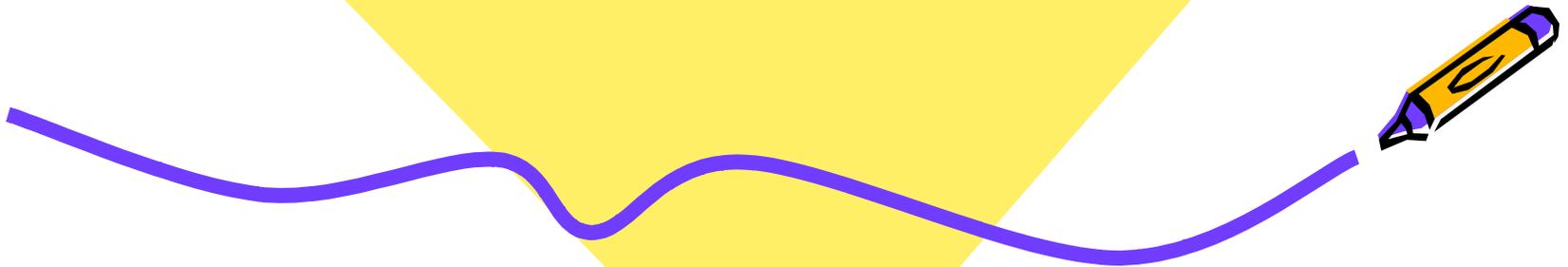Indicator #23: Do you offer activities promoting school-wide mental health?

Beyond Mental Health "Clinics" In Schools

- Expanding treatment services in schools through community partnerships will improve outreach to under-served youth.

- However, only focusing on treatment will miss important opportunities to develop preventive programs and services.

- And if prevention is not occurring in schools (the most universal natural setting), it is most likely not happening in the community.

- Investing in effective prevention and mental health promotion will assist the school and community in achieving desired outcomes and in reducing costs downstream.
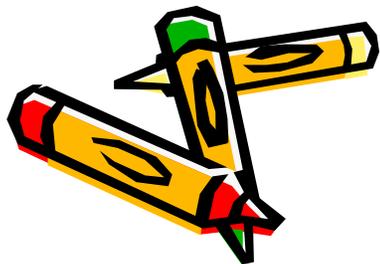
The Optimal School Mental Health Continuum?

- In some ESMH programs, the goal is to have clinicians in three primary roles:

  - *Change agent* (10-20% time), involving participating on school teams, bringing resources into the school, developing school-wide programs (e.g., mentoring, environmental enhancement).

  - *Prevention specialist* (30-50% time), involving collaborating with educators to promote positive student behavior in classrooms, conducting skill training groups, and seeing students and families for a few sessions to address targeted problems.

  - *Therapist* (20-30% time), involving providing individual and family therapy to youth with diagnoses and often involving accessing fee-for-service reimbursement.
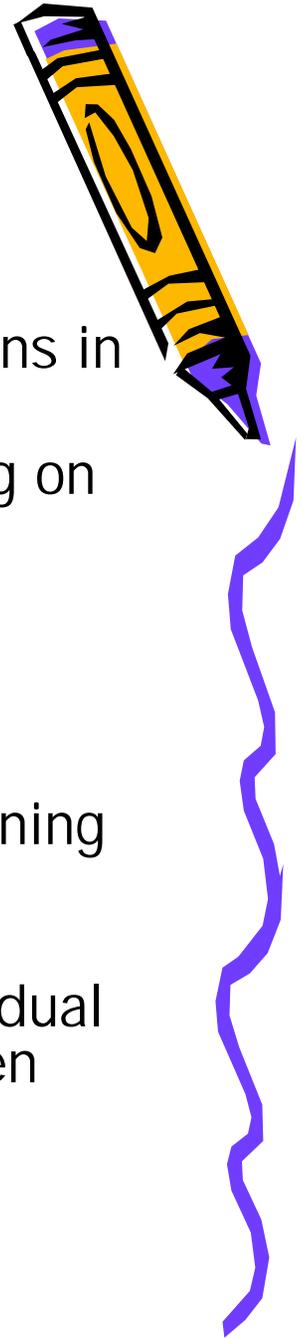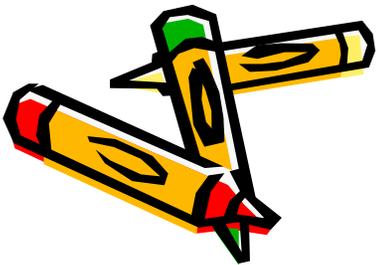
Challenges to the Optimal Continuum

