Help Students Facing Mental Health Challenges: Evidence-based tools to drive improvement in school mental health systems and practices

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Disclosures

The presenters have no conflicts of interest nor financial disclosures to report.

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Learning Targets

1. Discuss research to support comprehensive systems to address student needs

2. Identify evidence-based school health self-assessment tools appropriate for their schools' needs

3. Describe strategies for implementation of self-assessment tools in the school setting

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What Does the Research Say?

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Terminology

- The Centers for Disease Control and Prevention (CDC, 2020) described mental health disorders in children as "serious changes in the way children typically learn, behave, or handle their emotions," causing distress and compromising their ability to function.

- Encompasses a wide range of disorders, such as depression, oppositional defiant disorder (ODD), attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), obsessive compulsive order (OCD), and post-traumatic stress disorder (PTSD), with varying degrees of severity (CDC, 2020).

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Global Impact

- Mental health disorders account for the highest rates of disabilities in the United States population and contribute to rates of school dropout, incarceration, substance use, and homelessness (NASEM, 2019).

- United States expenditure for mental health services in 2020 was $280.5 billion (HHS, 2014). The economic strain is further impacted since mental health disorders are associated with loss of earnings, low productivity, and other indirect costs.

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Prevalence

- The National Alliance on Mental Illness (NAMI, 2020) reported that
  - "one in five youth have a mental health condition, with half of mental health conditions developing by age 14".
  - statistics show that still fewer than half of youth with mental health conditions receive treatment.

- CDC (2020) reported
  - depression and anxiety in children has increased over time
  - depression, substance use and suicide are important concerns for adolescents

- The Pennsylvania Department of Education (PDE, 2020) estimated that "approximately 30% of school aged children will experience a behavioral, mental, or developmental condition in any given year".

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Educational Impact

- Mental health disorders affect concentration, energy level, cognitive functioning, and executive functioning, resulting in disruption and disengagement from learning and social experiences.

- This disruption to students' ability to learn manifests in low academic performance, attendance issues, discipline referrals, school dropout rates, and peer relationships (Moon et al., 2017).

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Intersection of Health/Mental Health & Schools

- Intentional efforts of schools to promote healthy behaviors and cultivate positive school climate are connected to improved short-term and long-term health and academic achievement for students (Aldridge & McChesney, 2018; Hunt et al., 2015; Lewallen et al., 2015; Reback, 2010).
- The delivery of mental health interventions in schools is described as school-based mental health (SBMH) and is recommended as a way to increase access to evidence-based interventions and supports for children (Gronholm et al., 2018).
- SBMH offers prevention efforts and intervention strategies by providing a range of services delivered by school professionals (e.g., school psychologists, school social workers, school counselors, school nurses, and other school health professionals) and community-based providers or agencies in the school setting.

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Usefulness of Frameworks

- Even with evidence-based resources and practices available for a multitude of areas of school health, without coordinating strategies and a cohesive framework, schools may not utilize these resources to their fullest potential, or at all (Basch, 2011).
- Absent an organizing framework, programs and practices in schools are likely to be inefficient and inadequate, similar to a "crazy quilt patchwork of programs, services, and strategies" (Anderson-Butcher et al., 2008, p. 164).

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Why Comprehensive Systems?

- If a school system lacks organizational strategies to address health and wellness, its processes and programs will likely become inefficient and ineffective (Anderson-Butcher et al., 2008)
- Systems provide the ability to create common goals, combine efforts, and streamline services while conserving resources.
- Integrated, coordinated systems of support are more likely to produce more positive outcomes for students with SED (Puddy et al., 2012)

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Whole School, Whole Community, Whole Child (WSCC)

(CDC, 2015)

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Whole School, Whole Community, Whole Child (WSCC)

- Health Education
- Physical Education / Physical Activity Programs
- Nutrition Environment and Services
- School Health Services
- Counseling, Psychological, and Social Services

- Social and Emotional Climate
- Physical Environment
- Employee Wellness & Health Promotion
- Family Engagement
- Community Involvement

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Importance of School-Based Mental Health

- Outcomes
  - Large effects on decreasing mental health symptoms (Sanchez et. al, 2018)
  - Effective when integrated into students' school environment (Sanchez et al., 2018)
  - Youth are 6x more likely to complete menthol health treatment in schools than community settings (NCSMH, 2019)
- Access
  - Increases accessibility
  - Prevention and early intervention
- Framework
  - Comprehensive Multitiered Systems

