

FAQ on School Mental Health

for School-Based Occupational Therapy Practitioners

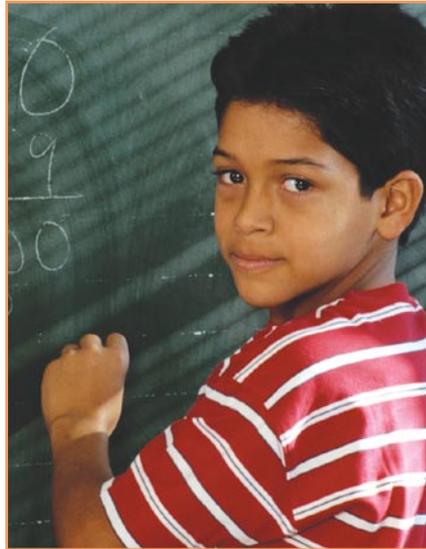
School mental health

(SMH) is generally understood as any mental health service provided in a school setting (Kutash, Duchnowki, & Lynn, 2006). More specifically, SMH can be thought of as a framework of approaches that expand on traditional methods to promote children's mental health by emphasizing prevention programming, positive youth development programming and school-wide approaches (School-MentalHealth.org, n.d.). This framework promotes collaboration among mental health providers, educators, related service providers and school administrators in order to meet the mental health needs of all students. Mental health is recognized as a state of personal well-being associated with successful mental functioning resulting in productive activities, fulfilling relationships with people, and the ability to adapt to change and cope with adversity (Surgeon General's report, 1999; World Health Organization, 2007).

Over the past two decades there has been a national movement to develop and expand SMH services due to the high prevalence of mental health conditions among youth and an awareness that more youth can be reached in schools. Also contributing is prominent federal initiatives, including the No Child Left Behind Act and the President's New Freedom Commission on Mental Health (Kutash, et al., 2006). Schools must be active partners in the mental health of children because it is currently accepted that a major barrier to learning is the absence of essential social-emotional skills and not necessarily a lack of sufficient cognitive skills (Koller & Bertel, 2006).

Who might benefit from SMH services?

All children can benefit from efforts to promote mental health, especially through activities designed to foster social emotional learning and prevent behavioral problems. Children at risk for or diagnosed with mental health disorders may also benefit from SMH efforts. Approximately one in every five children and adolescents has a diagnosable emotional or behavioral disorder. The most common are anxiety, depression, conduct disorders, learning disorders, and attention deficit hyperactivity disorder (ADHD) (Kop-



elman, 2004). Many other youth experience social and emotional difficulties that do not meet symptom criteria for diagnosis. Emotional and behavioral disorders can adversely affect a child's successful participation in a range of daily occupations, including classroom work, social interaction with peers and adults, and play. Unfortunately, approximately 70% of children in need of mental health care do not receive services, which results in further emotional pain, school challenges, social isolation, and impaired social relationships (Koppelman, 2004; Kutash et al., 2006; Masia-Warner, Nangle, & Hansen, 2006; Weist & Paternite, 2006).

What is the public health model of School Mental Health?

Although the mental health field has traditionally been viewed as the domain of mental health specialists, it is now recognized that addressing mental health issues is far too complex to relegate to a small number of professionals. Leaders in SMH and education have called for a paradigm shift to better prepare all school personnel (teachers, administrators, psychologists, social workers, and related service providers) to proactively address the mental health needs of all students (Koller & Bertel, 2006). Teachers and other frontline personnel, including occupational therapists, play a critical role in the development of children, not only from an academic perspective, but from personal, social and emotional ones as well.

Because the failure to adequately provide mental health services for children has been viewed as a major public health concern, leaders in the field have proposed a **public health model** of service delivery to address the needs of all children (Koller & Bertel, 2006). Such a model supports a systemic change from the traditional, individually focused, deficit-driven model of mental health intervention to a school-wide, strength-based model that focuses on prevention and the early intervention and integration of services for all children. Three major tiers of service are promoted: *universal or school-wide interventions*; *selective or targeted interventions*; and *intensive, individualized interventions* (see Figure 1). This model is consistent with the response

to intervention (RtI) initiative designed to promote early identification and intervention of academic problems using a similar three-tiered model (Jackson, 2007).

