What is “School Based Mental Health?” and What do we know?

Krista Kutash, Professor Emeritus, USF
Denver, Colorado March 2012

Topics of Discussion

• How many children?
• What does treatment cost?
• How are we doing?
• What do we know about services and treatment?
• Trends and challenges in the field
**Seriousness of the Problem**

**Prevalence of Serious Emotional Disturbance (SED)**

*Population Proportions (9 to 17 year-olds)*

- 5-9% Youth with SED & extreme functional impairment
- 9-13% Youth with SED, with substantial functional impairment
- 20% Youth with any diagnosable disorder

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**5 Most Costly Children’s Health Conditions**

*(MEPS, 2009: noninstitutionalized children)*

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Children Treated</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Disorders</td>
<td>4.6M</td>
<td>$8.9B</td>
</tr>
<tr>
<td>Asthma</td>
<td>13 M</td>
<td>$8.0B</td>
</tr>
<tr>
<td>Trauma-related Disorders</td>
<td>7 M</td>
<td>$6.1B</td>
</tr>
<tr>
<td>Acute Bronchitis</td>
<td>12.8 M</td>
<td>$3.1B</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>4.5M</td>
<td>$2.9B</td>
</tr>
</tbody>
</table>
What do we know and What have we learned?

Children and youth who have Serious Emotional Disturbances have deficits in multiple domains (social, emotional and behavior) and are often served in multiple systems simultaneously (MH, Education, JJ and Child Welfare).

Typical Mental Health Services to Children in Child Welfare are Often Ineffective


- For those children involved with child welfare and receiving MHS, this study was not able to show a positive relationship between MHS and changes in children’s behavior across time.
- The study should not be understood to indicate that all MHS for children involved with CWS are ineffective; rather, it indicates that children do not predictably receive services that are sufficient to help them overcome their behavioral difficulties.

From: Clare Anderson, ACYF
Serious Youth Offender Study: Substance Abuse And Reoffending
(Schubert, Mulvey, & Glasheen, 2011)

- N= 1,354 felony youth offenders, Phoenix and Philadelphia
- 8 year study (21,000 interviews)
- Mental health disorder alone does not affect time in gainful activity (school/work) and re-offending
- Substance use disorder significantly contributes to re-arrest over 6 years and less time in gainful activity

Serious Youth Offender Study: Substance Abuse And Reoffending
(Mulvey, 2011)

- No benefit from longer lengths of institutional stay to rate of re-arrest
- “The good news, however, is that treatment appears to reduce both substance use and offending, at least in the short term. Youth whose treatment lasted for at least 90 days and included significant family involvement showed significant reductions in alcohol use, marijuana use, and offending over the following 6 months.”
  E. Mulvey, March 2011
What do we mean by Trauma?

- **Event(s)** Exposure to violence, victimization including sexual, physical abuse, severe neglect, loss, domestic violence, witnessing of violence, disasters
- **Experience** Intense fear of/ threat to physical or psychological safety and integrity, helplessness; intense emotional pain and distress
- **Effects** Stress that overwhelms capacity to cope and manifests in physical, psychological, and neuro-physiological responses

Gene Griffin, PhD, 2012, 3E’s

Trauma and Youth

- Among U.S. Youth:
  - 60% exposed to violence within past year
  - 8% report lifetime prevalence of sexual assault
  - 17% report physical assault
  - 39% report witnessing violence
  - Survey of adolescents in SU treatment > 70% had history of trauma exposure (Suarez, 2008)
  - Childhood traumas potentially explain 32% of psychiatric disorders in adulthood

*Archives of General Psychiatry, Feb 2010, NCRS-R Study*
NLTS and NLTS2 Overview

<table>
<thead>
<tr>
<th></th>
<th>NLTS</th>
<th>NLTS2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focuses on</td>
<td>Youth and young adults</td>
<td>Youth and young adults</td>
</tr>
<tr>
<td>Study began</td>
<td>1987</td>
<td>2001</td>
</tr>
<tr>
<td>Age at start of study</td>
<td>13 to 21</td>
<td>13 to 16</td>
</tr>
<tr>
<td>Disability categories</td>
<td>All disability categories</td>
<td>All disability categories</td>
</tr>
<tr>
<td>Longitudinal</td>
<td>7 years</td>
<td>10+ years</td>
</tr>
<tr>
<td></td>
<td>2 waves of data over 4 years</td>
<td>5 waves of data over 9 years</td>
</tr>
</tbody>
</table>

