STUDENT SUCCESS
MENTAL HEALTH MATTERS

Enhancing Student Success
Promoting Mental Health

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Session Outline

- Mental Health Challenges
- Effects of Mental Health on Student Learning
- Identification of Mental Health Challenges at School
- Approaches to the Promotion of Mental Health

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Enhancing Student Success: Promoting Mental Health
CHALLENGES

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Mental Health Challenges

- **Traumatic Stress**
  ◦ By age 16, 68% of youth report having experienced at least one traumatic stressor
    • 37% report two or more events
  ◦ 90% of adolescent girls from urban settings have experienced at least one traumatic stressor
    • Witnessing of community violence the most frequent trauma reported

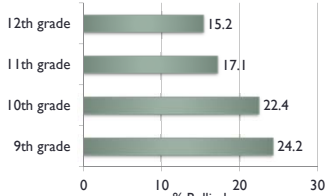Nickerson et al. (2009); Lipschitz et al. (2000)

Mental Health Challenges

- **Traumatic Stress**
  ◦ Child Abuse
    • Over 3 children die in their home as the result of child abuse each day
    • In CA, between 2000-2010, 950 children died as the result of abuse
    • By age 18, 1/4 of girls, an 1/6 of boys have been sexually assaulted
      • Abuse and neglect among special needs youth is 1.7 times the rate observed among other children
    • 85% of sexual assault on children are perpetrated by a familiar (usually trusted person)
    • A child abuse report is made every 10 seconds

Crime & Violence Prevention Center (2007); US Dep. of Heath & Human Services (2011)   5
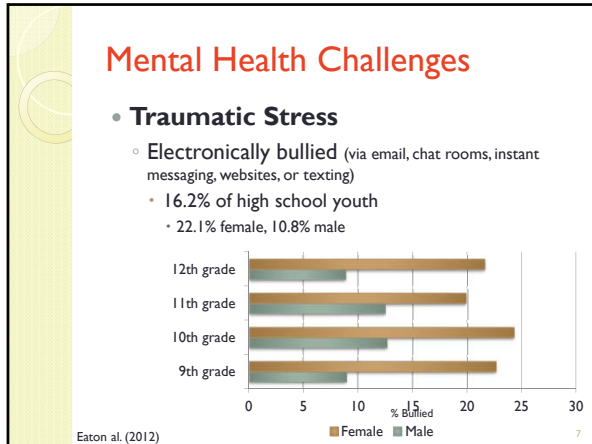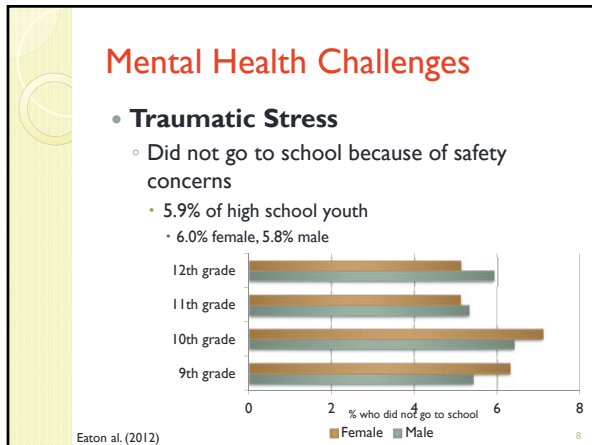
Mental Health Challenges

- **Traumatic Stress**
  ◦ Bullied (on school property in the past year)
    • 20.1 % of high school youth
      • 22% female, 18.2% male

Grade	% Bullied
12th grade	15.2
11th grade	17.1
10th grade	22.4
9th grade	24.2

Eaton al. (2012)   6

Mental Health Challenges

- **Traumatic Stress**
  - ◦ Electronically bullied (via email, chat rooms, instant messaging, websites, or texting)
    - • 16.2% of high school youth
      - · 22.1% female, 10.8% male

Eaton al. (2012)

Mental Health Challenges

- **Traumatic Stress**
  - ◦ Did not go to school because of safety concerns
    - • 5.9% of high school youth
      - · 6.0% female, 5.8% male

Eaton al. (2012)

Mental Health Challenges

- **Lack of Sleep**
  - ◦ Fewer than 8 hours of sleep on a school night
    - • 68.6% of high school youth
      - · 70.9% female, 66.4% male

Eaton al. (2012)

