SCHOOL-BASED MENTAL HEALTH: THE PROMISE OF ACCESS, THE PUZZLE OF THE SCHOOL SETTING

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Schools as mental health service delivery sites: A good idea*

- Frequent focal point for increasing student access to mental health services
  - "Unparalleled contact": Access to students and their learning environment
  - Natural/realistic setting for intervention and use of new skills
  - Reduced impact of obstacles to conventional treatment: stigma, cost, transportation
  - Receding public sector services
- What *about* schools as a point of access?
- *Promising practices succeed when they engage the school environment, stumble or stall when they ignore or work against it.

Contemporary frameworks for SBMH: Public health model

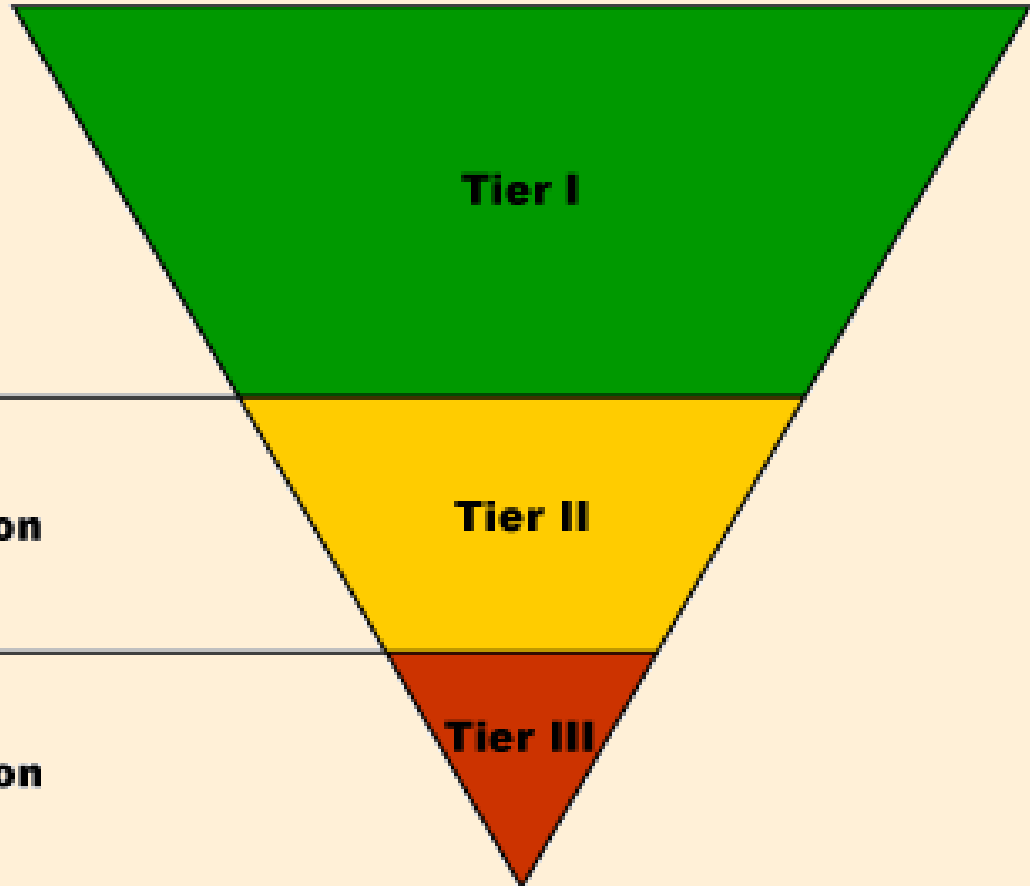
- Reduce illness incidence and spread
- Combined prevention and intervention
- Simultaneous attention to individuals, populations, communities and systems

Contemporary framework for SBMH: Multi-tiered intervention

Early Prevention and Intervention

Targeted Intervention

Intensive Intervention



Structures for delivering SBMH services

- Structures (Giddens, 1984): Practices within social systems (like schools)
  - Systematically carried out
  - Consistent across time and space
  - Orient and focus human behavior
- SBMH structures consist of one or more (combined):
  - Professional roles
  - Programs
  - Partnerships
  - Intervention models

School-employed SBMH practitioner

Goal	"Provide services related to a person's social, emotional, and life adjustment to school and/or society."
Focal recipient	Students; "School as client"
Provider	Practitioner
Example	Chicago Public Schools: 400,545 students, 360 SSWs, 76 counselors, 290 school psychologists
Assets/Accomplishments	Access potential; integration into school community
Challenges	Pragmatic and position constraints; priorities set by non-MH practitioners; identification by students and family with school; historic focus on individual,

Universal screening

Goal	Prevention of symptom onset, minimization of risk impact by identifying mental health symptoms
Focal recipient	All students within parameters
Provider	Trained screeners
Example	Illinois PBIS (Positive Behavioral Interventions and Supports) Network
Assets/Accomplishments	Reduced number of students identified over time (IL PBIS); financial and chronological efficiency; universal coverage
Challenges	Staffing (administration, scoring); perception as intrusive, mandated; confidentiality; availability of follow-up services.

