The University of Washington

School Mental Health Assessment, Research, & Training (SMART) Center Presents

The SMART Center 2022 Speaker Series

Please Note:

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- Today's session will be recorded and posted on our event page: bit.ly/2022SMARTSpeakerSeries

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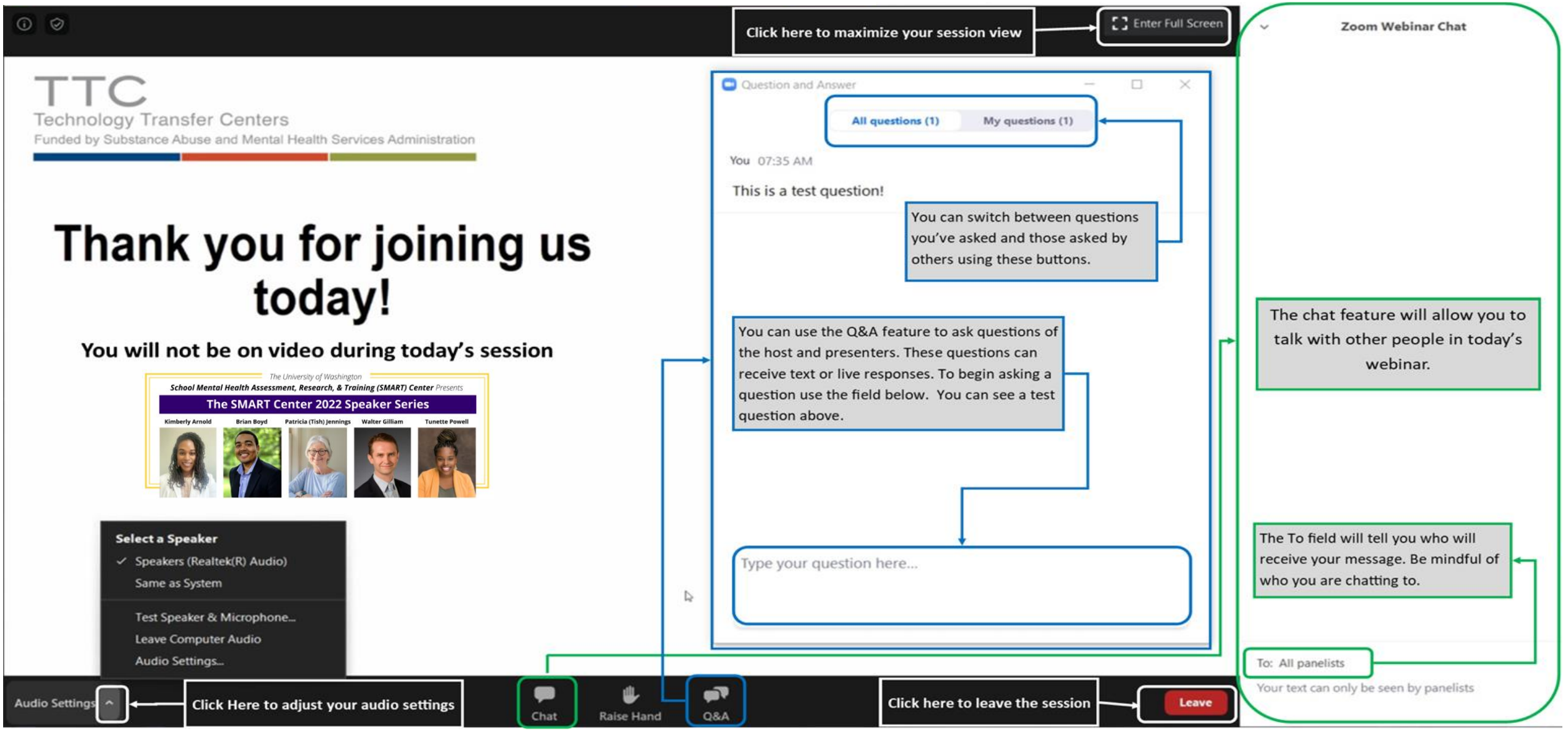

The University of Washington

School Mental Health Assessment, Research, & Training (SMART) Center Presents

The SMART Center 2022 Speaker Series

SMART
School Mental Health Assessment Research & Training Center

Kimberly Arnold

February 23, 2022
8:30 - 9:45am (PT)

RSVP here:
https://bit.ly/KimberlyArnold

Strategies for Advancing Mental Health Equity in Schools

Kimberly Arnold, PhD, MPH Assistant Professor of Family Medicine and Community Health at the University of Pennsylvania Perelman School of Medicine

Brian Boyd

March 23, 2022
8:30 - 9:45am (PT)

RSVP here:
https://bit.ly/BrianBoyd

Exploring the Consequences of Bias and Structural Racism on Service Disparities in Autism

Brian Boyd, PhD Professor and Director of the Juniper Gardens Children's Project at the University of Kansas

Patricia (Tish) Jennings

April 27, 2022
8:30 - 9:45am (PT)

RSVP here:
https://bit.ly/PatriciaJennings

Mindfulness for Teachers During Difficult Times: Building Resilience with Compassionate Teaching

Patricia (Tish) Jennings, PhD, MEd Professor of Education at the School of Education and Human Development at the University of Virginia

Tunette Powell

Walter Gilliam

May 25, 2022
8:30 - 9:45am (PT)

RSVP here:
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What's Going On: Choosing Understanding over Escalating and Punishing

Tunette Powell, PhD Director of Equity, Inclusion and Community at the Mirman School in Los Angeles

Walter Gilliam, PhD Elizabeth Mears & House Jameson Professor of Child Psychiatry and Psychology at the Yale University Child Study Center, Director of the Edward Zigler Center in Child Development and Social Policy

Brought to you in part by ***U.S. Department of Education's Institute of Education Sciences*** Grant number R305A170021 (PI: Bruns) and the ***Northwest Mental Health Technology Transfer Center Network***

Northwest (HHS Region 10) MHTTC
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

A few reminders about today's session…

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- All attendees are muted and videos are turned off.
- Have a question for the presenter? Use the Q&A feature.
- Need technical help? Use the chat to message panelists.
- We will leave a few minutes at the end to make sure you have all the links and resources you need and to allow time for an evaluation.
- Certificates of attendance and Washington in-service forms will be provided after you complete the evaluation.

SMART
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Mental Health Technology Transfer Center Network
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Land Acknowledgement

The UW SMART Center and Northwest MHTTC acknowledge that we learn, live, and work on the ancestral lands of the Coast Salish people who walked here before us, and those who still walk here. We are grateful to aim to respectfully live and work on these lands with the Coast Salish and Native people who call this home.