Mental Health Challenges

- **Current Alcohol Use**
  ◦ 38.7% of high school youth
    • 37.9% females, 39.5% males

- **Binge Drinking**
  ◦ 21.9%
    • 19.8% female, 23.8% male

Eaton al. (2012)   10

Mental Health Challenges

- **Current Drug Use** (among high school youth)
  ◦ Marijuana, 23.2%
  ◦ Cocaine, 3.0%

- **Lifetime Drug Use** (among high school youth)
  ◦ Inhalants, 11.4%
  ◦ Ecstasy, 8.2%
  ◦ Heroin, 2.9%
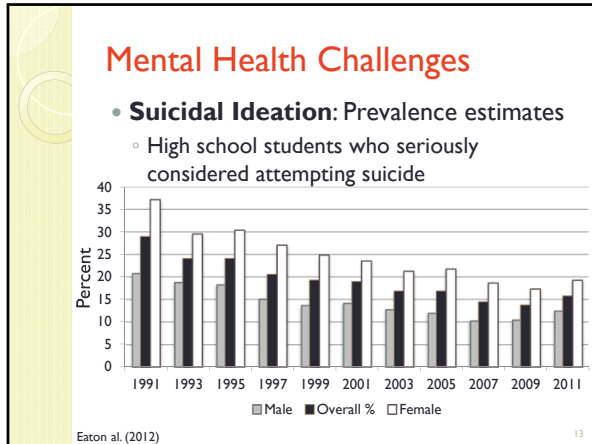 ◦ Methamphetamine, 3.8%
  ◦ Hallucinogenic, 8.7%

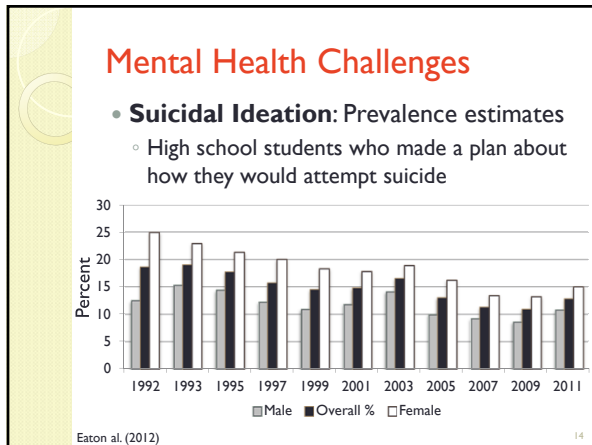Eaton al. (2012)   11
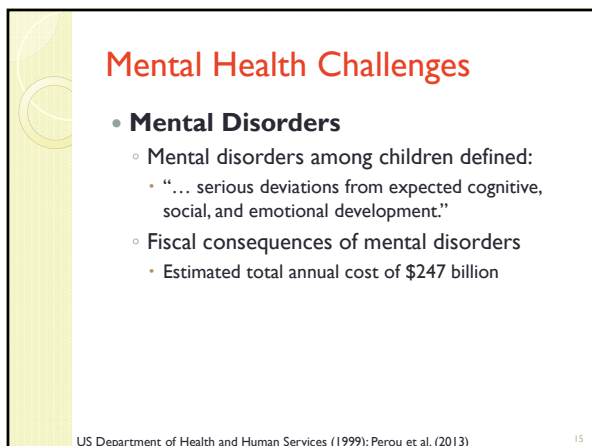

Mental Health Challenges

- **Feeling sad or hopeless**
  ◦ High school students who felt so sad or hopeless every day for 2 or more weeks in a row that they stopped doing some usual activities.

Eaton al. (2012)   12

Mental Health Challenges

- **Suicidal Ideation**: Prevalence estimates
  - High school students who seriously considered attempting suicide

Eaton al. (2012)

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Mental Health Challenges

- **Suicidal Ideation**: Prevalence estimates
  - High school students who made a plan about how they would attempt suicide

Eaton al. (2012)

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Mental Health Challenges

- **Mental Disorders**
  - Mental disorders among children defined:
    - "… serious deviations from expected cognitive, social, and emotional development."
  - Fiscal consequences of mental disorders
    - Estimated total annual cost of $247 billion

US Department of Health and Human Services (1999); Perou et al. (2013)