School personnel consultation/training

Goal	Practitioners promote mental health via consultation with or training of educators
Focal recipient	Students (via teachers)
Provider	Teachers (via SBMHPs)
Example	Bridging Mental Health and Education in Urban Schools (BRIDGE--Cappella, Jackson, Wagner, Hamre, & Soulé)
Assets/Accomplishments	Wider reach, potential to identify and head off mental health problems, connect students to needed services
Challenges	SBMHP skill range; potential for dependence on program; not direct services.

School-based health centers

Goal	Health care access, improved health outcomes
Focal recipient	Students
Provider	Medical and mental health providers
Example	Proviso East High School Student Health Center
Assets/Accomplishments	Increased GPA over time; higher likelihood of visit re. MH, substance abuse; reduced ER visits; increased access among higher-risk students; reduced student concerns about confidentiality; improved provider access to students.
Challenges	"Guest" status, multiple professional and institutional frameworks (funding, priorities, legal and ethical guidelines)

External partnerships

Goal	Expand school's mental health "reach"
Focal recipient	Students
Provider	School- and community-employed MHPs (combined)
Example	Baltimore City Public Schools Expanded School Mental Health Programs (Weist)
Assets/Accomplishments	Potential for expanded, school-wide mental health services via blended resources; modest evidence of academic impact
Challenges	"Guest" status; multiple frameworks to coordinate; leadership; billable service constraints; potential for service duplication; drift towards individual services

Systemic intervention

Goal	Supportive, responsive school setting
Focal recipient	School community: students, parents, educators
Provider	School personnel together with external partners
Example	Building Capacity and Welcoming Practices in Military-Connected Schools partnership (Astor)
Assets/Accomplishments	Reduced indicators/precipitators of mental health problems (bullying, substance abuse, weapon presence); improved academic outcomes.
Challenges	Cost of systemic capacity building; lack of EBPs for systemic work; puzzle of simultaneous improvements in students, faculty and climate; leadership and teacher turnover; partner professional capacity.

School: An effective site for MH access

- In schools, MHPs have been found to effectively
  - Identify young people with psychosocial support needs
  - Directly and indirectly promote psychosocial and academic well being
  - Access, and be accessed by, students with support needs
- Amplified effect when SBMHPs work in tandem with community organizations, educators and/or at systemic levels.

Challenges

	School-employed	Universal screening	School Clinic	Partnership	Consultation	Systemic
Funding	✔		✔	✔	✔	✔
Limited reach	✔	✔			✔	
Volume capacity	✔	✔				✔
Technical capacity	✔					✔
Student Privacy	✔	✔	✔	✔		
Relationship to school	✔	✔	✔	✔		

Schools: the S in SBMH

- K-12 schools: Rich, complex, dynamic organizational environments
  - Decentralized governance, funding, curriculum
- The school as a "secondary setting" (Bartlett, 1954, 1961)
  - Fields have distinct "social objectives"
    - Schools: Promote democratic citizenship, social mobility and social efficiency via mass education (Labaree, 2010)
    - Social work profession: Promotes social justice, dignity, human relationships, integrity, competence.
    - Health care: Betterment of individual and public health
  - Practitioners adapt essential SW elements to secondary setting
  - Perceived risk: Overadapting
- Fields have distinct institutional logics (Friedland & Alford, 1991). K-12 schools:
  - Own conceptualization of providers, consumers, norms of interaction
    - Student/client/patient
  - Own practice settings and technology: mass vs. individualized intervention
  - Own funding streams and mechanisms: ADA vs. billable hours
  - Own legal and ethical parameters: FERPA vs. HIPAA vs. professional confidentiality

Schools: the S in SBMH

- Questions to pose about SBMH services and programs that strive to expand student access to mental health services:
  - To what extent are they *integrated* into school and other related systems?
  - What *capacity* do actors have for thorough, attuned MH promotion in a *school setting*?
    - Must consider individual and organizational actors

Integration

- Physical integration: a powerful clue
- Organizational integration (SBMH-school)
  - Priority of mental health services and outcomes to school/district stakeholders
    - Is co-location it, or is there a broader focus on student MH?
    - MHP presence beyond individual intervention: Practical and symbolic
  - "Match" of SMH structures with other school structures
    - Program coherence (Newmann, 2001)
    - SBMH structure alignment with school organization and culture
      - Aligned, at odds or in different worlds?
  - Centrality of SBMH: More peripheral services are less threatening/threatened, but make a fainter footprint (Tyack & Cuban, 1995)

