

Equity Dispatch Reframing School-Based Mental Health Supports with an Equity Lens

August 2014



IMPACT: Educate, Engage, Empower - for Equity

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" Learn to be quiet enough to hear the genuine within yourself so that you can hear it in others."

~ Marian Wright Edelman, 2013

Educate

Advocating for Students' Mental Health

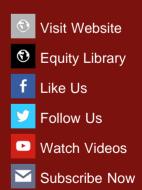
Like physical health, mental health - which encompasses emotional, psychological, and social wellbeing - is essential to students' successful participation in school. Students who are mentally healthy and socially and emotionally competent usually have better academic achievement (Rhoades, Warren, Domitrovich, & Greenberg, 2011). Often, when we think about mental health services in school, we tend to focus on service provision to individuals experiencing mental health issues, especially those with labels like Attention Deficit Hyperactivity Disorder or Autism Spectrum Disorder (Green et al., 2013). While it is certainly beneficial

Meet the Authors

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for targeted students to receive one-on-one mental health supports (Claridge & Davis, 2013), the overall scope of mental health service provision needs to be much larger. To better serve all students, our focus should be twofold. First, we must recognize that "mental health" may look, sound, and feel different in different spaces (Rogers & Pilgrim, 2010). Based on this recognition, we must create local, multi-tiered systems of service that emphasize the development of a supportive school culture, inclusive classroom communities, and positive relationships (Waioller, King, & Kozleski, 2008). Accordingly, this article offers key equity considerations and recommendations regarding the promotion of mental health for all students.

Equity Considerations

It is important to recognize that mental health is a social construct; what it means to be mentally "healthy" depends on definitions that vary from place to place. Likewise, definitions of mental illness are attempts to describe variations from the norm, and such attempts are generally culture-specific (Aneshensel, Phelan, & Bierman, 2013). Given these variations, "mental health might need to be defined with regard to a community's norms" (Brown, 2003, p. 292). As an example, Brown (2003) asserts that members of the black community may have "notions about the sanity of particular individuals, and these notions often contain criteria typically ignored in the construction of psychopathology or in operational definitions of poor mental health" (p. 292). To ensure that definitions of mental health and illness are just, any assessment of individual or collective mental health should take an ecosocial approach. or one that "opens the question of whether our current social arrangements are the only possible or desirable orders of social coexistence" (de Santos, 1997, p. 112). This inquiry should also be extended to school systems, and further examines the potential challenges school systems have in terms of providing mental health related supports to students.

One potential challenge school systems face is that they frequently lack a systemic approach to the provision of ecosocial multi-tiered mental health services for all students. While multi-tiered frameworks, including Response to Intervention (RTI) and Positive Behavioral Intervention and Supports (PBIS), are widely used to support students' academic improvement and shape positive behavior (Kauffman, Bruce, & Lioyd, 2012), a similar framework does not exist for mental health (Franklin, 2013). Many students, especially those from culturally and linguistically diverse groups, lack access to high quality mental health service due to their limited English proficiency (Kim et al., 2010) and because systems are not responsive to their cultural perceptions of mental health services (Saechao et al., 2012). Thus, to support all who may be

Equity Leaders

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THEMES

Safeguarding Civil Rights: Structures and Practices

Developing Critical Consciousness

Equity Considerations for Specific Student Populations

Discipline and School Climate

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Illinois

September 25-26, 2014 Governors State University Education Leadership Conference Chicago, IL experiencing mental distress, a more culturally responsive, integrative, and positive approach should be used in school (Caroline, Zewelanji, & Mark, 2013). For instance, teachers can initiate an open and safe communication regarding race and cultural difference, where students from diverse backgrounds can share their experience and process their emotion. Teachers should also increase their multicultural awareness and recognize their biases and historical institutional oppression (Brown, 2009). Meaningful culturally responsive curriculum and instruction related directly to mental health and social emotional learning should be provided to avoid students being disproportionally identified as having a mental health issue (Waioller, King, & Kozleski, 2008). Additionally, if local data (e.g. students' mental health screening results, students' progress monitoring toward social emotional learning curriculum) are not used to form decision relating to the level of service needed for different tiers of students, effective treatments are hard to guarantee (Gone & Trimble, 2012).