About the UW SMART Center

SMART SCHOOL MENTAL HEALTH ASSESSMENT, RESEARCH, & TRAINING CENTER

COLLEGE OF EDUCATION
UNIVERSITY of WASHINGTON

UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES

A national leader in developing and supporting implementation of evidence-based practices (EBPs) in schools, including prevention, early intervention, and intensive supports.

- Research & Evaluation
- Training and Technical Assistance
- Community Partnering and Outreach

The overarching mission of the School Mental Health Assessment, Research, and Training (SMART) Center is to promote high-quality, culturally-responsive programs, practices, and policies to meet the full range of social, emotional, and behavioral (SEB) needs of students in both general and special education contexts.

SMART
School Mental Health Assessment Research & Training Center

College of Education

UW Medicine
SCHOOL OF MEDICINE

1. **Access & Utilization** of Services
2. Enhancing **Service Quality**

Role of the SMART Center

SMART
School Mental Health Assessment Research & Training Center

- Set the context
  - Basic research on SMH
- Generate evidence
  - Develop and test models that "work"
- Mobilize evidence
  - Provide research-based training and TA
  - Conduct research on implementation and technical assistance strategies
- Build political will
  - Disseminate information broadly
  - "Be at the table" with funders and policy-makers

UW SMART Center Post-Doctoral Fellows

Catherine M Corbin
PhD

Maria Hugh
PhD, BCBA

Alana McVey
PhD

Courtney Zulauf-McCurdy
PhD

Learn more about our SMART Center team here: bit.ly/SMARTCenterTeam

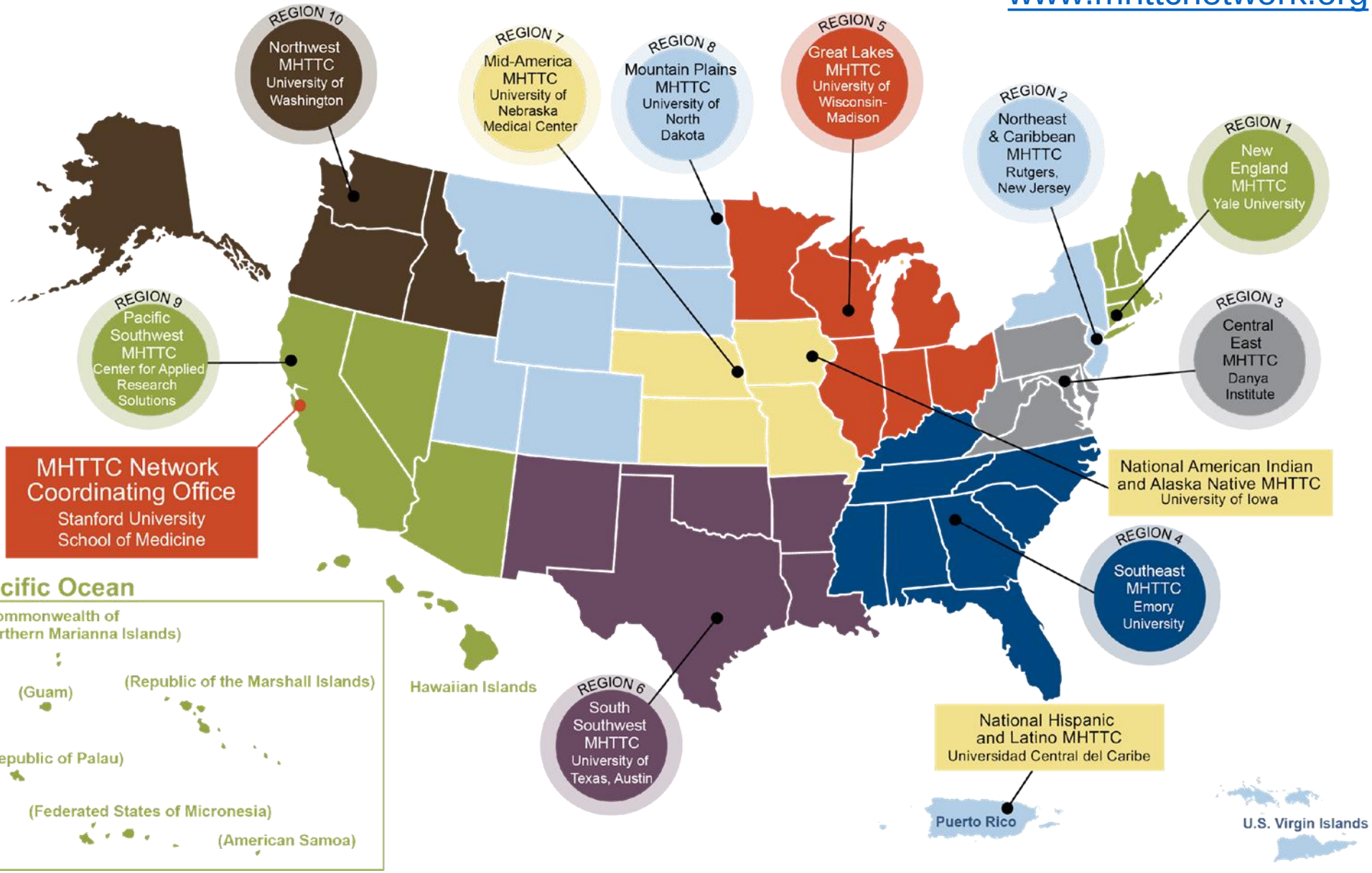
MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network

www.mhttcnetwork.org



Northwest MHTTC School Mental Health Center (NWSMH)

REGION 10
Northwest MHTTC
University of Washington

PROUDLY SERVING THE SCHOOL MENTAL HEALTH WORKFORCE IN ALASKA, IDAHO, OREGON & WASHINGTON

https://bit.ly/NWSMH

nwsmh@uw.edu

https://bit.ly/NWSMHsignup

Follow us on social media!

@NorthwestMHTTC

Northwest MHTTC

Our goals:

- Provide direct training and TA on the implementation of mental health services in schools
- Build infrastructure and create learning communities
- Support educational leaders to promote mental health for ALL

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- At the time of this presentation, Miriam Delphin-Rittmon served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.
- This work is supported by grant SM 081721 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

SAMHSA
Substance Abuse and Mental Health Services Administration

Kimberly Arnold

Strategies for Advancing Mental Health Equity in Schools

Kimberly Arnold, PhD, MPH Assistant Professor of Family Medicine and Community Health at the University of Pennsylvania Perelman School of Medicine

Advancing Mental Health Equity in Schools

Kimberly T. Arnold, PhD, MPH

Assistant Professor

Department of Family Medicine and Community Health

University of Pennsylvania Perelman School of Medicine

February 23, 2022

Perelman School of Medicine University of Pennsylvania

Department of Family Medicine & Community Health

Personal Story

- Grew up in small rural town
- Absence of preventive mental health services at schools that I attended
- Didn’t learn about the importance of mental health until graduate school

Objectives

01. The problems

Explain the burden of mental health challenges among children and adolescents and associated disparities in school mental health care.

