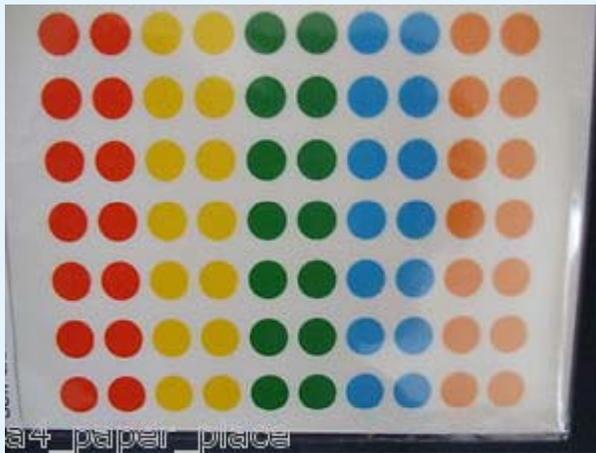




- As you arrive, use the sticky dots on your table to respond to the questions on the chart paper around the room.



Sticky Dot Voting



The Impact of Mental Health on Student Learning and Outcomes: Part I

Jim Deni, Appalachian State University
Alex Tabori, Guilford County Schools



Session Objectives

- Provide current statistics on the number of children needing mental health care nationally and in NC.
- Briefly review the NC School Psychology Evaluation Instrument and Standards that address meeting the mental health needs of students in addition to academic needs.
- Review of the Affordable Care Act and implications for schools.



Session Objectives (cont'd)

- Provide guidance on how to build the infrastructure to provide coordinated mental health services in your schools/districts.
- Resource Mapping
- Provide an example of a mental health needs assessment conducted in Guilford County.



Table Talk Activity

- How do you define “Mental Health”?
- How is your school/LEA meeting the mental health needs of students?
- Is the number of children in your school/LEA in need of mental health services increasing/decreasing?
- What barriers is your school/LEA facing in meeting the mental health needs of students?



Mental Health Definition:

Mental Health Services: Designing and implementing early intervention services, prevention programs, and/or interventions for children and adolescents to assist them in overcoming mental health barriers/problems and increase success in school, home, and community. These services could include PBIS, classroom lessons, individual and group counseling, behavior management, anger management, peer conflict, grief counseling, social skills counseling, bully prevention, etc.

Mental Health Problems: A child or adolescent displaying the signs or symptoms of a mental illness or disorder. These symptoms may not meet the intensity or duration necessary in the diagnosis of a mental health disorder. However, signs and symptoms may warrant interventions regarding health promotions, prevention and treatment.



Literature Review

(Deni et al., 2010)

- About 20% of children have symptoms of a DSM-IV diagnosis
- So in a classroom of 25
- In a school of 500...



Literature Review

(Albers et al., 2007; NASP, 2013; UCLA)

- Of the **20%** of school-aged children that have a behavioral, social-emotional, and/or mental health disorder in the United States, only **30%** of them receive mental health services.
 - 11% experience significant impairment
 - 5% experience extreme functional impairment (about 4 million youngsters)
- Of children and adolescents that do receive MH services, **70-80%** of these services are delivered in schools.



Literature Review

(Albers et al., 2007; NASP, 2013; SAMHSA, 2009; UCLA)

- Psychosocial and mental health problems interfere with students' social-emotional development and success in school...
 - teen pregnancy, substance abuse, gang participation
 - low academic performance, school failure
 - drop out (44%)
- But when youth receive MH services...
 - grades
 - emotional and behavioral outcomes
 - and school attendance all improve



Literature Review

In North Carolina...

- In 2007, NC DPI identified 8,779 students as “Emotionally Handicapped” ... representing the children (0.6% of student population) with more severe problems who require special education services.
- Thus, there were approximately 278,000 students in 2006-2007 who could have benefitted from MH services but didn’t receive them.



Literature Review

- When considering the number of youngsters experiencing psychosocial and mental health problems associated with the effects of poverty and restricted opportunities, the problem becomes even larger - not limited just to diagnosable mental disorders.
- *“The reality is that the problems of **most** youngsters are not rooted in internal pathology, and many troubling symptoms would not develop if environmental circumstances were appropriately different.”* -UCLA Mental Health in Schools Part 1



School Psychology Evaluation Process

- Standard 1: School Psychologists Demonstrate Leadership
 - 1C: School Psychologists advocate for students, families, schools, and communities.
 - Element-”School psychologists collaborate with other educators in implementing initiatives to alleviate the educational and mental health needs of students to improve learning.”



