INTEGRATING SCHOOL MENTAL HEALTH: LESSONS LEARNED FROM A MODEL DEMONSTRATION PROJECT

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21st Annual Northwest PBIS Conference: Aligning Values and Actions to Create Community

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SCHOOL-WIDE INCLUSIVE MENTAL HEALTH PROMOTION FOR LEARNING AND COORDINATED COMMUNITY ENGAGEMENT

UO

IDEAs that Work
Office of Special Education Programs
U.S. Department of Education

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LAND ACKNOWLEDGEMENT

The University of Oregon is located on Kalapuya Ilihi, the traditional indigenous homeland of the Kalapuya people. Following treaties between 1851 and 1855, Kalapuya people were dispossessed of their indigenous homeland by the United States government and forcibly removed to the Coast Reservation in Western Oregon. Today, descendants are citizens of the Confederated Tribes of Grand Ronde Community of Oregon and the Confederated Tribes of the Siletz Indians of Oregon, and continue to make important contributions in their communities, at UO, and across the land we now refer to as Oregon.

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LAND ACKNOWLEDGEMENT

The Portland Metro area rests on traditional village sites of the Multnomah, Wasco, Cowlitz, Kathlamet, Clackamas, Bands of Chinook, Tualatin, Kalapuya, Molalla, and many other tribes who made their homes along the Columbia River. Indigenous people have created communities and summer encampments to harvest and enjoy the plentiful natural resources of the area for the last 11,000 years.

We want to recognize that Portland today is a community of many diverse Native peoples who continue to live and work here. We respectfully acknowledge and honor all Indigenous communities—past, present, future—and are grateful for their ongoing and vibrant presence.

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PURPOSE OF THE OSERS PROGRAM

- To establish and implement an evidence-based integrated school mental health program to enhance social, emotional, and mental health services and supports in middle school or high school settings to support youth with and at risk for disabilities.

- Determine how aspects of the models can:

  - Be delivered remotely to increase access to mental health services and supports, either due to lack of access or during disasters;

  - Focus on integrating prevention, universal screening and targeted interventions in a school-based setting; and

  - Increase the capacity of schools to connect students with mental health providers and specialized mental health professionals.

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RAISE YOUR HAND / MOVE YOUR BODY / SHOUT OUT IF YOU ARE...

- A school psychologist working in schools
- Employed in a high school
- Have a partially implemented MTSS
- Have fully implemented MTSS
- Use an Early Warnings (or Student Success) System
- Working in higher education (e.g., trainer of school psychologists)
- Are a graduate student in school psychology or related field
- Working at school district level across multiple schools
- Working at the state (or federal) level across multiple districts

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LEARNING OBJECTIVES

The purpose of this session is to highlight the implementation of an integrated mental health model in a large, urban/suburban school district. Participants of this session will:

1. Gain an understanding of a systemic integrated mental health support model for students with disabilities
2. Examine universal screening measures to determine student strengths and needs across a layered continuum of support
3. Identify obstacles to systemic implementation and collaboration

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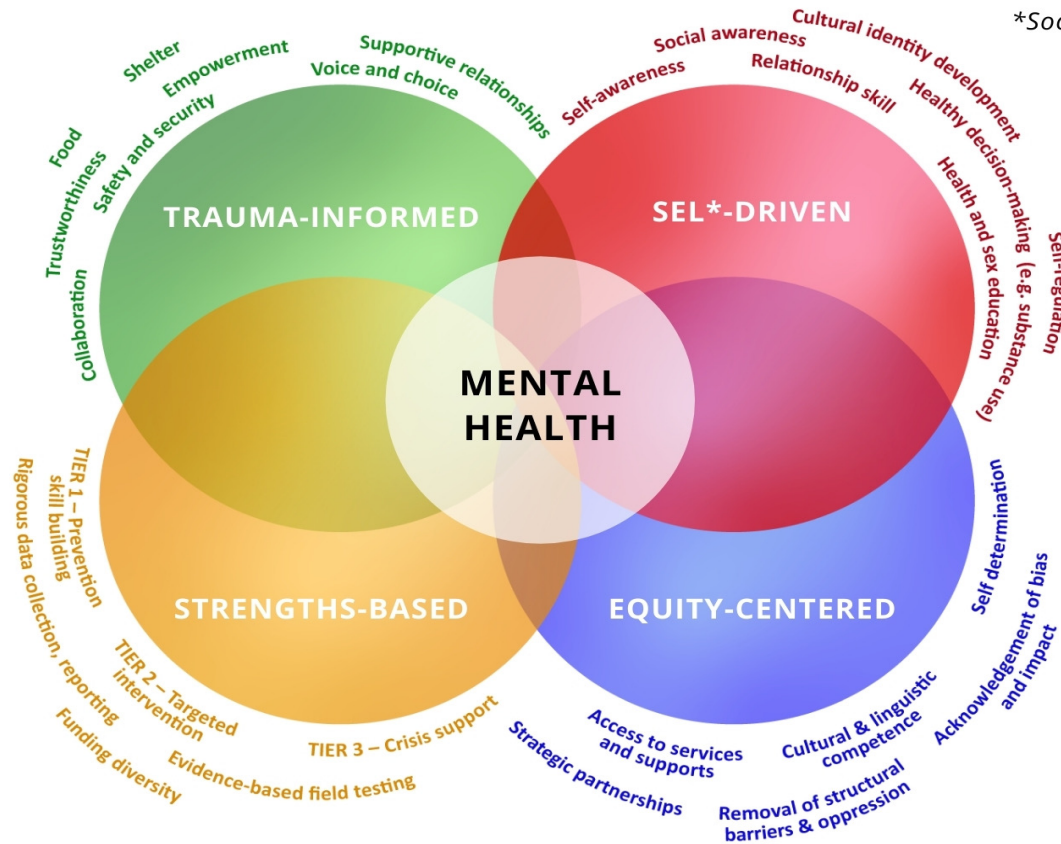# YOUTH MENTAL HEALTH AS A PUBLIC HEALTH ISSUE

- Mental health conditions affect 59% of youth at some point, and 22% with severe impairment (Merikangas et al., 2010)

  - 75% of youth diagnosed with co-occurring depression and anxiety; increase in depression among teens and young adults since 2009 (Twenge et al., 2019)

  - Less than half of youth with mental health conditions receive treatment (Costello et al., 2014)

- COVID-19 exacerbated existing problems within mental health care system (Office of the Surgeon General, 2021)
  - Increase in ER visits for suicidal ideation/behaviors

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Integrated Model of Mental Health

Mental health emphasizes strengths, resilience, and enhancing social-emotional abilities
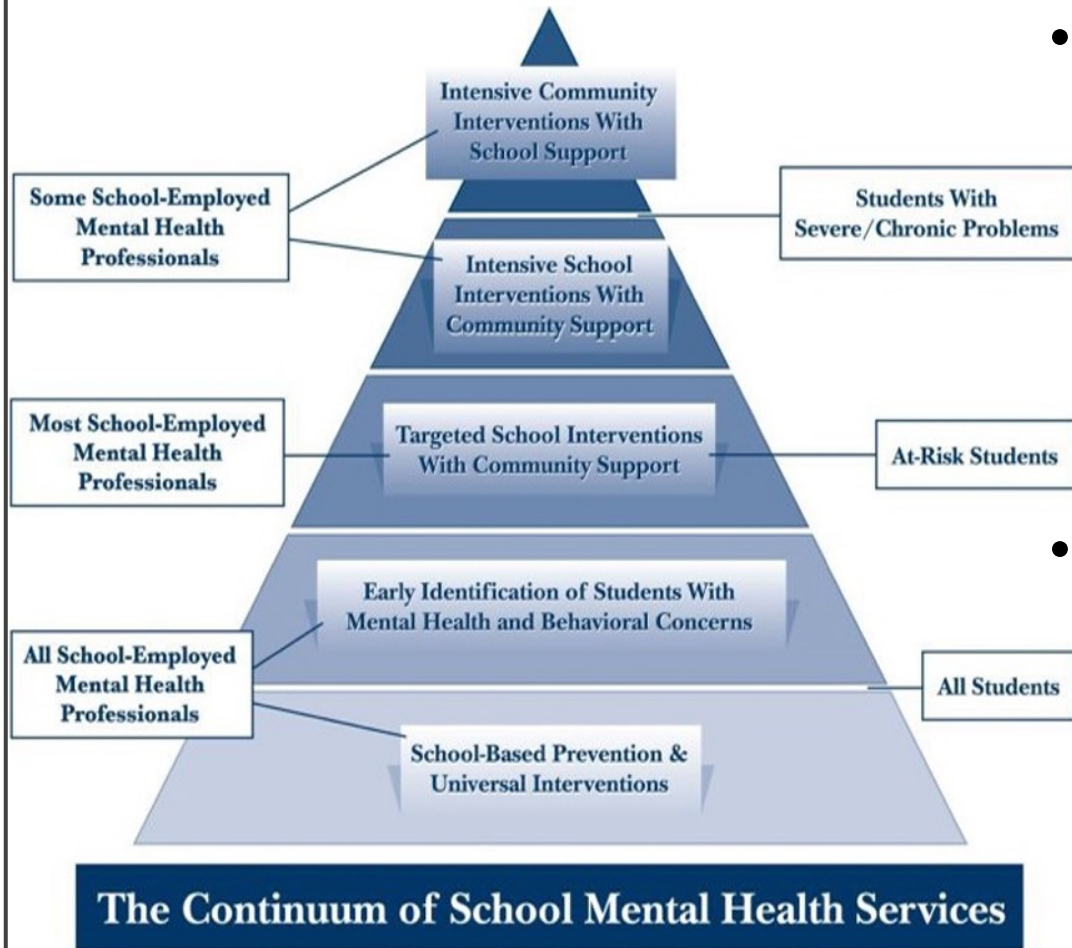
Social-emotional learning

