



SUPPORTING STUDENTS' SOCIAL-EMOTIONAL WELLNESS AND MENTAL HEALTH

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OVERVIEW

- Children's mental health needs and schools as a key provider of mental health services
- Mental health and social-emotional wellness link to academic achievement
- Focus on a 3-component model that features learning supports
- Patterns of staffing and service provision in Catholic elementary schools
- Embracing a comprehensive model and school-level action planning



UNMET NEED FOR MENTAL HEALTH SERVICES

- Level of need
 - 9% to 13% children have a serious emotional disturbance*
 - 15% of school-age children need mental health services**
 - 50% of children in Special Education need MH services**
- Service level
 - Only 20% of children receive services***
- Level of unmet need***
 - Caucasian (69%)
 - African American (78%)
 - Latino (86%)

Sources: * Department of Health and Human Services (DHHS, 2000); **DHHS (2003);
***Kataoka, Zhang, & Wells (2002)

SCHOOL MENTAL HEALTH SERVICES IN THE U.S.

Epidemiologic studies*

- Among two top sectors of care

Surveys**

- Over 80% of schools provide some MH service
- More than 70% of schools provide some early intervention service
- Most school-wide programs are for prevention of alcohol, tobacco or drug use
- Very little attention to screening for behavioral health
- Most services are provided by “in house” professionals
- Comprehensive, integrated programs are relatively rare

Sources: *Burns, Costello et al. (1995); Rones & Hoagwood (2000)

**Substance Abuse and Mental Health Services Administration (SAMHSA, 2005)



WHAT IS MENTAL HEALTH?

- Surgeon general: “...successful functioning that results in productive activities, fulfilling relationships with others, and the ability to adapt to change and to cope with adversity”
(Mental Health: A Report of the Surgeon General, 1999)



PROMOTING MENTAL HEALTH MEANS

- Schools must
 - Effectively address barriers to learning
 - Promote every student's well-being
- By:
 - Promoting and preventing
 - Intervening early after onset
 - Assisting chronic and severe

Mental health promotion focuses on
increasing protective factors and
decreasing risk factors among students



MENTAL HEALTH AND SOCIAL-EMOTIONAL LEARNING: LINKS TO OUTCOMES



SEL Programming

Promote Students'
Social-Emotional
Skills and Positive
Attitudes

Improved
Adjustment and
Academic
Performance

THE POSITIVE IMPACT OF SOCIAL AND EMOTIONAL LEARNING FOR K-8 STUDENTS

- Meta-analysis of 317 studies, 324,303 participants (K-8)
 - Universal Review (180)
 - Classroom-based programming (e.g., specific curriculum or set of lessons)
 - Indicated Review (80)
 - After School Review (57)



Social and Emotional Skills

- Emotional Self-Awareness
- Coping with stress
- Resolving conflict
- Resisting peer pressure



Attitudes toward Self, School, and Others

- Self-efficacy
- Bonding to school
- Pro-social attitudes



Positive Social Behaviors

- Cooperation, leadership
- Appropriate expression of emotion
- Assertiveness in social situations



Conduct Problems

- Aggression, bullying
- Noncompliance
- Rebelliousness
- School suspensions & disciplinary referrals



Emotional Distress

- Anxiety
- Depression
- Social withdrawal



School Performance

- Iowa Test of Basic Skills
- Overall GPA
- Grades in specific subjects



MAJOR FINDINGS

- Students in SEL programs demonstrated improvement in multiple areas of their personal, social and academic lives
- Effective across settings and context
- Effects remained after time
- School staff implemented the programs effectively, incorporating into routine educational practice

Source: Payton et al. (2008). *The positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning.

See also: Durlak et al. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432.

