

# ***Critical School Mental Health Themes***

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***Magellan Webinar, 8.26.10***





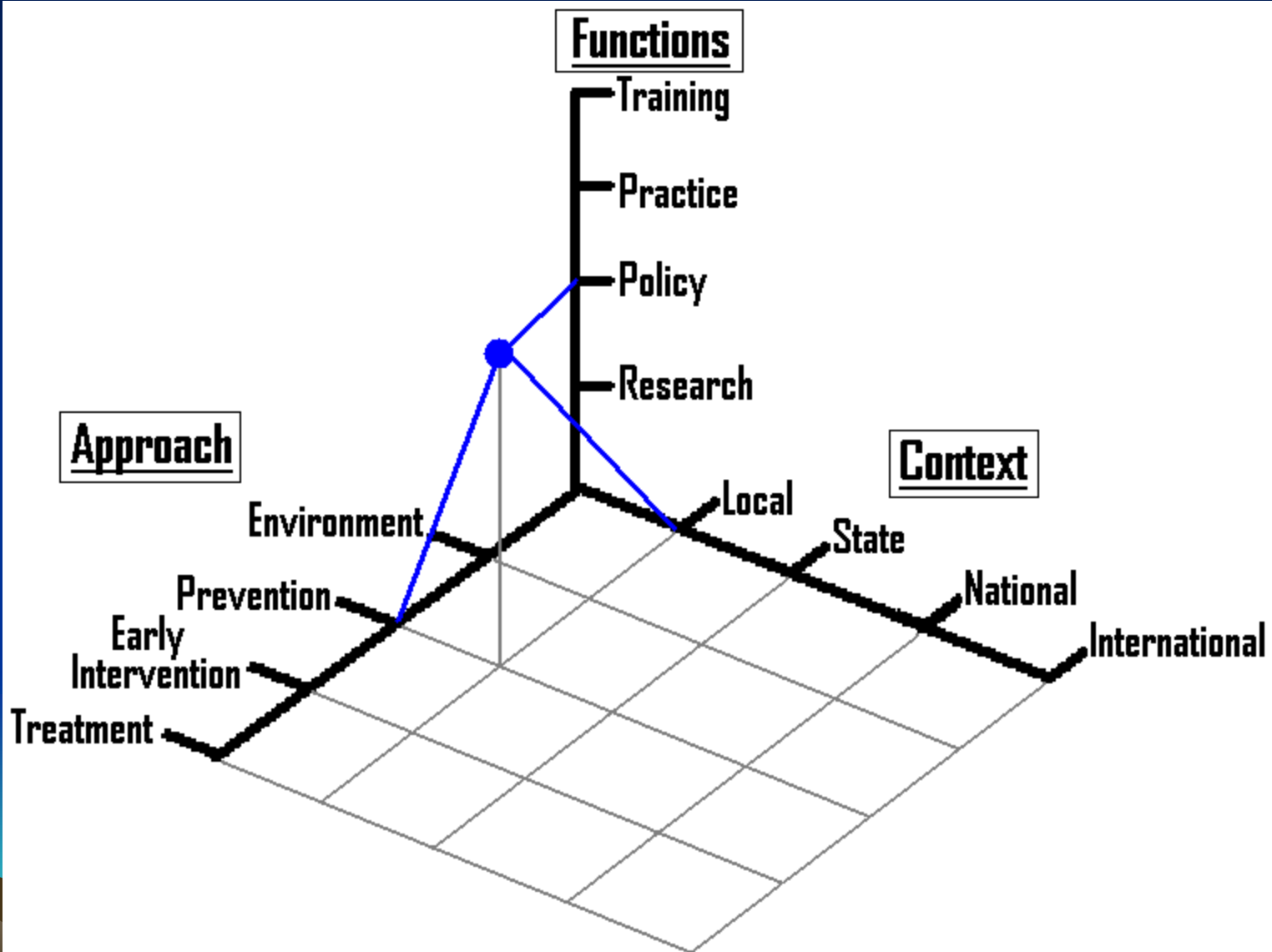
## *Center for School Mental Health\**

University of Maryland School of Medicine

<http://csmh.umaryland.edu>

\*Supported by the Maternal and Child Health Bureau of  
HRSA and numerous Maryland agencies

# CSMH Domains



# Outline

- Realities/ Why School Mental Health
- Research: Quality and Evidence-Based Practice
- Research: Understanding and Improving Services for Youth in Special Education
- Policy Directions: National Community of Practice
- Resources
- Ideas for Moving Forward



# Reality 1

- Child and adolescent mental health is among the most if not the most neglected health care need in the U.S.