OREGON DEPARTMENT OF EDUCATION
Oregon achieves . . . together!

MENTAL HEALTH

TRAUMA-INFORMED

Shelter
Empowerment
Supportive relationships
Voice and choice
Safety and security
Food
Trustworthiness
Collaboration

SEL*-DRIVEN

Social awareness
Cultural identity development
Self-awareness
Relationship skill
Healthy decision-making
Health and sex education (e.g. substance use)
Self-regulation

STRENGTHS-BASED

TIER 1 – Prevention skill building
Rigorous data collection, reporting
TIER 2 – Targeted intervention
Funding diversity
TIER 3 – Crisis support
Evidence-based field testing

EQUITY-CENTERED

Self determination
Acknowledgement of bias and impact
Access to services and supports
Cultural & linguistic competence
Strategic partnerships
Removal of structural barriers & oppression

CONTINUUM OF CARE

| Physiological needs | Safety & security | Relationships, connections, community | Purpose & self-efficacy | Self-actualization |

Oregon Department of Education, Safe and Inclusive Schools, 2020

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SCHOOL-BASED MENTAL HEALTH MTSS

Intensive Community Interventions With School Support

Some School-Employed Mental Health Professionals

Students With Severe/Chronic Problems

Intensive School Interventions With Community Support

Most School-Employed Mental Health Professionals

Targeted School Interventions With Community Support

At-Risk Students

Early Identification of Students With Mental Health and Behavioral Concerns

All School-Employed Mental Health Professionals

All Students

School-Based Prevention & Universal Interventions

The Continuum of School Mental Health Services

Adapted from "Communication Planning and Message Development: Promoting School-Based Mental Health Services" in *Communiqué*, Vol. 35, No. 1. National Association of School Psychologists, 2006.

- School-based mental health providers (i.e., school counselors, school psychologists, school social-workers) are specially trained in school system functioning and learning, as well as how students' behavior and mental health impacts their ability to be successful in school.

- System of care is a collaborative network of services and supports, in partnership with families, is intended to help youth experiencing mental health challenges

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COMMON OBSTACLES REPORTED

- Lack of leadership teams across District level & Building level

- Staff turnover in vulnerable populations

- Teacher buy-in

- Multiple professionals across multiple models

- Specialized roles within the district

- Staff and student wellness

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WITHIN MTSS WHERE DO WE SEE STUDENTS WITH DISABILITIES BEING SUPPORTED?

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THINK-PAIR-SHARE

- What are the main obstacles for high school implementation of MTSS right now in your context for the general population of students?
- How about students with disabilities in special education?
- What are some possible solutions to these obstacles?

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- 3 suburban high schools in Oregon
- Focused on special education and students with disabilities
- No previous systematic implementation of mental health screening or programming for students with disabilities

Major Aim: To collaboratively build a multi-tiered system of mental health supports within Special Education Programs in high schools across four key components areas

Assessment	Programming & Interventions
MTSS	
Family Involvement	Community Collaboration
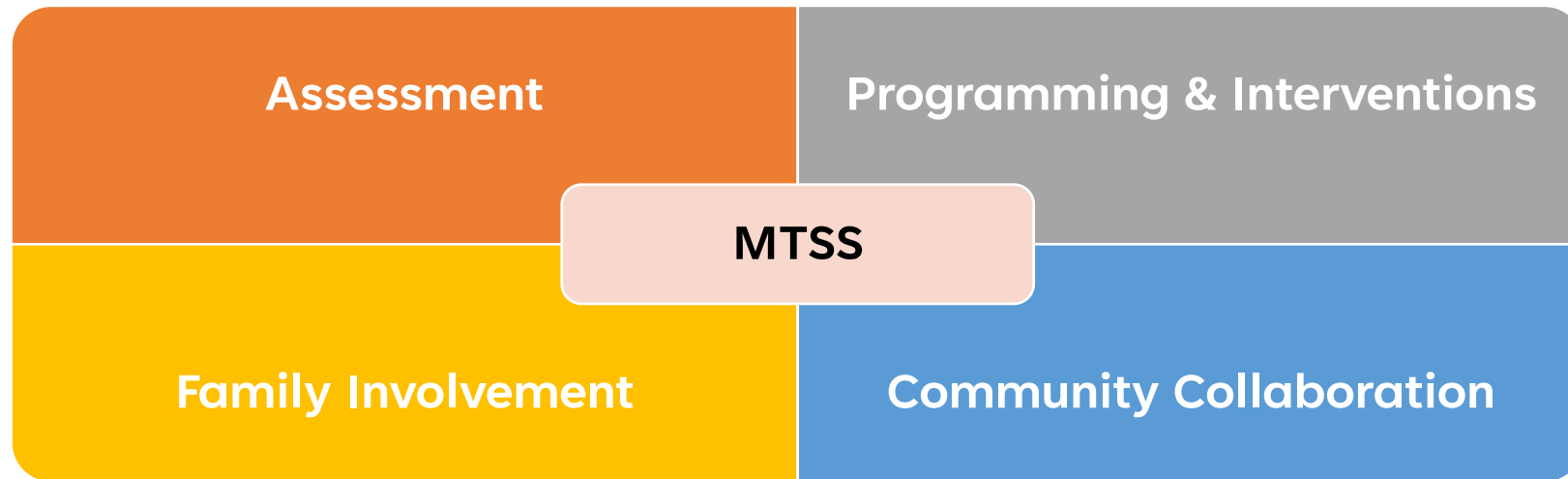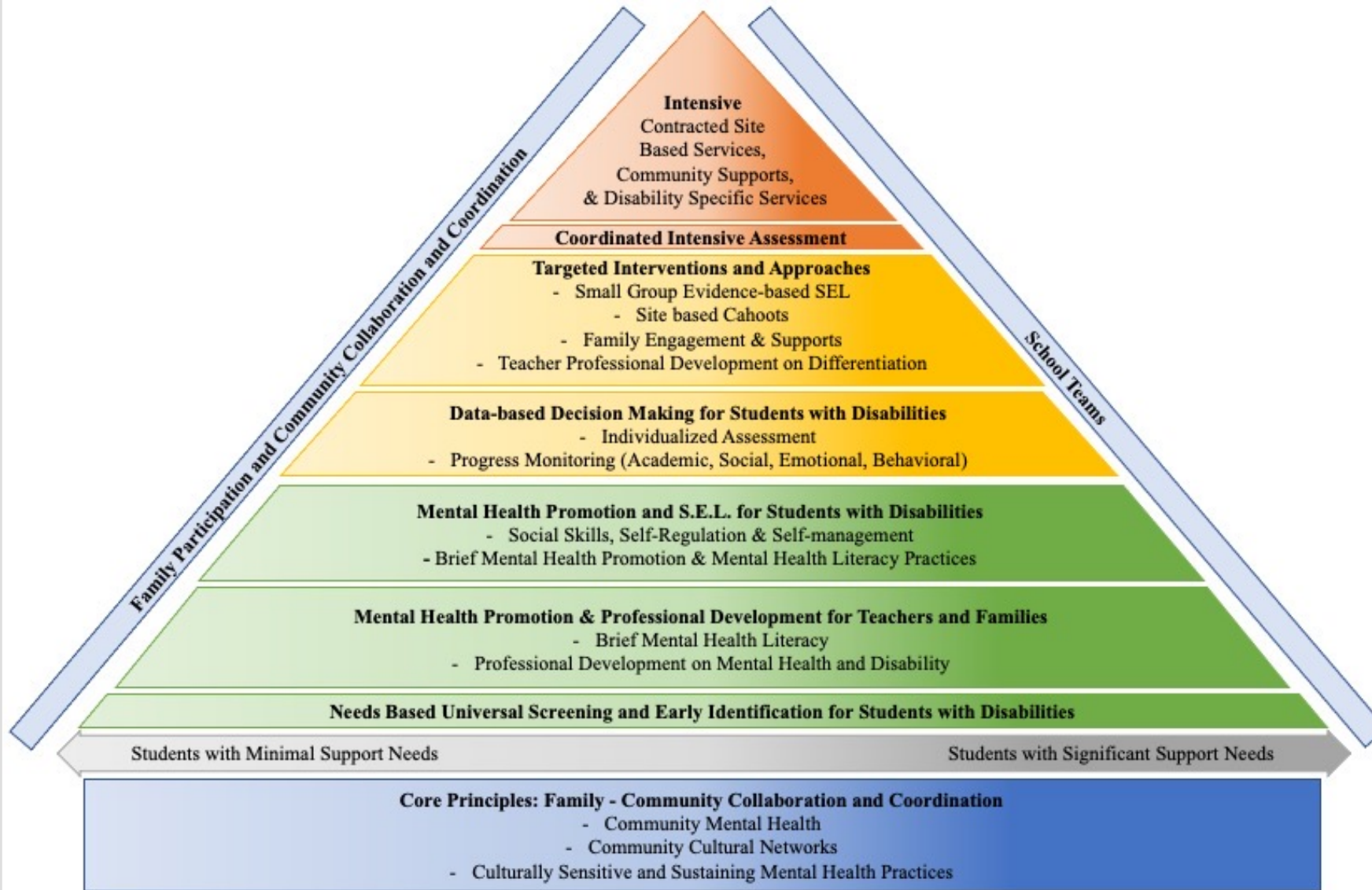
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WHAT CONCERNS DO YOU HAVE RELATED TO ADOPTING A MODEL IN YOUR DISTRICT?