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Tiers of Support
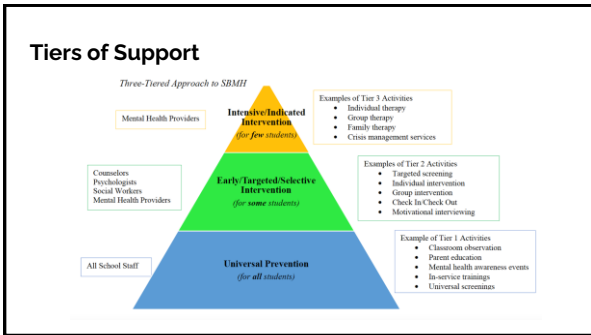
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Self-Assessment as an Improvement Strategy

- A self-assessment is a way to explicitly and specifically identify and define a problem that requires improvement.

"See the System that Produces the Current Outcomes"

(Bryk et al., 2015; Carnegie Foundation for the Advancement of Teaching, 2023)

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Value of Comprehensive Teams

- Ensuring school mental health efforts are appropriately staffed and supported by multidisciplinary teams.
  - effective communication
  - collaboration practices
  - teaming approach

- Considerations
  - Family and student involvement
  - School-community partnerships
  - Teaming structures
  - Meeting structures and processes

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School Health Index

(Centers for Disease Control, 2017)

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Self-Assessments for School Teams

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School Health Index Features

- Available in Elementary and Middle/High School versions
- Designed to engage stakeholders in self-assessment of health and safety policies and programs

- Separate modules for each component of school health (11 total)
- Can be completed on paper or through online portal

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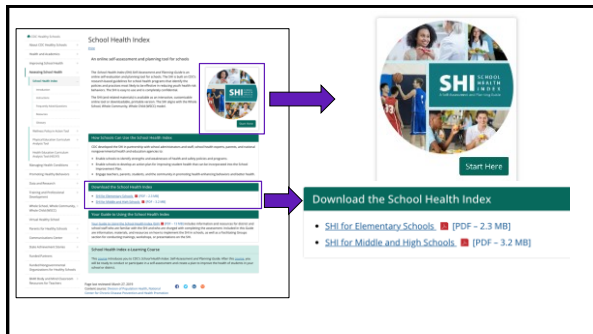
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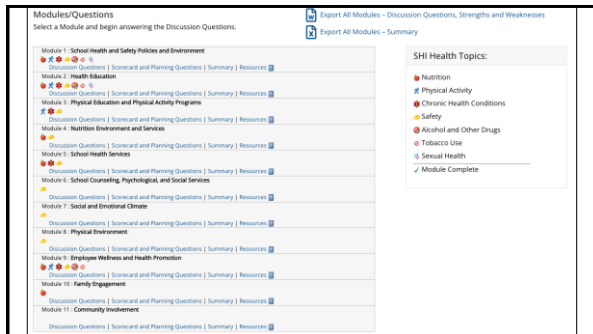
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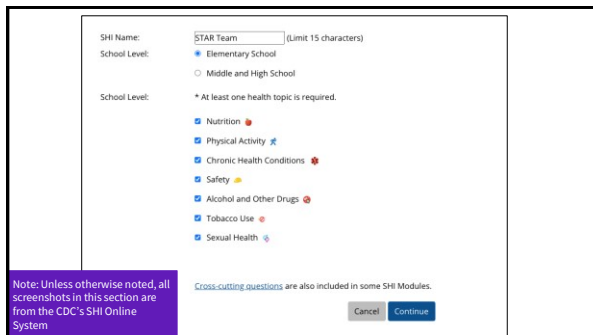
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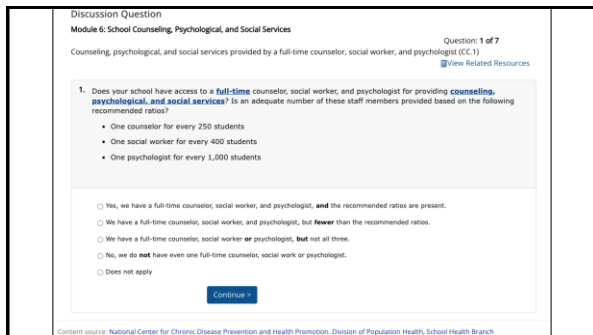
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Discussion Question

Module 6: School Counseling, Psychological, and Social Services

Health and safety promotion and treatment (CC.2)

Question: **2 of 7**

⊟View Related Resources

2. Does the **counseling, psychological, or social services** provider promote the **emotional, behavioral, and mental health** of and provide treatment to students and families in the following ways?
- 1-on-1 counseling/sessions
- Small group counseling/sessions
- Classroom-based health promotion and prevention
- School-wide health promotion and prevention

○ Yes, it is provided in all four ways.