School Psychology Evaluation Process

- Standard 2: School Psychologists Promote a Respectful Environment for Diverse Populations
 - 2D: School Psychologists work collaboratively with students and families.
 - Element-” Coordinates services when programming for children involves multiple agencies.”



School Psychology Evaluation Process

- Standard 2: School Psychologists Promote a Respectful Environment for Diverse Populations
 - 2E: School Psychologists provide services that benefit students with unique needs.
 - Element-” Develop evidence-based interventions for students whose behavioral, affective, or social needs have an impact on their learning.”



School Psychology Evaluation Process

- Standard 4: School Psychologists Support Student Learning Through the Use of a Systematic Problem Solving Approach
 - 4b: School Psychologists help students develop critical thinking and problem solving skills.
 - Element-”Provides counseling and/or other direct services.”



Affordable Care Act

(NASP, 2013)

What does it say?

- Under the ACA, states can choose to opt-in for the Medicaid expansion - millions more children eligible for Medicaid services
- ACA renewed the Children's Health Insurance Program (CHIP) through 2019 - CMS estimated this would increase the number of children covered by CHIP from 7 million to 11 million
- ACA authorized new funding for School Based Health Clinics (SBHC) - expansion of existing sites + identification of new sites, prioritizing areas with high density of Medicaid-eligible children and families



Affordable Care Act

(NASP, 2013)

What does it mean for school psychologists?

- Schools receive reimbursement for certain services provided to Medicaid-eligible students with IEPs - who is considered a qualified Medicaid service provider?
- ACA explicitly includes SPs in the definition of “qualified health professional” and “mental health service professional”
- HOWEVER...some states do not recognize SPs credentialed by the state DOE as a “qualified provider of Medicaid services”
 - *This is why advocacy is so important.*



Some more data:

- Students are not the only ones dropping out of school. We are losing teachers at a rate of 1,000 a day. As the Alliance for Excellence in Education noted in 2005, many are not retiring; they are just leaving the profession.



Some more data:

- Student achievement in core academic subjects, as reported in 2007 by the National Center for Education Statistics, shows far too many students are performing poorly.



Some more data:

- Take reading levels as an example.
 - Despite reports of small recent gains, most American students, across grade levels, are reading at the most basic levels and “only about 30 percent of high school students read proficiently and more than a quarter read below grade level.”



Some more data:

- Other relevant data from the National Center for Education Statistics (NCES) indicate that
 - The primary home language of almost 11 million children is not English
 - 10% of public school students in kindergarten through grade 12 had been retained (i.e., repeated a grade since starting school),
 - 11% had been suspended and 2% had been expelled (i.e., permanently removed from school with no services)



Some more data:

- The NCES joins others in stressing that research suggests that growing up in poverty can negatively impact children's mental and behavioral development as well as their overall health, making it more difficult for them to learn.

