Center for School Mental Health
20th Annual Conference on Advancing School Mental Health
New Orleans, November 5th-7th 2015

How to Develop and Implement Interventions that Promote Mental Health Literacy and Foster Academic and Social Achievement In Urban Elementary Schools

Presented by:
Evelyn Montañez, Ph.D, R-LCSW; montaev@nyp.org
Blanca Battino, MS; bbattino@optonline.net
Turn 2 Us: School Based Mental Health Promotion & Prevention Services

• In June of 2001, Turn 2 Us (T2U) was created as a collaborative effort between Public School 128M of Washington Heights, New York-Presbyterian Hospital, Community Pediatrics at CUMC, and Derek Jeter's Turn 2 Foundation and in 2007 it was expanded to PS4M.

• In 2010 and 2015 we successfully graduated PS128 and PS4 to a second tier program.

• Through our Healthy Lifestyles Sports program, an additional 345 students from 9 neighboring schools are provided smaller scale services.

• We are expanding services to provide intensive training to school personnel in all 9 schools in order to enhance mental health literacy.

• Since 2001, T2U has directly served over 6,000 students, staff, parents.
TURN 2 US MISSION

Our mission is to promote:

1) mental health and academic success in children at risk for a mental health disorder;
2) empower the entire school community (students, parents and school staff) to engage in healthy lifestyle practices that promote well-being; and
3) enhance the mental health literacy of school personnel and caretakers so they are better equipped to ensure our youth progress emotionally, socially and academically.

(T2U program evaluation data was published this year in the NASW’s April’s Children & Schools Journal)
OBJECTIVES:

- Cultivate a school-wide culture of embracing healthy lifestyle behaviors that lead to mental and physical well-being, through in-class and assembly format psycho-education services for the entire school community;

- Identify and provide intervention services to targeted students at-risk for developing mental health issues;

- Provide school personnel and caregivers with group and individual psycho-education to increase their mental health literacy so that they can 1) better support at-risk students and 2) decrease stigma associated with mental health.
### DEMOGRAPHICS OF SCHOOLS CURRENTLY SERVED

<table>
<thead>
<tr>
<th>School Characteristics</th>
<th>Elementary Public Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>Northern Manhattan, NYC</td>
</tr>
<tr>
<td><strong>Average Range of Student Population</strong></td>
<td>570 – 650</td>
</tr>
<tr>
<td><strong>Average Range of Students’ Ethnicity</strong></td>
<td>80-93% Latino, 5-15% Black, 2% Other</td>
</tr>
<tr>
<td><strong>Economic Level</strong></td>
<td>90-95% receive free lunch</td>
</tr>
<tr>
<td><strong>Washington Heights has the highest % of English Language Learners (ELL)</strong></td>
<td>46%-48%</td>
</tr>
</tbody>
</table>

- Washington Heights school district has one of the highest percentages of new immigrant students in Elementary and Middle School;

- Rated as one of the communities with the highest numbers of children with serious emotional disturbance (Citizen’s Committee for Children of NYC)
Common School-Age Disorders We See in Our Students:

The following disorders are typically characterized by prolonged symptoms lasting >6 months:

- Hyperactivity
- Conduct
- Oppositional Defiant
- Generalized Anxiety
- Separation Anxiety
- Posttraumatic Stress
- Selective Mutism
- Dysthymia

Adjustment Disorders are typically precipitated by an event, symptoms persist for < 6 months and there is notable impairment in school/social functioning

Adjustment Disorders with...

- Depressed Mood
- Anxiety
- Mixed Anxiety & Depressed Mood & Disturbance of Conduct
- Mixed Disturbance of Emotions & Conduct
Consequences of Recurring Stressors Due to Cumulative Risk Factors

Demographic & SES Risk Factors

**Neighborhood**
- Dilapidated Housing
- Noise pollution
- Overcrowded Schools
- Community Violence
- Drug trade
- Vandalism
- Unsafe playgrounds
- Gangs
- Public Drunkenness

**Home**
- Single-parent home
- Kinship/foster home
- Low income
- Limited education
- Domestic Violence
- Overcrowded households
- Extended work schedule

Parent responses to DRF
- Hopelessness
- Authoritative
- Lack of family structure
- Lack of academic support

