

WV Educators Speak: Building A Successful ESMH Program

- Pleasants County
- Cabell County
- Ohio County

TIER 1 - UNIVERSAL PREVENTION

TEN RECOMMENDATIONS



TIER 1 - UNIVERSAL PREVENTION

1. INFRASTRUCTURE

- Belief in the whole child philosophy
- Meaningful involvement of families, students, community
- School leadership – single biggest predictor
- Continuous quality improvement
- Data driven, empirically based, best practices
- School improvement plan addresses ESMH
- Structures, systems that allow staff time for planning and development

Mental Health Planning and Evaluation Template



- www.nasbhc.org/mhpet
- Developed in partnership with the Center for School Mental Health
- Used in planning and evaluating activities and services for new or established SMH programs
- Eight dimensions, 34 indicator measure
- Web-based, completed by teams, computer generated scores

TIER 1 - UNIVERSAL PREVENTION

2.RISK IDENTIFICATION

- Systematic approach to early identification of students at risk
- Risk of dropping out
- Depression/suicide
- Substance use

TIER 1 - UNIVERSAL PREVENTION

3. DEVELOPMENTAL GUIDANCE CURRICULUM

- Regularly scheduled, consistent and reinforced within and outside of the classroom
- WV Comprehensive Developmental Guidance Manual:

<http://wvde.state.wv.us/counselors/resource-manual.html>

TIER 1 - UNIVERSAL PREVENTION

4. SCHOOL WIDE POSITIVE BEHAVIOR SUPPORT PROGRAM

- Based upon evidence /promising practices
- WV Code 18-2-13 requires “Character Education”
- WVDE - Office of Healthy Schools
- Safe and Sound: An Educational Leader’s Guide to Evidence Based Social Emotional Learning Programs
- www.casel.org

TIER 1 - UNIVERSAL PREVENTION

5. ANNUAL TRAINING AND TECHNICAL ASSISTANCE FOR ALL STAFF

- WV Student Code of Conduct requires TA and staff development related to mental health, school climate, and SEL
- Conduct staff survey to assess needs
- Include in school improvement plan
- Eliminating Barriers to Learning – SAMHSA curriculum
- WV Suicide Prevention: www.aspen.org

TIER 1 - UNIVERSAL PREVENTION

6. STUDENT CONNECTEDNESS

- Formal policies and practices
- Regular assessment/surveys
- Trusting, caring relationships
- Mentoring, after-school programs
- National Center for Student Engagement:

<http://www.schoolengagement.org/>

TIER 1 - UNIVERSAL PREVENTION

7. PARENT AND FAMILY INVOLVEMENT

- Formal policies and practices
- Opportunities for input, feedback
- Standards of welcoming behavior for staff
- Parents and staff learning together
- Clear, frequent communication
- WV Parent Information Resource Centers:
<http://wvpc.edvantia.org/>

TIER 1 - UNIVERSAL PREVENTION

8. SCHOOL CLIMATE

- The quality and character of school life; both physical and emotional safety
- Continuous improvement based on various types of assessments and data analysis
- Use of evidence based practices
- Safe and Supportive Schools
- National standards: www.schoolclimate.org

TIER 1 - UNIVERSAL PREVENTION

9. SCHOOL SAFETY PLAN

- Should include prevention, preparedness, response and recovery
- Updated regularly
- Training for community providers and all school staff
- WVDE Counselor Resource Manual:
<http://wvde.state.wv.us/counselors/Counselorhandbook/Tab4.html>
- Safeguarding Our Children: An Action Guide

TIER 1 - UNIVERSAL PREVENTION

10. SUPPORT FOR TRANSITIONS

- Specific programs and activities to support students as they negotiate transitions
- Daily changes: recess, class, lunch
- Major changes: new school, new district
- <http://smhp.psych.ucla.edu/pdfdocs/transitions/transitions.pdf>

PBIS

Response to Intervention

Student Assistance Team

Student Mental Health Initiative

Safe Schools, Healthy Students

Special Education

Crisis management

Systems of Care

Social and Emotional Learning

School linked

Wrap around

Shared Agenda

Multiculturalism

NCLB

Cultural competence

Risk and protective factors

School based

Where to Begin?

