



**Expanded
School
Mental
Health**
in West Virginia

...because a healthy student is a teachable student

The West Virginia Expanded School Mental Health Initiative

Back to School Conference

August 9, 2011

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Objectives

Participants will be able to:

- Describe the three levels of the ESMH model
- Identify at least three components of the universal level of the ESMH model
- Identify at least two resources for technical assistance and more information.

Outline

- Define ESMH
- Links between school success and mental health
- Brief history of ESMH Initiative in West Virginia
- Video: WV Educators Speak
- Ten components of the universal level of ESMH
- Resources

Definition of ESMH

Expanded School Mental Health refers to programs that build on the core services typically provided by schools. It is a three-tiered framework that includes the full continuum of:

- Prevention
- Early intervention
- Treatment

Definition of ESMH cont'd

- Serves all students
- Emphasizes **shared responsibility** between schools and community mental health providers
- Is a framework, not a program
- Augments/complements work being done by school counselors, Student Assistance Teams, and other school efforts

Links Between Mental Health and School Success



Facts

- 5-9 % of children and teens have a serious emotional disturbance. (US Surgeon General's Report, 1999)
- 20% of children and adolescents at any given time have a diagnosable mental disorder which interferes with their functioning.(US Surgeon General's Report, 1999)

Facts

- 1-2 children in every classroom have a diagnosable mental health concern which hinders functioning. (President's New Freedom Commission Report)
- Less than 50% of children and adolescents with a mental illness receive adequate (or any) services . (Kataoka, Shang, Wells, 2002)

Academic Performance

- **Is negatively affected by:**
 - Alcohol, tobacco, and other drug use
 - Emotional problems
 - Health risk behaviors (e.g. obesity, sexual behavior, poor diet)
 - Low self-esteem, risky sexual behavior
 - Lack of access to health and mental health care
 - Poor home life
- **Is positively affected by:**
 - High levels of resiliency, developmental assets, and school connectedness

(work of CASEL, Search Institute; and others)

Graduation Rates

SMH strategies can improve graduation rates by addressing factors that interfere with a student's ability to succeed in school, such as :

- Exposure to violence
- Anxiety disorders
- Other unmet mental health needs

(Black, et al, 2003, Woodward & Ferguson, 2001; and others)

School Connectedness

Definition: the extent to which a student feels welcomed, accepted and respected in his or her school. Students who feel connected to their school:

- Better achievement
- Better school attendance
- Stay in school longer
- Less likely to engage in many risk behaviors

(Fletcher et al., 2008; Shochet et al., 2006; Anderman, 2002; and others)

School failure is a public health concern...

“ Rarely has a single problem— **high school drop out rates** — contributed to so many adverse social, economic, and health conditions. Our nation’s young people deserve no less than a concerted effort to improve school completion rates and thus give young people a gateway to lifetime health and success. ”

Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. *Prev Chronic Des* 2007;4(4). http://www.cdc.gov/ped/2007/oct/07_0063.htm