○ It is provided in 1-on-1 and small group sessions, **and** classroom-based **or** school-wide activities.

○ It is provided **only** via 1-on-1 and small group sessions.

○ No, our counseling, psychological, or social services provider does **not** promote emotional, behavioral, and mental health or provide treatment in any of these ways **or** we do not have such a provider.

○ Does not apply

« Previous   Continue »

Content source: National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, School Health Branch

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Discussion Question

Module 6: School Counseling, Psychological, and Social Services

Identify and track students with emotional, behavioral, and mental health needs (CC.4)

Question: **4 of 7**

⊟View Related Resources

4. Does the **counseling, psychological, or social services** provider have a system for **identifying and tracking** students with **emotional, behavioral, and mental health needs**?

○ Yes, there is a system to identify and track students with emotional, behavioral, and mental health needs.

○ Students are systematically identified, **but** not systematically tracked.

○ Students are identified **only** when an urgent need arises at school.

○ No, there is **no** system for identifying or tracking students with emotional, behavioral, and mental health needs, **or** the school does not have a counseling, psychological, or social services provider.

○ Does not apply

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Content source: National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, School Health Branch

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Discussion Question

Module 6: School Counseling, Psychological, and Social Services

Collaborate with other school staff members (CC.3)

Question: **3 of 7**

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3. Does the **counseling, psychological, or social services** provider collaborate with other school **staff members** to promote student health and safety in at least six of the following ways?
- Developing plans to address student health problems (e.g., individual health care plans, individual education plans, **504 plans**, school team plans)
- Providing **professional development** on managing student health and safety concerns, a component of which educates staff on the impact of Adverse Childhood Experiences (ACEs) and the principles of a trauma-informed school
- Developing policy
- Identifying, revising or developing curricula or units/lessons
- Developing and implementing school-wide and classroom activities
- Developing School Improvement Plans
- Establishing communication systems with other school staff

○ Yes, there is collaboration in **at least six** of these ways.

○ There is collaboration in **three to five** of these ways.

○ There is collaboration in **one or two** of these ways.

○ No, there is **no** collaboration, or the school does **not** have a counseling, psychological, or social services provider.

○ Does not apply

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Emotional, behavioral, and mental health needs can impact student learning and behavior if not treated or managed. They include diagnosed mental health disorders (for example, Attention Deficit/Hyperactivity Disorder, Anxiety, Bipolar Disorder and Depression) and challenges such as:
- stress, anxiety and depression
- worries about being bullied
- problems with family or friends
- loneliness or rejection
- disabilities
- thoughts of suicide or hurting others
- concerns about sexuality
- academic difficulties or dropping out
- alcohol, tobacco or other drug use
- inadequate basic life needs (e.g., housing, food, clothing, healthcare)
- pregnancy or parenting
- death of a friend or family member
- addiction
- fear of violence, terrorism or war

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Discussion Question

Module 6: School Counseling, Psychological, and Social Services

Question: 5 of 7

Establish referral system (CC.5)

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5. Does your school implement a systematic approach (including the following components) for referring students, as needed, to appropriate school- or community-based **counseling, psychological, and social services**?

- Case management, including assessment, referral, education, support, and monitoring, is offered.
- Referral information is distributed widely (e.g., through flyers, brochures, website, student handbook, health education class) so that students, staff, and families can learn about school and community services without having to contact school staff.
- **Staff members** are given clear guidance on referring students to school counseling, psychological, and social services.
- Referral forms are easy for staff members to access, complete, and submit confidentially.
- A designated staff person (e.g., school counselor, social worker, or psychologist) regularly reviews and sorts referral forms and conducts initial screening.
- With written parental permission, additional information (e.g., questionnaires, relevant records, brief testing) is gathered as necessary and in compliance with **FERPA**, and all information is kept confidential.
- Written consent is obtained, in compliance with **HIPAA**, to gather relevant records from other professionals or agencies in a confidential manner, if applicable.
- A list is kept and regularly updated of youth-friendly referral providers along with basic information about each (e.g., cost, location, language, program features, previous client feedback, types of insurance accepted).
- Meetings are held with all relevant parties to discuss referral alternatives.
- Potential barriers (e.g., cost, location, transportation, stigma), and how to overcome them, are discussed.
- Follow-up (e.g., via telephone, text messaging, email, personal contact) is conducted to evaluate the referral and gather feedback about the service.
- A status report is provided to the person who identified the problem, if applicable and in compliance with FERPA and/or HIPAA.
- Professional development is provided to all staff members about the referral process.