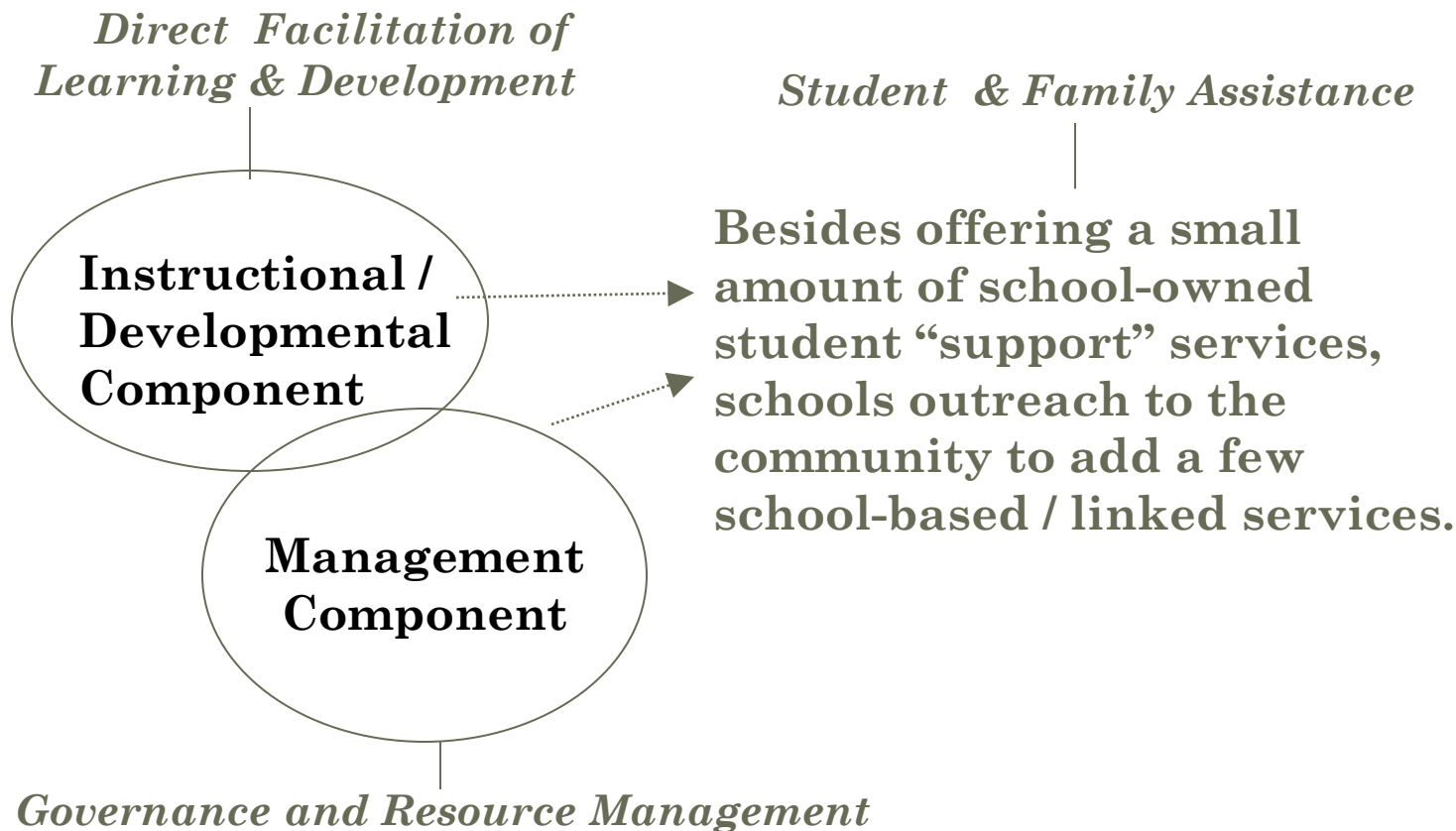


OTHER KEY TAKE-AWAYS

“Although some educators argue against implementing this type of holistic programming because it takes valuable time away from core academic material, **our findings suggest that SEL programming not only does not detract from academic performance but actually increases students’ performance on standardized tests and grades.**”

...the average student in an SEL intervention class **gained 11 to 17 percentile points on academic test scores** compared to the average student in a control class.”

SCHOOL IMPROVEMENT PLANNING: WHAT'S MISSING?

