SCHOOL AS CLIENT:
MENTAL HEALTH SERVICES FOR DIVERSE POPULATIONS THE SCHOOLS CULTURE

Scott Bloom, LCSW-R

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- Scott Bloom, LCSW-R has spent his career at the intersection of mental health and schools working to improve access to social-emotional services and resources by integrating these programs into school systems creating opportunities for students to overcome emotional and behavioral barriers to academic achievement. He is the founding Director of School Mental Health Services for the Office of School Health in the New York City Department of Education. The School Mental Health unit facilitates partnerships with mental health organizations, implements Mayoral Thrive NYC projects, and focuses on prevention initiatives that have created a citywide system of mental health services and resources in over 1800 New York City schools. He has been working with children and families for over 30 years. He serves on the advisory boards for a number of cities, state and national mental health initiatives including the Center for the Advancement of School Mental Health at the University of Maryland. Mr. Bloom has contributed to journals, magazine articles, book chapters, and has presented at local and national conferences on school mental health. He is also certified as a psychotherapist and a private practice and supervision in New York City.

Co-Sponsor Slide

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. 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.

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Authors Disclose Conflicts of Interest

- No conflict of interest to disclose.

TODAY'S AGENDA

- Welcome

- Learning Objectives

- New Paradigm for School Mental Health

- School as the Client

- Nuts and Bolts

- Impact of COVID -19

- Q & A

LEARNING OBJECTIVES

- Identify key historical contexts that frame school mental health and the development of the social worker in schools.

- Recognizing areas of tension and conflict between multiple systems of support in your school.

- Identify contexts at work in which collaboration across integrated systems of care can lead to improved mental health supports for students and educators

- Articulate Best Practices in school mental health collaboration for working with school staff.

- Create a toolbox of strategies based on promoting positive presence in schools by interacting positively with school staff.
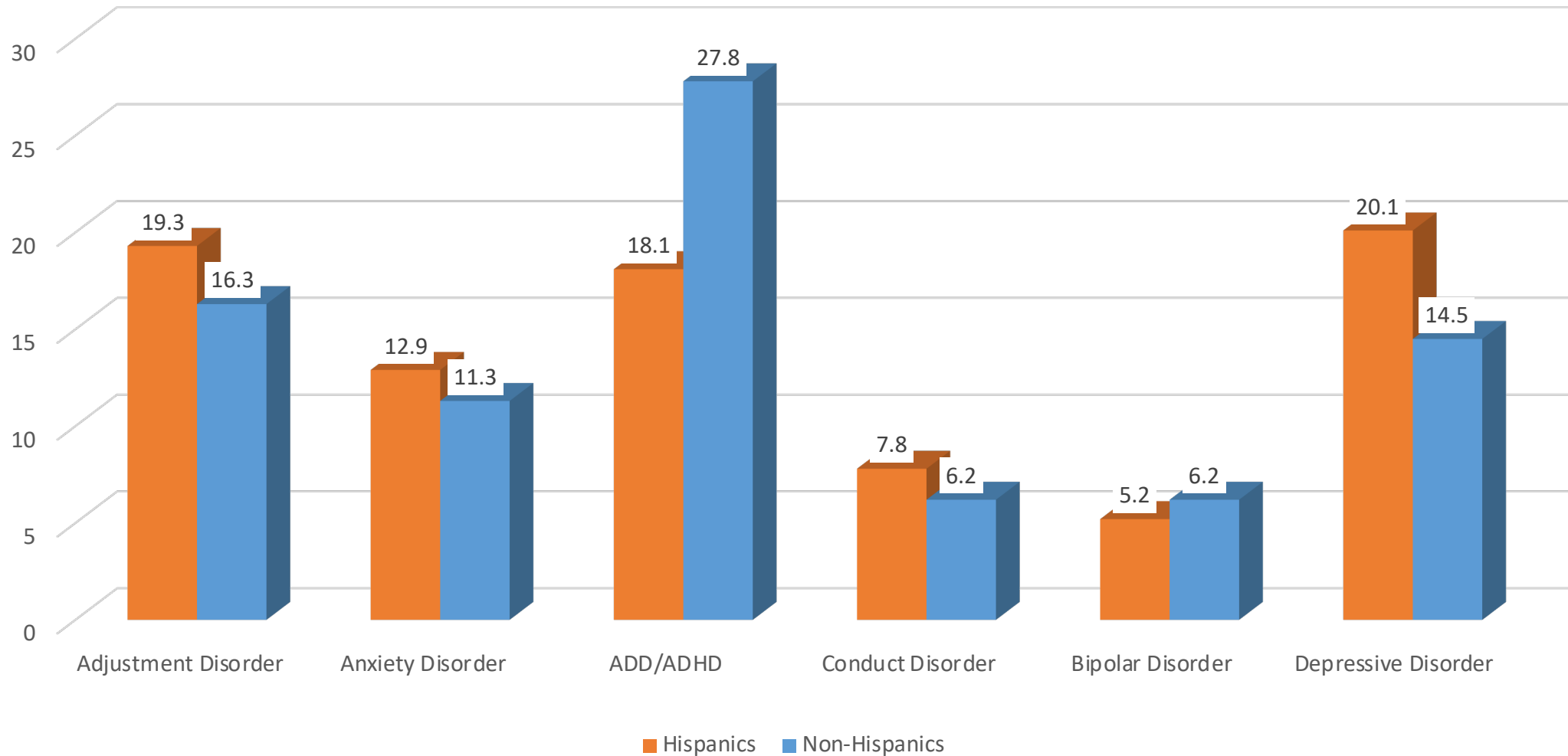
WHY IS STUDENT'S MENTAL HEALTH IMPORTANT TO CONSIDER IN SCHOOL?

