

# Advancing School Mental Health through the Whole School, Whole Community, Whole Child Model

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**UConn**

# Presentation Goals



- To provide an overview of the rationale for integrating the health and learning sectors
- To summarize the components of the newly launched Whole School, Whole Community, Whole Child (WSCC) Model
- To review evidence supporting various WSCC components, using case examples illustrating policy, process, and practices
- To engage you in active discussion regarding the utility of the model, with emphasis on implications for school mental health efforts

# Independent Domains



**Student  
Health**



**Academic  
Outcomes**

# Historical School-Health Initiatives



## CDC



## ASCD



# Understanding Separate Initiatives



- Past models developed with a singular (un-related) focus – health or education
- Increased push for meeting short-term, academic based goals
- Uncoordinated leadership → poor collaboration between school and community agencies

**Separate Initiatives =  
Missed Opportunity**  
for Meeting ALL Needs of  
EVERY Student



# The Case for Integration: Connecting Health and Academic Outcomes



## Student Health

Health Related Issues Negatively Impact:

- Academic Achievement (test scores/grades)
- Attendance
- Connectedness
- Engagement

## Academic Outcomes

Proficient Academic Skills are associated with:

- The practicing of health-promoting behaviors (exercise, healthcare checkups/screenings)
- Lower rates of risky behaviors
- Longer life expectancy
- Decreased risk of incarceration

# Shifting Perspectives: Separate → Integrated



(Basch, 2011a; Blank, 2015)

“Joint enterprises [between health and education] come together around the recognition of a strategic interdependence—healthy students are better learners and health providers can get better health outcomes by reaching children in schools”- Blank, 2015

# Shifting Perspectives: Separate → Integrated



The Whole  
School Whole  
Community  
Whole Child  
(WS3C) Model



# Building the WSCC Model



## Policies

The laws, mandates, regulations, standards, resolutions, and guidelines which provide a foundation for school district practices and procedures.

## Processes

The plans or procedural steps that schools carry out in working to prepare for and implement initiatives.

## Practices

The specific actions that schools take to best implement, adapt, and sustain initiative goals.

# Discussion: Broad Thoughts



- Briefly, how would you broadly characterize your current efforts (policy, processes, practices) in relation to the WSCC model?
  - E.g. “we got it all”, “hmm, hadn’t thought about it as a whole”, “boy, we might want to think about X”

# Examining WSCC Components



- Evidence-Grounded
- Student-Centered
- Ecologically-Focused
- Contextually-Flexible

# Family Engagement



- Represents a partnership between schools and families who jointly share in the responsibility of ensuring that student health and learning needs are supported.
- Family Engagement is associated with:

## An Increase In:

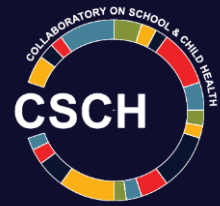
- Attendance
- Academic achievement
- Social skills
- Appropriate classroom behavior
- Likelihood of graduation

## An Decrease In:

- Cigarette and alcohol use
- Early pregnancy
- Being physically inactive
- Being emotionally distressed

- **The Goal:** For schools to foster relationships with families through welcoming, engaging, and meaningful experiences, which in turn, encourage parents to actively participate in their child's learning and development.

# Community Involvement



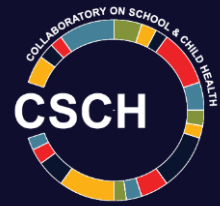
- The collaboration between school and various community agencies such as groups, organizations, businesses, health-clinics, and colleges and universities.

## Community Involvement is associated with:

- Increased academic achievement
  - Improved attendance
  - Improved student behavior
  - Increased opportunities for learning outside of the classroom → Associated with decreased suspension rates and increased academic achievement
- 
- **The Goal:** To develop a symbiotic relationship between school systems and agencies through partnerships and/or joint project participation, which fosters the sharing of resources, enhances student opportunities, and catalyzes student learning and health.



# Health Education



- The continuum of formal and informal learning opportunities that students are exposed to across settings with the intentions of promoting healthy decision making.

## Health Education is associated with:

- Improved student behavior
  - Improved academic performance
  - Decreased risk of drug and alcohol use
  - Decreased risk of teen pregnancy
  - Decreased school absences and reduced dropout rate
- 
- **The Goal:** For schools to adopt high-quality instruction which focuses on learning, adopting, and encouraging healthy behaviors within context appropriate universal and individualized settings.

# Physical Education & Physical Activity



- Components that are built into a schools curriculum and environment such as physical education class, before and after school activities, and fitness resources which function to assist students in building and maintaining healthy and active lifestyle habits.

## Physical Education & Physical Activity have been associated with:

- Improved GPA and standardized test scores
- Improved attention/concentration
- More appropriate classroom behavior
- Lower dropout rates

- **The Goal:** To provide students with cognitive and physical instruction and the resources needed to develop healthy lifestyle habits which begin in childhood and persist through adulthood.

# Nutrition Environment & Services



- Represents a variety of school areas including the cafeteria, vending machines, concession stands, and school stores, and serves as a learning platform for students.

