MENTAL HEALTH IN SCHOOLS

Two-Part Webinar Series

MENTAL HEALTH IN K-12 SCHOOLS

Friday, June 12 at 2:00 PM EDT

This webinar is part of the Coordinated State Leadership for Better Mental Health project funded by the generous support of the MacArthur Foundation.
Speakers:

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866 - 779 - 3239
Mental Health in Schools:
Becoming an Integrated Part of the School Improvement Agenda

The national Center for Mental Health in Schools at UCLA is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of the School Mental Health Project in UCLA’s Dept. of Psychology.
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Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U45 MC 00175), U.S. Department of Health and Human Services.
The following is an abbreviated presentation

For a fuller discussion, go to

http://smhp.psych.ucla.edu/mhpresentation.htm
Topics Covered

I Why Mental Health in Schools?

II What’s the Current Status of Mental Health in Schools?

III About Mental Health in Schools & School Improvement Policy and Practice

IV Becoming an Integrated Part of School Improvement
Some Major Reasons and Other Agenda for MH in Schools

There is confusion and conflict in discussing mental health in schools because of the variety of vested interests represented. Each brings to the table divergent agenda for policy, practice, research, and training.
Most Cited Reasons

(1) Psychosocial & MH problems often are major factors interfering with effective school performance of some students so schools must do something about these individuals (especially if mental health services are included in a student’s special education plan).
(2) Mental health agencies view schools as places where the availability of and access to services and those who need them can be enhanced.
(3) Schools increasingly are seen as needing to play a greater role in facilitating social-emotional development and learning.
How Many Students and Schools are There?

- Over 52 million students in the U.S.A.
  - >47 million in public schools
  - >5.2 million in non-public schools
  - >>700,000 in charter schools
  - >>850,000 home-schooled
• 120,000 schools

> about 93,000 public schools

> about 27,000 non-public

• Over 15,000 school districts
How Many Children & Adolescents Need Mental Health Interventions?

Data cited on diagnosable mental disorders generally suggest that from 12-22% of all youngsters under age 18 are in need of services for mental, emotional or behavioral problems.
estimates suggest that 40% of young people are in bad educational shape and therefore will fail to fulfill their promise.

many large urban schools have well-over 50% of their students manifesting significant behavior, learning, and emotional problems.
The reality is that the problems of *most* youngsters are not rooted in internal pathology, and many troubling symptoms would not develop if environmental circumstances were appropriately different.
Mental Health in Schools: It’s About Much More Than Therapy and Counseling
• Most school districts deal indirectly with mental health through the work of their student support staff. A few districts have dealt directly with mental health by establishing mental health units or through School-based Health Centers and through co-located and/or linked community providers.
Delivery Mechanisms and Formats

I. School-Financed Student Support Services
(e.g., pupil services/student support personnel)

II. School-District Specialize Units
(e.g., separate units, family resource center, clinics)
III. Formal Connections with Community Mental Health Services

- co-location of agency at schools
- formal linkages with agencies to enhance access and service coordination
- formal partnerships between a school district and community agencies for school-based/linked facilities
- contracting with community providers
IV. Classroom-Based Curriculum and Specialized “Pull Out” Curricula

• integrated into regular classroom instruction
• specific curriculum or special intervention implemented by specially trained personnel
• curriculum approach is part of a multifaceted set of interventions for positive development and prevention
Promising Activity, but . . .

Talk about fragmented!!!
What does this mean for MH in Schools?

Current Situation at All Levels in the Educational System with Respect to MH and Other Student/Learning Supports

- Marginalization
- Fragmentation
• Poor Cost-Effectiveness (up to 25% of a school budget used in too limited and often redundant ways)

• Counterproductive Competition for Sparse Resources (among school support staff and with community-based professionals who link with schools)
About Mental Health in Schools & School Improvement

Making significant progress in advancing mental health in schools is dependent on fully appreciating the implications of two realities:

(1) the mission of schools is education

and thus the focus of school improvement policy and practice primarily is on educational outcomes
(2) schools are not in the mental health business

and thus matters related to mental health are marginalized in school improvement policy and practice.

