

Promoting School-Based Mental Health: Perspectives from School Practitioners



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Overview



This presentation draws from an article which discusses the perspective of the school practitioners who work with vulnerable youth in need of mental health resources. The qualitative study explores important resources needed for promoting mental health services from the perspective of multidisciplinary school practitioners

Introduction



- The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Mental Health Information Center (2010) purports that mental health problems “affect one’s thoughts, body, feelings, and behavior” (pg. 1)
 - May seriously interfere with a child’s functioning
- Mental health problems have increased over the past 10 years at an alarming rate (Bower, 2009; Gleason, Zeanah & Dickstein, 2010; Roe-Sepowitz & Thyer, 2004)
 - 20% of children need mental health interventions (US Surgeon General, 2001)
 - 11% have significant functional impairment (US Surgeon General, 2001)
 - 5% have extreme impairment (US Surgeon General, 2001)
- Mental health problems influence and co-occur with problems in other areas of a child’s life (Domitrovich et al., 2010) including the school setting

Youth Mental Health in the School Setting



- Youth mental health issues can severely compromise a child's opportunity for success in school (Repie, 2005)
- An estimated 20% of school-aged children have an undiagnosed/untreated mental health problem affecting their academic performance (Puskar & Bernardo, 2007)
- Mental health problems can be detected at a young age and should be treated early as a preventative measure
 - Trajectory for untreated youth mental health disorders is poor
 - ✦ Particularly for disadvantaged children who lack access to adequate health care

Youth Mental Health in the School Setting



- The relationship between school performance and mental health has been identified as bidirectional
 - Children with mental health issues are more likely to perform poorly in school;
 - Children who perform poorly in school are at a greater risk for developing mental health problems (DeSocio & Hootman, 2004)
- Inadequate treatment of mental health disorders amongst youth will affect their ability to succeed in future educational, employment, and family roles (Raines, 2008; Stephan, Weist, Katoka, Adelsheim, & Mills, 2007)
 - Critical to understand the most crucial resources needed by schools to effectively promote student mental health

Qualitative Study



- In order to better understand the most critical resources need by schools to effectively promote student mental health this study:
 - Explored the current status of student mental health disorders
 - Also examined the most needed resources for addressing these problems from the school practitioner perspective in an urban low-performing school district in the southeast
- Results of the study provide insight to guide the re-allocation of existing resources and the development of new mental health interventions for schools, implications for future practice, research, and policy

Barriers to Schools as a Setting for Mental Health Services



- Historically, education and mental health have been “categorically, fiscally, structurally, and scientifically separate” (Hoagwood et al., 2007, p. 66)
 - Though they are increasingly recognized as critical intervention sites for mental health service delivery
 - ✦ Evidence schools have become the de facto mental health service providers for many children (Hoagwood, 2001; Kratochwill & Shernoff, 2004; Rones & Hoagwood, 2000)
 - Great intervention for children who do not routinely visit a physician (Aviles, Anderson, & Davila, 2006)

Barriers to Schools as a Setting for Health Services Mental



- Effective and evidence-based assessments and interventions for youth mental health problems exist and are readily available for use in schools (Hoagwood et al., 2007; Stephan, Weist, Katoka, Adelsheim, & Mills, 2007)
- Unfortunately research suggests children with mental health needs are underserved in schools despite available treatments (Raines, 2008)
- Obstacles preventing accessing treatment include:
 - Lack of training to recognize mental health symptoms for teachers (Aviles, Anderson, & Davila, 2006)
 - Teachers are not taught how to support students with mental health disorders in the classroom (DeSocio & Hootman, 2004)
 - Student support staff with proper training face numerous challenges to provide high school services due to lack of resources (Brenner, Martindale, & Weist, 2001)

Barriers to Schools as a Setting for Health Services Mental



- Limited documentation exists in the literature about specific resource needs from school practitioners perspectives
- In order for this to change, necessary resources must be identified to more effectively intervene
 - Collecting this information from school practitioners will provide researchers with the current best evidence to begin to better support the vulnerable youth

Purpose of current study



- 1) Identify the most crucial resources need by school practitioners to effectively address the current mental health problems of students
- 2) Demonstrate and obtain feedback on a newly developed mental health best practices database designed for schools
 - This paper addresses the first purpose, but further details about the development of and design of the database are available in a recent publication (Powers, In Press), directly from the authors, or online at: www.schoolsuccessonline.com

Methods



- Employed an exploratory, qualitative approach to gain detailed information to better allocated existing resources and develop useful tools for promoting mental health in schools