- There is a growing and unmet need for mental health services for children and youth.
  - 1/5 children and adolescents experience significant mental health problems during their school years (US Department of Health and Human Services, 1999, Mental Health: A Report to the Surgeon General)

- Among the 2.2 million adolescents (age 12-17) who reported a depressive episode in the past year, nearly 60% did not receive any treatment (SAMHSA (2005) NSDUH Report.)

- A recent National Survey found that 46% of LGBTQIA+ youth reported they wanted psychological or emotional counseling from a mental health professional, but were unable to receive it in the past 12 months.

- Results showed that nationally Latina/o LGBTQ+ youth were 30% more likely to report a suicide attempt compared to non-Latina/o LGBTQ+ youth (The Trevor Project Research Brief, 2020). Furthermore, Latina/o LGBTQ youth who worry "a lot" about themselves or a family member being deported were twice at risk for attempting suicide than their non-Latina/o LGBTQ peers.

- Crisis events provide vivid examples of the need for mental health services (prevention and intervention).
  - Examples: School shootings, 9/11,hurricanes

- Nationally, Latina high school students attempted suicide in 2018 at a higher rate (15.1%) than their White (9.8%) and Black1 (10.2%) female-identified peers (CDC, 2018).

SERIOUS EMOTIONAL DISTURBANCE DIAGNOSES (17 AND YOUNGER), 2016

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Mental Health Treatment Episode Data Set (MH-TEDS) and Mental Health Client-Level Data (MH-CLD), 2016 reporting periods. Data as of 11.13.2017

INDICATORS FROM OUR LATINO COMMUNITY
HIGH SCHOOL YRBS,2017

White non-Latinos

- Felt Sad Or Hopeless : 31.5%
  - Male : 21.4%
  - Female : 38.2%

- Attempted suicide : 6.1%
  - Male : 4.6%
  - Female : 7.3%

Latinos

- Felt Sad Or Hopeless : **33.7%**
  - Male : 21.2%
  - Female : **46.8%**

- Attempted suicide : **8.2%**
  - Male : 5.8%
  - Female : 10.5%

WHY MENTAL HEALTH IN SCHOOLS?

Schools Are On the Frontlines of Communities

- Logical point of entry

- Frontline identification

- More natural setting for students

- Increased access and follow-up

- Closes treatment gaps for students of color

- Important role in public health campaigns

- Sole provider for many children

WHY MENTAL HEALTH IN SCHOOLS?
Mental Health Affects Student Achievement

- Fewer...
  - Referrals based on challenging behavior
  - Referrals for special education services
  - Students in restrictive environments

- Decreased disruption from class time and school activities

- Improved academic achievement

- Increased teacher confidence around mental health

BENEFITS TO STUDENTS
Students Benefit From Having More Mental Health
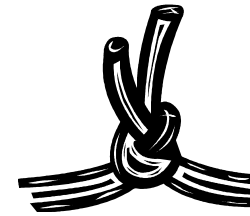
Increases resiliency and help-seeking behavior -

- Improvement in…
  - Student decision-making
  - School culture and commitment to school
  - Student social emotional skills
  - Positive interactions with others