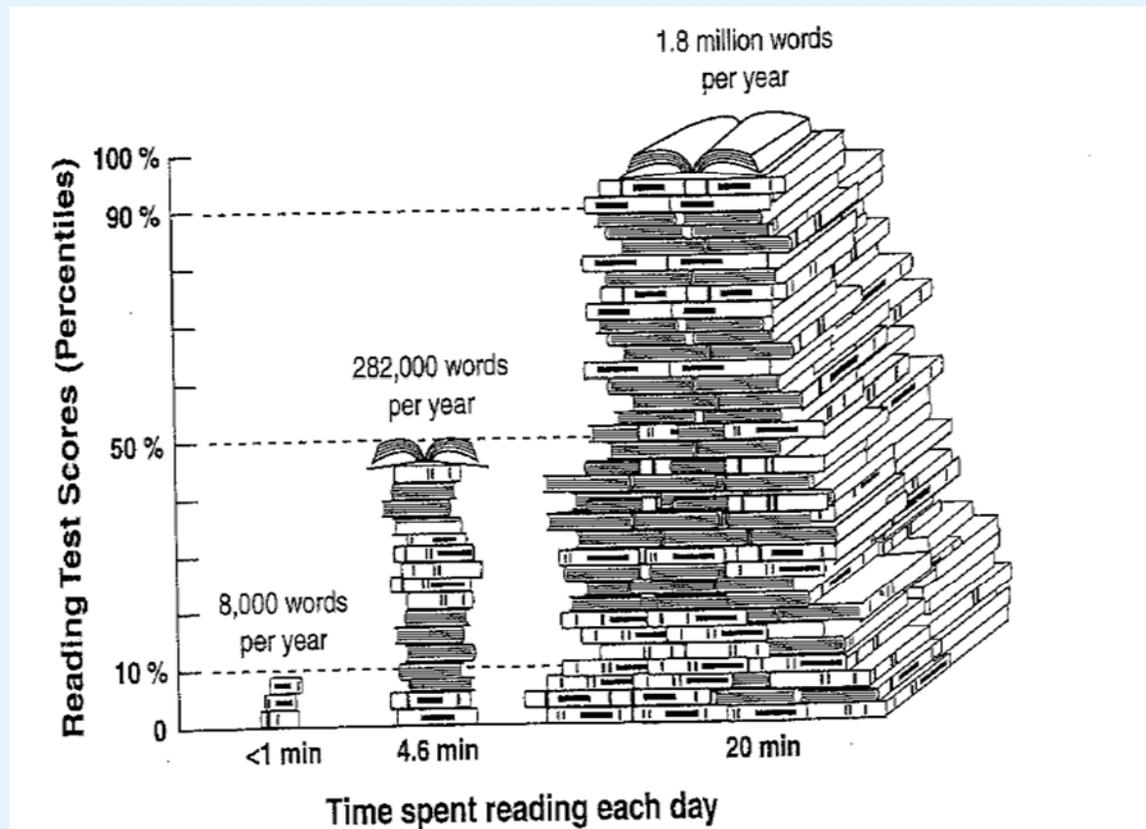


Some more data:

- While it is a widely held belief that education should be a great equalizer, the U.S. Department of Education recognizes that, in large portion, children living in poverty attend schools that, at best, have marginal performance records.



Getting Behind





Poverty & Vocabulary

- ✓ by age 3 = they use half as many words
- ✓ by age 5 = they have heard 32,000,000 fewer words
- ✓ books in the home: 0 (poor), 3 (low income), 200 (affluent)
- ✓ by K – lower 25% in vocabulary stay there; 3 year gap by 6th grade.
- ✓ in 1st – 15,000 words separate impoverished from advantaged.



IDEA Meets NCLB



The pressure of NCLB; the mandates of IDEA



THE CONUNDRUM THAT WAS CREATED

How do schools think about and manage students who are disruptive, defiant, and disobedient when confronted with AYP, high-stakes testing, school grades, and teacher evaluations?



REAUTHORIZATION OF IDEA 1997/2004

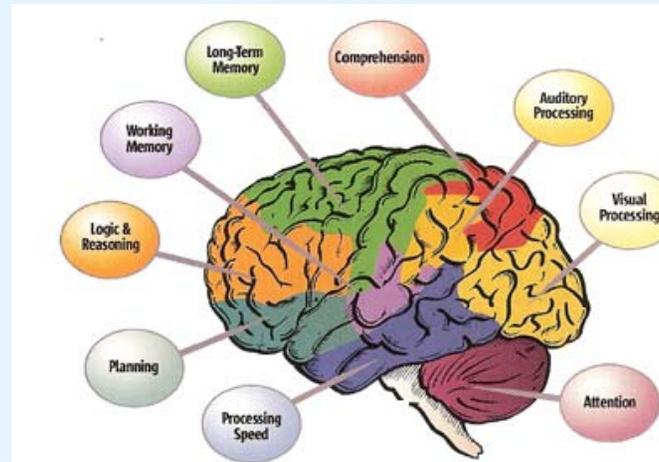
Academic v Behavior – “We are disappointed that while in the case of reading interventions, Congress mandates the use of research-based interventions; however, in the case of behavioral problems, schools must only consider using them.”

The New IDEA: A Summary of Significant Reforms by
Mary Beth Klotz, NCSP and Libby Nealis (2005)



Noncognitive Skills

- Emotional Regulation
- Social Skills
- Pragmatic Language Skills
- Executive Functions







THE 20% PROBLEM

- Current approaches are ineffective with 20%.
- Behavior is a symptom.
- Students (mis)behave to get their needs met.

An Interesting Perspective

- If antisocial and aggressive behavior is not changed by 3rd grade, it should be considered a chronic condition.
 - Think care, not cure
 - We need systems, including school systems, dedicated to providing ongoing support and intervention.



The Impact of Mental Health on Student Learning and Outcomes: Part II

Jim Deni, Appalachian State University

Alex Tabori, Guilford County Schools



Mental Health in School Aspires...