Another place where inconsistency in mental health supports often shows up is in disciplinary processes. Educators may interpret students' behaviors as maladaptive or aggressive rather than a manifestation of depression and anxiety (Martinez, 2009). Ironically, the very causes of depression, anxiety, and school bullying may be the educational environment that lacks cultural and climate inclusiveness (Dessel, 2010). Punitive discipline practices neither help the student cope with underlying anxiety nor draw attention to the aspects of the environment that may be causing the distress. This becomes especially important when we note that students of color are more frequently punished through exclusion that escalates into expulsion from school and ends in incarceration (Hudson, 2011; Skiba et al., 2011). Among students in the juvenile justice system, emotional trauma has often gone unrecognized and unresolved (Cruise, Evans, & Pickens, 2010). Therefore, it is essential that any process designed to assist students with "maladaptive" behavior examines the perceptions and the environment in addition to the student's actions.

Recommendations

To create a positive learning environment for students of all cultural backgrounds, several approaches can be used to improve mental health services in school. First, we must recognize that mental health is not solely a condition internal to a student, but more likely a product of our environments and our ways of thinking (Martin, Pescosolido, Olafsdottir, & Mcleod, 2007). For example, students who are not socially excluded would be less likely to have depression; similarly, children who have more opportunities to move around and choose projects they are interested in doing may be less likely to be identified as having ADHD (Martin et al., 2007). Therefore, we should first seek out environmental factors that may be contributing to positive or negative mental health as well as questioning our own definition of mental health.

Indiana

September 25, 2014 Indianapolis Zoo, Girls in Science Indianapolis, IN

Michigan

October 28-29, 2014 3rd Annual Project Lead the Way STEM Conference Grand Rapids, MI

Minnesota

October 16-17, 2014 The Education Minnesota Professional Conference St. Paul, MN

Ohio

September 12-14, 2014 Ohio Philosophy of Education Conference Dayton, OH

October 12-13, 2014 Ohio ProStart Teacher's Institute Columbus, OH

Wisconsin

October 8-9, 2014 Technology Conference for Special Education 2014 Wisconsin Dells, WI Schools can use multidisciplinary teams to promote mental health. This team should include school psychologist, counselor, social workers, teachers, students, family members, and community resource personnel. The team should regularly conduct needs assessments and use resource mapping to determine areas of strength in the school and surrounding community (Center for Mental Health in Schools at UCLA, 2006). Community resources, such as wraparound services—an intensive, individualized care management for youth with complex needs, should be tapped to support students as they practice life skills and make positive changes (Eber, Hyde, & Suter, 2011; Suldo et al., 2013). These can become part of a locally-created tiered system of mental health supports.

As part of this system, educators school-wide should offer culturally responsive "tier one" mental health curriculum and embed social-emotional learning into regular classroom activities (Durlak, Weissbrg, Dymnicki, Taylor, & Schellinger, 2011; Savage et al., 2011). Several evidence-based socialemotional learning programs that used school-wide have been shown to improve social, emotional, behavioral and academic outcomes for children and adolescents (Durlak, Weissbrg, Dymnicki, Taylor, & Schellinger, 2011). Programs like Tools of the Mind, and Promoting Alternative THinking Strategies (PATHS) teach student to recognize their own mental states and make choices about how they respond, empower them to be reflective decision makers, and take charge of their mental health (Diamond, Barnett, Thomas, & Munro, 2007; Curtis & Norgate, 2007). These programs have been shown to positively influence conduct and academic success.

Finally, a vital aspect of all levels of the system is that services be culturally responsive. Cultural background, language, ethnicity, and religion are important parts of students' lives; they shape their beliefs and influence their behaviors (Markus & Kitayama, 2010). Therefore, both curriculum and services should be responsive to students' cultural backgrounds, their level of acculturation and their cultural values. For instance, for students whose first language is not English, providing service to them in their native language can increase their comfort level in sessions and promote their mental health (Griner & Smith, 2006). If a student is concerned that receiving mental health service would negatively affect the cohesiveness of her family because of family members' perception of mental health, educators and mental health professionals could visit the students' family, gain an understanding of the families' values, and create connections between school, work, and family practices (Brown-Jeffy & Cooper, 2011). Providing culturally responsive mental health supports also requires service providers to realize their own biases and stereotypes and seek to understand others' histories and understandings of the issues they want to talk about (Kirmayer, 2012). A culturally responsive school mental

health provider, such as school psychologist and school counselor, should undergo continuous professional learning to increase his ability to provide high quality service to the members of the school population through prevention, screening, assessment, and intervention (Owens, Watabe, & Michael, 2013).