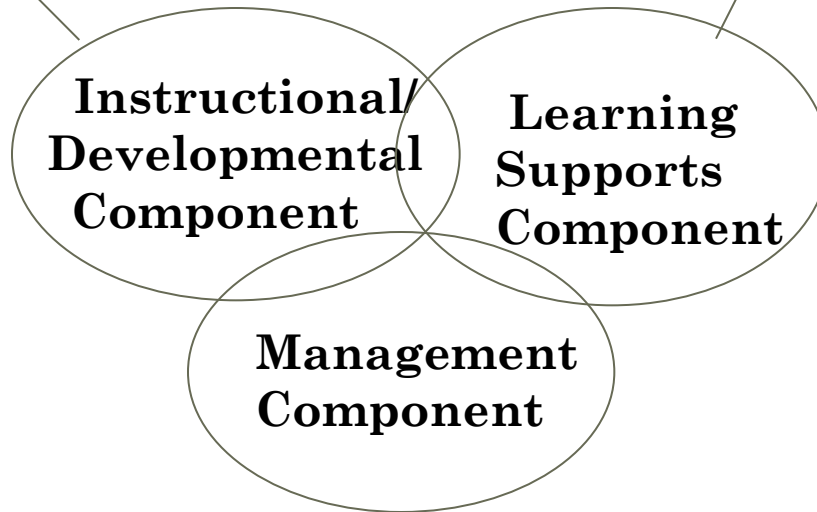


MOVING FROM A TWO- TO A THREE-COMPONENT FRAMEWORK

Comprehensive System of Learning Supports

Direct Facilitation of Learning & Development

Addressing Barriers to Learning



Governance and Resource Management



Source: Adelman & Taylor, 2010

CONTEXT AND NEED

- It is unclear to what extent Catholic schools are serving children's mental health needs. An environmental scan to assess the current capacity of Catholic schools to provide such services is needed.
- The nature and scope of mental health service provision has been assessed and mapped in our nation's public schools
 - *School Mental Health Services in the United States, 2002-2003*, Foster et. al., 2005; SAMHSA
- Large scale inquiry centered on Catholic education has not been conducted.



RESEARCH QUESTIONS

- What are students' predominant psychosocial or mental health issues in schools?
- What are the patterns of staffing and resource provision as enacted in a sample of Catholic schools?
- What are the specific services provided to students?



METHODOLOGY

- Participants
- Instrument
 - Adapted from the *Survey of the Characteristics and Funding of School Mental Health Services* developed by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
 - The survey contains 17 items across seven major sections.
- Design and Procedure
 - Initial contact with superintendents
 - Link to online survey
 - Completed by principal or designee
 - Reminders and follow-ups



SAMPLE CHARACTERISTICS

- 414 Catholic elementary ($n = 346$) and secondary ($n = 68$) schools from 12 dioceses (CA, CT, IL, FL, GA, NY, OH)

Elementary Sample

Enrollment: $M = 300$

3% ELL

4% IEP

14% FRPL

22% minority

Secondary Sample

Enrollment: $M = 555$

4% ELL

4% IEP

11% FRPL

24% minority



STUDENT ISSUES - ELEMENTARY

PERCENTAGE IDENTIFYING THE ISSUE AS A TOP-THREE CONCERN

Females		Males	
Social, interpersonal, or family problems	90%	Social interpersonal and family problems	80%
Anxiety, stress, and school phobia	57%	Aggressive/disruptive behavior or bullying	66%
Adjustment issues	55%	Behavior problems associated with neurological disorders	54%
Aggressive/disruptive behavior, bullying	45%	Adjustment issues	43%
Behavior problems associated with neurological disorders	34%	Anxiety, stress, school phobia	40%



