



School Mental Health Program

Overview and Mission

Through the provision of school mental health services, the University of Maryland School Mental Health Program (SMHP) seeks to enhance the learning environment of the Baltimore City Public School System (BCPSS) by building on the strengths of students, their families, and their communities, removing barriers to learning, and actively promoting the social-emotional-behavioral well-being of students. The SMHP staff is dedicated to creating a safe and nurturing learning environment in which students and families can rapidly access a range of culturally sensitive and effective prevention and therapeutic services that promote wellness and academic success.

History

In 1989, the University of Maryland SMHP began providing mental health services in four Baltimore City schools. Baltimore was among the first cities to develop school-based health centers and has become a leader in the systematic development of expanded school mental health programs. The SMHP has achieved national recognition for its high-quality mental health services for youth in Baltimore City Public Schools. The SMHP provides expanded school mental health services in 23 Baltimore City Public Schools.

Staff

We are a dedicated and close-knit interdisciplinary staff comprised of psychologists, social workers, professional counselors, psychiatrists, and trainees guided by youth, families and school staff in our work.

Guiding Principles

We are committed to meet the needs of the entire school with a focus on school climate, strong relationships with teachers and administrators, and serving as a team player with all Baltimore City Public School System direct service providers. We are committed to providing the highest quality mental health services, and to documenting that these services help families and schools achieve desired outcomes.



Our Services

- Individual, Group, and Family Counseling
- Family Events and Activities
- Classroom and School-wide Presentations
- Teacher/Staff Support & Consultation
- Support at Team Meetings
- Professional Development
- Crisis Intervention
- Psychiatric Consultation
- Mental Health Screening & Assessment
- Advocacy for Students & Families
- Connections to Community Resources



*For more information on our program,
please contact the mental health service
provider at your child's school*

Executive Director: Nancy Lever, Ph.D. | **Senior Advisor:** Sharon Hoover, Ph.D. | **Faculty Advisor:** Brittany Patterson, Ph.D.
Program Director: Jennifer Cox, LCSW-C | **Associate Director:** Kelly Willis, LCSW-C | **Managing Director:** Ellie Davis, LCSW-C

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Quick Facts

- 1 in 5 youth between 13-18 years old experience serious mental illness
- Of those, only thirty percent will be diagnosed and receive proper care
- The average time between experiencing symptoms and youth receiving mental health care is 8-10 years

If you notice these signs, meeting with a mental health professional may be helpful:

Mood

- Appears or behaves consistently sad, withdrawn, angry, irritable, or ashamed/humiliated
- Intense mood swings or outbursts that cause problems in relationships in school or at home
- Anxious or fearful in normal, everyday situations

School/Classroom Performance

- Declining grades, classroom performance, or attendance, and may not seem to care
- Is consistently disruptive in class or is the "class clown"
- Cannot sit still or constantly leaves their seat, or must constantly be touching something or someone
- Almost always tardy or truant
- Often gets into trouble; disregards adult direction/authority

Social Performance

- Isolating themselves, seems withdrawn; does not interact with other children
- Does not seem to care about social activities or experiences repeated social failures
- Spends most of their time with older peers and/or disrespectful peers who engage in dangerous behaviors

Self-Depreciation/Self-Harm

- Talking in ways or making statements that put themselves down
- Frequently talks about or is preoccupied with death, doom, catastrophe, violence, the devil, etc.
- Making statements about wanting to die, being a burden to others, feeling hopeless or trapped
- Talking about killing themselves or having no reason to live, searching online for ways to end their life
- Behaving in ways that are impulsive and dangerous

Loss

- Death of a family member or friend
- A recent personal move, or a close friend has recently moved away
- Breaking-up romantic partner or having a falling-out/ending a relationship with a friend
- Personally experiencing a major physical illness or the illness of a loved one

Actual or Possible Abuse

- Has been a victim of sexual and/or physical abuse or neglect
- Has frequent, unexplained bruises, wounds, or other signs of physical injury

Dangerous, Oppositional Behaviors

- Steals; runs away from home; fights with peers, parents, or teachers
- Engages in self-endangering activities (i.e., sexual promiscuity, recklessness, drug/alcohol use)

Other

- Makes statements about a problematic family/home situation
- Loses or gains a significant amount of weight; poor personal hygiene
- Is frequently sleepy or very tired in school, or remarks about sleeping too little
- Relief / Sudden Improvement