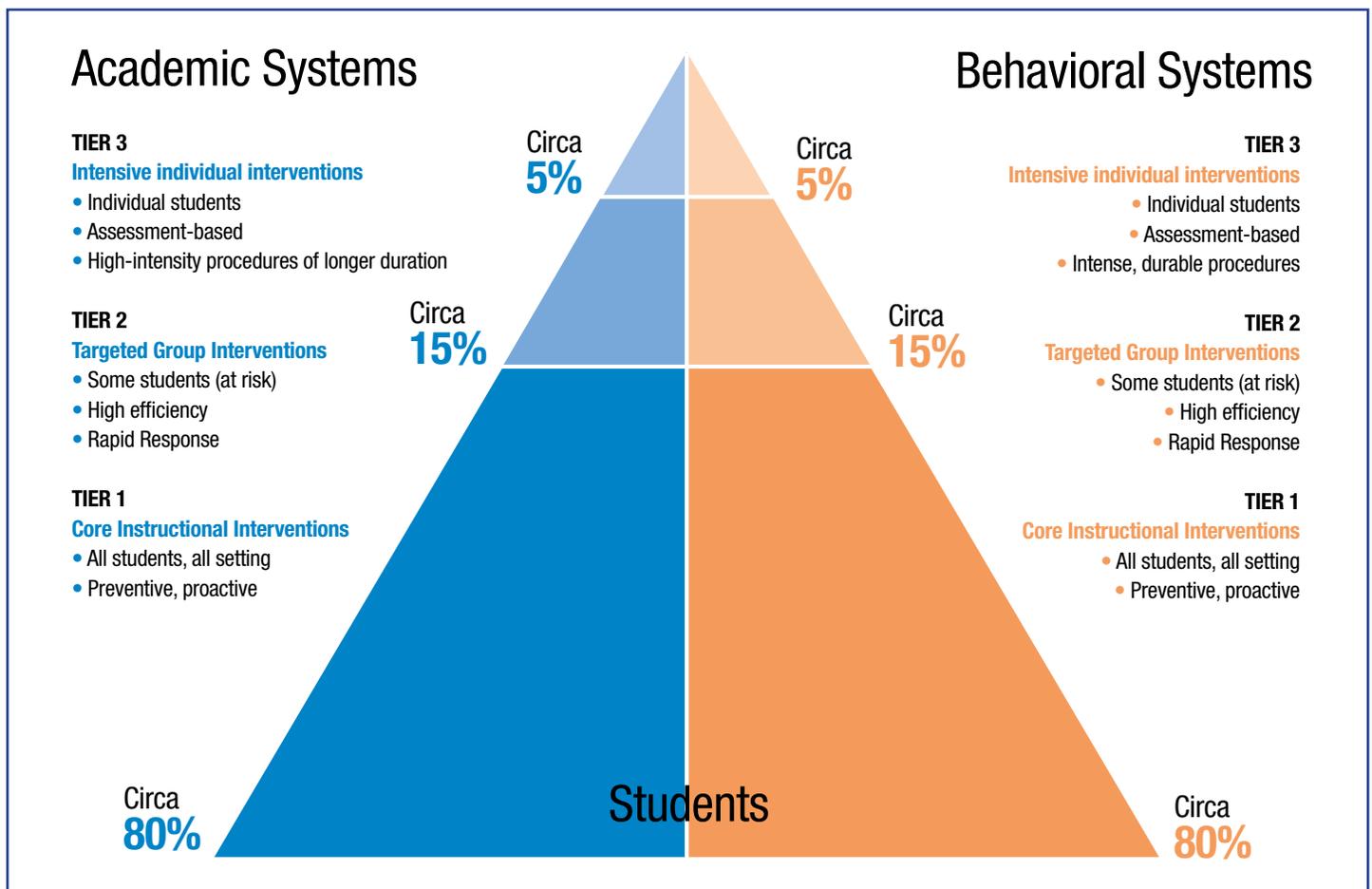
At the **school-wide level (Tier 1)**, services are geared toward the entire student body, including the majority of students who do not demonstrate behavioral or academic problems and who are served in general education (~80%). At this level, the emphasis is on promoting social emotional learning and preventing behavioral problems. **Selective or targeted intervention (Tier 2)** is geared toward students at risk of academic, behavioral, or mental health problems (~10–15%). Students at this level are generally not identified in need of special education and may include children with mild mental disorders, ADHD, and those living in stressful home environments. General education students demonstrating behavioral or learning difficulties because of such mental health conditions may be provided “coordinated early intervention services,” even if special education is not needed according to the 2004 amendments to the Individuals With Disabilities Education Act (IDEA). For some students with mild mental disorders, accommodations provided under Section 504 are sufficient for enhancing school functioning. When targeted interventions do not meet the needs of students (~5%), **intensive interventions (Tier 3)** are devel-

oped to address behaviors that are highly disruptive, dangerous, or prevent learning. The process of functional behavior assessment (FBA) and behavioral intervention planning (BIP) form the foundation for services at this level. At the intensive level, the student’s team typically includes family members, school professionals, and community members who meet regularly to develop, implement, and monitor an individualized plan of support (Kutash, et al., 2006).