02. Involving stakeholders in the solutions

State the importance of involving stakeholders in the development, selection, adaptation, implementation, and evaluation of evidence-based school mental health interventions.

03. Examples of solutions

Discuss examples of policies, interventions, and implementation strategies to advance mental health equity in schools.

04. Adapting implementation strategies

Describe the Adapting Strategies to Promote Implementation Reach and Equity framework.

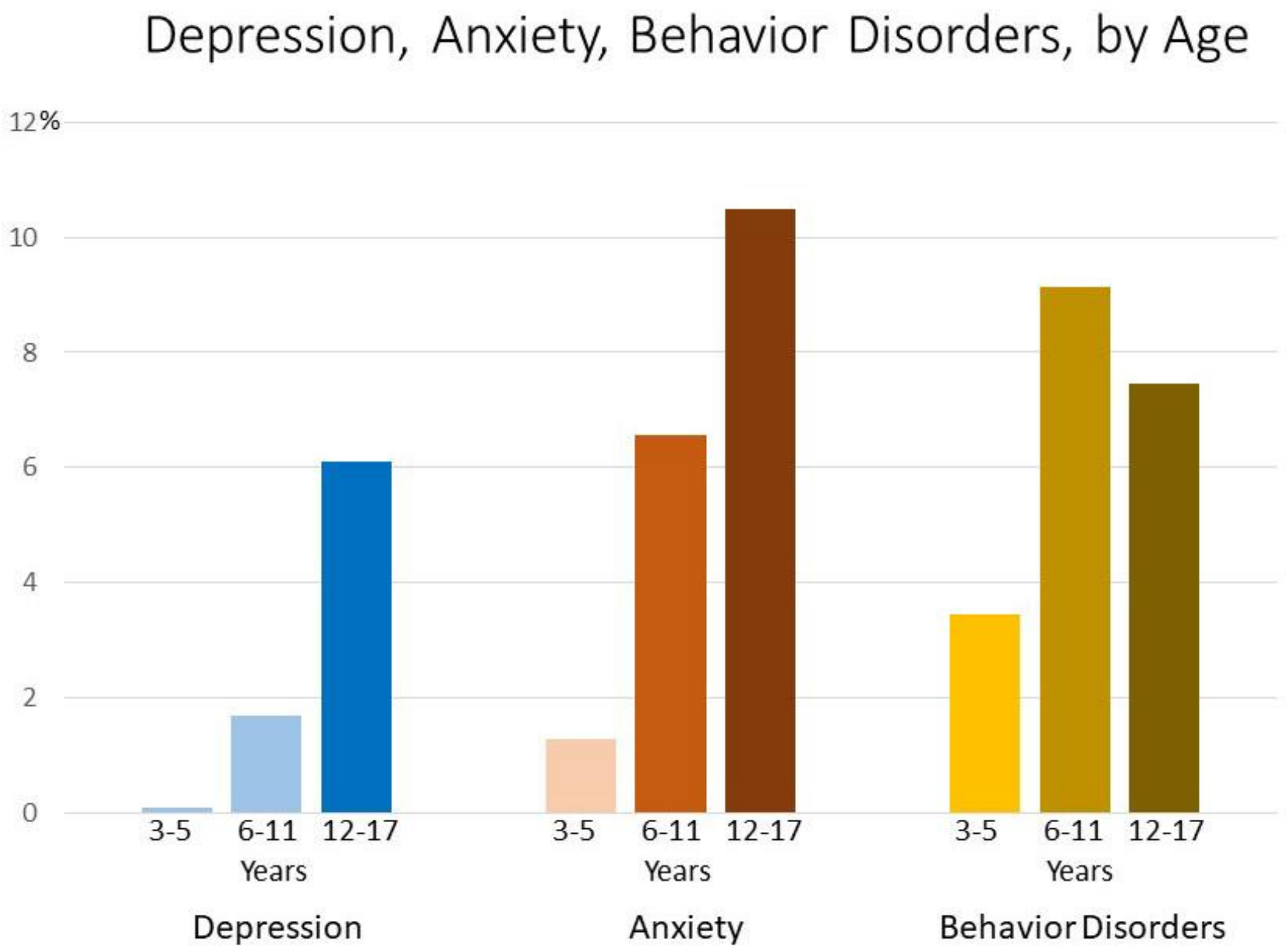
Children’s mental health and school mental health disparities

“

Approximately 1 in 6 children between the ages of 6 and 17 has a treatable mental health disorder.

Approximately 80 percent of children and adolescents with mental health diagnoses have unmet mental health needs.

Source: CDC, 2021; Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatr.* 2019;173(4):389–391. doi:10.1001/jamapediatrics.2018.5399



Rates of mental disorders among children vary with age

Source: CDC, 2021; Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ. Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. *The Journal of Pediatrics*, 2018. Published online before print October 12, 2018

Children's mental health disparities exist by sex, socioeconomic status, and race/ethnicity

Among children aged 2-8 years, boys were more likely than girls to have a diagnosed mental, behavioral, or developmental disorder

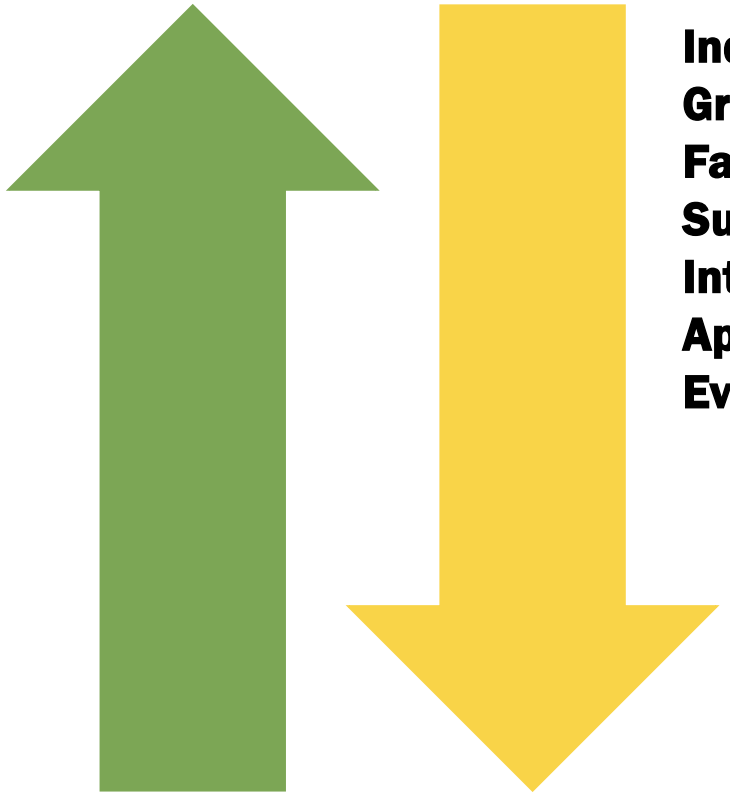
Among children living below the poverty level, more than 1 in 5 had a diagnosed mental, behavioral, or developmental disorder

Children of color and children living below the poverty level are more likely to be exposed to trauma

Source: CDC, 2021; Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *MMWR*, 2018;67(5):1377-1383; Larson, S., Chapman, S., Spetz, J., & Brindis, C. D. (2017). Chronic childhood trauma, mental health, academic achievement, and school-based health center mental health services. *Journal of school health*, *87*(9), 675-686.