- Increased knowledge about mental health

- Decreased mental health stigma

MAJOR POINTS

1. School goals = Mental health goals

2. Improving contexts as a means toward children's mental health and learning

3. There are effective and feasible ways to support children in classroom contexts

ADDRESSING BARRIERS TO STUDENT LEARNING

Give Me 1 Type of Interventions or Program that Overcomes Barriers to Academics?
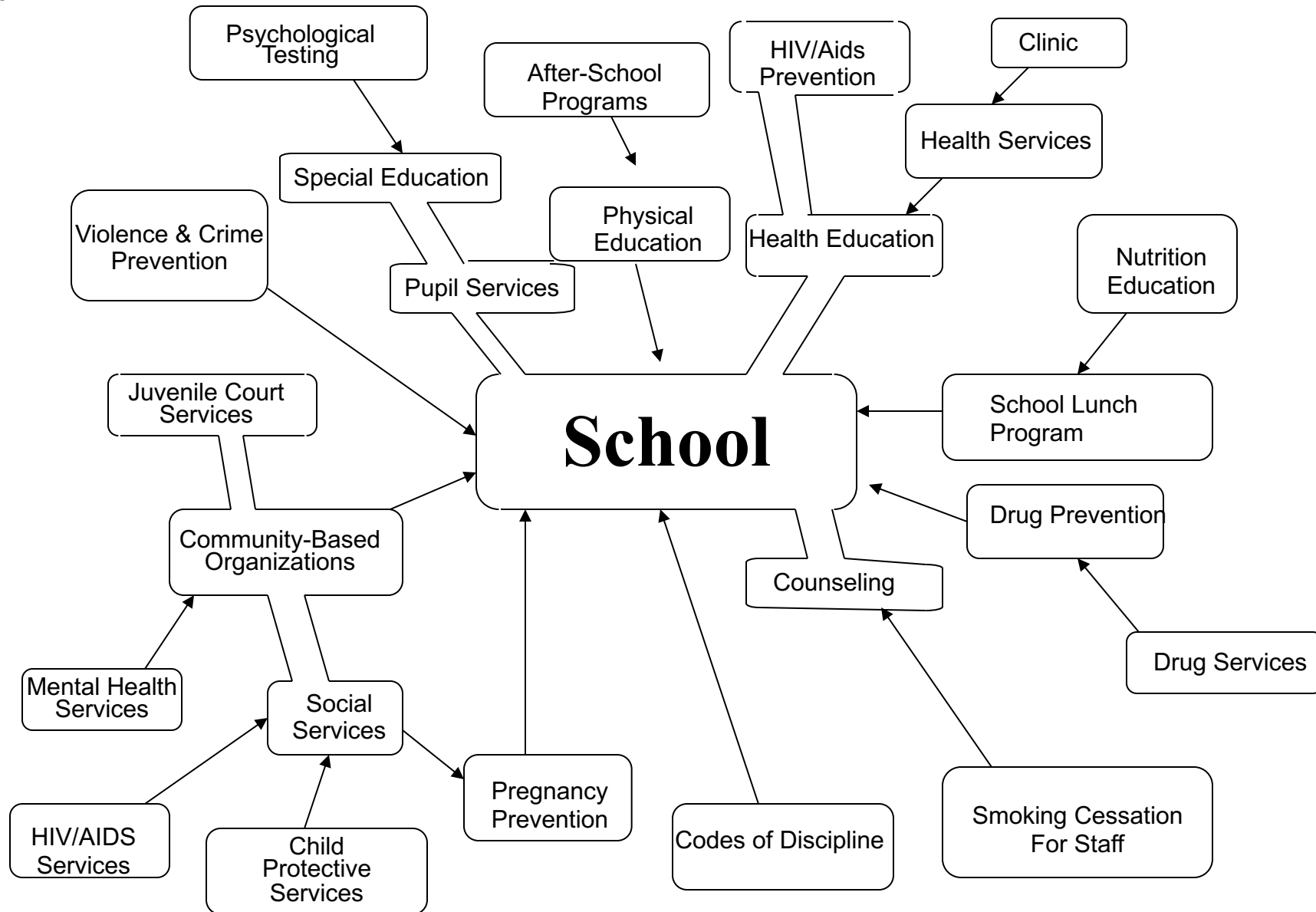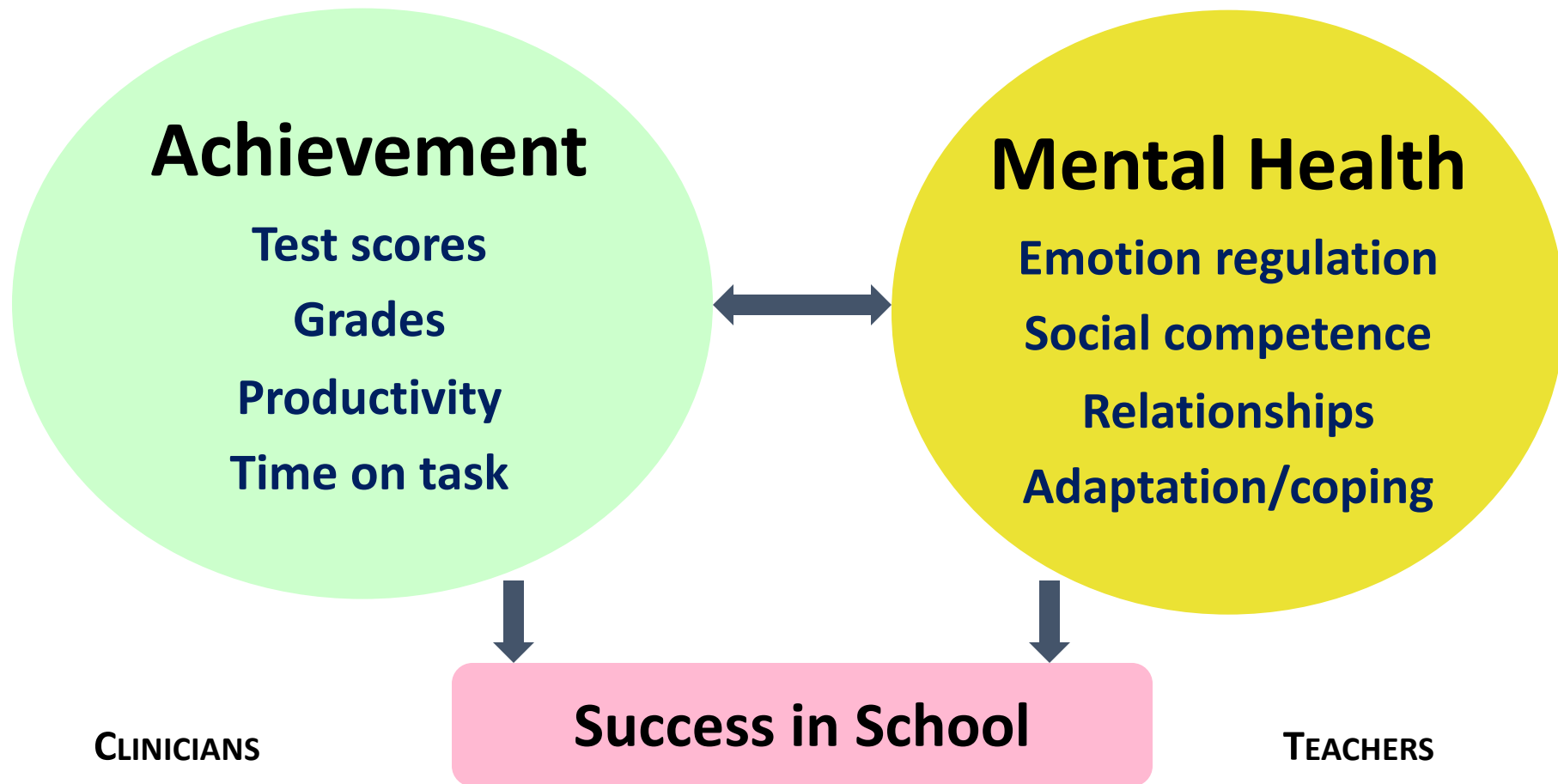
WHITE BOARD

