Introduction to Comprehensive School Mental Health

Welcome
Welcome to Module 1 in this series of modules on Comprehensive School Mental Health Programs. This module is called Introduction *to Comprehensive School Mental Health*.

Credits
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Modules in This Series
The modules in this series are as follows:

Module 1: *Introduction to Comprehensive School Mental Health*, which covers what Comprehensive School Mental Health is and why it's important, best practices in Comprehensive School Mental Health, and the continuum of implementing a Comprehensive School Mental Health Program.

Module 2: *Preparing to Implement a Comprehensive School Mental Health Program*, which covers engaging staff, families, youth, and a community mental health partner in your program; mapping programs, reviewing needs, and planning services; managing referrals and intake, and developing an advisory group for your program.

Module 3: *Implementing a Comprehensive School Mental Health Program*, which covers developing program policies and procedures, confidentiality and privacy issues, data collection and program evaluation, addressing common challenges, and funding.

Module 4: *The State Agency Role in Comprehensive School Mental Health*, which covers collaboration, data and outcome measurement systems, state-level policies and procedures, and scaling up Comprehensive School Mental Health Programs in your state.

Why School Mental Health?
When students enter a school building and classrooms, many bring with them social, emotional, and behavioral challenges that interfere with learning. School mental health programs work to address these challenges by providing individual, family, and group counseling, consultation for school staff, and mental health promotion and prevention programs and services.

Why Is School Mental Health Important?

So why is school mental health important? Here are some of the many reasons why—from the perspectives of students and adults:

- Everybody needs somebody to talk to.

- Every child should have a chance to succeed in school and in life.

- When I feel good, I can learn more.

- It helps my child do better at home and at school.

- It's good to feel supported.

- School mental health programs work.

- School is where kids are all day.

- Sometimes life is hard.

- Healthy, happy kids learn better.

- We (children and youth) are the future.

- School mental health programs can touch the life of every student in positive ways.

- Everybody needs help now and then.

This Module

Now that you've seen why others feel school mental health is important, take a moment to reflect on why school mental health is important to *you*. What aspect of School Mental Health are you most committed to or passionate about? Why does School Mental Health make sense to you?

What Is School Mental Health?

To help all students be successful, school-based staff work to address the challenges students face, including social, emotional, and behavioral barriers to learning. But, until recently, many school staff haven't had the training and resources to address the full range of challenges that students face.

The field of school mental health has evolved significantly over the past few decades. In the late 1990s the Expanded School Mental Health framework was created. In this framework, school staff moved beyond the school walls to build partnerships with community mental health organizations. Expanded School Mental Health is defined as a school-community partnership that:

- Is guided by families and youth

- Builds on existing school programs, services, and strategies

- Focuses on all students (in both general and special education)

- Includes a full array of programs, services, and strategies

Comprehensive School Mental Health Programs

More recently, many schools and communities have adopted the term "Comprehensive School Mental Health Program." This term reflects the fact that the quality of a given school mental health program is closely related to how comprehensive its services are.

Comprehensive School Mental Health Programs provide a full array of services at three tiers, including **universal** mental health promotion activities for all students, **selective prevention** services for students identified as at risk for a mental health concern or problem, and **indicated** services for students who already display a mental health concern or problem.

Comprehensive School Mental Health Programs are built on partnerships between schools and community systems such as community mental health centers, hospitals, and universities. In addition, Comprehensive School Mental Health Programs employ evidence-based practices to the extent possible and work to address quality improvement in all their efforts.

Best Practices in Comprehensive School Mental Health

Over time, the field has evolved to incorporate seven best practices for Comprehensive School Mental Health. The more of these best practices a program is able to incorporate, the better the program's overall quality and sustainability and the greater its likelihood of success. The following seven best practices appear in no particular order.

Effective partnerships refers to collaboration between schools, families, and community agencies to create and implement a shared vision. In effective partnerships, partners' perspectives are incorporated into the program's vision and goals.

Multi-tiered systems of support are services that range from universal to selective to indicated. Providing services across the three tiers helps to ensure that all students have access to programs and services that are matched to their strengths and needs.

Needs assessment and resource mapping refers to identifying mental health services and programs in your school and community, determining where the gaps are, and tailoring your program accordingly.

Empirically supported treatments are prevention and intervention programs whose effectiveness is supported by research.

In family-school-community teaming, schools collaborate with community partners, including families, to promote students' mental health. This requires schools to allow individuals who are not school-employed staff members to be part of a child's support team.