Bio-psycho-social Implications for child
- Mental and/or physical symptoms i.e. insomnia, overeating, hyperactivity, lethargy

Compromised Academic Achievement
- Lack of concentration
- Lack of motivation
- Antisocial behavior
- Absence and lateness

Montanez, E. 2002
To mitigate chronic issues in urban communities that impact health, mental health, academic & social performance such as:

- **Prevalent Health Issues:** Obesity, Asthma, Type 2 Diabetes, Psychiatric Hospitalizations
- **Prevalent Cumulative Demographic Risk Factors:**
  - \( \uparrow \) poverty, single parent household, families in shelters or living as borders, etc.,
- **Prevalent Common School Age Disorders:**
  - ADHD, Depression, Anxiety, Conduct Disorder, PTSD
- **Prevalent Emotional & Behavioral Issues Presented by Students**
***Theoretical Approaches and Practices interwoven in our Program***
THEORETICAL APPROACHES & PRACTICES


2) Systems of Care Approach: Stroul & Friedman (1996)


5) Trauma-Informed Practice: Bruce, P. (2004)


This was adapted from Health & Welfare for Families of the 21st Century, Editor Helen Wallace 1999

*** ECOLOGICAL SYSTEMS PERSPECTIVE ***

MACROSYSTEM

EXOSYSTEM

MESOSYSTEM

MICROSYSTEM

* SES: Socioeconomic Status
Bronfenbrenner’s Ecological Systems Theory:

The interaction of structures within and between layers is key to this theory.

- **The microsystem** – family, school, neighborhood, or childcare environments.

- **The mesosystem** – the connection between the child’s teacher and his parents, between his church and his neighborhood, etc.

- **The exosystem** – a child can feel the positive or negative force involved with this larger system, i.e. a parent’s workplace schedules or community-based family resources.

- **The macrosystem** – this layer is comprised of cultural values, customs, and laws.

- **The chronosystem** – Elements within this system can be either external, such as the timing of a parent’s death, or internal, such as the physiological changes that occur as a child ages.
INTEGRATING CORE PRINCIPLES THAT PARALLEL SYSTEM OF CARE APPROACH

We integrate core values which assert that services should be
1) Child centered and family focused,
2) Community-based; and
3) Culturally and linguistically competent.

These values are guided into practice by key **principles** that specify how services provided for children and families should be:

- Individualized to the strengths and needs of the child and family;
- Provided in the least restrictive appropriate settings;
- Involving families as full partners in all decisions;
- Emphasizing early identification and Intervention.
Psychoeducation Practice:

This therapeutic approach does not focus on abnormality diagnosis, prescription, therapy, or cure. It focuses on goal setting, skill teaching, satisfaction, and goal achievement.

Through ongoing staff development and parent workshops we:

1) promote positive reinforcement & foster pro-social behavior in youth;
2) enhance adults’ mental health literacy;
3) encourage healthy lifestyle practices that can boost well-being;
4) provide in-class consultations and grade meetings with teachers.
Preventive Practice:

Emphasize sharing information and/or teaching skills and practices that contribute to individuals’ health and well-being. These practices aim to help people avoid situations and/or behaviors that can be detrimental to their well-being.

T2U engages in this practice by delivering pro-social and wellness initiatives to the entire school community through

a) in-class mindfulness exercises (ICME);
b) assemblies on anti-bullying, conflict resolution and healthy lifestyle practices that can boost academic performance and well-being;
c) providing crisis intervention and referrals.
**Trauma-Informed Practice:**

Seeks to create a school environment where students and staff feel safe and empowered. Generally, trauma-informed practice is organized around the principles of safety, trustworthiness, collaboration, empowerment, and a strengths-based approach.

As a trauma-informed SBMH-PP program T2U provides on-site training to ensure that all school personnel have the opportunity to heighten their understanding of:

a) what is trauma;
b) the different situations that can cause trauma in children;
c) the prevalence of traumatic occurrences in their school community;
d) the impact of trauma on a child’s school performance, well-being and brain development; and
e) how school personnel’s body language and/or non-verbal communication can be perceived as a threat by a traumatized child.
Social Emotional Practice (SEL)

Process through which people learn to recognize and manage their emotions and develop fundamental skills for life effectiveness.