At best, they are tangentially included in ways that mix them together in piecemeal and fragmented ways with other matters related to providing student support and promoting healthy development.
Reframing Mental Health in Schools to Fit Major School Improvement Concerns

It is essential to make the case that school improvement policy and practice cannot afford to continue to marginalize efforts designed to support students and teachers.
Barriers to Learning and School Improvement

Range of Learners

I = Motivationally ready and able
   - Not very motivated/
     lacking prerequisite

II = Skills/
    different rates
    & styles/
    minor
    vulnerabilities

III = Avoidant/
    very deficient in capabilities
Barriers to Learning and School Improvement

Range of Learners

I = Motivationally ready and able
   Not very motivated/ lacking prerequisite

II = skills/ different rates & styles/ minor vulnerabilities

III = Avoidant/ very deficient in capabilities

Instructional Component

Classroom Teaching + Enrichment Activity

No barriers

(High Standards)

Desired Outcomes

(High Expectations & Accountability)
Range of Learners

I = Motivationally ready and able
Not very motivated/ lacking prerequisite

II = Motivationally ready and able
Not very motivated/ lacking prerequisite
Not very skilled/ different rates & styles/ minor vulnerabilities

III = Avoidant/ very deficient in capabilities

Barriers* To Learning, Development, Teaching

No barriers

Instructional Component
Classroom Teaching + Enrichment Activity

Desired Outcomes
(High Expectations & Accountability)

(High Standards)
What’s Missing?

Range of Learners

I = Motivationally ready and able

II = Not very motivated/lacking prerequisite skills/different rates/styles/minor vulnerabilities

III = Avoidant/very deficient in capabilities

Barriers* To Learning, Development, Teaching

Instructional Component

Classroom Teaching + Enrichment Activity

Desired Outcomes

(High Standards)

(High Expectations & Accountability)
An Enabling or Learning Supports Component to Address Barriers and Re-engage Students in Classroom Instruction

**Range of Learners**

I = Motivationally ready and able

II = Not very motivated/lacking prerequisite skills/different rates & styles/minor vulnerabilities

III = Avoidant/very deficient in capabilities

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**Enabling Component**

- Barriers* To Learning, Development, Teaching
- (1) Addressing Interfering Factors
- (2) Re-engaging Students in Classroom Instruction

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**Instructional Component**

Classroom Teaching + Enrichment Activity

Desired Outcomes

(High Expectations & Accountability)

(High Standards)
Intervention Continuum

& Content
Continuum -- Interconnected Systems for Meeting the Needs of All Students: One key Facet of a Learning Supports Component

**School Resources**
(facilities, stakeholders, programs, services)

**Systems for Promoting Healthy Development & Preventing Problems**
primary prevention – includes universal interventions
(low end need/low cost per individual programs)

**Systems of Early Intervention**
early-after-onset – includes selective & indicated interventions
(moderate need, moderate cost per individual)

**Systems of Care**
treatment/indicated interventions for severe and chronic problems
(High end need/high cost per individual programs)

**Community Resources**
(facilities, stakeholders, programs, services)
Categories of Basic Content Arenas for Learning Supports Intervention

- Classroom-Based Approaches to Enable Learning
- Crisis/Emergency Assistance & Prevention
- Support for Transition
- Home involvement & Engagement in Schooling
- Infrastructure
  > leadership
  > resource-oriented mechanisms
- Student & Family Assistance
- Community Outreach
### Combined Continuum and Content Arenas

#### Levels of Intervention

<table>
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<tr>
<th>Content Arenas</th>
<th>Systems for Promoting Healthy Development &amp; Preventing Problems</th>
<th>Systems for Early Intervention (Early after problem onset)</th>
<th>Systems of Care</th>
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<td>Classroom-Focused Enabling</td>
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<td>Crisis/Emergency Assistance &amp; Prevention</td>
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<td>Support for transitions</td>
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<td>Home Involvement in Schooling</td>
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<td>Community Outreach/Volunteers</td>
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<td>Student &amp; Family Assistance</td>
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What the student support infrastructure look like at most schools

**Instructional Component**
- Leadership for instruction
  - (Various teams and Work groups focused on Improving instruction)

**Management/Governance Component**
- Management/Governance/Administrator
  - (Various teams and Work groups focused on management & governance)

**School Improvement Team**

**Case-Oriented Mechanisms**
- moderate problems
- severe problems
Example of an Integrated Infrastructure at the School Level

Instructional Component
- Leadership for instruction

Management/Governance Component
- School Improvement Team
- Leadership for Learning Supports
- Learning Supports or Enabling Component

Learning Supports or Enabling Component
- Leadership for Learning Supports
- Resource-Oriented Mechanisms
  - moderate problems
  - severe problems
- Work Groups
  - Resource-Oriented Mechanisms
  - Case-Oriented Mechanisms
Mental health in schools must contribute to school improvement and transformation in ways that maximize learning and well-being. Doing so, requires developing a comprehensive and cohesive system of school-community intervention that creates caring and supportive environments at every school and for all students.
It’s a matter of equity and social justice.