- To be involved in a continuum of mental health promotion, prevention, early intervention, and treatment in schools typically requires grant, contract, or other stable revenue to the program, as fee-for-service usually does not support prevention.
- Clinicians will also encounter considerable pressures to address students with intensive needs and to respond to crises.
- To protect time for mental health promotion and prevention activities requires a mutual agreement between the school and community agency on the priority of these activities, and clear boundaries by clinicians to ensure time for these activities is protected.
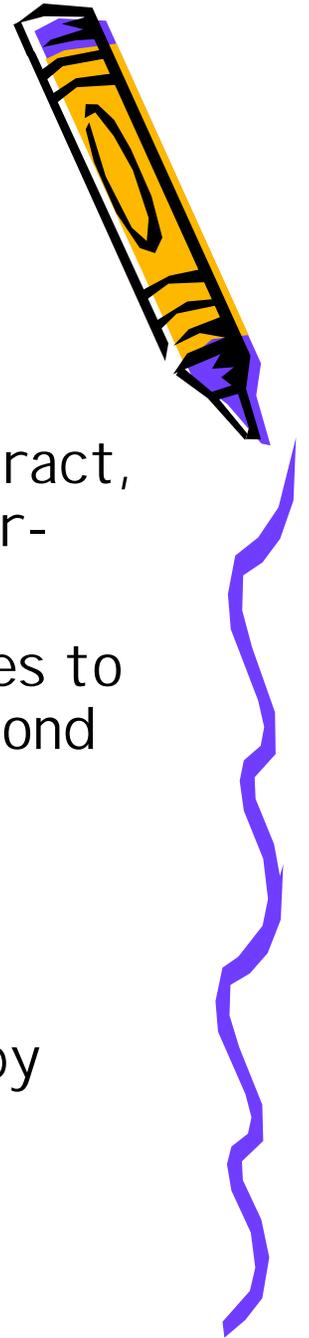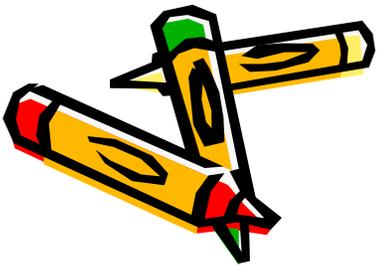
For ESMH Programs to Move Toward a Full Continuum of Programs and Services:

- School and community members should believe in the importance and value of this full continuum.

- With the full range of stakeholders involved, advocacy for adequate resources for prevention and mental health promotion will be facilitated.

- Two connected triangles present how services should be prioritized and delivered and supported through advocacy and policy improvement (next two slides).
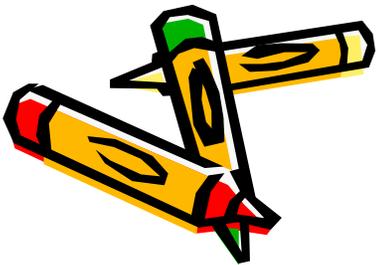
Continuum of Programs and Services in School Mental Health
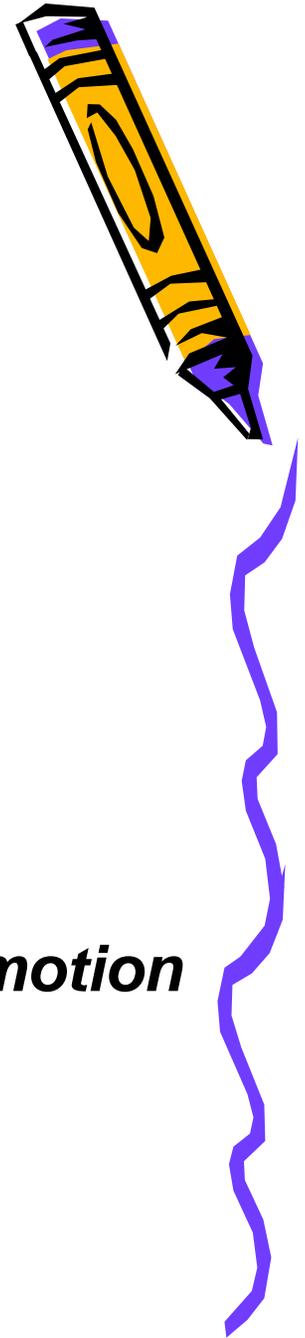
More Intensive Intervention