Adelman & Taylor (2010)

- To provide programs that promote social-emotional development
- To provide prevention and intervention services
- To enhance the mental health of families and school staff
- To build the capacity of school staff to address barriers to learning and promote healthy development
- To address factors in schools that affect mental health
- To develop interventions to address barriers to learning and to promote mental health



A Framework for Safe and Successful Schools (NASP, 2013)

- Best Practices for Creating Safe and Successful Schools:
 1. Integrate Services Through Collaboration
 2. Implement Multitiered Systems of Support (MTSS)
 - Prevention and wellness promotion
 - Universal screening for academic, behavioral, and emotional barriers to learning
 - Implementation of evidence-based interventions
 - Monitoring of ongoing student progress
 - Engagement in systematic data-based decision making



Effective MTSS requires:

- Adequate access to school-employed specialized instructional support personnel
- Collaboration and integration of services
 - Including mental health, behavioral, academic, school-based, and community services
- Adequate staff time for planning and problem solving
- Effective collection, evaluation, interpretation, and use of data
- Patience, commitment, and strong leadership



A Framework for Safe and Successful Schools

- Best Practices for Creating Safe and Successful Schools:
 3. Improve Access to School-Based Mental Health Supports
 - Collect, analyze, and interpret school level data to improve mental services
 - Design and implement interventions to meet the needs of students
 - Promote early intervention services
 - Provide individual and group counseling
 - Provide staff development related to positive discipline, behavior, and mental health
 - Provide risk and threat assessments
 - Support teachers through consultation and collaboration
 - Integrate intensive interventions into the schooling process



A Framework for Safe and Successful Schools

- Best Practices for Creating Safe and Successful Schools:
 4. Integrate School Safety and Crisis/Emergency Prevention, Preparedness, Response, and Recovery
 5. Balance Physical and Psychological Safety
 6. Employ Effective, Positive School Discipline
 7. Allow for the Consideration of Context
 - Assess the structures and resources already in place
 - Determine what additional resources are needed
 - Provide universal, secondary, and tertiary interventions that are most appropriate for the student population
 8. Acknowledge that Sustainable and Effective Improvement Take Patience and Commitment



Roles of School-Employed Mental Health Professionals:

- School counselors
- School psychologists
- School social workers
- School nurses
- School resource officers (SROs)



Lens #1 = *All Students*

Range of Learners

I = Motivationally ready and able

II = Not very motivated/lacking prerequisite skills/
different rates & styles/minor vulnerabilities

III = Avoidant/very deficient in current capabilities,
has a disability, and/or major health problems



Not some --

ALL youngsters

are to have an equal

opportunity to succeed at school



Lens #2 = *Barriers to Learning*

- Categories of Risk-Producing Conditions that Can be Barriers to Learning
 - Environmental Conditions
 - Family
 - School and Peers
 - Individual



Examples of Environmental Conditions

- Extreme economic deprivation
- Community disorganization, including high levels of mobility
- Violence, drugs, etc.
- Minority and/or immigrant status



Examples of Family Conditions

- Chronic poverty
- Conflict/disruptions/violence
- Substance abuse
- Models problem behavior
- Abusive caretaking
- Inadequate provision for quality child care



Examples of School & Peer Conditions

- Poor quality school
- Negative encounters with teachers
- Negative encounters with peers
- Inappropriate peer models



Examples of Individual Conditions

- Medical problems
- Low birth weight/neurodevelopmental delay
- Psychophysiological problems
- Difficult temperament & adjustment problems
- Inadequate nutrition



Barriers to Coordinated Mental Health Services in Schools

- Stigma
- The marginalization of organizations, policy, and daily practice - lack of collaboration between agencies
- Lack of resources
 - financial
 - mental health providers
- Counterproductive/unnecessary competition for resources
- Viewing mental health services as “add ons” rather than essential components of the education system



Active Questions

- Why do you think prevailing approaches are so fragmented?
- Why do you think mental health in schools is so marginalized in school improvement policy and practice?