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## A Healthy Nutrition Environment/Services has been associated with:

- Improved GPA and standardized test scores
- Improved cognitive performance
- Reduced absenteeism

- **The Goal:** To expose students to multiple food/beverage choices and information regarding nutrition, healthy consumption practices, and essential food groups (fruits and vegetables), all of which must meet federal standards and accommodate students with distinct nutritional needs.



# Health Services



- Individuals and resources which work to address both immediate health concerns and chronic health issues within schools and concurrently promote health wellness and prevention strategies.

## Strong Health Services:

- Increase student health and academic outcomes by decreasing student time spent outside the classroom environment
  - Work to address common health ailments which are associated with absenteeism and poor academic behaviors
- 
- **The Goal:** To work collaboratively with parents and community healthcare providers to strategically increase and reinforce student health education and to better manage both short term and long term health related concerns.

# Counseling, Psychological & Social Services



- The range of mental, behavioral, and social-emotional health prevention and intervention supports for students within the educational setting.

## Couns., Psych, and Soc. Services are associated with:

- Improved attendance
- Improved classroom behavior
- Increased tests scores and GPA
- Decreased suspension rates

- **The Goal:** to accurately identify and sufficiently address student barriers to learning using a team of educational and mental health professionals who, alongside support staff, caregivers, and the community, work to provide students with direct and indirect services.

# Social and Emotional Climate



- The psychological and social aspects of a school and how these culminate to influence student engagement, relationship building, and learning.
- A positive social and emotional climate has been associated with:

## An Increase In:

- Attendance
- Appropriate grade level
- Appropriate classroom behavior
- School attrition

## A Decrease In:

- Substance abuse
- Early sexual initiation
- Violence
- Peer victimization

- **The Goal:** To develop a positive climate that promotes a safe and rewarding learning environment where student health, growth, and development is encouraged.

# Physical Environment



- The internal aspects of the school such as ventilation, noise, and lighting as well as the characteristics of the surrounding land areas.

## Physical Environmental Characteristics may:

- Cause lethargy
  - Decrease student concentration
  - Trigger asthma and allergic reactions
- 
- **The Goal:** A healthy school environment should address any physical, chemical, or criminal based risks that threaten a safe and productive learning environment.

# Employee Wellness



- Benefits the health of teachers and may subsequently impact student learning of healthy behaviors and the fulfillment of individualized student needs.

## Employees with unhealthy behaviors/health issues are:

- Less productive
- Less effective
- More likely to be absent

- **The Goal:** To employ a variety of programs, policies, benefits, and supports and to work in conjunction with personalized health agencies to establish both prevention and intervention based health initiatives.



# Discussion: Fit with SMH



- In looking at the model as a whole, where do you identify both direct and indirect ties to school mental health work?

# Discussion: Summary Fit with SMH



## **Directly Address Student Health Needs**

Health Education

Physical Education and Physical Activity

Nutrition Environment and Services

Health Services

Counseling, Psychological, & Social Services

Employee Wellness

## **Support Healthy Student Behaviors**

Community Involvement

Social/Emotional Climate

Physical Environment

Family Engagement

## **Both Direct & Indirect Ties to SMH:**

- Student safety
- Relationships
- Connectedness
- Multi-System Involvement

# Plugging in the Model





# WSCC Action Plan



1. Form a committee of passionate individuals
2. Conduct needs assessment
3. Identify outcomes of greatest priority
4. Assess relationship between selected health outcome and student achievement
5. Identify promising or effective interventions
6. Determine how staff and committee members will collaborate to maximize success in achieving priority health and academic outcomes
7. Invite community agencies and organization that have a mission or similar interest in addressing problem
8. Create action plan to impact the chosen outcome and put into school improvement plan
9. Develop a plan to monitor the implementation and outcomes of interventions
10. Implement and monitor the implementation of the action plan

## Essential Factors

- Leadership
- Collaboration
- Assessment and data-based decision making



# Leadership



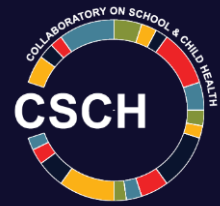
## **WSCC Leaders are diverse:**

- School Administrators
- Teachers, Students, and School Physical/Mental Health Professionals
- Government Officials
- Nongovernmental State and Community Service/Organization leaders
- Public and Private Institution leaders and representatives from Health and Education Colleges

## **Strong School-Health Leaders:**

- Impact staff, student, family, and community buy-In
- Guide the assessment of student, school, community needs
- Prioritize needs and set realistic goals
- Disseminate leadership roles based on expertise
- Facilitate policy and school process changes to build health outcomes into yearly improvement plans
- Monitor goal progress and adapt for the future

# Case Example: Local-Level



## Milwaukie High School

**Key Leaders:** Principal and Asst. Principal:

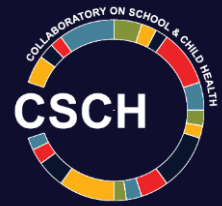
**Major Area Impacted:** School Processes and Practices

- First established a planning committee comprised of local health, community, and family services and teachers and students
- Through the committee, identified issues, defined clear goals, developed a detailed plan to reach these goals, and developed a system to evaluate progress
- Formed 11 community partnerships to provide students with mental health services, health education, nutrition services and community integration opportunities
- Created MHS CareTeam of school mental health and community leaders to address more immediate student mental health needs and to create school and community support plans
- Better targeted family engagement, community involvement, and teacher professional development

## **Results**

- Increases in math, reading, and writing scores. Increased student attendance, family engagement and graduation rates.