STUDENT ISSUES - SECONDARY

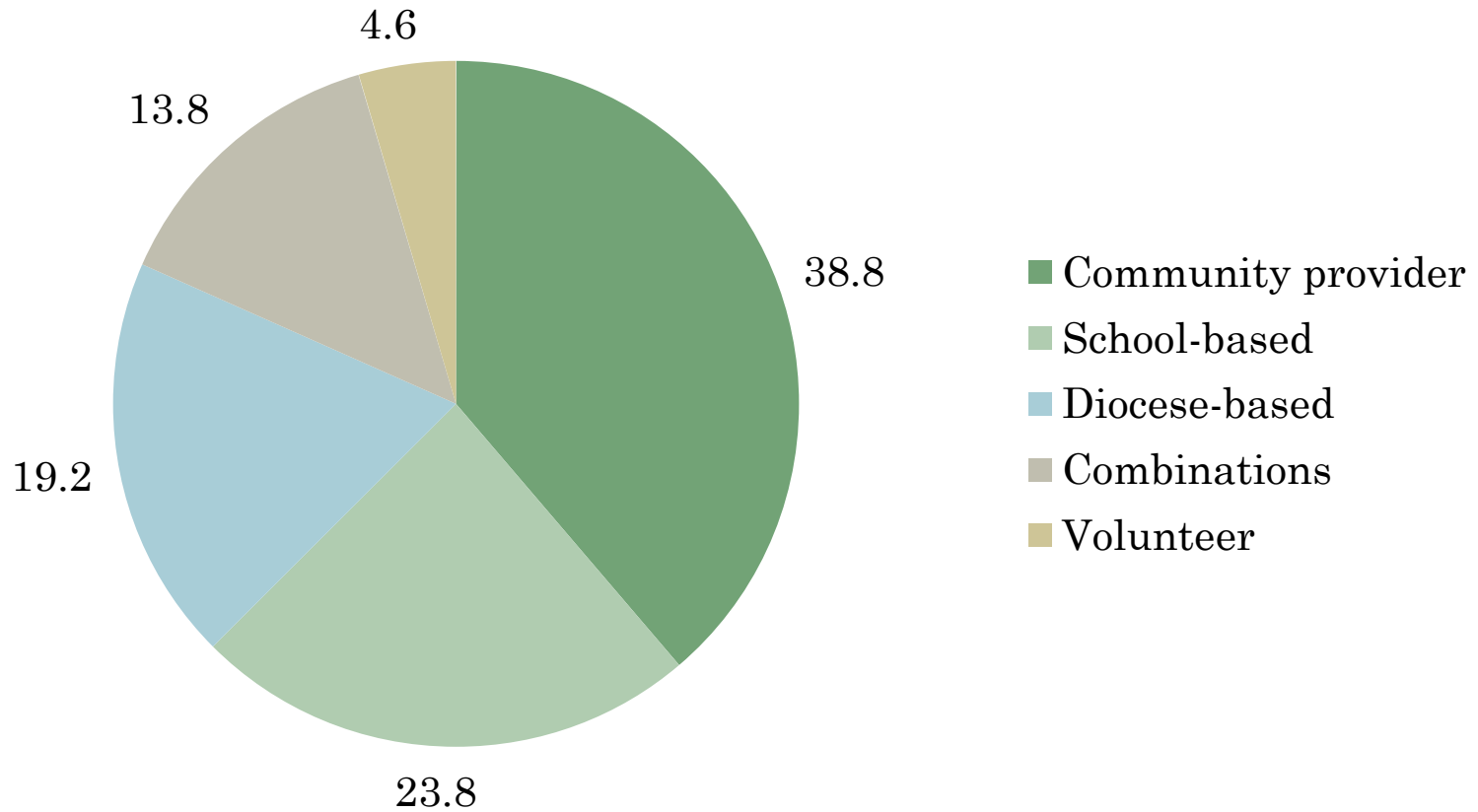
PERCENTAGE IDENTIFYING THE ISSUE AS A TOP-THREE CONCERN

Females		Males	
Social, interpersonal, or family problems	81%	Social interpersonal and family problems	73%
Anxiety, stress, and school phobia	58%	Adjustment issues	46%
Adjustment issues	54%	Anxiety, stress, school phobia	44%
Depression, grief reactions	36%	Aggressive/disruptive behavior or bullying	31%
Aggressive/disruptive behavior, bullying	20%	Alcohol/drug problems	31%



