

NATIONAL ASSEMBLY ON SCHOOL-BASED HEALTH CARE School Mental Health Capacity Building Partnership (SMH-CBP)

OHIO STAKEHOLDER DISCUSSION GROUP: SUMMARY REPORT

On December 7th and 8th, 2006, thirty of Ohio's state and local leaders in mental health (13), education (7), health (7), family advocacy (2), and youth development (1) participated in a series of three stakeholder discussion groups conducted by the School Mental Health Capacity Building Partnership (SMH-CBP). The SMH-CBP is a national initiative made possible through a cooperative agreement between the National Assembly on School Based Health Care (NASBHC) and the Centers for Disease Control/Division of Adolescent and School Health. The goal of this initiative is to build capacity of state and local education agencies to provide effective and sustainable school mental health services. Based on its achievements in school mental health, Ohio was selected as one of four states to participate in the statewide discussion groups, with groups in Maryland, Missouri and Oregon scheduled for 2007. The purpose of the discussion groups is to help identify successes and lessons learned in these "early adopter" states, at both the state and local levels related to school mental health policies, programs and services.

Participants were specifically asked about innovative and best practice in school mental health, defined as strategies or practices with some longevity or that are especially innovative, can be generalized to another population and location, and have shown some evidence that it works. In addition, participants shared information about successes and challenges in advancing the agenda of mental health in schools at local and state levels. Based on audio recordings, and notes from both participants and designated note takers, themes from the discussion groups were identified. These themes, along with key quotations, are summarized below, followed by a synopsis of challenges and opportunities in achieving successful school mental health policies and practices in Ohio.

Themes from Discussion Groups

Stakeholder groups began with the following introduction to the state's school mental health agenda:

For the last few years Ohio has been in the process of developing a school mental health agenda that aims to accomplish the following:

- a. Promote a better understanding of the importance of children's mental health, especially as it is linked with school climate and academic achievement.
- b. Identify and facilitate effective strategies to reduce stigma for children and families who need mental health services and supports.
- c. Expand state and local collaboration across education, mental health, families, and family-serving organizations to support schools as a primary place of engagement to address children's mental health and academic achievement.
- d. Enhance the awareness of and improve access to effective school/community mental health promotion initiatives, as well as effective prevention, early intervention and treatment practices for children at risk and those with identified problems.

1) Are you all aware that Ohio has this school mental health agenda?

Themes:

Most participants were aware of Ohio's efforts to establish a mental health agenda, though they also agreed that there was not necessarily just one agenda.

Participants were aware of multiple agendas in Ohio related to school mental health
 Since the initiative has been driven by the Department of Mental Health, there is not a sense of shared ownership (with the Department of Education), leading to fragmented communication

How do you know about it?

Themes:

Participants knew of the state’s mental health agenda from a range of sources including Departments of Mental Health, Health and Education, local committees and boards, professional associations and trainings, state agencies, University and federal centers for school mental health, and local and state mental health initiatives and grants.

Regional networks promoted awareness of the state’s mental health agenda throughout the state.

Is there any part of it that you are not aware of?

Themes:	Key Quotations:
There are so many co-occurring school mental health efforts in Ohio, that it can be difficult to identify all of the components of a single state school mental health agenda.	“Some fragmentation continues and communication is always a challenge in conducting a state wide initiative.” “There are so many things going on in Ohio that overlap each other that messages are not always clear and it can be disorganized.”
There is sometimes confusion about whether a school mental health initiative is at the local or state level.	“There is a tendency to associate a personal with the local area instead of the entire state. We may assume something is local when it is actually statewide.”
There is a general awareness of the aims of the school mental health agenda, but limited awareness of implementation details.	

What would make it a stronger agenda?