- WHITE BOARD HERE

Adapted from: *Health is Academic: A guide to Coordinated School Health Programs* (1998). Edited by E. Marx & S.F. Wooley with D. Northrop. New York: Teachers College Press.

ACHIEVEMENT AND MENTAL HEALTH

Achievement

Test scores

Grades

Productivity

Time on task

Mental Health

Emotion regulation

Social competence

Relationships

Adaptation/coping

Success in School

Clinicians

Teachers

REFRAME MENTAL HEALTH

Student Supports

Learning Supports

Success in School

Two Approaches Side-by-Side

The student argues with family before school. Now they are running late.

Staff and Leadership are welcoming and friendly.

The teacher welcomes the student to class and waits until after class to speak to them about lateness.

The fight is properly de-escalated and the students participate in mediation.

The students agree to work on a collaborative project together.

Student arrives at school	Student is late to class	Student has a fight in the hallway	Later that afternoon...

The student is greeted by a metal detector and unwelcoming staff.

The teacher scolds the student in front of the entire class.

The fight is not de-escalated. Staff are unsure about what to do so they call 9-1-1.

The student is removed from school by police officers and is at-risk for involvement in the criminal justice system.

Adapted from "A Tale of Two Schools" by the National Education Association

SCHOOL AS CLIENT

- **Presenting Problem**

- Assessment

- Treatment Plan

- Learn the Language

ASSESSMENT

Students with Intense Problem Behavior (1%-5%) → **TERTIARY PREVENTION** → **Targeted Interventions**

Student's At-Risk for Problem Behaviors (5%-15%) → **SECONDARY PREVENTION** → **Selected Interventions**

Students without Serious Problem Behaviors (80%-90%) → **PRIMARY PREVENTION** → **Universal Interventions**

(Walker et al., 1996)

Social Worker

Student

Intensive Community Interventions With School Support

Some School-Employed MH Prof

Students With Severe/Chronic Problems

Intensive School Interventions With Community Support

Targeted School Interventions With Community Support

Most School-Employed MH Prof

At-Risk Students

Early Identification of Students With Mental Health and Behavioral Concerns

All School Employed MH Professionals

All Students

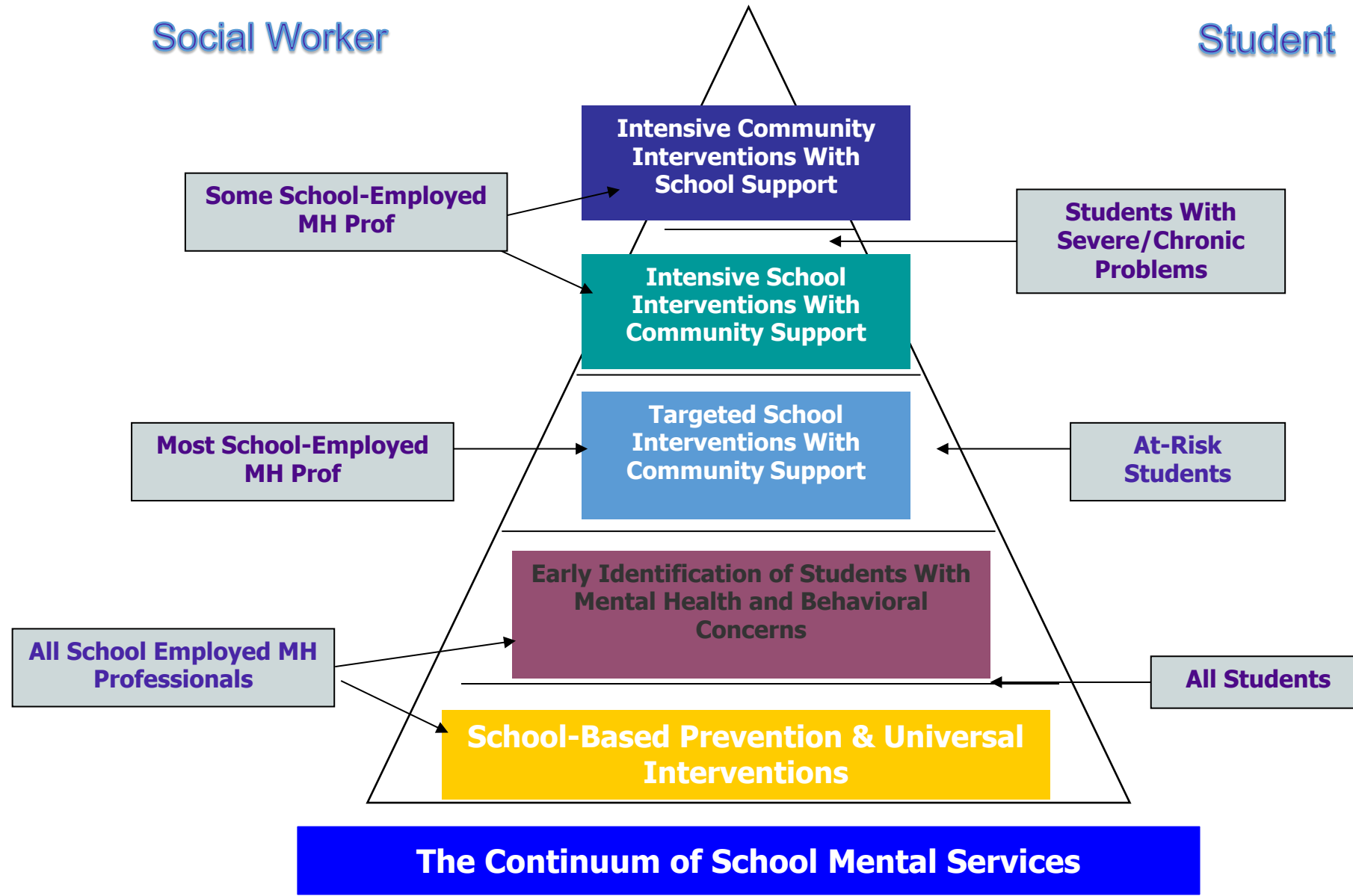**School-Based Prevention & Universal Interventions**