○ Yes, our school has a referral system that includes **all** of these components.
○ Our school has a referral system that includes **some** of these components.
○ Our school has a referral system that includes a **few** of these components.
○ Our school's referral system does **not** include any of these components, **or** our school does not have a referral system.
○ Does not apply

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Discussion Question

Module 6: School Counseling, Psychological, and Social Services

Question: **7 of 7**

Identify and refer students involved in violence (S.1)

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7. Does the **counseling, psychological, or social services** provider have a system for identifying students who have been involved (as a bystander, victim, perpetrator, or some combination of these) in any type of violence (e.g., child abuse, dating violence, sexual assault, **bullying** or **harassment**, fighting, suicide and self-harm behaviors) and, if necessary, refer them to the most appropriate school-based or community-based services?

○ Yes, identifies and refers students to the most appropriate services.
○ Identifies and refers students, **but** does not always refer them to the most appropriate services.
○ Identifies students, **but** sometimes does not refer them to appropriate services.
○ Does not identify students at risk, **or** the school does not have a counseling, psychological, or social services provider.
○ Does not apply

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Discussion Question

Module 6: School Counseling, Psychological, and Social Services

Question: **6 of 7**

Aid students during transitions (CC.6)

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6. Does your school aid students during school and life transitions (such as changing schools or changes in family structure) in the following ways?

- Matching new students with another student or buddy
- Opportunities for students to check-in with a trusted adult
- Orientation programs that focus on adapting to transitions

○ Yes, our school aids students during school and life transitions in all **three** of these ways.
○ Our school aids students during school and life transitions in **two** of these ways.
○ Our school aids students during school and life transitions in **one** of these ways.
○ No, our school does **not** aid students during school and life transitions in these ways.
○ Does not apply

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Module 6: School Counseling, Psychological, and Social Services

Scorecard & Planning Questions

Scorecard for Questions Completed in Module 6

#	Criteria	Fully in Place	Partially in Place	Under Development	Not in Place	Does not Apply
1.	Counseling, psychological, and social services provided by a full-time counselor, social worker, and psychologist (CC.1)			1		
2.	Health and safety promotion and treatment (CC.2)	3				
3.	Collaborate with other school staff members (CC.3)	3				
4.	Identify and track students with emotional, behavioral, and mental health needs (CC.4)		2			
5.	Establish referral system (CC.5)			1		
6.	Aid students during transitions (CC.6)		2			
7.	Identify and refer students involved in violence (S.1)		2			
	Column Totals	6	6	2	0	-

Total Points/Maximum Points 14/21
Module 6 score 67%

Step 1: Identify Strengths and Weaknesses

According to these scores, what are the strengths and the weaknesses of your school's policies and environment related to students' health and safety?

Strengths
No strengths have been entered.
Add Strength

Weaknesses
No weaknesses have been entered.
Add Weakness

Step 2: Recommended Actions

Actions
No Actions have been added.

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SHAPE Overview

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School Mental Health Profile

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School Mental Health Quality Assessment (SMHQA)

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School Mental Health Quality Assessment (SMHQA)

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School Mental Health Quality Assessment (SMHQA)

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School Mental Health Quality Assessment (SMHQA)

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Assessments and Tools

- Trauma Responsive Schools Implementation Assessment (TRS-IA)
  - Trauma Responsive Schools Guide

- Guides and tools related to domains of SMHQA

- Preschool and Early Childhood

- Screening and assessment tools

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Implementation Strategies

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Administrative Buy-In

A school must have the support of one or more school leaders who have the agency to carry forward any recommendations for change that come from the review

(Austin et al., 2006; Sherwood-Puzello et al., 2007)

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Intentional Planning & Preparation

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Facilitation Tools

SMHQA

- Mental Health Quality Guides
  - Summary of research
  - Examples from the field
  - Best practices
  - Action Steps
  - Linked resources and examples

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Facilitation Tools

SMHQA

- Strategic Planning Guide

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Facilitation Tools

SMHQA

Guide Example

- Early Intervention and Treatment Services and Supports Tier 2/Tier 3 Quality Guide

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Facilitation Tools

SMHQA

Guide Example

- Early Intervention and Treatment Services and Supports Tier 2/Tier 3 Quality Guide

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Questions?