Themes:	Key Quotations:
All stakeholders need to have ownership and buy-in of the school mental health agenda.	“There needs to be shared ownership between mental health and education at the state level.” “Schools need to recognize mental health as part of infrastructure, not an extra.”
Social marketing and mental health promotion efforts are critical to developing community support and stakeholder buy-in.	“We need to package the agenda and get it out there. Unless you’re a mental health professional, it is hard to get excited about it.”
Legislative mandates to support school mental health are important, but will only be successful if they are funded.	
Enhance link between mental health and physical health.	“We need to think about medical health as well. There are some school-based health centers, even though they are not supported by legislation. We need to look at these models and learn from them.”
There needs to be improved collaboration through shared funds and resources, with an emphasis on	“There are too many groups working on similar issues. We need to share funds and resources.”

reducing duplication of efforts	
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Is the school mental health agenda connected to your state’s overall health agenda? How?

Themes:	Key Quotations:
The existence of an overall state health agenda is uncertain, and state policies connecting mental health to health are not necessarily put into action.	<p>“There is no overall state health agenda specifically related to schools.”</p> <p>“Loosely but not formally... It sounds better on paper than it really works.”</p>
There is some effort to connect mental health to a state health agenda, namely through planning efforts and the support of school-based health centers.	<p>“School mental health is connected to the state’s overall health agenda in its planning efforts, but silos are difficult to stretch across.”</p>
Mental health is sometimes seen as outside of the scope of the Department of Health, and therefore only loosely connected to the state health agenda, if at all.	<p>“Mental health is the responsibility of the Ohio Department of Mental Health, but not physical health. They have not been incorporated together and there is no collaboration.”</p> <p>“The Ohio Department of Health has not done a lot in the area of mental health since they think that the Ohio Department of Mental Health is doing it already.”</p>

2) What strategies are you using to help ensure that the state school mental health agenda gets fully implemented in Ohio?

Themes:	Key Quotations:
Having a “champion” for school mental health is important, especially in the beginning, but this needs to be expanded to a community collaborative approach in order to ensure sustainability.	<p>“A local champion is key. Someone has to own this topic and be motivated to do consistent outreach. There has to be a structure that exists that ensures that programs are implemented regardless of the individual person sitting in the chair. It can’t be specific to one person, because if that person leaves, the strategies and programs leave too.”</p>
An important strategy is training teachers in identification of mental health problems, appropriate referral processes, and crisis intervention.	<p>“We systematically brought in teams to train teachers on how to provide crisis intervention appropriately.” (Delaware/Union County)</p> <p>“The Department of Education developed a curriculum for school staff to help teachers identify warning signs and to offer strategies to refer to appropriate providers.”</p>
Counties all develop their own unique mental health initiatives, contributing to the problem of fragmentation and duplicative efforts by having a piecemeal approach.	<p>“Nineteen counties formed teams around their own agenda, involving mental health, education, juvenile justice, etc. It is not formal or coordinated. That is the problem.”</p>
Strategies without mandates are often unsuccessful; however, mandates may try to force a “one-size-fits-all approach” onto a diverse state,	<p>“Can we answer that there is a strategy if it is not mandated? If voluntary, it is like just a revival meeting, not a strategy. Miami University provides support and encouragement to those who are trying to expand these strategies across the state, but it is still just a Johnny Appleseed strategy.”</p>

"A Johnny Appleseed strategy may be better. It may be a healthier strategy as opposed to imposition through mandates. We are too diverse. One size cannot fit all. The bulk of the work is local."

3) What strategies have been successful in involving youth, family and/or teachers in school mental health efforts?

Themes:

Strategies designed to increase family participation in school mental health efforts included: providing family coaches through local mental health agencies; one-on-one parent advocacy; stipends for families; providing various ways for families to participate (e.g., surveys, conference calls); giving plenty of notice to families about meetings in order to allow time for childcare and transportation arrangements; and providing an online module to train parents as advocates.

Strategies designed to increase youth participation in school mental health efforts included: student mentorship programs; integrating services through school-based health centers; Youth Speakers Bureau; school issues youth theater groups; and youth leadership curricula.