Strengths based

Multi system approach

School linked

Student Support Services

Suicide Prevention

Mental Health Services Act

IDEA

School climate

School connectedness

Peer-to-Peer Support

Coordinated school health program

Evidence based practice

Planning Process



- Support from school administration
- Form school leadership team
- Identify needs and resources
- Begin dialogue with community agencies
- Incorporate into School Improvement Plan
- Gain commitment through MOU with community agencies

School Coordinating Teams

- Composed of multiple stakeholders, convened by school health coordinator/school counselor
- Planning and quality improvement process
- Conduct assessment of needs and resources
- Act collectively in providing guidance and leadership on school policies (e.g. discipline) that promote school health/ mental health



School Coordinating Teams

- Coordinate, implement, train and evaluate ESMH activities
- Link to community health services and resources
- Oversee collection and analysis of student health data
- Implement crisis prevention and intervention



A Word About Funding....

Diversified funding base:

- Local Community
- School system sources: Title 1, Safe and Supportive Schools, other
- Third party insurance
- FQHCs/SBHCs

A Word About Evidence Based Programs...

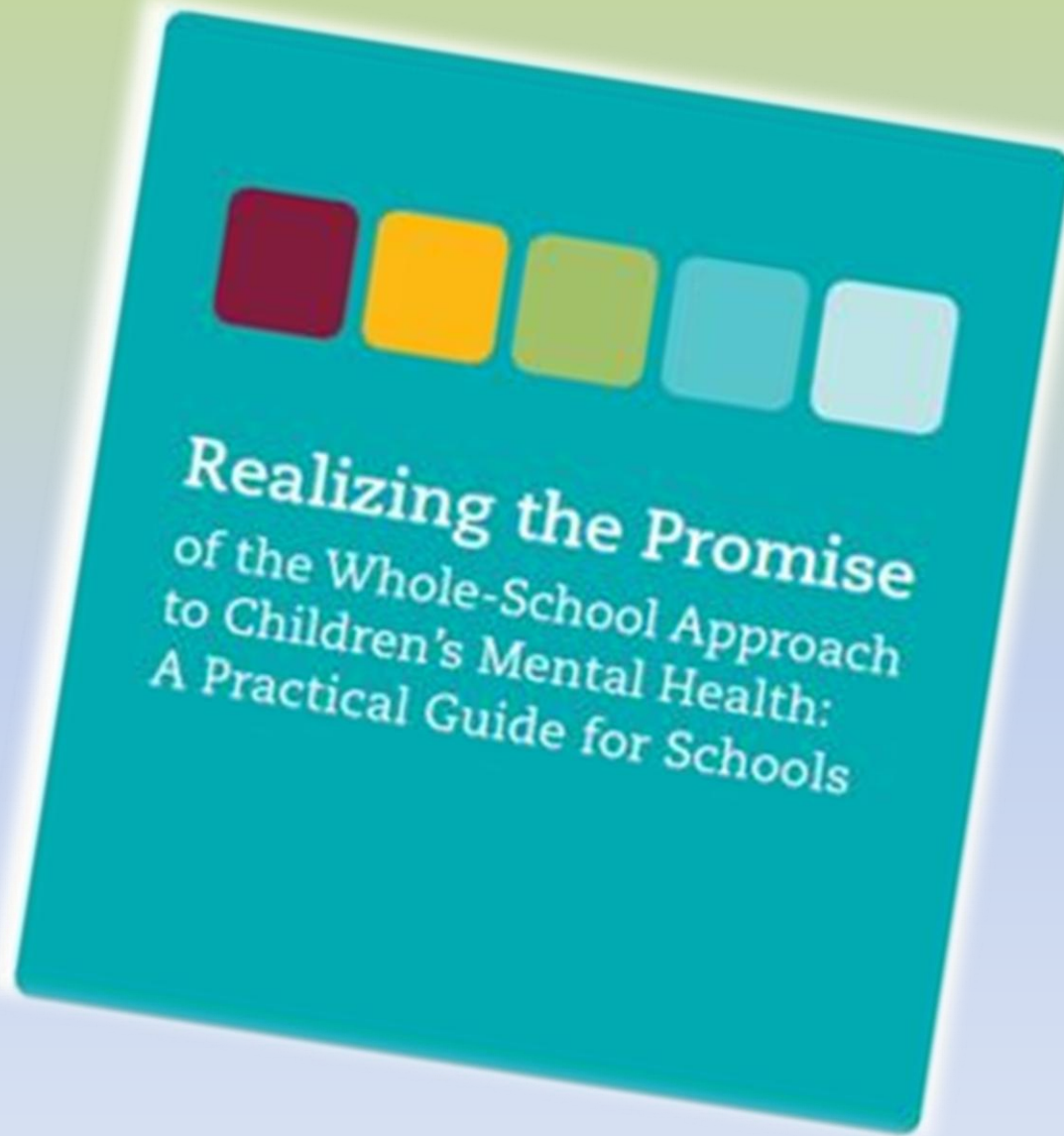
- One which has been evaluated and produces the expected results
- Evaluated by experts; not by the creators of the program
- Has been declared as evidence-based by a respected research group

