Featured

>*Ideas about enhancing a school's efforts to prevent problems*

>*Are you supporting population based mental health?*

>*Links to a few other relevant shared resources*

For discussion and interchange:

>**Here's some innovative ideas about enhancing a schools efforts to prevent problems**

We asked: Please share your ideas about how districts and schools can reduce the need for mental health services by revamping student/learning supports to include innovative (1) prevention efforts and (2) interventions that address problems quickly after their onset."

We received: many responses; here's a sample.

1. "In the business world, corporations haven't waited for cyber attacks to put technology systems in place to enhance and continually monitor their cyber security. Some captains of industry are forging commitments to reduce their carbon footprint - before global warming impacts their bottom line. After our experiences with a world-wide pandemic, companies have started looking for innovative ways to develop products with resources that are not dependent on foreign supply chains. Innovative and successful companies are looking for ways to solve or mitigate programs now - before they threaten the company's well-being.

   On the other hand, educational systems have historically focused on waiting for the worst to happen before making change. A perfect example are special education services. Generally speaking, students have to be "slow enough" or "behind enough" for a long enough period of time to qualify for assistance when early intervention could prevent issues from getting bad enough to qualify for more intensive (and expensive) services to remedy or mitigate problems

   Educators must stop focusing narrowly on the "worst" problems and begin addressing the continuum of issues that lead to the "worst case" scenarios.

   Imagine an entire seventh grade class scoring low on a standardized math test. Should school leaders focus all their energies and resources to provide direct services to the handful of students with the worst scores? Of course not! They first need to look at other related data to figure out whether the poor scores might be tied to the curriculum, to instructional techniques, to attendance and motivation, on-line learning, or whatever other factors that might be unique to this grade level. Once potential problems begin to surface, the focus turns to what works best to address the issue. Interventions are adopted, progress is monitored and adjustments made to ensure that the ENTIRE grade level improves. More than likely, some changes will occur for ALL students (eg. curriculum and/or instruction), supportive services for SOME students (eg. tutoring and/or remediation), and more intensive services for A FEW individuals (eg. direct services).

   It's the same process for EVERYTHING. Whether it's academic failure, anti-bullying programs, alienation or other social/emotional issues. School leaders can't focus on the worst of the worst and expect anything to change. They must look at the continuum of need and work to implement interventions that address the range of student needs.

   Let's consider anti-bullying programs. Was a program adopted because everyone thought it was a good idea or was it instituted because it showed promise (through research) for impacting specific needs identified in the building? Even if it was adopted simply because it seemed like a good idea (not based on data), staff should build on what already exists. Start by looking at data related to bullying (e.g., attendance, office referrals, student surveys, teacher concerns) to pinpoint areas that need more

attention. What would benefit ALL students? What else is needed to address the common needs of SOME students? What is needed by A FEW individuals with more complex issues? Find interventions with proven effectiveness (evidence-based research) or at a minimum, those that show promise. Monitor their implementation (they need to be implemented well to make a difference) and monitor any changes (good or bad), making appropriate adjustments as needed.

There is an analogy of the most difficult problems being "the tip of the iceberg." If you only chip away at the tip, more ice will rise to the surface to replace what you've worked so hard to eliminate. Instead of chipping away at the tip, the educational system must consider the entire iceberg. Similarly, if a school only implements mental health services, they will impact lives of a few but so many more are waiting (just below the surface) to take advantage of those services - and no amount of resources will ever meet that need. Schools must figure out ways to meet the continuum of needs to minimize the severity of problems. They must consolidate their limited resources to make the greatest possible impact for all students. We can no longer afford to run isolated programs that serve only a small percent of the entire student body. We must develop a comprehensive system of supports that includes everyone."

2. "We need to
   > reweave children and youth into supportive relationships,
   > have the family and community cease abdicating their share of the responsibility for supporting young people,
   > vastly increase and normalize the number of young people who cross the school threshold door each morning with the security and confidence that a web of support is provided, and
   > support the school to NOT erode that web but sustain it or enhance it through the young person's participation in school.
   The national consciousness is shifting. After 30 years, people are more open to these ideas than ever before. And, to answer your question, we have a way to change the dialogue and work in schools. Trouble is, it is NOT SPRAY AND PRAY. It is HARD to do this work. It takes consistent and redundant efforts that span school board elections, superintendent searches and retirements, national shifts, and new media and shifting budgets and norms."