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READINESS FOR IMPLEMENTATION

Session 1: Teaming & Capacity Building

- What is the current teaming structure in the school and that you are part of?

- What are the SPED teachers' roles in those meetings? Who are the key players?

- How are current teams involved in school-based mental health decisions?
  - How do teams work to make decisions about programs and services across tiers of support for students with disabilities?
  - What current programs and curriculums are already being offered?
  - How do current teams make decisions about referring students to mental health services in and out of school?

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READINESS FOR IMPLEMENTATION

Session 2: Screening & Implementation

- How are current mental health screening practices being implemented?
    - What screeners do you currently use for behavioral or mental health?

- How well do you feel your current screening practices address the behavioral and mental health needs of your students with disabilities?
    - What are current screening practices missing? Are they culturally sensitive?

- How is screening data used? Who uses it? What decisions does it inform?

- Ideally, what would screening look like? What information would you want screening to provide?

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Quotes from Session 2: What did we learn from team members?

"I think that's the biggest thing right now is that there's just not the services out there." - *Assistant Principal*

"I'm just imagining that we're going to have this big number of students who need help and not having a therapist who can help them out." - *School Psychologist*

"I'm just thinking, we don't have a lot of people. We have a lot of students, there's gotta be some efficient way to do some of this."
- *Learning Specialist*

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Quotes from Session 2: What did we learn from team members?

"We do have a high number of students represented in that population of kids [Special Education, students with disabilities] who need mental health services...what we're figuring out is how to streamline those systems, you know, because there's so many different teams. And sometimes we're operating in isolation without being aware of one another's roles or involvement." – Learning Specialist

"I really want there to be professional development specific to kids with disabilities. And I don't want it to get lost in the general topic of mental health, which I think is really easy for people who are very well intentioned and have that, you know, compassionate heart, but this needs to be really catered towards our students." – Teacher

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NEEDS ASSESSMENT

Successes	Learning Areas
• Learning what is happening, what is not happening at the school • Learning what team capacity is • Building systemic ways to address concerns versus individual reactive approaches	• Integrating MH conversations into teaming activities and value system • Concern for additional workload— overburdened teams and schools • Optimizing existing resources & staff

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SCREENING

BASC-3 Behavioral and Emotional Screening System (BESS)

• Kamphaus & Reynolds, 2015

Student Risk Screening Scale – Internalizing & Externalizing (SRSS-IE)

• Lane et al., 2012

Systematic Screening for Behavior Disorders (SSBD)

• Walker, Severson, & Feil, 2014

Social, Academic, & Emotional Behavior Risk Screener (SAEBRS)

• Kilgus & von der Embse, 2014

Student Internalizing and Externalizing Behavior Screeners (SIBS/SEBS)

• Cook et al., 2011, 2012

Behavioral Emotional Rating Scale (BERS)

• Epstein et al., 2023

Schools evaluated screeners to identify which would allow them to collect valued information for their teams

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TEACHERS EXPLAINED SCREENING THROUGH GOOGLE CLASSROOM

You will interact with item statements that are brief:

- Examples include:
  - I trust at least one person very much.
  - I complete tasks when asked.
  - I know when I am happy and when I am sad.

You will respond:

- 3 = If the statement is **very much like you**
- 2 = If the statement is **like you**
- 1 = If the statement is **not much like you**
- 0 = If the statement is **not at all like you**
- *Prefer not to answer*