Children of color are disproportionately exposed to trauma and less likely to have access to mental health services

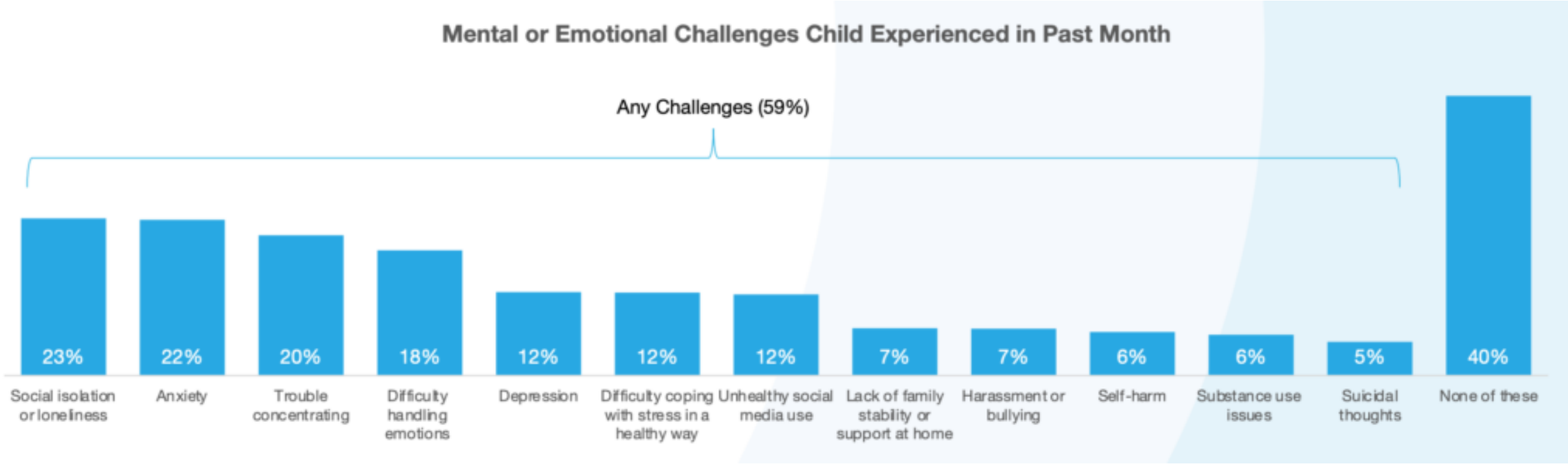
Abuse
Bullying
COVID-19
Discrimination
Food insecurity
Neglect
Neighborhood violence
Policy brutality
Poverty
Racism



Individual psychotherapy/counseling
Group therapy
Family therapy
Support groups
Intensive outpatient care
Appropriate psychiatric medication
Evidence-based mental health interventions

Sources: CDC, 2016; SAMHSA, 2015; Larson et al., 2017; Slopen et al., 2016; Alegria et al., 2010

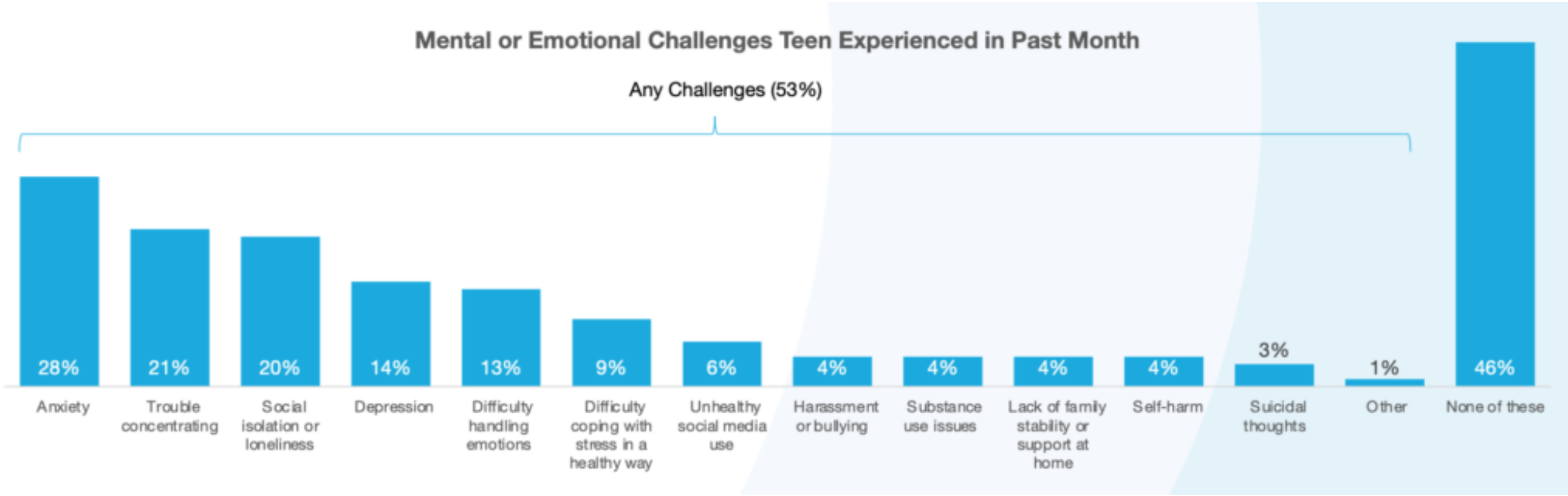
COVID-19 has increased mental health problems among children



*Respondents: parents of children ages 2-18

Source: https://jedfoundation.org/news-views/national-survey-youth-well-being-during-covid-19/