3. " *Regarding Prevention:* 50 year old ideas of the school discipline mindset must change. School discipline that results in school push out in all its forms need to be rethought including: In and out of school Suspension, Expulsion, use of Alternative Ed, use of on-line education as a form of discipline, Special Education (when used for segregation and characterized by children teaching themselves via "self-paced" programs) and "soft pushout" (calling parents for a pick-up when child is having a "hard time" often framed as an act of kindness ....all results in missed instruction and support. School Safety is used to justify school exclusion.
   Regarding Intervention: Start with truly addressing unjust policies and procedures, and the application of policies and procedures in an unjust manner. A change in mind set about who is responsible for helping all kids to be successful at school is needed to orient towards prevention.
   When there is a way to "get rid of" some kids - folks will. That makes the system sick, and all kids are impacted.. those with trauma experience & without supports/resilience are, of course, worse off."

4. " I'm the Wellness Director at our school and wanted to reach out to you about the work that we do. Our school has a weekly Wellness class that teaches students about their mental health once a week for every year of their education for grades 6 through 12. In the summer we host a Mental Health Education Institute for educators to learn how to implement mental health curriculum in their schools. The training focuses on mental health literacy for educators to have a vocabulary to use and teaches them how to use their personal stories to normalize conversations about mental health in the classroom.".

5. "The answer to your question is to implement a prevention-intervention system using a unified and comprehensive system of student support. Why do schools and organizations not do this? It is because they are looking for an external entity to come in and "fix things" for them. Right now, people are using funding for hiring mental health clinicians.
   I share your frustration in that school leaders don't take the time to analyze what they have, how they could use people and programs more effectively, and integrate supports both school-wide and in

classrooms to reduce the number of children needing mental health services.

My advice... succinctly state that using a learning supports system will reduce the number of children needing mental health services.....

I would encourage you to present the use of the Learning Supports professional learning to address the barriers of bullying, discipline issues, mental health, and any other barriers. Please consider highlighting the professional learning for SCHOOL and DISTRICT leadership...”

6. “I often run into this question from those bothered by bullying. “What can I do to stop this? “ Having a bag of techniques to combat bullying can be helpful to individuals/ a bag of techniques to assist an individual to maintain the best of feelings no matter what. Let's get that bag up front for everybody!”

7. “A personal mission of mine as an elementary school counselor is to better help our young students cope with the variety of mental health challenges that they may face. In addition to the more reactive approaches of groups and 1:1 sessions for areas such as anxiety, self-esteem etc., this year we have added a new proactive approach. We believe that teaching kids about mindfulness and mediation at a young age can have lasting effects. This year I created “Mindful Morning Moments” that every teacher plays for every student in the school. Breathing techniques, meditations, read aloud on mindfulness, mindfulness education videos are all things that we have added to these brief morning moments. I hope to expand our mindfulness education even more in the future.”

8. “Two key quotes I truly believe in when it comes to mental health in schools: "an ounce of prevention equals a pound of cure" and "it takes a village"

Therefore systems, programs and practices need to be intentional and ingrained into the fabric of the system it serves ... from supporting the efforts of the community and families to the educators in schools and the students in classrooms. ...

Efforts that follow the CASEL framework, for example as a method of prevention of mental health problems are vital to our collective efforts....

I recently presented our work at our BOE in which I used a quote heard at last year's NASP conference "We are not going to therapy our way out of this.. "

9. “We need a component between general education and special education fully developed and implemented K-12 so there is continuity in SEL data collection and instruction.”

10. “I am an elementary school counselor, grades k-5. I teach the Sources of Strength curriculum which focuses on protective factors with students. I teach weekly lessons which keeps it consistent. It helps kids identify strengths to flourish and in difficult times. I like the prevention focus and the whole child approach including community.”

Center Comments: We addressed prevention and schools some years ago in a journal article entitled ***Moving Prevention from the Fringes into the Fabric of School Improvement*** and, more recently, in a chapter entitled ***Placing Prevention into the Context of School Improvement.*** Given the renewed advocacy, we suggest you browse these resources and consider the fundamental points we explored about prevention and schools.

Also online are ***Prevention and Schools*** and ***Barriers to Prevention in Schools.***

Note: From our perspective, a focus on *primary* prevention includes
>promoting and enriching health and wellness and positive development,
>protecting and maintaining public physical and mental health.

While prevention has not been a high priority at schools, over the years a variety of interventions have appeared (and disappeared) at some (e.g., immunizations, substance abuse prevention, violence prevention, lead abatement programs, healthy start initiatives, health/mental health education, sex education and family planning, recreation, dental care, social services to access basic living resources and work, and so forth).

For more on this topic, see the Center's Quick Find on ***Prevention***.

We know that many reading this have innovative suggestions about prevention, please share. Send to Ltaylor@ucla.edu

Are you supporting population based mental health?

With widespread need and increasing disparities, the American Psychological Association (APA) says it is time to rethink our nation's approach to behavioral health so that we work from a population health framework.

