

Health/Mental Health Promotion in Schools

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*Center for School Mental Health
Analysis and Action**

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<http://csmha.umaryland.edu>

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Background

- Around 1 in 5 youth will present an emotional/behavioral disorder (5 students in a classroom of 25)
- Around 1 in 10 present significant impairment, and 1 in 20 present “extreme functional impairment”
- Between 1/6th and 1/3rd receive any services
- Modal number of specialty mental health visits is 2
- Major lack of systematic quality assessment and improvement in traditional settings

Growing Focus on School Mental Health in the United States

- Schools as the “defacto” sites for mental health care
- U.S. Surgeon General Reports (1999, 2000)
- President’s New Freedom Commission on Mental Health Report (2003)
- Mandates of “No Child Left Behind” and Individuals with Disabilities Education Act (IDEA)
- Progress in localities and states and *multiscale learning*

Academic Impacts

- An average student enrolled in a social and emotional learning program ranks at least 10 percentile points higher on achievement tests, has better attendance and classroom behavior, likes school more, has better grades, and is less likely to be disciplined
 - Weissberg and Shriver, August, 2005 *New York Times* article based on research by Weissberg and Durlak (see www.casel.org)

Expanded School Mental Health

- Programs join families, schools, mental health and other community systems
- To develop a full array of effective programs and services that improve the school environment, reduce barriers to learning, and provide prevention, early intervention and treatment
- for youth in general and special education

Key Themes Related to Health-Mental Health Integration in Schools

- Mental health is a positive concept like physical health (*healthy thoughts, feelings and actions that contribute to success in school and life*)
- Mental health is relevant to *all aspects* of the Framework for Coordinated School Health of the Centers for Disease Control and Prevention (e.g., safety, environment, nutrition, physical health and activity, staff wellness, family involvement) and directly related to academic success

Examples of Health-MH Integration in Schools

- Nurse practitioner and social worker work collaboratively with a student with anxiety and asthma
- Psychologist helps teacher tailor physical education to better meet needs of students with emotional/behavioral problems
- Counselor assists school lunch staff to improve environment and staff actions to promote prosocial student behavior
- School health/MH team significantly helps students, families and staff recover from the impacts of a hurricane.....

Challenges

- Marginalization and stigma
- Limited staff and resources
- Disciplinary silos and turf
- Bureaucracy
- A fluid environment with frequent changes in leadership
- Compelling need at all levels
- INERTIA

Leadership

“We need ongoing advocacy and vigilance to gain and keep seats at the table, to overcome the power of silos and to promote and sustain state and local commitment to positive change”

– Carl Paternite

“Expect resistance. Overcome it through perseverance and courage”

– Kimm Renaud

Meta-cognitive Analyses

- Thinking about thinking
- “Helicoptering”

Critical Processes

- Needs assessment
- Resource mapping
- Stakeholder involvement
- Shared family-school-community agenda
- Coordinating teams
- Full continuum of promotion-intervention
- Staff selection, training, and coaching
- Quality assessment and improvement
- Evidence-based practices
- Student and program level evaluation
- Advocacy and resource enhancement

The Optimal School Mental Health Continuum?

- 10-20% Broad Environmental Improvement and Mental Health Promotion (CHANGE AGENT ROLE)
- 50-60% Prevention and Early Intervention (PREVENTION SPECIALIST ROLE)
- 20-30% Intensive Assessment and Treatment (THERAPIST ROLE)

Key Processes in Prevention and Intervention

- Build relationships (student, family, school staff, others)
- Reduce or build boundaries to stress and risk
- Build protective factors
- Train in key cognitive-behavioral skills
- Use evidence-based practices
- Strong outcome evaluation and continuous program improvement
- Advocacy for program improvement and growth

Talbot County Public Schools (Maryland) School-Based Mental Health Program

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Talbot County Public Schools

Kathryn Seifert Ph.D, DABPS, DAC
CEO - Eastern Shore Psychological Services

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.



Outcomes 04-05: Attendance

Participated	41 (46%) Improved	49 (54%) Not Improved	
Refused	22 (31%) Improved	48 (69%) Not Improved	P < .0001

Outcomes 04-05: Suspensions

Participated	34 (44%) Improved	43 (56%) Not Improved	
Refused	6 (14%) Improved	34 (86%) Not Improved	P < .0001

Outcomes 04-05: Disciplinary Referrals

Participated	12 (44%) Improved	23 (56%) Not Improved	
Refused	6 (14%) Improved	23 (86%) Not Improved	P < .0001

Cost Savings

- Nonpublic educational placements cost \$55,000 a year on average in Maryland
- Diverting as few as three placements can save \$100,000 or more
- **CAN WE FUND SERVICES THIS YEAR BASED ON ANTICIPATED COST SAVINGS IN FUTURE YEARS???????**

Teacher Retention

- A big issue in the U.S.
 - 10% leave after the 1st year
 - 30% by the end of the 3rd year
 - 50% by the end of the 5th year
- Exit interviews suggest a major reason for leaving is the lack of classroom-based support
 - Bob Burke

Advocacy



Desired Outcomes

Effective mental health promotion and intervention

Outstanding staff and program qualities

Ongoing training, technical assistance & support

School and community buy-in and investment

Resources

Awareness raising, advocacy, policy improvement

The Critical Challenge of Federalism

- State of residence determines whether youth use mental health more than race/ethnicity or income
- Differences in mental health use by children across states are generally not related to differences in levels of need (e.g. AL and TX present higher rates of need but lower rates of use)
 - Sturm, Ringel & Andreyeva, 2003 (www.pediatrics.org)

OHIO MENTAL HEALTH NETWORK FOR SCHOOL SUCCESS



THE IDEA PARTNERSHIP

www.ideainfo.org

www.ideapartnership.org

Early Childhood Providers

Administrators

Teachers

Advocates

Families

Related Service Providers

Youth

Polycymakers

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PARTNERSHIP

508 Bobby APPROVED

Don't Miss Our:

- Dialogue Guides
- Communities of Practice
- Partnership Work in the States
- Partnership Work with National Centers
- Partnership Work with National Organizations

Building a Community of Practice in School Mental Health

- CSMHA and IDEA Partnership (www.ideapartnership.org) providing support
- 30 professional organizations and 12 states
- 10 practice groups
- Providing mutual support, opportunities for dialogue and collaboration
- Advancing *multiscale learning systems*
- Sign up at www.sharedwork.org

10 Practice Groups

- Mental Health-Education Integration
- Developing a Common Language
- Connecting Education and Systems of Care
- Connecting SMH and Positive Behavior Support
- Improving SMH for Youth with Disabilities

10 Practice Groups (cont.)

- SMH, Juvenile Justice and Dropout Prevention
- Family Partnerships
- Youth Involvement and Leadership
- Faith-Community Partnerships
- Quality and Evidence-Based Practice

CSMHA Training Events

- *School Health Interdisciplinary Program* (SHIP). Ellicott City, Maryland. July, 2007
- *12th Annual Conference on Advancing School Mental Health*. Orlando, Florida. October 25-27, 2007
- See <http://csmha.umaryland.edu> or call 410-706-0980 (or 888-706-0980 toll free)

INTERCAMHS

International Alliance for Child and
Adolescent Mental Health and Schools

www.intercamhs.org

Purposeful Planning Toward a Tipping Point

“We need to prepare ourselves for the possibility that sometimes big changes follow from small events, and sometimes these changes can happen very quickly”

Malcolm Gladwell