As John Dewey said so well:

*What the best and wisest parent wants for his [or her] own child, that must the community want for all of its children. Any other ideal for our schools is narrow and unlovely; acted upon, it destroys our democracy.*
Some Relevant References & Resources


Browse the following online Center resources:

> *The Current Status of Mental Health in Schools: A Policy and Practice Analysis*  
http://smhp.psych.ucla.edu/currentstatusmh.htm

> About Mental Health in Schools –  
http://smhp.psych.ucla.edu/aboutmh/aboutmhhover.htm

> More About Mental Health in Schools –  
http://smhp.psych.ucla.edu/aboutmh/moreaboutmh.html

> Resources and Publications –  
http://smhp.psych.ucla.edu/materials/resources.htm

> Quick Find Search Topic Menu –  
http://smhp.psych.ucla.edu/websrch.htm#quick
Also see the following reports from other centers:


http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4068/


http://rtckids.fmhi.usf.edu/rtcpubs/study04/index.htm
Expanded School Mental Health in Maryland

Ms. Alice Harris, Branch Chief
Division of Special Education/Early Intervention Services

Brian Bartels, Specialist, Psychological Services
Division of Student, Family, and School Support
Maryland State Department of Education
Children’s Mental Health Matters in Maryland!

Maryland is committed to addressing children's mental health. In support of this issue, the Children’s Cabinet is working across state agencies and in partnership with universities, families, advocates and providers to build a family-driven, youth guided and culturally competent System of Care for children, youth and families in Maryland.
Maryland Public Education

- *Education Week* recently ranked Maryland the nation’s best state for education.
- Maryland ranks #1 in the percentage of high school students who earn a college-mastery score on at least one A.P. exam.
- Maryland ranks third in the nation in funding of prekindergarten programs, and in the top 10 for the percentage of children enrolled.
Bridge to Excellence (BTE)in Public Schools Act

- Approved by Maryland General Assembly (2002);
- BTE required each local school system to develop, adopt, and implement a five-year Comprehensive Master Plan;
- Annual updates required to document progress;
- State provided $1.3 billion in additional funds; and
- Gaps in the percentages of students who need to demonstrate proficiency to meet NCLB goal by 2014 were closed by 51% in reading and 49% in mathematics.
Keys to Success: Instruction, Supports, Data, Staffing & Professional Development

- Accurately identify barriers and needs;
- Focus on data and measurable student outcomes;
- Encourage a 3-tiered intervention model and research-based practices;
- Promote positive social and emotional competencies;
- Encourage professional development and professional learning communities;
- Encourage adequate staffing of mental health supports;
- Emphasize strategic and coordinated team planning; and
- **Integrate and align practices** (e.g., PBIS, Character Education; Peer Mediation; Service Learning; PSTs; school mental health; school counseling; family involvement).
Factors identified as contributing to improved educational achievement:
- More strategic and team planning;
- Better utilization of data;
- Improved professional development; and
- Organizing schools into professional learning communities.

Statewide survey of best practices:
- Positive Behavioral Interventions and Supports (PBIS);
- Individualized intervention plans for struggling students; and
- Peer mediation, violence reduction, and suicide prevention programs.
Positive Behavior Intervention and Supports (PBIS)

School wide systems approach to improve school climate and create safe and effective schools.

- In Maryland consists of three partners:
  - Maryland State Department of Education (MSDE)
  - Sheppard Pratt Health System
  - The Johns Hopkins University Center for the Prevention of Youth Violence

- PBIS Schools
  - 650 in 24 jurisdictions trained to date
  - 568 of those schools are actively implementing PBIS
  - 18 schools represent non-public special education facilities
  - 283 Behavior Support Coaches trained since 1999
Maryland Educational Legislation

• **Positive Behavioral Interventions and Support Programs and Behavior Modification Programs:**
  - Article 7-304 requires districts to require an elementary school that has a suspension rate that exceeds specified standards to implement a PBIS program or an alternative behavior modification program in collaboration with the Department.
  - S.B. 96 (2008) requires districts to require PBIS or an alternative, research-based behavior modification program in school with truancy rates that exceed specified standards.
• **Safe Schools Reporting Act**
  • Requires districts to report incidents of harassment or intimidation against students and motivated by perceived personal characteristics in public schools.

