Advancing Comprehensive School Mental Health Systems

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Symposium Unplugged, Colorado Health Foundation
Agenda

I. What is Comprehensive School Mental Health?

II. What are best practices for integrating mental health into a multi-tiered system of support for student behavioral health and wellness?

III. What is the National Quality Initiative and the School Health Assessment and Performance Evaluation System? What resources are available to the field?

IV. What are future directions in the field?
National Center for School Mental Health

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

• Established in 1995. Federal funding from the Health Resources and Services Administration.

• Focus on advancing school mental health research, training, policy and practice at local, state, and national levels.

• Advancing a shared family-schools-community mental health agenda.

• Co-Directors: Nancy Lever, Ph.D. & Sharon Hoover, Ph.D.
http://schoolmentalhealth.org, (410) 706-0980
The NCSMH Team
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

- Low income and minority youth and youth in rural communities 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)
Rural Disparities

- Inadequate access to care
- Limited availability of skilled care providers
- Inadequate transportation to service delivery points
- Poverty/low income
- Less access to private health insurance benefits (mental health care)
Rural Mental Health Policy and Programming

• Availability – does it exist?
• Accessibility – ease and convenience to obtain and use services
• Affordability – cost
• Appropriateness – effectiveness and quality of services
• Acceptability – is it congruent with the world view, cultural beliefs and values?

Karen Francis, 2018, Adapted from Jackson, 2008 - NCCC
Colorado Considerations

Kid’s Count Data (2018)

Overall Rank 20
Economic Wellbeing 16
Education 17
Family and Community 17
Health* 42

*low birthweight, children w/o health insurance, child and teen death rate, youth who abuse alcohol or drugs
School Mental Health – A Definition
What School Mental Health is NOT
Comprehensive School Mental Health Systems – Key Components

1. **Meaningfully partners** schools, families and communities to **address barriers to learning** and to promote academic success and wellbeing

2. **Builds on** existing **school programs**, services, and strategies

3. **Offers a full array of tiered services**

4. **Focuses on all students**, both general and special education

5. **Uses evidence-based practices and addresses quality improvement**

April 2016
Equity versus Equality
Natural Supports in Schools
MTSS School-Community Partnerships

Kathy Short, 2016, Intl J. of Mental Health Promotion
Median Age of Onset: Mental Illness

- Birth
- Mid-teens
- Age 20
- Age 40
- Age 60
- Age 80

- Autism Spectrum Disorders
- Phobias & Separation Anxiety
- ADHD
- Conduct Disorder
- Intermittent Explosive Disorder
- Psychosis
- Major Depression
- Substance Abuse
- Opposition Defiant Disorder

Source: WHO World Mental Health surveys as reported in Kessler et al. (2007)
In a given classroom of 25 students....

1 in 5 will suffer from a mental health problem of mild impairment

1 in 10 will suffer from a mental health problem of severe impairment

Only half of those who need it will get services
Youth are 8x more likely to complete mental health treatments in schools than in other community settings.

(McKay et al., 2005)
Of those who **DO** receive services, over 75% receive those services **in schools**

(Duchnowski, Kutash, & Friedman, 2002; Power, Eiraldi, Clarke, Mazzuca & Krain, 2005; Rones & Hoagwood, 2000; Wade, Mansour, & Guo, 2008)
“Could someone help me with these? I’m late for math class.”
Advantages of Mental Health in the School Setting

- Greater **access** to all youth → mental health promotion/prevention
- **Less time lost** from school and work
- Greater **generalizability** of interventions
- **Less threatening** environment
- Clinical **efficiency and productivity**
- Outreach to youth with **internalizing** problems
- **Cost effective**
- Greater potential to impact the learning environment and **educational outcomes**
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*
School Mental Health – Multi-tiered System of Support
Common Presenting Problems

• Family and community violence
• Academic and/or attendance problems
• Substance use and abuse
• Bereavement and loss
• Abuse and neglect
• Depression
• Anxiety
• Trauma
• ADHD
• Disruptive Behaviors
• Exposure to substance use & dealing
• Homelessness
• Family mental illness
• Bullying and the bullied
• School refusal
Individual Protective Factors

• Sense of hope/optimism
• Social competence
• Intelligence
• Strong coping skills/anger management
• Sense of humor
• High self-esteem
• Easy-going temperament
School, Peer and Community Protective Factors

• Healthy peer groups
• School engagement
• Effective classroom management
• Positive school-family partnership
• High academic standards and expectations
• Presence of mentors and access to meaningful activities
• Clear expectations for behavior
• Physical and psychological safety
Is talking about what’s wrong necessarily right?