# Reality 2

- Children, youth and families are not getting to places where mental health services are traditionally delivered



# Reality 3

- Schools are under-resourced to address mental health issues, and may view this as beyond their mission



# “Expanded” School Mental Health

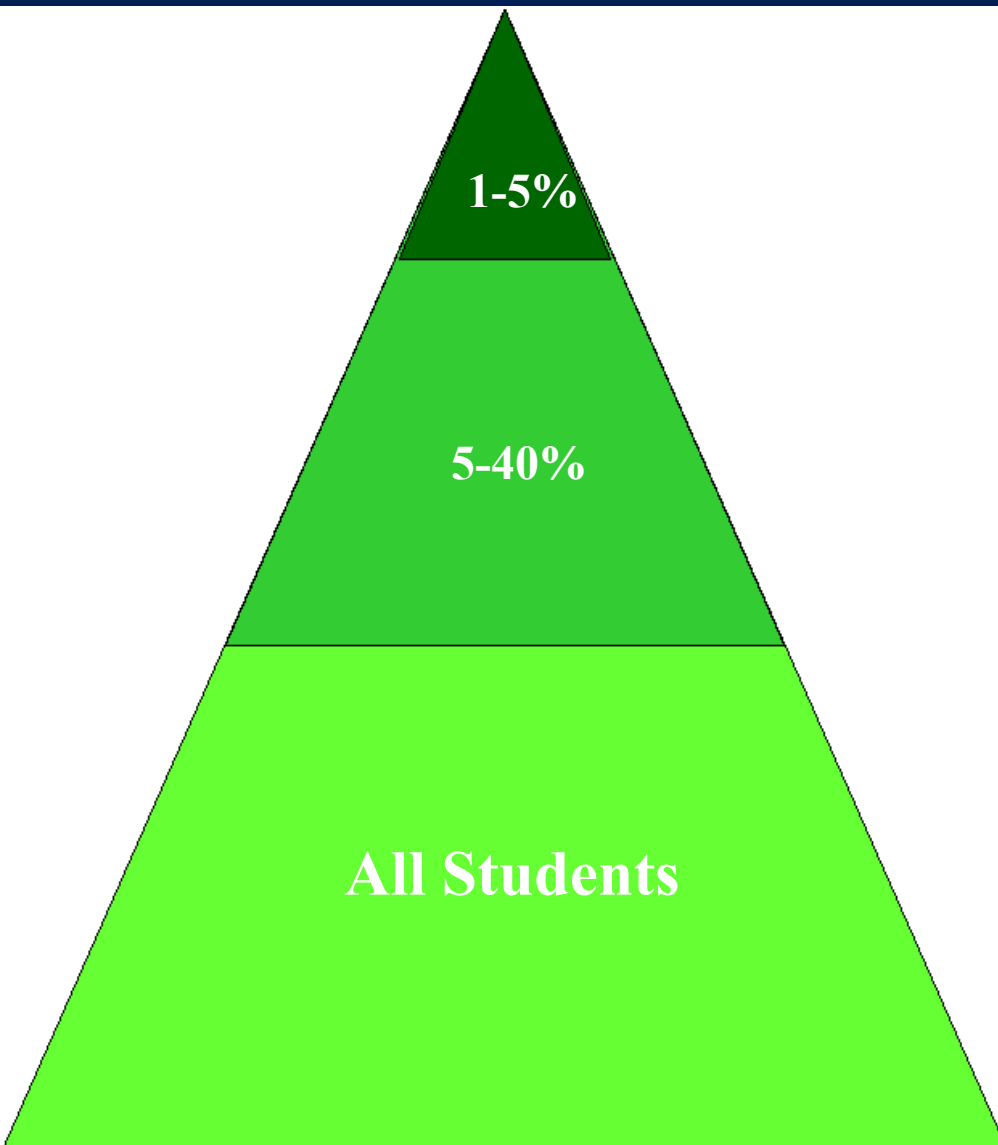
- Full continuum of effective mental health promotion and intervention for students in general and special education
- Reflecting a “shared agenda” involving school-family-community system partnerships
- Collaborating community professionals (not *outsiders*) **augment** the work of school-employed staff



# Growing Critical Mass

- Federal Commitment:
    - U.S. Surgeon General Reports (1999, 2000)
    - President's New Freedom Commission on Mental Health Report (2003; [www.mentalhealthcommission.gov](http://www.mentalhealthcommission.gov))
  - Federal Grants:
    - Safe Schools/Healthy Students
    - Integration of Mental Health into Schools
    - Systems of Care
    - Research Grants: National Institutes of Health, Institute of Education Sciences
  - Strong international interest
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# School Mental Health Promotion



**Intensive Intervention**

**Targeted Individual, Group,  
Family Intervention**

**Selective Prevention**

**Universal Prevention**  
Relationship Development  
Systems for Positive Behavior  
Diverse Stakeholder Involvement  
Climate Enhancement

# Why School Mental Health?

- > Access
- < Burden
- > Early Identification/  
Intervention
- > Promotion/Prevention
- > Support to  
Education Staff,  
Interdisciplinary  
Collaboration
- > Stakeholder  
Involvement
- > Service Efficiency  
and Effectiveness



# Referrals from Schools to Other Settings

- 96% referred to school-based program received services
- 13% referred to other community agency did

Catron, T., Harris, V., & Weiss, B. (1998)



# Research Supported Programs

- SAMHSA's National Registry of Effective Programs and Practices
- [www.nrepp.samhsa.com](http://www.nrepp.samhsa.com)
- Roughly 50 of 140 research supported interventions can be implemented in schools