Google Classroom Code
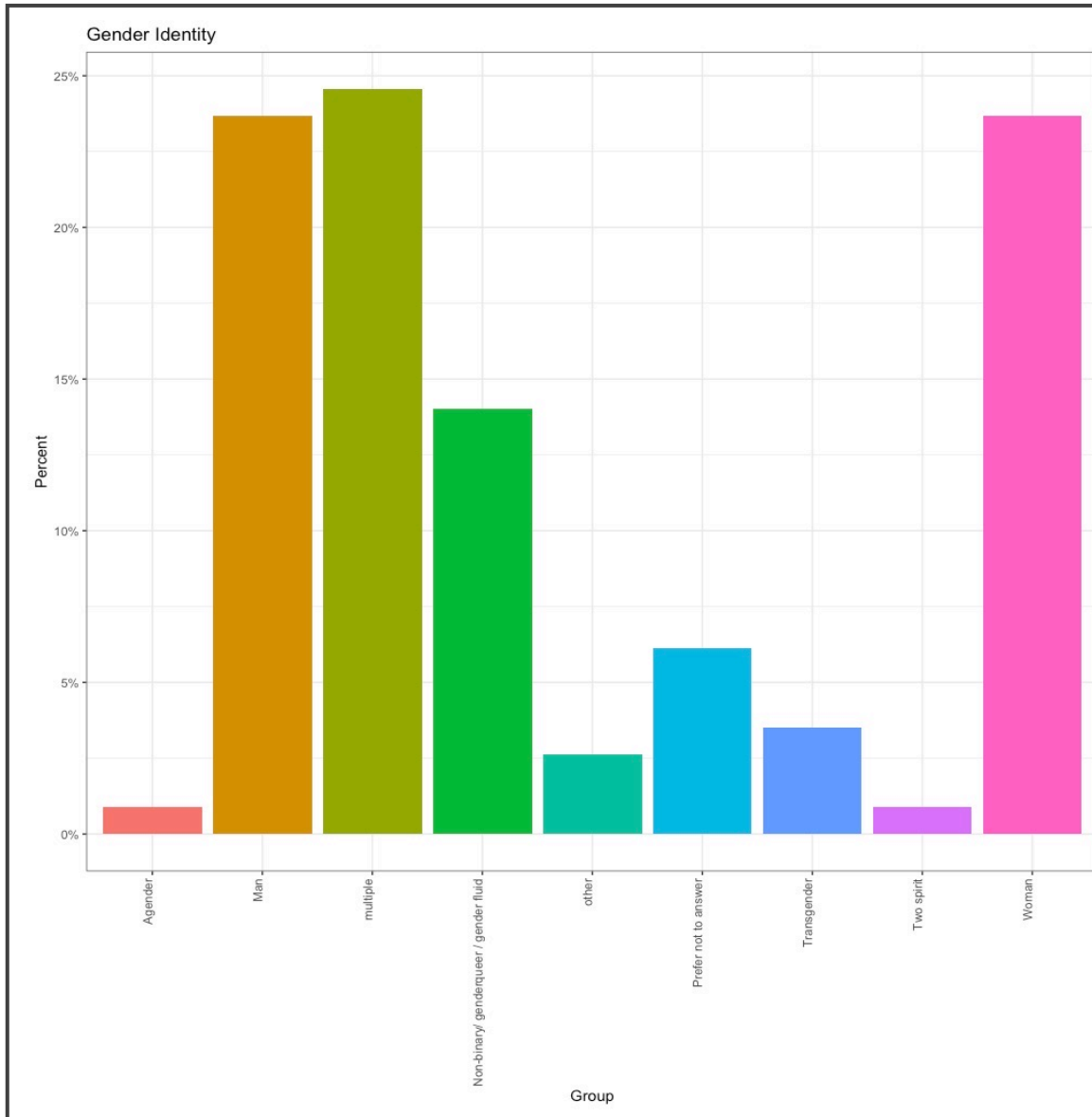
64dcdi

Very Much Like You
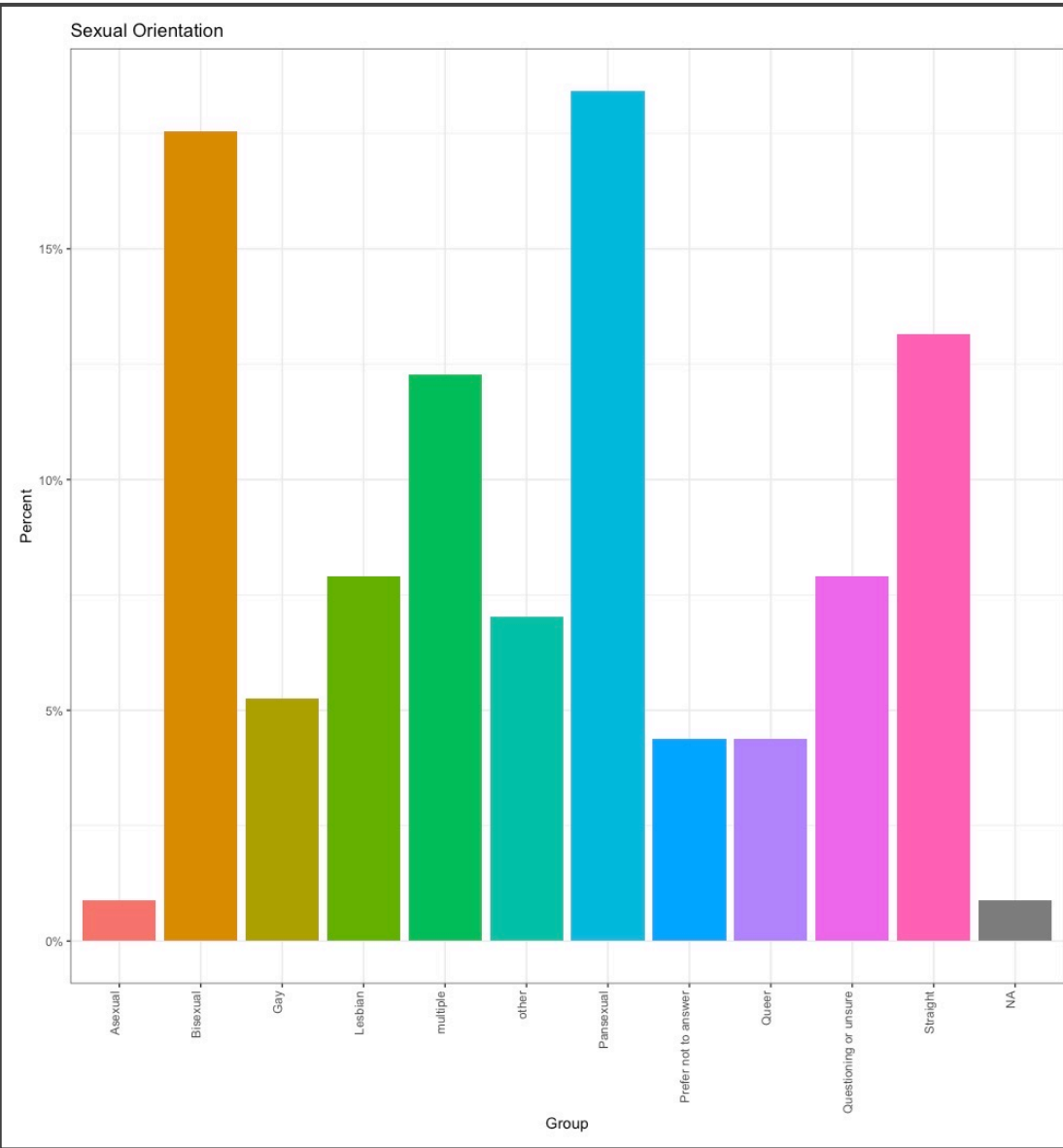
Like You
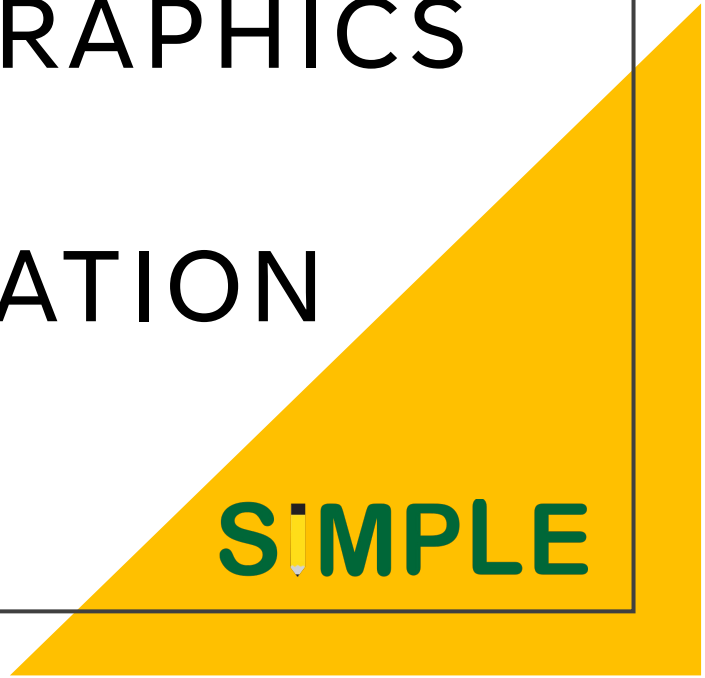
Not Much Like You

