UCLA

Mental Health in Schools
Center
Program and Policy Analysis+

February 24, 2014

Request

> *>How many children have MH problems?
> What should I be looking for?*

Feedback from Colleagues

> *>Working on attendance problems*

Featured Center Resource

> *>We respond to requests*

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**Please forward this to a few colleagues you think might be interested.
The more who join, the more we are likely to receive to share.**

**For those who have been forwarded this and want to be part of
the weekly exchange, send an email to Ltaylor@ucla.edu**
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Request: "I am K-6 special education teacher and wonder if you have any data on how many children are in the school system that have mental health issues at a early age, and what kind of behaviors should I be looking for?"

Center Response: In 2008, we did a report entitled: *Youngsters' Mental Health and Psychosocial Problems: What are the Data?* – accessible online at http://smhp.psych.ucla.edu/pdfdocs/prevalence/youthmh.pdf. At that time, we stressed the problems related to prevalence and incidence data for many child and youth problems:

> The demand for data has outstripped the availability of good data and has increased the tendency to grab for whatever numbers are being circulated in the literature. As a result, when someone says: "This is the best data available," it is essential to remember that best does not always mean good. This caution is particularly relevant in the mental health field where funding to support data gathering continues to be sparse and sound methodological practices are difficult and costly to implement.
>
> It is widely acknowledged that available information on prevalence and incidence of mental health and psychosocial problems and related service provision varies markedly in both quantity and quality. For instance, some youngsters may be counted more than once when they have multiple problems. And, a wide variety of activity may be included in reports of what constitutes a MH service. But the biggest problem remains that too little investment has been made in gathering and aggregating such data. As a result, available data are limited by sampling and methodological constraints, and thus the appropriate generalizability of findings is significantly constricted.

In response to the request, we looked up recent reports. Here is the prevalence estimate for mental health problems in the schools from the U. S. Department of Education – (excerpt from *Condition of Education* http://nces.ed.gov/programs/coe/indicator_cgg.asp)

> "...By 2011–12, the number of children and youth receiving special education services under IDEA was 13 percent of total public school enrollment.... [Total public school enrollment slightly over 51 million.] Students with emotional disturbances accounted for 6 percent of children and youth served under IDEA..."

Other prevalence estimates are much larger. For example, the Center for Disease Control and Prevention's *Mental Health Surveillance Among Children - United States, 2005–2011* indicates:

> "Mental disorders among children are an important public health issue because of their prevalence, early onset, and impact on the child, family, and community. A total of 13%–20% of children living in the United States experience a mental disorder in a given year..." (Supplements May 17, 2013 / 62(02);1-35 – http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?x_cid=su6202a1_w)

With regard to behaviors generally are cited as indicators, here is an excerpt from a new federal website http://www.mentalhealth.gov/talk/educators/index.html

"Educators are often the first to notice mental health problems. Here are some ways you can help students and their families.

What Educators Should Know
You should know:
>The warning signs for mental health problems.
>Whom to turn to, such as the principal, school nurse, school psychiatrist or psychologist, or school social worker, if you have questions or concerns about a student's behavior.
>How to access crisis support and other mental health services.

What Educators Should Look For in Student Behavior
Consult with a school counselor, nurse, or administrator and the student's parents if you observe one or more of the following behaviors:
>Feeling very sad or withdrawn for more than two weeks
>Seriously trying to harm oneself, or making plans to do so
>Sudden overwhelming fear for no reason, sometimes with a racing heart or fast breathing
>Involvement in many fights or desire to badly hurt others
>Severe out-of-control behavior that can hurt oneself or others
>Not eating, throwing up, or using laxatives to make oneself lose weight
>Intense worries or fears that get in the way of daily activities
>Extreme difficulty concentrating or staying still that puts the student in physical danger or causes problems in the classroom
>Repeated use of drugs or alcohol
>Severe mood swings that cause problems in relationships
>Drastic changes in the student's behavior or personality

What Educators Can Do in Classrooms and Schools
You can support the mental health of all students in your classroom and school, not just individual students who may exhibit behavioral issues.
Consider the following actions:
>Educate staff, parents, and students on symptoms of and help for mental health problems
>Promote social and emotional competency and build resilience
>Help ensure a positive, safe school environment
>Teach and reinforce positive behaviors and decision-making
>Encourage helping others
>Encourage good physical health
>Help ensure access to school-based mental health supports

Developing Effective School Mental Health Programs
Efforts to care for the emotional well-being of children and youth can extend beyond the classroom and into the entire school. School-based mental health programs can focus on promoting mental wellness, preventing mental health problems, and providing treatment. Effective programs:
>Promote the healthy social and emotional development of all children and youth
>Recognize when young people are at risk for or are experiencing mental health problems
>Identify how to intervene early and appropriately when there are problems..."

