The Role of Mental Health in Schools
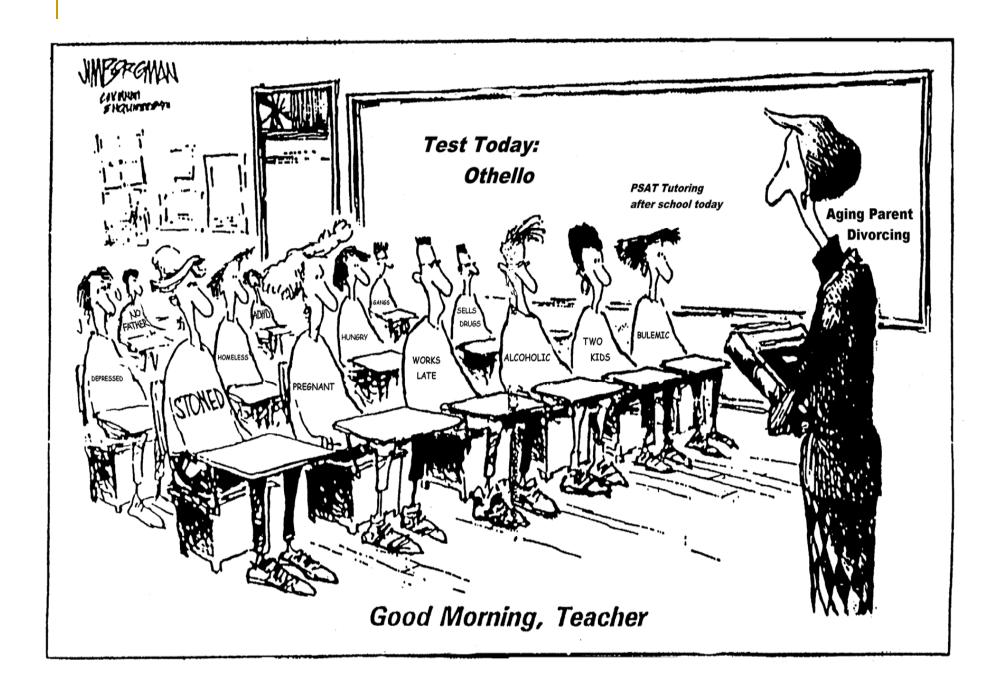
Dana Cunningham, Ph.D.

University of Maryland
School of Medicine
Center for School Mental Health

Center for School Mental Health

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

- Established in 1995. Currently (beginning in 2011) have a 3-year funding cycle from HRSA with a focus on advancing school mental health policy, research, practice, and training.

- It is our goal to disseminate and diffuse high quality, user-friendly, and culturally and developmentally sensitive materials and resources to help foster a shared family-schools-community mental health agenda.

- Co-Directors: Sharon Stephan, Ph.D. & Nancy Lever, Ph.D.
  Policy Analyst: Dana Cunningham, Ph.D.
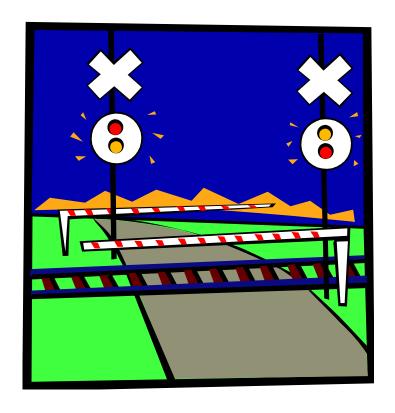 http://csmh.umaryland.edu, (410) 706-0980
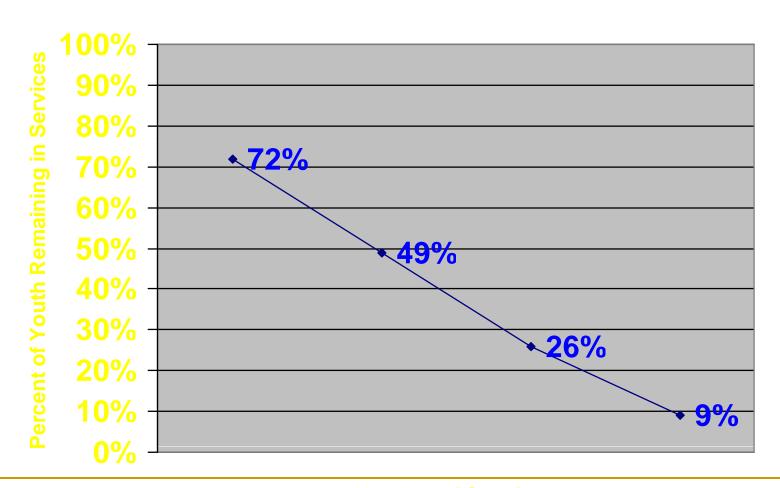
CSMH