Setting



- Study took place in a primarily urban school district in the southeast
- This school district was chosen due to the diverse and disadvantaged student population
 - Seventh largest in the state
 - Consists of 53 schools
 - ✦ 28 elementary schools
 - ✦ Nine middle schools
 - ✦ 10 high schools
 - ✦ Six alternative/specialty schools
 - Student body is comprised of approximately 33,000 students
 - ✦ 54% African-American, 23% Caucasian, 17% Hispanic, 3.6% multiracial, 2.6% Asian, and less than 1% Native American
 - ✦ Approximately 51% qualified for free/reduced price lunches in 2008
 - ✦ 53% were proficient in reading 66% were proficient in math in 2008-2009 academic year
 - ✦ 4,000 were receiving exceptional children's services

Sample



- A convenience sample of teachers and school-based mental health professionals (N=12) serving students grades three through twelve were recruited via email
 - Included four school social workers, four school psychologists, two classroom teachers, one behavior support liaison, and one exceptional children services coordinator
 - All participants were female
 - ✦ Six identified as White/Caucasian, five as Black/African American, and one as multiracial
 - ✦ Widely varied in school-based work experience levels ranged from six months to 45 years (M=14.75; SD=14.5)
 - ✦ Almost all participants were assigned to more than one school; half served two schools
 - ✦ Refer to Table 1 for complete details of participant profiles

Table 1: Study Participants: Job Title, School Type Served, and Type of Mental Health Education and Training

Characteristic	% of Sample (N=12)
Job Title	
Psychologist	33.3 (4)
Social Worker	33.3 (4)
Teacher	16.7 (2)
Behavior Support Liaison	8.3 (1)
Coordinator, Exception Children Services	8.3 (1)
School Type Served ¹	
Elementary	91.7 (11)
Middle	50 (6)
High	33.3 (4)
Mental Health Education and Training ¹	
Professional development workshops	41.7 (5)
Work experience	25.0 (3)
Graduate level coursework, but no advanced degree in related area	25.0 (3)
Degree or licensure in related area	41.7 (5)

¹ Participants reported more than one response

Data Collection



- 12 school staff participated in a 2-hour focus group co-led by the primary investigator and two graduate level research assistants
 - Permitted researchers to hear the participants' personal accounts of the current status of student mental health problems
- Prior to the focus groups participants were asked to complete a brief background questionnaire which
 - Collected information about their school(s), years of experience in school settings, and the amount and type of training they had previously received focused on youth mental health issues
- Participants were then asked to discuss their perception of the current status of student mental health problems, resources needs of school practitioners, quality of resources currently available, and perceived barriers to meet students' mental health needs in school setting
- Feedback was provided in a group in response to open-ended questions

Focus Group



- Semi-structured and depth-probing (Glesne, 2006)
 - Allowed participants to direct the conversation to the issues they perceived as most important
- Group facilitator restated and rephrased any unclear statements made by the participants to check the accuracy of researchers' interpretations (Padgett, 1998)
- Session was audio taped
- Graduate student assistants also took handwritten notes during the session
 - Attempted to capture the conversation with as much detail and context and possible

Coding and Analysis



- For accurate representation and retrieval of comments, audiotapes and handwritten notes were transcribed verbatim
 - Two graduate level research assistants independently reviewed the transcript and coded the content in an inductive, line-by-line fashion to document emerging patterns or themes (Padgett, 1998)
 - ✦ Content was analyzed for themes related to specific research questions
 - Coded transcripts were then reviewed by the primary investigator
 - ✦ Any discrepancies were resolved through review and discussion by the full research team (Padgett, 1998; Rubin, 2000)
 - All decisions made during coding and analysis were fully documented (Anastas, 2004)
 - Debriefings with a senior qualitative researcher were used to guard against researcher bias and gather feedback on coding, interpretation decisions, and communication of findings (Padgett, 1998; Rubin, 2000)

Results



- Two major themes emerged in analysis of the focus group transcripts
 - 1) Critical School Needs
 - ✦ Increased Staff
 - ✦ District Communication and Training
 - ✦ Community Resources
 - 2) Existing Resources
 - ✦ Trained Staff
 - ✦ Wellness enters
 - ✦ Communication Among Agencies
 - Table 2 summarizes primary findings with themes, subthemes and frequencies for both

Table 2: Results



Themes and Sub-Themes	Frequencies (N)
Critical School Needs	11
Increased Staff	4
District Communication and Training	2
Community Resources	5
Existing Resources	10
Trained Staff	3
Wellness Centers	2
Communication Among Agencies	5

Critical School Needs



- Participants unanimously agreed that schools have critical needs that must be met in order to better support students with mental health problems

1) *Increased Staff*

- ✦ Participants stated the greatest barrier to adequately addressing youth mental health problems is a lack of highly trained staff prepared to effectively intervene
- ✦ A need for additional school social workers was discussed
- ✦ Suggested at least one additional school social worker per school
- ✦ Discussed the need for outside consultation with community experts such as physicians and therapists to guide existing school staff
 - *Lack of external consultation left participants feeling isolated*
 - Themes of isolation felt due to insufficient staffing

