Health/Mental Health Promotion in Schools

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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
- 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
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

Rob Schmidt LCPC, NCC
Talbot County Public Schools

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

Safe Schools
Healthy Students
## Outcomes 04-05: Attendance

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<th>Participated</th>
<th>Improved</th>
<th>Not Improved</th>
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<td>41 (46%)</td>
<td>49 (54%)</td>
<td>P &lt; .0001</td>
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<tr>
<td>Refused</td>
<td>22 (31%)</td>
<td>48 (69%)</td>
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<td></td>
<td>Improved</td>
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Refused 22 (31%) Improved 48 (69%) Not Improved P < .0001
## Outcomes 04-05: Suspensions

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<td>34</td>
<td>43</td>
<td>P &lt; .0001</td>
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<tr>
<td></td>
<td>(44%)</td>
<td>(56%)</td>
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<td>Improved</td>
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<tr>
<td>Refused</td>
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<td>(14%)</td>
<td>(86%)</td>
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<td></td>
<td>Improved</td>
<td>Not Improved</td>
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# Outcomes 04-05: Disciplinary Referrals

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<th>Participated</th>
<th>12 (44%) Improved</th>
<th>23 (56%) Not Improved</th>
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<tbody>
<tr>
<td>Refused</td>
<td>6 (14%) Improved</td>
<td>23 (86%) Not Improved</td>
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P < 0.0001
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
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
- See [http://csmha.umaryland.edu](http://csmha.umaryland.edu) or call 410-706-0980 (or 888-706-0980 toll free)
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