Prevention and Early Intervention

Enhance Environment, Broad Mental Health Promotion

The Full School Mental Health Continuum

Desired Outcomes
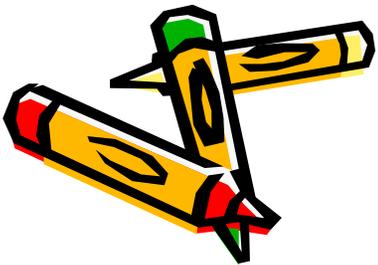**Effective mental health promotion and intervention**

Outstanding staff and program qualities
Ongoing training, technical assistance & support
**School and community buy-in and investment**

Resources

**Awareness raising, advocacy, policy improvement**

To Build Support for the Full Continuum, All Stakeholder Groups Should be Involved

- Youth and families
- Teachers
- School administrators
- School mental health staff
- School health staff

- Support staff in schools
- Community mental health staff
- Community and faith leaders
- Business leaders
- Journalists
- Advocates
- Legislators
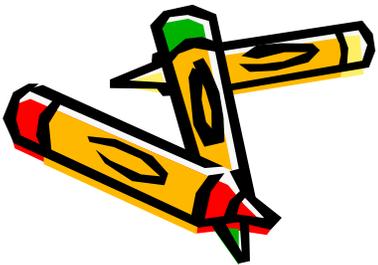
Ideas to Increase Diverse Community Participation in the Program

- Develop advisory boards that include all stakeholder groups and ensure they are genuinely shaping the program.
- Conduct qualitative evaluations (e.g., focus groups).
- Engage in community awareness and fund raising (e.g., health fairs, media events).
- Develop newsletters and other engaging documents that help "sell" the program and its staff and services to community members.
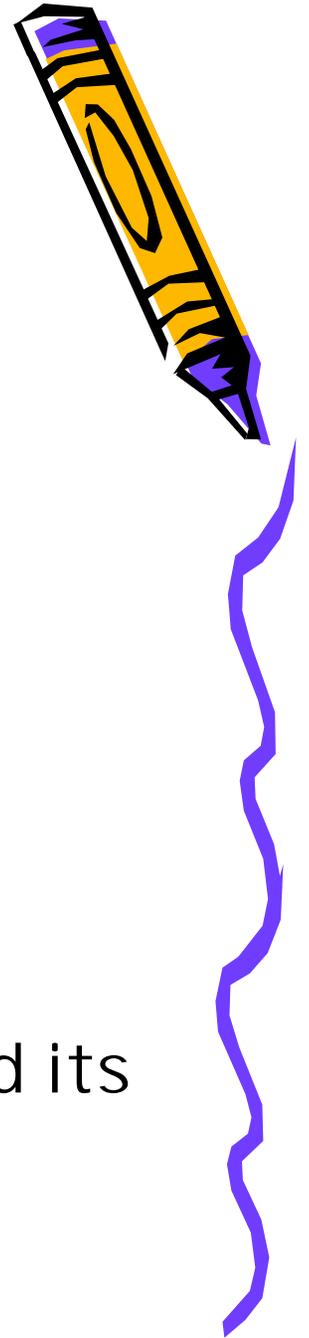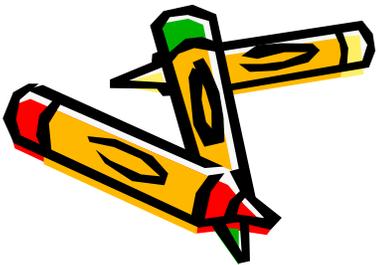
Coordinating Efforts with School-Employed Staff

- In moving the school to a full continuum of programs and services, ESMH staff should have collaborative discussions with school-employed mental health staff (and educators involved in mental health) to determine who will do what along the various points of the prevention continuum.