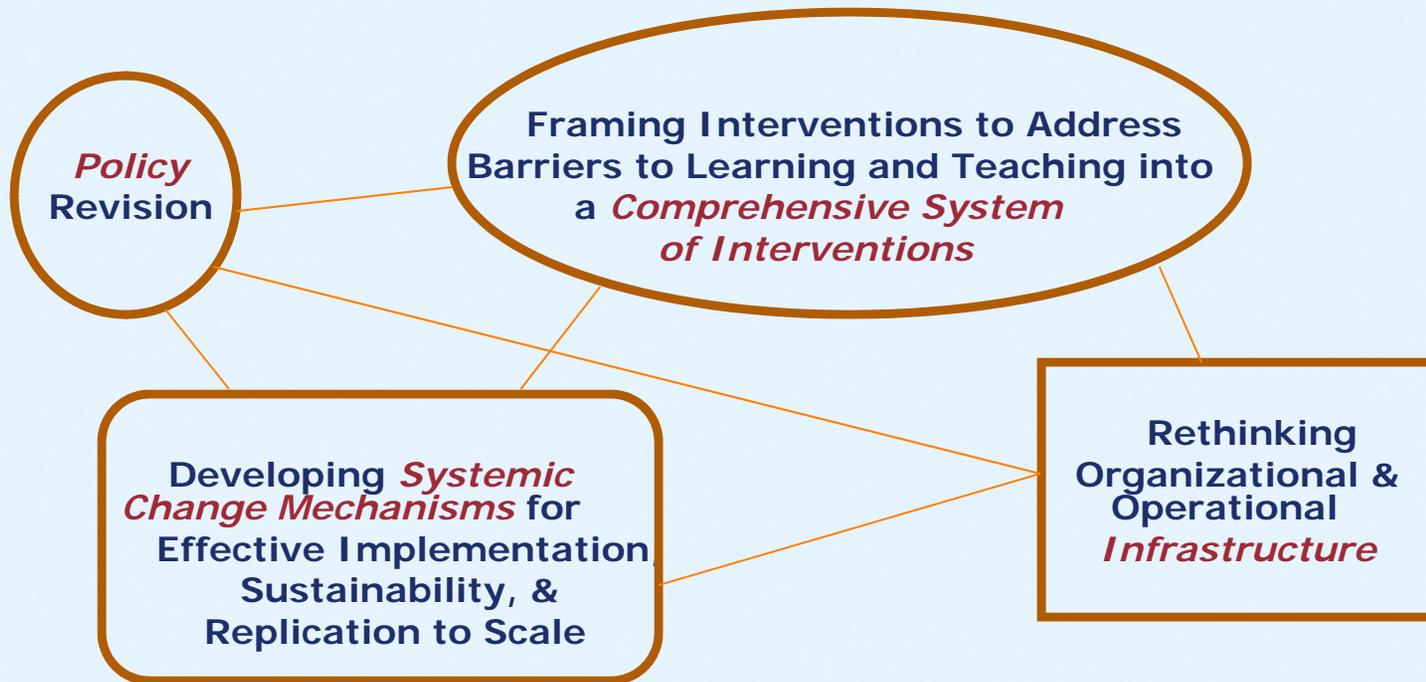
***Moving School Improvement
Policy and Practice Forward:***

***Context for Common Core Standards for a
Unified, Comprehensive, & Systemic
Learning Supports Component***



Developing a System to Address Barriers & Re-engage Students

Four Fundamental and Interrelated Concerns



Also, counter the overemphasis on extrinsic reinforcers by reintroducing a focus on intrinsic motivation.



Research has focused on all four concerns.

For our purposes here we will just highlight:

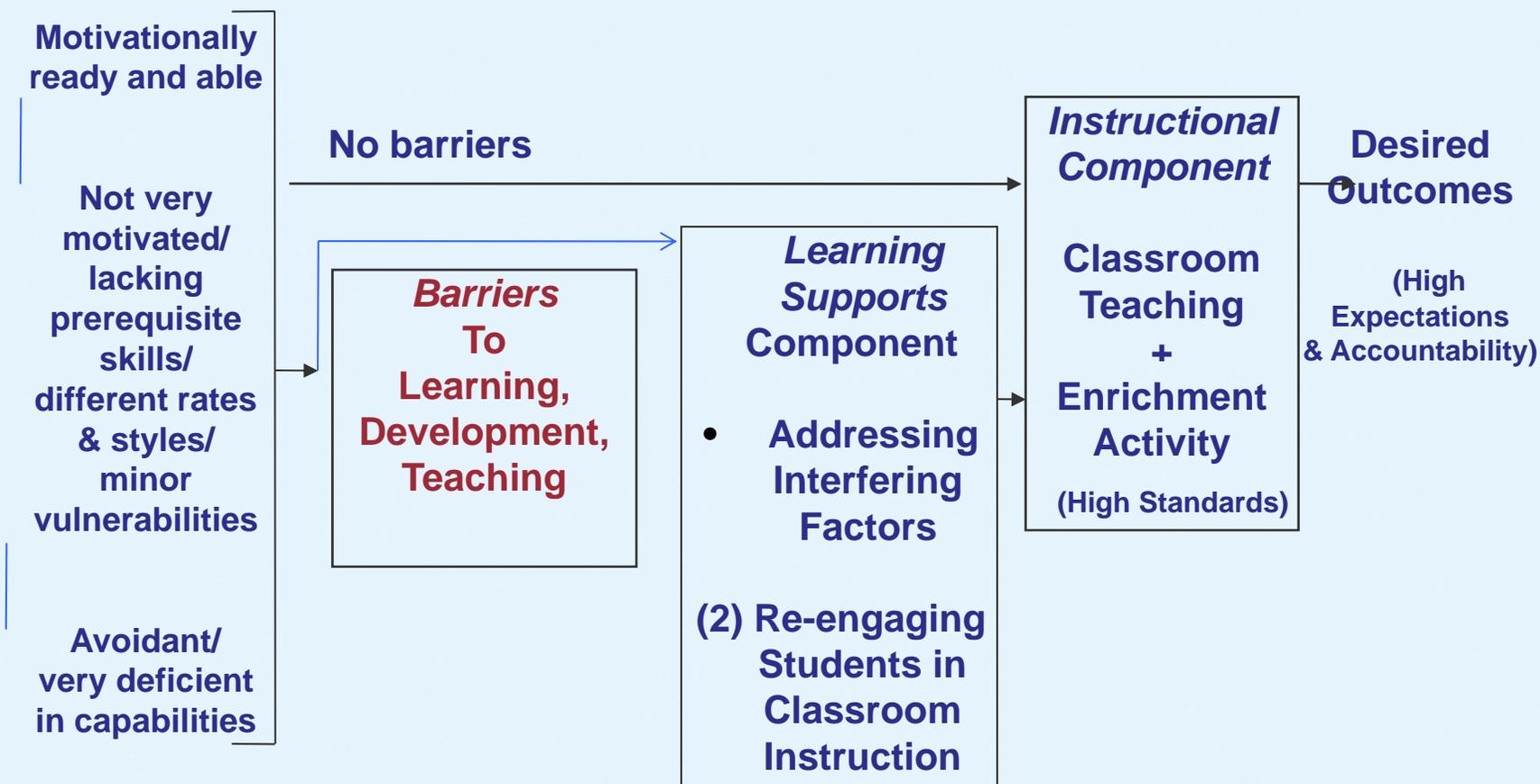
I. Why a Unified & Comprehensive System of Learning Supports is Imperative for School Improvement Policy and Student and Teacher Well-Being

II. Frameworks and standards for a learning supports component



A Unifying Concept for Working with Schools

Range of Learners





I. Why is a system of learning supports imperative for school improvement policy?

Some Major Concerns

- High student dropout rates
- High teacher turnover
- Continuing achievement gap
- So many schools designated as low performing
- High stakes testing is taking its toll
- Plateau effect

Teachers shouldn't be expected to do it alone!



