

School Mental Health: More than a Clinic in a School

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Outline

- A Crisis in Children's Mental Health
- Expanded School Mental Health
- School Mental Health in Minneapolis, Hennepin County and the State
- Evidence School Mental Health Works
- Next Steps

Overview of Children's MH Needs

- Between 20% to 38% of youth in the U.S. have diagnosable mental health disorders
- Between 9% to 13% of youth have serious disturbances that impact their daily functioning
- Between one-sixth to one-third of youth with diagnosable disorders receive any treatment

Barriers to Traditional Mental Health Care

- Financial/Insurance
- Childcare
- Transportation
- Mistrust/Stigma
- Past Experiences
- Waiting List/Intake Process
- Stress

Schools: The Most Universal Natural Setting

- Over 56 million youth (ages 5 to 19) attend school
- Over 6 million adults work in schools
- Combining students and staff, one-fifth of the U.S. population can be found in schools

Expanded School Mental Health (ESMH)

- Full continuum of mental health services for children and adolescents in both regular and special education through partnership with school staff
 - Assessment
 - Treatment
 - Case Management
 - Mental Health Promotion
 - Prevention
 - Crisis Management
 - Consultation

Expanded School Mental Health

- Family-school-community partnerships
- Commitment to a full continuum of care (mental health education, promotion, assessment, prevention, early intervention, treatment)
- Collaboration and partnerships with school staff and families
- Commitment to quality assessment and improvement and empirically supported practice

School Mental Health Program

- Established in 2005 in five Minneapolis City Public Schools
- Gradually expanded to 15 schools
- County wide 10 agencies, 14 school districts, over 70 schools
- State wide – 21 grantees, 54 counties, 200 school districts, 548 schools
- Staff includes social workers, psychologists, psychiatrists, masters level clinicians, licensed professional counselors, and trainees

Common Presenting Problems

- Family and community violence
- Academic and/or attendance problems
- Bereavement and loss
- Depression and anxiety
- Abuse and neglect
- Substance abuse
- Problems in peer relationships
- Family conflict
- Bullying and the bullied
- School refusal

ESMH Advantages

- Access to youth
- Clinical efficiency and productivity
- Outreach to youth with internalizing disturbances
- Enhanced capacity for prevention
- Enhanced ability to promote generalization
- Reduced stigma
- Broadened roles for clinicians

ESMH Outcomes

When Programs are Done Well, we can see

- Improved grades, attendance, and behavior in students.
- Decreased discipline referrals.
- Decreased inappropriate referrals to special education
- Decreased high intensity use of mental health services
- Improved school climate
- Improved awareness of mental health issues

Keys To Success

- Developing a “Shared Agenda”
- Strong partnerships (county, school, health plans, parents, students)
- Understanding each others “lens”
- Intentional work on collaboration
 - Cross training (school on MH; MH on school)
 - Joint training
- Attention to fidelity and on-going support
- Using data for evaluation, research, and program monitoring

Data Informed Sustainability Planning

- How do you use it?
 - Referral and Service Trends
 - Impact on programming decision
 - Impact on financial model and cash flow for agencies
 - Case for Ancillary and Supportive Services
 - Teacher Consultation and Care Coordination
 - Training for educational staff; classroom presentations
 - Case for educational Benefit
 - Reduction in Suspensions; multiple suspended
 - Reclaimed instructional time (not analyzed yet)

Demographic Data

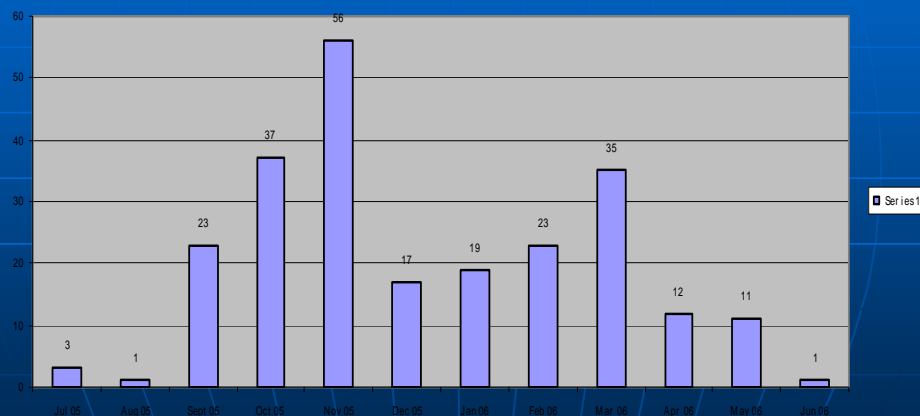
- 56% male, 43% female similar to district
- Ethnicity similar district; 28.8% ELL
- 72% General Ed, 27.7% SPED
- 41% SPED (at one time)
 - Student in Need of Alternative Placement
 - Emotional Behavioral Disability
- About 80% Free/Reduced (18.9% no app)
- No significant different between seen/not seen on numerous demographic variables