- Alan Schlechter

The Science of Happiness | Daniel Lerner, MAPP, Dr. Alan Schlechter
Mental Health and Academic Outcomes

- By enhancing factors that increase a student’s ability to succeed in school, AND

- By reducing factors that interfere 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

Kase, Hoover, Boyd, Dubenitz, Travedi, Peterson, & Stein, 2017
School Mental Health is for School Staff Too

"I know the kids don't like you and pick on you, but you have to go to school...you're the teacher."
If the oxygen masks drop down, **put your own mask on first**, and then help the person next to you.
Common Sources of Teacher Stress

– High Stakes Testing
– Large class size
– Behavioral challenges in students
– Inadequate resources & poor physical space
– Bureaucracy
– Workload & Paperwork
– High responsibility for others
– Perceived inadequate recognition or advancement
– Gap between pre-service training expectations and actual work experiences

Compassion Fatigue/Secondary Traumatic Stress and School Staff

• Not just mental health clinicians

• “Any educator who works directly with traumatized children and adolescents is vulnerable to the effects of trauma.”
  - National Child Traumatic Stress Center
Working in Schools can be Challenging

- 80% of teachers reported feeling physically and emotionally exhausted at the end of the day”

- Surveys of 30,000 teachers revealed that 89% strongly agreed with the statement that they were enthusiastic about their profession when they started, only 15% feel that way now

American Federation of Teachers (2015) with the group Badass Teachers
Teacher Stress Impacts Students

• Teachers who are stressed demonstrate greater negative interactions with students:
  • Sarcasm
  • Aggression
  • Responding negatively to mistakes

• Classrooms led by a teacher who reported feeling overwhelmed (high burnout) had students with much higher cortisol levels

  Oberle & Schonert-Reichl (2016)
Workforce Issues

- 10% of teachers leave after 1 year
- 17% of teachers leave within 5 years
- In urban districts, up to 70% of teachers leave within first year
- More teachers leave when compared to social service professionals, including mental health service providers
- Over 4 years rates of teacher dropout > student dropout
Caring Adult in a Youth’s Life

• Increases the likelihood they will flourish and become productive adults
• Less likely to have internalizing problems and externalizing behavior problems
• More likely to complete what they start
• Participate in out-of-school activities
• Be engaged in school

(Scales and Leffert, 1999, Murphey, Bundy, Schmitz, & Moore, 2013)
KEY COMPONENTS OF WELLNESS

- Social
- Occupational
- Spiritual
- Physical
- Intellectual
- Emotional
- Environmental
- Medical
- Financial
- Mental
- Occupational
- Intellectual
Comprehensive School Employee Wellness Program Elements

1. Health education and health-promoting activities
2. Safe, supportive social and physical environment
3. Integration of the worksite program into the school or district structure
4. Linkage to related programs such as EAP
5. Worksite screening programs
6. Individual follow-up to support behavioral change
7. Education and resources for employees
8. An evaluation and improvement process

(Directors of Health Promotion and Education, retrieved 2016, http://www.dhpe.org/)
SAFE SECURE SCHOOLS
Two Visions

Welcoming, caring, supportive schools

Restrictive, fortressed schools

Social Emotional Learning
School Climate
Mental health supports

Tools and Ideas from:
- Law Enforcement
- Prison Architecture
- Military Strategies

Ron Astor, 2018
Congressional Briefing
Comprehensive Reviews Covering Hundreds of International Studies, and Large-scale Epidemiological Studies Show:

- Schools with positive school climate and integrated SEL foci have significantly reduced
  - Isolation
  - Verbal bullying
  - Physical bullying
  - Sexual harassment/assault
  - Cyberbullying
  - Negative relationships between students and between students and teachers
- And have decreased student/teacher reports of:
  - Weapons use, being threatened by a weapon, and seeing or knowing about a weapon on school grounds
Challenging SBHCs and CSHMSs to adopt, report, and improve their systems using standardized performance measures
SHAPE your School Mental Health System!

