School Mental Health in the Ozarks: What works, What doesn’t
What the Data Tells Us

- 1 in 5 children struggle with behavioral and emotional issues in the classroom
- 50% of all lifetime cases of mental illness begin by age 14
- Average delay between onset of symptoms and intervention is 8-10 years
- 14.1% of Missouri high school students seriously considered suicide in 2018 (10.9% reported making a plan, 6.2% attempted)
- In Missouri, 55.6% of students reported feeling very sad at least “sometimes” (2018)
- It is estimated that over 45,000 children and adolescents in Missouri are struggling with anxiety
2018-2019 School-Based Services
1st Year of Implementation

• More than 1,500 students from 27 school districts were referred and received school-based services.

• **Outcome measures** (from first contact to last assessment – some treatment is ongoing, and these numbers reflect a variety of treatment durations):
  • 64% of students’ scores improved on an instrument measuring a variety of domains of functioning.
  • 73% of students experienced a decrease in scores on a measure of anxiety.
  • 55% of students saw an improvement in scores on a measure of depressive symptoms.
Branson Mo Public Schools

- 4790 students
- 6% EL population
- 9% of the district is homeless (15% in some buildings)
- 4% of the population receiving SBMH services
- 57% living below the poverty level
- 67% free and reduced rate
- 15-25% transient population
Adverse Childhood Experiences

- ACE’s are major risk factors for illness and poor quality of life. Research shows that ACE’s can impede a child’s social, emotional and cognitive development.

- ACE’s are the best predictor of poor health and the second best predictor of academic failure

- 1 in 7 Missouri students have 3+ ACE’s, making them 32 times more likely to have academic and behavior problems in school.
ACE’s in the Classroom

- Greater likelihood of performing below grade level (lower GPA)
- Higher rates of office referrals, suspensions, and expulsions
- Decreased reading ability
- Language and verbal processing deficits
- Delays in expressive and receptive language
- Greater tendency to be misclassified with developmental delays
- Decreased ability to focus and concentrate, recall and remember, organize and process information, and plan and problem-solve
Implemented a 3 tiered approach

1. Professional Development/ Consultation
   • Training
   • Book Studies
   • Community Events
2. Targeted Groups
   • Social Skills/Clinical
   • Teacher wellness
3. One-on-One intervention
What Works

• Clear Expectations - Rome wasn’t built in a day
• Regularly scheduled collaboration
• Clearly defined roles
• Communication, communication, communication
• Liaison for both the agency and the district
• Champion for the cause in each building
• Well defined referral process
• Well defined “status update process”
• Flexibility
What doesn’t

• Discipline Dual
• Rigidity
• Lack of training on mental health issues
• Poor collaboration
• Limited space
• Lack of plans for continued growth
7 Steps for Success

1. Admin/ Counselor Buy-In
2. Whole staff training and introduction
3. Clear defined referral/implementaion process
4. Quality and consistent service provision
5. Data collection regarding projected outcomes
6. Regular collaboration
7. Family/community engagement
QUESTIONS?