Data collection, analysis, utilization, and reporting are critical to making data-informed decisions at every level—from decisions related to individual students to those that affect the entire school. As programs evolve, they typically have more advanced systems for collecting and using data.

Finally, **funding stream diversity** is a best practice that is typically related to program stability and sustainability. Programs with longevity tend to be those that blend funding from multiple sources.

Modules 2 and 3 in this series provide guidance, tools, and resources for these best practices. Additional information on all of the best practices can found at http://csmh.umaryland.edu.

What Research Tells Us About School Mental Health
Research is very clear about the need for school mental health programs and the connection between these programs and positive outcomes for children and adolescents.

Students needs more access to mental health care. Twenty percent of all children and adolescents experience a mental, emotional, or behavioral disorder each year, but 50 to 70 percent of these young people do NOT receive mental health services. Clearly, our nation's schoolchildren have significant mental health needs that are being under-identified, and many children receive no treatment for the mental health challenges they face.

Among the relatively few children who *do* receive mental health services, 70 to 80 percent do so at school. Schools are sometimes referred to as our nation's de facto children's mental health provider. Because schools have significantly greater access to children and adolescents than community mental health centers, it is critical that schools provide mental health services.

From research we know that school mental health programs lead to improvements in students' social competencies, standardized reading and math test scores, commitment to school, school attendance, and grade-point averages.

The Continuum of Implementing a Comprehensive School Mental Health Program
Creating, implementing, and refining a Comprehensive School Mental Health Program is a developmental process that evolves over time.
So let's look at one Comprehensive School Mental Health Program as it progresses along the continuum of implementation from novice to beginner to intermediate to advanced.

Moving Along the Continuum: Stage 1: Novice Program

At the Novice stage on the continuum, mental health professionals, school administrators, and teachers in this school agree that existing school staff do not have the capacity to meet the mental health needs of all students.

The school may have excellent community-based mental health programs to whom they refer students and families, but school staff are aware that some families don't show up for appointments. School-based staff (including teachers) have little time to follow up to find out how students who have been referred to a community mental health agency are progressing with their treatment.

The school has some mental health consultation from a community-based psychologist, who supports Special Education staff in their work with students who have an Individualized Education Plan.

The school may be interested in using evidence-based mental health programs and practices, but it probably hasn't started to identify programs that would be relevant for students.

There is likely no system in place to collect and utilize data on the mental health programs and services the school provides, or on student progress and outcomes.

Where this school will go from here is reaching out to identify a community mental health agency to deliver mental health services to students in the school.

Moving Along the Continuum: Stage 2: Beginner Program

The school has reached the next point on the continuum: beginner. It now has a contract with a community mental health agency to provide limited mental health services to students at school. The services are only for students identified as having symptoms related to mental disorders—students at Tier 3. Community mental health agency staff serve these students by providing individual, group, or family "pull out" mental health services. The mental health agency staff are not well integrated into the school mental health team or the school overall.

The school doesn't have a process for mental health identification and referral, which limits its ability to triage students into appropriate services and supports. School-wide mental health promotion and prevention efforts are not well developed or coordinated. At this stage, the school may have begun to identify student mental health concerns that could be addressed through evidence-based programs.

The school may be identifying the types of data that it needs to begin collecting for its Comprehensive School Mental Health Program.

Where this school will go from here is expanding its partnership with the community mental health agency so that the agency staff are more accessible to students, families, and staff, including providing increased mental health services and supports in classrooms and school-wide.

Moving Along the Continuum: Stage 3: Intermediate Program

At the intermediate stage of the continuum, the school has expanded its legal agreement with the community mental health agency so that agency staff are present in the school three days a week. Community mental health agency staff and the consulting community-based psychologist have joined the school-wide team that's working to assess school climate and plan activities to develop a more positive climate.

Community mental health agency staff meet regularly with the school-employed psychologist (or the school guidance counselor or social worker) to discuss the needs of general and special education students referred for mental health services. The school is beginning to provide a wider range of mental health services, including universal/school-wide assemblies on mental health promotion, small groups to help students build social and coping skills, and individual and family counseling. One or more evidence-based mental health programs is being explored or implemented for each of the three tiers, and data are being collected to evaluate the mental health services provided.

Where this school will go from here is exploring how to sustain its approach to school mental health. Funding to support the community mental health agency staff working in the school comes from the school budget, which is up for review. In addition, the school is considering additional data it should collect.