T2U provides targeted students at-risk for developing M.H. disorders:

- Extracurricular activities (intervention tracks) after school in a structured and safe setting (schools) so they can learn how to identify and manage their feelings, positively interact with others, and effectively solve problems;

- A twelve-week mentorship program (during recess) to foster pro-social behavior, goal-setting and goal-attainment;

- The intervention tracks and SEL practice helps students develop sympathy and empathy for others, and maintain positive relationships.
15 Skills promoted in Social Learning Theory (SEL):

1) "Recognizing emotions in self and others"
2) "Regulating and managing strong emotions (pos. & neg.)"
3) "Recognizing strengths and areas of need"
4) "Listening and communicating accurately and clearly"
5) "Taking others' perspectives and sensing their emotions"
6) "Respecting others and self and appreciating differences"
7) "Identifying problems correctly"
8) "Setting positive and realistic goals"
9) "Problem solving, decision making, and planning"
10) "Approaching others and building positive relationships"
11) "Resisting negative peer pressure"
12) "Cooperating, negotiating, and managing conflict nonviolently"
13) "Working effectively in groups"
14) "Help-seeking and help-giving"
15) "Showing ethical and social responsibility"

Similar to the PBIS model, emphasis is placed on a universal approach to mental health promotion for all students, caregivers and staff.

Universal - Reduce new cases
Targeted - Reduce current cases
Tertiary - Reduce complications, intensity, severity of current cases

~100% of Students

Tertiary Prevention: Individual, group & family treatment for Students with High-Risk Behavior,

~30% of students

Secondary Prevention: Intervention Tracks for Students with At-Risk Behavior, (i.e. sports, arts, dance, drama, etc.)

Primary Health & Mental Health Promotion for all Students, Staff, & Parents
| School Community  
**(Turn 2 Us & Com Partners)** | **At-Risk Students**  
**(Turn 2 Us)** | **High Risk Students**  
**(Peds Psych-NYP)** |
|----------------------------------|---------------------|------------------------|
| School Assemblies:  
*(Anti bullying, Conflict Resolution, Enhancing Test Taking Strategies, Psych First Aid for unexpected loss, disasters, etc.)* | After school: Therapeutic Visual Arts:  
Drama & Art programs  
(CARING At Columbia) | Elementary school-based clinic: Comprehensive evaluation |
| In-Class Mindfulness Program:  
*(In-class yoga, tai-chi, breathing tech to build self-efficacy, positive thinking & coping skills)* | After-School: Co-ed Baseball League  
Girls & Boys Basketball League  
(includes 8 elementary schools) | Individual, group and family treatment |
| School Staff & Parent Seminars:  
*(Empowerment through Theater program aims to enhance the art of communication)* | Third grade Mind & Body Camp  
Summer Sleep Away Camp | Psychopharmacology |
| Teachers & Parent *Psycho-education Workshops:*  
*(Aimed to de-stigmatize mental health related issues & increase mental health literacy)* | In-School weekly mentorship curriculum  
(for all Turn 2 students) | School staff consultation |
| Wellness Initiatives for Family & Staff:  
*(Father-Child Night Events, Parent Walkathons, Staff Olympics, etc.)* | Weekly/Monthly/quarterly social, behavioral, academic follow-up with students, parents & teachers | Specialized trauma prevention and treatment services: |
| Consultations, crisis intervention & referrals with or on behalf of students, caregivers & school staff | Parent & Teacher Consultations,  
Crisis intervention & referrals on behalf of students | Program Evaluation Project |
Mental Health Preventive Tools are combined with regularly scheduled teacher and parent follow-up assessments

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</table>

Social Cognitive | Emotional | Biological
Primary Intervention for all Students, Parents & Teachers
Promoting Mental Health Literacy & Well-being

School Assemblies
Anti bullying, Conflict Resolution, Psychological Preparedness for Test Taking, Psych First Aid, etc. (Chap 4 PP for Assemblies.docx)

In-Class Mindfulness Program
In-class yoga, tai-chi, breathing techniques to build self-efficacy, positive thinking and coping skills. (Chap 4 Primary prevention_1 ICME.docx)

Wellness Initiatives for Family & Staff
Father-Child Night Events, Parent Walkathons, Staff Olympics, etc.

