natural setting for screening for risk factors as well as sites for reaching caregivers and other stakeholders. The report stresses that education is a key sector with which public health should collaborate to implement behavioral health promotion and prevention.
- It was suggested that behavioral health proponents have to “get inside” the mission of the school and not have mental health prevention represent additional tasks for already overburdened educators.

What can be done to strengthen school behavioral health prevention and promotion?

Four suggestions were offered:

- Educate the general public around mental health prevention and the potential benefits
- Ensure that programs meet the needs of communities, and that the programs are specific and concrete
- Promote e both a nurturing environment in schools and a nurturing public environment outside school buildings
- Create a political demand for mental health prevention and promotion programs.

Who then are the needed sets of partners to take on this ambitious challenge?

In times of fiscal constraint and budgetary cuts, it is feared that there will be an inclination for federal agencies to become more entrenched – to separate out and not be inclined to join forces. It is important to examine mechanisms to “braid” funding using federal and private funding sources.

This will be a time when the use of and sharing of information across systems is critical. It is a time to look closely at data collected both in schools and school districts, as well as through public health surveys. It is an opportunity to build on the outcomes and indicators that schools use all the time, such as school readiness, dropouts, tardiness, and attitudes about drugs.

This is also a time and opportunity to build relationships between researchers and institutions, such as schools, that serve children. There is a need to better align the interests of researchers to the interest of schools. Unfortunately, some researchers do not have a good reputation for building long term relationships with schools. For example, researchers often leave the school after a study ends, leaving school personnel feeling frustrated after having invested time into the project. In the future, relationships between practice and research must be more bi-directional. That is, research needs to inform practice and practice needs to inform research.

Finally, the issue of sustainability is critical. Research is used to drive good programs but when the funding is gone, the program ends. From day one of any program or project, the researcher should be thinking about sustainability. There is a lack of knowledge in the field about sustaining programs in schools. This area is critically important and needs more attention. .

III. Invited Participants’ Perspectives

Roger Weissberg, Ph.D., President and CEO of the Collaborative for Social and Emotional Learning

(CASEL), was invited to provide his thoughts and reactions to the IOM report.

Dr. Weissberg complimented the IOM on their report, describing it as a document of major importance that acknowledges prevention science and mental health promotion as priority areas. He believes that the recommendations to researchers were critical. He noted that the report broadens the range of outcomes to include developmental tasks. He talked about education's interest in outcomes such as college readiness. If mental health services are being delivered in schools, then mental health personnel must be prepared to discuss academic outcomes, and how mental health services affect behavior and academic performance.

Additional key points from Dr. Weissberg include:

- Mental health professionals need to focus on both classroom instruction and school wide programs.
- Behavioral health professionals need to be able to specify what students should learn.
- Mental health professionals need to use a language for outcomes that schools and educators use and understand.
- Assessment is critical for addressing mental health needs in schools.
- The range of outcomes in research needs to be broadened to include a focus on a developmental approach. These outcomes will increase the interest of educators in creating a shared agenda (e.g. students who are career and college ready).
- An awareness of the needs of the school building, as well as of the entire school district, is important to understand how the district influences practices in schools.
- Economic and cost-benefit analyses of this work are needed, with serious consideration of the costs. It is not sufficient to discuss the benefits of services to students; instead the conversation needs to include information on the return investment.

Victor Young M.Ed., President of Cornerstone Literacy, was also invited to provide his perspective, from education, on the IOM report. Education focuses on how one takes what is good for students and “scales it up” and then most importantly, sustains it. If the intent is to leverage system change then one needs to take the best behavioral health prevention and determine how schools and school systems should spend their money.

Mr. Young believes that the issues in mental health for children and issues of K -12 education overlap, but the two systems are unaware of the commonalities. This is a huge impediment to sustainability, scale, and depth of mental health prevention programs. Today's meeting presents a rare opportunity to discuss how to disseminate information to both education and mental health fields. There is an opportunity to begin to use common language to describe students' problems.