High school academic outcomes of students with EBD (1987 and 2003)

- The percentage earning “mostly As and Bs” increased from 21% to 47%.**
- The high school completion rate increased from 39% to 56%.*
- The percentage suspended for 1 or 2 days increased from 2% to 11%** and average days absent in a 4-week period increased from 1.9 to 3.1.**

Postsecondary school enrollment (1990 and 2005)

<table>
<thead>
<tr>
<th>Young adults with EBD attended</th>
<th>Percentage-point difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any post secondary school</td>
<td>18% to 35%</td>
</tr>
<tr>
<td>2-year/community college</td>
<td>10% to 21%</td>
</tr>
<tr>
<td>Vocational, business school</td>
<td>7% to 21%</td>
</tr>
<tr>
<td>4-year college</td>
<td>1% to 6%</td>
</tr>
</tbody>
</table>


Community participation (1990 and 2005)

<table>
<thead>
<tr>
<th>Young adults with EBD</th>
<th>Percentage-point difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belonged to a community</td>
<td>14% to 23%</td>
</tr>
<tr>
<td>Participated in volunteer or...</td>
<td>11% to 24%</td>
</tr>
<tr>
<td>Had a driver’s license</td>
<td>59% to 65%</td>
</tr>
<tr>
<td>Were registered to vote</td>
<td>50% to 69%</td>
</tr>
<tr>
<td>Were ever arrested</td>
<td>36% to 61%</td>
</tr>
</tbody>
</table>

What are the evidence-based mental health treatments?

- 140 new randomized clinical trials since 2002 (almost doubled the total number of RCTs).

- Chorpita and Colleagues (2011) reviewed 435 studies on mental health treatments.

What works? Evidence-based treatments for disruptive behavior

- 23 different treatment approaches with some support
- Approaches with most support:
  - Multisystemic Therapy (MST) / Cognitive Behavior Therapy
  - Parent Management Training
  - Social Skills & Assertiveness Training, Anger Control
What works? Evidence-based treatments for Attention and Hyperactivity:

- Self Verbalization Skills
- Behavior Therapy plus medication
- Parent Management Training

Overall

- Evidence-based MH treatments are made up of an array of approaches that
  - Build skills in student
  - Build skills in parents
  - Build a relationship between student and an adult who reinforces new skills acquired by students and can work with parents.
National Registry of Evidence-Based Practices

- “NREPP is a searchable online registry of more than 220 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment (for youth and adults). We connect members of the public to intervention developers so they can learn how to implement these approaches in their communities.”

- See list of Programs from NREPP in School-based Mental Health
Institute for Educational Sciences

• What Works Clearinghouse
  • Behavior Guide
  • Research Reports on Interventions
    – First Steps to Success
    – Check and Connect
    – Incredible Years
  • Funding of Studies
    – CBITS

Trends in the field
Using Common Elements: Materials and Resources

- PracticeWise (2005)
  - [www.practicewise.com](http://www.practicewise.com)
  - Many options to combine or select products:
    - Clinical Dashboards
    - PracticeWise Evidence Based Service (PWEBS) Database
    - Practitioner Guides

- Modular Approach to Therapy for Children with Anxiety, Depression, or Conduct Problems (MATCH, Chorpita & Weisz, 2005)
PracticeWise
What Works in Children’s Mental Health

PracticeWise offers innovative tools and services to help clinicians and organizations improve the care of adolescents. We strive to bring science and evidence seamlessly into the process of clinical care, to help clinicians and organizations improve the care of adolescents.

At present, you are subscribed to the following services:

- PracticeWise Clinical Dashboards
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems
- PracticeWise Evidence-Based Services (PWEBS) Database
- PracticeWise Practitioner Guides (2008)
- PracticeWise Practitioner Guides
Practitioner Guides

- Summarize the common elements of evidence-based treatments for youth
- Handouts guide clinician in performing the main steps of the technique
- Currently 41 Practice elements, including:
  - Response cost
  - Modeling
  - Social Skills
  - Time out
  - Engagement with caregiver
- Guide is searchable by: practice, audience (child, caregiver, family), purpose, objectives

How many schools have MH resources?
(Foster et al., 2005)

