

SUPPORTING STUDENT MENTAL HEALTH IN AN URBAN SCHOOL DISTRICT

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Literature Reports



20% of students

have mental health needs requiring support



One-half

of all psychiatric illnesses present themselves prior to the patient reaching age 14



Increase

in pediatric psychiatric admissions in local hospitals



Double digit decrease

in suspensions in schools implementing PBIS

US SURGEON GENERAL'S CONFERENCE ON IMPROVING CHILDREN'S MENTAL HEALTH, 2000

- *Goal 3: Improve the assessment of and recognition of mental health needs in children. Includes the need to “promote cost-effective, proactive systems of behavior support at the school level. These systems of behavior support should emphasize universal, primary prevention methods that recognize the unique differences of all children and youth, but should include selective individual student supports for those who have more intense and long-term needs.”*
- *Goal 4: Eliminate racial/ethnic and socioeconomic disparities in access to mental healthcare services includes “Strengthen the resource capacity of schools to serve as a key link to a comprehensive, seamless system of school- and community-based identification, assessment and treatment services to meet the needs of youth and their families where they are.”*
- *Goal 6: Increase access to and coordination of quality mental healthcare services includes “provide access to services in places where youth and families congregate (e.g., schools, recreation centers, churches, and others).”*

LOCAL ISSUES

- Counselors in each building
- Long term increase in discipline issues
- Acknowledged lack of classroom management skills at faculty level
- Adversarial relationships with some in the minority community
- Partnerships with district were not encouraged
- No social workers on staff
- Significant issues with drug use throughout the community

Top Reasons for Suspensions in Local District

	HS	MS
• Defiance/Insubordination	45%	30%
• Disruptive Behavior	2.7%	19.5%
• Verbal Aggression/ Profanity	9.4%	7.7%
• Tardies	23%	N/A
• Fighting	3.5%	7.8%
• Drugs	0%	0.1%
• Weapons	0%	0%
• Totals	1168	1024

LOCAL PROBLEMS

- Decreasing enrollment but increasing discipline issues
- Increasing student poverty rates
- 47% of children in a single parent household
- Significant problems interacting with juvenile justice system
- Increasing numbers of pediatric psychiatric admissions in local hospital
- Poor classroom management across the district
- Over identified number of students in self-contained special education classrooms
- Lack of alternative options for children
- Poor relationships with potential community partners

