Developing Collaborative ESMH Programs

Center for School Mental Health Assistance
(2002)

DEVELOPING COLLABOARTIVE
ESMH PROGRAMS

"*The recent trends of clinical and health professionals linking their services to school has added to the complexity of this host setting arrangement in schools. In such a context, the ability to work effectively as part of an interdisicplinary team is critical. Professionals can no longer view themselves as independent, unidisciplinary practitioners. They must be willing to and able to work with other disciplines, as part of an interdisciplinary team, to meet the needs of students and their families*" (Streeter & Franklin,2002, p.615).

<u>**Collaboration**</u>
Collaboration is a process of participation through which people, groups, and organizations work together to achieve desired results (National Network for Collaboration, 1995). ESMH programs are by their very nature collaborative endeavors. They require collaboration at the systems, agency and stakeholder level to facilitate effective school-based mental health program development, implementation, and evaluation (Lever, et al., 2002). In the context of ESMH programs, the term stakeholder refers to individuals, agencies, and groups who have some stake or investment in the development, implementation, and evaluation of a given endeavor (Lever et al., 2002).

Key stakeholder groups for ESMH programs to collaborate with
- ❑ Youth
- ❑ Parents or guardians
- ❑ Teachers
- ❑ Administrators
- ❑ School and community mental health staff
- ❑ School and community health staff
- ❑ Local and state government officials
- ❑ Staff from other child-serving agencies
- ❑ Community leaders
- ❑ Faith leaders
- ❑ Businesses

Successful collaborative relationships requires groups to come together for a joint endeavor. Though each organization may have different missions to achieve, a successful partnership requires that each group be willing to work towards one overarching shared goal or vision (Friend & Cook, 1990). Elements of successful collaborative relationships include the ability to solve conflicts; leaders demonstrating a

commitment to collaboration and the development of relationships; and a perceived mutual benefit by those involved (Golden, 1991).

Collaboration in ESMH Programs

Social workers, psychologists, nurses, psychiatrists, parents, students, teachers, and school administrators work together to address the emotional and behavioral difficulties that interfere with learning, and optimize overall student health and well-being. By doing so, children and their families are afforded access to a broader range of professional expertise and can benefit from utilization of the services. Furthermore, the interdisciplinary alliance among ESMH professionals provides the opportunity for an integrated programmatic treatment approach rather than relying on piecemeal interventions. Additional potential benefits for ESMH providers include an enhanced support network, opportunities for shared decision-making, and improved communication and negotiation skills.

The reality, however, is that as ESMH programs have developed, so have tensions between education and mental health staff, and between mental health staff hired by the school (e.g., school psychologists and social workers) and staff coming from community agencies (e.g., clinical psychologists, social workers, psychiatrists). In an effort to address "turf" issues and to promote a spirit of collaboration, school- and community-hired professionals should reach out to one another and learn about respective strengths. Admittedly, there are potential barriers to ESMH staff and school-hired staff developing successful collaborative relationships. These barriers may include staggered work schedules, differing orientations, preexisting commitments, and school staff not having information on the mental health staff and their roles.   But these barriers are not insurmountable. Successful school-based mental health programs around the country have demonstrated that these barriers can be overcome to create truly collaborative and productive relationships.

Levels of Collaboration

It is important to recognize that there are different degrees of collaboration. Weiner (1990) has categorized professional practice into five levels (cited in Streeter & Franklin, 2002):

Unidisciplinary: professionals possess sound preparation and competency within his/her discipline.

Intradisciplinary: professionals work with others in their discipline believing each can contribute to the client group.

Multidisciplinary: professionals recognize that other disciplines can also make important contributions to the client group.

Interdisciplinary: professionals are willing and able to work with other disciplines in joint services.

Transdisciplinary: professionals commit to teaching, learning, and working with other service providers across traditional discipline boundaries.

School-based mental health professionals are encouraged to examine their own professional practice and that of their colleagues within the school. The latter two levels,

interdisciplinary and transdiciplinary, seem to be essential for successful school-based mental health programs. In contrast to multidisciplinary collaboration, which conveys that disciplines are in some way involved in a common agenda, interdisciplinary collaboration conveys that they are genuinely interested in and seriously working together (lever et al. in press). Streeter and Franklin (2000) have challenged school-based mental health professionals to move beyond the interdisciplinary framework where professionals are willing and able to collaborate with other disciplines, to the transdisciplinary framework where professionals actively teach, learn and work with other service providers across discipline boundaries (Streeter and Franlkin, 2002).   This sophisticated level of collaboration contributes to highly successful ESMH programs, ultimately benefiting the children and families served by the program.