# Research Supported Programs Involve

- Strong training
- Fidelity monitoring
- Ongoing technical assistance and coaching
- Administrative support
- Incentives
- Intangibles



# Practice in the trenches

- Involves **NONE** of these supports



# Central Theme of CSMH

- ***Bridging research and practice in school mental health to enhance the implementation of high quality, evidence-based programs leading to improvements in outcomes valued by families and schools***



# Research on Quality and Evidence-Based Practice

- Two small studies, late 1990s, Agency for Healthcare Research and Quality
- Qualitative research and development of the ***School Mental Health Quality Assessment Questionnaire***



# Quality Assessment and Improvement (QAI) Principles

- Emphasize access
- Tailor to local needs and strengths
- Emphasize quality and empirical support
- Active involvement of diverse stakeholders
- Full continuum from promotion to treatment
- Committed and energetic staff
- Developmental and cultural competence
- Coordinated in the school and connected in the community




# Quality in SMH Study

- ***Enhancing the Quality of Expanded School Mental Health Services***  
(R01MH71015-01A1, 2003-07)
- Co-investigators: Nancy Lever, Sharon Stephan, Eric Youngstrom, Laura Anthony, Ken Rogers, Kimberly Hoagwood



# Quality Study (cont.)

- Three sites, Baltimore, Dallas, Delaware
  - Two years, formative evaluation
  - 91 Clinicians randomly assigned to QAI or Wellness (W)
  - Assessing Proximal Impacts on quality of clinician services and implementation of evidence-based practices (EBPs)
  - And Distal Impacts on student level outcomes
- 

# QAI Intervention: Three Components

- Overarching Emphasis on Quality
- Effectively Working with Families and Students
- Enhanced Modular Intervention



# Working Effectively with Students and Families

- Engagement
- Support
- Collaboration
- Empowerment
  - see the work of Kimberly Hoagwood and Mary McKay