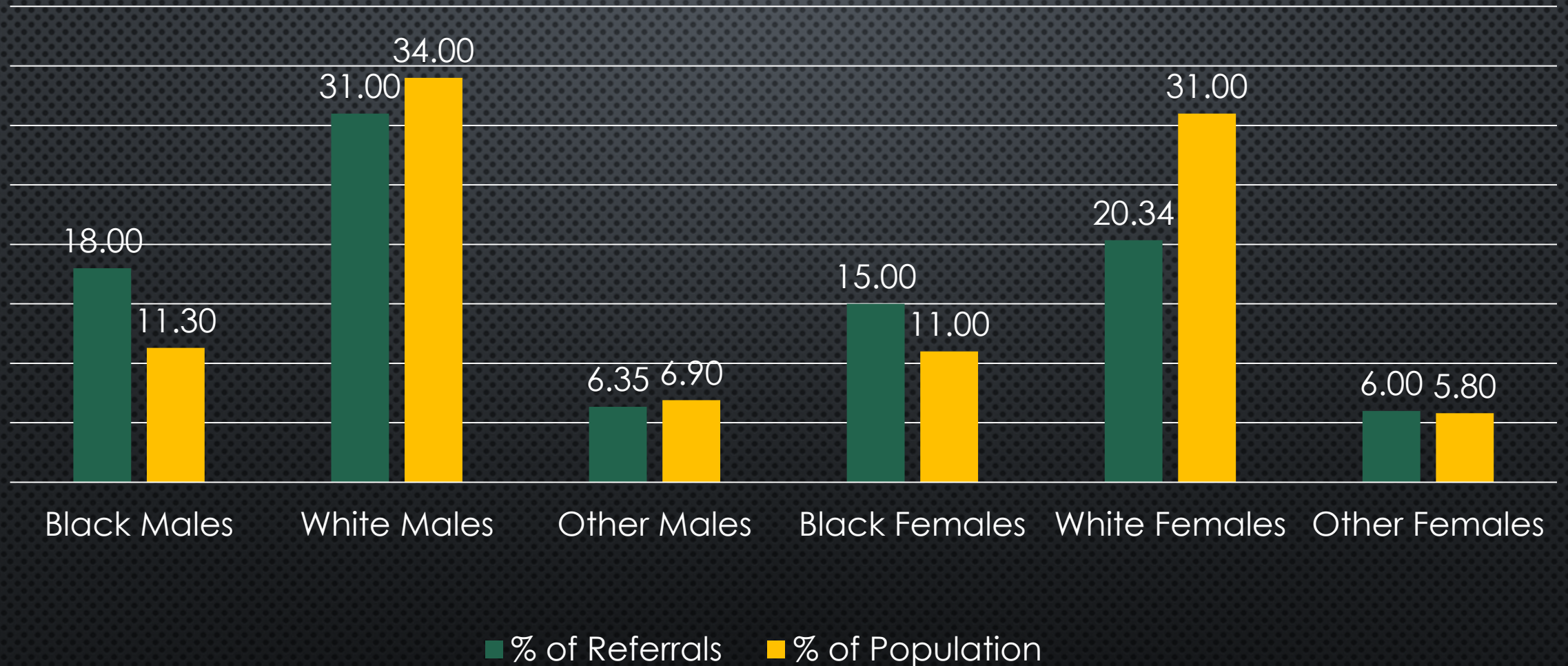
LOCAL MENTAL HEALTH RANKINGS

- Estimated population of 70,085 in 2018.
- Eighty-three percent of the population was white with 10% African-American
- The county is ranked on overall health outcomes as 85th out of Indiana's 92 counties.
- In quality of life, the county is ranked 88th out of 92 counties.
- This includes the measure that on average, the county has 4.5 "poor mental health days" out of the last 30 days. This is about the Indiana average of 4.3 days. Fourteen percent of residents experience "frequent mental distress" compared to 13% across Indiana on the whole and only 10% for top performing US counties.