Not at All Like you
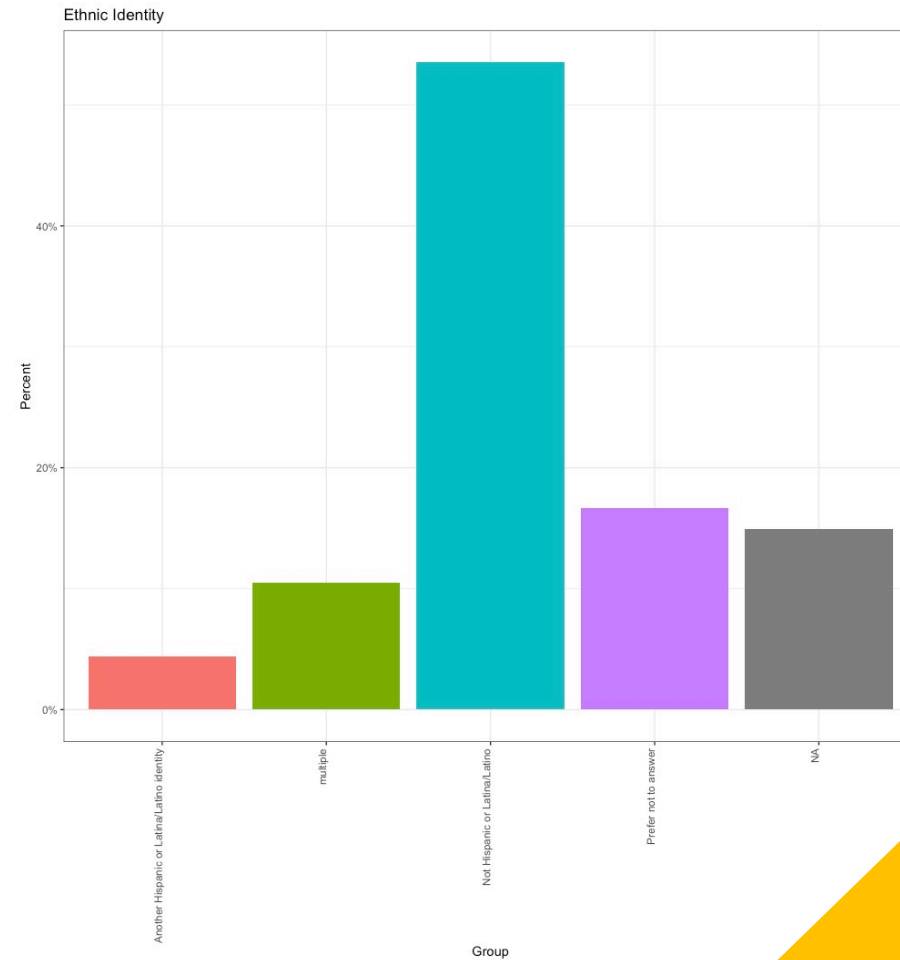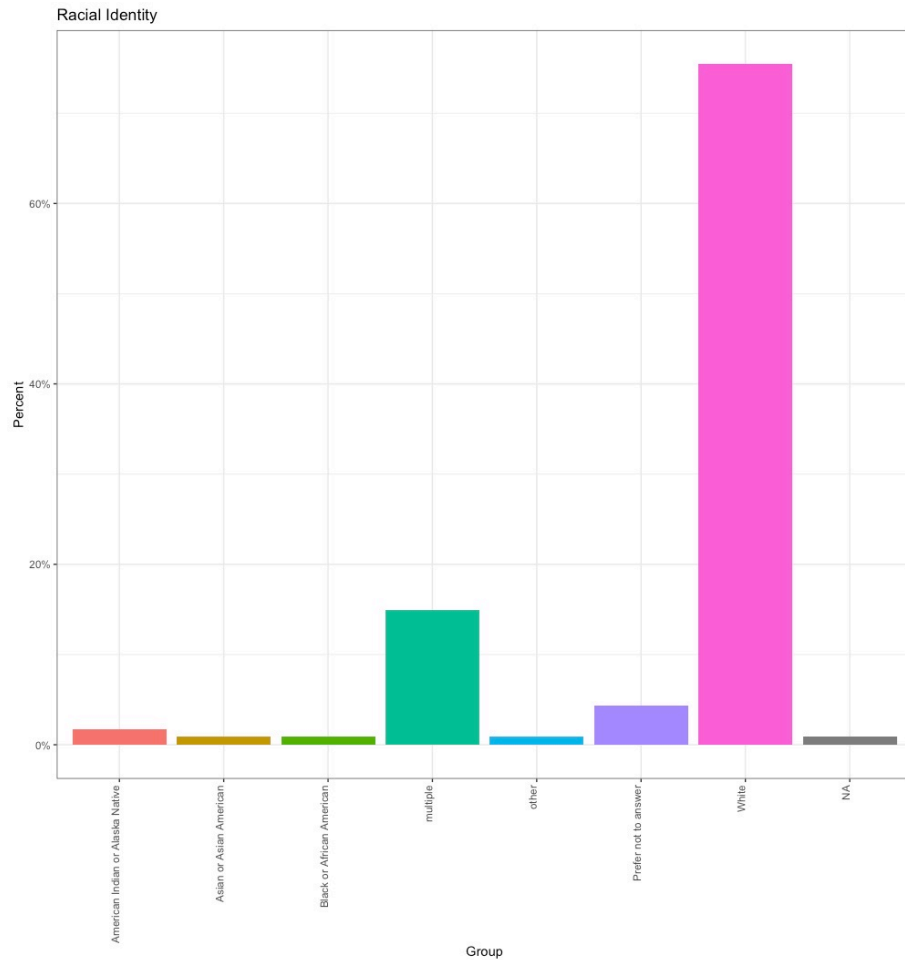
SCHOOL A (N=114): STUDENT DEMOGRAPHICS GENDER IDENTITY
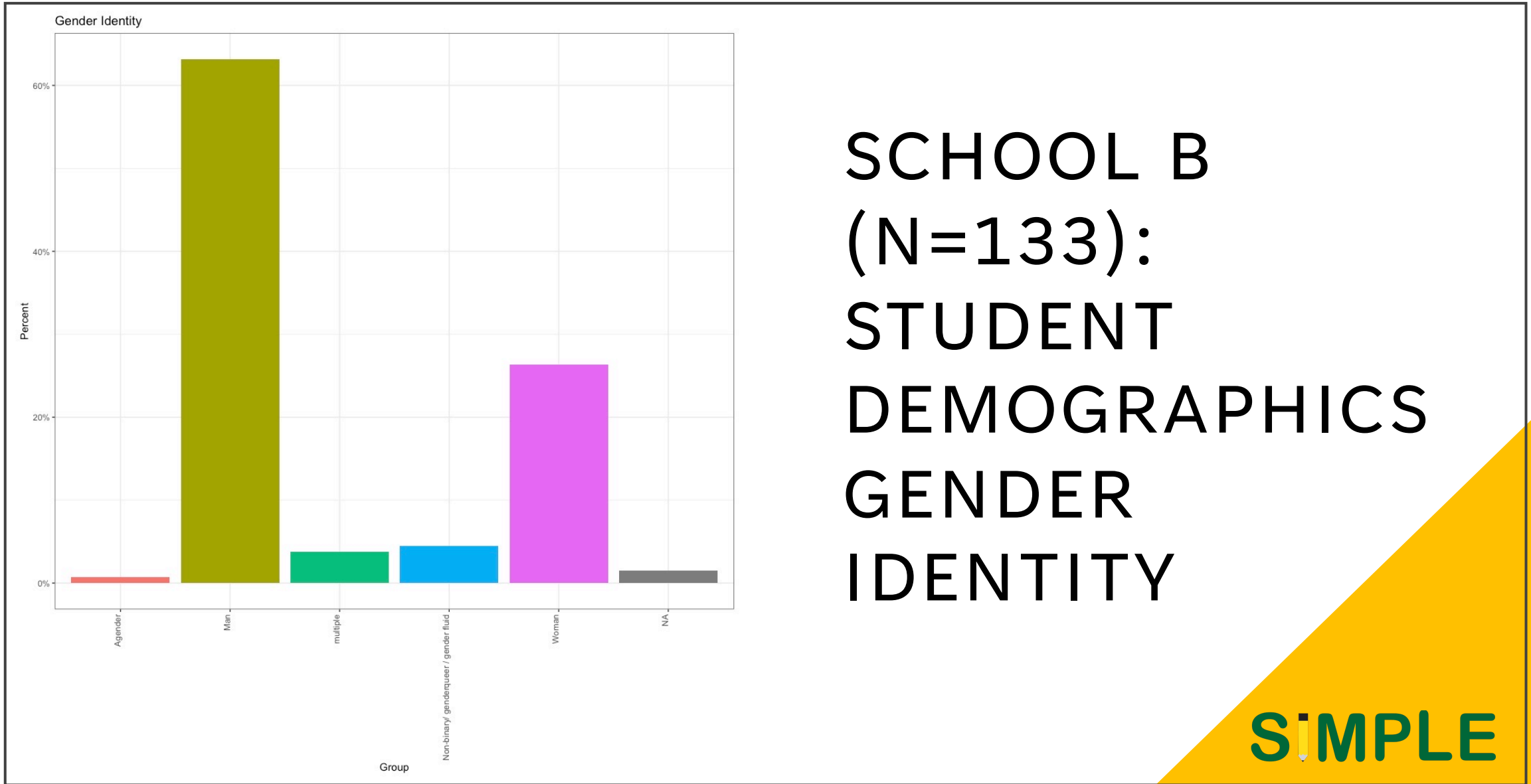
SCHOOL A (N=114): STUDENT DEMOGRAPHICS SEXUAL ORIENTATION
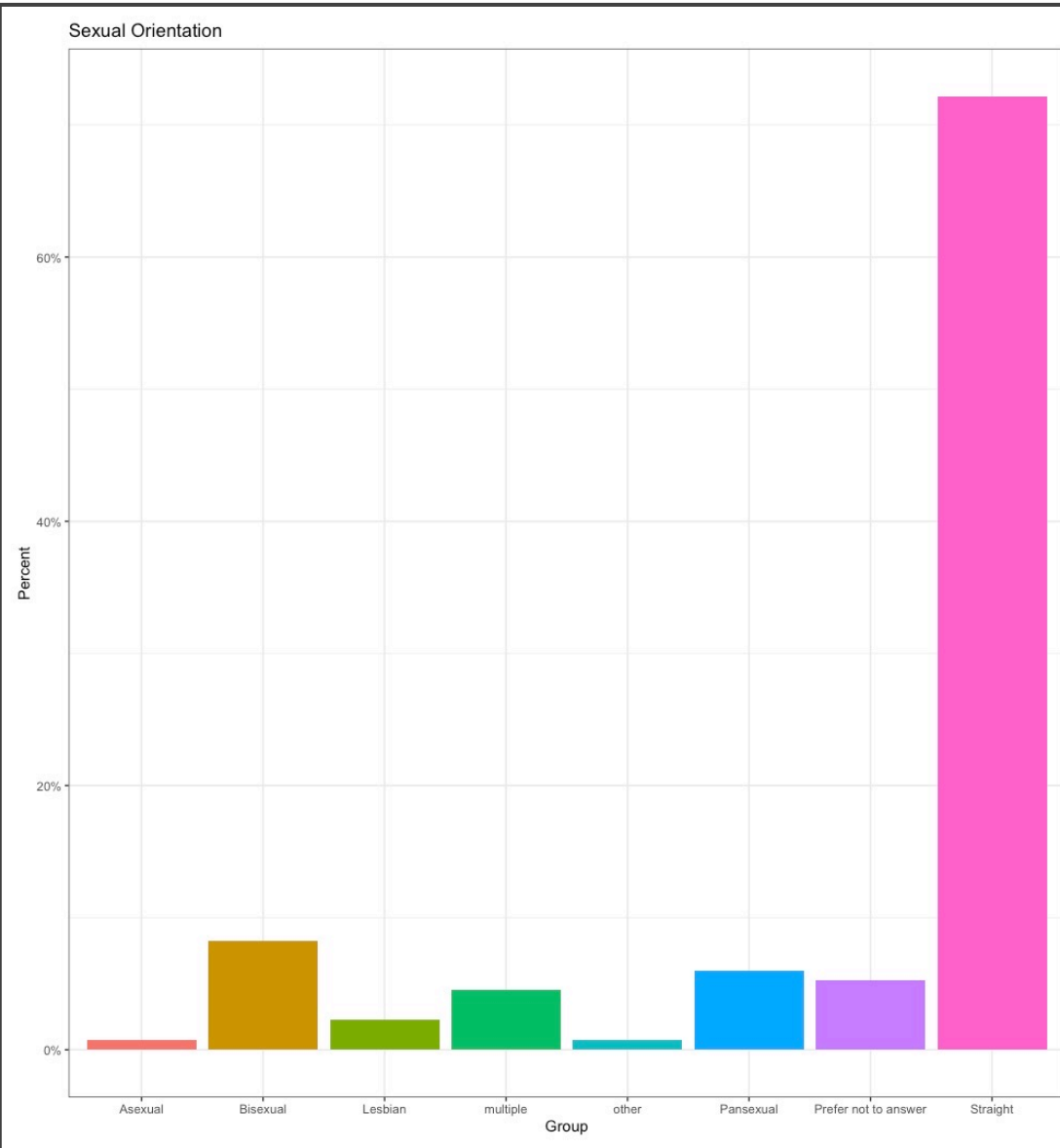
SCHOOL A (N=114): STUDENT DEMOGRAPHICS RACIAL AND ETHNIC IDENTITY