Mental Health Needs of Youth

- Around 20% of youth present with an emotional/ behavioral disorder

- Around 10% present with significant impairment

- Only 16 to 33% receive any services

- Over 75% of youth who receive services, receive them in schools

- Low income and minority youth have even greater difficulty accessing mental health services

(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

Percent of Youth Remaining in Services

100%
90%
80%
70% — 72%
60%
50% — 49%
40%
30%
20% — 26%
10% — 9%
0%

Number of Sessions

(McKay et al., 2005)

School Setting

- Schools are the most universal and natural setting (New Freedom Commission, 2007)

  - 55.8 million youth attend 132,656 public and private schools (K-12) in the United States (USDOE, 2008)
  - Over 6 million adults work in these schools
  - There are 3.7 million full-time-equivalent school (K-12) teachers (USDOE, 2009)
  - Students and staff comprise 20 percent of the U.S. population

School Setting

- Schools are the "defacto" mental health system
- Advantages of the school setting
  - Students don't miss a whole day of school
  - Parents miss less work
  - Less threatening environment
  - Students are in their own social context
  - Services are more timely
  - Clinical efficiency and productivity
  - Cost effective
  - Greater access to all youth
  - Potential to impact the learning environment and educational outcomes
  - Outreach to youth with internalizing disturbances

(Evans & Weist, 2005; Flaherty & Weist, 1999; Rones & Hoagwood, 2000; Nabors et al., 2001; US Dept of HHS, 2001; Weist, 1999)

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

- Includes a full array of programs, services, and strategies- mental health education and promotion through intensive intervention

(Weist & Paternite, 2006)

What is the role of "expanded" mental health providers in schools?

- Work collaboratively with other providers in the school setting
- Do not replace school psychologists/social workers
- Provide additional support to the school
- SMH is not simply an "office" inside a school building

What does School Mental Health look like?

Systems of Prevention and Promotion
All Students (universal)

Systems of Early Intervention
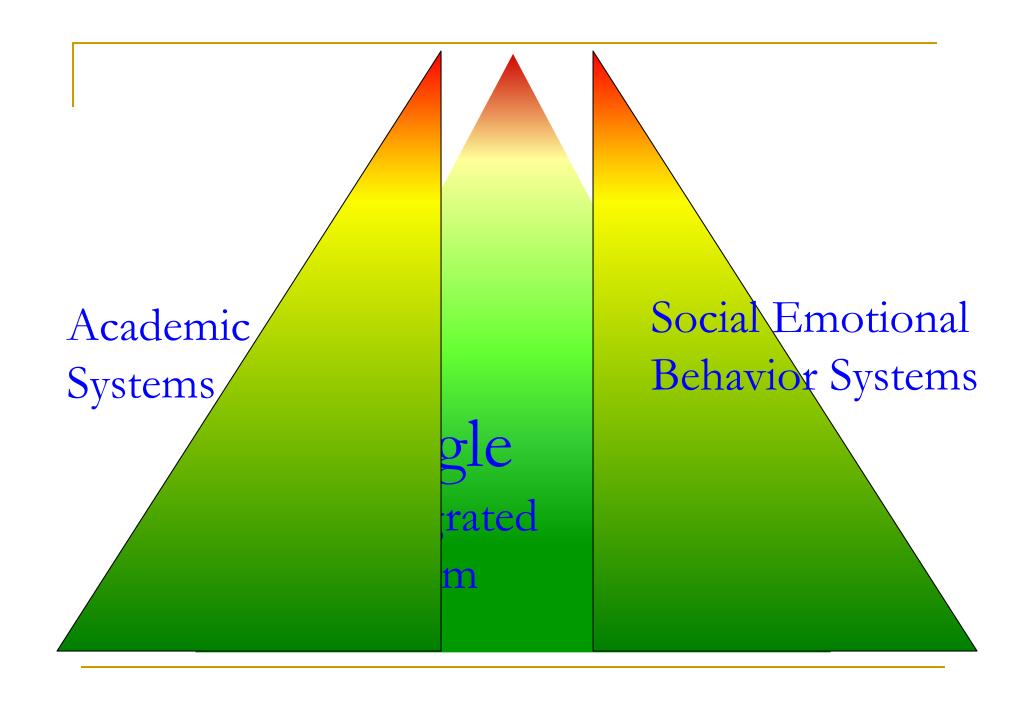*Students At-Risk (selected)*