DISCIPLINE DATA BY ETHNICITY

2014-2015 HS Referral Data



LOCAL STRATEGIC PLANNING

- In July, 2015, the local district had no long term planning and had none for some time
- The strategic planning effort took the better part of a year
- Invited a range of community partners including health care providers, law enforcement, public library, university, etc.
- One of the goals was better holistic approach to student learning

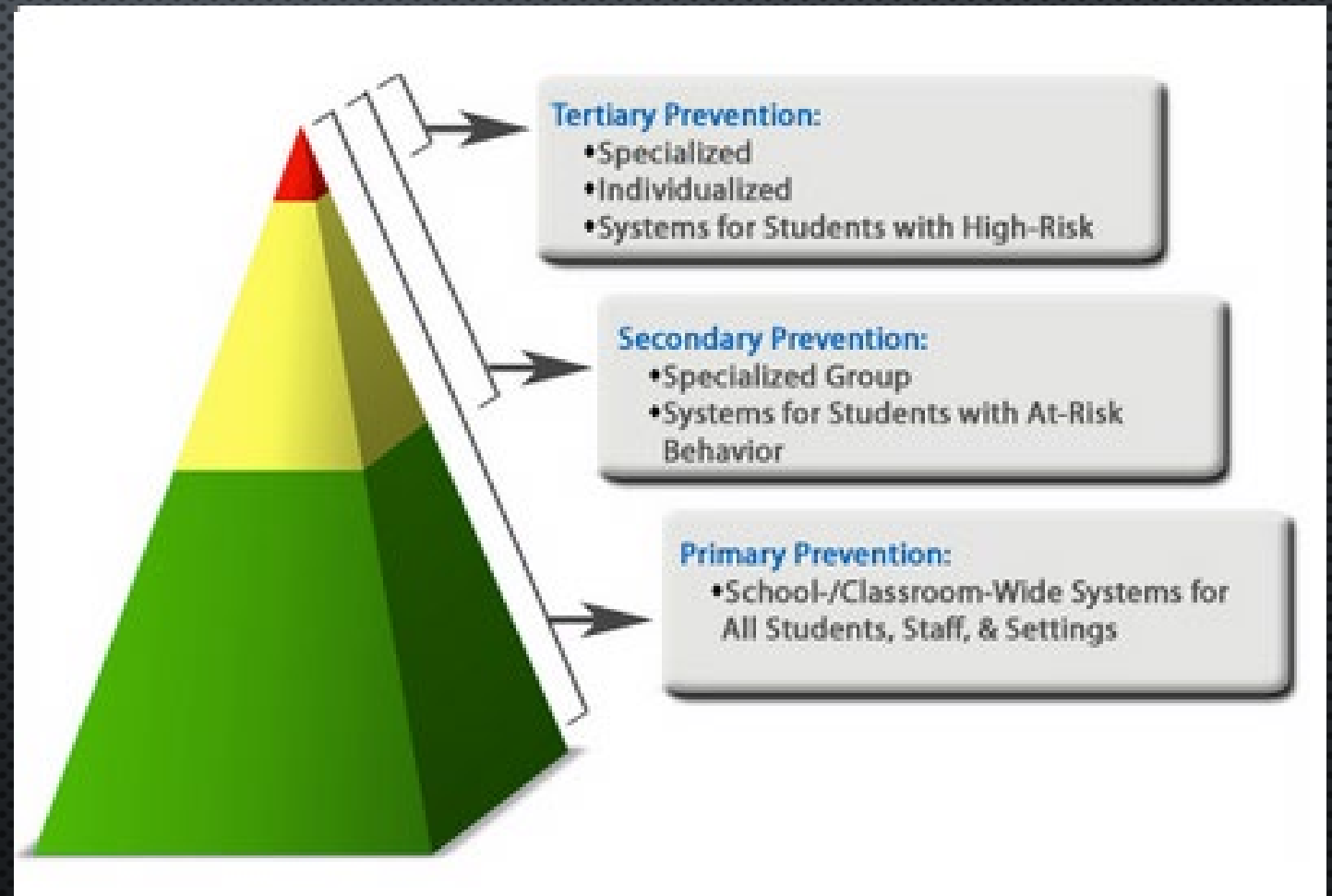
Meanwhile, worked with juvenile justice leadership to immediately change the way the school and law enforcement address student issues.