STAFFING OF MENTAL HEALTH SERVICES

Staffing Source by Percentage



MENTAL HEALTH STAFF POSITIONS

Positions	1 or More (%)	
	<i>Full Time</i>	<i>Part Time</i>
School Nurses	13	28.6
School Counselor	11	24.0
School Psychologists	3	23.0
School Social Workers	1.2	14.3
Mental Health Counselors	1.5	5.6
Volunteers	0.6	5.9
Clinical or Counseling Psychologist	0.6	4.4
Other Staff Positions	0.6	3.8
Alcohol/Substance Abuse Counselors	0	3.5
Psychiatrists	0	1.2



MENTAL HEALTH STAFF POSITIONS

Positions	1 or More (%)	
	<i>Full Time</i>	<i>Part Time</i>
School Counselor	100	88
School Nurses	63	30
School Psychologists	35	5
Mental Health Counselors	22	12
Alcohol/Substance Abuse Counselors	21	9
Other Staff Positions	18	5
School Social Workers	15	14
Volunteers	12	2
Clinical or Counseling Psychologist	8	3
Psychiatrists	2	0



SERVICE PROVISION

Services	Elementary	High
Assessment for emotional or behavioral problems or disorders	64	63
Crisis intervention	60	85
Behavior management consultation	57	74
Referral to specialized programs or services for emotional/behavioral problems	51	74
Individual counseling/therapy	49	67
Case management (monitoring and coordination of services)	38	37
Group counseling/therapy	34	46
Family support services (child advocacy, counseling)	33	42
Substance abuse counseling	17	48
Referral for medication management	14	23



INTERCONNECTED SYSTEMS FOR MEETING THE NEEDS OF ALL STUDENTS

*Systems for Promoting
Healthy Development &
Preventing Problems*

**primary prevention – includes
universal interventions**

Systems of Early Intervention
**early-after-onset – includes
selective & indicated
interventions**

Systems of Care
**treatment/indicated
interventions for severe and
chronic problems**



COMBINED CONTINUUM AND CONTENT ARENAS

Systems for Promoting
Healthy Development &
Preventing Problems

Systems for Early
Intervention

Systems of
Care

**Content
Arenas**

Classroom-
Focused
Enabling

Crisis
Assistance &
Prevention

Support for
Transitions

Home
Engagement
in Schooling

Community
Support

Student &
Family
Assistance



Source: *Adelman & Taylor, 2010*

LOOKING INWARD: SERVICES AND SUPPORTS AT YOUR SCHOOL

- Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What it Needs
 - <http://smhp.psych.ucla.edu/pdfdocs/Surveys/Set1.pdf>
- Center for Mental Health in Schools, UCLA;
- Center for School Mental Health, U. of Maryland
- Practitioner Professional Development: Virtual Toolbox for Mental Health in Schools
 - <http://smhp.psych.ucla.edu/summit2002/toolbox.htm>



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Research Tab



DISCUSSION

- Public school comparison
- Funding
 - Federal grants access initiative
- Training, professional development, and strategic partnerships
 - K-12 linkages with Catholic institutions of higher education
- Strategic assessment and action planning
- Limitations/Next Steps



PREVENTION AND EARLY INTERVENTION

Programs and Services	E	S
School-wide strategies to promote safe, drug free schools (e.g., Safe Schools/Healthy Students Initiative)	85	88
School-wide program to prevent alcohol, tobacco or drug use	66	80
Curriculum-based programs to enhance social and emotional functioning and reduce barriers to learning	54	62
Prevention and pre-referral interventions for mild problems	46	60
Outreach to parents regarding student mental health (e.g., workshops, support groups, lectures)	22	50
Peer counseling/mediation, support groups	22	40
School-wide screening for behavioral or emotional problems	7	12
Other programs or strategies	6	4





Tertiary Prevention

Tier 3: Individualized Support

- Function-based assessment
- Behavior support plans
- Wraparound Services

Secondary Prevention

Tier 2: Targeted Group Support

- Build on existing school programs
- Behavior education program
- Problem-solving interventions
- Academic tutoring
- Adult mentors

Primary Prevention

Tier 1: Universal Support

- Clearly defined expectations
- Expectations taught
- Procedures to encourage behavior
- Procedures for discouraging behavior
- Classwide management strategies
- Data-based decisions

School-wide Positive Behavior Support Systems