The Continuum of School Mental Services

TREATMENT PLAN

- Find ways to become the Fabric of the School

- Stairwell Therapy

- Nuts & Bolts

STAGES OF RELATIONSHIP DEVELOPMENT

- **Form**
  - Coming together to understand needs

- **Storm**
  - Making our needs known and working towards win/win

- **Norm**
  - Working together to accomplish the task and building trust

- **Perform**
  - Linking my success with yours, resulting in creativity and synergy

Source: Partnership Continuum, Inc.

LEARN THE LANGUAGE

- When working with a client you get to know how they communicate, their values, their culture, the meta-communications, their narrative, their traditions, and rituals.

- The same can be said for a school: you need to understand their values, their culture, how they communicate, who holds the power, who are the champions and who are the gatekeepers.
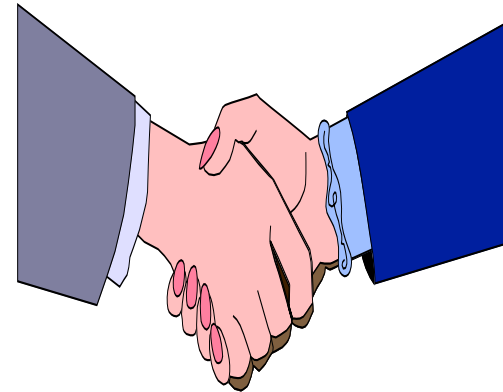
HISPANIC & LATINO POPULATION

1. Respect is key when engaging Hispanic Families
2. Learn about a Hispanic's Country of Origin
3. Take Time to Educate about Mental Health Issues
4. Engage Leaders from the Hispanic Community to Assist
5. Don't Misinterpret *Quietness* or *Shyness* as Depression

- *National Resource Center for Hispanic Mental Health*

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THREE TYPES OF TRUST

- Communication trust

- Contractual trust

- Competence trust

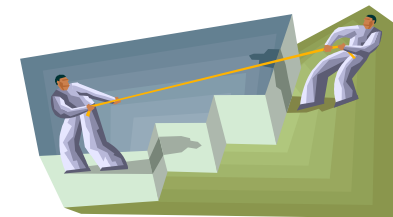Source: Reina, Dennis & Michelle. Trust & Betrayal in the Workplace. 1999

REAL TIME VS. SCHOOL TIME

CONFLICTS THAT MAY EMERGE WITH SCHOOLS

- Expectations for crises situations

- Impact on school staff time for collaborative activities

- Impact on class time if staff are to participate in training and need for substitutes

- Taking students out of instructional time

KEYS TO EFFECTIVE COMMUNICATION WITH TEACHERS

1. **Intervention** vs. **Interference**

- ***What do I do If the teacher is unaware of the problem…***
  - ask general questions: move gradually to focus on the specific problem.

- ***What do I do If the teacher gets defensive, and responds as if your intervention is intrusive,***
  - be empathetic.

KEYS TO EFFECTIVE COMMUNICATION WITH TEACHERS

2. Suggestion vs. Criticism

- *What do I do if the teacher becomes defensive and feels that I am criticizing their teaching or how they are handling a situation, especially if I disagrees with what the teacher is doing?*

- Solution: Acknowledge it, but also communicate the desire to work collaboratively.