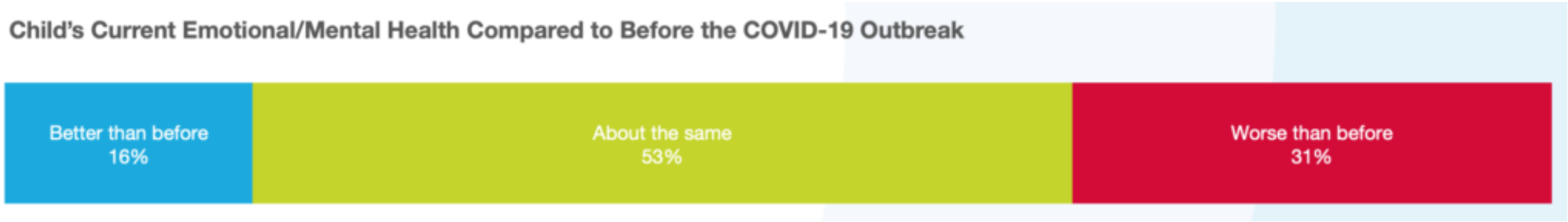
COVID-19 has increased mental health problems among teens



*Respondents: parents of children ages 13-18

Source: https://jedfoundation.org/news-views/national-survey-youth-well-being-during-covid-19/

COVID-19 has exacerbated mental health problems among children and adolescents



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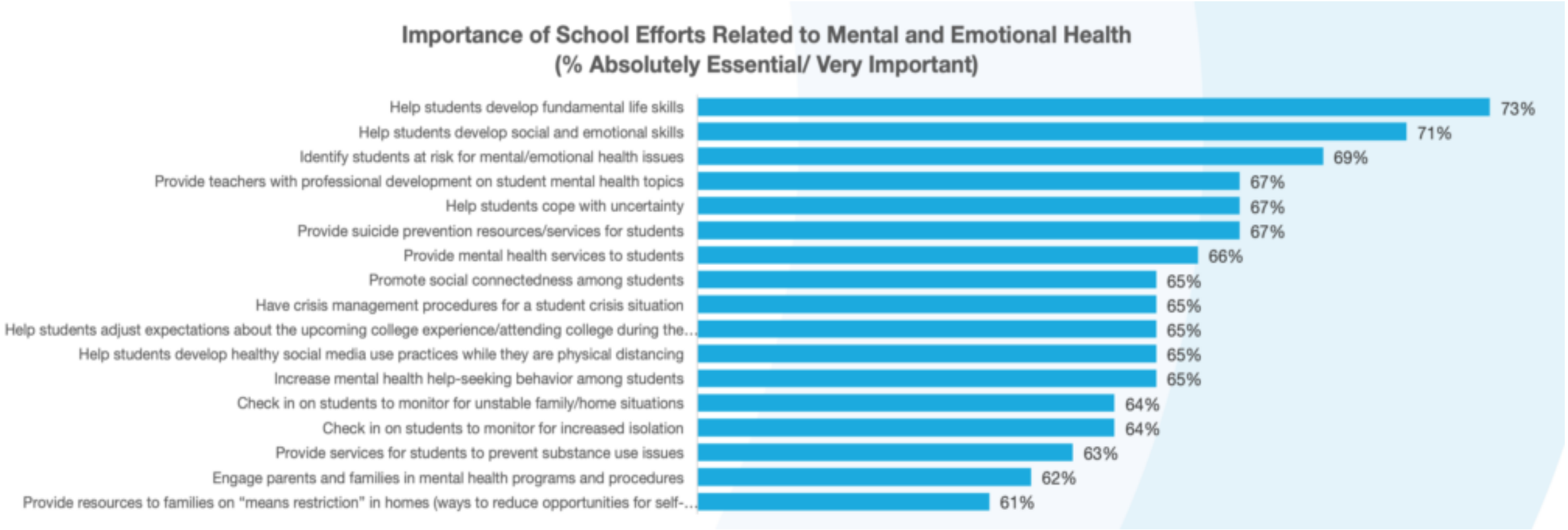
Source: https://jedfoundation.org/news-views/national-survey-youth-well-being-during-covid-19/

Schools are an ideal setting to address children's mental health challenges



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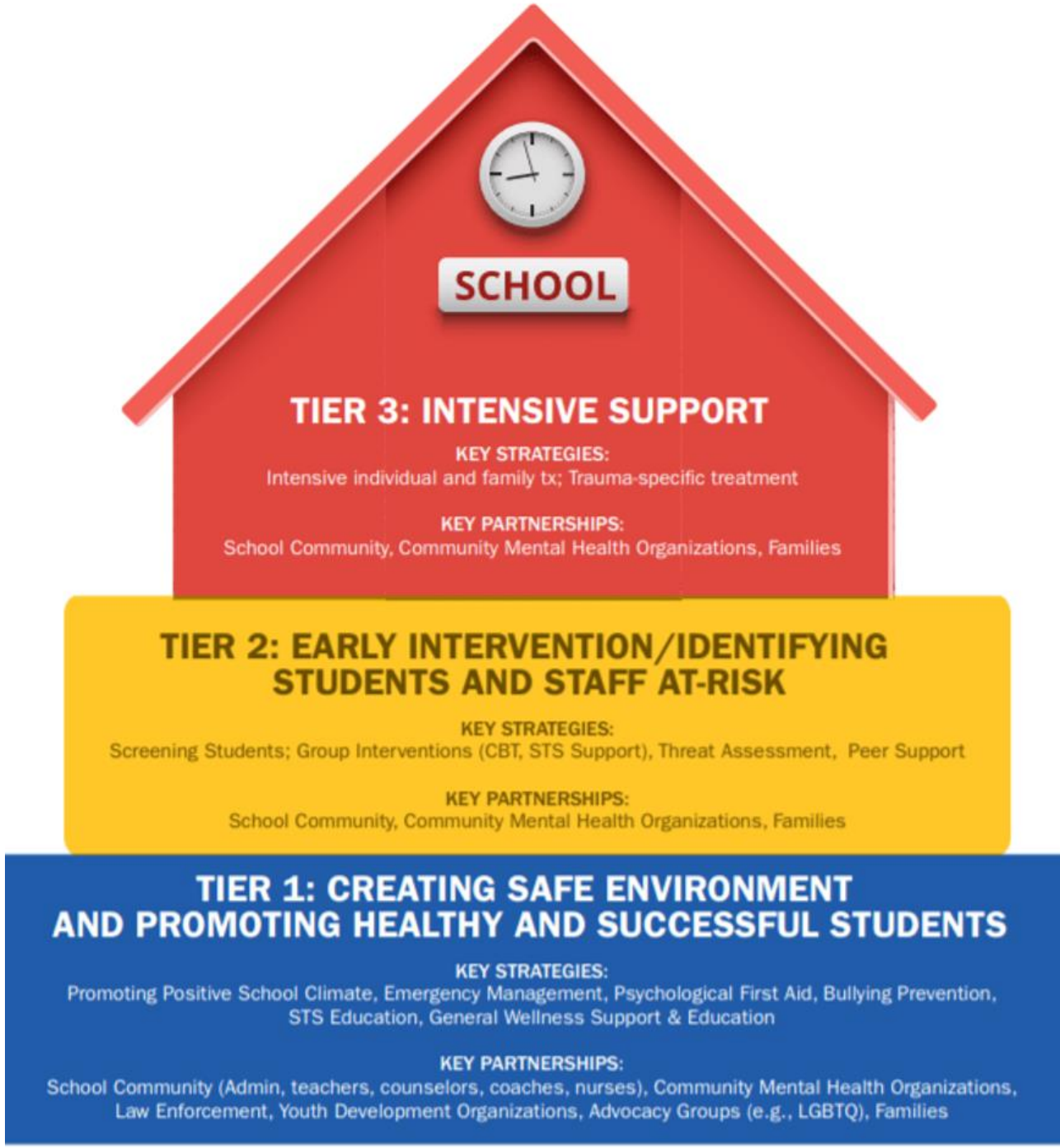
Source: https://jedfoundation.org/news-views/national-survey-youth-well-being-during-covid-19/