Critical School Needs



2) *District Communication and Training*

- × Despite the professional trainings the participants have engaged in, they still lacked a clear understanding of specific policies and procedures within the school system
- × Participants echoed the need for improved communication and continuity within the district
- × Discussed the need for additional professional development in order to stay current with existing best practices
- × A severe dearth of time and funding exist as major barriers to being able to participate in such professional development opportunities

Critical School Needs



3) *Community Resources*

- × The lack of trained school staff and paid time for ongoing professional development resulted in an increased reliance on community-based resources and service providers
- × Participants also acknowledged needing to gain greater clarity regarding service eligibility and provision
- × Participants mentioned a desire for a community intervention center
 - × Described as a one-stop location for mental health referrals and services for students and families

Existing Resources



1) *Trained Staff*

- High levels of training and professional experience of existing staff in schools was also described as a valuable asset to promoting mental health for students
- Participants struggled with the lack of time to utilize their specialized training
 - ✦ Numerous other demands of their time prevented staff from using specialized training with students in need
 - ✦ Participants reiterated their desire to use the training
 - Often the services and interventions learned in trainings were subsumed by daily routines or other duties assigned to them
 - Attendance, testing, and assessments

Existing Resources



2) *Wellness Centers*

- Three schools within the district have school-based health centers on site
 - ✦ Centers provide mental health services from outside professionals without leaving campus
 - ✦ They alleviate barriers that commonly prevent students from accessing mental health services in the their community
 - Transportation, child care, and parent work schedules (Stephan, Weist, Katoka, Adelsheim, & Mills, 2007)
- Despite their effectiveness, they remain an extremely limited resource and inadequate for meeting the vast mental health needs of students

Existing Resources



3) *Communication Among Agencies*

- *The community-based approach used in the district and across local agencies (System of Care) was noted with increasing and improving communication and collaboration among service providers and the schools*
 - ✦ *The framework facilitates the partnership among community agencies, private providers, and the school system, promoting wrap-around services for students with mental health needs and their families*
 - ✦ *Communication continues to be an ongoing struggle but it has improved*
 - ✦ *System of Care has raised public awareness and acceptance of mental health disorders*

- *It has educated the community and informed school-based mental health professionals about the availability of services in the community*
- *The collaboration is an important resource for schools, students, and families*

Discussion



- It is imperative to understand, from a practitioner perspective, which resources schools currently have access to and what new resources would be most helpful in school-based mental health interventions
 - This study collected this information from multidisciplinary school staff
- Many existing resources identified in this study can be further utilized and expanded to improve student outcomes
 - Specifically, the study found referring to the expertise of currently employed school staff trained in mental health interventions (social workers, counselors, and psychologists) is beneficial

Discussion



- Barriers to more intensive mental health work with students for school practitioners was also noted in focus groups
 - Comprehensive assessment and service delivery is the assignment of time consuming tasks during the school day that alleviates opportunities to provide therapeutic mental health services to students
 - Re-allocating tasks of school practitioners, such monitoring daily student attendance, is suggested to improve the deliverance of effective interventions for students

Community Partnerships for Schools



- Participants identified a need for increased access to agency provided services and improved communication between local service-providers and the district
- Must continue to establish multi-system partnerships between school districts and community agencies to foster additional school-based mental health services for students and their families
 - Exploration of services offered within the community and facilitating collaborations between mental health providers and school campus is an effective tactic for school practitioners and district-level administrators to finalize programming for exceptional children's services
 - ✦ Social workers play an integral role in establishing formal multi-system relationships that increase access to mental health services for youth

Barriers



- Time and funding were identified as major barriers to effectively utilize essential existing and new resources for promoting mental health
 - Inexpensive and minimally time consuming assessments and interventions are in demand for schools to to implement

Study Limitations



- The sample size of participating school professionals was small (n=12)
- Though diverse in their roles, previous mental health training, and school assignments– the participants were all female and currently worked in the same school district
- Inter-rater reliability was not formally established between the two research assistants who performed the initial data analyses
 - These factors limit the generalizability of findings

Conclusion



- Study identifies the need for school practitioners to access a wide variety of resources to successfully promote mental health
- Findings provide initial steps to better allocate existing resources and highlighting new assets needed for schools
- Continued research is undoubtedly need to evaluate change in student outcomes (behavior, mental health, academic performance) when additional resources are accessed
- Evidence of positive change amongst youth in these areas can be connected to schools' access and utilization of new and re-allocated resources
 - Could, in turn, solicit continued funding and support for school-based mental health services from district level administrators, community partners, and those with influence at the local and state policy levels

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