What is the role of occupational therapy in advancing school mental health?

Occupational therapy practitioners have specialized knowledge and skills in addressing psychosocial and mental health issues, and thereby are well-positioned to contribute to all three levels of prevention and intervention. Occupational therapy can provide a continuum of services aimed at social emotional and mental health promotion, prevention of problem behaviors, early detection through screening, and intensive intervention. Such services could involve occupational therapy practitioners working directly with students; providing professional development for school personnel; and, in all cases, working in collaboration with school personnel and parents. According to IDEA, school districts can use a portion of their funds to help students who have

Figure 1: Three-tier model of school supports



Source: National Association of State Directors of Special Education (NASDSE). 2005. *Response to Intervention: Policy Considerations and Implementation*. Available at www.nasdse.org. Used with permission.

not qualified for special education but who need additional academic and behavioral supports to succeed in the general education environment (IDEA 2004, 513[f]). However, it is important for occupational therapy practitioners to know their state regulations governing screening, evaluation, and intervention.

What distinguishes occupational therapy from other educational and mental health professionals is its use of *meaningful occupations* in intervention to promote the student's participation in relevant areas of school life and routines, including social participation. Jackson and Arbesman's (2005) evidence-based literature review indicates that activity-based interventions help improve children's peer interactions, task-focused behaviors, and conformity to social norms. One example of an activity-based approach is analyzing activity requirements for school function and modifying tasks to ensure successful participation. Several other traditional occupational therapy approaches can be used to evaluate and address the psychosocial needs of children, including sensory processing and social learning theory. A *sensory processing* approach can assist practitioners in identifying how a student's unique sensory needs influence behavior in order to develop sensory strategies to enhance attention, behavioral organization, and everyday functioning (Williams & Shellenberger, 1996). *Social learning* theory guides therapists in designing group interventions to promote social competence (Williamson & Dorman, 2002).

Two other approaches developed in the fields of psychology and education warrant the attention of occupational therapy practitioners: positive behavior supports (PBS) and social emotional learning (SEL). Over the past two decades, both approaches have gained widespread use by multiple members of educational teams, making knowledge of them critical for practitioners.

■ **Positive Behavior Support (PBS):** PBS recognizes that a number of relevant factors can influence a student's behavior including those existing within the individual as well as those reflected in the interaction between the child and the environment (Safran & Oswald, 2003). PBS interventions are designed to prevent problem behaviors by proactively altering a situation before problems escalate, and by concurrently teaching appropriate alternatives. School-wide positive behavior support (SWPBS) systems support all students along a continuum of need based on the three-tiered PBS prevention model described in an earlier section and depicted in Figure 1. For students receiving services under the Individuals with Disabilities Education Act, PBS is mandated for students whose behavior impedes the child's learning or that of others (Sec. 614[d][3][B][i]). The primary education and training Web site on PBS is the Office of Special Education Programs (OSEP) Technical Assistance Center on Positive Behavioral Interventions and Supports (<http://www.pbis.org/main.htm>).



■ **Social Emotional Learning (SEL):** Social and emotional learning was developed as a conceptual framework in 1994 and focuses on the emotional needs of children and address the fragmented programs meant to address those needs (Greenberg et al., 2003). SEL is defined as “the process of acquiring the skills to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively” (Collaborative for Academic, Social, and Emotional Learning, n.d.). Programs that foster SEL help children recognize their emotions, think about their feelings and how one should act, and regulate their behavior based on thoughtful decision-making (Elias, et al., 1997). The Collaborative for Academic, Social, and Emotional Learning (CASEL) focuses on the development of high-quality, evidence-based SEL as a necessary part of preschool through high school education. In a relatively short amount of time, significant progress has been made. The state of Illinois, for example, has developed and implemented social and emotional learning standards. The CASEL Web site provides a comprehensive review of their projects, training materials, and publications (<http://www.casel.org/>).

What are sample activities provided by occupational therapy under a public health model of SMH?