Public health and education: shared accountability, shared outcomes

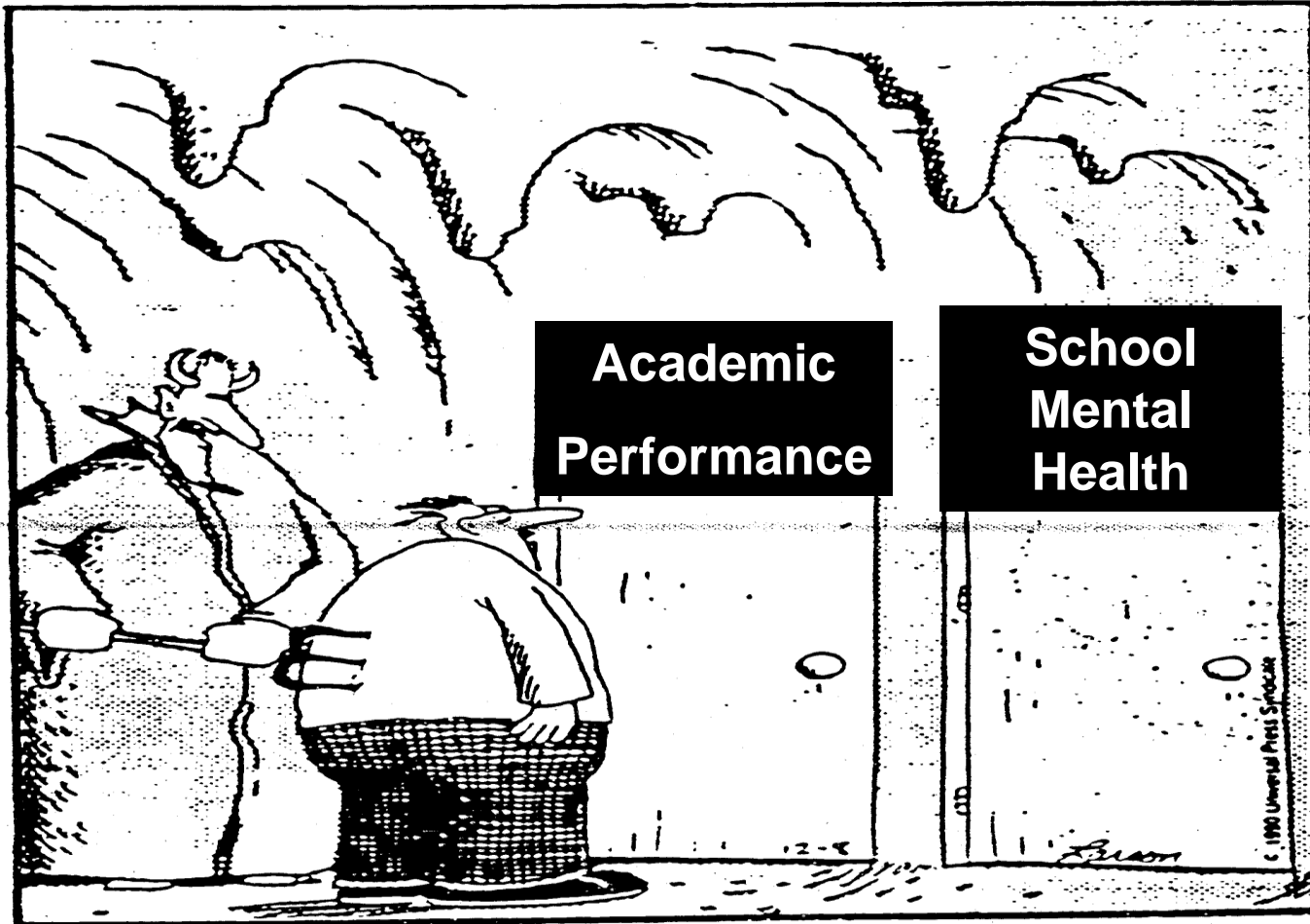
**Educational
attainment**

**As educational
attainment
increases,
health inequities
decrease.**

Health inequities

The Conundrum

THE FAR SIDE/By Gary Larson



"C'mon, c'mon — it's either one or the other."

Gary Larson works five days a week.
Reprints of The Far Side appear on weekends.

WV Educators Speak: State Level Perspectives

- Melanie Purkey, Executive Director, Office of Healthy Schools
- Shelly DeBerry, School Success Advocate, Office of School Improvement

Change in Policy Perspective

WV Code of Conduct 4373

Reactive	Proactive
Code of Conduct	Expected Behaviors
Violations	Inappropriate Behaviors
Punishments	Interventions and Meaningful Consequences

WV HISTORY

Prior to 2000

- Coordinated School Health Program Initiated
- School-based Health Center Initiative
- System of Care – SAMHSA grant

2000

- School mental health funding – BHHF block grant
- Sisters of St Joseph Health and Wellness Foundation funds mental health services in SBHCs

WV MILESTONES

2006

- West Virginia Behavioral Health Commission convenes
- First meeting with WVDE

2007

- ESMH steering team organized
- Strategic planning process begins (Dec.)