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Mental Health Challenges

- **Mental Disorders**: Prevalence estimates
  - **13 % to 20 %** of children living in the U.S. experienced a mental disorder in a given year
    - Surveillance during 1994-2011 finds prevalence estimates to be increasing
    - 24% increase in inpatient mental health & substance abuse admissions (among children, 2007-2010)
      - Mood disorders, the most common primary Dx

Perou et al. (2013)   16

Mental Health Challenges

- **Mental Disorders**: Prevalence estimates
  - 2005 to 2011 (among children ages 3-17 years)
    - ADHD   6.8 %
    - Behavior/conduct problems   3.5 %
    - Anxiety   3.0 %
    - Depression   2.1 %
    - Autism   1.1 %

Perou et al. (2013)   17

Mental Health Challenges

- **Mental Disorders**: Prevalence estimates
  - Data not routinely collected (2001-2004, 13-18 yrs.)[1]
    - Agoraphobia   2.4 %
    - Generalized anxiety disorder 2.2 %
    - Panic disorder   2.3 %
    - PTSD   5.0 %
    - Separation anxiety   7.6 %
    - Bipolar disorder   2.9 %

Perou et al. (2013); [1]National Comorbidity Survey – Adolescent Supplement   18

NHIS Lifetime ADHD Dx (3-17 yrs)

Parent Report		2007-08	2009-10	2011
Characteristic		%	%	%
Sex:	Male	10.6	11.5	12.0
	Female	4.6	5.4	4.7
Age group (yrs):	3-5	2.1	2.5	2.1
	6-11	6-11	8.2	8.4
	12-17	12-17	11.9	11.9
Race/ethnicity:	Hispanic	4.1	4.6	5.6
	Black, non-Hispanic	8.1	10.3	8.8
	While, non-Hispanic	9.1	10.0	10.1
	Multirace, non-Hispanic	10.2	11.2	5.5
	Other, non-Hispanic	3.1	2.0	4.1
Highest household education:	Less than high school	6.5	7.9	7.7
	High school graduate	8.9	10.5	7.5
	More than high school	7.4	8.0	8.8
Insurance:	Yes	7.9	8.7	8.7
	No	5.4	5.9	4.7
Region:	Northeast	6.8	8.6	7.5
	Midwest	8.8	9.4	8.7
	South	8.9	10.1	10.3
	West	5.1	5.2	6.0
Poverty-income ratio:	≤100% FPL	8.9	11.4	10.5
	>100 to ≤200 FPL	8.6	9.2	6.7
	≥200%FPL	6.9	7.1	8.3
Total		7.6	8.5	8.4

Perou et al. (2013). Retrieved from http://www.cdc.gov/mmwr/pdf/other/su6202.pdf   19

NHIS Lifetime ASD Dx (3-17 yrs)

Parent Report		2007-08	2009-10
Characteristic		%	%
Sex:	Male	1.3	1.7
	Female	0.3	0.5
Age group (yrs):	3-5	0.8	1.1
	6-11	1.0	1.1
	12-17	10.6	1.1
Race/ethnicity:	Hispanic	0.5	0.7
	Black, non-Hispanic	0.4	0.9
	While, non-Hispanic	0.9	1.3
	Multirace, non-Hispanic	-	2.0
	Other, non-Hispanic	1.1	0.7
Highest household education:	Less than high school	0.3	0.5
	High school graduate	0.6	0.8
	More than high school	0.9	1.2
Insurance:	Yes	0.8	1.1
	No	-	-
Region:	Northeast	0.87	1.3
	Midwest	1.0	1.4
	South	0.7	0.8
	West	0.7	1.0
Poverty-income ratio:	≤100% FPL	0.9	1.1
	>100 to ≤200 FPL	0.6	1.0
	≥200%FPL	0.8	1.1
Total		0.8	1.1

Perou et al. (2013). Retrieved from http://www.cdc.gov/mmwr/pdf/other/su6202.pdf   20

