“Every child deserves a champion – An adult who will NEVER give up on them, who understands the power of connection and insists that they become the best that they can possibly be.”

- Rita Pierson

MENTAL HEALTH NEEDS IN THE SCHOOL SETTING: MEETING IN THE MIDDLE

Introductions
We are so happy to meet you!

Mackenzie Leachman, PhD
School/Licensed Psychologist

Antonio Melton, MA.Ed.
School Counselor

Kristin Jewell, MA.Ed.
School Counselor

What are your learning targets for today?
Objective 1: Participants will increase their understanding of school-based mental health initiatives in Kentucky schools.

CHECKPOINT 1.1

Before today, how aware were you regarding the presented initiatives in Kentucky to increase school-based mental health?

(A) Not aware  (B) Somewhat aware  (C) Very aware
BACKGROUND

- Obama's "Now Is The Time" Plan in response to 2012 Sandy Hook
  - Project AWARE
  - Elementary and Secondary School Counseling Grant— "A Positive Vision"
- Kentucky Barometer 2015

"Now Is The Time" Plan

- Health & Human Services Department—$99 million in mental health grants
- US Department of Education—$70 million in school climate grants
- Kentucky's Cabinet for Health and Family Services is receiving $1 million, which may be
  awarded each year for up to five years
- Partner with community health center providers and Seven Counties Services to create youth
  drop-in centers that will offer low or no-cost mental health targeting youth in need
- Jefferson County Public Schools
- Fayette County Public Schools
- WFPL, September 29, 2014
  http://wfpl.org/jcps-kentucky-agencies-benefit-from-youth-mental-health-grants/
“Now Is The Time”
Project AWARE: Advancing Wellness and Resilience Education

Goal: To expand capacity of State Education Agencies (SEA) and Local Education Agencies (LEA):
- Increase awareness of mental health issues among school aged youth
- Train school personnel and other adults who interact with school aged youth so they can detect and respond
- Connect children, youth and families with services

Project AWARE meets these goals by expanding or implementing:
- Access to existing funding systems that support mental health services for school-age youth
- Access to school- and community-based mental health services
- Capacity and leadership to sustain community-based mental health promotion, illness prevention, early identification, and treatment services and activities
- Collaboration among families, schools, and communities during program planning
- Coordination among state and local youth-serving systems
- Culturally specific and developmentally appropriate mental health services
- Mental health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) training for adults who interact with school-age youth
- Outreach to youth and families, behavioral health promotion, and mental illness prevention strategies
- Systems for identifying signs and symptoms early and linking families to existing services
- Universal, residual and behavioral framework
- Youth violence prevention strategies

http://www.samhsa.gov/nitt-ta/project-aware-grant-information

Elementary and Secondary Counseling Grant: “A Positive Vision”

A comprehensive program that aims to expand mental health counseling services for students; reduce disciplinary referrals and increase academic achievement while reducing achievement gaps; increase teacher skills; reduce teacher turnover; and increase parent and community involvement.

The funds will support additional counselors at the participating schools and will implement “Positive Action,” a research-based, SAMHSA (Substance Abuse & Mental Health Services Administration) Model program with an integrated, comprehensive, coherent program for schools, families and communities.
Adverse Childhood Experiences Study

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

- Social-Emotional and Cognitive Development
- Resilient Environment
- Early Childhood Experiences

Conclusion: We found a strong gradient relationship between the degree of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the
ACE questions refer to the first 18 years of life

ACES: Lasting effects

Kentucky 2015 Mental Health National Outcomes Measures (NOMS)

- Age 0-17: 35.7% Community Mental Health, 0.2% Hospitalization
- Age 18-20: 4.2% Community Mental Health, 4.8% Hospitalization
- Age 21-64: 56.6% Community Mental Health, 88.4% Hospitalization
- Age 65+: 3.5% Community Mental Health, 6.7% Hospitalization

http://www.samhsa.gov/data/sites/default/files/Kentucky.pdf
Kentucky 2015 Mental Health National Outcomes Measures (NOMS)

Where are these children living?

