Mental Health—Children--and the Role of Public Education

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MSBA SBHC Task Force

MFFH Grant

www.mosba.org/behavioral-health/

What is this session about?

- Mental Health
- Reality: Healthy, resilient children are ready to learn
- The role of the schools
- Recent changes in policies and regulations to benefit schools
- Resources—know-how, personnel, funding

Why MSBA's Involvement

- Support school districts representing approximately 94% of the students in MO

- Number 1 priority of boards of education is student achievement

- Requests by superintendents for help to address the shortage of mental health services that can be accessed within communities across MO.

Acknowledgements

- Missouri Foundation for Health Grant
- Dr. Tim Lewis, Missouri Center for PBIS
- MSBA School-based Health Center Task Force
- Behavioral Health Workgroup

Missouri Foundation for Health

- "Missouri Foundation for Health is a resource for the region, working with communities and nonprofits to generate and accelerate positive changes in health. As a catalyst for change, the Foundation improves the health of Missourians through a combination of partnership, experience, knowledge and funding."

Mental Health: We all have it!

- ❤ Subjective well-being
- ❤ Self-efficacy
- ❤ Autonomy
- ❤ Competence
- ❤ Actualization of potential
- ❤ Realization of abilities
- ❤ Coping with normal stress of life
- ❤ Productive work
- ❤ Contribution to community

HEALTH SCALE

Optimal

Excellent

Very Good

Good

Average

Fair

Poor

Very Poor

Extremely Poor

Mental Health Problems or Mental Illness

- Normative development
- Frequency, intensity & duration
  - Frequency = How often? Is it too often?
  - Intensity = How much? Is it too much?
  - Duration = How long? Is it too long?

- Interference with functioning
  - Can't successfully navigate developmental tasks
  - Creates barriers to learning & academic success

Definition of Mental Health (MH)

- MH is a dimension of overall health and includes a continuum from high level wellness to severe illness.

- School MH includes practices to address this continuum from high level emotional well-being to significant student mental health challenges.

Definition of Mental Health (MH)

- School MH addresses all aspects of social-emotional development of school-aged children including:
  - wellness,
  - mental illness,
  - substance abuse, and
  - effects of adverse childhood experiences.

Effective School Mental Health Programs

- 1. Emphasize mental health promotion and prevention, NOT just illness
- 2.Focus on all kids and include all staff
- 3.Link to district school improvement goals
- 4.Supported by administration and school boards
- 5.Facilitated by district/building problem-solving teams

Effective School Mental Health Programs

- 6.Include school, family, and community partners
- 7.Build on existing programs/initiatives (guidance programs, PBIS)
- 8.Have clear systems for identifying, referring, and monitoring
- 9.Rely on community resources
- 10.Use data to plan, implement, and evaluate MH best practices

National Data

- Approximately 1 in every 4 to 5 youth in the U.S. meets criteria for a mental disorder with _severe_ impairment across their lifetime
  - (Merikangas et al., 2010).

- Among those affected only 30% actually receive services (U.S. Public Health Service, 2000)

(T. Lewis)

National Data: The Challenge

- The most common conditions include
  - Anxiety (31.9%)
  - Behavior disorders (19.1%)
  - Mood disorders (14.3%)
  - Substance use disorders (11.4%)

- Approximately 40% of individuals meet criteria for multiple disorders.

(Merikangas et al., 2010)   (T. Lewis)

National Data: The Challenge

- The median age of onset occurs during school-age years
  - 6 years old for anxiety disorders
  - 11 years old for behavior disorders
  - 13 years old for mood disorders
  - 15 years for substance use disorders.

(Merikangas et al., 2010) (T.Lewis)

National Data: The Challenge

- Suicide is the second leading cause of death among 10-24 year old youth.
- The suicide rate for young males is 5 times that for females,
- but the intentional self-injury rate is higher among females,
- suggesting that males may be more likely to die by suicide without ever receiving emergency room or other hospital services .

MO CHILDREN'S MENTAL HEALTH

•About 1 in 5 young people has a mental health disorder

•About 1 in 20 young people is severely emotionally disturbed

•Of those youth with mental health problems, only ~20% receive treatment (mostly in schools)

- *MO State Epidemiological Study 2015

In Missouri (2015 data)

- 20% of Missouri youth said they were often or always sad in the last month
- 8.6% reported they made a plan to commit suicide
- Rates for students who identify as LGBTQ were twice as high for feeling sad/suicidal
- ♥About 75% feel teachers notice when they are doing something right and praise them
- ♥Most students believe using/abusing substances is wrong.