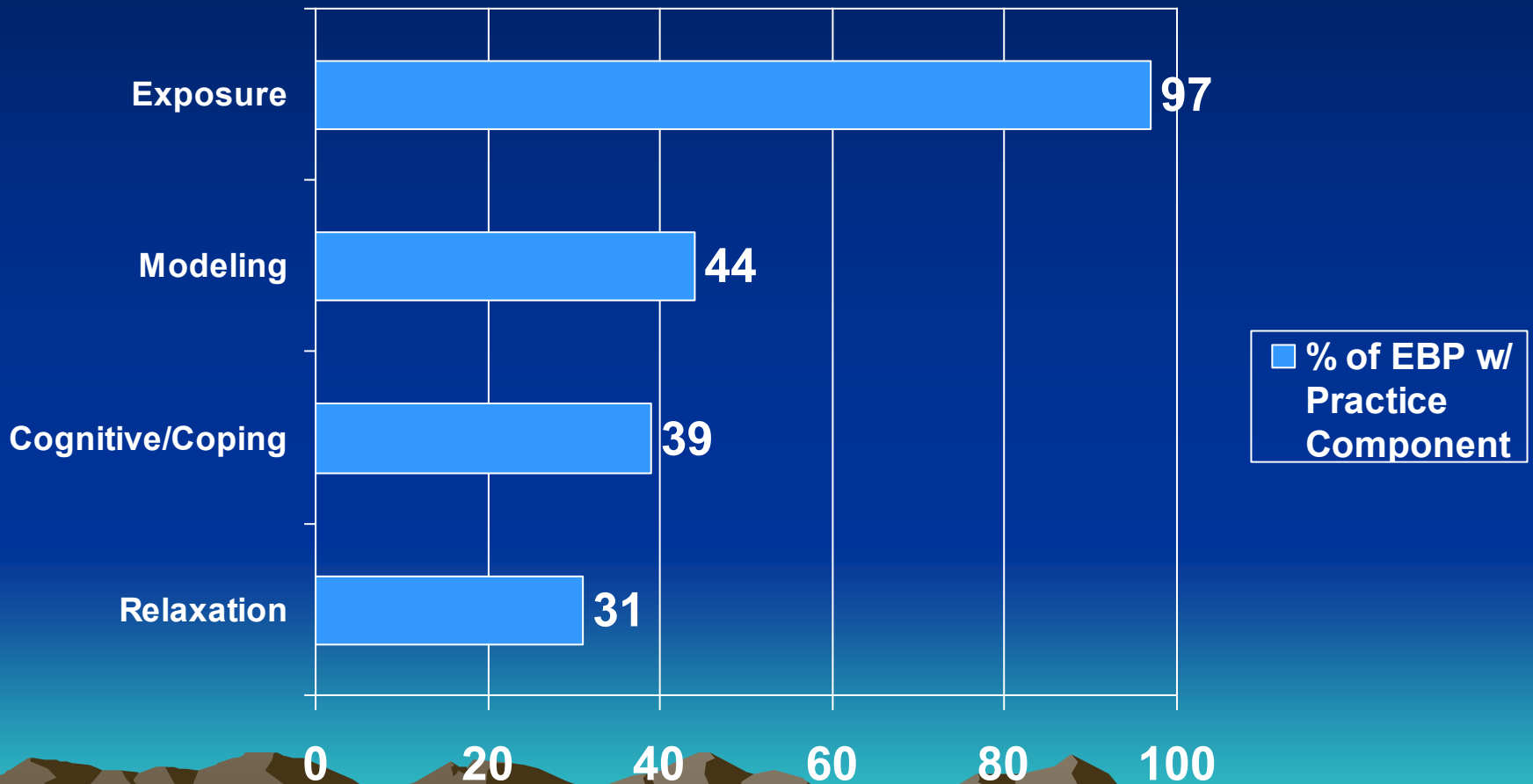


# Modular Intervention

- Chorpita, B.F., & Daleiden, E.L. (2007). *2007 Biennial Report: Effective Psychosocial Intervention for Youth with Behavioral and Emotional Needs*. Child and Mental Health Division, Hawaii Department of Health
- <http://hawaii.gov/health/mental-health/camhd/library/pdf/ebs/ebs012.pdf>



# Anxiety: Practice Components



# Quality Study Findings

- Primary aim documenting proximal impacts was achieved
- For QAI clinicians, gains in quality indicators:
  - Year 1: 47 – 67% ( $p < .0005$ )
  - Year 2: 62 – 73% ( $p < .005$ )
- End of Year 2, QAI clinicians higher ratings of quality service than W ( $p < .01$ )

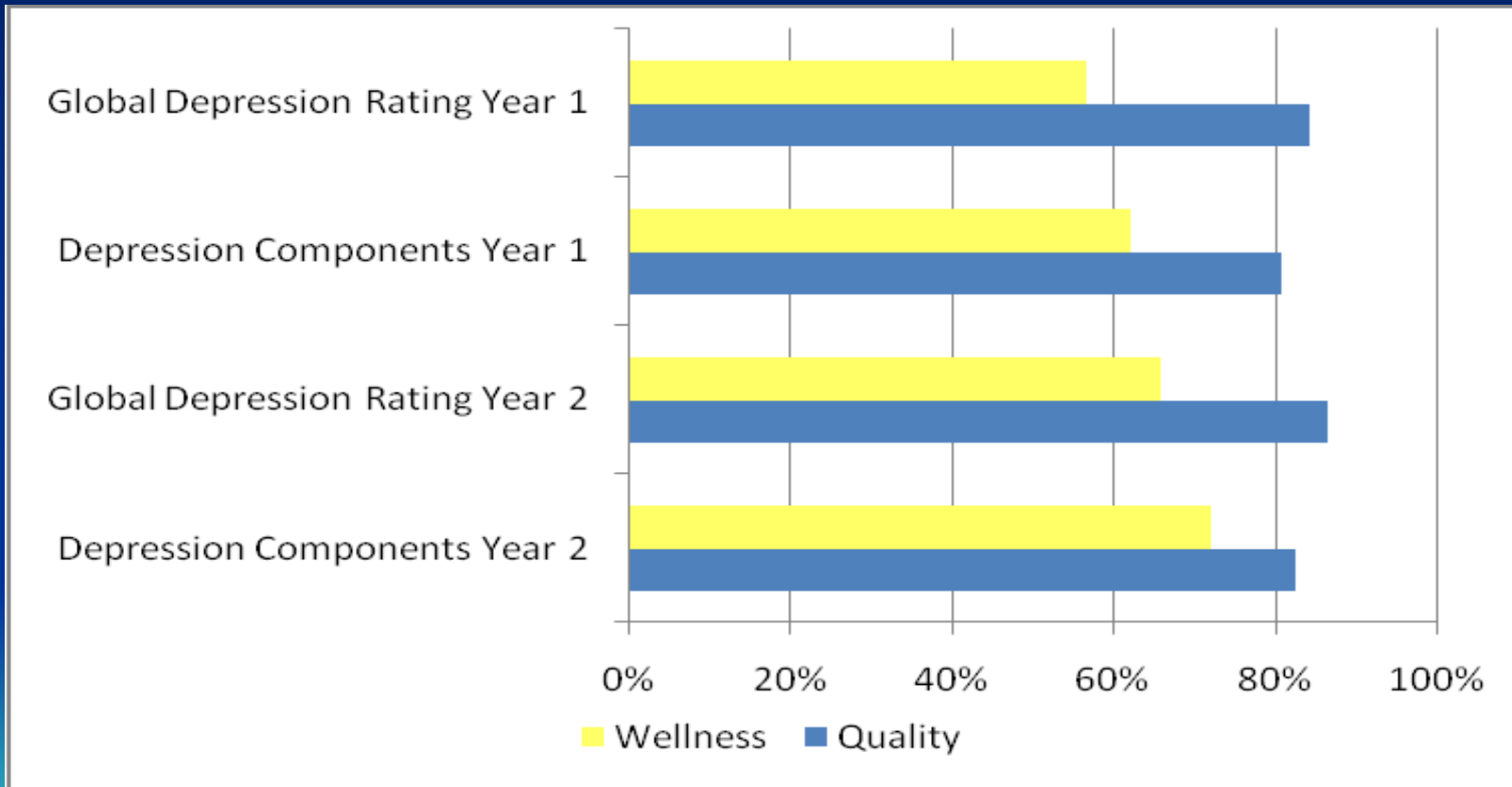


# Findings 2: Improvements in EBP

- QAI clinicians performed more EBP components ( $p < .005$ )
- And were rated higher in overall EBP competency ( $p < .0005$ )