Opportunities for Collaboration

Opportunities for collaboration exist in all phases of ESMH programs (planning phase, program development, implementation, and program evaluation). Opportunities for collaboration are reviewed below.

Opportunities for collaboration in the planning phase

Efforts to promote collaboration in the planning phase will help set the tone for a program's interest and reputation for collaborating with other school-based professionals. One important activity that promotes interdisciplinary collaboration is the development of a planning committee. School-based mental health programs can form a planning committee that includes representatives from the various stakeholder groups (educators, school administrators, coordinators of collaborating mental health agencies, youth, families, school-hired mental health providers, and other community leaders) to help guide the development of the program so as to ensure that the program is respondive to the specific needs of the community. Another avenue for collaboration is to involve stakeholders in the needs assessment process through such means as focus groups, informal interviews and surveys.

Collaboration in the development and implementation stage

Opportunities for collaboration between school and mental health staff currently exist in many school districts. Student Support Teams or Pupil Support Teams are charged with making recommendations to solve problems presented by individual students or groups of students while the Annual, Review, and Dismissal Team determines whether students are eligible to receive special education services, makes decisions about service allocation for students deemed eligible, and monitors the progress of students already in the system. The School Improvement Team includes participation of various school and community members and is charged with evaluating the school's functioning in all realms and making recommendations to the principal on strategies for improvement. It is worth noting that there are differences between a group in which problems of individual students are being brought before a group, and a group that meets and evaluates the needs of the school and systematically addresses these needs. The latter reflects a higher level of collaboration that tries to effect systematic change for the entire school (Waxman , Weist & Benson, 1999).

The following are just a few approaches that school-based mental health professionals have found to be successful in developing and promoting collaborative relationships within schools.

1. *Resource Mapping:* To avoid unnecessary duplication of school-based mental health services, it may be useful to map existing services in the school along a continuum or primary, secondary, and tertiary prevention. With services mapped, discussions can be held on ways to optimally fill gaps in services.

2. *Join a Team.* School-based mental health professionals can join an existing mental health team. If a mental health team does not already exist, they can help develop one. When functioning well, mental health teams can take on the role of agents for systematic change in the school. These teams may initiate school-wide interventions such as developing and implementing crisis intervention plans, bringing relevant curricula into the school to promote the development of psychosocial competencies, conducting mental health education programs for children in classrooms, and developing and directing peer counseling programs.

3. *Utilize and Advisory Board.* Programs can establish an advisory board for the ESMH program that is comprised of a wide array of stakeholders, and routinely seek input from the board regarding program development.

4. *Resource Coordinating Teams.* A resource coordinating team can be a mechanism for focusing efforts on how to prevent and intervene against barriers to learning and teaching. The focus of a resource coordinating team is to clarify available resources and their best use (Center for Mental Health in Schools, March 2001). A resource coordinating team can be charged with identifying, analyzing, and improving existing efforts to prevent and alleviate barriers to learning; enhancing systems for intervention, case management, and quality assurance; guaranteeing appropriate procedures for effective management of programs and communications; and, exploring ways to redeploy and enhance resources. It is not only meant for psychosocial programs, but all major programs and services supporting education instruction and reducing barriers to learning. (Center for Mental Health in Schools, 2000, 2001)

5. *Collaboration with Front-line Staff.* Close involvement with teachers and other school staff in addressing needs of individual students, and in improving program services overall, is critically important. While it is not possible to connect to every student's teachers, ESMH staff should strive to interact with education staff on a meaningful level each day they work in the school.

Collaboration in Program Evaluation
The importance collaborative activities for ESMH programs continues into the program evaluation phase. Multiple opportunities exist for collaboration when evaluating ESMH program impact and effectiveness. One activity is to develop a quality assessment and improvement (QAI) team that includes community and school-based participants. Goals of a QAI team may include developing and implementing strategies for assessing service utilization and effectiveness. Another avenue is to include stakeholders in the evaluation of services. Finally, programs can ask stakeholders to share and disseminate evaluation results in an effort to build community support (Prodente, Sander, & Weist, 2001).

Related CSMHA References and Documents

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<u>Resources on the Web</u>
Building Community Collaboration and Consensus
http://www.communitycollaboration.net/

Center For Effective Collaboration and Practice
http://cecp.air.org/

Center for Mental Health in Schools
www.smhp.psych.ucla.edu

Center for School Mental Health Assistance
http://csmha.umaryland.edu

National Network for Collaboration
http://crs.uvm.edu/nnco/