KEYS TO EFFECTIVE COMMUNICATION WITH TEACHERS

3. Synthesis vs. Metamorphosis

- Just like students, teachers need to feel that other school personnel support them.
- It is important to recognize their assets and work with them on the challenges of their occupations.
- Promote the adaptation of a current behavior rather than creating or developing a new one.
- Capitalize on a teacher's positive behavior and apply it to other situations.

# KEYS TO EFFECTIVE COMMUNICATION WITH TEACHERS

4. Clarity vs. Chaos

- Teachers are often confused by the actions of the school social workers.

- The underlying problem, however, often is a conflict of agendas for a student

- Whenever problems arise and you are brought to the table, there are opportunities to teach others and to learn from them.

SYSTEM TUG OF WAR

- Educators

- Parents/Guardians

- Students

- Nurses/Doctors

- School Social Workers

- Other Support Team Practitioners
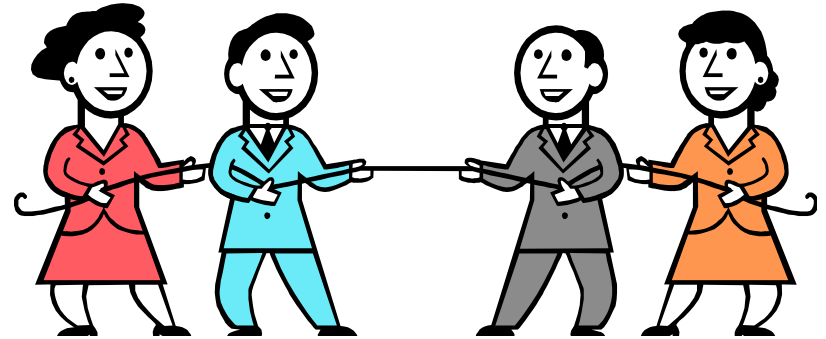
TOP DOWN – BOTTOM UP APPROACH

- Administration
  - Identified areas of needs as a whole
  - Plan formal trainings

- Teacher/Staff
  - Introduce program and staff as a resource
  - Identify team leaders and respected staff
  - Be visible
    - Be respectful
    - Be professional
    - Be prepared
    - Be reliable

KEYS TO EFFECTIVE COMMUNICATION WITH TEACHERS

5. Counseling vs. Public Relations

- Be the PR Expert !
  - Feedback
  - Orientation
  - Screening Tools
  - Explaining your role time and time again is all part of the job
- Learning Resource
- Show appreciation

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KEYS TO EFFECTIVE COMMUNICATION WITH TEACHERS

6. Information Dissemination

- Mail Boxes, Bulletin Boards, Electronic Communications

- Newsletters

- Special Displays

- Staff Meetings & Workshops

- *Brown Bags* & Office Hours

JOINT ACTIONS BY SCHOOLS, FAMILIES, AND OTHER COMMUNITY MEMBERS

- Establish and maintain a core school mental health advisory group.

- Identify a coordinator for school & community mental health.

- *Community Walk*

- Measure progress and outcomes; then celebrate and publicize successes.

Data on COVID-19

What we know…

Brief numbers (as of May 24, 2021)

- National: 33,100,000 cases; 590,000 deaths

- Florida State: 2,310,000 cases; 36,473 deaths

- Miami-Dade: 499,000 cases; 6,371 deaths

Early data from the CDC also suggests that Black Americans are being hospitalized and dying at a higher rate than other racial groups.

- Institutionalized racism

- Housing and residential segregation

- Overrepresentation in essential worker groups

- Lack of access to quality healthcare

- Long-term and ongoing health impacts of historical racism

Why is this important to know?

Child Traumatic Grief

- A condition that develops in <u>some</u> children following the traumatic death of a significant person in their lives

- A traumatic death is one which the child experiences as unexpected, frightening, gory, or shocking

- *Note: A death can be perceived as traumatic by a child even if not perceived this way by adults*

Traumatic Grief Reactions

Preschool and young children	• Repetitively engage in play about the death or person who died • Problems getting back to school or meeting developmental milestones • Difficulty being soothed • Separation anxiety • Sleeping, eating, toileting disruption
School-age children	• Repeatedly talk or play about the death • Nightmares • Withdraw, hide feelings (especially guilt) • Avoidance of the subject • Hypervigilance • Difficulty concentrating, poor school performance • Worry excessively about their health, health and safety of others • May act out and become "class clown" or "bully"
Adolescents	• Same as above, in addition substance use, suicidal thoughts, foreshortened future, poor self-esteem

Trauma and Grief Behavior

There's more to the story...