WV MILESTONES

2008

- ESMH Team recognized as subcommittee of Behavioral Health Commission
- MOU signed by Commissioners

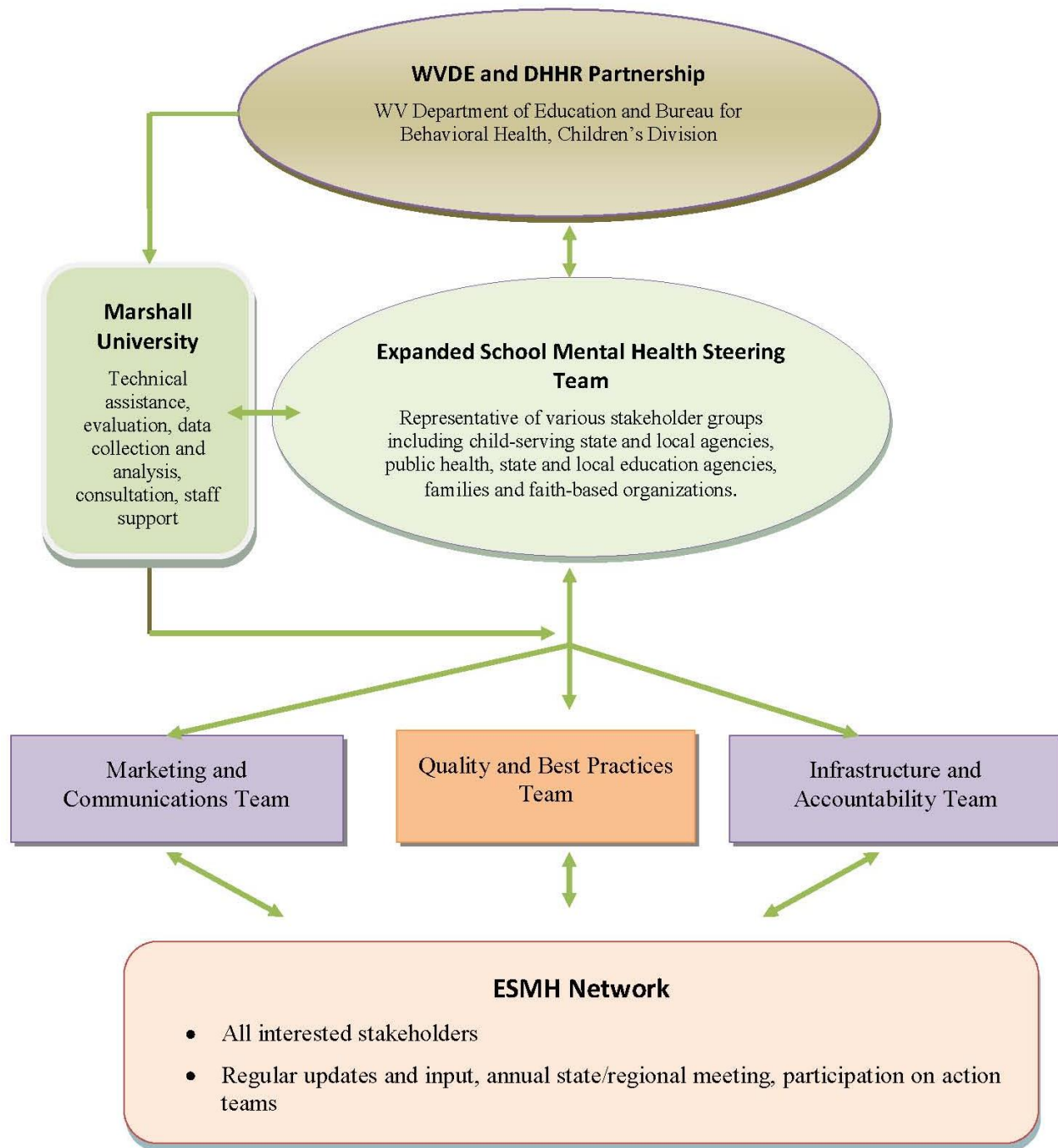
2009

- Planning grants awarded by BHHF
- Selected by NASBHC as pilot state for their Mental Health Capacity Building Project

WV MILESTONES

2011

- Website
- Ten Components of Universal Tier defined
- Analysis of county improvement plans
- Second statewide ESMH conference
- School policies reflect increased focus on social-emotional learning and mental health
- ESMH Implementation grants



