

# JOINING FORCES TO IMPROVE MENTAL HEALTH SERVICES IN SCHOOLS



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“...MENTAL HEALTH IS INEXORABLY LINKED WITH GENERAL HEALTH, CHILD CARE, AND SUCCESS IN THE CLASSROOM AND INVERSELY RELATED TO INVOLVEMENT IN THE JUVENILE JUSTICE SYSTEM.”

(U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.)



# TRAINING GOALS

- Identify why a community-based mental health approach for schools is necessary
- Examine key players
- Examine current mental health systems in schools
- Identify barriers to service provision
- Learn about the School-Based Therapy Program at Children's Home Association of Illinois



“A COLLABORATIVE AND COORDINATED EFFORT IS NEEDED AMONG SCHOOLS, FAMILIES, AND COMMUNITIES TO ENSURE THAT ALL CHILDREN AND ADOLESCENTS ACHIEVE POSITIVE ACADEMIC AND BEHAVIORAL OUTCOMES.”



[National Association of School Psychologists (2003), Position Statement on Mental Health Services in the Schools]



# EMOTIONAL FUNCTIONING ISSUES COMMON TO MOST STUDENTS

- Anxiety about school performance
- Problems dealing with parents & teachers
- Unhealthy peer pressure
- Common developmental, adjustment problems
- Fears about starting school
- School phobia
- Dealing with death or divorce
- Feeling depressed or overwhelmed
- Drug or alcohol use
- Suicidal ideation
- Worrying about sexuality
- Facing tough decisions
- Considering dropping out of school



# WHY CHOOSE SCHOOLS AS AN ENTRY POINT?

- Schools are the logical point of entry to increase the efficacy of mental health services to children and adolescents.
- For nearly half of the children with serious emotional disturbances who receive mental health services at all, the school system has been the sole provider.
- Schools are already the primary providers of mental health services for all children.
- Offering services in the schools improves access to treatment.



# BASIC BELIEFS

- Students must be *safe* and *healthy* to be successful in school. This is supported in NCLB, IDEA and the President's New Freedom Commission report.
- Schools are primary care/public health settings.
- Every community has a school district.
- Mental health services should be an available component for every child's school experience.
- Schools offer easy access and familiarity to children & families.
- Children & teens in this country are in dire need of expanded mental health services according to a variety of reputable sources.



# COMMUNITY SCHOOL CORE PRINCIPLES

- Shared vision and accountability for results
- Strong partnerships
- High expectations for all
- Community strengths
- Respect for diversity
- Local decision making



(Coalition for Community Schools, 2015)





# MEETING THE IMPERATIVE

- Screening and diagnosing psychopathology, providing clinical services, and connecting community mental health providers to schools are useful but **not enough** !

Schools need to define mental health broadly and...

- Emphasize mental strengths as well as deficits.
- Relate mental health to real-life day-to-day issues.
- Enhance the important collaborative partnerships between schools, home & community to serve the educational & emotional needs of students.



# MEETING THE IMPERATIVE

- Mental health in schools needs to be a valued *part of* student support systems that enable students to learn and allow schools to achieve their educational mission.
- With a shared agenda, existing resources can be deployed and redeployed in ways that enhance equity with respect to availability, access, and effectiveness.



# THE COST OF DOING NOTHING.....

Our failure to prevent or intervene early in a child's mental health problems results in:

- § Higher K-12 education costs and dramatically lower graduation rates
- § Increased use of expensive "deep-end" mental health services
- § Increased health care costs
- § An increased number of children in the juvenile justice system & other out-of-home placements
- § Suicide - the 3rd leading cause of death among children ages 10 and up

# CURRENT MENTAL HEALTH SERVICES

## Group Exercise:

- In a perfect world, what would mental health in schools look like?
- What barriers prevent us from creating this perfect world scenario?
- How are services different state-wide?
- What is working in our current systems?
- What is not working in our current systems?



# CONTINUUM OF SCHOOL MENTAL HEALTH SERVICES

- **Universal prevention services** provided to all students that seek to promote positive mental health and educational success
- **Targeted prevention and intervention services** that seek to improve social-emotional skills and behaviors linked to positive mental health and educational success
- **Intensive intervention services** that seek to help students effectively cope with social-emotional and behavioral issues that impact positive mental health and educational success



# UTILIZING COMMUNITY RESOURCES

- **School-employed school mental health providers**
  - School counselors, psychologists, social workers, nurses
- **Community-employed school mental health providers**
  - Counselors, psychologists, social workers, nurses, psychiatrists, child and family therapists
  - Sensory Arts providers: Music, art, and dance therapists
- **Through schools, community agencies/networks, faith-based organizations, hospitals, and private providers**



# BENEFITS OF FAMILY AND COMMUNITY INVOLVEMENT

- Providing time, experience, and resources
- Supporting student involvement in activities that foster health
- Ensuring that students and their families receive needed comprehensive health services
- Planning jointly to develop relevant and appropriate messages and services
- Delivering clear, consistent messages that support mental health, include high but attainable expectations, and offer appropriate role modeling
- Sharing facilities and encouraging participation by all relevant individuals and groups.