Strategies designed to increase teacher participation in school mental health efforts included: using school staff to implement mental health interventions; resource guides with programs and contact information; and allowing schools to be involved in the selection and hiring of mental health professionals (e.g., by licensing Education Service Centers as providers).

4) What mechanisms do you have in place to ensure successful coordination of school mental health services within the school buildings and/or with community programs and services?

Theme:

Mechanisms to ensure successful coordination of school mental health services within the school buildings and/or with community programs and services include:

- Regular meetings with all stakeholders to coordinate services within schools and with community partners.
- The presence of a resource/service coordinator to coordinate referrals and services and to link youth and families to school and community resources.
- Active community participation in the planning, oversight and evaluation of school mental health efforts (e.g., through advisory board, community leader meetings).

5) How do you ensure that school mental health services meet the needs of students from diverse cultural backgrounds?

Themes:

There are only limited efforts to ensure that school mental health services meet the needs of students from diverse cultural backgrounds.

Key Quotations:

"Hiring practices are talked about a lot, but not implemented. There are no standards that we work from."

"There are huge issues with sexual orientation for teens. Most schools will not recognize this problem, much less provide services for the needs of kids struggling with this."

There are some school mental health programs that incorporate appreciation of differences into the curriculum (e.g., Olweus Bullying Program, National

Challenge Day).	
The school should be involved in the hiring of school mental health staff, and should try to hire staff that reflect the cultural background of the student body.	"We should be targeting schools with high minority populations, and hiring minority staff. However, we are not doing a great job."
Many students receiving Medicaid dollars are better able to access mental health services than those with private insurance, and students without Medicaid often do not receive needed services.	"We need to consider diversity of economics. Our wealthy district is not a guarantee for services. Students do not qualify for Medicaid, and we don't have funding to provide services for them."
It is important to train education and mental health staff about the diversity and the dynamics of poverty.	"We educate our staff with the Ruby Payne Bridges Out of Poverty training."
Make services and resources available in multiple languages.	

6) What do you do to ensure that all school staff is well equipped to take on their respective role in responding to the mental health needs of students?

Themes:	Key Quotations:
Provide pre-service training and ongoing professional development for educators on topics related to mental health, including identification and referral and techniques for working with children with mental health issues.	"Teachers overwhelmingly respond positively to CEU trainings dealing with techniques or working with children dealing with mental health issues." "Make a requirement for pre-service training for teachers." "We make sure mental health is part of annual teachers' in-service training."
Create opportunities for educators and mental health providers to understand their respective professions and roles related to the mental health of students.	"We have mental health providers meet with teachers at staff meetings each month to build relationships and capacity for teacher leaders to support their colleagues."
Implement school-wide mental health programs which provide all school staff, including mental health providers, educators, administrators, families and youth, custodial staff, cafeteria staff, bus drivers, etc., with training and resources related to mental health	"Train <u>all</u> adults in school about mental health – teachers, administrators, nurses and other health providers, janitors, cafeteria workers, bus drivers, etc."

7) Has anyone conducted a formal needs assessment to ensure that the school mental health programs and services address the current needs of youth, families, and schools in your community and/or state?

Theme:	Key Quotations:
Utilize assessments as a way to increase needs awareness.	"We understand how many students are suicidal, depressed, etc., but many other people are surprised, even parents. 'It isn't my kid!' We need to focus on awareness raising."

8) How do you know if your programs and services really work? For example, do you have a formal evaluation or quality improvement process for your programs and services?

Themes:	Key Quotations:
Work with outside evaluators to limit bias in research.	"We worked with the University of Connecticut which

	ensured that there was no bias in the research."
Outcome indicators should include behavioral, academic, and school-level data.	

9) What have been the major challenges to developing and/or implementing successful school mental health programs in Ohio?

