



## **The Council for Children with Behavioral Disorders**

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*A Division of the Council for Exceptional Children*

### **CCBD'S POSITION EXECUTIVE SUMMARY**

**ON**

### **School-Based Mental Health Services**

Initially Approved by the Executive Committee on *May 15<sup>th</sup>, 2017*

This document provides administrative recommendations of the Council for Children with Behavioral Disorders (CCBD) regarding the need for school-based mental health services (SBMHS) in schools (Kern, Mathur, Albrecht, Poland, Rosalski, & Skiba, 2017). It includes: (a) an introduction, (b) key considerations for successful SBMHS, and (c) recommendations regarding local, state, and federal administrative guidelines. Examples of specific recommendations are designated by italics.

Consistent and compelling evidence indicates that the mental health needs of our school-age population are not being met and there is a need for SBMHS (e.g., Forness, Kim, & Walker, 2012). Although mental health services may be available outside of the school setting, such services are rarely utilized (e.g., Langer et al., 2015). The consequences of insufficient mental

health services have been chronicled for decades and can be seen in the form of poor educational attainment, juvenile delinquency, compromised physical health, substance abuse, underemployment, and ultimately premature mortality (Brooks, Harris, Thrall, & Woods, 2002; Cicchetti & Rogosch, 2002; Ghandour, Kogan, Blumberg, Jones, & Perrin, 2012). In addition, youth mental illness has been estimated to cost society approximately \$247 million dollars annually when factors such as healthcare, special education services, juvenile justice services and decreased productivity are considered (CDC, 2013).

In the last 20 years, media has highlighted instances of school violence ranging from bullying to drug distribution to mass shootings. Comprehensive SBMHS can provide the structure to facilitate early identification, prevention, and intervention to prevent escalation of mental health issues in a timely manner (e.g., Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). SBMHS are effective for families and children from varied cultural backgrounds and result in increases in prosocial behavior, appropriate classroom behavior, and academic achievement of participating students (e.g., Harry, 2008).

### **Keys to Effective School-Based Mental Health Services**

#### **Programmatic Considerations**

*Administrative support* is necessary to build infrastructure, ensure efficient allocation and use of resources, enhance implementation with fidelity, and facilitate organizational management. The use of *evidence-based practices* is a critical expectation of SBMHS in that instructional practices should be supported by high quality research that offers empirical demonstration of effectiveness (Weist et al., 2014). With a *focus on prevention* the initiation or worsening of mental health challenges can be mediated (Anello et al., 2016). A preventive approach relies on instructional procedures that teach the skills needed for healthy development

and positive social interactions. Curricular components of a *tiered intervention* delivery system help educators target specific instructional strategies to students at different levels of need. Any instruction or intervention should reflect *culturally responsive practices*, particularly as racial and ethnic disproportionality have been documented in identification, as well as the types and quality of school-based special education and mental health services for students with emotional disorders (Clauss-Ehlers, Serpell, Weist, 2013). Such practices would include specific teacher training in culturally responsive pedagogy and positive support strategies.

### **School-Wide Practices**

An essential school-wide practice is regular and *universal screening* of all students to identify those with and at-risk for mental health challenges, rather than waiting the estimated 8-10 years to providing services after symptoms of mental illness first appear (Lane, Menzies, Oakes, & Kalberg, 2012). In addition, it is critical that schools have *crisis plans and procedures* that (a) define the events that are crises; (b) identify and train a crisis team; (c) determine how to assess trauma levels; (d) delineate how to access resources and support; (e) specify reporting procedures; and (f) include review procedures.

### **Student Issues**

Creating school environments that understand, legitimize, and foster mental health supports helps students face stereotypes, prejudices, social disapproval, or punitive actions from schools and communities. Students with mental health challenges are often are stigmatized and the target of bullying (Clement et al., 2016).

### **Staff Training**

Staff members play a vital role in identifying signs of emotional and behavioral problems, particularly internalizing concerns. Recognizing symptoms of mental health

challenges and assuring staff are trained and systems are in place to support the delivery of evidence-based interventions through SBMHS will help provide consistent and sustainable services (Reinke, Stormont, Herman, Puri, & Goel, 2011). Models need to be in place to assure training in the following areas.

1. Awareness of mental health issues. This includes recognizing and assessing the early warning signs of stress, anxiety, trauma, depression, bullying, continuous peer conflict and rejection, and psychosocial adjustment problems (e.g., <https://www.mentalhealth.gov/talk/educators/index.html>).
2. Awareness about school connectedness and school climate. School staff play a critical role in building relationships with students which builds a positive school climate. Staff need training in understanding the dynamics of school climate, including the constraints within schools that influence students' social and emotional environments (e.g., <https://www.pbis.org/>).
3. Building school-wide capacity. All school staff need to serve as mental health promoters by engaging in practices such as providing evidence-based interventions, reinforcing an anti-bullying agenda in the classroom (<https://www.stopbullying.gov/>), prompting the use of anxiety reducing strategies (<http://www.healthcentral.com/anxiety/school-258065-5.html>), teaching problem solving and coping skills (<http://www.pbisworld.com/tier-2/teach-coping-skills/>), and providing referrals to school mental health professionals when students present more intensive needs. See <http://nrepp.samhsa.gov/landing.aspx> for a national registry of mental health interventions.
4. Implementing interventions with fidelity. SBMHS implemented with fidelity reflect integrity in the coordination and execution of practices as they are intended to be

delivered (e.g., Hagermoser, Sanetti & Kratochwill, 2014).

### **Parent Collaboration**

Education is a shared responsibility with parents and can be achieved through active school and family communication and collaboration (Stephan, Weist, Kataoka, Adelsheim, & Mills, 2007). School personnel need to avoid appearing to be the experts and parents should not assume blame for their child's difficulties. As members of a collaborative team, parents may be empowered to step beyond stigma associated with mental health treatment.

### **Resource Allocation**

Increased funding for SBMHS is needed from the federal, state, local, and private sectors to promote psychological resiliency as well as educational success (Kern, George, & Weist, 2016). Through collaborative partnerships among families, schools, and community agencies, accessibility to mental health services of all school-aged youth can become a financially sustainable reality. *Systems of care* and *wraparound services* are coordinated approaches for building integrated services through education, mental health, juvenile justice, and other community youth-serving collaborations.

### **Policy and Practices Recommendations**

CCBD strongly encourages the adoption of the following SBMHS applications as administrative guidelines for school policies and practices.

1. Acknowledge that students with emotional concerns need comprehensive SBMHS.
2. Build infrastructure within schools for the systematic and systemic teaching of prosocial skills.
3. Adopt programs and practices that reduce racial and ethnic bias.
4. Evaluate behavior management strategies from individual student, classroom, and

- school-wide perspectives, moving from punishment-based strategies to prosocial instructional approaches that promote social, emotional, and behavioral development.
5. Train school staff to recognize early signs of emotional distress and to intervene early with evidence-based preventive practices that are implemented with integrity.
  6. Monitor school climate by periodically examining relationships among students and staff members to assure climate is positive and all at-risk students are connected with or mentored by school staff.
  7. Assure connectedness with families in communication, coordination of goals, and joint decision making.
  8. Establish systems of care with community mental health service providers, revenue sources, juvenile justice, and others to create networks of support.

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