Stressing the Full Range of Barriers to Learning/Development/Parenting/Teaching

For most youngsters, it's more about

- **Environmental Conditions**
 - Neighborhood
 - Family
 - School and Peers

than about

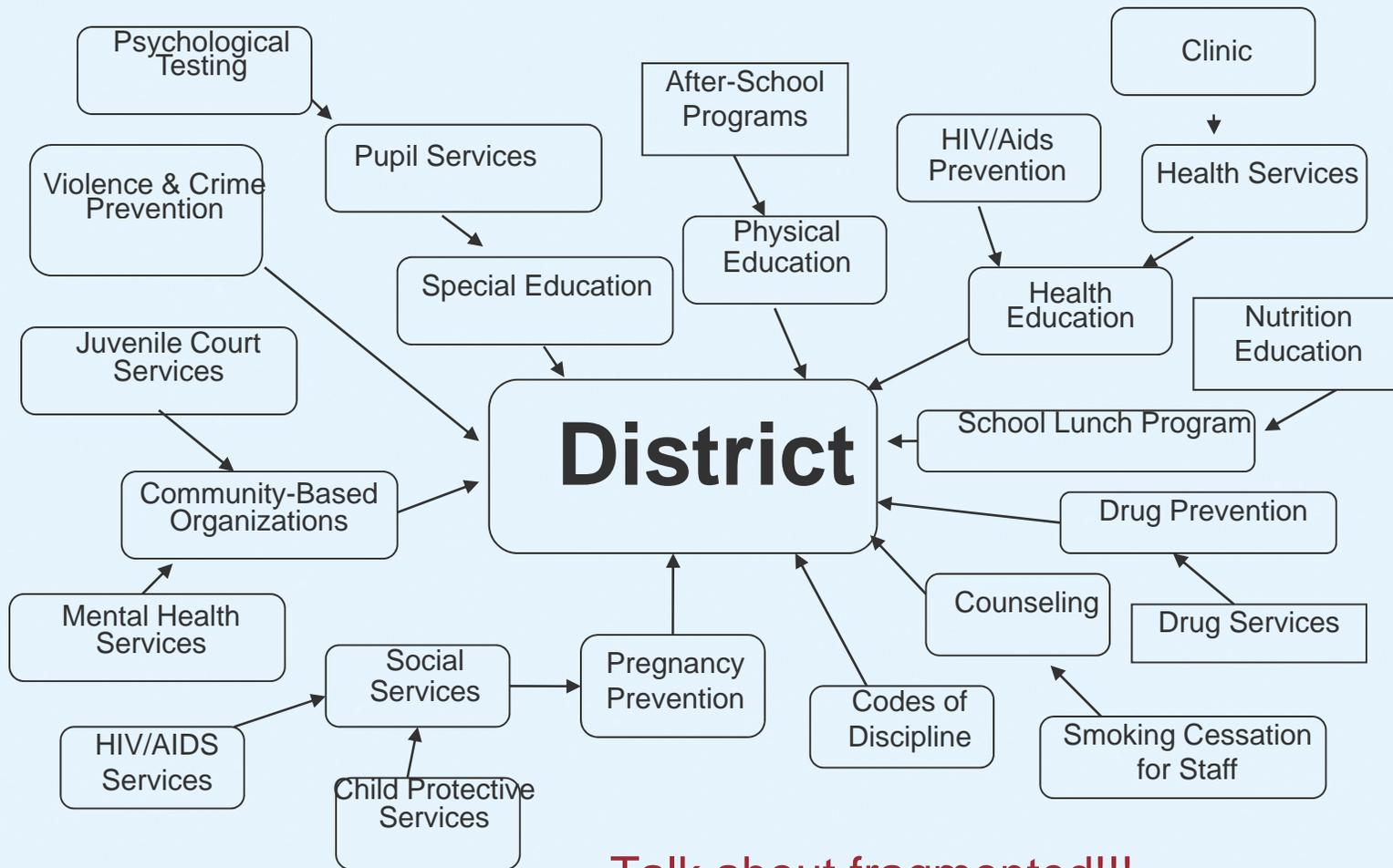
- **Individual deficits**

And, of course, a holistic approach emphasizes

- >Protective Buffers (strengths, resiliency)
- >Promoting Full Development



Current approach to addressing barriers *at schools*



Talk about fragmented!!!



II. Reframing School Improvement Policy

- Clearly, schools have some student and learning supports. What's missing is a dedicated, unified, comprehensive, and systemic component directly focused on:

(1) addressing barriers to learning and teaching

AND

(2) re-engaging students who have become disconnected from classroom instruction and schools



The need is to move from the prevailing two-component policy framework to a three-component framework to develop a unified and comprehensive system of supports

Direct Facilitation of Learning
(Instructional Component)

Addressing Barriers to Learning/Teaching
(Enabling or Learning Supports Component)



Examples of Initiatives, programs and services at schools that belong under the umbrella

- >positive behavioral supports
- >programs for safe and drug free schools
- >bi-lingual, cultural, and other diversity programs
- >compensatory education programs
- >family engagement programs
- >special education programs
- >mandates stemming from the No Child Left Behind Act & other federal programs



Levels of Intervention Continuum: Interconnected Subsystems for Meeting the Needs of All Students

School Resources
(facilities, stakeholders,
programs, services)

Community Resources
(facilities, stakeholders,
programs, services)



*Systems for Promoting
Healthy Development &
Preventing Problems*
primary prevention – includes
universal interventions
(low end need/low cost
per individual programs)

Systems of Early Intervention
early-after-onset – includes
selective & indicated interventions
(moderate need, moderate
cost per individual)

Systems of Care
treatment/indicated
interventions for severe and
chronic problems
(High end need/high cost
per individual programs)

[See examples](#)

[See examples](#)