Teachers & Parent Workshops
Psycho-education aimed to destigmatize mental health issues & increase mental health literacy (Chap 4 Handouts.docx)

School Staff & Parent 6-week Seminar
Empowerment through Communication Techniques aimed to enhance the art of communication at home, work & school
Secondary Intervention for targeted At-Risk Students

Follow-up on classroom performance & incentives

Tryouts for sports teams, Recruitment for Art & Drama

Staff training on identifying & referring at-risk students

Caregivers & Students Orientation

Teachers complete classroom compliance form & a symptoms screening tool.

Students attend weekly in-school mentorship

Students attend afterschool activity

Students & parents complete goal cards.

Tryouts for sports teams, Recruitment for Art & Drama

Caregivers & Students Orientation

Teachers complete classroom compliance form & a symptoms screening tool.

Students attend weekly in-school mentorship

Students attend afterschool activity

Students & parents complete goal cards.
DELIVERY OF SECONDARY INTERVENTION SERVICES

- IDENTIFYING AT-RISK STUDENTS
- REFERRAL PROCESS
- MONITORING & TRACKING
Identifying and Referring Students with a range of emotional issues

1. **Provide staff development and training on identifying students with symptoms of school aged disorders**

2. **Student referrals are obtained from:**
   a) Teacher, administrator and guardians;
   b) Monthly guidance tracking logs;
   c) Child Study Team which meets bi-weekly to discuss children's needs and dispositions;
   d) Children identified as high-risk for emotional disorders are typically referred to on-site mental health services i.e., New York Presbyterian School Based Mental Health as well as off-site agencies.
Monitoring, Tracking & Data Collection

Program measures.doc

STUDENTS

- Biweekly child study team meetings, tracking & progress logs;
- Teachers complete quarterly student assessment surveys (SAS) to track academic/social performance;
- Students with low scores on SAS receive weekly report cards;
- Teachers complete a pre-post screening form for M.H. symptoms- (Strength & Difficulties Questionnaire)
- Guidance Team logs unscheduled visits, suspensions and crisis;
- Tracking & follow-up of health indicators (i.e., asthma, BMI, unscheduled nurses visits)
Monitoring, Tracking & Data Collection (cont, pt 2)

Staff & Parents

- Attendance sheets
- Feedback questionnaires
- Classroom observation & Support
- Reflection sheets completed upon implementation of techniques & strategies
- On-going consultation with staff/parents regarding school, health/mental health issues
Incorporating Culturally Relevant Practices in the Promotion of Mental Health
Art as a means to Cultural Integration

Cultural Sharing

Problem Solving

Self-Identity

Self-Expression
Drama Program

Social Skills Building

Problem-Solving

Self-Confidence

Empowerment
Building Interpersonal Skills through Sports

Creating a Sense of Community

Building Respect for Rules

Discipline & Leadership

Developing Friendships & Acceptance of Others

Fostering Aspirations
Building Team Work, Responsibility & Self-Esteem
Holistic View to Sports

EXERCISE & NUTRITION

MENTORSHIP

CRITICAL THINKING

MINDFULNESS EXERCISES

SPORTSMANSHIP
Promoting Family Involvement: Sports, Arts & Wellness
Celebrating our Community

Teachers

Parents

Mentors

Students
## Participant Outcomes

<table>
<thead>
<tr>
<th>Participant Outcomes</th>
<th>Measures used</th>
<th>Outcome Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Attendance</td>
<td>School Records</td>
<td>Yes</td>
</tr>
<tr>
<td>Increased State Exam Scores</td>
<td>School Records</td>
<td>Yes</td>
</tr>
<tr>
<td>Improved Class Performance</td>
<td>Student Assessment Survey (SAS)</td>
<td>Yes</td>
</tr>
<tr>
<td>Improved Social Performance</td>
<td>Student Assessment Survey (SAS) Strength &amp; Difficulties Questionnaire</td>
<td>Yes</td>
</tr>
<tr>
<td>Decreased Suspension Rate</td>
<td>Guidance Counselor logs</td>
<td>Yes</td>
</tr>
<tr>
<td>Program Retention Rate</td>
<td>Turn 2 Us internal records</td>
<td>Yes</td>
</tr>
<tr>
<td>Student, Parent &amp; Staff Satisfaction</td>
<td>Participant Perception Survey</td>
<td>Yes</td>
</tr>
<tr>
<td>Improved School Likeness</td>
<td>School Likeness Scale</td>
<td>Yes</td>
</tr>
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</table>

*In 2008 received IRB approval from Columbia Univ. & NYC DOE to conduct program evaluation*
Program Evaluation Strategies
1) Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)
   - A brief behavioral screening questionnaire validated for assessing mental health difficulties in children ages 3-16.
   - Completed by classroom teachers, requires approx. five minutes to complete.