Mental Health impacts what schools consider important and measure

- Attendance
- Academic achievement
- State test scores
- Classroom behavior
- Discipline referrals
- Drop-out
- Graduation Rates
- Budgets
- Community relations
- Teacher turnover

Why schools as a place of service?

- It is where children and youth are everyday for the majority of their waking hours.
- It is where children are being the most closely observed.
- Students more likely to seek mental health (MH) support when MH services are accessible at school.
- Schools benefit from comprehensive MH systems to create positive learning environments where all students flourish. (Slade, 2002)

Why schools as a place of service?

- A study estimating the relative influence of 30 different categories of education, psychological, and social variables on learning revealed…

  …that social and emotional variables exerted the most powerful influence on academic performance. (Casel, 2003, pg. 7)

Why schools as a place of service?

- Mental health is directly related to children's learning and development.

- If affects success and well-being of individual students as well as school climate and outcomes for all students.

MSBA Convened School Based Health Center Task Force July 2016 – April 2018

- Six (6) State Agencies (DMH, DSS, DHSS, DESE, MHD, VR)

- Six (6) professional associations related to schools

- Forty-five (45) School Districts

What brought school district administrators and others to the table?

- Noticeable increase in externalizing behavior (aggression and disruption)
- Mental health needs of parents and children within the district are rising
- Mental health needs have been long neglected and prevention/intervention is required

What brought school district administrators and others to the table?

- Issues of poverty, physical and mental abuse, and "abnormal" behaviors considered as "normal" within the community
- School nurse shortage
- In need of professional development for staff regarding mental health needs
- Noticeable increase in mental health needs of students in early grades

What brought school district administrators and others to the table?

1. To safeguard staff who are being physically assaulted by students with MH needs
2. To better understand the mental health of parents and how that impacts students
3. Advocate at the state and federal level for help to meet MH needs at school
4. Partial day absenteeism: One school reported One (1) million minutes lost due to doctors' appointments in one year

What brought school district administrators and others to the table?

- ▫ Help to develop processes to identify mental health and physical health needs
- ▫ School nursing staff is becoming a primary health provider; the school is becoming an urgent care center
- ▫ School districts need an advocate to ensure that if schools are going take on this additional role that districts are given the support that they need
- ▫ Achievement is being impacted by physical and mental health issues of students

Barriers to accessing quality MH services

- Stigma --"The Surgeon General identified the stigma surrounding mental illness as one of the primary reasons that individuals and families don't seek help." SAMHSA, 2011

Barriers to accessing quality MH services—Historically speaking...

- Is it really the job of schools?
  - Educational services vs. medical services
  - Lack of qualified staff in schools to deliver MH services
- Lack of funding to offset the costs of MH services
  - Tight budgets-- not enough funds for quality education, for pay raises for staff and adequate facilities and resources.
- Temporal constraints
  - How do MH programs and services fit into an already crowded school day?

Beginning to address barriers--

- It begins with schools accepting their role and helping community partners understand the collaborative roles they play.
- "It is the shared responsibilities of a given district, school and the people they serve to assess their local needs and ensure they are building the best system for all stakeholders."

    --The Colorado Framework for School Behavior Health Services

Peeling back layers of the onion (so to speak)

- Commitment of state agencies to consider current children-based programs and create innovative ways to support school-based models of services
- Funding mechanisms of various community providers—FQHC's, Certified Community Mental Health Centers, non-profit hospitals…
- Role and function of MO HealthNet Division (Medicaid) and Managed Care Organizations
- Variety of models and innovative practices

Outcomes

- A change in state policy to allow community MH providers to come into schools and bill MO HealthNet
- Change in policy to allow school employed MH providers to bill for non-IDEA MH services at the community rate (state and federal portions)
- Change in regulation to allow School Psychologists to be eligible MO HealthNet providers for school-based services
  - Also eligible are LPC's, LCSW's, LMSW's, & Psychologists

Are schools prepared to provide for the mental health needs of students?

It is all about SYSTEMS!