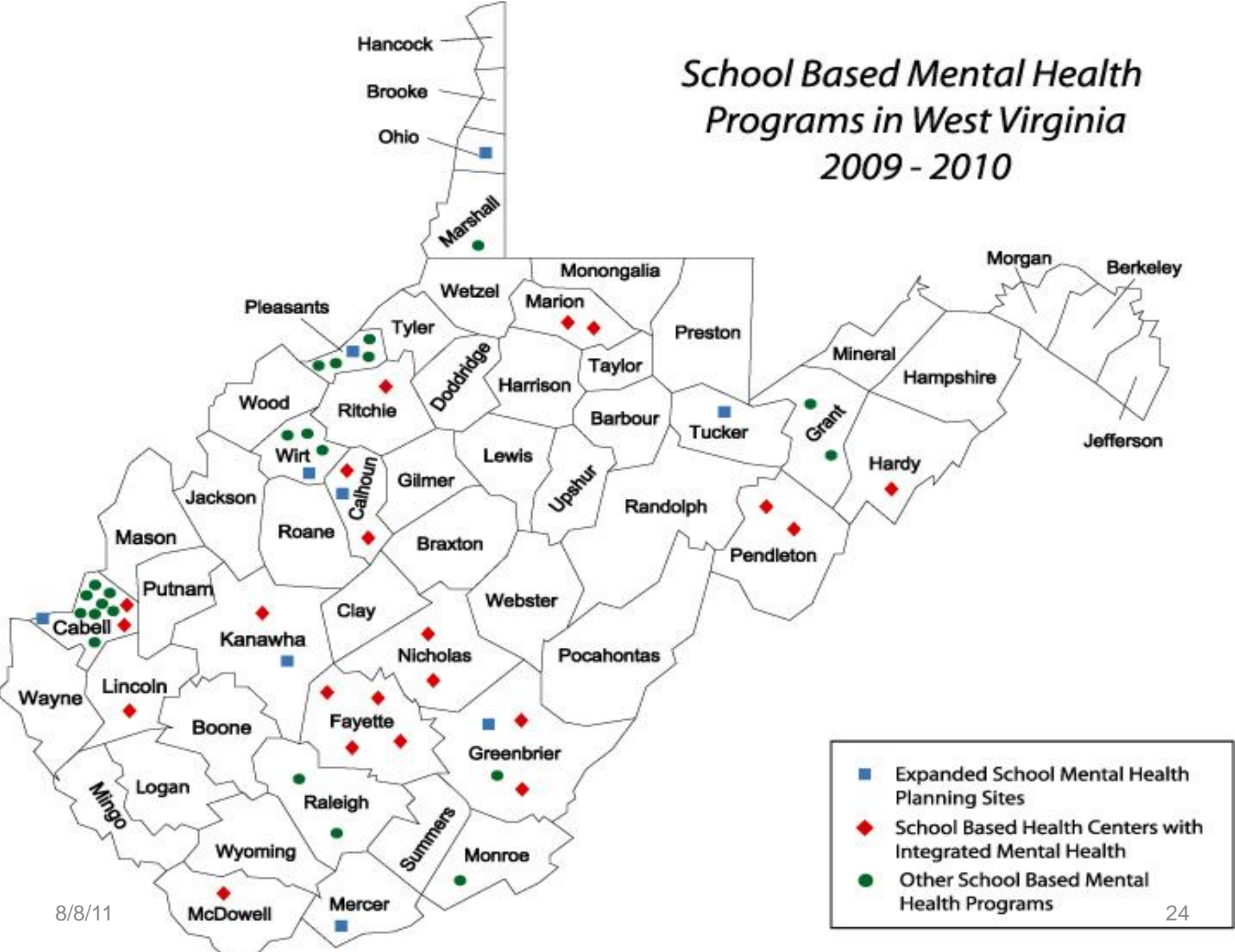
MISSION

To develop and strengthen policies, practices and services that promote learning and social-emotional well-being for all of WV's youth through a collaborative process that engages schools, families, and community-based agencies.