NSCH/NSDUH Lifetime Depression Dx

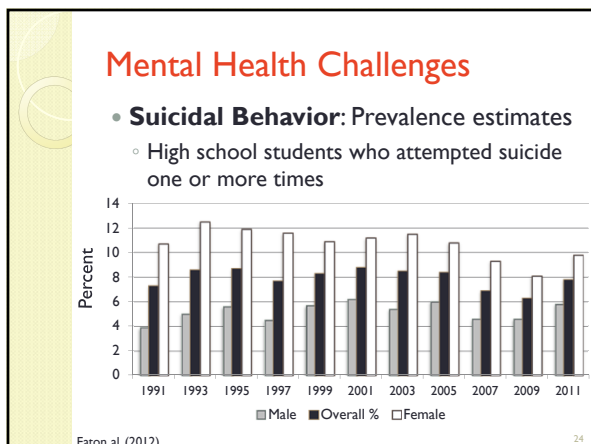| Parent Report		2007[1]	20010-11[2]
Characteristic		%	%
Sex:	Male	4.1	7.7
	Female	3.7	18.2
Age group (yrs):	3-5	0.6	NA
	6-11	2.3	NA
	12-17	7.1	12.8
Race/ethnicity:	Hispanic	3.9	13.0
	Black, non-Hispanic	3.7	11.1
	While, non-Hispanic	4.0	13.2
	Multirace, non-Hispanic	5.9	16.2
	Other, non-Hispanic	2.6	11.7
Highest household education:	Less than high school	6.7	NA
	High school graduate	5.6	NA
	More than high school	3.1	NA
Insurance:	Yes	3.9	12.7
	No	4.0	14.5
Region:	Northeast	3.7	12.1
	Midwest	4.5	12.5
	South	3.7	12.9
	West	4.0	13.6
Poverty-income ratio:	≤100% FPL	6.9	12.4
	>100 to ≤200 FPL	4.6	13.9
	≥200%FPL	2.9	12.6
Total		3.9	12.8

Perou et al. (2013); [1]NISCH, 3-17 years, parent report; [2]NSDUH, 12-17 years, child report   21
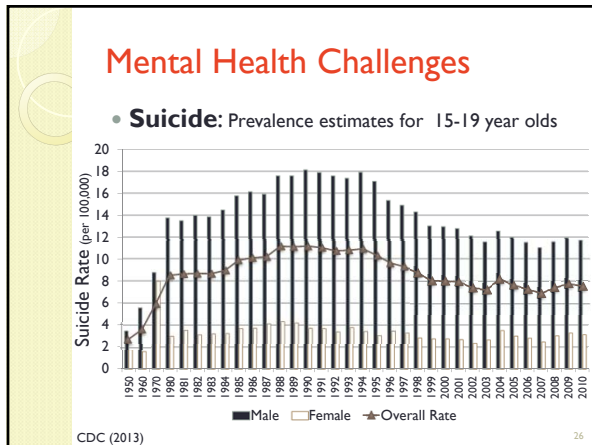
NHIS Lifetime Anxiety Dx (3-17 yrs)

Parent Report		2007
Characteristic		%
Sex:	Male	5.0
	Female	4.4
Age group (yrs):	3-5	1.5
	6-11	4.3
	12-17	6.6
Race/ethnicity:	Hispanic	4.6
	Black, non-Hispanic	3.3
	White, non-Hispanic	5.2
	Multirace, non-Hispanic	6.4
	Other, non-Hispanic	2.8
Highest household education:	Less than high school	6.1
	High school graduate	4.8
	More than high school	4.6
Insurance:	Yes	4.9
	No	3.3
Region:	Northeast	5.1
	Midwest	5.1
	South	4.4
	West	4.6
Poverty-income ratio:	≤100% FPL	6.3
	>100 to ≤200 FPL	5.2
	≥200%FPL	4.1
Total		4.7

Perou et al. (2013). Retrieved from http://www.cdc.gov/mmwr/pdf/other/su6202.pdf

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Mental Health Challenges

- **Mental Disorders**: Prevalence estimates
  - 2005 to 2011 (among adolescent ages 12-17 years)
    - In the past year
      - Drug use disorder.............................4.2 %
    - In the past 30 days
      - ≥ 14 mentally unhealthy day .... 8.3 %

Perou et al. (2013)

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Mental Health Challenges

- **Suicidal Behavior**: Prevalence estimates
  - High school students who attempted suicide one or more times

Eaton al. (2012)

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Mental Health Challenges

- **Suicidal Behavior**: Prevalence estimates
  - High school students who made an attempt that had to be treated by a doctor or nurse

Eaton al. (2012)

Mental Health Challenges

- **Suicide**: Prevalence estimates for 15-19 year olds

CDC (2013)

Enhancing Student Success: Promoting Mental Health

EFFECTS ON LEARNING

Effects of Mental Illness on Learning

- **Among Children**
  - ○ Academic difficulties, school behavior problems, inconsistent school attendance may be signals of the emergence or existence of a mental disorder
- **Among Adolescents**
  - ○ Diagnosis of a mental disorder sometimes preceded by difficulties in academic and social performance
  - ○ Persons with mental disorders account for **14.2 %** of high school dropouts
    - • In most instances, the academic decline leading to drop out follows after the onset of the disorder

