“Comprehensive School Mental Health Services: Why and What?”

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Online Learning Event

June 22, 2016
2:00 – 3:00 p.m. EST
The National Resource Center, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), offers resources and expert support to help prevent youth violence and promote the overall well-being of children, youth, and their families.
Supports efforts serving
CHILDREN AND YOUTH
from before birth through high school
The National Resource Center SERVES:

1. Safe Schools/Healthy Students (SS/HS) grantees
2. Project LAUNCH grantees
3. Field at-Large
Presenters:

BETH FREEMAN, Resource Specialist, National Resource Center for Mental Health Promotion and Youth Violence Prevention [NRC]

FRANK RIDER, Financing Specialist National Resource Center for Mental Health Promotion and Youth Violence Prevention [NRC]
On-Line Learning Event - Objectives

1. Understand the extent and nature of children’s mental health needs
2. Appreciate the importance of effectively addressing children’s mental health needs
3. Gain an understanding of the components of comprehensive school mental health (SMH) services
4. Consider strategic steps needed to start building or enhancing SMH services
5. Know how to access information resources from the NRC to support development or improvement of SMH services
Mental Health Issues Are Common among Children and Youth

12-month Prevalence for Children (8 to 15 years)

- Any Disorder: 13.1%
- ADHD: 8.6%
- Mood Disorders: 3.7%
- Major Depression: 2.7%
- Conduct Disorder: 2.1%
- Dysthymia: 1.0%
- Anxiety Disorders: 0.7%
- Panic Disorder: 0.4%
- Generalized Anxiety Disorders: 0.3%
- Eating Disorder: 0.1%

Data courtesy of CDC
Unique Mental Health Issues by Age, Life Circumstance, and Culture

**Age Span:**
- Early childhood
- School-Age
- Adolescence
- Young Adult

**Life Circumstances:**
- Poverty
- Adverse Childhood Experiences
- Neighborhood

**Cultural Dimensions:**
- Ethnicity/Race
- Gender, and Gender Identity
Why We Must Address the Mental Health Needs of Children and Youth

- Suicide is 3rd leading cause of death (ages 10-24)
- 4,600 deaths each year.
  http://www.cdc.gov/violenceprevention/pub/youth_suicide.html

- A nationwide survey of youth in grades 9–12 found:
  ✔ 16% reported seriously considering suicide
  ✔ 13% reported creating a plan to die by suicide
  ✔ 8% reporting trying to take own life in past 12 months
  -- Center for Disease Control (CDC). (2010).
  http://205.207.175.93/HDI/TableViewer/tableView.aspx?Reportid=530
What Mental Health Services Do Children Need?

- Awareness
- Screening, early detection
- Early intervention
- Treatment
- Support (including family)
- Follow-up/aftercare
Most Young People Do Not Receive Effective Mental Health Services

- Only 20% of children, adolescents with MH disorders were identified and receiving MH services
  -- US Surgeon General, 1999

- Less than 2% of school-age children/youth that are identified with emotional/behavioral disorders will actually qualify for special education under IDEA

- Only 7.4% of children report any MH visits in past year
  -- National Comorbidity Survey Replication, 2010

- 66.6% of young adults with any mental illness had received no MH services in past 12 months
  -- SAMHSA, 2014
Benefits of Providing Comprehensive School Mental Health Services

- Child/Student
- Family
- Community

Associated with increases in...

- Opportunities to help child in natural environment
- Academic performance
- Attendance
- School climate
- Classroom management of behavioral issues

Associated with decreases in...

- School failure/dropout
- Suspensions/expulsions
- Inappropriate referrals to special education
- Parent burden related to getting child to appointments
Why Schools are the **Perfect Setting** for Mental Health Services for Children

- Schools are in every community
- Schools provide transportation
- Schools are trusted by families
- Schools are perceived as non-stigmatizing venues for MH service delivery
- Schools are accessible for all populations, and reliance on schools can help to mitigate/reduce existing disparities in access to MH services across subpopulations.
Comprehensive school mental health systems (CSMHS) are defined as school district-community partnerships that provide a continuum of mental health services to support students, families and the school community.
Components of Comprehensive School Mental Health Services

- 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

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

(Weist & Paternite, 2006)
Full Array of Services/Strategies in Comprehensive MH Services System

- **Indicated Intervention:**
  - Specialized
  - Individualized
  - Systems for students with high-risk behavior

- **Selective Intervention:**
  - Specialized Group
  - Systems for Students with at-risk behavior

- **Universal Prevention:**
  - School/classroom wide systems for all students, staff, and settings
What Should School MH Services 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
Key Aspects of Comprehensive SMH Services
Schools/Communities Should Strive to Provide:

1. Evidence-based universal prevention that fosters inclusive, nurturing climates and promotes wellness

2. Training for school/community members to respond appropriately to young people, support their wellness, identify and respond to early warning signs of mental health difficulties

3. Targeted prevention and intervention programs and services that support mental, emotional and behavioral well-being of children, youth and young adults

4. Specific, appropriate mental/behavioral health services/supports that address their emotional and behavioral difficulties
Who Provides Mental Health Services in Schools?

