

Strategies for Serving Students with Significant Mental Health Needs: From Inservices-in-a-Box to Conversations in a Kitchen

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Children's Mental Health Problems

- 21% of school-age children & adolescents have a "diagnosable mental health problem"
- 11% have a "significant functional impairment"
- 5% have an "extreme functional impairment"

Children's & Adolescents' mental health diagnoses unstable

- Developmental relativity of symptoms
- Discontinuity of disorders
- Comorbidity
- Race and gender —development & social context
- DSM-IV rooted in adult psychopathology

Easier to see in retrospect . . .

- **"One-half of all lifetime cases of mental illness begin by age 14,** and despite effective treatments for the disorders, there are **long delays between the onset of symptoms and seeking treatment,"**
—according to the largest survey ever of the nation's mental health, published in the June 6 issue of the Archives of General Psychiatry.

National Comorbidity Survey Replication

- **Disorders that emerge in childhood are associated with the longest delays in treatment,** even though childhood disorders are often more serious than those that strike later in life. . .

The pattern appears to be that the earlier in life the disorder begins, the slower an individual is to seek therapy.

National Comorbidity Survey Replication

- **Dangers associated with untreated disorders that strike at a young age:** school failure, teenage childbearing, unstable employment, early marriage, and marital instability and violence.

National Comorbidity Survey Replication

- **Early treatment is simpler and could prevent “enormous disability” later.** It also halts the development of co-occurring disorders, which are particularly difficult to get under control, especially as they accumulate.

Schools—the primary providers of mental health services for children

- 75-80% get no specialized services.
- Those with diagnoses and functional impairments were 7 times more likely to get services.
- Of those who did receive services, **70% received them from the schools;** for nearly half, schools the sole provider.

What are School-Based Mental Health Services?

MH CLINICIAN'S VIEW

Mental Health services

- provided in school facilities
- by qualified mental health professionals
- to groups or individuals
- identified or diagnosed as in need or in crisis
- and paid for by insurance or community funding

THE EDUCATOR'S VIEW

Preventive or corrective mental health programs

- provided school-wide or to vulnerable groups
- educative in format
- taught by trained teachers, counselors, school psychologists
- taught from manuals
- largely school district funded

Delivery Mechanisms and Formats Clinical

- School-District Mental Health Units
- Formal Connections with Community Mental Health Centers

Delivery Mechanisms and Formats Educational

- School-Financed Student Support Services
- Classroom-Based Curriculum & Special “Pull-Out” Interventions

Delivery Mechanisms and Formats Shared

- Comprehensive, Multifaceted, and Integrated Approaches.

Schools—the primary providers of mental health services for children

- Offering treatment in schools improves access and reduces early termination from treatment.
- IDEA and Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) dollars have made funding possible.

What about the evidence base for school-based mental health services overall?

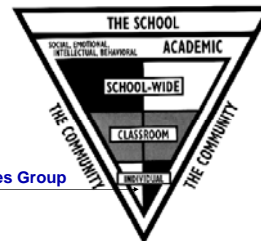
- No differences between those seen in clinics and in schools on measures of life stress, violence, family support, self-concept, and emotional behavioral disturbance. Those with high scores on measures of internalizing problems were *less* likely to have had services in the past. So SBMH may reach children and youth who otherwise would not receive services.

Weist et al, 1999.

What is the evidence for offering mental health care in schools overall?

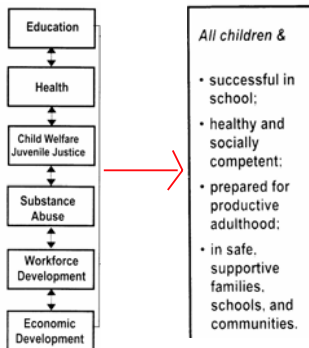
- SBMH greatly enhances mental health program use in disadvantaged areas (Catron et al, 1998);
- They are viewed positively by clients (Nabors et al, 1999);
- They are at least as effective as clinic-based services as measured on the CGAS and GAF for children and the CAFAS and Achenbach for adolescents (Armbruster & Lichtman, 1999);
- They lead to positive outcomes. (Weist et al, 1996).

Kids • Families • Schools • Communities
Success4
 Social • Emotional • Intellectual • Behavioral



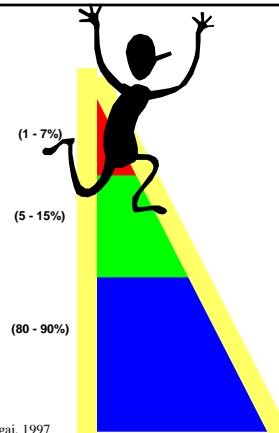
Specialized Services Group

Iowa Instructional Supports



- All children &**
- successful in school;
 - healthy and socially competent;
 - prepared for productive adulthood;
 - in safe, supportive families, schools, and communities.

