

Below is a sample of the most recent responses from our Family Advisory Group. (10/10)

(1) About what more schools need to do to promote positive mental health

>Hire more school counselors and limit there job to services that directly impact the mental health needs of students, families and staff. (And eliminate excessive lunch and playground duty, testing coordinator responsibilities and administrative responsibilities).

>Institute Health and Wellness Teams in all schools (e.g., teams consisting of School Psychologist, Family Counseling Provider, School Counselors, Social Worker, Nurse and Administrator). Such a team collaborates to address the most pressing student problems and develops a comprehensive plan to help support student success and mental health needs.

(**Note:** Our district also has 12 Family Counseling Providers that each serves a cluster of schools. Families can participate in up to 8 free counseling sessions. We see a great deal of success in helping young people and families not only do better in school, but decrease stress and tension in the family.)

>Help educate young people and families about the prevalent co-morbidity of drug and alcohol use with other mental health concerns

>Include cafeteria staff, bus drivers, gym coaches, team coaches, etc. as support staff

> Schools, especially high schools, need to be cognizant of the impact and prevalence of mental health issues among their students. Truancy, school avoidance and AODA issues are frequently tied to mental health concerns. Health classes deal with physical health but not with mental health. Everyone needs to understand that positive mental health boosts academic achievement, reduces absenteeism and increases graduation rates. Therefore, schools should

>>Have mandatory training for all teachers and administration on

>>>mental health needs and diagnoses in youth and children

>>>classroom accommodations for student's mental health needs

>>>positive behavioral interventions

>>>implications of MH for school policy.

>>Mandate plans and policies in schools that outline how to support the student and the family when there is student with mental health needs; such as creating a 504 plan for that student.

(**Note:** Many schools do not create 504 plans because of lack of knowledge and/or time, which leaves the student struggling emotionally and academically throughout the school year.)

(2) About what more schools need to do to prevent mental health and psychosocial problems

>Not all mental health concerns can be prevented; however the impact can be minimized by good support, good parenting and a loving place to belong. To reduce the degree to which student feel isolated:

- >>Get rid of the No Child Left Behind act that focuses on testing and stresses students and teachers (who often teach to the test and feel pressured to cram information into students rather than teach more creatively).
- >>Help teachers understand the huge impact of connecting with their students.
- >>Develop small advisory groups where young people feel safe and can begin connecting with each other and an adult.
- >>Place more music, dance, art and theater in the schools. Also bring back vocational tracks in the school i.e. computing, automotive, electrical, hair styling etc. Not every student is college bound, but every student wants to find a place to belong.
- >Include student peers in informational sessions, helping to create more empathy.
- >Implement yearly parenting programs. Just like mandatory vaccinations, require parents to take a certain number of hours of parenting training each year before their student can attend school.
- >Offer family counseling and support groups in the schools
- >Schools need to have school social workers to provide preventive services to parents and children. These school social workers could provide parenting classes, prevention groups; that work with students on self esteem, community service, peer relationships, etc. Many students are seeking the comfort in talking to an adult that gives their time to hear their concerns, most of the time many of those students fall through the cracks and they don't come to the school's attention until the issue is much greater.

(3) About what more schools need to do to intervene quickly after a problem is noted

- >Adequate staffing -- When there is a problem there must be a professional (e.g., social worker, psychologist, etc.) to address the problem immediately.
 - >>There has to be a close connection between the school and outside agencies, i.e. medical practitioners, social welfare, non-profit mental health agencies and resources that could help support in these problems. Most of the time schools that don't have school social workers on campus struggle in getting immediate support because of the lack of knowledge on outside support services.?
 - >>School counselors often have between 500-800 students. That number is absurd and some young people will be lost in the process. Good counselors do a great deal to contact parents, refer to outside agencies, refer for emergency suicide evaluations etc.
- >Team approach where teachers, administration, nurse, social work, counselors etc. coordinate efforts.
- >Use RtI in regards to MH, not just academic concerns.
- >Address confidentiality, contact, and referral issues to enable quick intervention.
- >Concern raised: ?What if the parent chooses not to seek professional help for their child??