# Case Example: State-Level



## Arkansas

**Key Leaders:** State Health and Education Departments

**Major Areas Impacted:** Policies

- Jointly lead the drive to pass important legislature (Act 1220) emphasizing the healthy school environment, the connection between health and education, and which opened up communication with the Arkansas State Board of Education and the Board of Health
- Created a Wellness Committee in each school district which includes parents, students, health professionals, and other community members all working collaboratively to make student health recommendations, to develop professional development opportunities, and to annually administer the School Health Index
- Passed additional legislature (Act 180), which developed a grant program to assist schools in establishing shared use policies and partnerships with local community resources
- Opened up annual funding for the establishment of School-Based Health Centers, providing on-site clinical services and an efficient way to connect students to community resources

## **Results**

- Increased access to healthier food options, an increased focus on physical activity without adverse consequences such as weight-based teasing, widespread parental support, and increased training, professional development, and support provided to school districts by state agency collaboration teams.

(Chiang et al., 2015)

# Collaboration



## Collaboration Involves:

- Understanding school and community needs
- Assessing available resources and identifying potential partners
- Focusing on building partners through symbiotic relationships
- Strategically aligning values and Integrating leadership teams
- Setting specific goals and creating action plans
- Sharing outcomes and making adaptations



# Case Example: Cincinnati



## Cincinnati

**Key Collaboration:** Cincinnati Public Schools, Community Learning Centers, & partnerships with local health agencies

**Major Areas Impacted:** Processes & Practices

- 35 out of the 55 city schools in Cincinnati have transformed into Community Learning Centers (CLC) to more meaningfully serve communities and subsequently more holistically meet the needs of the child
- School-based Resource Coordinators within the CLC framework work to materialize community resources for schools and school-board planning teams include community members to set CLC goals and monitor progress
- Growing Well is a health initiative which consists of representatives from 30 Cincinnati organizations and which has the primary goal of breaking down barriers to allow organizations to more fluidly provide health services for students within schools
- MindPeace is a Mental Health Collaborative that works within 47 of Cincinnati's public schools to meet children's mental health needs by facilitating school/community partnerships with mental health providers, mental health training and infrastructure changes, and resource sharing
- Though partnership with Cincinnati Children's Hospital Medical Center, MindPeace provides schools with sample responses to mental health crisis's, mental health training/toolkits, and a crisis hotline/intake services for students

# Assessment and Data-Based Decision Making



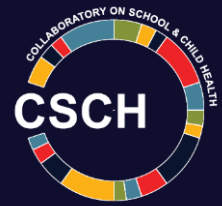
Assessments and Data-Based Decision making should be used within the WSCC framework for:

- Determining current levels of student health functioning across components
- Identifying and prioritizing student, school, and community needs
- Monitoring student health and academic outcome progress throughout intervention
- Making adjustments to interventions and partnerships
- Lobbying for health and education policy change and increased financial support



(Murray et al., 2015; Hunt et al., 2015)

# Case Example: Colorado



## Colorado

**Key Assessment Systems:** Healthy School Champion Score Card and the Healthy Schools Smart Source

**Major Areas Impacted:** Processes & Practices

- Healthy School Champion Score-card serves as an online school assessment tool aligned around 8 components of the coordinated school health model which provides financial incentives to schools that meet health goals, that have mandated student-health representatives, and that use data to prioritize health needs.
- The Healthy Schools Smart Source is an update to the Healthy School Champion Score-card, which serves as a single school health assessment tool intended to streamline data collection for all schools and decrease the burden of multiple assessments
- Smart Source collects school and district wide data regarding mental health policy, training practices, and service provisions in the areas of positive school climate, bullying/harassment, and student social, emotional, and behavioral functioning.
- School-level reports provide actionable data through comparison of aggregated state-wide results. This allows for identification of mental health service gaps, a clearer understanding of how mental health efforts are impacting student academic and behavioral outcomes, and it assists WSCC leaders in taking more informed and meaningful actions.



# Discussion :

## Action Planning in Your Context



- In thinking about the potential of integrated health and education initiatives, what are the pressing issues for your setting?
  - E.g. leadership, collaboration, assessment/data-based decision making
  - E.g. cross-system support, feasibility, understanding, acceptability
  - E.g. policy, process, practice
  - E.g. I have no idea!

# Discussion: Final Thoughts



- How do you see your current SMH work as being advanced (or hindered) by the WSCC model?
- What is a key take-away (or 2) about the WSCC model for next steps in your work?

# Contact



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