PBS POSITIVE BEHAVIOR SUPPORTS



Sugai, 1997



Specialized Services Group

- Participated in statewide needs analysis
 - Developed list of critical elements
 - Contributed to major conferences
 - Became overtaken with impatience
-
- Launched ICN training series
 - Inaugurated summer training symposiums
 - Developed inservice-in-a-box training packages



What Are Training Packages?

Collections of videotapes, books, articles, posters, handouts — everything needed for study groups, classroom, or inservice presentations on serious mental health problems and how schools, families, and communities can help children and youth affected by them.

Materials were selected or created by the Educational Services Department and their mental health colleagues at the Child & Adolescent Psychiatry Department of the University of Iowa.

Each AEA has a full set of training packages in its Parent-Educator Connection media library so they may be readily accessed by families and schools. Packages are periodically updated.

Evidence-Based Programs/Practices

- Age & developmentally appropriate
- Treatment/program includes key people — parents, teachers, caregivers
- Based only on sound research: i.e., have randomly controlled trials, are internally valid, clinically relevant, have been replicated in more than one site, and are clearly manualized for training
- Followed with fidelity
- Lead to clear outcomes

Topics for Inservice-In-A-Box Training Packages

- Depression
- Schizophrenia
- Obsessive Compulsive Disorder
- Tourette Disorder
- Asperger Disorder
- Serious Emotional Instability focusing on Deliberate Self Injury
- Eating Disorders
- Oppositional Defiant Disorder
- Seriously Disruptive Behavior — Secondary
- Seriously Disruptive Behavior — Elementary
- Anxiety Disorders
- Bipolar Disorder
- Reactive Attachment Disorder
- Substance-affected kids (pre-natal - FAS et al)

Training Packages planned or under consideration

- Traumatic Brain Injury
- Posttraumatic Stress Disorder
- ADHD

Statewide Fiber Optics Television Network Productions — ICN

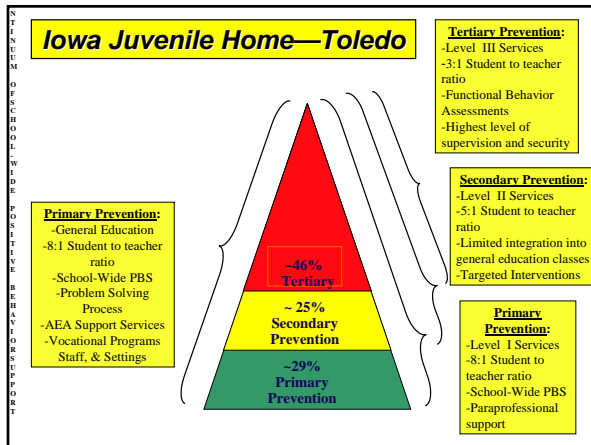
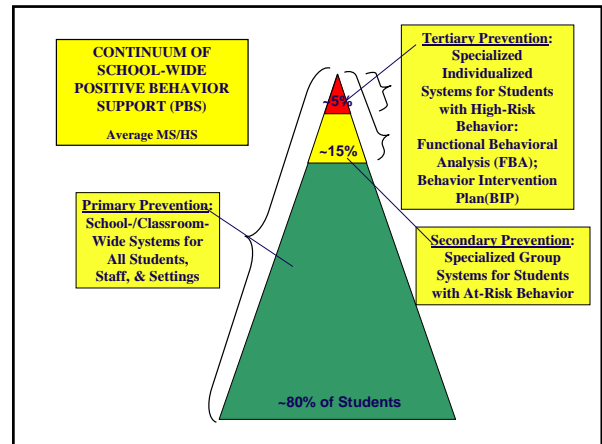
- Timeout and Physical Management
- Mental Health in the Schools
- Psychoactive Medications in the Schools
- Alternative Educational Placements
- Behavior Problems in Early Childhood

Broadcast first to interactive AEA sites across Iowa, the tapes were then edited and made widely available through the AEA Success4 facilitators.

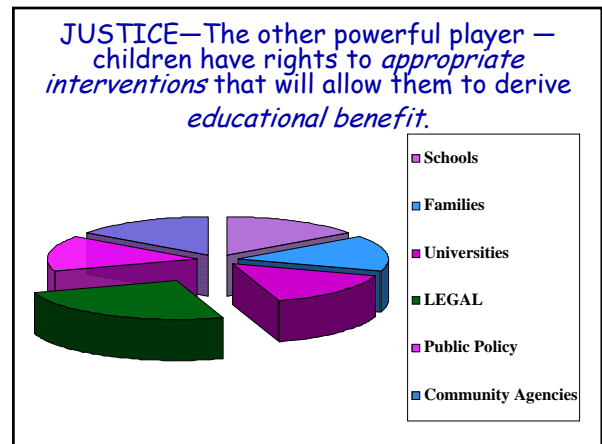
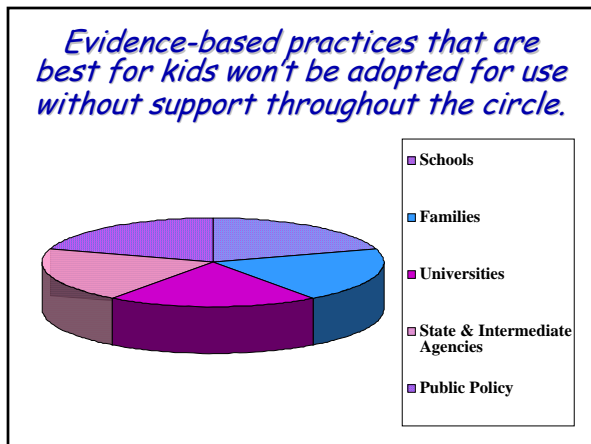
Iowa Behavioral Alliance