Systems of Treatment
Students with Problems (indicated)

School, Family, and Community Partnerships

From the work of Joe Zins

Mission of School Mental Health

- *Consistent with the mission of schools, SMH strives to:*
    - Create a safe, caring, and enriching environment
    - Encourage family driven policies and practices
    - Support high-quality academic instruction
    - Effectively serve culturally diverse populations
    - Foster positive and healthy youth development
    - Coordinate delivery of effective services for youth
    - Prepare students for lifelong success

Academic
Systems

Social Emotional
Behavior Systems

gle
grated
m

Mental Health and Academic Outcomes

Health & Mental Health Factors

Physical Health/illness
Mental Health
Mental Health Problems
High-risk Behaviors
 (e.g. Substance use)
Developmental issues
Social Competence/Self-
 esteem
Family Strengths/ Issues

Graduation/Drop-out
Grades
Standardized Test Scores
Teacher Retention

Academic Outcomes

Attendance
Behavioral Competencies
Behavioral Problems
Educational Motivation
Positive Attitudes Toward
 Schoolwork
School Connectedness

Educational Behaviors

SMH

ADAPTED FROM: Geierstanger, S. P., & Amaral, G. (2004). School-Based Health Centers and Academic Performance: What is the Intersection? April 2004 Meeting Proceedings. White Paper. Washington, D.C.: National Assembly on School-Based Health Care.

Mental Health and Academic Outcomes

- By *enhancing* factors that <u>increase</u> a student's ability to succeed in school, AND

- By *reducing* factors that <u>interfere</u> with a student's ability to succeed in school…

- SMH strategies have been shown to improve academic outcomes such as:
  - ❑ academic achievement
  - ❑ discipline referrals
  - ❑ graduation rates
  - ❑ attendance
  - ❑ teacher retention
  - ❑ school climate

Attendance

- Students with mental health problems are absent from school more than students without mental health problems (Gall et al., 2000; Woodruff et al., 1999)

- Decreases in substance use is associated with improved attendance (Engberg &Morral, 2006; Lynskey & Hall, 2000)

- Higher levels of school connectedness are associated with increased optimism and academic outcomes and decreases in depression and negative behaviors (Anderman, 2002)

Academic Performance

- Students with lower grades are more likely to exhibit mental health problems (Gall et al, 2000)

- Students with significant emotional disturbances are more likely to be retained or drop out of school (Woodruff et al, 1999)

- Students involved in violent/delinquent behaviors produce lower test grades (Mandell et al, 2002)

- Exposure to moderate levels of violence is related to decreased high school graduation rates (Delaney-Black et al., 2002; Grogger, 1997)

Teacher Retention

- Fifty percent of new teachers leave the profession within a five-year period (National Commission on Teaching and America's Future, 2007)

- Teachers often feel unprepared and overwhelmed when trying to address mental health needs of their students (Roeser & Midgley, 1997; Williams et al, 2007)

- Among teachers who transferred schools, 53% cited problematic student behavior as a source of dissatisfaction (National Center for Education Statistics, 2001)
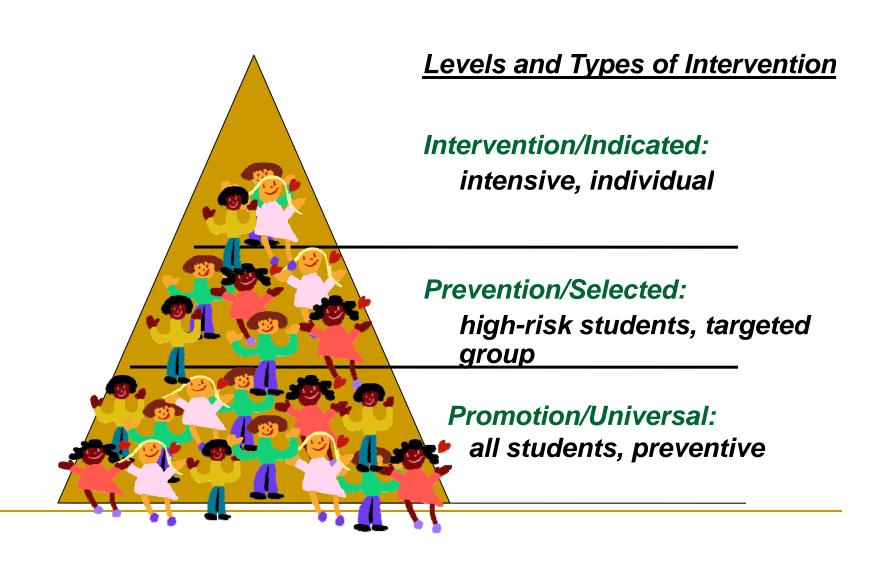
School Climate