MPS SMHP Outcomes

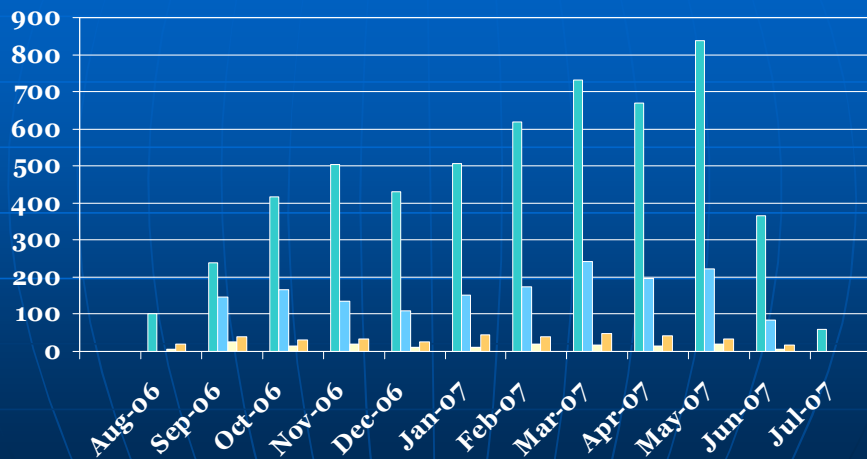
- Access and sustained engagement in treatment
 - 85 % of students seen once face to face; 70% within 10 days; 65% 1st time receiving services
 - Average 17 visits per school year
- Improved mental health functioning
 - Parents and teachers report decreases in the emotional and behavioral problems
- Improved school functioning
 - Decrease in school suspensions for students receiving mental health treatment
 - Principals reported reduced office referrals and student suspensions

Referral Data SY06

ESMH Referral SY06

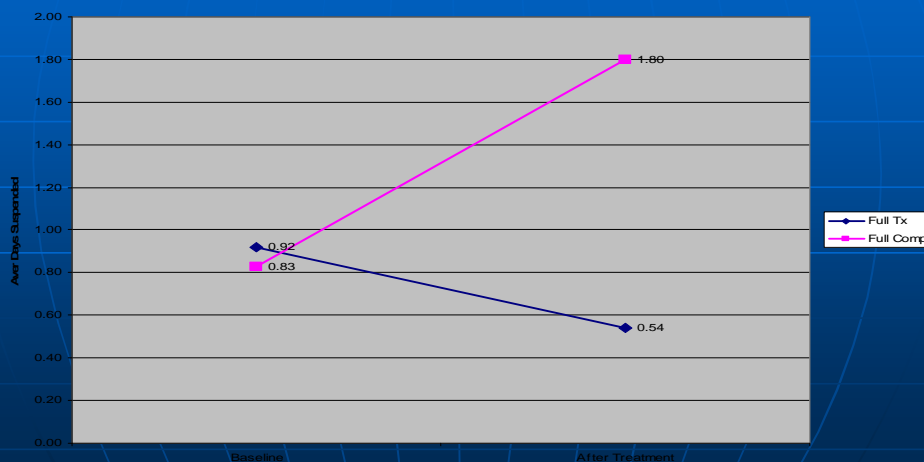


Service Data SY07



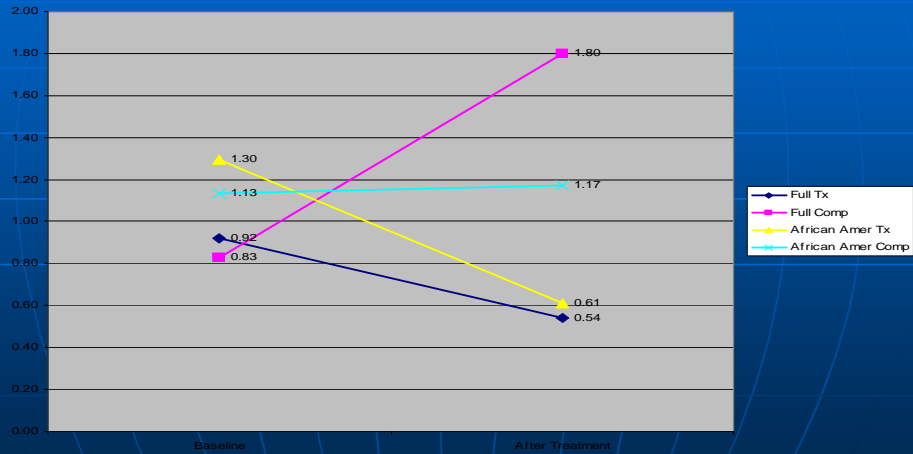
Change in Mean Suspensions: SY06-SY07

Impact on Suspensions: 156 Tx and 133 Comparison



Change Mean Suspension: Full/African American

Impact on Suspensions: Full: 156 Tx, 133 Com; AA: 83 Tx, 76 Comp



Multiply Suspended SY06-07

- SY06-SY07 Multiply Suspended (N=19)
 - SPED=64%
 - ELL=37%
 - Male=75%
 - African American=63%
- SY06 mean = 4.68, SY07 mean = 1.47
- 2 suspensions or less=78.9%
- 52.6% to 1 or less
- Moved to Zero=37%

Change in Attendance: SY06 to SY07 (N=35, N=20)

	Treatment		Comparison	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
<ul style="list-style-type: none"> Total Sample of Treatment kids = 159 <ul style="list-style-type: none"> 40 (25%) had less than 90% Attendance in SY06 (5 kids missing data in SY07; sample 35 students) 	35	100	20	100
<ul style="list-style-type: none"> Total Sample of 133 comparison <ul style="list-style-type: none"> 20 (15%) of them had lower than 90% attendance in SY06 	22	62.9%	7	35%

Next Steps

- Further work on cross systems collaboration
 - Further work on sustainability model
 - Further research studies on program outcomes
 - Deepen connections with education initiatives – PBIS/SWPBS, RtI, prevention efforts, etc.
 - MN on part of the National Community of Practice for School Behavioral Health

Contact Information

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