In addition, Mr. Young made the following points:

- The IOM report stresses the importance of mental wellness versus mental illness. This concept should be explored much more aggressively.
- The intersection of research and practice must be addressed with rigor. Too often when teachers see something going awry with kids, they assume it is their home life or social stresses and do not connect it to larger mental health issues.
- Teachers often do not have the language to voice their concerns.

Mr. Young described the experience of a colleague whose son with learning challenges was evaluated. This colleague found that each of the specialists would talk about the problem from their professional perspective (psychologist, reading specialist, neurologist) and each used their own language to describe the same child. Mr. Young used this story as a way to illustrate our challenge: to create a common language to help people communicate. A common language would produce more “ah ha moments” in schools. He feels that this is where we need to begin. He believes that when mental health professionals talk about mental health, the school professional immediately thinks about mental *illness*. He recommends a national campaign to move people away from talking about mental health and instead towards talking about mental wellness.

IV. Group Discussion

The group discussion began with the question of how the IOM report fits into the *National Prevention Strategy: America’s Plan for Better Health and Wellness*, released in 2010. Currently, the National Institute of Mental Health is interested in supporting universal mental health prevention and is looking to the future funding of research that will examine the nuances of what is working in prevention and for whom. There was agreement that prevention programs and their implementation need to “go to scale.” There is an interest in greater understanding of the mechanisms of change in people and in the personalization of mental health care.

A participant who works at the school district level voiced the concern that research does not “trickle down” to the school level, and talked of schools being “compliance driven” and “checklist driven”. He is interested in how one begins to bridge this gap between program implementation and schools being “checklist” oriented. *No Child Left Behind* impacts how schools interact with students every day, which in turn drives schools. Even schools that have instituted Positive Behavioral Interventions and Supports (PBIS) still find that they are compliance driven.

It was also pointed out that informing educational leaders about behavioral health prevention and intervention needs to happen not just at the school district level but also with school boards. The high mobility of educational administrators within schools and school districts was noted, which means that the education process is not just a one-time effort but needs to be addressed on a continuing basis.

Some other points made in the discussion:

- Outcomes should be examined at the school building and school system levels.
- There is a need to define value based on different stakeholders.
- From the start of any grant project, it is important to define who will “own” the program.
- It is important to consider sustainability and funding and dissemination of information and findings.
- Workforce issues, specifically training a workforce in prevention.

V. The Funders’ Perspective

Kate Keller, M.P.A., Senior Program Officer for School-Aged Children’s Healthcare at The Health Foundation of Greater Cincinnati provided a summary of findings from a survey conducted by the Center for Health and Health Care in Schools in July 2011. This was a brief survey of foundations and grant making organizations that fund programs that address the social, emotional and behavioral health of children in school settings. The respondents were private funders and did not

include government agencies. There were a total of 12 respondents.

Key Findings from the Survey:

- Most foundations had an interest in implementation of programs.
- Most respondents were regional funders
- Of their funded programs and priorities, children's health was only one component
- Most indicated that funds were spent at the local school level (8)
- Most said that the biggest challenge was working in the schools and negotiating the integration into the school environment
 - Advice to others considering funding behavioral health programs in schools was to make sure one understands that it takes a lot of social and financial capital to do it well and to include policy and evaluation from the start.

National Institute of Mental Health (NIMH)

- Three important areas NIMH considers when reviewing grant proposals:
 - Impact
 - There should be a substantial impact on outcomes as opposed to small effects. They are looking for impacts that will be game changers.
 - The amount of reach is critical. NIMH wants to see how many lives, school districts or states can benefit if the program is successful.
 - NIMH considers timeliness. Many funded projects take time to recruit. NIMH wants to see high recruitment, high uptake, and applicability. Funders are looking to see if applicants have established relationships because this is important if the impact is going to be large.
 - Explanatory Capacity
 - They are interested in larger trials of complex interventions that are focused on mechanisms of change and then what the moderators are. The interest is in what works and why.
 - Efficiency
 - In these tight economic times, NIMH is looking for applicants who are utilizing existing data sources from school or federal databases. This may result in projects being imbedded within existing programs rather than creating new programs. NIMH encourages researchers to pool data and fast track from intervention to effectiveness to implementation.
- NIMH funding priorities include implementation, dissemination, and sustainability. Other priorities included:
 - Programs at the systems level, e.g., not just what can be implemented but what is the optimal configuration. Does it include work on classroom climate; youth services; study of disparities in service use; does a program reduce disparities; is there role for triage?
 - Care delivery. There is a need for more programs and interventions that are a more efficient use of time of teachers and students. Is there a need to "reboot" psychotherapy or to reexamine alternative delivery models such as use of groups which schools already use?
 - Care processes in the context of schools. What are the positive outcomes for school behavioral health care? Some people have been discouraged about NIMH's focus on psychiatric outcomes, but they are in the process of broadening beyond this. They are interested in learning what interventions work best for whom so resources can be targeted.