Note: Our Center at UCLA stresses that, with or without a special diagnosis, a great many students and their families (and school staff) need more support in classrooms and school-wide. Our emphasis is on strengthening schools to promote healthy development, prevent problems, and provide the best accommodations to minimize the impact of problems. Toward these goals, we call for embedding mental health concerns into a unified and comprehensive system of student and learning supports, with such a system fully integrated into school improvement policy.

Here are some Center resources related to this perspective:

>*About Mental Health in Schools*
http://smhp.psych.ucla.edu/aboutmh/aboutmhover.htm

>*Countering the Over-pathologizing of Students' Feelings & Behavior:*
 A Growing Concern Related to MH in Schools
http://smhp.psych.ucla.edu/pdfdocs/practicenotes/pathology.pdf

>*Enhancing School Staff Understanding of Mental Health and*
 Psychosocial Concerns: A Guide –
http://smhp.psych.ucla.edu/pdfdocs/enhancingschoolstaff.pdf

>*The Relationship of Response to Intervention and Systems of Learning Supports*
http://smhp.psych.ucla.edu/pdfdocs/rti.pdf

Listserv Participants: What is done to prepare teachers in your local schools to address mental health concerns? Please share so we can let others know. Send to ltaylor@ucla.edu

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Feedback from Colleagues:
 >*Working on attendance problems*

 (1) "The TEMPO program is a community program that works specifically with kids in this age group to connect them to resources, jobs, GED etc. We also have an alternative program for HS school kids who just can't handle the High School and an environment of 2200 kids. Filing the CHINS sometimes works for some kids. It's a last resort in my mind. The HS has a credit reduction program that kicks in if kids are missing too much school which then impacts their graduation (all punitive measures) We have a great attendance officer who is a former social worker so he really approaches the kids and parents from the prevention, therapeutic side. Parents definitely need to be held accountable so it might be helpful to focus on getting them to understand the consequences. Our experience is that these issues do not begin in HS. Generally we have been able to point to a pattern that began in Kindergarten so in terms of a long range strategy wrap around and early identification is key. I am attaching a link to a report from the Rennie Center located in Boston produced in case it is of any help." http://www.renniecenter.org/research/ForgottenYouth.pdf#page=14

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(2) "16-18 is a tough age....and I think this is the group she is talking about. 16-17 is even harder. The mental health piece (anxiety, depressions, etc) is always a challenge and not sure what the answer is there but for the others that 'just don't like school', we have Wayside's Tempo program, Job Corps, Alternative school (Thayer), parents can now file a CHINS up to the age of 18, FHS had always been pretty good about modifying the school day for some of these kids, or occasionally I will go to the house and meet with parents/student to try to convince them to return. So, I think there are some options but it definitely takes time and resources. I think for kids like this the credit structure would give them more of an excuse to 'check out.'"

(3) "I am going to defer to our excellent High School Social Workers and Middle and High School Associate Principals and Deans for this question." Here are their responses.
     (a) "I can start a list and others can add to it but I would say:
>calls to the parent (beyond attendance managers)
>meetings with parent expressing concerns of how the attendance is impacting their son/daughter and explaining how we can help with the issues within the school would be some of the first steps.
>We develop safety plans, change their schedule to add in interventions, have someone from student services - social worker or counselor meet regularly with the student to support them and help them develop healthy coping strategies, help with a referral for medical evaluation/treatment or other needs, support the parent with how to handle the issues more effectively etc.
>It is so easy for that pattern to get established, especially if it began in earlier school years so as many positive ways that we can reach out to both the student and parent to demonstrate that we care and can help and want to see them succeed and make connections here at school can make a difference. Otherwise, the parents are just going by what they hear from their child, which may not be accurate and perpetuates the cycle."

(b) "We do the things listed above. We also document parent meetings, make suggestions, mark them unexcused after 10 absence days. Mark them truant after 10 parent days. Tickets are issued- and to the parents as well."

(c) "I would just add that forming the 'truancy taskforce' is a great start. I would encourage you to include school officials, county social workers, school resource officers, area judges (if possible), etc. on your committee. We have formed a truancy taskforce w/ these types of members and it has helped when it comes to open communication and consistency."