This means moving away from a singular focus on psychopathology and illness to a more comprehensive approach, in which we aim to reach people earlier in the development of behavioral health challenges by working further upstream to prevent unnecessary suffering. A summit, hosted by APA and focused on the scientific foundation for population health, brought together experts to develop concrete action steps to advance population health. Several summit attendees described this work as a "moonshot"—given the complex and massive undertaking required—but a necessary one."

From: *APA helps shape population health approach*

"... an individual's health cannot be considered in isolation from the relationships, communities, and societies to which the individual belongs. There are major influencers and social determinants of health outside of the traditional healthcare system that include, but are not limited to, education, work and work setting, environment, legal and regulatory frameworks, income, racism and discrimination of other historically marginalized groups, social connectedness, and stigma; these conditions often exist systemically and structurally, outside of individuals. ...

A population health lens focuses on both promoting health and reducing health inequities between populations. For its own activities, APA describes population health as a multi-tiered approach that includes:

(a) universal provision of preventative tools and health promotion for all people, families, and communities;

(b) monitoring, anticipatory guidance, and early intervention for those with risk factors for physical, mental health, and substance-related conditions; and

(c) psychosocial and mental health/substance use care for those experiencing illness and/or escalating physical health and mental distress ...

APA calls on the discipline and profession of psychology to support a population health approach. APA encourages its members, committees, divisions, and boards to use the following principles as a "lens" through which activities for health promotion can be viewed:

1. Work within and across diverse systems to advance population health....
2. Work "upstream" by promoting prevention and early intervention strategies....
3. Educate psychologists and community partners on population health....
4. Enlist a diverse array of community partners...."

From: *Psychology's Role in Advancing Population Health*

For more on this from the Center, see *About Addressing Poverty: What's a School's Role?* and *Social Determinants of Health, Mental Health, and Academic Achievements*.

>Links to a few other relevant shared resources

More on mental health

   Understanding Mental Health as a Public Health Issue

   What Does a Public Health Approach to Mental Health and Illness Look Like?

   A Public Health Approach to School Safety & Violence Prevention

   How to Promote Positive Development and Decrease Risk in Online Spaces For Early Adolescents

A few others that may be of interest

   "Being Bilingual is a Superpower" to Promote Multilingual Education for a Diverse Workforce

   Student/Learning Supports: A Brief Guide for Moving in New Directions

   How Urban and Rural School Districts Aim to Solve Alarmingly High Absentee Rates

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A Few Upcoming Webinars

For links to the following and for more webinars, go to the Center's Links to Upcoming/Archived Webcasts/Podcasts – **https://smhp.psych.ucla.edu/webcast.htm**

12/6 McKinney-Vento School Selection Rights
12/6 Diversity, Equity, and Inclusion Frameworks for Mentoring
12/6 Create Cultures of Joy, Motivation, and Support
12/6 Increasing attendance
12/6 Dispute resolution options in the special education process
12/6 Talking with teens about mental health
12/6 Creating a Welcoming Environment
12/7 Preventing racism
12/7 Building a healthy school culture
12/7 Boosting mental health
12/12 Post traumatic growth
12/13 Supporting Full Student Participation
12/13 Decrease school-based stress and anxiety
12/14 Highlighting school success
12/14 Supporting the Education of Unaccompanied Students
        Experiencing Homelessness
12/19 Using data to address equity
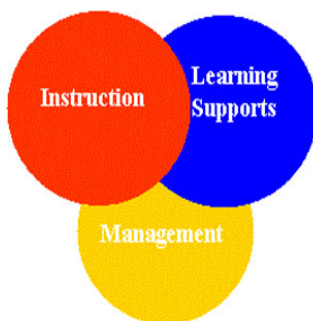
For information about the
   National Initiative for Transforming
   Student and Learning Supports
go to https://smhp.psych.ucla.edu/newinitiative.html

Equity of opportunity is fundamental to enabling civil rights, transforming student and learning supports is fundamental to promoting whole child development, advancing social justice and enhancing learning and a positive school climate.

To Listserv Participants

- **Please share this resource with others. (Everyone has a stake in the future of public education and this is a critical time for action.)**

- **Let us know your views about the topics shared and about what's going on to improve how schools address barriers to learning & teaching and reengage disconnected students and families. (We can share the info with the over 130,000 on our listserv.)**

- **For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu**

- **Looking for information? (We usually can help.)**

- **Have a suggestion for improving our efforts? (We welcome your feedback.)**

We look forward to hearing from you!

Send to ltaylor@ucla.edu

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"It's called 'reading'. It's how people install new software into their brains"

THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!

For new sign-ups – Send to Ltaylor@ucla.edu

Also send resources ideas, requests, comments, and experiences for sharing.

We post a broad range of issues and responses to the Net Exchange on our website at
https://smhp.psych.ucla.edu/newnetexchange.htm
and on Facebook (access from the Center's home page https://smhp.psych.ucla.edu/)