Categories of *Basic Content Arenas* for Student/Learning Supports Intervention

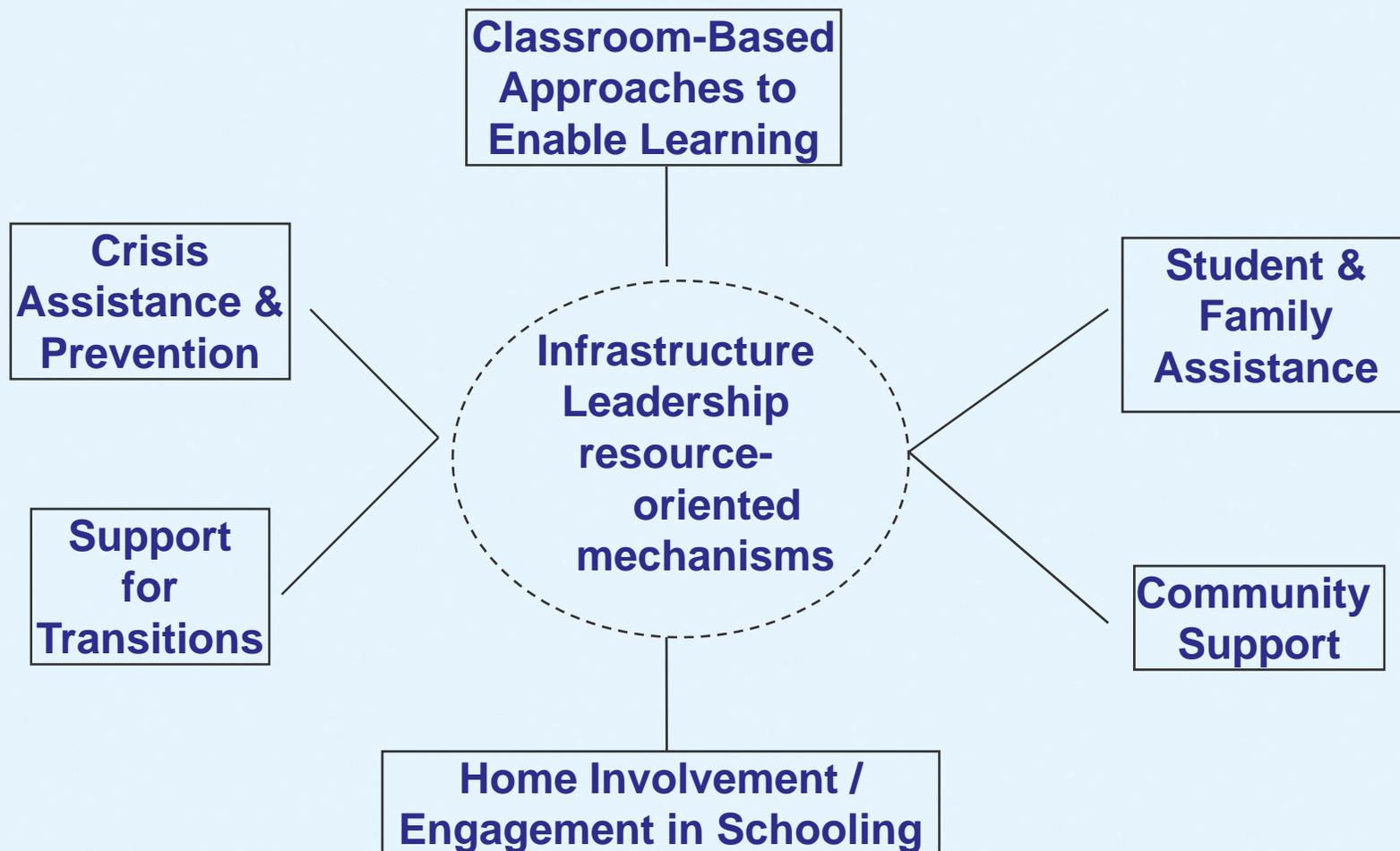




Table Talk: Where does MTSS Fit?





Combined Continuum and Content Arenas

Levels of Intervention

Systems for Promoting
Healthy Development &
Preventing Problems

Systems for Early
Intervention (Early
after problem onset)

Systems of
Care

Content
Arenas

Classroom-
Focused
Enabling

Crisis
Assistance &
Prevention

Support for
Transitions

Home
Engagement
in Schooling

Community
Support

Student &
Family
Assistance

	Systems for Promoting Healthy Development & Preventing Problems	Systems for Early Intervention (Early after problem onset)	Systems of Care
Classroom- Focused Enabling			
Crisis Assistance & Prevention			
Support for Transitions			
Home Engagement in Schooling			
Community Support			
Student & Family Assistance			

Activity: Mapping & Analyzing Learning Supports



UCLA Web site

- **The Center at UCLA has extensive resources which are free and readily accessible online. These include:**
 - Resources to help meet daily needs related to student learning, behavior, and emotional concerns
 - Policy and practice analyses to help rethink current student and learning supports
 - A toolkit to help design and implement a unified & comprehensive learning supports system, and more . . .
- <http://smhp.psych.ucla.edu/>



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Thank you!