

Family Involvement in Expanded School Mental Health Programs Resource Packet

**Center for School Mental Health Assistance
(2002)**

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FAMILY INVOLVEMENT IN EXPANDED SCHOOL MENTAL HEALTH PROGRAMS

Introduction

Expanded school mental health programs provide an array of mental health services for children including assessment, prevention and intervention services for students in both special and regular education. The expanded school mental health (ESMH) framework has many advantages including unparalleled access to youth where they are, clinical efficiency, and opportunities for enhanced clinical roles. This framework offers a unique opportunity to collaborate with families to develop innovative and comprehensive interventions for youth. By being offered directly within schools, ESMH programs are often easier to access for both children and families than are more traditional mental health care (Lowie, Lever, Ambrose, Tager, & Hill, in press).

ESMH programs are not only changing where mental health services are provided, but also how mental health services are delivered. ESMH programs are replacing the traditional model of therapist as expert with a shared-learner framework in which both the therapist and the family contribute knowledge and insight. Three important aspects underlying family-provider collaboration include a shared vision and goals, shared power in decision-making in all levels, and long-term commitment to the process of developing collaboration (Simpson, Koroloff, Friesen, & Gac, 1999). In this model of care, families and providers must be willing to form a team, overcome resistance and reluctance to partner as equals, and engage in a process of open dialogue and communication.

However, despite the widely recognized importance of family involvement in ESMH programs, there remains a gap between best practice and clinical practice (Lowie et al, in press). Facilitating family involvement requires a proactive approach that includes pre-planning and should occur in all aspects of ESMH program (e.g. initial planning and development, provision of services, evaluation of program effectiveness). Programs should take great care to see that they are developing a philosophy about family involvement at the programmatic level. In addition, programs need to develop an agreement among school professionals regarding a unified commitment to involve, engage and partner with families.

Why is Family Involvement Important?

Reasons to involve families in the provision include:

- The family is the primary and the most influential system to which a child belongs
- Families want to be included and informed of their child's progress
- Families can provide comprehensive information about the child, including information about health, development, background, history, strengths, and weaknesses
- Families can enact changes in the home environment and can contribute to treatment planning and positive development
- Families can assist in monitoring progress and providing feedback to the therapist
- Students feel that families are interested and available

- Family involvement in mental health care has been linked to improved service coordination (Koren, Paulson, Kinney, Yatchmenoff, Gordon, & DeChillo, 1997)
- Family involvement in mental health care has been linked to the reduction of stress on the family system (Farmer, Burns, Angold, & Costello, 1997).

Challenges Related to Family Involvement

Involving families is not always an easy task to accomplish. Challenges and barriers that may interfere with effective engagement and partnering with families include:

- Stigma related to receiving mental health services
- Concerns about confidentiality
- Transportation (lack of, unreliable modes, distance, cost)
- Scheduling (conflicting work schedules)
- Concerns that mental health professionals will talk down to families
- Concerns about maintaining a sense of control over other family members
- Resistance on the part of the child to involve the family
- Time constraints on the part of the clinician (large caseload, lengthy paperwork, c
- Lack of resources within a program to encourage family involvement
- Preexisting tensions between schools and community members
- Lack of training on the part of the clinician

Fostering Family Involvement

The Federation of Families recommends that services provided to families should “utilize the strengths of families by: ensuring that they are equal partners in the planning, implementation, and evaluation of services; viewing the child as a whole person and the family as a whole unit, rather than emphasizing the disability; and empowering families and children to make decisions about their own lives” (Federation of Families for Children’s Mental Health, 2001).

The following is a sample of strategies for ESMH programs that can be implemented to help foster family involvement in school-based mental health programs:

- Develop a philosophy about family involvement for the program
- Involve families in all aspects program development, implementation and evaluation
- Recruit parents as advocates
- Enlist the support of allies (principals, school administrators, school health providers, counselors, teachers, families, PTA/PTO organizations, Student Support Team members, School Improvement Team members, community supporters)
- Identify parent leaders and systematically outreach to them
- Cultivate trust among parents involved with the school program
- Be willing and able to advocate on behalf of the parent and child
- Be accessible and useful
- Be sensitive to cultural issues
- Be visible (attend PTA meetings and other school functions, greet children and families in the morning and at dismissal)
- Continuously foster relationships

- Be consistent and user friendly (avoid using technical jargon)
- Utilize experts in family involvement
- Seek professional training
- Develop a knowledge base of resources for families
- Establish ongoing communication channels (meetings, phone calls, letters)
- Employ the use of family liaisons or paraprofessionals to foster family involvement
- Accompany parents to meetings relevant to their child's education and emotional health (special education, juvenile justice, psychiatric evaluations)
- Facilitate family workshops and support groups
- Involve families as equal members on advisory boards and program committees
- Accommodate services to the schedule of the family (e.g. offer evening hours, early morning appointments)