• **Youth Suicide Prevention School Program**
  • The Annotated Code of Maryland, Educational Article § 7-503 establishes statewide program including prevention, intervention and postvention services.
Maryland State Department of Education Supports Mental Health

- Mental health learning standards are embedded in the Health Education Voluntary State Curriculum.
- Code of Conduct emphasizes prevention and tiered response.
- MSDE regulations require coordinated pupil services that include: school counseling, school psychology, pupil personnel, and school health services (COMAR 13A.05.05.01.A).
- Maryland’s Response to Intervention Framework encourages tiered, incrementally intensive, instructional and behavioral supports.
Legislative Session 2009

H.B. 20 Rosa’s Law:
“Changing references of mental retardation to intellectual disability”

S.B. 963
“Establishes the development of a Maryland Commission on Autism”

H.B. 1158
“Changing references of emotional disturbance to emotional or behavioral disability”
MSDE
Interagency Initiatives

- Maryland Mental Health Blueprint Committee
- Early Childhood Mental Health Steering Committee
- School Mental Health Committee
- Suicide Prevention Initiative
- Children’s Cabinet Interagency Strategic Plan
- The Child and Adolescent Mental Health Workforce Committee
Students in Special Education with Emotional Disturbance (ED)

MSDE is currently involved in a collaborative planning process to improve outcomes for children.

Five critical issues have been identified:

- Identification
- Discipline & Behavior Management
- Individualized Education Plans (IEP)
- Transition Challenges
- Terminology
Transition-Age Youth

Three state committees are coordinating efforts to develop an array of services that support youth ages 16-24 as they transition from secondary education to adulthood.

- Governor’s Office for Children Ready by 21 Committee
- The Maryland Department of Disabilities
- The Mental Hygiene Transition–Age Youth Committee
The Child and Adolescent Mental Health Workforce Committee

To address workforce issues, MSDE in collaboration with the University of Maryland has developed a series of web-based Core Competencies modules (September 2009).

- Outcomes and Quality Improvement
- Behavior Management
- Health and Safety
- Community Development
- Communication

- Cultural Competency and Sensitivity
- Child Development Disorders
- Families as Partners
- Screening, Assessment and Referral
- Treatment Planning and Service Provision
Early Childhood Mental Health

Developed and implemented at University Maryland, the Early Childhood Mental Health Certificate Program:

- Designed to train clinicians with Master’s Degrees or above interested in furthering their educational training working with young children ages birth to five.

- Next steps include developing a track for Associate and Bachelor’s level students.
Focusing on the Future

- **Develop partnerships at the local and state level.**
  - Support the state’s efforts in building a comprehensive mental health service delivery system that meets the needs of children, youth and their families.

- **Support local school systems.**
  - Provide grant funds to support service enhancements and professional development opportunities at the local level.

- **Promote cultural awareness and sensitivity of mental health issues.**
  - Legislation, training, public awareness and continued support of inter-agency mental health initiatives.
Focusing on the Future

- **Support communities**
  - Develop unique and creative ways to nurture children with mental health needs within their homes and communities.

- **Increase family and youth involvement.**
  - Continue building a comprehensive systems of care model in Maryland that supports children, youth and families.
For more information:

Maryland State Department of Education
www.msde.state.md.us

Governor’s Office for Children
www.goc.state.md.us

Maryland Department of Health and Mental Hygiene
www.dhmh.state.md.us

Maryland Department of Juvenile Services
www.djs.state.md.us

Maryland Department of Human Resources
www.dhr.state.md.us
University of Maryland Center for School Mental Health
http://csmh.umaryland.edu/

University of Maryland Innovations Institute and
Child and Adolescent Mental Health Institute
www.innovationsinstitute.umaryland.edu

Mental Health Association of Maryland (MDHA)
www.mhamd.org

Maryland Coalition of Families for Children’s Mental Health
www.mdcoalition.org

Maryland PBIS
www.pbismaryland.org

Bloomberg School of Public Health at The Johns Hopkins University
http://www.jhsph.edu/preventyouthviolence
Questions?

• Type your question into the box on the right-hand side.

• Participants asking questions will not be identified.
Additional Resources

• Center for Mental Health in Schools
  http://smhp.psych.ucla.edu

• Center for School Mental Health
  http://csmh.umaryland.edu

• Center for School-Based Mental Health Programs
  www.units.muohio.edu/csbmhp

• Center for the Advancement of Mental Health Practices in Schools
  http://education.missouri.edu/orgs/camhps
• NCSL State Mental Health Lawmakers' Digest on mental health in K-12 schools

• NCSL Mental Health
  http://www.ncsl.org/Default.aspx?TabID=160&tabs=832,100,358#832

• NCSL Education
  http://www.ncsl.org/Default.aspx?TabID=756&tabs=951,64,216#951
For More Information

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