Some behaviors may seem out of place, confusing, inappropriate, or "disrespectful". Using a trauma-informed lens means seeing beyond the action and wondering –

- Where are these behaviors coming from?

- As the adult, how do my actions either help or hurt the situation?

- What personal biases of mine are influencing my reaction?

The actions of students of color – and black students in particular – are more likely to be perceived as "misbehavior" and the consequences and punitive action more harsh.

Racial Disparities in Health and Mental Health

Studies show that exposure to racism over time – from childhood on – increases:
- Risk of heart disease, obesity and other physical ailments
- Risk of depression
- Worsened sleep
- Higher rates of doctor visits
- Lower self-esteem

"Racism is a socially transmitted disease."

School Year 2020-2021

The NYCDOE will support schools, where possible, in developing the following core components:

- Education with Trauma-Informed Lens
- Bridge to School Plan
- Multi-Tiered System of Support (MTSS) Infrastructure
- Support Explicit SEL Instruction and SEL-Academic Integration

The School Mental Health Program will support schools by enhancing Selective and Targeted Mental Health Supports

- The first step in this process is to build **adult** capacity through the **trauma-informed care** training series developed in partnership with the **Trauma Responsive Educational Practices (TREP)** project at the University of Chicago (all school community members, SSA when possible).

- Trauma Informed Care through the TREP (Trauma Responsive Educational Practices) https://www.trepeducator.org/courses
- Encourage all school-based staff participate in the TIC modules.
- Trauma informed strategies are utilized across all classes to provide universal level of support.

DOE: Bridge to School Plan

Activities during the initial reopening Schools will:

- Prioritize social-emotional learning and wellness
- Ensure that all students have access to a foundational period of stabilization and support.
- Focus on structures, routines and social-emotional activities and supports
- Plan and implement during the first 4-6 weeks of school
- Provide a supportive and consistent "stabilization period" for all students

DOE Social-Emotional Framework
(Tier 1)

Expand social-emotional learning (SEL) programming to all 1,601 schools, inclusive of explicit teaching of SEL skills through formal programs and daily opportunities to embed SEL into core academic instruction.

- DOE has taken on the responsibility for the implementation of the Social Emotional Curricula (SEL) across all schools
- Schools will choose a model
- Schools will implement school wide training and programmatic tracking (Universal SEL screening)

School Mental Health Campaign 2020

1. **Increase help-seeking behaviors** and decrease mental health stigma among high school students

2. **Encourage supportive conversations** between students and school staff to address mental health concerns

3. **Provide information to students on their rights** when seeking mental health support, mandated reporting and confidentiality policies

4. **Increase referral pathways** to mental health resources and services

Top Rated Posters

Call To Action: Talk To Your School Staff, They're Ready To Listen

Badges Signal That Staff Are Able Prepared To Address Mental Health Concerns



https://letstalknyctraining.org/

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- National Center for Community Schools - Children's Aid

- Center for Social and Emotional Education

- National Association of School Psychologists

- National Resource Center for Hispanic Mental Health

- New York State Office of Mental Health

- www.Psychotherapy.Net

- School Based Health Alliance

- School Mental Health Project, Dept. of Psychology, UCLA.

- J.G. Sowers, Sowers Associates

- Bruce Tuckman

Questions
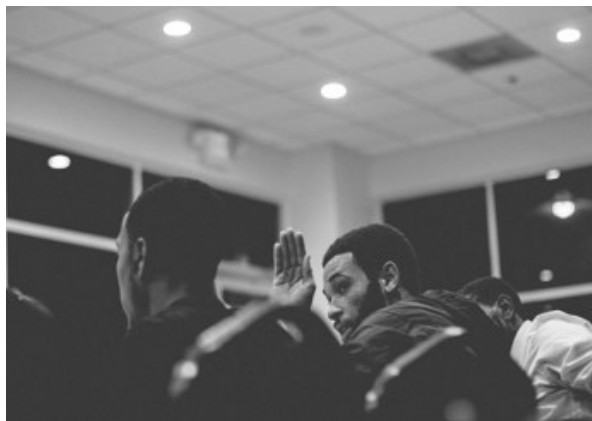
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https://www.surveymonkey.com/r/D8DDMRN

Website: http://www.mhttcnetwork.org/hispaniclatino/
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SAMHSA Substance Abuse and Mental Health Services Administration

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Thank you for Listening!