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Advancing School Mental Health

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http://csmh.umaryland.edu
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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:

➢ 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
School Mental Health Promotion

Selective Prevention
- All Students
  - 5-40%
  - 1-5%

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

Targeted Individual, Group, Family Intervention

Selective Prevention

Intensive Intervention
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
- 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


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 soon 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)
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

- CSMH and IDEA Partnership (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
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
INTERCAMHS

- The International Alliance for Child and Adolescent Mental Health and Schools (see 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

15th 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)
16th Annual Conference
Charleston, SC
September 22-24, 2011
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

- **Advances in School-Based Mental Health Interventions** (2007)
  - 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

- School Mental Health
  - www.springer.com
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