• School employed mental health providers
  • School psychologists, counselors, social workers and nurses
• Community employed school mental health providers (both public and private)
  • Child, youth and family mental health clinical counselors/therapists, psychologists, social workers, nurses, psychiatrists, medical professionals
• Sensory Arts providers: Music, art, and dance therapists
• Substance use counselors and specialists
• Community agencies and organizations such as faith-based organizations, after-school programs, prevention and early intervention activities, etc.
Role of Community Mental/Behavioral Health Professionals

Provide a broad continuum of services to supplement school-employed staff services.

Reduce unnecessary, expensive services (ER visits, crises, etc.) by:

- facilitating connections/referral pathways to community providers
- providing preventive care (screening, identification, brief intervention)
- assisting with transition back to school from more restrictive psychiatric placements
What Makes a Successful SMH Clinician?

✓ Flexibility
✓ Creativity
✓ Visibility
✓ Accountability
✓ Cultural responsiveness
✓ Energy
✓ A team player
✓ Respectful of individuals and the school
✓ Good clinical skills
Steps to Getting Started
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1. Hold school principal/community partner meeting
2. Conduct resource mapping and needs assessment
3. Create and define your school-wide mental health team
4. Define services and managing referrals
5. Get the message out about SMH and building relationships
1. School Principal – Community Partner Meeting

Goals:

• Ensure buy-in
• Delineate basic services and consent/release policies
• Agree on basic roles and expectations
• Agree on referral and appointment process
• Ensure development of a confidential office in the school for children, youth and families to access services
1. School Principal – Community Partner Meeting

**Items to discuss:**

- School schedule and optimal appointment times
- Days/times of coverage for provider to work in school
- Specific mental health-related needs
  - Range of services provided (e.g., prevention, promotion, intervention, psychiatry, psychology, social work, teacher consultation)
  - How behavioral health crises are managed and role of community provider
2. Resource Mapping/Needs Assessment

- Who are the professionals? Support staff?
- What other programs/services already being provided in the school?
- What other programs/services are available in the community?
- What services/programs fit within each of the three tiers of the public mental health triangle?
- What are the unique needs of the students, families, and community?
3. Create and Define Your School-Wide Mental Health Team

• Who else is providing mental health services in the school?
• What services/resources are they providing?
• How can services be differentiated?
• What students are they outreaching to?
• Do all students have access?
• Is a full continuum of care offered?
3. Defining Your School-Wide Mental Health Team

- Where are the gaps?
- How can you avoid overlap?
- How can you collaborate?
- How can you best communicate?
4. Defining Your Services

• What services are you offering?
• Who are you offering them to?
• When are they available?
• Who specifically is providing them?
• How are families and school staff and others involved?
4. Defining Your Services

• What is your referral process?
• What are your consent/release procedures?
• How are appointments made (passes, scheduling, timing)?
• How often and for what length of time can students be seen?
• What is your intake process?
• How are treatment decisions made?
5. Getting the Message Out: Build Relationships

Integrating the community mental health provider within the school:

• School to invite/partner plan to attend and present at:
  • teacher/staff meetings, professional development, PTO meetings, student meetings
• Visit classrooms to present about mental health services
• Meet staff, students, and families at a personal level
• Intentionally spend times in busy areas of the school
• Partner should be aware of school procedures
• Partner should have a process for accessing students
5. Getting the Message Out: Build Relationships

• Develop an introduction letter to explain SMH services to school staff, parents, and students
• Educate the staff about the program services and referral process
• Community mental health partner office:
  • Place a non-stigmatizing sign on the door to denote the place for school mental health services
  • Place materials in a folder on the office door that provides:
    • Envelope with introduction letter and referral form
    • Have basic mental health information and brochures
    • Post Notice of Privacy Practices
Comprehensive School Mental Health Programs Self-Paced Online Modules

Mental Health Module Series: A series of interactive, self-paced learning modules on developing and implementing a Comprehensive School Mental Health Programs and services.


Link to the National Resource Center home page: [http://www.healthysafechildren.org/](http://www.healthysafechildren.org/)
If you would like more information about the content of this online learning event or about how the National Resource Center for Mental Health Promotion and Youth Violence Prevention can help you with the work you do, please contact 1-866-577-5787 or via email at Healthysafechildren@air.org
SAVE THE DATE!

“Addressing Disparities and Disproportionalities Through Disparity Impact Statements and Strategies”

Wednesday, July 20, 2016
3:00 – 4:30 p.m. ET

MORE INFORMATION TO COME....