Boyce et al. (2002); Roderick et al. (1997); Eggert et al. (2002); Kessler et al. (1995)   28

Effects of Mental Illness on Learning

- **Internalizing Disorders**
  - ○ Sadness, anxiety, depression associated with diminished academic functioning
- **Externalizing Disorders**
  - ○ Anger, frustration, and fear associated with learning delays and poor achievement

Roeser et al. (1998).   29

Effects of Mental Illness on Learning

- **Anxiety Disorders**
  - ○ Among children likely to result in chronic school refusal
    - • Leading to significant academic difficulties
  - ○ Among older children/adolescents associated with increased risk for underachievement/leaving school prematurely
    - • As compared to the general population

Berg (1992); Last & Strauss (1990)   30

Effects of Mental Illness on Learning

- **Depression**
  - ◦ Academic performance compromised by symptoms of poor concentration, distractibility, insomnia and daytime sleepiness, irritability, and low self-esteem
  - ◦ Associated with school suspensions, perceptions of poor health, somatic symptoms, and suicidal ideation

Goldman (2003); Rushton et al. (2002); Asarmnow et al. (2005)

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Enhancing Student Success: Promoting Mental Health

IDENTIFICATION AT SCHOOL

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Identification

What is ED Under IDEA?

Emotional disturbance means a **condition** exhibiting one or more of the following **characteristics** over a **long period of time** and to a **marked degree** that *adversely affects a child's educational performance:*

a) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
c) Inappropriate types of behavior or feelings under normal circumstances.
d) A general pervasive mood of unhappiness or depression.
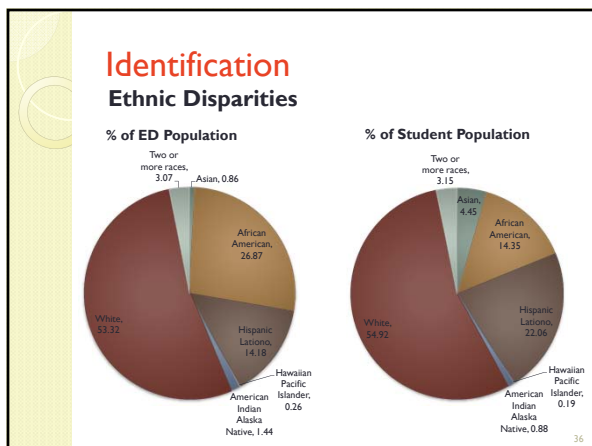e) A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional disturbance includes **schizophrenia**. The term does not apply to children who are **socially maladjusted**, unless it is determined that they have an emotional disturbance.

[emphasis added]

CFR, Title 34, Chapter III, Part 300, §300.8 (Child with a disability), (4)(i)(ii)

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Identification
What is ED Under IDEA?

```
Can be              Emotional Condition            Cannot be
schizophrenia       (Results in at least one       social
                    of the following)              maladjustment
```

1. An inability to learn not explained by intellectual, sensory, or health factors
2. An inability to build/ maintain interpersonal relationships with peers/teachers
3. Inappropriate types of behavior/feelings under normal circumstances
4. Pervasive mood of unhappiness/depression
5. Tendency to develop physical symptoms or fears assoc. w/ personal/school problems

Exhibited for a long period of time and to a marked degree
Adversely affects educational performance

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Identification
What is Social Maladjustment?

- Behavior(s) is/are under *operant control.*
- Behavior(s) is/are *responsive to behavioral intervention*.
- Behavior(s) is/are *situation-specific* rather than pervasive.
  ◦ The intensity and frequency of such behaviors will tend to vary as a function of time and domain.
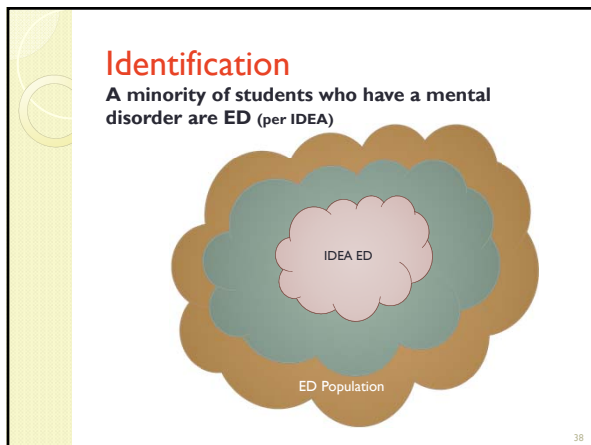
Tibbetts et al. (1986)   35