- The following figure presents one example of such collaborative decision making on roles.
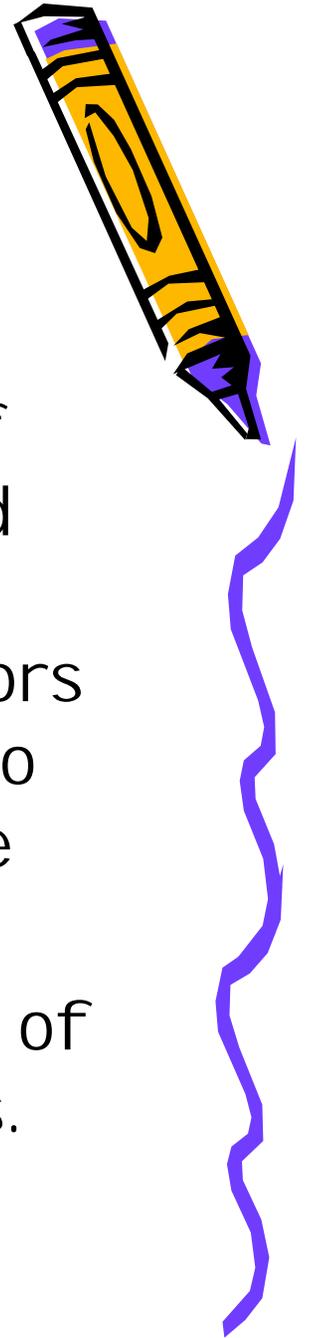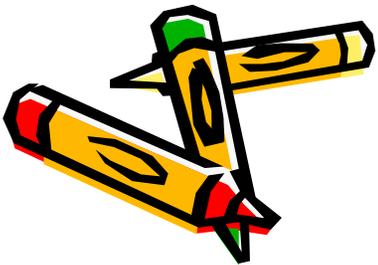
Deciding on Roles in a School

(Sch. Psy. = School Psychologist, SW. = Social Worker, CO. = Counselor, Com. St. = ESMH clinician)
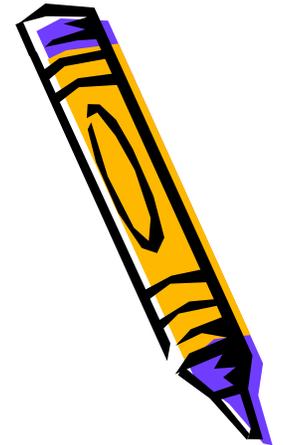
	Primary	Secondary	Tertiary
Sch. Psy.	XOXOXO	XXXXXX	XX
Sch. SW.		XOXOXO	XXXXXX
Sch. Co.	XOX0	OOO	
Com. St.	XO	OOOOOO	OOOOOO

GEN.ED=O   SPEC.ED=X
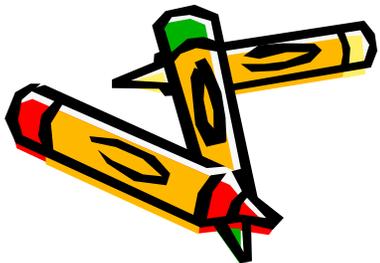
Primary = population based,
Secondary = for youth who are
Stressed or at risk, Tertiary = Treatment

Helpful Hints 1:
# Making Prevention a Priority

- With school-employed staff, conduct an assessment of all prevention activities occurring in the school.
- Get feedback from staff, including school leaders, on their views of the effectiveness of these efforts.
- Based on feedback received, collaboratively decide on some new strategies to enhance the prevention focus.
- The CSMHA (http://csmha.umaryland.edu) has organized resources on evidence-based prevention programs, as reviewed in the next two slides.
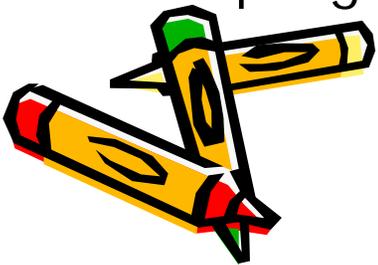
# Examples of Universal (Primary Preventive) Interventions