# Findings 3: Rated Improvement in EBPs for Depression



# Findings 4

- The study was the first in this area and was a formative evaluation
- Its multisite nature contributed to different implementation and error variance
- Measurement problems constrained our ability to discern student-level outcomes
- Need for on-site implementation support became very clear




# Implementation Support

- Interactive and lively teaching
- Off and on-site coaching, performance assessment and feedback, emotional and administrative support
- Peer to peer support
- User friendliness
  - see Dean Fixsen, Karen Blasé, National Implementation Research Network (NIRN)



# ***Strengthening the Quality of School Mental Health Services*** R01MH081941-01A2

- New study to occur in Horry County, SC
  - One site noted for excellence in SMH
  - Clinicians/schools assigned to Enhanced QAI, including on-site implementation support or to Wellness, with about 20 per condition
  - Significantly improved procedures and measurement plan
  - To commence in April, 2010 (*knocking on wood*) for 3.5 years
- 

# Prince George's School Mental Health Initiative

- Funding from the State Department of Education
- Intensive, evidence-based mental health intervention for students in special education in 2 and then 6 schools
- Training and support to 11 schools with specialized programs for youth presenting emotional problems
- Broader training and support county wide (e.g., for all school psychologists)



# Data on Non-Public Placements

- Between September, 2006 and January, 2009, 78 students were seen for more intensive services in the four schools
- All met multiple criteria for placement in non-public programs
- 3/78 students were placed in a non-public program



# Economic Implications

- Non public cost per student/year above special education cost = \$39,038
- Cost of program per student/year = \$7,212
- Difference = \$31,826 saved per student/year
- 102 nonpublic placement years diverted
- **FOR A NET SAVINGS OF AROUND \$3.2 MILLION**
  - Slade et al, 2009, Advances in School Mental Health Promotion

# Based on this Pilot Project:

- ❖ Maryland has committed to ongoing funding of the initiative
- ❖ Prince Georges county has given an additional \$500,000 per year to grow critical mass (based on cost savings from a \$57 million per year annual budget)
- ❖ Statewide initiative in Maryland
- ❖ There is increasing national interest
- ❖ Federal grants are being pursued

Center for Adolescent  
Research in Schools  
(CARS)  
([www.ies-cars.org](http://www.ies-cars.org))



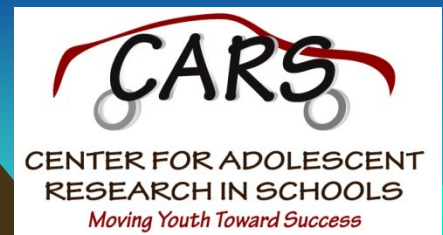
# Background

- Very poor outcomes for students in special education labeled with “emotional disturbance”
  - Poor academic achievement and high dropout
  - Poor post-school outcomes (e.g., increased criminality and substance abuse)
- Few evidence-based interventions for high school students



# Core Collaborators/Sites

- Lee Kern, Principal Investigator, Lehigh University
- Steven Evans, Co-PI, Ohio University
- Tim Lewis, Co-PI, University of Missouri
- Deborah Kamps, University of Kansas
- Carl Paternite, Miami University of Ohio
- Terry Scott, University of Louisville
- Mark Weist, University of Maryland



# Definitional Challenges

- Federal definition for emotional disturbance (ED) lacks specificity and objectivity
- Differences exist between educational terminology (e.g., special education classification) and mental health nomenclature (e.g., DSM diagnoses)



# Challenges in Assessment

- There is no widely accepted standardized measure to assess students in relation to federal criteria
  - Particularly challenging in distinguishing ED from social maladjustment, which “turns largely on chance factors”  
(Walker et al., 2000)



# Challenges in Placement

- Less than 8% of students in special education are labeled ED, but in restrictive placements more than 40% are
- Disproportionate number of students are minority, male, and from lower SES




# Three Intervention Domains

- Providing support to educators for improving student learning and positive classroom behavior
- Enhancing student social skills, academic competence, connectedness, and mental health
- Providing psychoeducation and support to families and facilitating their connection to resources



# CARS Multisite Study

- 40 high schools in 5 states
  - Two years: 2011-12, 2012-13
  - Schools assigned to Intervention or Comparison (involving information and support for staff wellness)
  - CARS Consultants to support school-employed mental health staff and special educators in conducting project assessments and in implementing interventions
- 