Drake University
 Iowa State University
 Federation of Families for Children's Mental Health
 Iowa Department of Education



- ## 10 Principles of Wraparound
- Family voice and choice
 - Team Based
 - Natural Supports
 - Collaboration
 - Community based
 - Culturally competent
 - Individualized
 - Strengths based
 - Persistence
 - Outcomes based
- NWI – National Wraparound Initiative, Portland State University. www.rtc.pdx.edu




2004 Program Resource

*Safe, Supportive, and Successful Schools
Step by Step*

David Osher, Kevin Gwyer,
Stephanie Jackson
American Institutes for Research

Funded by SAMHSA
Published by Sopris West, 2004

<p>Aggression Replacement Training (ART)</p> <p>Contact: Mark Asensola</p> <p>Position/Title: Board Member, International Center for Aggression Replacement Training (ICART)</p> <p>Phone Number: (845) 881-2438</p> <p>Address: 300 Julian Plaza Syracuse, NY 13210</p> <p>E-mail: icart@osa.com</p> <p>Web Address: http://www.aggressionreplacementtraining.org</p>	<p>Purpose ART is a response to antisocial behavioral excesses and prosocial behavioral deficits. ART consists of three interventions: Skillbuilding, Anger Control Training, and Moral Reasoning Training, which seek to enhance interpersonal skill competence, enhance self-mediated ability to control anger, and enhance the young person's moral reasoning ability and social problem-solving skills, respectively.</p> <p>Program Background Aggression Replacement Training was designed to serve a diverse group of males and females aged 11 to 19. Since its inception in 1986, the program has been implemented at 700 sites, including schools and various delinquency and mental health settings.</p> <p>Scope of Program Aggression Replacement Training subjects have been a diverse population, including students of various ethnic, cultural, and class backgrounds. The majority of ART interventions have been implemented in urban areas, but many also have occurred in suburban and rural settings.</p>	<p>Readiness Training Costs Resources References</p> <p>Specific Problems/Risk Factors Targeted by ART Chronic aggressive behavior; inability to control anger when provoked; a deficit in expressing one's feelings; poor response to failure; ineffective coping skills with group pressure; and refusal to follow reasonable requests all are targeted.</p>
<p>Modifications? Yes and No Outcomes</p>		<p>Program Operations Aggression Replacement Training has three basic components: Skillbuilding, Anger Control Training, and Moral Reasoning Training. The training is integrated into the school day—from homeroom to classes to after-school detention. Teachers, counselors, psychologists, behavior specialists, correctional officers, and other school or center personnel (trainers) offer youth training.</p>

References

Armbruster, P., & Lichtman, J. (1999). Are school based mental health services effective? Evidence from 36 inner city schools. *Community Mental Health Journal*, 35(6),493-504.

Bruns, E.J. (2004) The evidence base and wraparound. (2004). Presentation at the 11th Annual Building of Family Strengths Conference. Portland, OR: Portland State University.

Chapter 3: Children and mental health. U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. (1999). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Mental Health, 1999.

References

Grisso, T., (2004). *Double Jeopardy: Adolescent offenders with mental disorders*. Chicago: University of Chicago Press.

Kutash, K., Duchnowski, A.J. & Lynn, N., (2006). *School-based mental health: An empirical guide for decision-makers*. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health institute, Research and Training Center for Children's Mental Health.

Osher, D., Dwyer, K., & Jackson, S. (2004). *Safe, Supportive, and Successful Schools Step by Step*. Longmont, Co: Sopris West.

References

Policy Leadership Cadre for Mental Health in Schools (2001). *Mental health in schools: Guidelines, models, resources, & policy considerations*. Los Angeles: Center for Mental Health in Schools at UCLA.

Richardson, K. E. (Ed.) (2004). *Advances in school-based mental health interventions: Best practices and program models*. Kingston, NJ: Civic Research Institute.

Rones, M. & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology Review*, 3, 223-241.

References

Weist, M. D., Paskewitz, D. A., Warner, B. S., & Flaherty, L.T. (1996). Treatment outcome of school-based mental health services for urban teenagers. *Community Mental Health Journal*, 32(2),149-157.