Within a three-tiered public health model, occupational therapy practitioners can provide a continuum of services geared toward mental health promotion, prevention, early

Table 1: Sample activities provided by occupational therapy under a public health model of SMH

<p>Tier 3 Intensive interventions for high-risk students</p>	<ul style="list-style-type: none"> ■ Analyze the student’s unique sensory needs and develop intervention strategies to promote sensory processing and successful function in multiple school contexts (e.g., classroom, cafeteria). ■ Identify ways to modify or enhance school routines to reduce stress and the likelihood of behavioral outbursts. ■ Provide individual or group intervention to students with serious emotional disturbance (SED), either through special education or Section 504, to enhance participation in education, social participation, play and leisure, and activities of daily living. ■ Assist teachers in modifying classroom expectations based on the student’s specific behavioral or mental health needs. ■ Collaborate with the school-based mental health providers to ensure a coordinated system of care for students needing intensive interventions. ■ Assist in the implementation of the Functional Behavior Assessment (FBA) and development and implementation of the Behavioral Intervention
<p>Tier 2 Selective or targeted intervention; at-risk students</p>	<ul style="list-style-type: none"> ■ Assist in early identification of mental health problems by providing formal or informal screenings of psychosocial function to at-risk students (e.g., Social Skills Rating Scale). ■ Recognize symptoms of illness at their onset and create intervention or modifications in order to prevent acute illness from occurring. ■ Evaluate social participation with peers during all school activities, including recess and lunch. ■ Analyze the sensory, social and cognitive demands of school tasks and recommend adaptations to support a student’s participation. ■ Provide early intervening services or Section 504 accommodations for students demonstrating behavioral or learning difficulties because of mild mental health disorders or psychosocial issues. ■ Consult with teachers to modify learning demands and academic routines to support a student’s development of specific social-emotional skills. ■ Provide parent education on how to adapt family routines or activities to support children’s mental health especially with high-risk children. ■ Develop and run group programs to foster social participation for students struggling with peer interaction. ■ Provide an in-service to school personnel, including the mental health providers, about occupational therapy’s unique role in the promotion of mental health and intervention for mental health dysfunction.
<p>Tier 1 School-wide, universal</p>	<ul style="list-style-type: none"> ■ Evaluate lunch and recess for factors that may impede social participation for any student. ■ Assist teachers and other school personnel in developing and implementing school-wide PBS for various contexts, such as the classroom, hallways, lunchroom, playground, and restrooms (e.g., establish clear rules, foster a positive classroom environment, and so on). ■ Informally observe all children for behaviors that might suggest mental health concerns or limitations in social-emotional development. Bring concerns to the educational team. ■ Provide in-service training to teachers and staff on the following topics: <ul style="list-style-type: none"> ● Sensory Processing—How to adapt classroom practices based on students’ varying sensory needs to enhance attending and behavior regulation (e.g., The Alert Program) ● SEL—How to embed SEL activities within classroom routines and activities (e.g., identifying feelings, thinking about how feelings influence behavior, perspective taking, and so on) ● Psychoeducation—Partner with teachers and other professionals about recognizing the early signs of mental illness and developing proactive, strength-based prevention strategies. ● Tips for promoting successful functioning throughout the school day, including: transitioning to classes; organizing work spaces, such as desk and locker; handling stress; and developing strategies for time management ■ Consult with teachers to help them recognize the student’s most effective learning styles. Ensure that students are able to meet classroom demands and create modifications if needed. ■ Clearly articulate the scope of occupational therapy practice as including social participation, social-emotional function, and mental health (all tiers).

identification, and intervention. Occupational therapy services focus on engagement in occupation to support participation in a variety of areas related to school function including: social participation, education, work, play, leisure, activities of daily living, and instrumental activities of daily living. Efforts to integrate intervention strategies into the student's classroom schedule, school routines, and curriculum are recommended. Doing so requires close collaboration with the student's teacher and other school personnel (Jackson & Arbesman, 2005). Occupational therapists are uniquely skilled at understanding the relationship between task demands and student's abilities and then developing an intervention plan to promote successful school participation. Sample occupational therapy activities for each tier of the public health model of SMH are depicted in Table 1. These activities should draw on scientifically-based evidence to the greatest extent possible.

Where can I learn more about SMH?

Major SMH research and training Web sites

■ Center for School Mental Health

<http://csmha.umaryland.edu/>

The University of Maryland at Baltimore Center for School Mental Health Assistance offers technical assistance, online access to their newsletter, and a list of Center-produced resources.

■ Center for Mental Health in Schools

<http://smhp.psych.ucla.edu/>

University of California, Los Angeles Center for Mental Health in Schools has a very large, information-packed site that provides access to many of their own publications, resources in their clearinghouse, a free quarterly newsletter, and a search service. There is also a free monthly online newsletter (called

"ENEWS"), to which you may subscribe, and it highlights recent publications, grant opportunities, and conferences.