Steering Team Goals 2011

1. Strengthen the infrastructure
2. Define ESMH Tiers 2 and 3
3. Ensure quality
4. Develop a reporting system
5. Regionalize training and TA
6. Sustain and increase programs

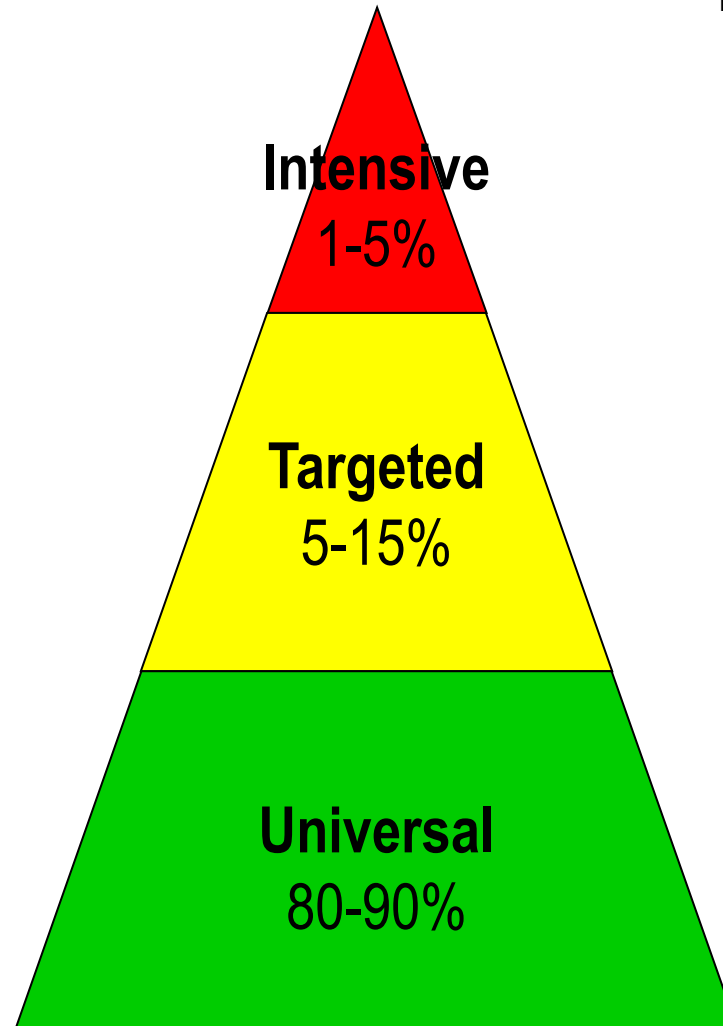
School Based Mental Health Programs in West Virginia 2009 - 2010

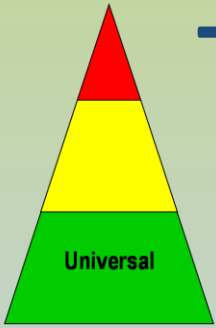


A Comprehensive System of Learning Supports

**School
Systems**

**Behavioral Health
Systems**





TIER 1 - UNIVERSAL PREVENTION

A SCHOOL WIDE FOUNDATION

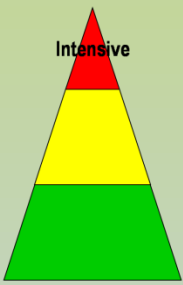
- Creating a caring school environment
- Teaching appropriate behaviors and problem solving skills
- Positive behavioral support
- Effective academic instruction



TIER 2 - TARGETED

IDENTIFY & INTERVENE EARLY

- Interventions that occur early for individual students or small groups of students at risk
- Examples of programmatic interventions include social skills groups, anger management; family support; grief and loss, suicide / depression screening; short term counseling and stress management.