The School Health Assessment and Performance Evaluation (SHAPE) System

A dynamic, free online system to improve school mental health accountability, excellence, and sustainability.

www.theshapesystem.com
Register to Improve Your School Mental Health System

Free Custom Reports
Strategic Team Planning
Free Resources
Be Counted

SHAPE
School Health Assessment and Performance Evaluation System

Join Us!
When you click Join Now and answer a few questions, your school mental health system will be counted in the National School Mental Health Census and will receive a Blue Star SHAPE Recognition.
Also, we will use your name and e-mail address to update you on SHAPE System news and resources. Anyone (district/school leader, educator, health/mental health provider, parent, student, etc.) from a school system can join us.

Join Now

Schools and school districts can use SHAPE to:
- Be counted in the National School Mental Health Census
- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding
- Access free, targeted resources to help advance your school mental health quality and sustainability
- Advance a data-driven mental health team process for your school or district
Schools and School Districts Can Use SHAPE To:

• Document service array and multi-tiered services and supports
Schools and School Districts Can Use SHAPE To:

Advance a data-driven mental health team process for the school or district

• Strategic Team Planning
• Free Custom Reports

www.theshapesystem.com
State Dashboards

Systematically view the landscape of school mental health at the school and district levels.
Schools and School Districts Can Use SHAPE To:

Achieve SHAPE Recognition to increase opportunities for federal, state and local funding
Trauma-Responsive Schools Implementation Assessment (TRS-IA)

- Developed by the NCTSN, the Treatment and Services Adaptation Center for Resiliency, Hope and Wellness in Schools (www.traumaawareschools.org), in collaboration with the NCSMH

Domains:

- **School-wide Safety** (e.g., predictable routines, physical safety)
- **School-wide Programming** (e.g., restorative justice, culturally responsive teaching)
- **Staff Trauma Knowledge** (e.g., school/classroom impact of trauma, neurological impact)
- **Staff Trauma Skills** (e.g., trauma-informed communication, de-escalation)
- **Early Intervention Activities** (e.g., trauma screening, early intervention evidence-based trauma practices)
- **Targeted Intervention Activities** (e.g., School-based Trauma Treatments, Referrals)
- **Staff Wellness/Burnout/Secondary Traumatic Stress** (e.g., Staff Assessment, Staff Supports)

All items are on a 6-point Likert scale reflecting degree of implementation
School Admin

DEMO SCHOOL NAME
School Mental Health System

This is the intro paragraph.

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<th>Last Updated</th>
<th>Assessment</th>
<th>View Report</th>
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<td>Take Survey</td>
<td>View Report</td>
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<td>Whole School Prevention Planning</td>
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<td>Targeted Trauma-Informed Programming</td>
<td>September 21, 2017</td>
<td>Take Survey</td>
<td>View Report</td>
</tr>
</tbody>
</table>
SHAPE Screening and Assessment Library

Searchable resource of free or low-cost screening and assessment measures related to school mental health

• Academic
• School Climate
• Social-Emotional-Behavioral

Search filters allow you to narrow your results by a variety of key components

• Focus area
• Assessment purpose
• Student age
• Language
• Reporter
• Cost
National Coalition for the State Advancement of SMH
Arkansas
Connecticut
Delaware
Indiana
Massachusetts
New Hampshire
New York City
North Carolina
Oklahoma
Rhode Island
Washington
Wisconsin
Wyoming

Schools and districts in **49 states + Washington DC** have started using SHAPE and completed the School Mental Health Census
National Coordinating Center
10 MHTTC Regional Centers.
MHTTC Tribal Affairs Center.
MHTTC Hispanic and Latino Center
National School Mental Health Curriculum

- Module 1 • Building Capacity for School Mental Health
- Module 2 • Core Features and Values of School Mental Health
- Module 3 • Needs Assessment & Resource Mapping
- Module 4 • Mental Health Promotion Services and Supports
- Module 5 • Early Intervention and Treatment Services and Supports
- Module 6 • Funding and Sustainability

Coming Soon!
Newly awarded 5-year cooperative agreement
US Department of Health and Human Services (DHHS),
Health Resources and Services Administration (HRSA),
Maternal Child Health Bureau (MCHB)
Upcoming NQI Opportunities

• SHAPE Measures Review (Fall/Winter 2018)
• 3 State Learning Collaboratives (Cohort 1 RFP - Spring 2019)
• State Community of Practice (Summer 2019)

**Join the NCSMH Listserv!**
http://csmh.umaryland.edu/Connect-With-Us/Listserv--Newsletters/

Email us your ideas, feedback, interests at any time to csmhnqi@gmail.com
NCSMH Annual Conference on Advancing School Mental Health