# Agendas

- The ***Systematic Agenda*** (e.g., implementing evidence-based services in schools, documenting outcomes, building advocacy) is DEPENDENT ON
- The ***Collaborative Agenda*** (i.e., building relationships, promoting dialogue and developing true collaboration and partnerships)



# A National Community of Practice

[www.sharedwork.org](http://www.sharedwork.org)

- CSMH and IDEA Partnership ([www.ideapartnership.org](http://www.ideapartnership.org)) providing support
- 30 professional organizations and 13 states
- 12 practice groups
- Providing mutual support, opportunities for dialogue and collaboration
- Advancing *multiscale learning*

# Thirteen States

- Hawaii
- Illinois
- New Hampshire
- North Carolina
- Maryland
- Missouri
- New Mexico
- Ohio
- Pennsylvania
- South Carolina
- South Dakota
- Vermont
- West Virginia





# *Ohio Mental Health Network for School Success* (<http://www.omhnss.org>)

- *Since 2001*
- *Ohio Department of Mental Health*
- *Ohio Department of Education*
- *Center for School-Based Mental Health Programs at Miami University*  
(<http://www.units.muohio.edu/csbmhp>)

## *Mission*

*To help Ohio's school districts, community-based agencies, and families work together to achieve improved educational and developmental outcomes for all children — especially those at emotional or behavioral risk and those with mental health problems*

# Effective Practice Partners



- Case Western Reserve University
- Ohio State University
- Kent State University
- Miami University
- Ohio University
- Bowling Green State University



## *Disciplines*

*Clinical, Community and School Psychology*

*Criminal Justice*

*Public Health*

*Social Work*

*Education Leadership*



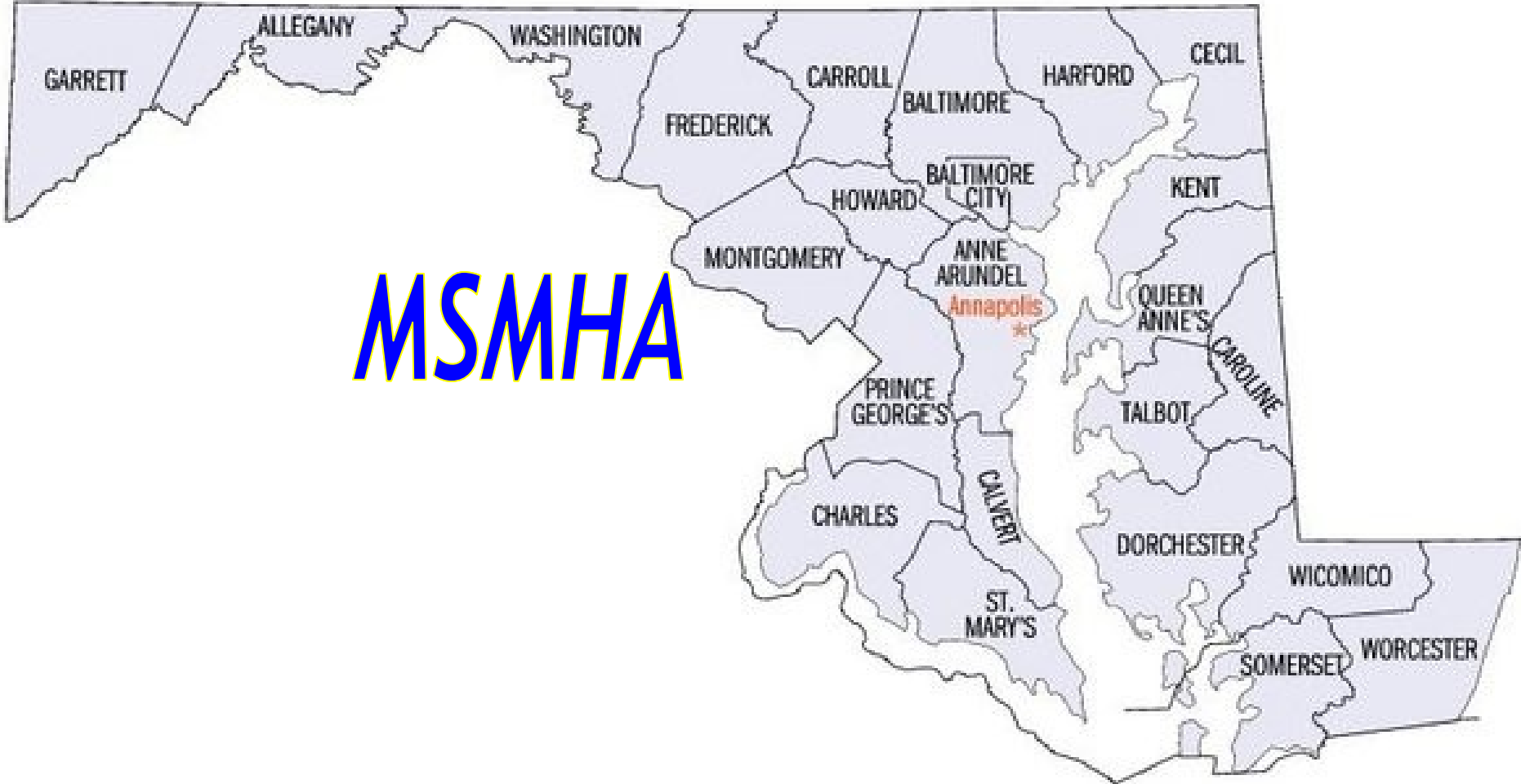
# Ohio Network Teams

- Communications
- Quality and Evidence-Based Practice
- Training and Technical Assistance
- Advocacy and Policy Improvement