Recommended Reading

- Realizing the Promise of the Whole-School Approach to Children's Mental Health: A Practical Guide for Schools

National Center for Mental Health Promotion and Youth Violence Prevention:

<http://promoteprevent.org/Publications/>



www.promote.prevent.org

National Resources

Center for School Mental Health

U of Maryland

www.csmh.umaryland.edu

National Assembly on School Based Health
Care

www.nasbhc.org



**Expanded
School
Mental
Health
in West Virginia**

...because a healthy student is a teachable student

- Resources for schools, parents, students, communities
- Directory of SMH programs
- Tool Kits

www.schoolmentalhealthwv.org

landerson@marshall.edu

A healthy student is a teachable student

There is clear and compelling evidence linking mental health and academic success, and indicating that emotional, social and behavioral health problems are significant barriers to learning. Schools that proactively address these problems are seeing improved academic outcomes.

In order to address mental health problems early, we must reach children where they spend the majority of their time—in schools. Schools offer unparalleled access to academic and mental health needs, which are intricately related.

Conditions in children's lives and environments must be right in order for them to be successful academically, socially and emotionally. Non-academic barriers to learning can impede upon students' ability to learn by not allowing them to be engaged in the classroom or to make the most of their academic learning time. Non-academic barriers to learning include:

- Mental health barriers, such as depression and anxiety
- Exposure to violence, bullying or traumatic events or repeated, long-term traumatic experiences
- Social-emotional barriers, such as poor impulse-control or anger management



Schools are often the only public facilities in rural areas, and a logical place for multiple agency and family collaboration for youth with complex mental, emotional and behavioral health challenges.

Opening school doors to health care and mental health supports opens pathways to children's educational attainment and lifelong well-being.

Meeting the social and emotional needs of students prepares them to learn, increases their capacity to learn, and increases their motivation to learn. It also improves attendance, graduation rates, and reduces suspension, expulsion and grade retention.*

*Collaborative for Academic, Social and Emotional Learning (CASEL). *State and District An Educational Leader's Guide to Evidence-Based Social and Emotional Learning (SEL) Programs*. Chicago, IL.

Children whose mental health problems are not addressed often fail in school:

- 21 percent of 9-17 year olds have a mental illness and 11 percent are "significantly limited" because of their illness. (American Health Workup Group, www.ahwg.net, 2007)
- 2 out of 3 young people with mental health problems are not getting the help that they need. (NAMI, 2007)
- When compared with other states, the percentage of students who missed 11 or more days of school is significantly higher for West Virginia (9 percent) than the national average (5.2 percent). (Survey of Children's Health, www.cdc.gov/nchs/2007/nhanes/070809.htm)
- 65 percent of students with an "emotional disturbance" drop out of school. (NAMI, 2007)
- In 2008, more than 6,500 West Virginia students failed to graduate; this translates into a loss of \$412 million from WV's economy by 2020. (Classroom Evidence Analysis Our Schools, Policy Recommendations and Best Practices, The Educators' Roundtable and Virginia, The Educators' Roundtable Best Practices, Fall 2008)



2011

Directory of School Mental Health Programs in West Virginia



...because a healthy student is a teachable student

Expanded
School
Mental
Health
In West Virginia

Prepared by the School Health
Technical Assistance Center at
Marshall University

www.schoolmhtinc.org

For corrections, updates or more
information, please see contact
information inside.

Contact Info

Linda Anderson, MPH

Coordinator

School Health Technical Assistance Center

RC Byrd Center for Rural Health

Marshall University

304-544-3917

landerson@marshall.edu

WV Educators Speak:

Impact of ESMH on One WV Student

Jessica Laslo, Counselor

Madison Elementary

Ohio County

**Thank You for your
attention!**

Questions?

