Developing Tiered Supports for High School Academic Achievement through Collaboration

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Agenda

- Adolescence & Mental Health

- Effects of Mental Health on Academic Achievement

- Mental Health Resources

- Challenges for Service Providers

- Tiered Supports for Consideration

- Collaboration and Service Delivery

Adolescence and Mental Health

For today, we are:

- Limiting the discussion to high school students in the United States – 13-18 years old

which is:

- The stage of life when most mental health disorders begin (but are not always recognized) (Patel, Fisher, Hetrick, & McGorry, 2007)

Prevalence of Adolescent Mental Health Disorders

- Data varies widely based upon country, age of participants, and instrument used.

- Merikangas, He, Burstein, Swendsen, Avenevoli, Case, Georgiades, Heaton, Swanson, Olfson, (2011):
  - 31.9% Anxiety Disorder
  - 19.1% Behavior Disorder
  - 14.3% Mood Disorder
  - 11.4% Substance Use Disorders
  - Appox. 40% with one diagnosis meets criteria for another disorder.
  - 9.5% Attention Deficit Hyperactivity Disorder (Katragadda & Schubiner, 2007)

Impact on Education

- Mental Health diagnoses and learning:
  - Attention issues – significantly diminished
  - Behavioral issues – significantly diminished
  - Substance use – significantly diminished (comorbidity with S.U. is especially consequential)
  - Depression – not significantly diminished

  (McLeod, Uemura, Rohrman, 2012)

  - Anxiety – significantly diminished

  (McLoone, Hudson, & Rapee, 2006)

  Why would some diagnoses impact learning more than others?

General Impact on Education

- Needham (2009) and Galeria, Melchior, Chastang, Bouvard, & Fombonne (2009) obtained results indicating that mental health disorders influence academic attainment, whether the symptoms are internal or external.

- These results indicated a lack of educational attainment associated with mental health symptomology and control for other factors including low SES and gender.

Longitudinal Effects

- Students who experienced mental health disorders or emotional / behavioral disorders were significantly more likely to terminate education prior to … graduating from high school, enrolling in college, and graduating college (Breslau, Lan, Sampson, & Kessler, 2008).

Longitudinal Effects cont'd

An individual's level of education is one of the strongest health predictors:

More education typically means better physical and mental health.

(Freudenberg & Ruglis, 2007; Needham, 2009)

Treatment Challenges

- Client / Family-based:
  - The adolescent developmental stage (control)
  - Failure to attend appointments
  - Lack of awareness / reluctance to admit issues
  - Social stigma
  - Others?

- Service-related:
  - Lack of access
  - Financial obligations
  - Differences in agency missions / purposes (control)
  - Competing agency regulations
  - Others?

Tiered symptoms

Group activity:

- Discuss some school-based manifestations of anxiety, depression, attention difficulties, or behavioral issues, along a continuum of intensity.

Indicated (Few)

Selected
(Many)

Universal
(Everyone)
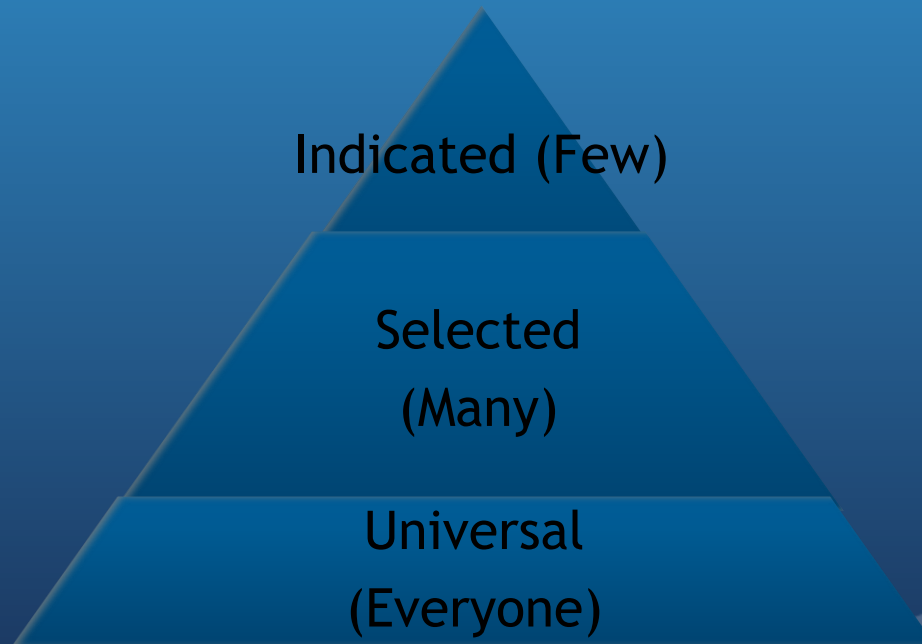
Tiered Symptoms cont'd:

- Anxiety

- Depression

- Behavioral problems

- Attention problems

- Indicated i.e. lack of attendance / school avoidance, feeing immobilized

- Selected i.e. physical symptoms, feeling overwhelmed

- Universal i.e. nervous, difficulty focusing

Tiered Supports in the School Setting

- Indicated: Available to few (significant need).
  - i.e. Restorative Practices (RP) Conference, Check-in Check-out, Referrals to: Wraparound Services, Individual / Family Therapists, Restrictive Educational Environments, and / or Hospitals

- Selected: Available to some (extra support).
  - i.e. Individual or Group counseling with the SBMH Providers, Attendance Circles (RP), Mentor programs, Educational support in the mainstream setting (IEP), Parent meetings for specific topics

- Universal: Available to everyone.
  - i.e. PEER Counseling, Lunch Buddies, School Counselors, Tutoring, PBS, Classroom Presentations, Parent Presentations (School & Community), Child Study

The School Setting and Mental Health Services

Students are more likely to receive mental health interventions in their school than in an outpatient setting (Carlson & Kees, 2013).

Why??

- Familiar place (access)

- Familiar people

- Enhanced feeling of control (choice)

School-Based Mental Health Providers:

School Social Workers, School Psychologists, School Counselors

- School-Based Mental Health (SBMH) providers often know the evolution of issues / situations.

- SBMH providers know the culture of the school.

- SBMH providers often have regular interactions with the students and their caregivers.

- School staff may be the first to recognize a budding problem and ask for intervention – SBMH providers are often the student's / family's first experience with MH services.

SBMH Providers - Considerations

- Parents often have tried several interventions or therapists, with no perceived success.

- SBMH providers are often encumbered with duties that preclude full use of their clinical skills.

- SBMH staff need the support offered through interagency collaboration.

- Supporting students by recognizing the intensity of their symptoms and implementing the appropriate level of service provides the foundation for their academic success.

Creating Collaborative Teams

Collaboration: Problem-solving by team members of equal status, each of whom contributes knowledge and skills (Maguire, 1994).

- Three phases of transition to a collaborative model (Margolan, 2008):

    1. Resistance to change / dependence on the familiar

    2. Moving from dependence to interdependence

    3. Differentiated interactions through interdependency and connectivity

How does agency structure influence the collaboration?

What every team needs:

- Mutual respect
  - Acknowledging the benefits of multidisciplinary teams.

- Environmental knowledge – navigating the environment
  - Space, bell schedules, etc.

- Allowing for areas of expertise
  - Client / family rapport, services already in place etc.

- Open communication
  - Asking questions and receiving answers openly. No need to be defensive.

- Clear role definition

- Team building exercises / staff development

Long-Term Results

- School-based counseling support frameworks have a positive impact on attendance and discipline, as well as: emotional problems; conduct problems; hyperactivity; peer relationship problems; and prosocial behaviors (Ballard, Sander, & Klimes-Dougan, 2014).

- Providing counseling support in schools is associated with decreased referrals for medical evaluations for teens with emotional disturbance, distress, and behavior disorders (Green, McLaughlin, Alegria, Costello, Gruber, Hoagwood, Leaf, Olin, Sampson, Kessler, 2013).

Final Thought:

An individual's level of education is one of the strongest health predictors:

More education typically means better physical and mental health.

(Freudenberg & Ruglis, 2007; Needham, 2009)

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