# Maryland School Mental Health Alliance

***MSMHA***



# Knowledge/Practice Domains in the Field

- Cross Cutting:
  - 1) Language
  - 2) Culture
  - 3) Quality
  - 4) Family-School-Community Partnerships
  - 5) Youth Involvement and Leadership



# Practice Domains 2

- Cross System/Initiative:
  - SCHOOL MENTAL HEALTH AND
  - 6) Special Education
  - 7) Positive Behavior Support
  - 8) Systems of Care
  - 9) Juvenile Services
  - 10) Child Welfare



# Practice Domains 3

- Emerging:
  - 11) Psychiatry in Schools
  - 12) Supporting Military Families

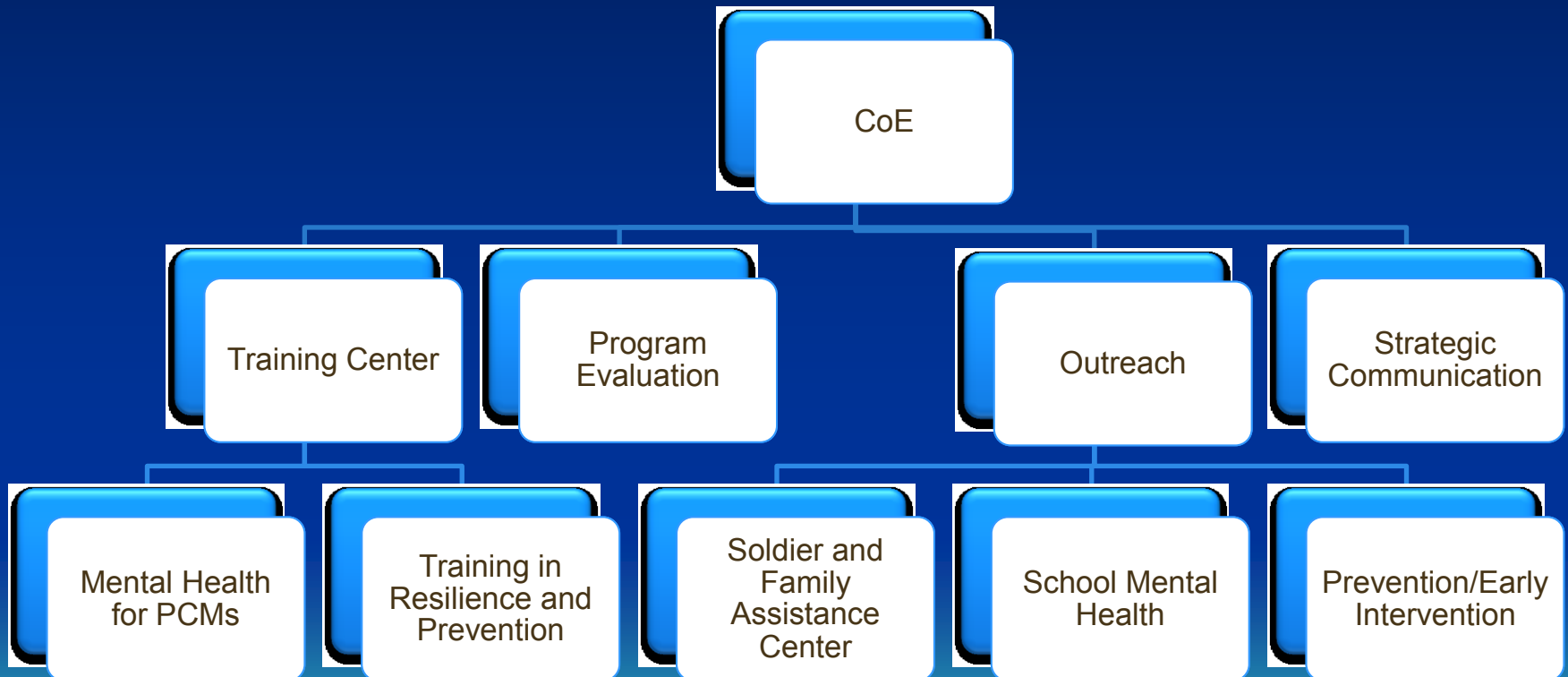


# Army – Child, Adolescent and Family Behavioral Health Center of Excellence

- > \$75,000,000 initiative
- Reflecting increased emphasis on mental health in the Army (e.g., deployment issues, suicides)
- Based at Fort Lewis in Tacoma, WA
- Influenced by work at Tripler Army Medical Center in HI
- Targeting major deployment platforms in U.S. and beyond