SCHOOL B (N=133): STUDENT DEMOGRAPHICS GENDER IDENTITY

SCHOOL B:
STUDENT
DEMOGRAPHICS
SEXUAL
ORIENTATION

SCHOOL B: STUDENT DEMOGRAPHICS RACIAL AND ETHNIC IDENTITY

BERS-SUBSCALES
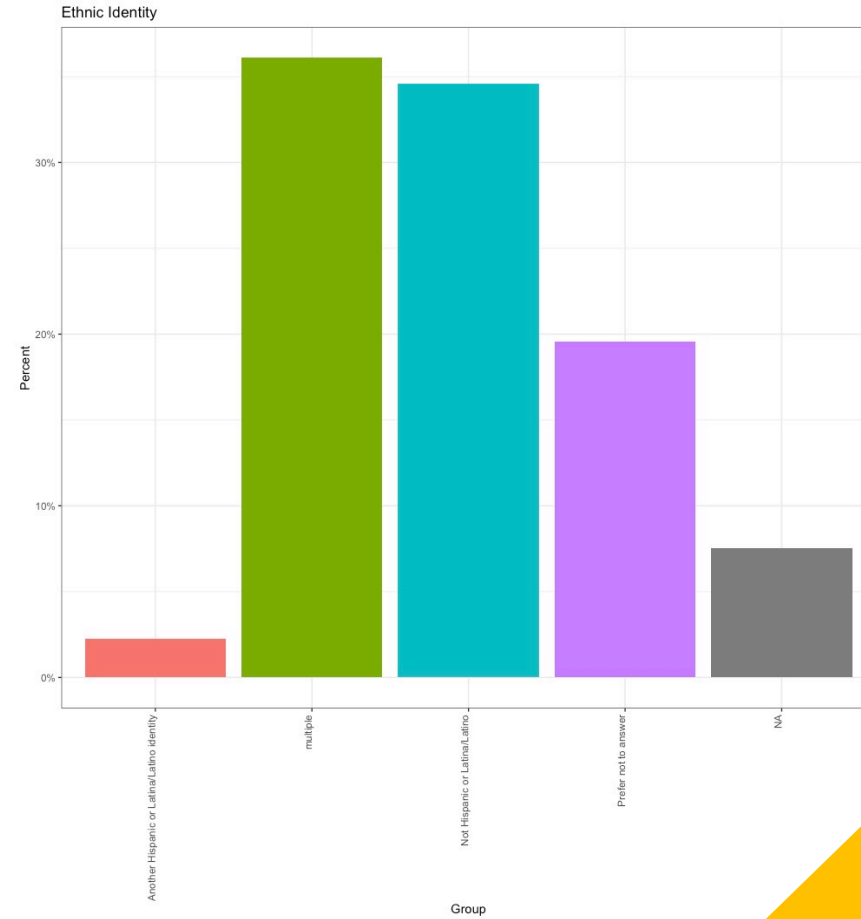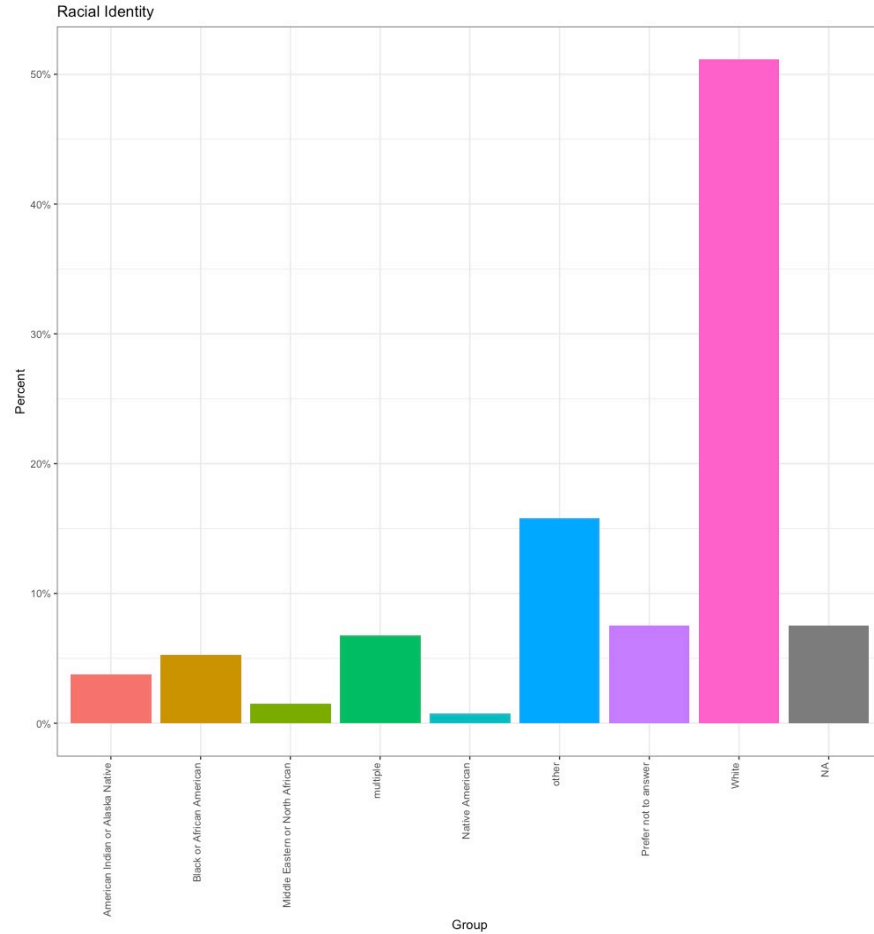
Subscale	Definition	Sample
Interpersonal Strengths	Student's ability to control their emotions or behaviors in social situations	If I hurt or upset others, I tell them I am sorry
Family Involvement	Participation in and relationship with their family	I get along well with my family
Intrapersonal Strength	Measures a student's outlook on their competence and accomplishments	I know what I do well
School Functioning	Students' competence in school and classroom tasks	I pay attention in class
Affective Strength	Assesses a student's ability to accept affection from others and express feelings toward others	I care about how others feel