- Poor school climate is related to increased behavioral/emotional problems, substance use, and aggression (Elfstrom et al., 2006)

- School climate programming enhances academic performance and positive social-emotional outcomes, and reduces problem behaviors (Elfstrom et al, 2006; Greenberg et al, 2005; Elias et al, 1991).

SMH Can Reduce Long-term Costs

- **Reduces costs of untreated mental health problems** (National Council for Community Behavioral Healthcare, 2011; *U.S. House of Representatives, Committee on Government Reform (2004*)

- **Reduces economic/social burden of multiple systems when mental health problems are not addressed early** (*The National Center on Addiction and Substance Abuse at Columbia University, 2009; NIMH, 2004; Teplin et al, 2002)*

- **Reduces cost of school dropout** (California Dropout Research Project, 2011)

Public Health Triangle

Levels and Types of Intervention

Intervention/Indicated:
intensive, individual

Prevention/Selected:
high-risk students, targeted group

Promotion/Universal:
all students, preventive

Evidence-Based Programs

- ## Summary of Evidence-Based Program Registries
  - CSMH Website: http://csmh.umaryland.edu/resources/EBP%20registry%20list6.14.08.doc

- ## EBPs implemented by ESMH Programs
  - CSMH Website: http://csmh.umaryland.edu/resources/CSMH/Matrix%206.08.pdf

Public Health Triangle

Intervention/Indicated:

Psychoeducation, Activity Scheduling, Relaxation, Parent Management

Prevention/Selected:

Aggression Replacement Training, Coping Power, Cognitive Behavioral Intervention for Trauma in Schools, Coping Cat

Promotion/Universal:

Good Behavior Game, The Incredible Years, Responsive Classroom, Olweus Bully Prevention, SEL, PBIS

Resources for Teacher Education

- Supporting Children with Challenging Behaviors www.bmcc.edu/Headstart/Trngds/Challenging/

- Iris Center

  http://iris.peabody.vanderbilt.edu

Collaborative for Academic Social and Emotional Learning (CASEL)

- Meta-analyses of over 700 positive youth development, SEL, character education, and prevention interventions
- Included school, family, and community interventions for youth
- SEL Programs:
  - Effective for students with and without behavioral and emotional problems
  - Effective for diverse populations in varied settigns
  - Improve social-emotional skills, attitudes about self/others, connection to school and positive social behavior; reduce conduct problems and emotional distress

www.casel.org

Prevention/Selected Interventions

One example:

- Cognitive Behavioral Interventions for Trauma in Schools (CBITS)
  - Ages 10 – 15
  - Implemented by: SMH Providers
  - Used with students who have experienced a traumatic event
  - Teaches six cognitive-behavioral techniques (e.g. education, relaxation, problem solving)
  - Includes parent education and teacher education

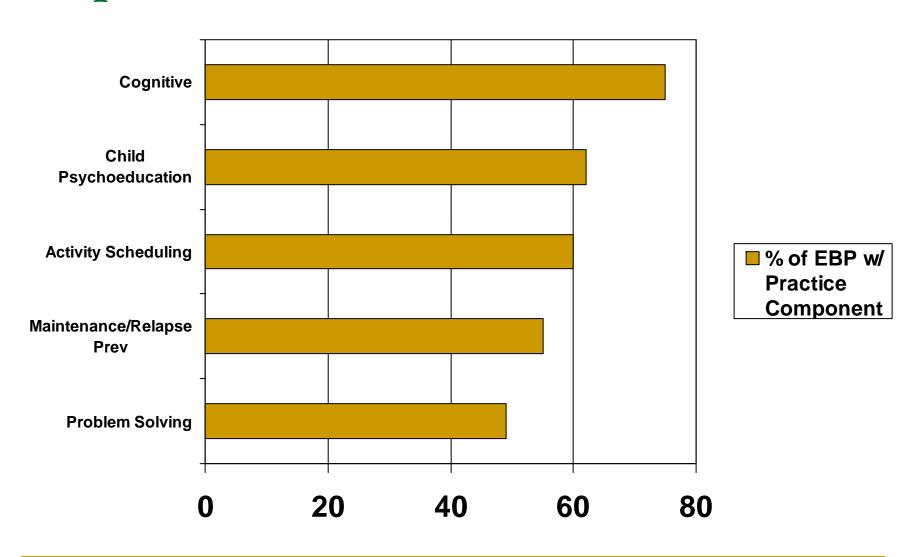# Indicated Interventions for DBD (some examples)