Schools increase children's access to mental health services

- Children spend most of their time in schools
- Some children ONLY receive mental health services in school
- Schools can provide a multi-tiered system of support for mental health



School mental health disparities

- Not all schools have mental health interventions
  - Rural vs. urban schools
  - Well-resourced vs. under-resourced schools
- Not all children in schools who are in need receive mental health services
- Evidence-based interventions for mental health are not being widely implemented and sustained in schools
- Shortage of school mental health professionals to provide services

Engaging stakeholders in school mental health interventions

Various stakeholders are involved in school mental health

Students

Parents and families

Teachers and other staff

School mental health professionals

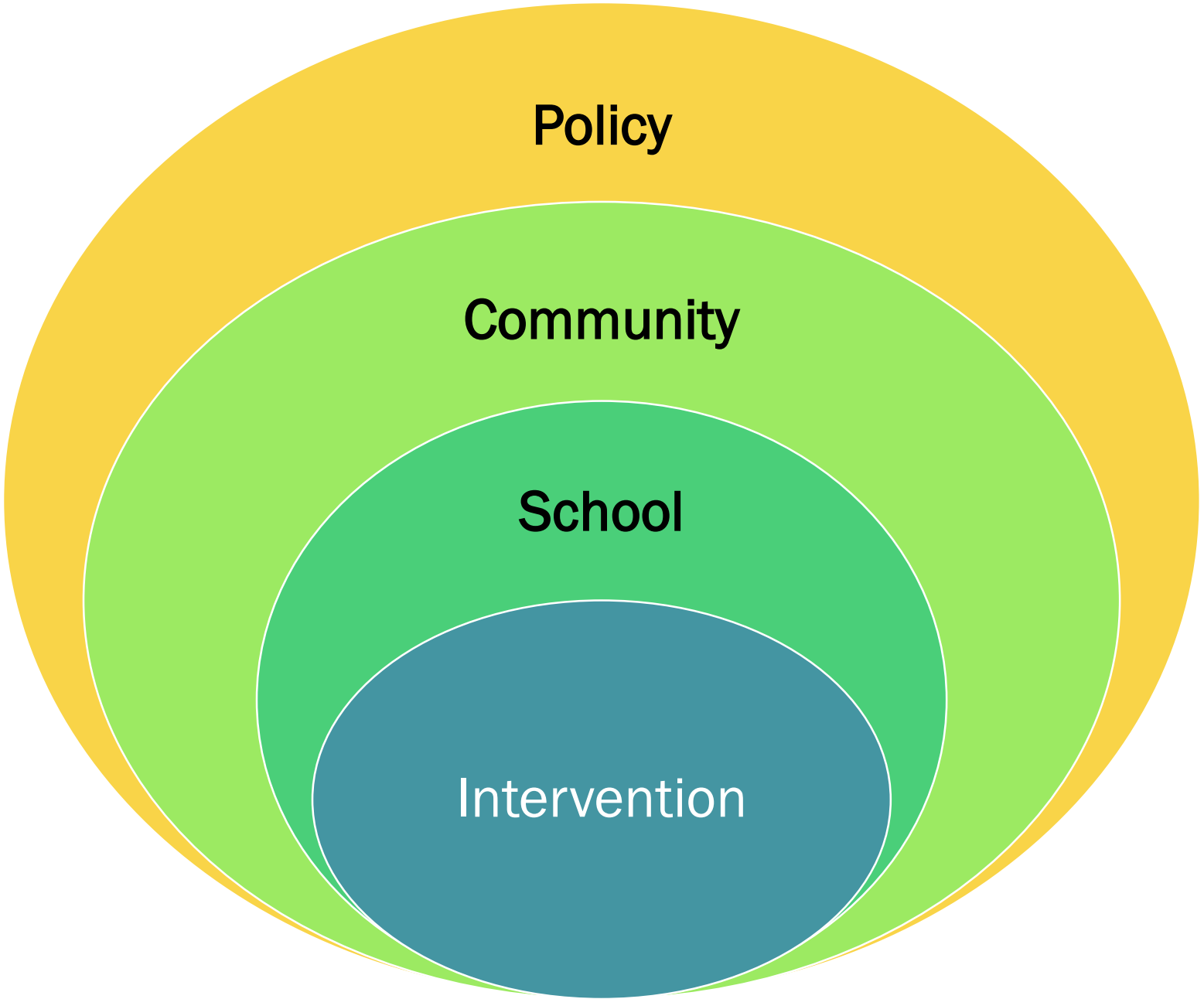
School leadership

Involving stakeholders is beneficial

- Demonstrates respect
- Builds trust
- Improves selection of implementation strategies
- Improves implementation outcomes
  (e.g., acceptability, feasibility, fidelity, appropriateness)
- Improves clinical outcomes
- Provides different perspectives on implementation efforts and outcomes

Multi-level strategies for advancing school mental health equity

School mental health equity can be advanced within and across multiple levels



Examples of policy solutions

- Leverage federal funding:
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Health Resources and Services Administration (HRSA)
  - Department of Education
  - COVID-19 recovery funds (.e.g., American Rescue Plan Act)
- Take advantage of state Medicaid funding
- Develop local policy at the district level to promote implementation and funding of school mental health services