■ Collaborative for Academic, Social, and Emotional Learning (CASEL)

<http://www.casel.org>

Offers information and resources on social emotional learning.

■ OSEP Center on Positive Behavioral Interventions and Support

<http://www.pbis.org/main.htm>

Provides information and training materials on how to implement PBIS in schools.

■ School Mental Health

<http://www.schoolmentalhealth.org/index.html>

■ IDEA Partnerships

<http://www.ideapartnership.org/work4cfm?communityid=5>

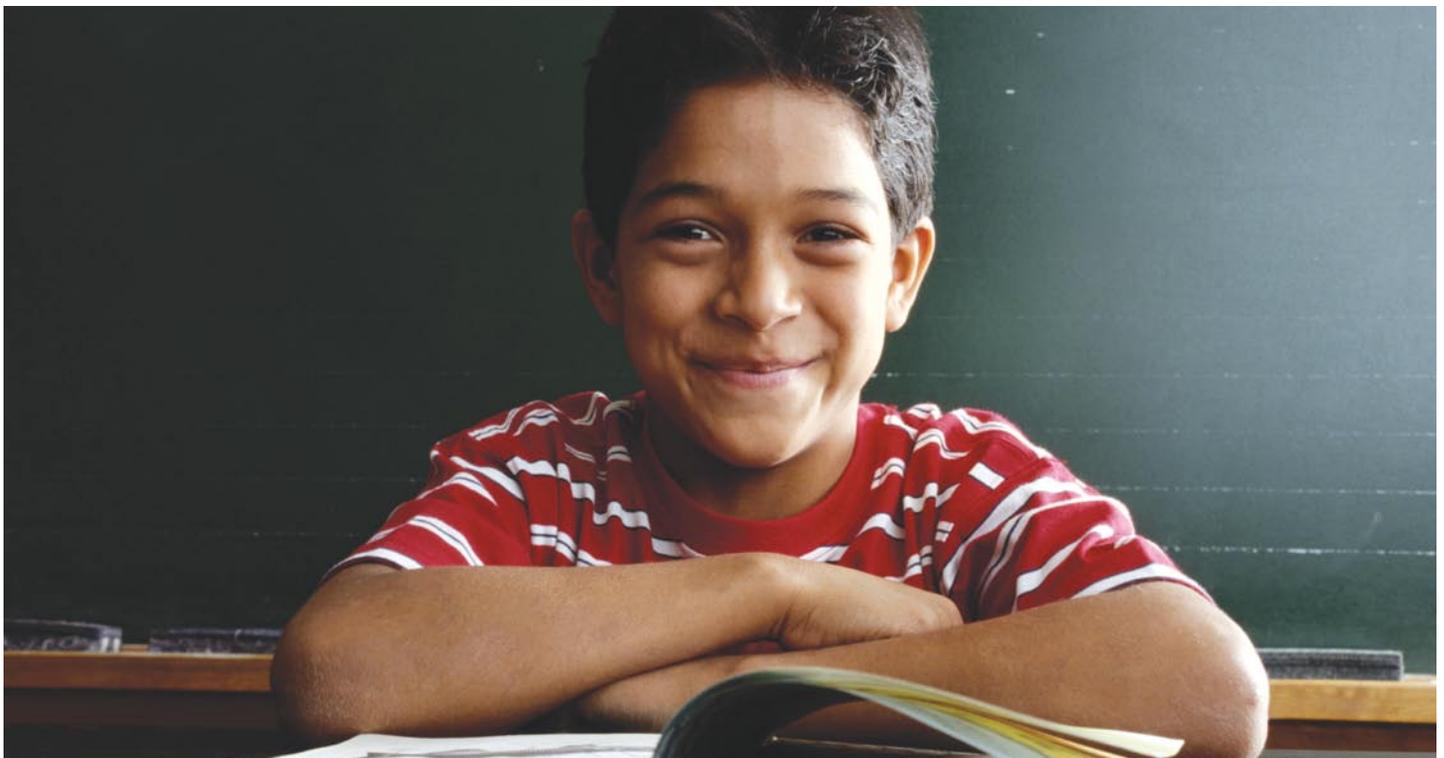
Community of Practice, Collaborative School Behavioral Health focuses on the non-academic barriers to achievement by the collaborative work of diverse stakeholders to create a shared agenda across education, mental health, and families. Twelve states, 23 national organizations, 6 technical assistance centers, and 10 practice groups work together in this Community.

■ Research and Training Center for Children's Mental Health

<http://rtckids.fmhi.usf.edu/default.cfm>

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