Identification
Ethnic Disparities

% of ED Population

- Two or more races, 3.07
- Asian, 0.86
- African American, 26.87
- White, 53.32
- Hispanic Lationo, 14.18
- Hawaiian Pacific Islander, 0.26
- American Indian Alaska Native, 1.44

% of Student Population

- Two or more races, 3.15
- Asian, 4.45
- African American, 14.35
- White, 54.92
- Hispanic Lationo, 22.06
- Hawaiian Pacific Islander, 0.19
- American Indian Alaska Native, 0.88

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Identification
Percentage of Students Identified as ED (per IDEA)

Rank	State	% of Pop. "ED"
52	Vermont	1.44
51	District of Columbia	1.36
50	Minnesota	1.30
49	Wisconsin	1.03
48	Massachusetts	1.01
41	New York	0.73
Overall	**50 States, DC, Puerto Rico**	**0.54**
5	Tennessee	0.24
4	Louisiana	0.19
3	Puerto Rico	0.16
2	Alabama	0.13
1	Arkansas	0.11

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Identification
A minority of students who have a mental disorder are ED (per IDEA)

IDEA ED

ED Population

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Identification: Guidance from NASP

- Build the capacity of staff members to respond to the mental health needs of students.
  - Ensure all staff members familiar with the early warning signs of mental health challenges
  - Ensure all staff members know how to respond when students share sensitive personal information
  - School mental health professionals need to be visible and their role in helping students understood
  - Develop policies and procedures that help teachers and students respond to mental health needs, including those that reach crisis proportions

Skalski & Smith (2006)   39

Identification: Guidance from NASP

- Hire adequate numbers of school mental health professionals and empower them to take leadership roles in the provision of mental health services in the school.
  - The average ratio in the United States is currently 2–3 times greater than the maximum recommended levels
    1. 250 students per counselor
    2. 400 per social worker
    3. 500-700 per psychologist

Skalski & Smith (2006)   40

Identification: Guidance from NASP

- Create opportunities to regularly assess the mental health needs of students and the effectiveness of school-based services.
  - **Formal**
    - Collecting school climate data (e.g., class participation and attendance; frequency, intensity, and duration of misconduct)
    - Ongoing progress monitoring conducted as part of a RtI process
    - Voluntary screening for depression or other mental health problems
    - Query student beliefs and behaviors through formal surveys, observational data, or student satisfaction data

Skalski & Smith (2006)   41

Identification: Guidance from NASP

- Create opportunities to regularly assess the mental health needs of students and the effectiveness of school-based services.
  - **Informal**
    - Daily check-ins with students of concern
    - Observing/listening to student interactions in the lunchroom/hallways
    - Weekly school leadership meetings to discuss student needs and issues

Skalski & Smith (2006)   42

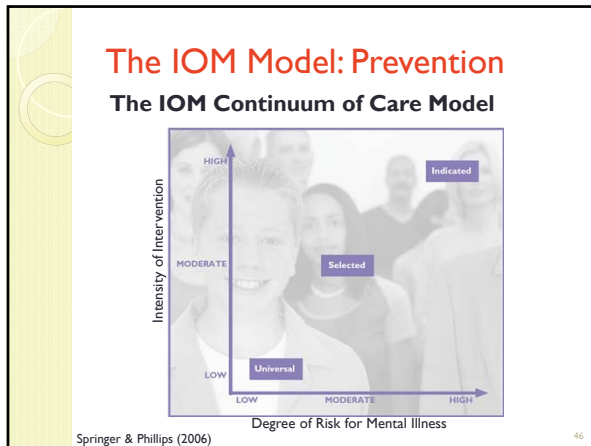Enhancing Student Success: Promoting Mental Health