(d) "At the middle school, we have found some good success with offering food as incentive. We identify students (about 10-15) that struggle getting to school on time. We offer lunch line vouchers (good for one item from the a la carte menu, approximately $0.75 per voucher). When a student comes to school on time, we offer a lunch line voucher, or they can place the voucher, with their name on it, into a monthly drawing to win $10 gift cards that are donated by our PTO (Subway, Kwik Trip, iTunes, Walmart). We try to give away as many gift cards per month as there are students in hopes everyone will win (sometimes the drawing is rigged so all

students get something for their efforts) The idea being the more often they show up on time, the greater the chance of winning a gift card. Our Principal donates about $50 per month to cover the cost of the lunch line voucher. We had really good success last year with this incentive."

(e) "We formed an Attendance Task Force last year and met. We recognized and had many discussions on excused absences and the effect on student achievement. We developed a Final Test waiver. Students who met the criteria of 23 or less excused hours and no unexcused hours could request to waive one final exam of their choice. They could not miss more than 2 hours and they could not have a discipline referral for that particular class. Most of the feedback we have is anecdotal, but there was a great deal of excitement among our students. We hope to have hard data that will support this next semester."

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Center Featured Resource:
>We respond to requests

We receive requests related to a wide range of barriers to learning and teaching. An example is a recent request from a district for information about addressing students from impoverished families whose children are constantly hungry. Basic needs for food and shelter are widely acknowledged as matters that can interfere with a student's learning and performance.

As an illustration of the type of response we make to such requests, below we note a few of the resources we shared with the district as a stimulus to aid their workgroup as it develops a plan for addressing the problem.

(1) For the National Education Association's discussion of the problem and what schools can do, see *Kids Too Hungry to Learn: A Challenge We Can Solve*
    http://www.learningfirst.org/students-too-hungry-learn-challenge-we-can-solve
Here's an excerpt:
    "We know child hunger is an education issue that together we can solve. To help in this effort, NEA HIN and the No Kid Hungry Center for Best Practices have created the Start School with Breakfast online toolkit that guides schools on how to rethink school breakfast, step-by-step, with tips and tools. Learn more at http://NoKidHungry.org/BreakfastToolkit ."

(2) Learn about the *No Kid Hungry campaign*, see

    >Teachers See Hunger in the Classroom –
        http://www.neahin.org/about/news/survey-three-out-of-five.html
Here's an excerpt:
More than 16 million children in America struggle with hunger. Share Our Strength's No Kid Hungry campaign is ending childhood hunger by connecting kids to the healthy food they need, every day. No Kid Hungry helps get nutritious food to kids in need and teaches families how to cook

healthy, affordable meals. The campaign brings together governors, mayors, businesses, chefs, federal and state agencies, educators and community leaders to connect children at risk of hunger with food and nutrition programs where they live, learn and play. No Kid Hungry also teaches families how to cook healthy, affordable meals through Cooking Matters® and invests in community organizations that fight hunger."

See the article for the list of organizations and businesses supporting the campaign.

THEN GO TO:

>*No Kid Hungry* – http://nokidhungry2.org/schools
 Has a page for parents and teachers – http://nokidhungry2.org/parents-and-teachers
 Also has a report *Hunger in our Schools* –
  http://www.nokidhungry.org/pdfs/NKH_TeachersReport_2013.pdf

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A Recent Story on National Public Radio
For Lower Income Students, Snow Days Can Be Hungry Days

For many Americans it's been a harsh, disruptive winter. When cold snaps and blizzards shutter schools, kids miss more than their daily lessons. Some miss out on the day's nutritious meal as well. Last year, more than 21 million children nationwide ate free or reduced price lunches, according to data from the USDA's Food and Nutrition Service. Each community rallies around its hungry in different ways. In some places, food banks, soup kitchens and Ys pick up the slack, providing hot meals or groceries. In rural regions with fewer food banks, churches or the local Boys & Girls Club of America might step in. Some school districts partner with local nonprofits to feed kids during weekends, as well. (2/12/14) http://www.npr.org

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Please share! Send in relevant resources ideas, requests, comments and experiences to ltaylor@ucla.edu

Note: Responses come only to the Center for Mental Health in Schools at UCLA for possible inclusion in the next week's message.

We also post a broad range of issues and responses to the *Net Exchange* on our website at http://smhp.psych.ucla.edu/newnetexchange.htm and to the *Facebook* site (which can be accessed from the Center's website homepage http://smhp.psych.ucla.edu/