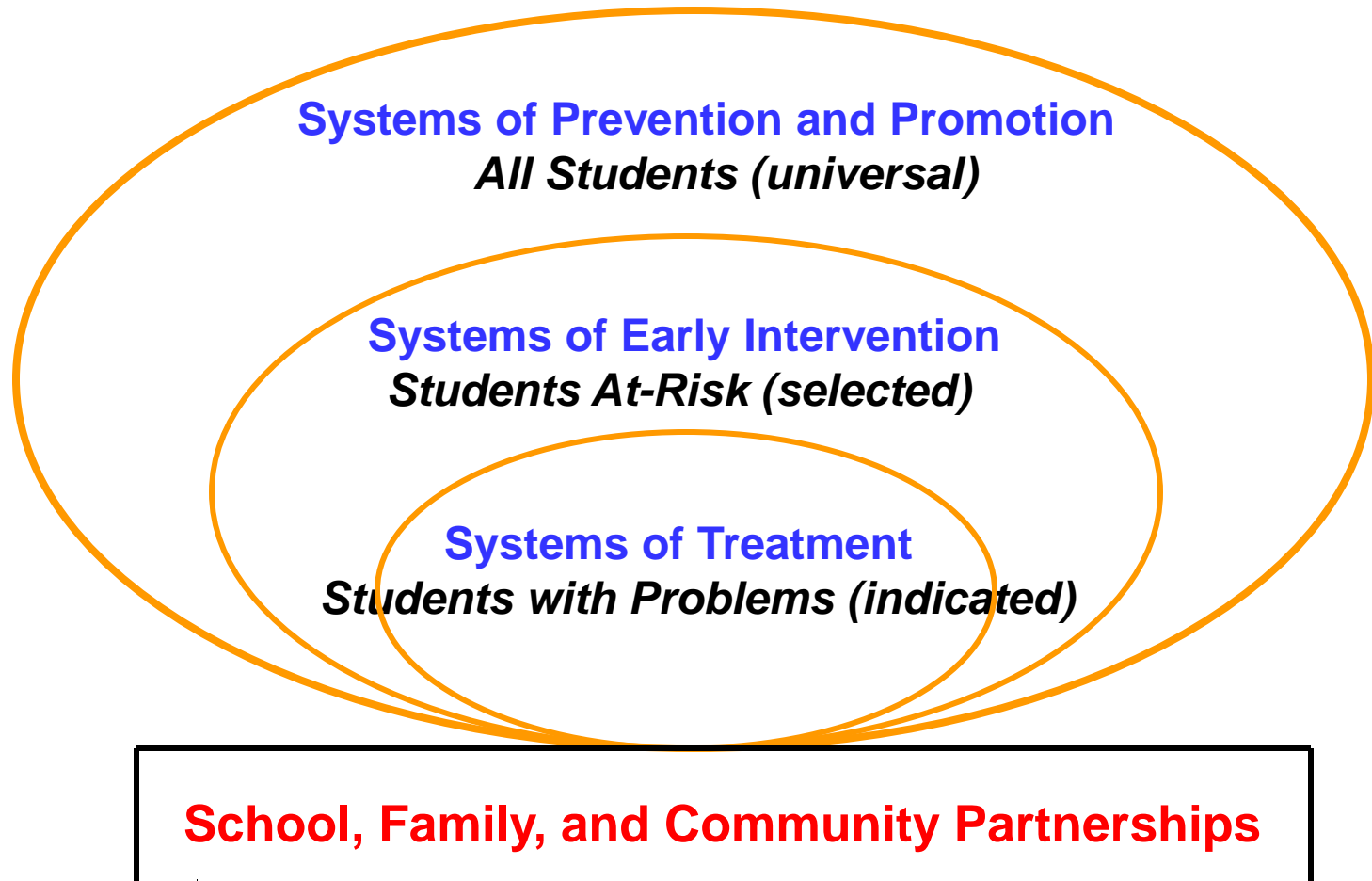


TIER 3 - INTENSIVE

TREATING SEVERE & CHRONIC PROBLEMS

- Individualized therapeutic interventions for high risk students with severe, chronic or pervasive concerns that may or may not meet diagnostic criteria
- Services might include crisis intervention, cognitive behavioral therapy, and family therapy; and may be community or school - based.

What does School Mental Health look like?



What Does Quality ESMH Look Like?

- Emphasize access
- Tailor to local needs and strengths
- Active involvement of diverse stakeholders
- Full continuum from promotion to treatment
- Committed and energetic staff
- Developmental and cultural competence
- Coordinated in the school and connected in the community
- Emphasize quality and empirical support