Themes:	Key Quotations:
School mental health must move beyond traditional models to include approaches that are fully integrated into the school and curriculum, and that go beyond school hours.	"Columbus Public Schools have had to shorten school days. There is just not time to do anything extra. School mental health much be thought of as beyond school days and times." "If Ohio could support financially the development of school-based health centers, mental health would be an automatic service provided to students."
Schools and educators do not support school mental health efforts due to other competing demands and/or lack of recognition of the advantages of school mental health.	"Schools have so much focus on standards-based effectiveness and passing achievement tests and graduation rates. There is no focus on reducing nonacademic barriers. They do not recognize nonacademic barriers. It has not reached that point. No one believes in the No Child Left Behind Act." "There is a lack of understanding on the part of schools that dealing with mental health issues will result in fewer student referrals, improved test scores, and better school climate."
A major challenge has been developing systems to carry out school mental health initiatives and programs after the "champion" leaves their post.	"A major challenge has been making sure that programs that are implemented are self-sufficient and do not rely on one individual in order to be effective."
A major challenge to implementing successful school mental health programs is the lack of consistent, sustainable funding.	"There is a need for money and people in order to implement. The ideas are already there and have been for years."
There is a lack of evidence-based school mental health programs and models, and a shortage of people with skills to deliver evidence-based interventions with fidelity.	"We need more evidence-based approaches. We only have a few programs that have a whole body of evidence. We don't have the battery of tools we pretend to have. We need more programs that are feasible." "There is a lack of appropriately licensed school-employed mental health professionals."
There is a lack of pre-service training for educators on mental health.	"Higher education is another issue. How are we training new teachers? The door needs to be opened. We need to train on school climate and behavior."
The term "mental health" does not resonate; Student and school wellness or social emotional development are more accepted.	"It is counterproductive to throw around the term 'mental health' too loosely. Call it 'social emotional development'. It will resonate more. The wellness approach will get more people to care more."
The large number of school districts in Ohio makes it difficult to implement consistent school mental health efforts across the state.	"We have 611 school districts! This is compared to Florida, for example, with only 60." "School funding sources are inequitable throughout Ohio."

Challenges and Opportunities

Participants identified the following major **challenges** to the development and implementation of successful school mental health:

- Statewide fragmentation and duplication of efforts due to the localization of efforts
- Lack of effective social marketing or public awareness efforts related to mental health in schools
- Limited resources and funding to establish or sustain school mental health efforts
- Lack of a *shared agenda* inclusive of all stakeholders including families, education, health and mental health
- Sustainability of efforts after the departure of key leaders or “champions” of school mental health
- Lack of pre-service and ongoing teacher education on mental health issues

Several **opportunities** to advance school mental health in Ohio emerged:

- Reduce duplication of efforts and enhance communication and shared learning at all levels (i.e., local-to-local, local-to-state, state-to-local). There are many state, regional, and local efforts to advance school mental health in Ohio, and the statewide agenda provides a potential opportunity to connect efforts and facilitate communication.
- Increase stakeholder and public understanding about mental health through social marketing and public awareness efforts. These activities are already present in some of Ohio’s communities, and existing needs assessment and quality outcome evaluation data can be used in support of these efforts. The development of strategies should involve a dialogue about effective language that will resonate with stakeholders and consumers (e.g., “mental health” versus “wellness”).
- Institute pre-service and ongoing teacher education related to mental health. Several educator training programs exist in local communities, and there is pending legislation to mandate such training at the state level.
- Improve efforts related to ensuring that school mental health services meet the needs of students from diverse cultural backgrounds. Although several communities are pursuing this agenda related to education around socioeconomic differences and poverty, most participants identified a need for enhanced efforts in addressing other cultural differences including race/ethnicity and sexual orientation.
- Work towards shared ownership of and participation in the school mental health agenda by all stakeholders (including families, educators, health and mental health). Several models of shared ownership and service integration exist in Ohio including school-based health centers, Family and Children First Programs, and Cincinnati Community Learning Centers.