- Problem solving framework
- Systematic implementation of evidence-based practices
- Layers in increasingly more intensive environmental supports to increase the likelihood students are academically, emotionally, and socially successful

Designing School-Wide Systems for Student Success

Academic Systems	Behavioral Systems

Academic Systems

- <u>80-90 % Universal Interventions</u>
- All students
- Preventive, proactive

Behavioral Systems

- <u>80-90 % Universal Interventions</u>
- All students
- Preventive, proactive
- Focus on MH and social emotional skill building
- Clear and consistent expectations

Early identification, screening, referral, progress monitoring

Academic System	Behavioral System

- 5-10% <u>Targeted Group Interventions</u>
- Some students (at-risk)
- High efficiency
- Rapid response

- <u>5-10% Targeted Group Interventions</u>
- Some students (at-risk)
- High efficiency
- Rapid response
- Group counseling

Intensive level of Supports for a Few Students

Academic System	Behavioral System

Academic System

- <u>1-5%</u> <u>Intensive, Individual Interventions</u>
- Individual Students
- Assessment-based
- High Intensity

Behavioral System

- <u>1-5 % Intensive, Individual Interventions</u>
- Individual Students
- Assessment-based
- High Intensity
- Counseling and support teams
- Seamless referral and Follow-up Processes

Are schools prepared to provide for the mental health needs of students?

- <u>Yes, if schools have in place Foundational Principles</u>
- **Strong Universal Implementation**
  - Relationship building
  - Mental health and wellness education
  - Resiliency building
  - Trauma sensitive practices
  - Collaborative systems in place
  - Culturally responsive practices

Foundational Principles

- **Integrated Leadership Teams**
  - Schools integrate their MH initiatives into successful PBIS programs or
  - A program with a strong collaborative infrastructure and multi-level system of supports

  School-Student-Community Collaboration at All Levels
    - Community based MH Providers are welcomed as partners

Foundational Principles

- **Culturally responsive and evidenced-based practices**
  - ▫ Recognize diversity in student population
  - ▫ Offer programs that foster equity in services

- **Data-based continuous improvement**
  - ▫ Document the impact of school mental health on academic indicators

Foundational Principles

Systemic professional development and implementation

- ▫ Collaborative teams across <u>all levels</u> of the school district

Strategic alignment of a shared vision and all integrated as unified initiatives: PBIS, mental health, alcohol and other drugs, suicide prevention, response to crisis, trauma sensitive practices, resiliency, and social-emotional learning

What can I do to bring Mental Health Services to my school?

- **It depends on…**
- what systems you have in place
- what MH personnel are currently employed by your district and what their roles and functions are within your district
- what MH resources exist within your community, county or region
- what barriers exist to accessing MH services

Current Mental Health Program

What does your district already do?

- MO Comprehensive Guidance Program (school counselors)

- Positive Behavior Interventions and Support (PBIS)

- School Wellness Program (school nurse, wellness policy)

Assessing what is already in place…

Who is involved?

- School-employed school mental health providers
- Community-employed school mental health providers

What teams already exist?

- Guidance advisory council
- PBIS team/coach
- School Health Advisory Council
- Student Assistance Team, Care Teams

Current Mental Health Program

What data does your district already collect? How do you identify students who need additional supports?
- Office discipline data
- School counseling data (needs assessment data, referrals)
- School climate survey or other assessment

Who supports your program? How?
- Administration/school board
- Parent/community involvement
- Teachers

Assessing what is already in place...

What about crisis response?
- Prevention, crisis planning
- Community resources

What on-going professional development is currently in place to address mental health of staff?
▫ MH Awareness
▫ MH program for staff

Creating opportunities to address MH as a community wellness issue

- **Is mental health awareness for parents and the community being addressed?**
  - Is there social stigma attached to the term mental health in the community?
  - Has the district considered:
    - Holding an annual mental health awareness night
    - Posting MH information on the district web site
    - Hosting community conversations

MSBA Behavioral Health Workgroup

- <u>Comprised of representatives from:</u>
- State agencies: DMH, DSS, DESE, MHD, DHSS
- PBIS--Dr. Tim Lewis
- Higher Education
- MO-CASE—Steven Beldin
- School psychologists, school counselors, school nurses, SPED Directors…
- FQHC's, Certified Community Mental Health Centers, and community MH providers
- The Three (3) MO Managed Care Companies

MSBA Web Site of Mental Health Resources

- <u>MO Guidelines for Implementing Behavioral Health Supports in Schools</u>

- https://www.mosba.org/behavioral-health/

Envisioning a Brighter Future

"There is only one child in the world and the Child's name is All Children."

— Carl Sandburg