- Promotion of Social and Emotional Competence
  - I Can Problem Solve (Spivak & Shure)
  - Promoting Alternative Thinking Strategies (Greenberg)
  - Skillstreaming (Goldstein)
- High Risk Behaviors
  - Life Skills Training (Botvin)
  - Project ALERT (Ellickson)
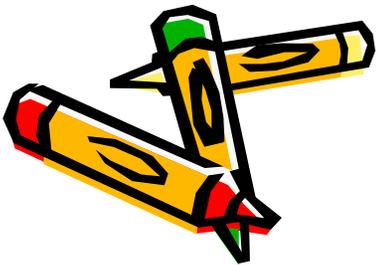
Examples of Selective (Secondary Preventive) Interventions

- Depression
  - Adolescent Coping with Stress Course (Lewinsohn)
  - Penn Optimism Program (Reivich)
- Anxiety
  - Friends (Bartlett)
- Aggressive Behavior
    - Coping Power (Lochman)
    - Reconnecting Youth (Herting & Eggert)
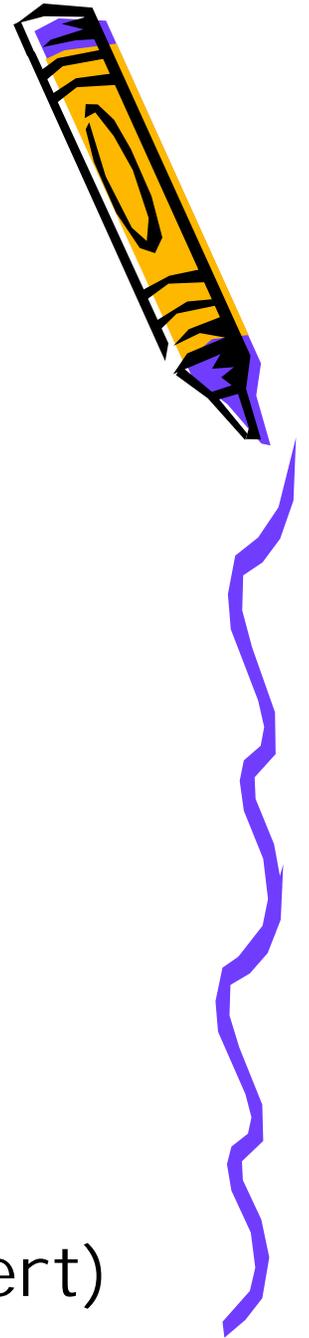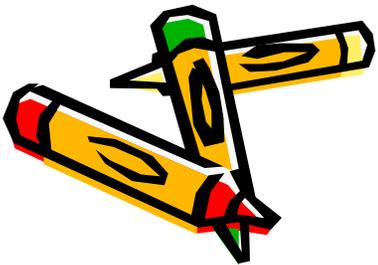
# Helpful Hints 2:
Keeping Prevention a Priority

- Join school-wide teams (e.g., student support, school improvement) and make attendance at these a priority.

- Make connections with university staff engaged in prevention research, invite them to the school and with school-employed staff discuss ways to collaborate.

- Actively obtain student and family ideas about prevention programs and involve them in planning for and providing evaluation of projects that are implemented.
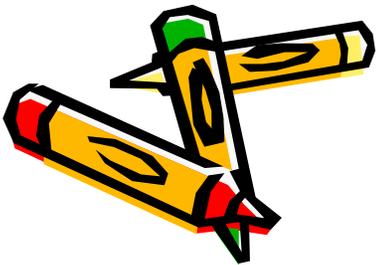
Web Resources

- Center for School Mental Health Analysis and Action, Compendium of empirically-supported approaches that can be adapted for use within school mental health programs (http://csmha.umaryland.edu)

- Empirically Supported Treatment Documents (http://www.apa.org/divisions/div12/rev%5Fest)

- National Research and Development Centre for Welfare and Health, Promotion of mental health of children and young people (http://www.stakes.fi/mentalhealth/work3.htm)