(4) About what more to do to help in the treatment of severe, pervasive and chronic problems

>Need more long term treatment centers for mental health and addiction problems.

>Improve Special Education and enhance use of ?Other Health Impaired? so that the student can be in a smaller class size with more support.

>Offer weekly support groups for these students so they don't feel so isolated and different.

>Offer a variety of learning environments (e.g., shortened days, on-line instruction, alternative settings and credit for work).

>Work with families and providers to develop transition plans to return kids to the school environment when they've been OK'd by their treatment provider.

>More collaboration and communication among the multiple professionals from the school and outside providers and agencies. Work as a team, think outside the box.

(Note: Most of the time doctors are not completely aware of the student's behavior in school and the interventions that are in place at the school setting. Also, the school sometimes doesn't have much information on the student's therapeutic interventions and/or medication they are being given.)

(5) Like many parents of children who have struggled in public school, I became a child and mental health advocate in self-defense. For over ten years I served as parent coordinator of an ADHD Support Group dedicated to educating both parents and teachers about attention deficit hyperactivity and related co-morbid disorders. As the UCLA Center for Mental Health in Schools (CMHS) has continued to create, continually update, and make their online resources increasingly more accessible, my ability to put quality information immediately into the hands of struggling parents, students, and educators has grown exponentially. The UCLA CMHS Quick Find On-Line Clearinghouse is a resource to which I still readily and regularly refer parents, teachers, and school guidance counselors.

My successful parent advocacy work led to my hiring as our district-wide Student Support Services Coordinator. In that capacity, I made use not only of the CMHS Quick Find Clearinghouse, but also the extensive library of training aids and tutorials found on the UCLA CMHS website to regularly provide training for my staff. Additional resources made available to me on the CMHS website—as well as local CMHS trainings I attended—provided solid guidance in making decisions about the direction our student assistance program should take; guiding us to adopt a comprehensive data-driven approach that grew beyond the struggling student level to embrace a more proactive campus-wide and district-wide strategic analysis of barriers to learning. It obviously paid benefits, because the Georgetown ISD PreK-12 Student Assistance & Intervention Liaison (SAIL) student referral process was chosen the 2003 National Student Assistance Association *Program of Excellence*.

When health problems demanded that I resign my position with the school system, I continued doing pro bono advocacy work within our community. Again, the CMHS Quick Find On-Line Clearinghouse proved invaluable in guiding me toward solid information on creating and fostering effective school-community partnerships. I served as editor-in-chief for a local data gathering effort entitled *The Georgetown Project 2007 Snapshot of Children and Youth* that reflects the strong influence that Adelman and Taylor's work continues to have on our local and regional efforts to create a community where all children can reach their full potential. The CMHS monthly ENEWS online newsletter and Practitioner Listserv provide me an opportunity to regularly forward innovative, cutting edge information via email and Facebook to keep the issue of children's mental health and well-being in front of my student assistance colleagues and policy makers both locally and statewide.

Most recently, I was appointed as "consumer advocate" to the Texas Mental Health Transformation Initiative's School-Based Behavioral Health Action Team, which has in turn led to me facilitating quarterly behavioral health intra-agency collaboration meetings at the Texas Education Agency. These opportunities--affording me a platform to impact both policy and practice at the state-level--have come largely as a result of expertise gained through my continued exploration of the UCLA CMHS web-based information; CMHS sponsored workshops I have attended; the books, policy briefs, and newsletters they have published; and the numerous phone contacts I have had directly with CMHS staff.

In short, my effectiveness as a parent, as an advocate, as a school district administrator, and as a systems change agent at the state, regional, and local levels has been greatly enhanced by my use of the resources made available by the UCLA Center for Mental Health in Schools. They have made significant contributions in my life and in the lives of all those whom I have touched. I hope to be using their resources long into the future, and I urge you to renew the funding that will enable these resources to continue.