2) Student Assessment Survey (SAS; Montanez)
   - A 16-item teachers survey that measures individual students’ classroom compliance, social and behavioral performance in class and cafeteria.
   - Completed by teachers as a pre-post intervention tool.

3) Academic Achievement and Attendance
   - Assess students’ academic achievement and attendance by collecting standardized test scores and student attendance history reports from prior academic year and current year.

4) School Likeness Scale (amended with permission of original author) to access students sense of connection to school post participation in program.

5) Student, Staff & Parent Perception Surveys (PS; Montanez)- can help you access if population being served perceives program’s objectives are being met and if modifications to service delivery needs to take place to ensure objectives are met.
TIPS FOR MONITORING STUDENT PROGRESS AND EVALUATING PROGRAM

1) Have teachers complete a pre-post Symptoms and Diagnosis checklist to assess students’ social, emotional and behavioral problems;

2) Have teachers complete quarterly Student Assessment Surveys (SAS) to measure individual student classroom compliance and behavior;

3) Collaborate with the teacher and caregivers of students with low scores on SAS so a weekly report card is issued which teachers complete and parent signs daily to monitor student progress in classroom compliance;

4) Collect and review guidance logs of unscheduled visits, suspensions, crises;

5) Participate in the schools’ Child Study Team meetings (meetings with school administrator, guidance counselors, special education staff, and on-site mental health support staff) to build capacity in addressing students needs;

6) Provide ongoing consultation with parents of program participants regarding school health/mental health issues.
PROGRAM EVALUATION DATA OUTCOMES

TRACKING CLASSROOM COMPLIANCE, ATTENDANCE AND STANDARDIZED EXAM SCORES

YEAR OF STUDY: 2008-09
Program evaluation was conducted in 2008-2009 (161 students in 3rd-5th grade, 32 teachers, 106 parents)

<table>
<thead>
<tr>
<th>Total N for students</th>
<th>161&lt;sup&gt;a&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>Grades</td>
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<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;=11 (7%)</td>
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<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;=47 (29%)</td>
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<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt;=103 (64%)</td>
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</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Males=81 (50%)</td>
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<tr>
<td>Females 80 (50%)</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>Hispanic = 144 (89%)</td>
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<tr>
<td>African Amer = 16 (10%)</td>
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<tr>
<td>Other = 1 (1%)</td>
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<td>Economic Level</td>
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<td>95% received free lunch</td>
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<td>Construct</td>
<td>Measure/Source</td>
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<td><strong>Academic Performance:</strong></td>
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<tr>
<td>Standardized Test Scores (ELA, Math)</td>
<td>District &amp; School</td>
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<tr>
<td>Attendance (Absences, Lateness)</td>
<td>School</td>
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<tr>
<td><strong>Social &amp; Behavioral Performance:</strong></td>
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<tr>
<td>Emotional/ Behavioral Symptoms Checklist</td>
<td>Strengths and Difficulties Questionnaire (Teacher)¹</td>
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<tr>
<td>Classroom Behavior</td>
<td>Student Assessment Survey (Teacher)²</td>
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<tr>
<td>Unscheduled Guidance Visits</td>
<td>Guidance Counselor Logs</td>
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<tr>
<td>Perceptions of Program</td>
<td>Student, Teacher &amp; Parent Perception Surveys (Child, Teacher &amp; Parent)³</td>
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1. Goodman, 2002  
2. Dr. Evelyn Montanez, 2005  
3. Dr. Evelyn Montanez, 2008
Academic Performance: Mean Standardized Exam Scores (N=134)