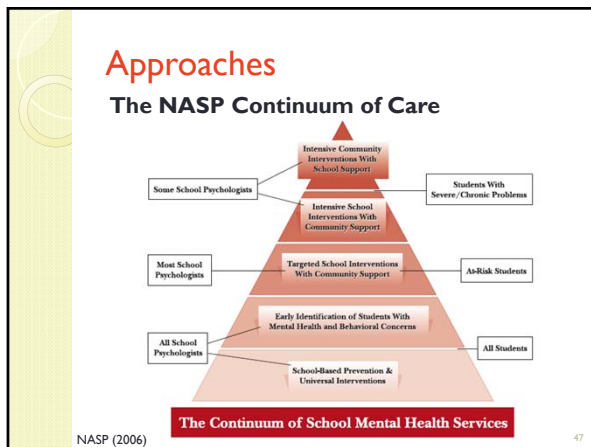# APPROACHES

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Approaches
The IOM Continuum of Care Model

TREATMENT

PREVENTION

MAINTENANCE

Case Identification

Indicated

Selective

Universal

Standard Treatment for Known Disorders

Compliance with Long-term Treatment (Goal: Reduction in Relapse & Recurrence)

After-care (Including rehabilitation)

Health Promotion

Springer & Phillips (2006); IOM = Institute of Medicine   44

The IOM Model: Prevention
The IOM Continuum of Care Model

INDICATED INDIVIDUALS   SELECTED SUBGROUPS

I.I.

I.I.

S.S.

UNIVERSAL POPULATIONS

I.I.

S.S.

Springer & Phillips (2006)   45

The IOM Model: Prevention

The IOM Continuum of Care Model

Springer & Phillips (2006)   46

Approaches

The NASP Continuum of Care

NASP (2006)   47

Approaches

Guidance from NASP

- Promote a continuum of services that includes school-wide mental health prevention programming and intensive interventions
  - ◦ School-wide positive behavior interventions and supports
  - ◦ Universal prevention programs including school violence prevention, bullying prevention, social skills training, developmental asset building, and conflict resolution
  - ◦ Counseling and behavior planning and support
  - ◦ Consultative and transitional services for families, teachers, and community providers
  - ◦ Collaboration with community providers and families to build integrated interventions and supports that will meet student needs no matter where they fall on the mental health continuum

Skalski & Smith (2006)   48

Approaches
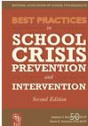
- **Promoting**
  - Healthy Families
  - Self-Discipline
  - Social Skills
  - Social Support
  - Student Strengths and Assets
  - Emotion-Related Regulation
  - Conflict Resolution
  - Safe & Healthy Schools

Brock & Jimerson (2013)

Approaches

- **Preventing**
  - Bullying Behaviors
  - Student Suicide
  - Student Violence
- **Preparing for**
  - Comprehensive School Crisis Response
  - Crisis Intervention

Brock & Jimerson (2013)

Approaches

- PREPaRE
  - Crisis Prevention and Preparedness
    - Physical Safety
    - Psychological Safety

Reeves et al. (2011)

Approaches

- Crisis Prevention is the primary responsibility of school safety and crisis teams
  - Include activities that ensure physical & psychological safety
    - **Physical safety** focuses on the physical structures of the school environment
    - **Psychological safety** focuses on the emotional and behavioral well-being of students and staff

Reeves et al. (2011)   52

Approaches

Physical Safety: Crime Prevention Through Environmental Design

Natural Access Control

- Double entryway doors
- Only one access point inside of a building
- Clearly marked entrances with visitor guidelines
- Visitor control procedures
- Properly locked doors inside of building
- Doorways eliminated from restrooms

Reeves et al. (2011)   53

Approaches

Physical Safety: Crime Prevention Through Environmental Design

Natural Surveillance

- Clear line of sight to outside of the building
- Cameras
- Proper lighting inside and outside
- Clearly marked visitor parking close to front entrance
- Student supervision
  - Line of sight maintained to students walking in the hallway
  - Students not allowed in the hallway without staff supervision
  - Teachers monitoring class changes in the hallway

Reeves et al. (2011)   54

Approaches

Physical Safety: Crime Prevention Through Environmental Design

Natural Surveillance Examples

Reeves et al. (2011)   55

Approaches

Physical Safety: Crime Prevention Through Environmental Design

Territoriality
- Murals demonstrating a positive learning environment and diversity of students and learning
- Clear boundaries between school and community property
- Large signs illustrating building locations and building names clearly marked
- Frequently emptied trash receptacles and clean bathrooms
- School grounds kept in good condition
- Hallways and classrooms kept clean