Conclusion

Mental health can support students to succeed academically, socially, behaviorally, and emotionally. To do this, our focus must remain trained on systematic change throughout the school. Locally, school-community collaboration and resource mapping are essential to delivering high quality, culturally responsive services and supports. Changes can be made through teachers delivering high quality culturally responsive instruction for all students and supporting students in resolving the social/emotional challenges they face. Above all, mutual trust and rapport building are essential foundations for the provision of quality services to each unique student population.

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Engage



Success in School. Skills for Life.

Collaborative for Academic Social Emotional Learning (CASEL) is a not-for-profit organization aimed to implement research-based social and emotional learning strategies in schools, nationally and internationally. CASEL headquarters is located in Chicago; however, there are branches in various states across the country. The organization plays a crucial role in informing national policy and legislation that focuses on the social, emotional, and academic learning for all children.

Collaboration and partnership appear to be critical aspects of CASEL's efforts; the staff brings together practitioners, researchers, policymakers, educators, and advocates generating new ideas and developing a target research agenda. By bringing such a diverse range of stakeholders together, CASEL uses social justice frameworks to create systemic change. One example of CASEL's efforts is DuPage County School, Regional Education Office (ROE).

CASEL aims to support small districts that have to restrict services due to cost. CASEL is aware that the economies of

scales is one of the most influential factors in determining the services schools can provide to children in need. Therefore, in 2010, with funding from NoVo Foundation, CASEL and DuPage County Schools established a partnership to serve 12 schools located in the southwest suburbs of Chicago. Over the course of the last four years, the DuPage ROE leadership provides professional development and support for implementation and modifications based on needs assessments, observations, and feedback.

In addition to partnerships, CASEL hosts biennial invitational forums that attract prominent leaders in the fields of education, scientific research, public policy, and philanthropy. During the conference, each forum concludes with a call to action. This helps participants walk away with a plan and implementation ideas that are grounded in research. Please visit the organization's website to learn more about their work , resources, and opportunities to get involved.

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Empower



Something to Read! School Behavioral Health Services Framework

This is a guide to support K-12 student behavioral health with a focus on prevention, early intervention, and intensive intervention for students' social, emotional, and behavioral health needs. This framework is built on a three-tiered service framework. Tier one provides universal screening, and ensures positive social, emotional learning opportunities for students of all. In tier two, progress monitoring is conducted throughout the school day and in different settings for students, and evidence-based interventions are delivered for students who could benefit from targeted supports. In tier three, more intensive support, such as individual or group counseling/therapy is provided to students so that they could receive high quality individualized mental health care. Read this guide to know more about the best practices in school to support students who need mental health care.

Something to Watch! *Cultural Consultation and Mental Health*



Culture impacts how clients view their mental health needs.

Understand client's personal stories and narratives can help mental health professionals form a better decision making and partnership with the client. Cultural consultation service provides an opportunity to assess client's cultural carefully further deliver culturally responsive mental health service. This video talks about the importance of cultural consultation; some Cultural Consultation Service providers also shared their experience.



Something to Use! Mental Health Units of Instruction: Mental Illness Awareness

This document was developed by Jon W. Hisgen, and was supported by the Wisconsin Department of Public Instruction (DPI). This document offers considerations educators should think about before implementing the mental health curriculum to students. Subsequent sections provide a Children's Mental Health Disorder Fact Sheets where information and resources about mental health disorder are presented. This resource also includes nine lessons teachers can use to help students decrease misconception towards mental health disorders, improve self- awareness and practice skills to help people who need help. This document is a useful tool educators can use to promote positive and culturally responsive climate in school.

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