- 1996 Baltimore, MD
- 1997 New Orleans, LA
- 1998 Virginia Beach, VA
- 1999 Denver, CO
- 2000 Atlanta, GA
- 2002 Philadelphia, PA
- 2003 Portland, OR
- 2004 Dallas, TX
- 2005 Cleveland, OH
- 2006 Baltimore, MD
- 2007 Orlando, FL
- 2008 Phoenix, AZ
- 2009 Minneapolis
- 2010 Albuquerque, NM
- 2011 Charleston, SC
- 2012 Salt Lake City, UT
- 2013 Arlington, VA
- 2014 Pittsburgh, PA
- 2015 New Orleans, LA
- 2016 San Diego, CA
- 2017 Washington, DC
- 2018 Las Vegas, NV
- 2019 Austin, TX
2019 Annual Conference on Advancing School Mental Health
November 7-9
Austin, Texas
Challenges from the Field

- Implementing with **fidelity**
- **Fragmentation** of systems
- **Staff readiness**
- **Time to train** staff and time to implement in classroom
- **Punitive discipline**
- Limits of **insurance** coverage
- **Financing** comprehensive MTSS
- **Stigma** and buy-in
- Addressing **health inequities**
Opportunities from the Field

- Increased **access** to mental health care
- Meaningful **caregiver** engagement
- Develop a **shared mental health agenda** across Youth Serving Systems
- **Capitalize on “Policy Moments”** (ESSA, Free Care Rule, EPSDT...)
- Develop and disseminate **evidence-based resources**
- Improve School Mental Health **infrastructure support**
- Use a **Whole Child Approach** with aligned academic and social, emotional, behavioral goals
- Connect mental health to valued outcomes
- Sharing and **braiding resources**
- Opportunity to improve **equity and culturally competent** care
- Better address the intersection of **substance use and mental health**
- Use of **best practices** in school mental health
Key Areas of Focus in Next Five Years
✓ Consider Social Emotional Learning standards K-12 - see Illinois State Social and Emotional Learning Standards

✓ Invest in:
  ✓ Health and Mental Health Promotion
  ✓ School Climate
  ✓ Social Emotional Learning
  ✓ Crisis preparedness
  ✓ Early identification and intervention
  ✓ Mental Health Literacy

✓ Consider universal health/mental health screening in schools

✓ Fund Teacher Well-being efforts, including organizational and individual well-being programming

✓ Look to current funding streams (e.g., State Opioid Response) for opportunities to fund school health and mental health prevention
✓ Make mental health a part of state and local student wellness and school safety planning and budgets

✓ **Mental Health Promotion** – e.g., Social Emotional Learning – see New Hampshire State School Safety Report

✓ **School Climate and Connectedness** – see National Center for Safe and Supportive Learning Environments

✓ **Mental Health Training for School Resource Officers (SROs) and other school staff** - see NASRO and Youth Mental Health First Aid

✓ **Comprehensive Threat Assessment** – through school-based teams– see Virginia Model for School Threat Assessment

✓ **District Mental Health Coordinators** to facilitate school-community partnerships and coordination of care - see Maryland Safe to Learn Act

✓ **Adequate funding for school-employed mental health professionals and integration of community mental health providers** in schools – see NASP et al – Framework for Safe and Supportive Schools and NCSMH ([www.schoolmentalhealth.org](http://www.schoolmentalhealth.org))
✓ Offer **State Infrastructure Grants** for school health and mental health – see Minnesota School-Linked Mental Health grants

✓ **Expand Medicaid and Private Insurance to better cover school health and mental health services**, including telehealth services (see Maryland) and ancillary services (teacher consultation, school team meetings, prevention services) – see Hennepin County, MN and Duvall County, FL

✓ **State agency** (behavioral health, education) **training and technical assistance** to locals to offer comprehensive school health and mental health – see Wisconsin’s and Colorado’s School Behavioral Health Frameworks
Take Away Messages

• CO is well positioned to be a leader in comprehensive school mental health

• School staff wellness matters too
  • Don’t just focus on student mental health

• Strategically use school and community providers to support a full continuum of school mental health not just the top tier

• Education and Mental Health – We are on the same team – partner with families and build on each other’s strengths

• Use strategies to promote a coordinated and effective system
  • Teaming, Screening, Evidence-based Practices, Implementation Science, Data-based Decision Making, Needs Assessment and Resource Mapping
Appreciating strengths of all partners
Thank you!

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