

School-Based Behavioral Health



- **Data**
- **Misconceptions**
- **Promises**
- **Successes (Improvement Movement)**
- **Challenges**

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Student Behavioral Health Data

- **14 percent of children** with behavioral health issues receive mostly Ds and Fs on school work (*Blackorby, Cohorst, Garza, and Guzman*)
- On average, children with behavioral health issues miss as many as **18 to 22 days of school** (*Blackorby*)
- The consequences of **untreated language problems** are significant and result in behavior problems, reading difficulties, grade retention, and high school dropout (*Sices, et al*)
- Children with untreated tooth decay have trouble sleeping and eating, increased school absences, difficulty paying attention in school, difficulty keeping up with peers academically, **difficulty self-regulating behavior**, and are more likely to report feeling worthless, shy, and unhappy than their peers (*Children's Health Fund*)

Misconceptions

- Not all student behavioral issues are due to mental health issues
- Not all student behavioral issues should be referred for therapy
- Not all student behavioral issues should be referred for Special Education
- Not all student behavioral issues should be referred for out-of-school suspension
- Not all student behavioral issues are attributable to the student
 - ❖ Physical health factors
 - ❖ Adult factors
 - ❖ Situational factors
 - ❖ School climate factors

Promise of School-Based Behavioral Health Services

- School-based behavioral health services offer the promise of improving **access** for children to services/interventions to meet their needs as early as possible.
- School-based behavior health services **SHOULD NOT** focus only on access to therapy, because other factors influence behavior.
- School-based behavior health services:
 - ❖ Should incorporate physical and behavioral health screening (including language)
 - ❖ Should include physical and behavioral health awareness training for all school personnel
 - ❖ Should be linked to the Multi-Tiered Systems of Support (MTSS)
 - ❖ Should become part of the framework for improving school climate

Promise of School-Based Behavioral Health Services

- School climate affects not only students' motivation and school satisfaction, but their lifestyles, health, mental health, and quality of life, as well (*Vieno, Santinello, Galbiati, and Mirandola*)
- School climate is directly related to conditions that can impact students' ability and capability of dealing effectively with behavioral health and physical issues (*Porteous and Kelleher*)
- A positive school climate increases the psychological well-being of students (*Ruus*)
- An unstable/unhealthy, non-supportive, non-responsive school climate can exacerbate the conditions of students with behavioral health issues (*Sugai*)

Improvement Movement

- **PBIS** is a proactive systems approach to establishing the behavioral health supports and is a framework for changing school climate to be more positive, supportive, safe, and secure (*Sugai*)
 - ✓ **1,307 schools** are implementing PBIS
 - ❖ *Improved school climate rating, improved attendance, improved graduation rate, decreased out-of-school suspension (25%)*
- **Behavioral health awareness** (NAMI and GaDOE)
 - ✓ Over 9,000 educators have been trained since October 2018 and another 6,000 will be trained before September 2019 (choice of 18 training modules)
 - ✓ Over 400 SROs have received CPI training and another 200 are scheduled for training
- **Power Up for 30** (GaDOE and GaDPH)
 - ✓ 1,000 elementary schools participate

Improvement Movement

- **Suicide prevention training** (GaDOE and partners)
 - ✓ Over 1,000 educators have been trained on suicide prevention
- **APEX School-Based Therapy**
 - ✓ Over 400 schools have APEX therapists
- **Title IV Part A Federal Funding** is more flexible
 - ✓ Behavioral health services
 - ✓ Re-entry program for justice-involved youth
 - ✓ Drug and alcohol prevention/intervention
 - ✓ Trauma-informed training
- **School-Justice Coordination**
 - ✓ School Climate and Attendance Committee
 - ✓ Cross-training of schools and juvenile courts, which includes school climate and attribution

Improvement Movement

- Prevention, Intervention, and *Innovation*

- ❖ Innovation:

- ✓ Sources of Strength
- ✓ Handle with Care
- ✓ LPCs in schools
- ✓ Expanding Medicaid for school nursing services
- ✓ Remodeling MTSS
- ✓ Importance of language (research, screening, practices)

- ❖ Misdiagnosis/Attribution

- ❖ *Research into the prevalence of speech, language, and communication difficulties among youth in secured detention **found that more than two-thirds had below average language skills.** Yet, most of the time their behavior was **attributed to disrespect for others (Snow 2016).***

Improvement Movement Challenges

- Legal issues
- Access issues
 - ❖ Awareness
 - ❖ Affordable
 - ❖ Available
 - ❖ Accommodating
 - ❖ Acceptable
- Workforce issues
- Attitudes and beliefs about behavioral health
- Financial issues
- Limited conceptualization of school behavioral health services (*It's not just mental health*)