# ACTIONS FOR SCHOOLS

- Communicate a commitment to family involvement through supportive mission and policy statements.
- Provide opportunities for family members to express concerns and share solutions.
- Involve parents and other family members in planning, curriculum and policy development, and decision-making related to school mental health.
- Reinforce understanding and trusting relationships with families.
- Provide training to develop staff skills for encouraging collaboration with families.
- Evaluate family involvement activities and adapt them if they are not effective.
- Establish frequent, clear communications with families.





# ACTIONS FOR PARENT ORGANIZATIONS

- Determine what components of a coordinated school mental health program exist in school and work with the school and others in the community to strengthen weak components or establish those that are missing.
- Distribute notices and handouts throughout the community to inform families and other community members about mental health issues and to garner broader community support.



# ACTIONS FOR COMMUNITY MEMBERS

- Learn more about the local schools' mental health programs.
- Advocate for school mental health programs by speaking at community forums, writing letters to the editors of local newspapers, lobbying school board members and administrators, and participating in relevant organizations.
- Meet with school personnel to determine what support they can offer to advance the school's or district's mental health objectives.
- Serve on or initiate a school-community committee for a coordinated school mental health program or a particular component.
- Encourage radio and cable television stations to feature programs and activities that inform the community and reinforce mental health messages.
- Identify appropriate funding sources or raise funds to support the school mental health program.
- Nurture relationships between schools and community organizations that can provide young people with needed physical and mental health services.



## ACTIONS FOR SCHOOL PSYCHOLOGISTS AND OTHER SCHOOL MENTAL HEALTH PROVIDERS

- Take the initiative to learn about the schools' and the district's mental health service delivery plan
- Volunteer to be on or to initiate a steering committee for school-based or school-linked mental health service delivery
- Learn about your state's plan for Medicaid reimbursement for school-based behavioral health services
- Lobby for modification of the Medicaid plan if behavioral health services are not included or if school psychologists and relevant others are not eligible providers
- Above all, be part of the solution, not part of the problem



# JOINT ACTIONS BY SCHOOLS, FAMILIES, AND OTHER COMMUNITY MEMBERS

- Establish and maintain a core school mental health advisory group and ensure that all stakeholders are represented.
- Identify a coordinator for school and community mental health.
- Inventory community needs, resources, and values.
- Establish communication mechanisms that include inviting participation.
- Develop and implement an action plan.
- Measure progress and outcomes; then celebrate and publicize successes.



# ACTIONS BY STATE AND NATIONAL ORGANIZATIONS AND INSTITUTIONS OF HIGHER EDUCATION

- Demonstrate commitment by developing infrastructures that support coordinated school mental health programs, meeting with families and community groups to encourage their support, publicizing innovative models and exemplary programs, and encouraging organizational members and staff to become involved in their children's school mental health programs.
- Adopt supportive position statements, policies, and standards.
- Provide educational opportunities that help school personnel, family members, and others in the community to work together more effectively.
- Encourage more active family and community involvement by educating members and constituents about coordinated school mental health programs to become advocates; developing media campaigns; offering grants; collecting, assessing, and sharing resources that help practitioners network with peers in the community; compiling a directory of consultants experienced in working with young people; or sponsoring conferences and supporting publications to disseminate information about exemplary local, state, and national initiatives



## KEY FACTORS FOR SUCCESS

- Leadership from across the community
- Long-term financing
- Organized and vocal support of constituents



# GETTING STARTED

## ○ Administration

- ° Identified areas of needs as a whole
- ° Plan formal trainings

## ○ Teacher/Staff

- ° Introduce program and staff as a resource
- ° Identify team leaders and respected staff

Be visible

Be respectful

Be professional

Be prepared

Be reliable



# BUILDING KNOWLEDGE IN THE SCHOOL

- Identification
- Manifestations of behavior
  - Skill deficits vs. Goals
- Risk and protective factors
  - Economic status
  - Cognitive functioning
  - Academic skills
  - Family functioning
  - Adaptability
  - Social Skills
  - Sense of belonging
  - Stability /Consistency
  - Substance use
- Strategies for change





# FUNDING STREAMS

## Private grants

- Community in Schools
  - Collaboration with United Way, Bradley University, Family Core, and Children's Home Association of Illinois
- Supporting Student Success (S3)
  - Collaboration with United Way, Children's Home Association of Illinois, and identified grant recipients

## State Grants

- Reaching out to Help Grant (ROTH)

## School District Contracts

- Direct contracts with school districts, supplemented by Medicaid funding



# SERVICES AND SUPPORTS OFFERED

- Formal Trainings
- Workshops
- Observations
- Modeling/ In-class support
- Establish positive discipline program
- Consultation
- Information/Newsletters
- Referrals/resources
- Crisis support
- Self-care support group (Coffee with the Counselors)
- Individual, group, family therapy, on and off-site
- Program analysis (Implementation of trauma-informed practices)



# DOCUMENTATION REVIEW

- Logic Model
- School-Based Therapy Note
- Tracking Logs
- Outcome Indicators
- Consent Form
- Monthly Report
- Quarterly Report



# BARRIERS FOR SCHOOL-BASED THERAPY PROGRAM

- Lack of support from administration and support staff
- Resistance toward change
- Clear message delivery to consumers
- Family engagement
- Consents
- Clearly defining outcomes
- Demonstrating results and school-wide improvement
- Documentation
- Capturing the service delivery
- Role confusion



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