SV: 52 items
TV: 52 items

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	Superior, Above Average, Average	Below Average, Poor	Very Poor	Not Enough Data
Interpersonal Strengths	71%	17%	3%	9%
Family Involvement	31%	42%	17%	10%
Intrapersonal Strength	38%	35%	18%	9%
School Functioning	44%	39%	11%	6%
Affective Strength	34%	53%	9%	4%

SCHOOL A: STUDENT SUBSCALE DATA

N = 114

22 STUDENTS DID NOT CONSENT

INCLUDED STUDENTS WITH AND WITHOUT IEP OR 504 SERVICES

WHAT DO YOU SEE?

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	Superior, Above Average, Average	Below Average, Poor	Very Poor	Not Enough Data
Interpersonal Strengths	72%	12%	4%	12%
Family Involvement	40%	18%	-	43%
Intrapersonal Strength	57%	37%	3%	3%
School Functioning	54%	43%	1%	1%
Affective Strength	50%	34%	4%	12%

SCHOOL A: TEACHER SUBSCALE DATA

N = 68 TEACHER REPORT

ACROSS 9 TEACHERS

TEACHER RATINGS OF STUDENTS WITH IEP OR 504 SERVICES

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SCHOOL B: STUDENT SUBSCALE DATA

	Superior, Above Average, Average	Below Average, Poor	Very Poor	Not Enough Data
Interpersonal Strengths	70%	23%	2%	6%
Family Involvement	59%	31%	5%	5%
Intrapersonal Strength	49%	41%	6%	3%
School Functioning	46%	38%	13%	3%
Affective Strength	45%	50%	5%	-

N = 133

2 STUDENTS DID NOT CONSENT

INCLUDED ONLY STUDENTS WITH IEP OR 504 SERVICES

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	Superior, Above Average, Average	Below Average, Poor	Very Poor	Not Enough Data
Interpersonal Strengths	92%	5%	<1%	3%
Family Involvement	55%	3%	4%	38%
Intrapersonal Strength	76%	10%	13%	1%
School Functioning	80%	8%	12%	<1%
Affective Strength	60%	15%	15%	11%

SCHOOL B: TEACHER SUBSCALE DATA

N = 177 TEACHER REPORT

ACROSS 7 TEACHERS

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	Superior, Above Average, Average	Below Average, Poor	Very Poor	Not Enough Data
Interpersonal Strengths	70%	20%	3%	7%
Family Involvement	46%	36%	11%	7%
Intrapersonal Strength	44%	39%	12%	6%
School Functioning	45%	38%	12%	4%
Affective Strength	41%	51%	6%	2%

BIG PICTURE FINDINGS: BERS ASSESSMENT

247 STUDENTS SCREENED ACROSS BOTH SCHOOLS

INCLUDED STUDENTS WITH AND WITHOUT IEP SERVICES
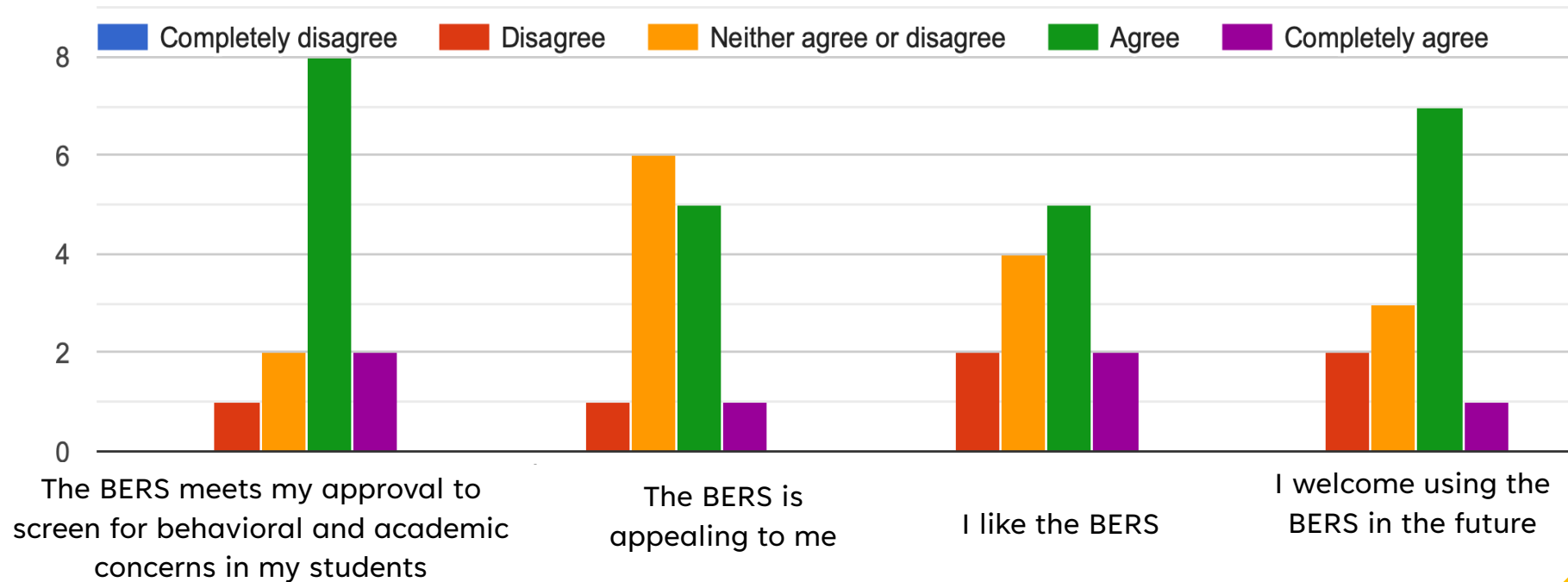
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SCREENING REACTIONS

Acceptability

SCREENING REACTIONS

Feasibility of Assessment
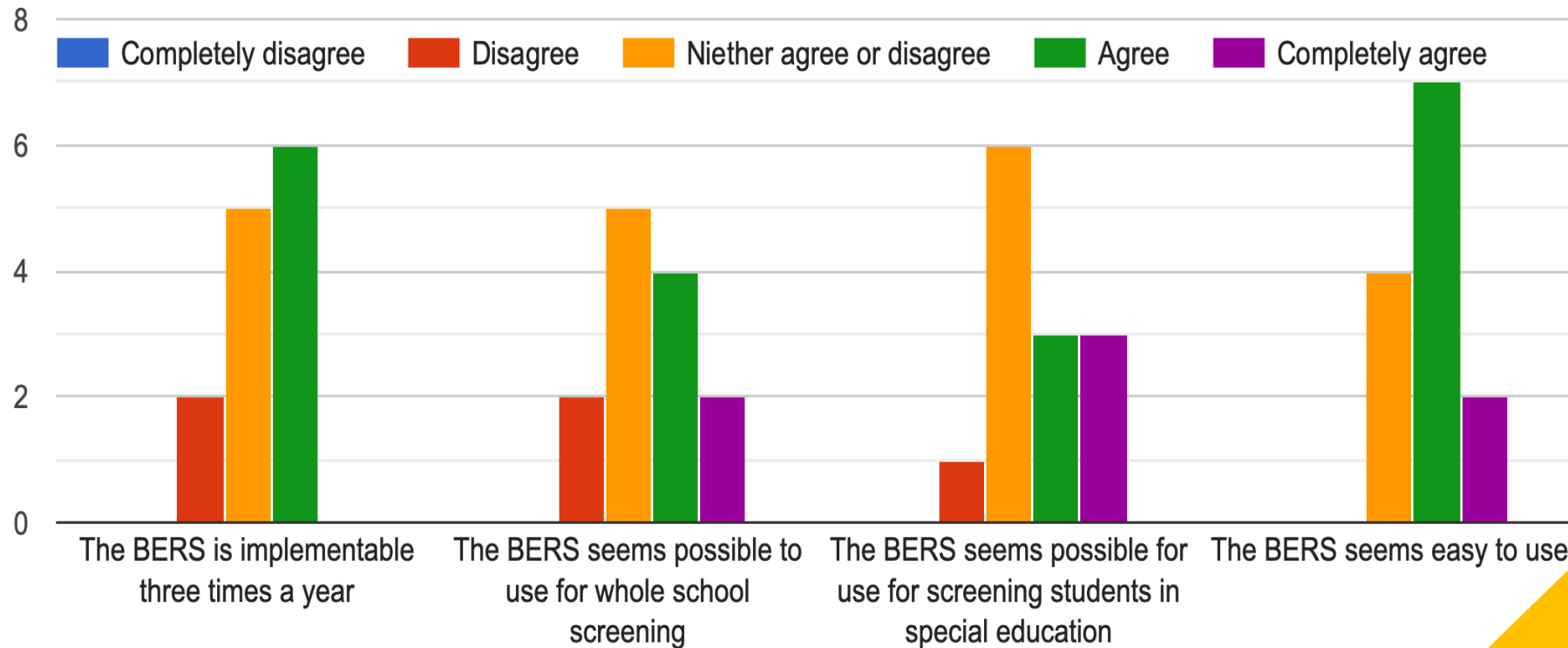
LEARNING AREAS: LOGISTICS