- Integrated care is an important element. Young people need an easy entry into coordinated systems of mental health care.

Institute of Education Sciences (IES)

IES is focused on research and education outcomes, especially educational outcomes related to accountability and compliance. There are two Centers 1) the National Center for Education Research and 2) the National Center for Special Education Research. Although the Centers focus on two different populations, they are both committed to learning how to best support the learning environment for students and making classroom settings and learning more robust. IES anticipates many important funding opportunities in the future. The research goals will be focused on education development and innovation related to how to move research to practice and how practice influences research.

Hogg Foundation for Mental Health

The Hogg Foundation for Mental Health, a Texas based foundation felt that a bridging between mental health and education was important. Most funders have a health or mental health perspective as opposed to an education perspective. An effort should be made to educate funders on the importance of examining education outcomes.

VI. Two Small Group Breakout Discussions and Preliminary Recommendations

The participants were divided into two discussion groups and asked to discuss the following:

- 1) Identify priority research topics and questions related to prevention, promotion, education and treatment practices and policies that target children's emotional and behavioral health in the education system.
- 2) Related to advancing this agenda, what would you like to see happen in one year? Five years?

Summary from Group 1

It is important to engage at the state level around mental health promotion and prevention, treatment practices and supportive policies that are targeting children's emotional and behavioral health within the education system. A focus on educational outcomes will be important.

Researchers need to be involving educators, special educators and youth in the research dialogue as it pertains to school mental health. This is often overlooked and needs to be a priority going forward.

Discussion synopsis:

- NIMH has compiled an inventory of data available, which led the group to discuss the value of different types of data. Is there an opportunity to map what has been learned across the fields and create a logic model?
- Is there a need for core standards around social-emotional learning and self-regulation? There are federal assessments for language arts and math but nothing for social-emotional learning. Academic areas dominate in schools because they have articulated standards. Response to Intervention (RTI) has a formative assessment of the academic side but not of the social/behavior side.

- Do we need to be focused on dropouts? What percentage of students who dropout also have mental health problems?
- There should be an effort for mental health language to be changed so that it can enhance positive behavior.
- Multi-tiered intervention systems are working in children’s behavioral health. We should ensure that special services staff stop doing things that are not effective and do not have data to show outcomes.
- How do we ensure our research work is hitting “main street?” How do we talk then about outcomes-changing, tangible functional skills for students? The language of outcomes is what the public understands and values and should we be sticking with what can produce those outcomes?
- We also need to pay attention to what outcomes we want. To address everything requires a comprehensive program, but comprehensive, complex programs cannot be sustained. The public health model frames the conversation about how we can help a lot of people
- It is important that the research community work towards implementing and sustaining what works and not just what is effective research.

Summary from Group 2

The group began with the facilitator posing two issues: Are we asking the right questions? With the educational system under attack, should the mental health system be realigned to support and help the schools?