* p = 0.001

**English**
- Pre Turn2Us, '07-'08: 2.53
- Post Turn2Us, '08-'09: 2.86

**Math**
- Pre Turn2Us, '07-'08: 2.86
- Post Turn2Us, '08-'09: 3.18
Academic Performance

Mean # of Absences (N=156)

Pre 07-08

Post 08-09

12.87

10.89

10.49

10.21

* p=0.002

* p=0.002
# Social Performance

**Strengths & Difficulties Questionnaire (N=161)**

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<th>% Students Meeting Criteria</th>
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<tr>
<td>Emotional Symptoms</td>
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<tr>
<td>Conduct Problems</td>
<td>26</td>
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<tr>
<td>Hyperactivity</td>
<td>28</td>
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<tr>
<td>Peer Problems</td>
<td>9</td>
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<tr>
<td>Pro-social Behavior</td>
<td>19</td>
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<tr>
<td>Total</td>
<td>22</td>
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Social Performance
Student Assessment Survey (Teacher)
N=161

*p < 0.001, **p < 0.01
Guidance counselor visits

- Unscheduled Guidance Visits Declined Over Time

- % of students with multiple guidance visits
PROGRAM EVALUATION DATA OUTCOMES

TRACKING INTERNALIZING & EXTERNALIZING SYMPTOMS

YEAR OF STUDY: 2011-12
2012-13
2013-14
### Baseline Characteristics

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<th>N (%)</th>
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<tr>
<td>Male</td>
<td>110 (58.5%)</td>
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<td>Female</td>
<td>78 (41.5%)</td>
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<tr>
<td><strong>Grade</strong></td>
<td></td>
</tr>
<tr>
<td>4th</td>
<td>95 (50.5%)</td>
</tr>
<tr>
<td>5th</td>
<td>94 (49.5%)</td>
</tr>
<tr>
<td><strong>Year of Study</strong></td>
<td></td>
</tr>
<tr>
<td>2011-2012</td>
<td>72 (38.3%)</td>
</tr>
<tr>
<td>2012-2013</td>
<td>58 (30.9%)</td>
</tr>
<tr>
<td>2013-2014</td>
<td>58 (30.9%)</td>
</tr>
<tr>
<td><strong>Intervention Group Category</strong></td>
<td></td>
</tr>
<tr>
<td>Arts/Drama</td>
<td>94 (50%)</td>
</tr>
<tr>
<td>Sports</td>
<td>94 (50%)</td>
</tr>
<tr>
<td><strong>Baseline SDQ Risk Category</strong></td>
<td></td>
</tr>
<tr>
<td>Low Risk</td>
<td>156 (83%)</td>
</tr>
<tr>
<td>High Risk</td>
<td>30 (16%)</td>
</tr>
</tbody>
</table>
Total SDQ scores improved post intervention*

*Significant (p<0.00) using Wilcoxon rank-sum testing
High risk students showed greater improvement in SDQ scores*

*Significant (p<0.00) using Wilcoxon rank-sum testing
Regression Analysis

- Controlling for baseline SDQ scores, there was no significant impact of gender, grade, year of study, intervention track, or pro-social score on post-intervention SDQ scores.

- Controlling for baseline SDQ score, higher baseline internalizing behaviors sub-scores predicted improved post-SDQ scores ($B = -0.641$, $p<0.00$).
Students with high internalizing behaviors improved post-intervention*

*Significant (p<0.00) using Wilcoxon rank-sum testing
Simple Strategies for Effective Program Development & Implementation
Our core principles for implementing school based mental health promotion:

- **View the school as a “community”** and yourself as member of the community;
- Establish goals by incorporating **school-based decision making** and taking into account each schools’ individual resources and needs;
- **Incorporate prevention-focused strategies & strength based practices;**
- Acknowledge and take into account the critical role of parents, school staff and community partners;
- Deliver culturally and linguistically competent delivery of service
- **Describe, Demonstrate, Practice & Gather Feedback**
PRATICAL STEPS YOU CAN TAKE TO:

- Build and sustain key partnerships within your school and community;
- Integrate as a member of the school’s team and not just as a community based organization;
- Capitalize on feedback and assessments;
- Plan for success;
- Strengthen your leadership skills.
Thank you for participating in today’s training!

Remember we can all make a difference!

Maya Angelou once said:

I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.