

## Best Practices in School Mental Health

*A focus on “expanded school mental health” provides policymakers and clinician-leaders with the best chance to extend services to Connecticut’s most vulnerable children and adolescents.*

### **Why School Mental Health?**

Prevalence rates of mental illness among U.S. children and adolescents continue to show that **American youth are facing a mental health crisis**. Among all children, about 1 in 5 youth have a diagnosable and treatable psychiatric disorder, yet only a quarter of these children who need mental health services are getting them. In Connecticut, that translates to 110,000 children who meet criteria for a diagnosable and treatable emotional-behavioral problem, but only 30,000 of these children may be receiving mental health services.

Schools represent a natural option for linking youth to mental health prevention and intervention. Receiving services through schools removes many barriers to accessing traditional community-based services, including: lack of transportation, cost and limited family engagement. Remarkably, about 75% of children and adolescents who are able to access mental health services do so in a school setting.

This Issue Brief underscores the importance of addressing mental health in schools, and introduces readers to existing best practices to inform service and policy design.

### **Expanded School Mental Health**

The field of school mental health has undergone significant growth and development over the last 20 years, moving beyond services and supports provided by school-employed staff such as social workers, counselors, and school psychologists to include those delivered by community-based providers. The most widely accepted framework for meeting the mental health needs of children in schools is referred to as “**expanded school mental health**.”<sup>1</sup>

Expanded school mental health is a way of looking beyond traditional therapeutic approaches. It means exploring a host of possibilities for collaborating with school staff, students, families and community members to promote overall well-being for students and a positive school climate. Expanded school mental health includes the **ten principles** outlined in the accompanying table<sup>2</sup>.

#### **Principles of Expanded School Mental Health**

1. Open access to all children and families.
2. Assess individual and system-wide needs, while building on strengths.
3. Reduce barriers to learning and development.
4. All stakeholders in and around the school are involved in program design and oversight.
5. Continuous progress monitoring and data-driven improvements.
6. Continuum of care, ranging from prevention to acute treatment.
7. Key staff are ethical, passionate, and flexible in their treatment approach.
8. Staff appreciate and respect developmental and cultural differences among all stakeholders.
9. Treatment is driven by interdisciplinary collaboration.
10. School-based mental health programs are coordinated with community-based services.

### **Connecticut School Mental Health**

Connecticut stands to play a central role in the field of expanded school mental health. Currently, there are multiple efforts underway in Connecticut to expand access to high quality care through school settings. Core strategies used by many of these initiatives include: 1) Building the resources and capacities of schools to successfully address student mental health issues; and 2) Linking children and families with high quality children’s mental health resources in the community.

### *Enhancing School-Based Resources*

- **School-Based Health Centers (SBHC).** SBHCs have been shown to improve school climate, reduce the stigma of mental illness, and boost academic outcomes among students who utilize their services. Connecticut has 71 SBHCs, ranking fourth among all states in terms of SBHCs per 1,000 K-12 students. Approximately 75-80% of services provided in SBHCs are for mental health issues. SBHCs provided mental health services to 5,337 students (40,828 visits) in the 2008 school year and services have continued to expand since that time. Additionally, SBHCs are known to reduce Medicaid costs associated with emergency room use and hospitalization. *Based on the number of mental health visits to SBHCs in the school year ending 2008, Connecticut likely saved about \$1.4 million in Medicaid expenses.*
- **Positive Behavior Intervention and Supports (PBIS).** PBIS is a school-wide model for choosing and integrating research-based methods to provide the best academic and behavioral outcomes for all students. PBIS uses a three-tiered model to put in place strategies to prevent academic and behavioral difficulties for all students, including those at risk of developing problems or with high levels of need.
- **Community-based Wraparound Initiatives.** Initiatives such as Community Schools, CommPACT Schools, and Coordinated School Health (CSH) systems are designed to incorporate Wraparound values and principles into the school setting whereby individualized plans are developed that incorporate community services and informal supports.
- **Training and building the capacity of school mental health staff.** School psychologists, counselors, social workers, guidance staff, special education teachers, nurses and support staff work closely with children in school settings who have mental health needs. Many efforts are underway to train school staff to identify, intervene and refer children with mental health needs in school settings. One example is the statewide effort of CHDI in collaboration with the State Department of Education to train school nurses and support staff in identifying, understanding and referring children who may be suffering from traumatic stress reactions.

### *Linking School and Community Resources*

- **School-linked Services and Supports.** Many schools across Connecticut have formal and informal relationships with community-based mental health providers including EMPS Crisis Intervention Service teams to provide services in schools, community-based settings and homes. These linkages are at times formalized with a Memoranda of Understanding and also rely on relationships between school staff and local mental health provider organizations.
- **Juvenile Justice Reform Efforts.** The **Connecticut School-Based Diversion Initiative (SBDI)** helps schools revise disciplinary policies and practices to divert youth from in-school arrest and other exclusionary discipline (e.g., out-of-school suspension, expulsion) and connect them to community mental health services.

### Recommendations

A review of the Connecticut-based programs listed above demonstrates that we are well on our way to develop the key elements of an “expanded school mental health” system. We encourage policymakers to build on these elements by implementing the following recommendations:

1. **Expand school-based supports to provide professional development and consultation on behavioral health issues to classroom teachers, support staff, and school administrators.** Teachers and school staff need tools they can use in the classroom to better manage children with mental health needs as well as resources to link families to in the community. This can build upon the successful Early Childhood Consultation Partnership for early care and education programs to provide classroom consultation and support to teachers to help address mental health needs of students.
2. **Increase access to mental health services by expanding the number of School-Based Health Centers.** Adding more SBHCs will help reduce barriers to care, improve interdisciplinary collaboration, and broaden the continuum of care in schools. It is vital that SBHCs have the necessary expertise and training to address the mental health needs of children in schools.

3. **Link schools to existing community-based services including EMPS, community mental health providers, care coordination, and evidence-based treatments.** This will help bridge school- and community-based services.
4. **Implement research-based interventions and quality improvement measures to ensure high quality.** There are a number of existing, proven, and evidence-based practices that can be introduced such as *Families and Schools Together (FAST)*, the *Incredible Years Teacher Classroom Management Program*, *Second Step* violence prevention program, and *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)*. Quality improvement and program evaluation methods are needed to effectively monitor and assess implementation efforts.

#### Endnotes

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<sup>1</sup> Stephan, S., Weist, M., Kataoka, S., Adelsheim, S., & Mills, C. (2007). Transformation of Children's Mental Health Services: The Role of School Mental Health. *Psychiatric Services*, 58(10): 1330-1338.

<sup>2</sup> Weist, M., Sander, M., Walrath, C., Link, B., Nabors, L., Adelsheim, S. et al., (2005). Developing Principles for Best Practice in Expanded School Mental Health. *Journal of Youth and Adolescence*, 34(1): 7-13.