- Suffolk Health Authority, A Mental Health Promotion Strategy for Suffolk 2002-2005 (http://www.suffolkmentalhealth.org.uk/1960/MH%20Strategy%20Booklet%20.pdf)
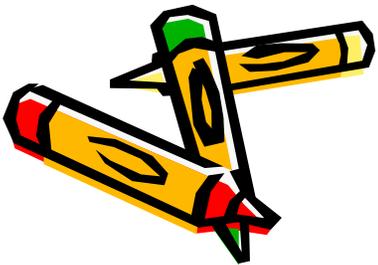
Web Resources

- Prevention Research Center for the Promotion of Human Development College of Health and Human Development, Preventing Mental Disorders in School-age Children: A Review of the Effectiveness of Prevention Programs

  (http://www.prevention.psu.edu/pubs/CMHS.html)

- Promoting Children's Mental Health within Early Years an School Settings

  (http://www.des.gov.uk/mentalhealth/pdfs/ChildrensMental Health.pdf)

- Colorado Department of Education: A Guide to School Mental Health Services

  (http://www.cde.state.co.us/cdesped/download/pdf/SMHgu ide.pdf)
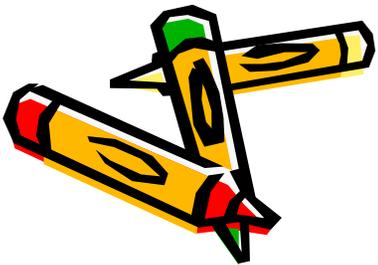
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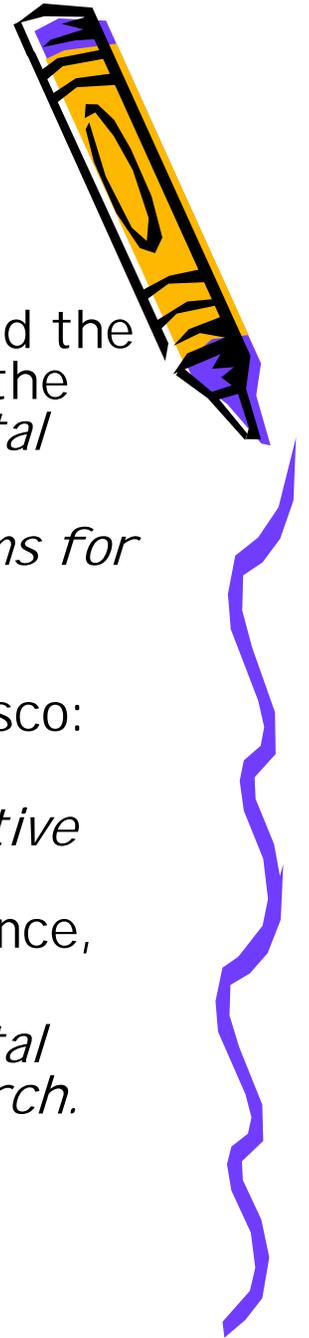
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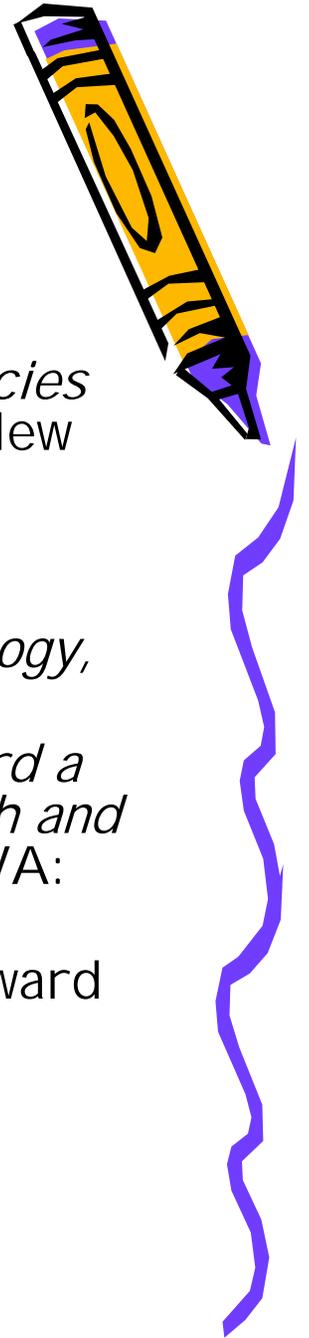
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