Time must be flexible	Schools work at different paces	School teams have limited capacities
Funding and personnel available	Limited financial resources	Limited people
Priorities of what and how schools intend to address MH concerns	Common concerns	Divergent concerns
School needs vs. project resources	School system-wide needs	Limited grant resources
Different levels of administrative support	No administration involvement	Admin involved in each meeting

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LEARNING AREAS: PRACTICE

Playing "catch-up" due to school interruptions	Academic instruction is a priority	Balancing other initiatives
Trying to build a sustainable system, not a flash in the pan	Feasibility is a must	How do you plan to continue?
Working to address needs of students with disabilities	What are specific needs?	How do services change?
Building a universal language	PBIS?	MTSS?
Identifying the "what" of training	Professional needs?	Classroom needs?

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SUCCESS AREAS: LOGISTICS

Redesigning
- Schools are forming or redesigning teams to think about SWD

Screening
- School teams implemented universal MH screening

Rethinking
- Roles of school professionals in supporting mental health

Brainstorming
- Implementing creative solutions for students with specific behavioral support needs
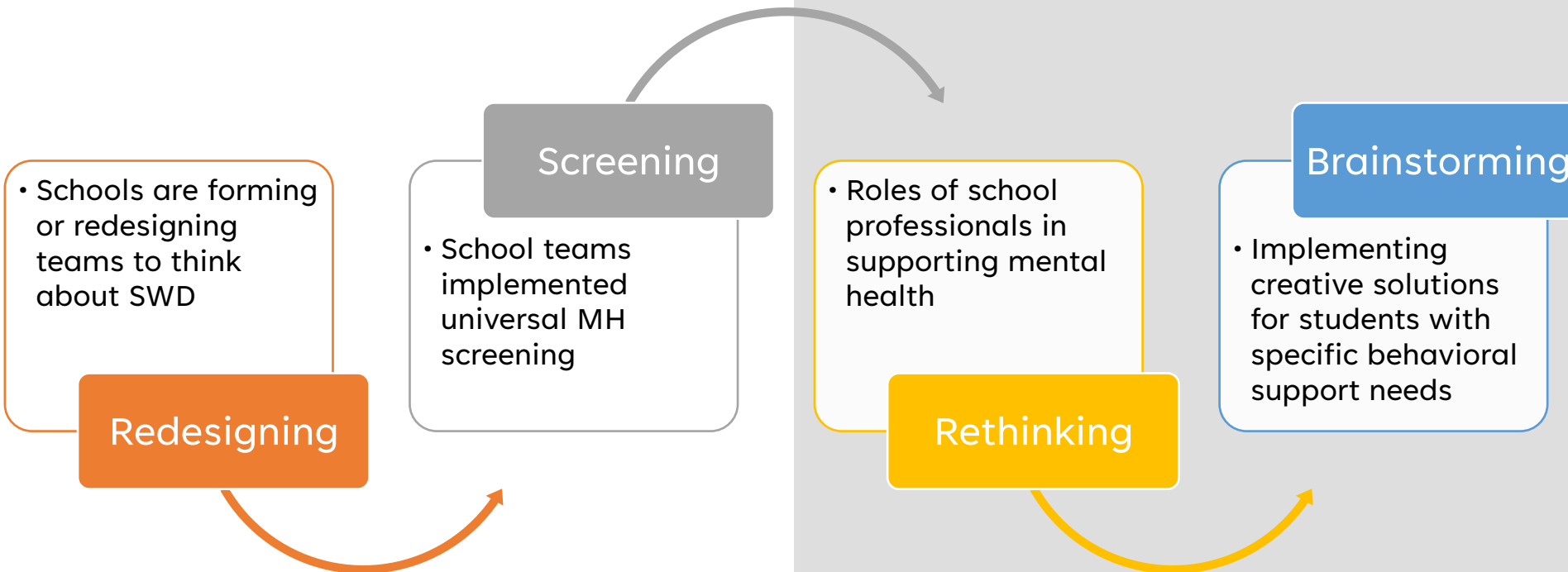
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SUCCESS AREAS: PRACTICE

Data
- Empowering to see teams interact with universal mental health screening data for the first time

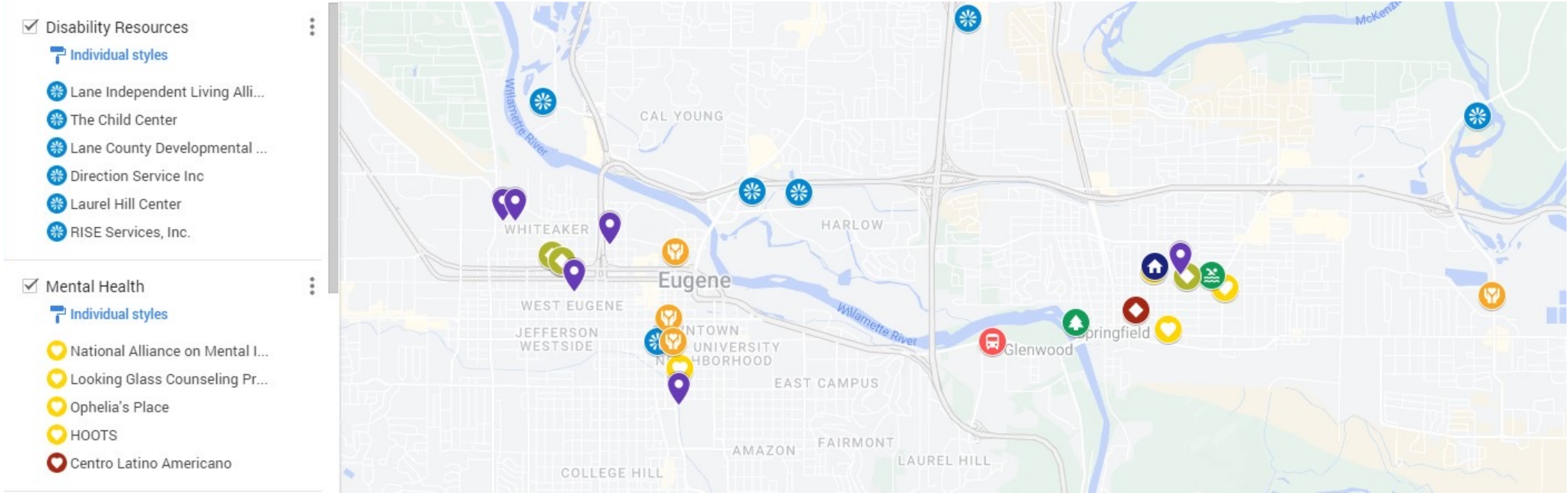**Openness**
- School teams are eager to add to their mental health supports for students with disabilities

Collaboration
- School teams are excited to make collaborative relationships WITHIN their school building

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COMMUNITY:
GOOGLE MY MAPS

LESSONS LEARNED: COMMUNITY AGENCY INTERVIEWS

- Staffing and capacity concerns
- Logistical barriers
  - Consistent point person within the school
  - Private space within the school
  - Navigating school system to access students
    - Stigma
  - Lack of bi- or multi-lingual providers
- Many organizations work with other community organizations

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