ADVOCACY AND ACTION

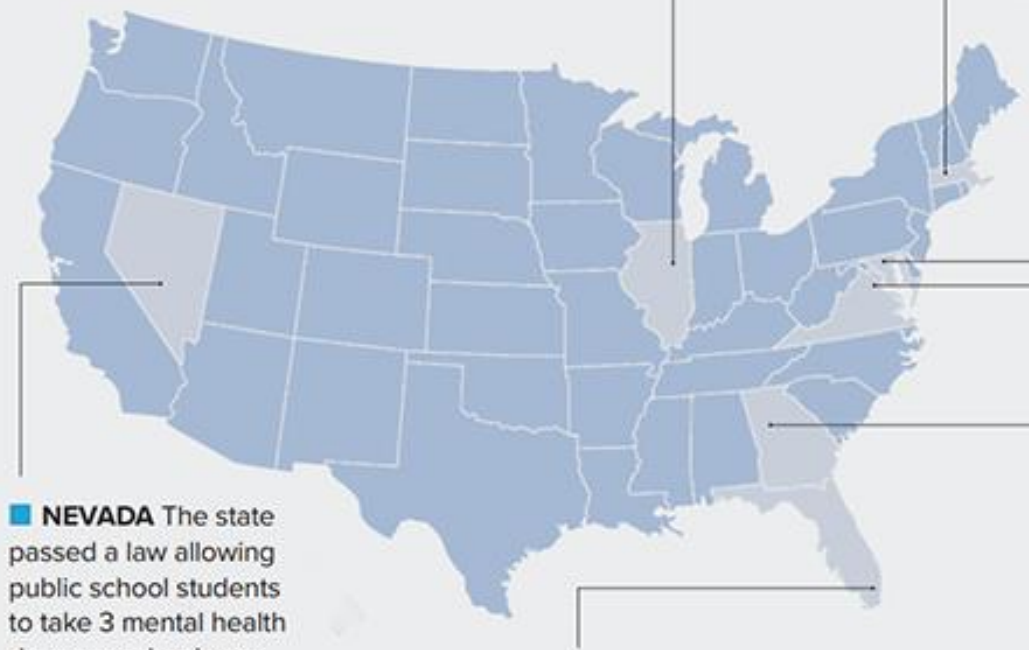
ADDRESSING MENTAL HEALTH AROUND THE COUNTRY

From providing mental health days to increasing resources, cities and states are taking action in schools.

ILLINOIS Under a new law, public school students in the state will be allowed to take 5 mental health days per school year, starting in 2022. In March 2021, Chicago Public Schools announced a $24 million plan to invest in mental health and trauma support programs for students and staff.

MASSACHUSETTS The state is aiming to pass legislation called the Thrives Act to establish an advisory council that will help implement behavioral health promotion, prevention, and intervention services in school districts.

MARYLAND A new public-private partnership, Project Bounce Back, will direct $25 million from the CARES Act to bring additional counselors and psychologists into schools and expand Boys & Girls Clubs to every Maryland county.



VIRGINIA Alexandria City Public Schools is redirecting funds from school police to mental health and mentorship programs.

NEVADA The state passed a law allowing public school students to take 3 mental health days per school year.

GEORGIA Atlanta Public Schools plans to screen more than 30,000 pre-K to 12th grade students on their social-emotional behavior and has trained staff in trauma-informed practices.

FLORIDA Miami–Dade County Public Schools provided staff with social-emotional learning and mental health awareness training and hired 45 new mental health coordinators.

Source: https://www.apa.org/monitor/2022/01/special-childrens-mental-health

Examples of community solutions

- Partner with community mental health agencies
- Partner with community groups and organizations such as the YMCA, Boys and Girls Club, Big Brothers Big Sisters of America
- Partner with faith-based organizations

Partnerships are key!!

Examples of school-wide solutions

- Establish multi-tiered systems of support for mental health
  - Implementing evidence-based interventions across all levels
  - Implement more trauma-informed and universal interventions

- Integrate mental health care in school-based health centers
  - Integrate screening and treatment for mental and physical conditions

- Create comprehensive school mental health systems
  - School-community collaborations that provide a continuum of services

Project POWER: Promoting Options for Wellness and Emotion Regulation

- School-based randomized controlled efficacy trial of RAP Club
- Over 800 8th grade students within 29 Baltimore City public schools were randomized to participate in one of two universal programs (2016-2019):
  - RAP Club – trauma-informed mental health intervention
  - Healthy Topics – general health education program

Mendelson, T., Clary, L. K., Sibinga, E., Tandon, D., Musci, R., Mmari, K., Stuart, E. A., & Ialongo, N. (2020). A randomized controlled trial of a trauma-informed school prevention program for urban youth: Rationale, design, and methods. *Contemporary Clinical* Salkever, D., *Trials*, *90*, 105895. https://doi.org/10.1016/j.cct.2019.105895

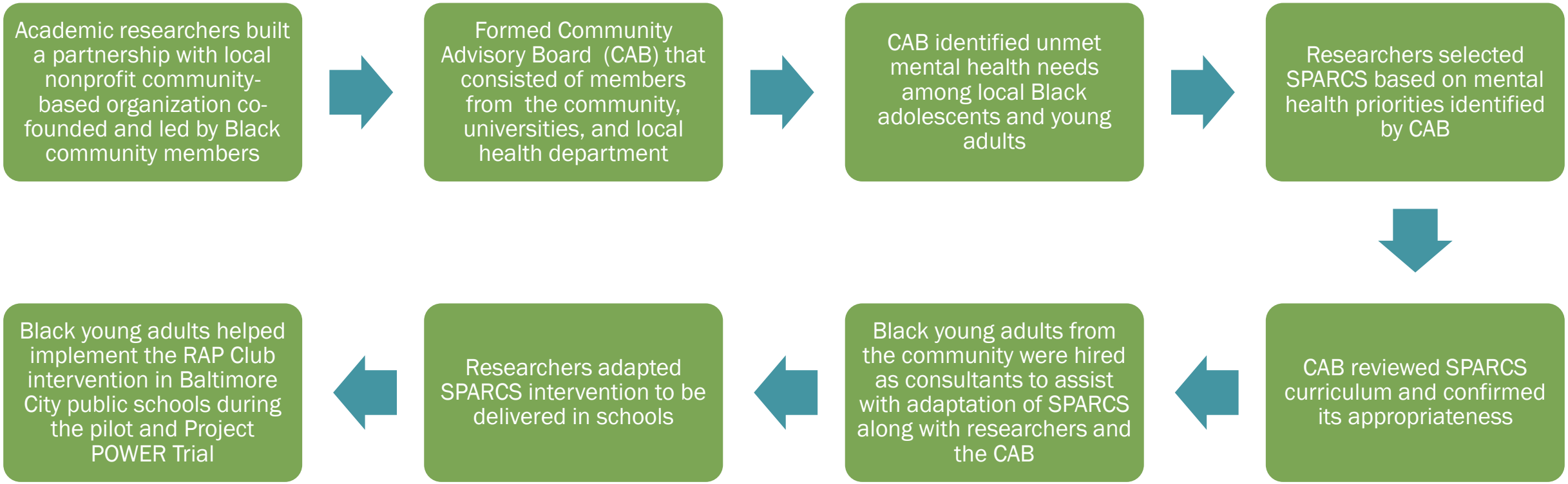
RAP Club was designed for adolescents living in low-income urban areas

- **Adapted** from Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Focused on **prevention** of potential negative effects of chronic stress and trauma exposure
- **12-session, group-based program** that can be delivered by a lay school staff member or mental health clinician along with a young adult community member

RAP Club is rooted in evidence-based mental health practices

Core Intervention Component	Evidence-Based Practice
Identifying stress	Psychoeducation
Awareness of emotional states	Mindfulness
Using a mindful approach	Mindfulness
Communication skills	Cognitive Behavioral Therapy
Problem solving skills	Cognitive Behavioral Therapy
Distress tolerance skills	Mindfulness and Cognitive Behavioral Therapy
	Mindfulness

Community-based Participatory Research approach was used to adapt RAP Club from Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)



Adapting implementation strategies to advance equity in school mental health

Implementation Strategies

Methods or techniques used to enhance the adoption, implementation, and sustainability of a program or practice.