- **Incredible Years (Carolyn Webster-Stratton)**
  - Population: Parent and Child components (3-8 year olds)
  - Treatment Model: groups, using videotaped vignettes

- **Helping the Noncompliant Child (Rex Forehand)**
  - Treatment Model: individual families
  - Modeling, role plays, in-vivo training

- **Your Defiant Child/Defiant Teens (Russell Barkley)**
  - Treatment Model: parent-management training; family training

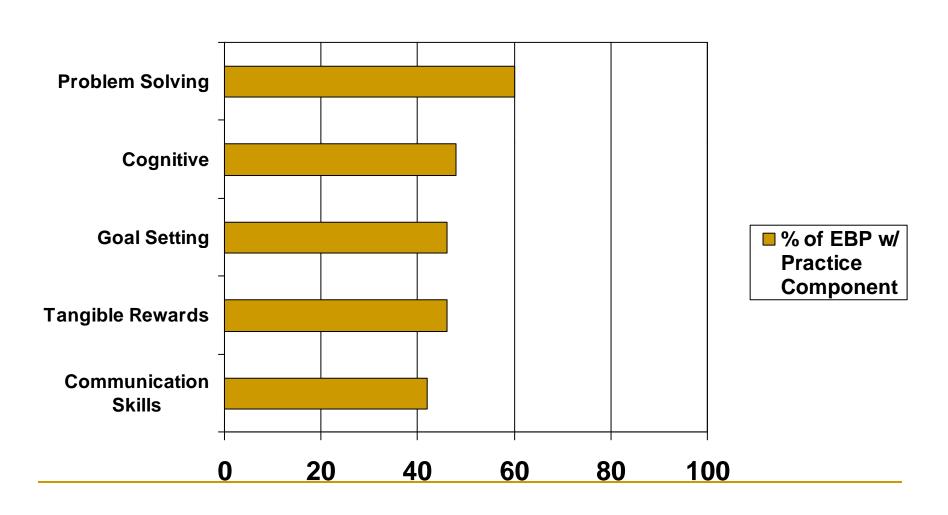# Indicated Interventions – "Common Elements" approach

- Evidence-Based Services Committee
- Reviewed major, randomized, controlled research studies for psychosocial (non-medical) treatment interventions for youth
- 435 studies were reviewed over a 5-year period

- Practice Components (Common Elements)

- Good review:
  - Hawaii Department of Health, Child and Adolescent Mental Health Division. (2009). Effective Psychosocial Interventions for Youth with Behavioral and Emotional Needs.

  http://hawaii.gov/health/mental-health/camhd/library/pdf/ebs/ebs013.pdf

Depression: Common Elements

Disruptive Behavior (13y.o. and older): Practice Components

Exploring PracticeWise Resources

- **www.practicewise.com**

- **Subscription-based resources:**
  - PracticeWise Evidence-Based Services Database (PWEBS)
  - PracticeWise Practitioner Guides
  - PracticeWise Clinical Dashboards
  - Modular Approach to Therapy for Children (MATCH)

Example of printable PDF describing practice element:

Practitioner Guide

Praise

Use This When:

To increase child's appropriate behavior.

For Caretaker

Audience

Objectives:

- to inform the caregiver about the value of praise
- to provide the caregiver with strategies to increase the child's appropriate behavior
- to encourage participation in treatment

Goals of this practice element

Steps:

☐	Provide rationale	Elicit the caregiver's opinion regarding the value of praise. Explain that praise has many benefits, including: • leads to increased appropriate behavior and decreased inappropriate behavior, • contributes to the child's positive self-image, and • motivates the child to persevere through steps to master new skills or accomplish difficult tasks.
☐	How to praise: Labeled praise	Instruct caregiver to provide labeled praise that describes a specific behavior to teach the child what behaviors are valued by the caregiver. For example, "I like the way you put your toys away" conveys more information than "Good job."
☐	How to praise: Enthusiasm	Instruct caregiver to provide praise using a sincere and enthusiastic tone, to vary phrases used to convey praise (e.g., "I like it when you...; "You did a nice job..."), and to use nonverbal rewards (e.g., high-5's, smiles, hugs, etc.).
☐	How to praise: Avoid criticism	Instruct caregiver to provide praise without criticism. The caregiver of a noncompliant child might say "Good job putting the toys away! Why can't you always do that?" but this would be better stated as "Good job putting the toys away!" The caregiver of an anxious child who approaches a feared stimulus might say "See! That's not so scary!" in an attempt to

Steps for using this practice element
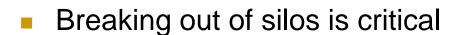
Implementation Considerations

- What is the target population at your school?
- What population was the intervention designed for?
- What are your target outcomes?
- What is the target behavior of the intervention?
- What other programs exist in your school/community?
- How will training/coaching/ongoing support be provided?
- What is the cost of implementation?

National Implementation Research Network

- Mission: Close the gap between science and service by improving the science and practice of implementation in relation to evidence-based programs and practices.

- Develop practical implementation frameworks to guide transformation of behavioral health services

- Provide technical assistance to agencies implementing evidence-based practices

- Website: http://nirn.fmhi.usf.edu

Partnership Opportunities

- School/Family/Community Partnerships are critical to successful SMH

- Do caregivers feel welcome in your school?

- Are you aware of the community agencies/ programs/ activities within a 15-mile radius of your school?

- Breaking out of silos is critical

Opportunities for Collaboration

- Outpatient Centers (university, hospital, community)
- Mentors
- After School Programs
- Parent Support/ Empowerment programs
- Child Serving Agencies (child welfare, juvenile justice)
- Recreational/ Extra-curricular programs
- Fraternities/ Sororities
- Faith-based Organizations
- Business Communities
- Volunteer Service Organizations
- Psychiatrists

Prince George's School Mental Health Initiative

- Began in 2006, Collaborating with MSDE, CSMH, PGCPS
- Serving youth primarily in Transition ED programs who are at risk for non-public referrals
- Staff include therapists, case managers, psychiatric consultants
- Build relationships with community providers
- Provide:
  - Mental health services
  - Case management
  - Psychiatric consultation
  - Increase knowledge of community resources
  - Family support and advocacy

Maryland Coalition of Families for Children's Mental Health

- Provide information and support to families caring for children with mental health needs throughout Maryland
- Integral component of BSMHI
- Family Navigator provides:
  - Family support
  - Advocacy
  - Education
  - Coaching
  - Information

OSEP TA Center on Positive Behavioral Interventions and Supports

- **Provide capacity-building information and TA to assist schools in identifying, adapting, and sustaining effective school-wide disciplinary practices**

- **Development of an Interconnected Systems Framework for School Mental Health** (Barrett, Eber, Weist, 2009)
  - ❑ Provides examples of developing interconnected systems between schools and community partners
  - ❑ http://csmh.umaryland.edu/resources/CSMH/index.html

The RENEW Model

Rehabilitation, Empowerment, Natural supports, Education
and Work (RENEW), an <u>intensive</u> individualized school-
to- career service for the most at risk students

- Created in NH in 1996, has been provided to over 500 youth with emotional or behavioral disorders in NH
- Primary Tier 3 or Intensive level intervention for high school students with SED or SMI
- Goals include: high school completion, employment, post secondary participation, positive community inclusion
- "manualized" intervention with tools and fidelity instrument

National Community of Practice

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
- Family-School-Community Partnerships
- 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

General SMH Resources

- Center for School Mental Health
  http://csmh.umaryland.edu

- School Mental Health Connection
  www.schoolmentalhealth.org

- Center for Health & Health Care in Schools
  www.healthinschools.org

- UCLA Center for Mental Health in Schools
  www.smhp.psych.ucla.edu

CSMH Training Events

- ***School Health Interdisciplinary Program*** (SHIP). Towson, MD.

  July 31 – August 4, 2011

- 16th ***Annual Conference on Advancing School Mental Health***. Charleston, SC. September 22 - 24, 2011

- See http://csmh.umaryland.edu or call 410-706-0980 (or 888-706-0980 toll free)

Contact Information

- Dana Cunningham, Ph.D.
  Asst. Professor
  Center for School Mental Health
  University of Maryland School of Medicine
  Baltimore, MD

  dcunning@psych.umaryland.edu