Integration

- SBMH-community integration
  - Practitioners and programs must consider community customs, preferences, views of mental health.
- Integration vs. isolation tension reflects different early SSW legacies:
  - "Improving" struggling students amidst unchanged school or social conditions
  - Adjusting schools to students

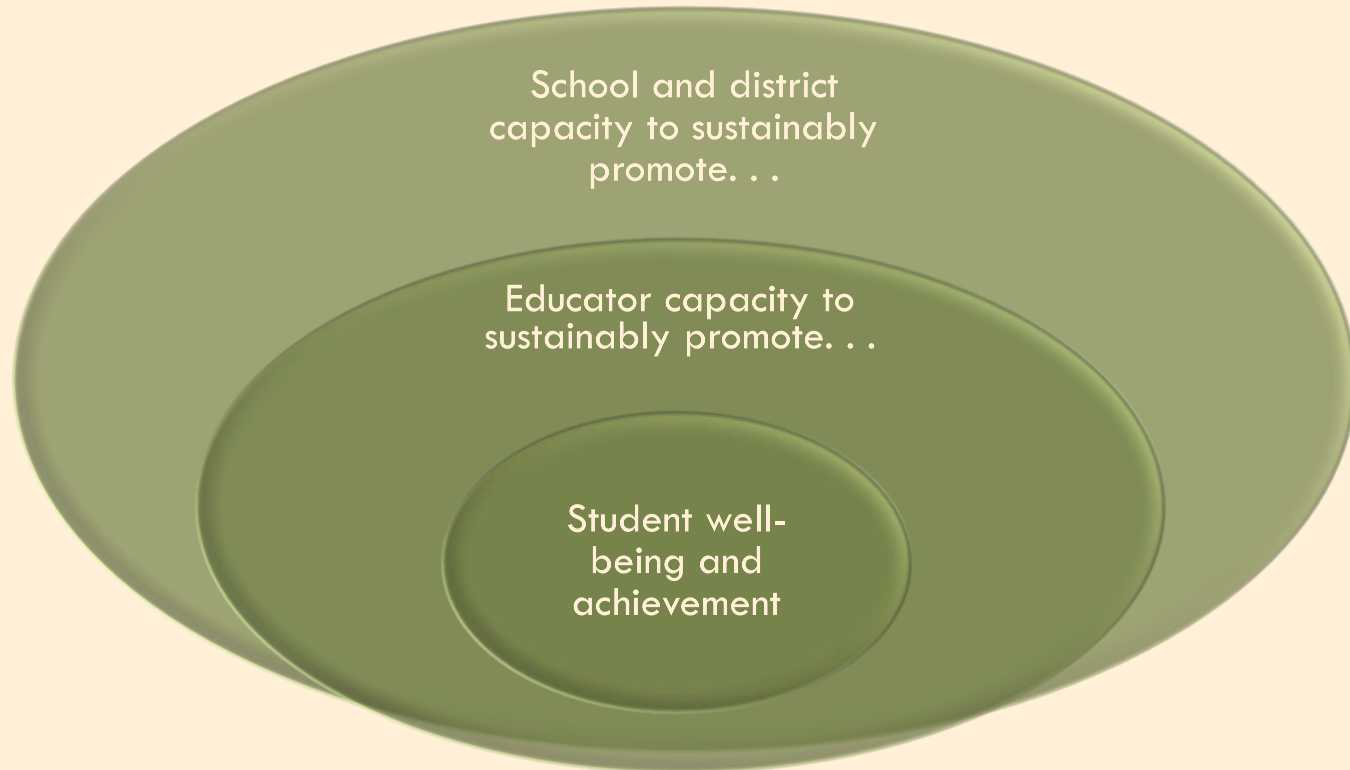
School setting capacity

- Practitioners' capacity to make the most of school environment
  - Collaboration with educators
  - Leadership skills
  - Knowledge of education policy and practice
  - Understanding of organizational systems and culture
  - Professional development provision
- Practitioners' ability to deliver needed, sound services
  - EBPs:
    - School-tested/school-attuned?
    - Access, training, support

School setting capacity

- Educators’ mental health knowledge and skills
  - Collaboration with, extension of, SBMHP work
  - Recognition of educators’ role promoting youth wellness
  - Mixed messages from schools and teacher ed. profession
  - Professional boundaries
  - Professional learning opportunities
    - Mental health competencies for teachers (Weston, Anderson-Butcher & Burke, 2008)
- School and district capacity to promote mental health

Access:
An accomplishment, but only part of the picture



Wrapping up

- Promising practices are out there. . .
- . . . and possess the most promise when they can make the most of the school environment by acknowledging, engaging and addressing it.
- Work to do: Further development, scaffolding of the SBMH-school interface.
- Questions?
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