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Additional Resources / Technical Assistance

- Mental Health Technology Transfer Center (MHTTC) Network
  - School Mental Health Best Practices Implementation Guidance Modules

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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Sources Cited

- Aldridge, J. M., & McChesney, K. (2018). The relationships between school climate and adolescent mental health and wellbeing: A systematic literature review. *International Journal of Educational Research, 88*, 121–145. http://doi:10.1016/j.ijer.2018.01.012

- Anderson-Butcher, D., Lawson, H. A., Bean, J., Flaspohler, P., Boone, B., & Kwiatowski, A. (2008). Community collaboration to improve schools: Introducing a new model from Ohio. *Children & Schools, 30*(3), 161–172.

- Basch, C. E. (2011). Healthier students are better learners: High-quality, strategically planning, and effectively coordinated school health programs must be a fundamental mission of schools to help close the achievement gap. *Journal of School Health, 81*(10), 650–662.

- Bryk, A. S., Gomez, L. M., Grunow, A., & LeMahieu, P. G. (2015). Learning to improve: How America's school can get better at getting better. Harvard Education Press.

- Carnegie Foundation for the Advancement of Teaching. (2023). *The six core principles of improvement.* https://www.carnegiefoundation.org/our-ideas/six-core-principles-improvement/

- Centers for Disease Control and Prevention. School Health Index: A Self-Assessment and Planning Guide. Elementary school version. Atlanta, Georgia. 2017

- Centers for Disease Control and Prevention. School Health Index: A Self-Assessment and Planning Guide. Middle school/high school version. Atlanta, Georgia. 2017.

- Centers for Disease Control and Prevention. Your Guide to Using the School Health Index. Atlanta: US Dept of Health and Human Services; 2019.

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Sources Cited (Continued)

- Centers for Disease Control and Prevention. (2020, March 30). Children's mental disorders. https://www.cdc.gov/childrensmentalhealth/symptoms.html
- Gronholm, P. C., Nye, E., & Michelson, D. (2018). Stigma related to targeted school-based mental health interventions: A systematic review of qualitative evidence. *Journal of Affective Disorders, 240*, 17-26. https://doi.org/10.1016/j.jad.2018.07.023
- Hunt, P., Barrios, L., Telljohann, S. K., & Mazyck, D. (2015). A Whole School approach: Collaborative development of school health policies, processes, and practices. Journal of School Health, 85(11), 802–809. http://doi:10.1111/josh.12305
- Lewallen, T. C., Hunt, H., Potts-Datema, W., Zaza, S., & Giles, W. (2015). The Whole School, Whole Community, Whole Child Model: A new approach for improving educational attainment and health development for students. *Journal of School Health, 85*(11), 729– 739. http://doi:10.1111/josh.12310
- Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children and Youth Services Review, 73*, 384-391. https://doi.org/10.1016/j.childyouth.2017.01.006
- National Alliance on Mental Illness. (2020). Mental health in schools. https://www.nami.org/Learn-More/Public-Policy/Mental-Health-in-Schools
- National Academies of Sciences, Engineering, and Medicine. (2019). Fostering healthy mental, emotional, and behavioral development in children and youth: A national agenda. The National Academies Press. https://doi.org/10.17226/25201

53

Sources Cited (Continued)

- National Center for School Mental Health. (2019, September). Advancing comprehensive school mental health systems: Guidance from the field. http://www.schoolmentalhealth.org/Resources/Foundations-of-School-Mental-Health/Advancing-Comprehensive-School-Mental-Health-Systems--Guidance-from-the-Field/
- Pennsylvania Department of Education. (2020). Safe schools: Mental health. https://www.education.pa.gov/Schools/safeschools/MentalHealth/Pages/default.aspx
- Puddy, R. W., Roberts, M. C., Vernberg, E. M., & Hambrick, E. P. (2012). Service coordination and children's functioning in a school-based intensive mental health program. *Journal of Child and Family Studies, 21*, 948-962. https://doi.org/10.1007/s10826-011-9554-0
- Reback, R. (2010). Schools' mental health services and young children's emotions, behavior and learning. *Journal of Policy Analysis and Management, 29*(4), 698–727. http://doi:10.1002/pam.20528
- Sanchez, A., Cornacchio, D., Poznanski, B., Golik, A., Chou, T., & Comer, J. (2018). The effectiveness of school-based mental health services for elementary-aged children: A meta-analysis. *Journal of American Academy of Child and Adolescent Psychiatry*, 57(3), 153-165. https://doi.org/10.1016/j.jaac.2017.11.022
- School Health Assessment and Performance Evaluation System. (2023). https://www.theshapesystem.com/
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2014). Projections of national expenditures for treatment of mental and substance use disorders 2010–2020. https://store.samhsa.gov/product/Projections-of-National-Expenditures-for-Treatment-of-Mental-and-Substance-Use-Disorders-2010-2020/SMA14-4883

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