- 1/3 of school districts report that they exclusively use school- or district-based staff to provide mental health services
- 1/4 of school districts only use outside agencies for the provision of mental health services
- 2% of school districts reported they operated their own mental health unit or clinic
- 59% of schools report using curriculum-based programs to enhance social and emotional functioning and reduce barriers to learning
- 78% provide school-wide strategies to promote safe, drug free schools
Tested four models of School-based Mental Health that served with youth who have SED and educated in Special Ed classrooms

- **Pull-out 2** – Contracted with MH counselor from Community Agency
- **Pull-Out 1** – Hired as School employees MH counselors
- **Integrated 1** – PBS and Wraparound Process
- **Integrated 2** – MH/ED classrooms within regular schools operated by intermediate unit.

**Effect sizes** for emotional functioning, functional impairment, & achievement.

Wraparound

- National Wraparound Initiative

Wraparound... An Art and Science

Values Based
Wraparound Process
Family-Centered, Flexible, Strengths-Based
AND
Evidence Based Interventions
Science of Behavior Change
Effective Clinical and Academic Interventions
[(e.g., Medication, CBT) e.g., DI]
Model for Schools

<table>
<thead>
<tr>
<th></th>
<th>ED</th>
<th>MH</th>
<th>Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal</td>
<td>• Primary role is building school-wide support</td>
<td>• Consultation on identifying target behaviors • Provide mental health promotion</td>
<td>• Be aware of and support school programs</td>
</tr>
<tr>
<td>Selective/Targeted</td>
<td>• Conduct FBA • Facilitate team meetings • Monitor progress</td>
<td>• Enhance assessment with psychological evaluation • Provide evidence-based interventions</td>
<td>• Provide information • Identify strengths in home setting</td>
</tr>
<tr>
<td>Intensive/Indicated</td>
<td>• Conduct FBA • Report on progress • Facilitate team meeting • Monitor progress</td>
<td>• Psychological assessment • Evidence-based intervention</td>
<td>• Provide information, • Express opinions about needed intervention • Support intervention at home • Be engaged</td>
</tr>
</tbody>
</table>

Common Vision

Universal
All Students
- ED – PBS
- MH - Screening
- EBP’s (PATHS)

Selective
At-Risk Students
- ED – FBA / PBS
- MH – Assessment
- FAM
- ED
- MH
- Group Interventions
- Team Monitors Progress

Intensive
Students in Special Ed due to Emotional Disturbances
- ED – FBA / PBS
- MH – Assessment
- FAM
- ED
- MH
- Cognitive Behavior Therapy and other EBPs
- Team Monitors Progress

Implemented in organizations that support and facilitate collaborative, integrated systems of services.

Integrated Partnership
Model of Implementation Complexity

FIT
- Does the innovation fit within your organization?
- Complement or Compete?

CLIMATE
- Willing to remove obstacles?
- Are there rewards?
- Leadership support?
- Clarity of Goals?

IMPLEMENTATION EFFECTIVENESS
- Can you implement the innovation with accuracy and fidelity?

INNOVATION EFFECTIVENESS
- Impact of innovation, commitment, and satisfaction

VOLITION
- Is there capacity and willingness to implement?

FIDELITY BELIEFS
- Favorable attitudes toward practice Complexity of Innovation

“The earmark of a quality program or organization is that it has the capacity to get & use information for continuous improvement and accountability. No program, no matter what it does, is a good program unless it is getting and using data of a variety of sorts, from a variety of places, and in an ongoing way to see if there are ways it can do better.”

Weiss, 2002
Refocus School-Based Mental Health Services Focus On the Core Foundation of Schools: To Promote Learning

School Based Mental Health

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Other Resources


School-Based Mental Health: An Empirical Guide for Decision-Makers
Krista Kutash, Ph.D., Albert J. Duchnowski, Ph.D., Nancy Lynn, M.S.P.H.

This monograph provides a discussion of barriers to school-based services with the intention of improving service effectiveness and capacity. Reviews the history of mental health services supplied in schools, implementation of services, and provides an overview of the evidence base for school-based interventions. Includes: recommendations for evidence-based mental health services in schools.

Download a free copy at: [http://rtckids.fmhi.usf.edu/rtcpubs/study04/](http://rtckids.fmhi.usf.edu/rtcpubs/study04/)
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