Reeves et al. (2011)   56

Approaches

Physical Safety: Crime Prevention Through Environmental Design

Territoriality Examples

Reeves et al. (2011)   57

Approaches

Psychological Safety: Positive Behavior Supports

Supporting Social Competence & Academic Achievement

Supporting Staff Behavior

Supporting Decision Making

Supporting Student Behavior

SYSTEMS

DATA

PRACTICES

Reeves et al. (2011)

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Approaches

Psychological Safety: Social Emotional Learning

- A proactive educational model intended to create a safe environment and foster academic success
- Promotes young people's academic success, health, and well-being while preventing a variety of problems such as alcohol and drug abuse, violence, truancy, and bullying
  - The CASEL website (www.casel.org) is a great resource.

Reeves et al. (2011)

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Approaches

School Connectedness

- Connectedness and school climate are related to school achievement.
  - *"The amount of connectedness experienced by the average student appears to consistently contribute to his or her likelihood of aggression and victimization despite variations of school climate."*

Reeves et al. (2011); Wilson (2004)

Approaches

Internal Resiliency

- Within-child factors allow for competence despite exposure to stressors.

Reeves et al. (2011)

Approaches

External Resiliency

- Contextual factors allow children to achieve competence despite exposure to stressors.

Reeves et al. (2011)

Approaches

Selecting Prevention Programs

- Identify the need (based on needs assessment).
- Compile a list of relevant research-based programs.
- Identify programs that are a good match for the specific population (e.g., age, cultural background, needs, funds).
- Ensure that the school/district devotes the time and resources needed to implement the program with fidelity.

Reeves et al. (2011)

Approaches

Strategies/Programs to Improve Climate, Safety, and Resilience

- School-wide positive behavior interventions
- Disciplinary policy/procedures
- Violence prevention programs
  - Threat assessment services
  - Conflict resolution programs
  - Anger management programs
- Suicide prevention programs
  - Suicide assessment services
- Bullying prevention programs
  - Cyberbullying and cyberthreats
  - Physical and verbal
  - Relational
- Tolerance programs
- Gang prevention and resistance programs
- School mental health services

Reeves et al. (2011)

Approaches

Mitigation of Risk

- Students and staff need to be informed of what to do if they detect a risk.
- In particular, schools should be equipped to conduct
  - Suicide risk assessments.
  - Threat assessments.

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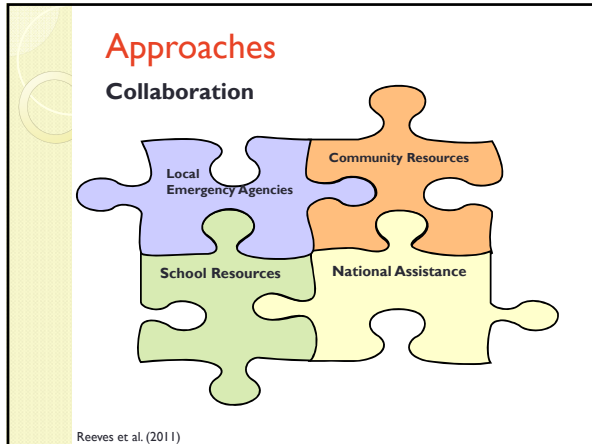
Reeves et al. (2011)

Approaches

Collaboration

"Schools have the important responsibility of formulating a collaborative plan that creates an appropriate climate, an explicit structure and clear procedures for effective multiagency partnerships."

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Reeves et al. (2011); U.S. Department of Education Readiness and Emergency Management for Schools (2008)

Approaches

Collaboration

Community Resources

Local Emergency Agencies

School Resources

National Assistance

Reeves et al. (2011)

Approaches

- **Internet Resources**
  - Office of Safe and Drug Free Schools: Materials for School Leaders www.ed.gov/admins/lead/safety/edpicks.jhtml?src=qc
  - Helping America's Youth: Specific Program Recommendations www.helpingamericasyouth.gov/programtool-ap.cfm
  - Youth Violence Prevention: Safe Schools, Healthy Students Program www.sshs.samhsa.gov
  - Developmental Asset Building www.search-institute.org/assets
  - What Works Clearinghouse www.whatworks.ed.gov
  - Promising Practices Network www.promisingpractices.net
  - Center for Effective Collaboration and Practice http://cecp.air.org
  - Collaborative for Academic, Social, and Emotional Learning (CASEL) http://www.casel.org/about/

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