POSITIVE BEHAVIOR INTERVENTION & SUPPORTS (PBIS)

- Desire to implement PBIS from two elementary schools.
- The need to immediately address Middle School behavior brought the need to bring PBIS into middle school
- As middle school is too late to begin making changes, allowed PBIS expansion to all schools, all but two principals took advantage of the opportunity
- Slow implementation to give all staff the opportunity to become invested

SUMMARY OF PBIS

- PBIS – POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS
 - TRIES TO TEACH AND REINFORCE POSITIVE BEHAVIORS INSTEAD OF ONLY PUNISHING NEGATIVE BEHAVIOR
 - SIMILAR IN CONCEPT TO RESPONSE TO INTERVENTION (RTI)
 - PBIS SITE & EQUITY INFORMATION
 - [HTTPS://WWW.PBIS.ORG/](https://www.pbis.org/)
 - [HTTPS://WWW.PBIS.ORG/SCHOOL/EQUIT Y-PBIS](https://www.pbis.org/school/equity-pbis)
 - CARL BOYD'S CONCEPT:
 - "NOBODY RISES TO LOW EXPECTATIONS"



EMBEDDED MENTAL HEALTH STAFF

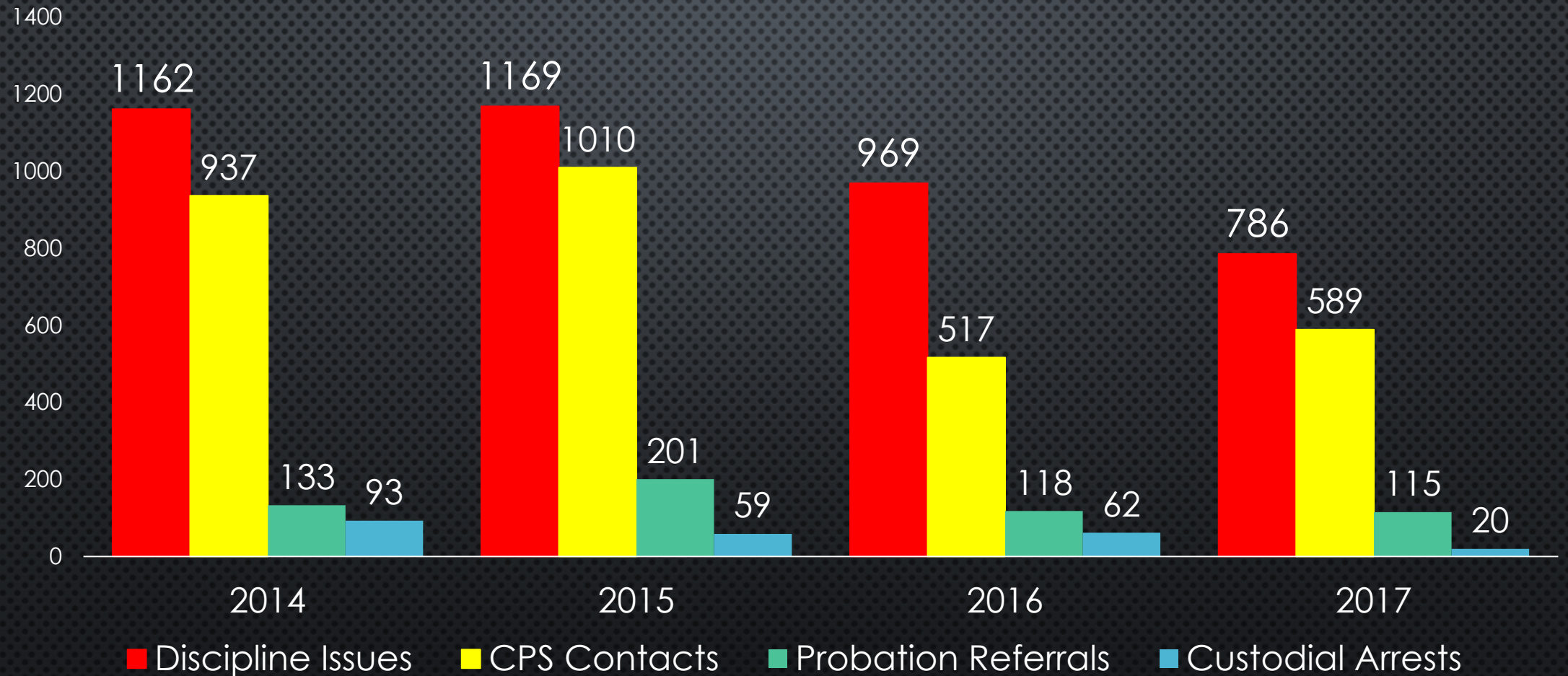
- District reached out to two mental health providers and local hospital
- Meridian Health immediately offered to assist by providing 4.5 FTE staff at the HS, one middle school, and four elementary schools
- A second (smaller) MHP provided 1 FTE
- Leadership team to meet monthly to coordinate services; moved to quarterly after 6 mo.
- Quickly expanded staffing



