Improving Schools, Engaging Students

Leadership Institute

Mental Health in Schools: Becoming an Integrated Part of the School Improvement Agenda

I Why Mental Health *in Schools*?

II What's the Current Status of Mental Health in Schools?

III About Mental Health in Schools & School Improvement Policy and Practice

IV Becoming an Integrated Part of School Improvement

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The material in this power point presentation is drawn from the Center Resource entitled:

Mental Health in School & School Improvement: Current Status, Concerns, and New Directions

http://smhp.psych.ucla.edu/mhbook/mhbooktoc.htm

References to support the points made are available in that resource.

Topics Covered

I Why Mental Health *in Schools*?

II What's the Current Status of Mental Health in Schools?

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Part I

Why Mental Health in Schools?

>Some Major Reasons and Other Agenda for MH in Schools

>How Many Students and Schools are There?

>How Many Children & Adolescents Need Mental Health Interventions?

*>Mental **Health** or Mental **Illness**?*

>Understanding the Different Causes of Problems: Consider the Implications for Intervention

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Some Major Reasons and Other Agenda for MH in Schools

There is confusion and conflict in discussing mental health in schools because of the variety of vested interests represented. Each brings to the table divergent agenda for policy, practice, research, and training.

Most Cited Reasons

(1) Psychosocial & MH problems often are major factors interfering with effective school performance of some students so schools must do something about these individuals (especially mental health services are included in a student's special education plan).

(2) Mental health agencies view schools as places where the availability of and access to services and those who need them can be enhanced.

(3) Schools increasingly are seen as needing to play a greater role in facilitating social-emotional development and learning.

- Point 1 reflects the perspective and agenda of student support professionals and some leaders for school improvement, and also provides a supportive rationale for those wanting schools to play a greater role related to addressing young people's health concerns.

- The second point typically reflects the perspective and agenda of agencies and advocates whose mission is to improve the mental health system.

- Implied in both reasons is the hope of enhancing the nature and scope of mental health interventions to fill gaps, enhance effectiveness, address problems early, reduce stigma, and fully imbue clinical and service efforts with public health, general education, and equity orientations.

- The focus on facilitating social-emotional development encompasses concern for promoting health and well-being and preventing problems.

Examples of Other Agenda

There are several agenda for increasing *availability* of mental health interventions through expanding

(a) school resources

(b) co-locating community resources on school campuses

(c) combining school and community resources.

Relatedly, there are agenda encouraging schools to *adopt/enhance specific programs and approaches* for

(a) treating specific individuals

(b) addressing specific types of problems in targeted ways

(c) addressing problems through school-wide, "universal interventions

(d) promoting healthy social and emotional development.

Many agenda are shaped by *economic interests* (e.g., specific disciplines, guilds, contractors, businesses, organizations) that either are already part of school budgets or are seeking to be part of school budgets.

And, mental health researchers often see schools as a venue for their research.

Finally, it must be noted that there are those whose agenda is to *reduce school involvement* in mental health programs and services (e.g., to maximize the focus on instruction, to use the resources for youth development, to keep the school out of areas where family values are involved).

How Many Students and Schools are There?

- Over 52 million students in the U.S.A.

  >47 million in public schools

  >5.2 million in non-public schools
  >>700,000 in charter schools
  >>850,000 home-schooled

- 120,000 schools

  >about 93,000 public schools

  >about 27,000 non-public

- Over 15,000 school districts

How Many Children & Adolescents Need Mental Health Interventions?

- Data cited on diagnosable mental disorders generally suggest that from 12-22% of all youngsters under age 18 are in need of services for mental, emotional or behavioral problems.

  This tends to be broken down for ages 9 to 17 as follows:

  >21% (or one in five children and adolescents) seen as experiencing the signs and symptoms of a DSM-IV disorder during the course of a year

  >11% seen as experiencing significant impairment

  >about 5 percent experiencing extreme functional impairment (about 4 million young people). In any given year, 20% of these are reported as receiving MH services.

- The picture worsens when one expands the focus beyond the limited perspective on diagnosable mental disorders to encompass the number of young people experiencing psychosocial problems rooted in the restricted opportunities and difficult living conditions associated with poverty.

  >estimates suggest that 40% of young people are in bad educational shape and therefore will fail to fulfill their promise

  >many large urban schools have well-over 50% of their students manifesting significant behavior, learning, and emotional problems

- Related to the above figures is the fact that a growing segment of youngsters manifesting emotional upset, misbehavior, and learning problems routinely are assigned diagnostic labels denoting serious disorders (e.g., attention deficit/hyperactivity disorder, depression, learning disabilities).

- This trend flies in the face of the reality 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.

- Moreover, the trend to diagnosing so many behavior, learning, and emotional problems as disorders leads to large numbers of misdiagnoses and inappropriate and expensive treatments.

Almost every current policy discussion stresses the crisis nature of the problem in terms of future health and economic implications for individuals and for society; the consistent call is for major systemic reforms.

Mental Health Service Use among Youths Aged 12 to 17: 2005 and 2006*

- Combined 2005 and 2006 data indicate that an annual average of 3.3 million youths aged 12 to 17 (13.3 percent) received services for emotional or behavioral problems in a specialty mental health setting in the past year

- About 3.0 million youths (12.0 percent) received services for emotional or behavioral problems in a school-based setting, and around 752,000 (3.0 percent) received such services in a general medical setting

- Female youths were more likely than their male counterparts to receive services for emotional or behavioral problems in a specialty mental health or educational setting

*Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (September 25, 2008). *Mental Health Service Use among Youths Aged 12 to 17: 2005 and 2006*. Rockville, MD.