The following is a sample of suggestions for families to help enhance their involvement in ESMH programs:

- Identify a family representative to attend staff meetings and trainings to bring the family point of view
- Serve on planning committees and advisory boards ESMH programs
- Work in conjunction with the school-based mental health clinician to provide support for families whose children are receiving mental health services
- Train clinicians on family sensitivity

Initiatives to Integrate Families and ESMH Programs

School-based mental health programs around the country are implementing innovative programs and initiatives to help foster and maintain family involvement. For example, the Youth Family Centers in Dallas, TX, has incorporated the use of a family greeter to welcome families on their initial visits and to assist them in completing forms (Jennings, Pearson & Harris, 2000). The Primary Mental Health Project in Rochester, N.Y. developed the Parent Associate Program. Parent Associates are paraprofessionals trained by the PMHP to focus their work primarily on the linkages between schools and families (Cowen, Hightower, Pedro-Carroll, Work, Wyman, & Haffey, 1996).

Case example: Integrating families into the University of Maryland School Mental Health Program

As part of a collaborative partnership between the University of Maryland School Mental Health Program (SMHP), a Baltimore City elementary school, and the Safe Schools/Healthy Students Initiative, the SMHP clinician partnered with the program's family-to-family support advocate and the elementary school's parent liaison to outreach to caregivers in the school. From the inception of the project, the school administration was very supportive. The principal identified areas at the school that would provide a comfortable environment for families to gather and agreed to grant the team access to those areas during school hours. For example, the cafeteria was identified as a neutral place in the school that parents frequented and was removed from the stigma of many of the other gathering places (e.g. the front office, conference meeting rooms, the counseling suite). The outreach team members interacted with families in this informal setting,

allowing the team to introduce themselves, engage in informal conversations, to share information, and to discuss family issues in a non-threatening manner. As a result, family members were more willing to discuss their concerns regarding their children's school experience and mental health concerns. These conversations played a key role in linking families with the school-based mental health services when more intensive services were indicated. Together, the outreach team developed and coordinated on-going family meetings. These groups provided basic parenting support to families as well as encouraged open dialogue between families. The partnership also resulted in three family events at the school: a bingo night and annual mother-daughter and father-son luncheons. These activities enabled the outreach team to become more visible and integrated members of the school community and gave caregivers an opportunity to informally discuss mental health concerns and to interact with the mental health team in a less formalized manner.

The partnership within the school demonstrated the value of involving families and family advocates in mental health care. One finding of the project was that developing informal relationships with families led to increased service utilization as well as more comfort with clinicians and the therapeutic process. The school mental health clinician and the principal of the school clearly recognized the importance of including paraprofessionals in outreach and quality care.

CSMHA References and Related Articles

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Advocacy Organizations

Federation of Families for Children's Mental Health
1101 King Street, Suite 420
Alexandria, VA 22314
703-684-7710 (phone), 703-836-1040 (fax)
www.ffcmh.org

Federation of Families for Children's Mental Health is a national parent-run organization focused on the needs of children and youth with emotional, behavioral or mental disorders and their families. The Federation has local chapters that provide support and advocacy for families. The Federation holds an annual conference in Washington D.C. in

late November/early December, focusing on issues of importance to families of children with mental health needs. The Federation publishes a newsletter, and has information sheets on childhood mental health concerns. The web site provides information in Spanish.

NAMI, the Nation's Voice on Mental Illness

Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201-3042
703-524-7600 (phone), 703-524-9094 (fax)
www.NAMI.org

NAMI is a national family focused organization advocating for persons with serious mental illnesses. NAMI has many local groups that provide support, education and advocacy. NAMI offers information and support to families and persons with mental illnesses of all ages. NAMI Youth, is a branch of the national organization that works to bring information and support to families of children with mental health problems. NAMI Youth publishes a newsletter for families, and has many informational brochures available about mental health concerns for children.

Additional Resources Available on the Web

American Academy of Child and Adolescent Psychiatry
www.aacap.org

Bazelon Center for Mental Health Law
www.bazelon.org

Center for Mental Health Services National Mental Health Services Knowledge Exchange Network (KEN)
<http://www.mentalhealth.org>

Child and Adolescent Bipolar Foundation (CABF)
www.bpkids.org

Children with Attention Deficit Disorder (C.H.A.D.D.)
www.chadd.org

Family and Schools Together:
<http://www.wcer.wisc.edu/fast/>

National Clearinghouse on Families and Youth
www.NCFY.com

National Information Center for Children and Youth with Disabilities (NICHCY)
www.NICHCY.org

National Mental Health Association
www.NMHA.org

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National Parent Information Network
<http://npin.org/index.html>

Research and Training Center on Family Support and Children's Mental Health
<http://www.rtc.pdx.edu>