Moving Along the Continuum: Stage 4: Advanced Program

At the   stage of implementation, this school's partnership with the community mental health agency has been thriving for several years. The agency employs one licensed clinician and one clinical trainee, who operate as school-based staff five days a week. They collaborate with school-employed staff to facilitate universal/school-wide programs, co-lead groups for students, and provide individual and family counseling. The school mental health team meets regularly to review student referrals and data to ensure that every student's needs are met. The school has a multi-tiered service delivery system through which it provides mental health services and supports across all three tiers.

Evidence-based programs are being implemented, with necessary adaptations made in a way that doesn't compromise program effectiveness.

A wide range of relevant data is being collected, analyzed, and used by the school-community partnership to make treatment decisions and decisions about the program's services and supports.

Where this school will go from here is continuing to evolve and grow. Every program—even the most advanced ones—must adapt to meet the changing needs of students and families and to improve the quality and efficiency of its services. For example, this program is now focused on reviewing data at the student and program level to identify improvements that can be made to better serve students and families.

Where Are You Now?

Now it's time for you to step back and reflect on where *your* school is on the continuum of implementation. Consider each of the following four stages to see which one best characterizes the current status of your school's mental health program.

Stage 1: Novice Program
Common features at this stage:

- Not able to serve all students

- Students referred to community-based mental health services

- Some mental health consultation from a community professional

- Little or no data being collected

Where this school will go from here: Engage a community mental health agency to provide school-based mental health services.

Stage 2: Beginner Program
Common features at this stage:

- Community mental health agency provides limited services in school

- No process for mental health identification and referral

- Minimal school-wide mental health promotion efforts in place

- Beginning to develop data collection systems

Where this school will go from here: Expand the partnership to enable the community mental health agency to provide more school-based supports and services.

Stage 3: Intermediate Program
Common features at this stage:

- Community mental health staff serve more students and are more integrated into the school.

- A broader array of mental health services is provided

- Exploring or implementing evidence-based programs at all three tiers.

- Collecting, analyzing, and using data to evaluate services

Where this school will go from here: Explore how to sustain this approach, especially regarding funding and advancing data collecting efforts.

Stage 4: Advanced Program
Common features at this stage:

- Community mental health staff are in the school every day.

- Focus is on meeting every student's mental health needs

- Mental health services are provided at all three tiers.

- Evidence-based programs are implemented

- Data are used to make decisions about individual students and the overall program.

Where this school will go from here: Continue to evolve to meet changing needs and to improve services and supports.

Where Are You Headed?
At every stage along the continuum of implementing a Comprehensive School Mental Health Program, there's room for improvement and advancement. Where are the opportunities for change and growth in *your* program?

What's Next?
We hope you've enjoyed this module and we encourage you to continue to Module 2 in this series: Preparing to Implement a Comprehensive School Mental Health Program. In module 2, we help you begin the journey from where your program is now to where you want to be by exploring topics such as engaging others in developing your program, mapping existing mental health programs and services in your school and community, getting a handle on students' mental health needs and planning mental health services and programs, managing referral and intakes processes for your program, and developing an advisory group to direct and support your program as it continues to grow and evolve.

Resources
Center for School Mental Health, University of Maryland (2015). The Impact of School Mental Health: Educational, Social, Emotional, and Behavioral Outcomes. http://csmh.umaryland.edu/Resources/Reports/index.html

Green, J. G., McLaughlin, K. A., Alegría, M., Costello, E. J., Gruber, M. J., Hoagwood, K., . . . & Kessler, R. C. (2013). School mental health resources and adolescent mental health service use. *Journal of the American Academy of Child & Adolescent Psychiatry*, *52*(5), 501-510.

Lever, N., Stephan, S., Castle, M., Bernstein, L., Connors, E., Sharma, R., & Blizzard A. (2015). Community–partnered school behavioral health: State of the field in Maryland. Baltimore, MD: Center for School Mental Health.

Merikangas, K., He, J., Brody, D., Fisher, P., Bourdon, K., & Koretz, D. (2010). Prevalence and treatment of mental disorders among U.S. children in the 2001-2004 NHANES. Pediatrics, *125*(1), 75-81. doi: 10.1542/peds.2008-2595.

National Research Council and Institute of Medicine (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* M.E. O'Connell, T. Boat, & K.E. Warner (Eds.), Board of Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington DC: The National Academies Press. http://www.nap.edu/openbook.php?record_id=12480

Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology*, *3*(4), 223-241.