DATA

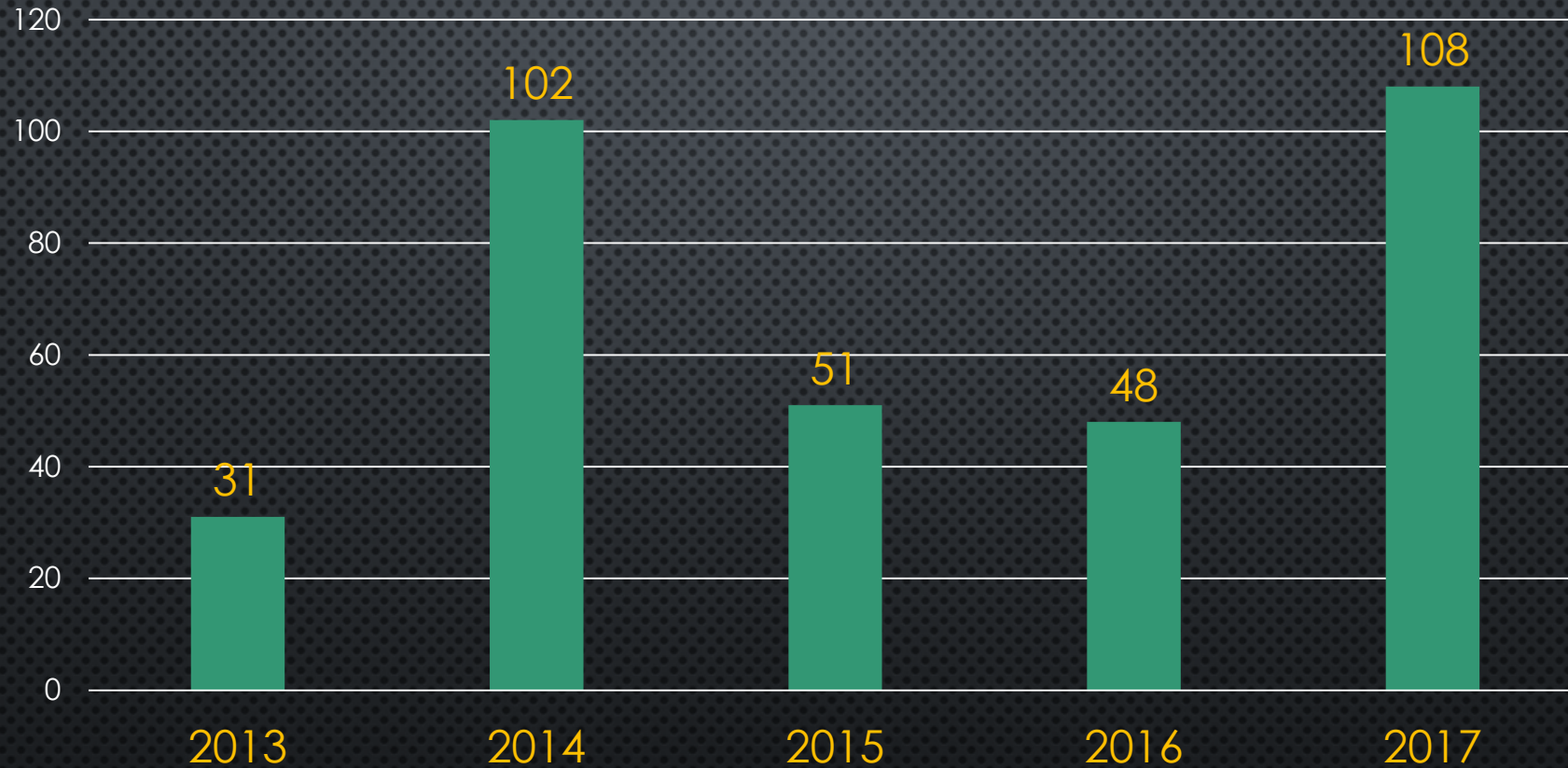
- 67% decrease in mental health related discipline incidents
 - 62% reduction in all discipline incidents
 - 67% reduction in middle school suspensions
 - 34% reduction in high school suspensions
 - 85% of students seen by embedded staff were already involved in mental health services
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- 38% increase in pediatric psychiatric admissions at local hospital
 - 200% increase in child abuse cases in county court
 - Poverty rate increased to over 80%

DISCIPLINE INCIDENTS



INCREASE AT KINDERGARTEN LEVEL

Kindergarten Significant Discipline Issues



2016 – Significant Discipline incidents down in every grade PK-8
2017 – Significant Discipline incidents down in every grade 5-12

CONCLUSIONS

- One key was the buy in of the building leadership teams in order to ensure PBIS was implemented with fidelity and that the embedded mental health workers were included in school level discussions
- The effective communication between all agencies involvement was another key. Having regular meetings at the staff level, the building level, and the executive levels encouraged effective communication and continued to the success the program. Both, building level administrative buy-in and effective communications were mentioned as essential to the success of the Netzel and Eber (2003) study as well.
- The ability to meet in the school setting and during the school day appears to be a defining factor. This allows for better integration between the school's PBIS programming and the mental health services. Schools and community mental health organizations should seriously considering partnering to serve students in the context of their school environment.

LIMITATIONS

- The lack of control and experimental groups in the study, doesn't allow the identification of a causal link between the implementation of PBIS and/or the embedding of mental health professionals into the school system.
- District's high poverty rate makes blanket generalizations to non-urban schools tenuous at best.
- The demographics are not representative of the national population as a whole with few Asian or Hispanic students.
- Some lack of intentional record keeping hinders drawing some conclusions about long term impact.

RECOMMENDATIONS

- Educational leaders should embrace partnerships with local mental health providers. In many cases, both groups are already working with the same children
- A next step is to more effectively triangulate care between the mental health provider, the school district, and the local hospitals to more effectively provide a comprehensive continuum of care for children and their families.
- The study should be replicated in areas with a more mixed demographic population and in areas with lower poverty rates.
- Add preschool programming to try to address issues prior to kindergarten

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QUESTIONS

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