Discussion points were:

- There is a need to shift away from using “mental health,” to “mental wellness.” Instead of the focus on reduction of symptoms, how do we shift to assessing wellness? It is important that the language used are terms that teachers, parents, school boards and the community can understand and can relate to.
- The challenge is finding what is socially valid to parents and teachers while also having scientific rigor
- It is important to assess the conditions of learning by assessing conditions of school climate. Does school connectedness have an impact on reducing risky behaviors? Is school the intervention? We should be working to improve schooling and to partner with schools. For example, build a public health model of mental health intervention and build schools as the intervention.
- Schools are interested in student achievement and positive relationships between students and teachers is one of the top 3 predictors of student success.
- Care must be taken not to be simplistic about children’s behavior being a main cause of stress for teachers. A survey done in the 1990’s concluded that the largest stressors for teachers were colleagues, followed by classroom management and lastly student’s behavior.
- Is it the right time to shift the unit of change from parents to teachers being the unit of change for the field of school behavioral health? This shift occurred in children’s mental health years ago from the unit of change being the child to shifting to the parent.
- The coordinated school health model includes staff wellness. It tends to deal more with smoking cessation and weight loss, but does not deal with teacher stress. Should there be a screen for mental health issues with teachers?

- Is there an opportunity to make the following a priority research topic: what are the interventions we need for connected and effective teachers?
- Should the focus be on supporting the whole community? No matter how wonderful the school is, if the community does not support learning then students will not succeed. Should the context of social-emotional programs change to healthy communities?
- How can the research community use “bottom up” processes and still get funded? Some felt it was very viable to do bottom up research if a research question to ask among all the complexities can be identified.
- Adoption and implementation of evidence-based practices is critical. We must examine what it takes to get the non-early adopters to adopt programs. How can we get funding to study the unwilling and non-early adopters?
- Education is a prime area for study but what is the structure? It was suggested that one couldn’t look at individual schools, but instead need to focus on the structure at the district level to develop research agendas.
- Schools often are funding and implementing the same programs repeatedly even though they are not evidenced based (e.g., suicide prevention).
- It was suggested to include screening for social-emotional problems upon entry into kindergarten when children.
- Language should be around how to make students “learning ready” and then how to line up resources that are central to this mission.

VII. Reports from groups

Group I

- The entire group was interested in implementation and sustainability, and what works in school behavioral health.
- There was agreement that the public health model should be the basic framework.
- It is important to have an efficacy agenda that focuses on what works.
- The sustainability agenda will rely on researchers doing their jobs effectively around social and emotional learning and the ability to coach and implement programs well.
- The fundamental problem was how to sustain research and have the capacity to enter the conversation in education. It may come down to social marketing of programs that work, and promoting a common conversation, including how to measure and understand outcomes and developing standards around mental health.

Group II

- The focus of the group’s discussion was on education and schools. How to help schools be better schools. A suggestion was made that the public health model cannot be used in school because it is a turn off to schools
- The conversation should be started by talking within the mission of the school system and focus on how to help schools do a better job of educating students. It’s important to recognize the schools’ primary mission is education.

- A priority should be helping teachers be the best they can be. Thirty years ago, we had a shift away from children to parents as the unit of change. We can do a similar shift in school mental health shifting the unit of change from parents to teachers.
- The language from the IOM Report may not be the best language for education professionals. We need to translate the IOM report into language that is relatable for educators.
- It is important to clarify the difference between what is being sold to schools as packages and what are the real strategies.
- There is a need to build a research agenda from a different context with a combined education and mental health approach.
- There is a need to build connections across research centers and universities, building on their strengths.
- There is a need to explore what large data sets exist and to know what the resources are including data sets from the public health field
- It is important that we not create “echo chambers” and work exclusively with people who think like we do.
- It is a priority to translate research for education in ways that people in schools will understand and want to adopt

Recommendations:

Overall, it was felt that we in the field of research need a paradigm shift. It is time to move away from a focus on how our products get used to how to solve problems in schools. We are in the middle of systems that are undergoing major changes. Suggested next steps included:

- Facilitate future exchanges between education and behavioral health researchers
- Translate mental health research so that schools can understand the findings and importance to schools and academic achievement
- Develop a brief that translates the IOM report (or the executive summary of the report) into language that is commonly used by school personnel and educators
- Encourage the development of RFPs that require integrative research with education and mental health
- Identify common elements of wellness and how to assess them
- Develop an inventory and information of publicly available data that exists
- Write constructive/provocative paper(s) that would challenge researchers to think about outcomes that are valued by the public