# COE Structure



# INTERCAMHS

- The International Alliance for Child and Adolescent Mental Health and Schools (see [www.intercamhs.org](http://www.intercamhs.org))
- Discussions began in 1998
- Formally established in 2003
- Currently 244 members in 35 nations
- Sponsor or participant in over 10 international conferences



# CSMH Training Events – 2010

**15<sup>th</sup> Annual Conference on Advancing School Mental Health.** Albuquerque, October 7-9

**School Health Interdisciplinary Program (SHIP).** Towson, Maryland, late July

See <http://csmh.umaryland.edu> or call 410-706-0980 (or 888-706-0980 toll free)



# 16<sup>th</sup> Annual Conference

## Charleston, SC

September 22-24, 2011



# [www.schoolmentalhealth.org](http://www.schoolmentalhealth.org)

- Website developed and maintained by the CSMH with funding from the Baltimore City Health Department and Maryland Departments of Education and Mental Health
- User-friendly school mental health information and resources for caregivers, teachers, clinicians, and youth



# Two Books

- ***Handbook of School Mental Health***  
(2003, paperback – 2007)  
– [www.springer.com](http://www.springer.com)
- ***Advances in School-Based Mental Health Interventions*** (2007)  
– [www.civicresearchinstitute.com/sbmh.htm](http://www.civicresearchinstitute.com/sbmh.htm)

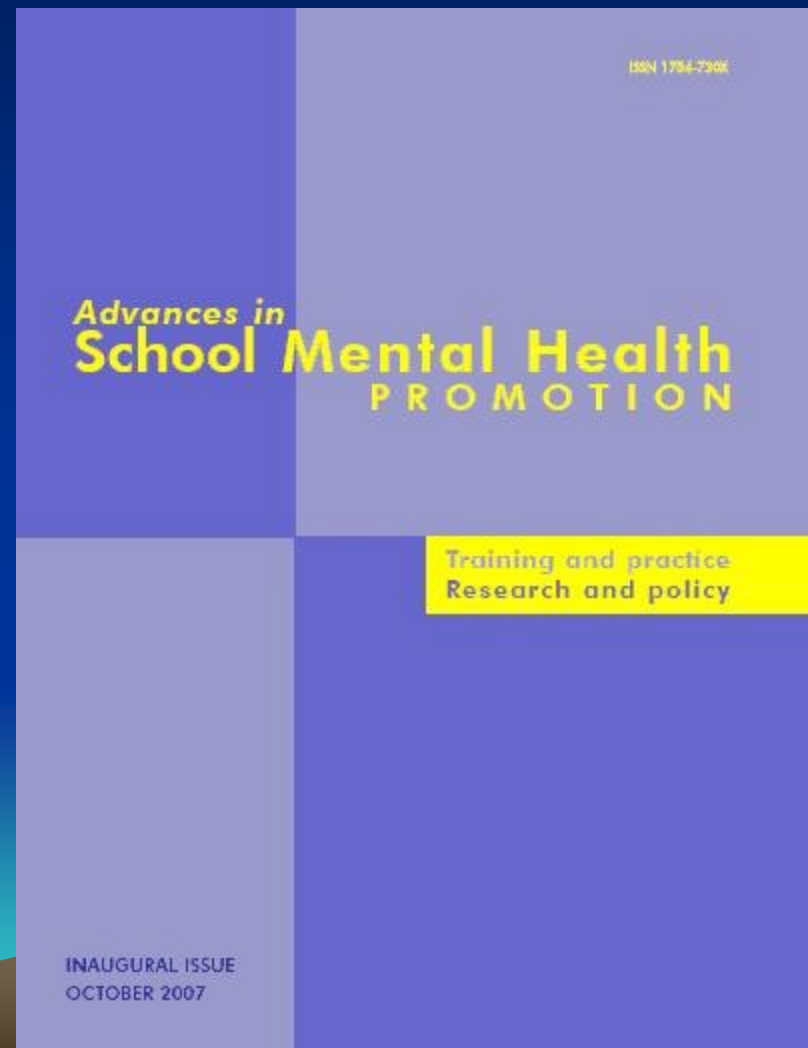


# Two New Journals

- ***Advances in School Mental Health Promotion***
  - The Clifford Beers Foundation and the University of Maryland
  - [www.schoolmentalhealth.co.uk](http://www.schoolmentalhealth.co.uk)
- ***School Mental Health***
  - [www.springer.com](http://www.springer.com)



# Advances in School Mental Health Promotion



# Key Themes Associated with Progress

- Commitment/Passion
- Immersion in all dimensions (training, practice, research and policy)
- Promoting connections across dimensions
- Building interdisciplinary, cross system, and multilevel relationships and partnerships



# Key Themes 2

- Clear communication and transparent processes
- Managing information
- Striving for balance
- Thinking about thinking
- Promoting efficiencies



# Key Themes 3

- Focusing on quality
- Pursuing the next level
- Building social cohesion



# Contact Information

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