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private residence</td>
<td>95.6%</td>
<td>54002</td>
</tr>
<tr>
<td>Children Foster Home</td>
<td>2.9%</td>
<td>1657</td>
</tr>
<tr>
<td>Residential Care</td>
<td>0.7%</td>
<td>380</td>
</tr>
<tr>
<td>Institutional Setting</td>
<td>0.0%</td>
<td>18</td>
</tr>
<tr>
<td>Jail</td>
<td>0.1%</td>
<td>31</td>
</tr>
<tr>
<td>Homeless</td>
<td>0.5%</td>
<td>124</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>56515</td>
</tr>
</tbody>
</table>

http://www.samhsa.gov/data/sites/default/files/Kentucky.pdf
Nine Elements of Effective School Community Partnerships to Address Student Mental Health, Physical Health, and Overall Wellness

1. A leadership team comprised of school and community stakeholders.
2. Assets and needs assessment to address student health and wellness, and a framework for results.
3. A designated person located at the school to lead the coordination of school-community partnerships.
4. Clear expectations and shared accountability for the school and community partners.
5. High-quality health and wellness services that leverage school and community resources.
6. Ongoing comprehensive professional development for all school leaders, staff, and community partners.
7. A detailed plan for long-term sustainability. Successful partnerships plan for sustainability from the beginning.
8. Regard evaluation of effectiveness through a variety of measures. Partners are chosen based on data that program participants can evaluate.
9. Communication plan to share progress and challenges. It's important to share the successes and challenges of each partnership to be shared in a way that addresses the needs and concerns of stakeholders.


Objective 2: Participants will demonstrate an understanding of diverse levels of care and roles within the school-based setting.

CHECKPOINT 2.1
All school settings have a school counselor and school psychologist.

(A) True  (B) False
Objective 2: Participants will demonstrate an understanding of diverse levels of care and roles within the school-based settings.

CHECKPOINT 2.2
Social workers are primary contacts for community mental health services.

(A) True  (B) False

CHECKPOINT 2.3
School Support Services staff receive mandatory professional development hours and training specific to mental health.

(A) True  (B) False
The primary focus in schools is still achievement and college/career readiness. Typical school-based services include:

- Crisis Management
- Triage
- Crisis Community Referral
- Treatment
- Brief/Solution-focused
- Therapy
- Prevention/Proactive/Responsive
- Medical Model

Services can be limited by...

1. Professional competency, school/district structure
2. Community resources and collaboration
3. District policies
4. Job description and expectations

Objective 3: Participants will demonstrate an understanding of school-based data to help measure outcomes, as well as understanding the role of school-based professionals supporting mental health needs.
Objective 3: Participants will demonstrate an understanding of school-based data to help measure outcomes, as well as understanding the role of school-based professionals supporting mental health needs.

CHECKPOINT 3.1
How often do you contact schools for data to inform mental health practices?
(A) Never  (B) Sometimes (C) Often  (D) Always

THE WHOLE STUDENT

ACADEMIC DATA
- In-progress Grades
- Credit Summary
- 504/IEP Data

BEHAVIOR DATA

OTHER DATA

SCHOOL-BASED DATA

ACADEMIC DATA
- In-progress Grades
- Credit Summary
- 504/IEP Data
- Testing/Assessments

Behavioral Data

Other Data
Objective 3. Participants will demonstrate an understanding of school-based data to help measure outcomes, as well as understanding the role of school-based professionals supporting mental health needs.

CHECKPOINT 3.2

How often do you collaborate with school-based professionals to address client mental health needs?

(A) Never  (B) Sometimes  (C) Often  (D) Always
Tier 3 Intensive: Wrap-around services (school-based community mental health services; Referrals and collaboration to outside community-based mental health services; Drug and alcohol assessments; emergency assessments; Crisis response)

Tier 2 Targeted: GAIN-SS; Groups (Grief and loss; trauma; coping skills; social skills)

Tier 1 Universal: Universal screeners e.g. (FAST-Behavior); Bully prevention curricula; social emotional learning (character education); Violence prevention curricula; social skill curricula; etc.

Student Referral

A student comes up to me in class and said that they have been feeling really depressed lately and they have been thinking of self-harm. I'm concerned about this student.