Also see, Office of Applied Studies. (2007). *Results from the 2006 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 07-4293, NSDUH Series H-32). Rockville, MD: Substance Abuse and Mental Health Services Administration.

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2005 and 2006 data used in this report are based on information obtained from 45,405 youths aged 12 to 17. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

Mental *Health* or Mental *illness?*

When many people hear the term *mental health*, they think mental *illness.*

When this occurs:

>mental *health* is defined, de facto, as the absence of problems

>there is a lack of emphasis on promoting positive social and emotional development for all.

This is unfortunate given that the problems experienced by most youngsters are psychosocial (i.e., stem from socio-cultural and economic factors) not psychopathological and often can be countered through promotion and prevention.

Note the following efforts to define mental health in ways that are consistent with using the term mental *health* as a positive concept:

- SAMHSA's Center for Mental Health Services:
  "Mental health is defined as "how a person thinks, feels, and acts when faced with life's situations.... This includes handling stress, relating to other people, and making decisions." This is contrasted with mental health problems and disorders. (The term mental *illness* is reserved for severe mental health problems in adults).

- World Health Organization:
  Mental health is "a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

- *Bright Futures in Practice: Mental Health* (National Center for Education in Maternal and Child Health):
  "Mentally healthy children and adolescents develop the ability to experience a range of emotions (including joy, connectedness, sadness, and anger) in appropriate and constructive ways: possess positive self-esteem and a respect for others; and harbor a deep sense of security and trust in themselves and the world. Mentally healthy children and adolescents are able to function in developmentally appropriate ways in the contexts of self, family, peers, school, and community. Building on a foundation of personal interaction and support, mentally healthy children and adolescents develop the ability to initiate and maintain meaningful relationships (love) and learn to function productively in the world (work)."

Whatever the definition, addressing mental health of youngsters involves ensuring

- mental illness is understood within the broader perspective of psychosocial and related health problems, in terms of strengths as well as deficits, and as encompassing the well-being of families and staff
- the roles of schools/communities/homes are enhanced and pursued jointly
- equity considerations are confronted
- the marginalization and fragmentation of policy, organizations, and daily practice are countered
- the challenges of evidence-based strategies and achieving results are addressed.

Mental Health in Schools: It's About Much More Than Therapy and Counseling

Mental health in schools *isn't just about*

- students with diagnosable problems
- therapy and behavior change
- connecting community mental health providers to schools
- what mental health professionals do
- empirically-supported *treatments*

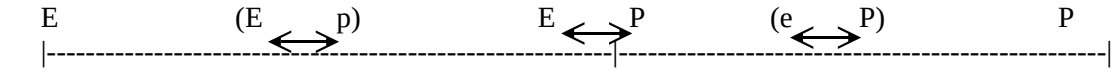
In addition to all the above, mental health in schools *also is about*

- providing programs to promote social-emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers
- providing programs and services to intervene as early after the onset of learning, behavior, and emotional problems as is feasible
- building the capacity of all school staff to address barriers to learning and promote healthy development
- addressing systemic matters at schools that affect mental health, such as high stakes testing (including exit exams) and other practices that engender bullying, alienation, and student disengagement from classroom learning
- drawing on all empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address barriers to learning and promote healthy development

Understanding the Different Causes of Problems: Consider the Implications for Intervention

LOCUS OF PRIMARY INSTIGATING CAUSE*

Problems caused by factors in the environment (E)	Problems caused equally by environment and person	Problems caused by factors in the the person (P)



Type I problems	Type II problems	Type III problems (e.g., LD, ADHD, other disorders)
C caused primarily by environments and systems that are deficient and/or hostile	• caused primarily by a significant *mismatch* between individual differences and vulnerabilities and the nature of that person's environment (not by a person's pathology)	• caused primarily by person factors of a pathological nature
• problems are mild to moderately severe and narrow to moderately pervasive	• problems are mild to moderately severe and pervasive	• problems are moderate to profoundly severe and moderate to broadly pervasive

*Using a transactional view, the continuum emphasizes the *primary source* of the problem and, in each case, is concerned with problems that are beyond the early stage of onset.

Notes: Problems caused by the environment are placed at one end of the continuum and referred to as Type I problems. At the other end are problems caused primarily by pathology within the person; these are designated as Type III problems. In the middle are problems stemming from a relatively equal contribution of environmental and person sources, labeled Type II problems.

To be more specific: In this scheme, diagnostic labels meant to identify *extremely* dysfunctional problems *caused by pathological conditions within a person* are reserved for individuals who fit the Type III category. Obviously, some problems caused by pathological conditions within a person are not manifested in severe, pervasive ways, and there are persons without such pathology whose problems do become severe and pervasive. The intent is not to ignore these individuals. As a first categorization step, however, it is essential they not be confused with those seen as having Type III problems.

Study Questions

What is you answer to the question:

Why Mental Health in Schools?

What are the implications for prevention and correction of problems when the primary causes are environmental or transactional rather then stemming from internal biological factors?

Some Relevant References & Resources

>In addition to the book *Mental Health in School & School Improvement: Current Status, Concerns, and New Directions*
http://smhp.psych.ucla.edu/mhbook/mhbooktoc.htm

browse the following online Center resources:

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

>More About Mental Health in Schools –
http://smhp.psych.ucla.edu/aboutmh/moreaboutmh.html

>Resources and Publications –
http://smhp.psych.ucla.edu/materials/resources.htm

>Quick Find Search Topic Menu –
http://smhp.psych.ucla.edu/websrch.htm#quick

In Part II, we explore the current status of mental health in schools.