For a compilation of school-based implementation strategies, see:

- Cook, C. R., Lyon, A. R., Locke, J., Waltz, T., & Powell, B. J. (2019). Adapting a compilation of implementation strategies to advance school-based implementation research and practice. *Prevention Science, 20,* 914-935. doi: 10.1007/s11121-019-01017-1

Use evaluative and iterative strategies	• Assess for readiness and identify barriers and facilitators • Obtain and use student and family feedback
Provide interactive assistance	• Centralize technical assistance • Provide local technical assistance
Adapt and tailor to context	• Promote adaptability • Tailor strategies
Develop Stakeholder Interrelationships	• Build partnerships • Organize implementation team meetings
Train and Educate Stakeholders	• Conduct ongoing training • Use train-the-trainer strategies

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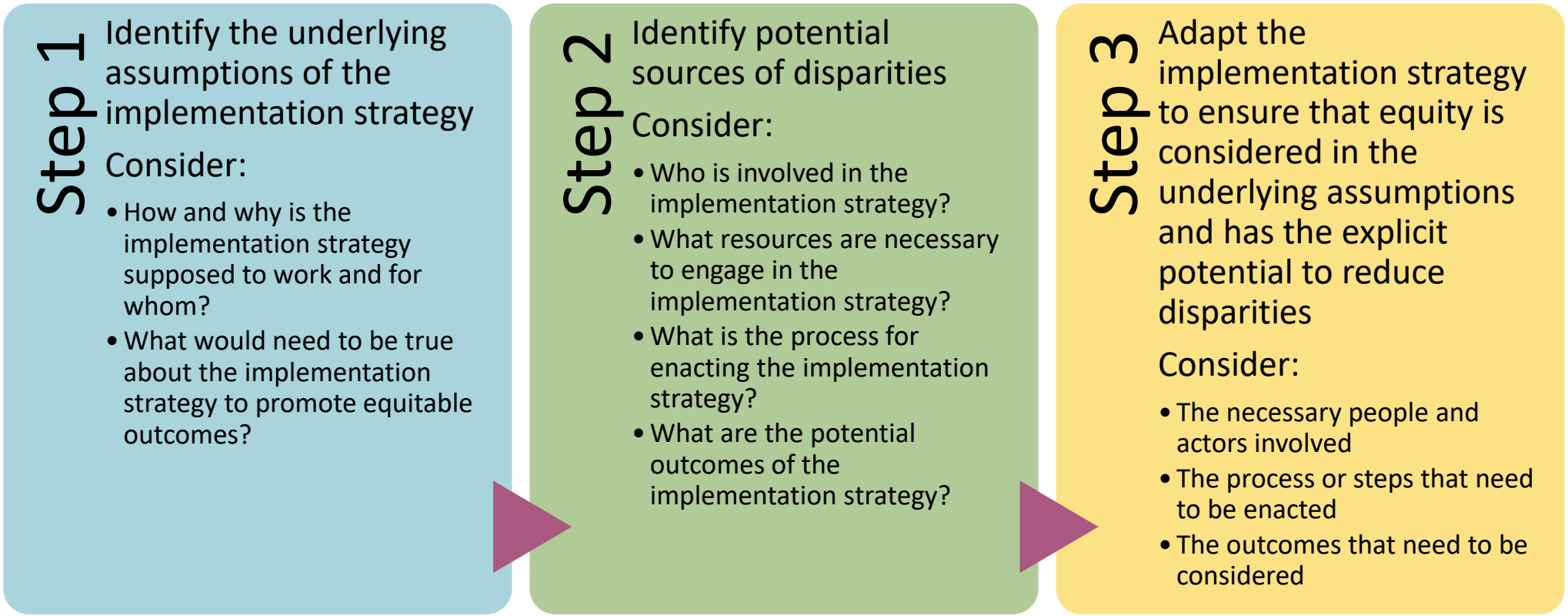
Support Educators	• Improve implementers' buy-in • Targeting/improving implementer well-being
Engage Consumers	• Involve students, families, and staff • Prep consumers to be active participants
Use Financial Strategies	• Access new funding • Alter and provide incentives
Change Infrastructure	• Change/alter environment or site • Develop local policy to support implementation

Adapting Strategies to Promote Implementation Reach and Equity (ASPIRE) Process



Gaias, L. M., Arnold, K. T., Liu, F. F., Pullmann, M. D., Duong, M. T., & Lyon, A. R. (2021). Adapting Strategies to Promote Implementation Reach and Equity (ASPIRE) in school mental health services. *Psychology in the Schools.* Advanced online publication. doi: 10.1002/pits.22515

Promote Adaptability:

Identify the ways a new practice can be tailored or adapted to best fit with the school/classroom context, meet local needs, and clarify which elements of the new practice must be maintained to preserve fidelity

Step 1

Identify the underlying assumptions

- By promoting adaptations of the new practice, the core elements can be maintained to preserve fidelity, while other elements of the new practice are improved to fit better with the school context and meet the needs of students
- Assumes that adapters fully understand the implementation context & population

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Step 2

Identify potential sources of disparities

- Adaptation may only include intervention developers or researchers, without input from school staff and students who best understand the implementation context
- Adapters may lack knowledge regarding culturally appropriate therapeutic processes, knowledge, attitudes, and beliefs

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Step 3

Adapt the implementation strategy to ensure that equity is in the underlying assumptions and has the explicit potential to reduce disparities

- Using a participatory approach with representation from intervention developers, researchers, implementers, and recipients, identify the ways a new practice can be tailored or adapted to be culturally responsive to different racial/ethnic groups, best fit with the school/classroom context, build on local strengths and help address local challenges (with an emphasis on the priorities of underserved populations), and clarify which elements of the new practice must be maintained to preserve fidelity

Thank you

"If you want to go fast, go alone.
If you want to go far, go together."

-African proverb

Email address:

Kimberly.Arnold@pennmedicine.upenn.edu

Northwest (HHS Region 10)
MHTTC
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YOUR FEEDBACK IS IMPORTANT

EVAL LINK HERE

Certificates of attendance and Washington in-service forms can be accessed after completing the evaluation.

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