Thank you.

Concerned teacher
Objective 3. Participants will demonstrate an understanding of school-based data to help measure outcomes, as well as understanding the role of school-based professionals supporting mental health needs.

**CHECKPOINT 3.3**

In a word or two, what is the key to effective collaboration between school-based and mental health professionals?
Objective 4: Participants will review best practices regarding collaborative care and practical ethical/legal considerations when using a collaborative model.

CHECKPOINT 4.1
How confident are you in your ability to identify potential ethical dilemmas when collaborating with schools to provide mental health services?

(A) Not confident  (B) Less confident  (C) Neutral  
(D) More confident  (E) Very confident
Barriers to Interdisciplinary Communication & Collaboration (Parproski & Haverkamp, 2000)

Client Protection
Variation in Training and Professionalism
Time Constraints
Reluctance
Lack of knowledge & awareness
Lack of coordination & case management

Ethical considerations:
- Ensuring client informed consent
- Maintaining client confidentiality
- Involving other professionals, paraprofessionals & family into the process

Potential Ethical Dilemmas

Majors who self refer
Substitution of students > 18 requiring hospitalization
Confidentiality
Competency
Mental Health Records/Storage of Records
FERPA/HIPAA
Multiple Relationships
Conflict of Interest
Instructional Support vs. Clinical Treatment
Minimize the Impact of Treatment on Student’s Day
Sharing Records
Technology/Digital

Abbreviated Ethical Decision Making Model

- Describe the situation
- Define the potential ethical/legal issues. Review the guidelines. Consult others
- Evaluate rights, responsibilities & welfare of all clients
- Identify alternative actions & consequences
- Make the decision. Take responsibility. Monitor outcomes.
Objective 4: Participants will demonstrate an understanding of school-based data to help measure outcomes, as well as understanding the role of school-based professionals supporting mental health needs.

CHECKPOINT 4.2
Discuss and describe an ethical dilemma you may encounter when considering collaboration with schools.
Pass your dilemma to another group to problem solve.

Benefits of School and Mental Health Collaboration

Increase access to mental health supports has an enormous impact:
School Engagement → College Career Readiness → Employability → Health benefits and Economy benefits
Reduce risk of juvenile justice/incarceration → increased community safety
Social emotional learning curriculums are effective when they teach skills related to:

**Self-Awareness**
- identifying/recognizing emotions, accurate self-perception, strengths, needs, values, self-efficacy

**Self-Management**
- impulse control, stress management, self-motivation/discipline, goal setting, organization skills

**Social Awareness**
- perspective taking, empathy, difference recognition, respect for others

**Relationship Skills**
- communication, social engagement, relationship building, working cooperatively, negotiation, refusal, conflict management and help seeking

**Responsible Decision Making**
- problem identification, situation analysis, problem solving, evaluation and reflection, personal/social responsibility

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**Social-Emotional Learning Curriculums and Mental Health Interventions**

- Second Step: Skills for Social and Academic Success
- Why Try? Resilience Education
- Incredible Years (Webster-Stratton)
- PATHS (Promoting Alternative Thinking Strategies (Kusche)
- Zones of Regulation (Kuypers)
- The Incredible S-Point Scale (Burr)
- Strong Kids Grades 3-5: A Social Emotional Learning Curriculum (Kenneth Merrell)
- Skillstreaming in the Elementary School (McGinnis)
- Social Detective (Garcia Winner & Crooke)
- Coping Cat Anxiety Workbook (Kendall & Hedtke)
- Think FIRST (Jim Larson)
- Trauma-Focused Cognitive Behavioral Therapy (Cohen, Mannarino & Deblinger, 2006)
- Cognitive Behavioral Intervention for Trauma in Schools (Jaycox)
- Mindfulness strategies

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#gratitude #bettertogether #prevention #gocats

THANK YOU
Resources

American Counseling Association  www.counseling.org
American Psychological Association  www.apa.org
National Association of School Psychologists  www.nasponline.org
Project Aware  http://www.samhsa.gov/nitt-ta/project-aware/grant-information
Substance Abuse and Mental Health Services Administration  www.samhsa.gov

References


