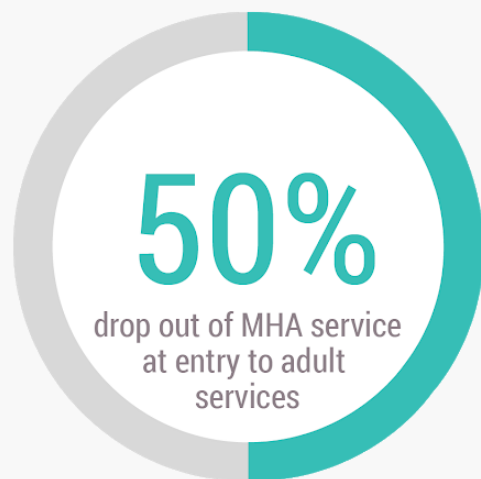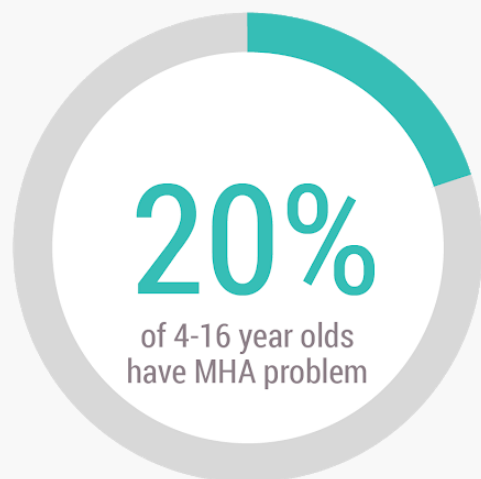# Breaking Down Silos Between School and Community Mental Health

Ian Manion, Ph.D., C.Psych.
Scientific Director, Frayme
Director of Youth Research, IMHR

FRAYME
CONNECT.
ENGAGE.
TRANSFORM.

Big Ideas!
Bold Ideas!
Stepping Outside of Our Comfort Zone!

State of Child /Youth Mental Health

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20% of 4-16 year olds have MHA problem

By age 16, **35%** experienced mental disorder

70% of adult mental illness begins in adolescence

LESS THAN **33%** will receive targeted MHA services

50% drop out of MHA service at entry to adult services

From Joanna Henderson, CAMH, Youth Can Impact

Most Recent Data (Ontario)

- Overall prevalence of perceived need for professional help increased from 6.8% (1983) to 18.9% (2014) for children and youth in Ontario (OCHS, Georgiadis, Boyle et al. 2019)

- Emotional disorders (depression and/or anxiety) increased for youth from 1983 to 2014 from 9.2% to 13.2% (OCHS, 2019)
  - 1.1% of children (4-11) and 5.1% adolescents (12-17) have a major depressive disorder that is serious enough to require treatment (OCHS 2019)
  - 8.2% of children (4-11) and 11.3% adolescents (12-17) have an anxiety disorder that is serious enough to require treatment (OCHS 2014)

- Of those needing help, only 25.6% of children and 33.7% of youth accessed mental health services

Barriers to Access

1. Stigma (preventing disclosure)
2. Insufficient MH literacy (what is a problem? what is treatable?)
    • Delays access (acute, severe, and more intractable)
3. Where to go for help? (system literacy)
4. Limitations in existing care pathways
    • Location, youth-friendliness, siloed care
5. Limitations of 1st contact care providers (schools, primary health care)
    • Identification, early intervention, role clarity in care pathway
6. Overburdened specialty youth mental health services,
7. Limitations to meaningful engagement of families and youth
8. System failing transitionally-aged youth (TAY)

ACCESS TO EFFECTIVE CARE?

System Transformation
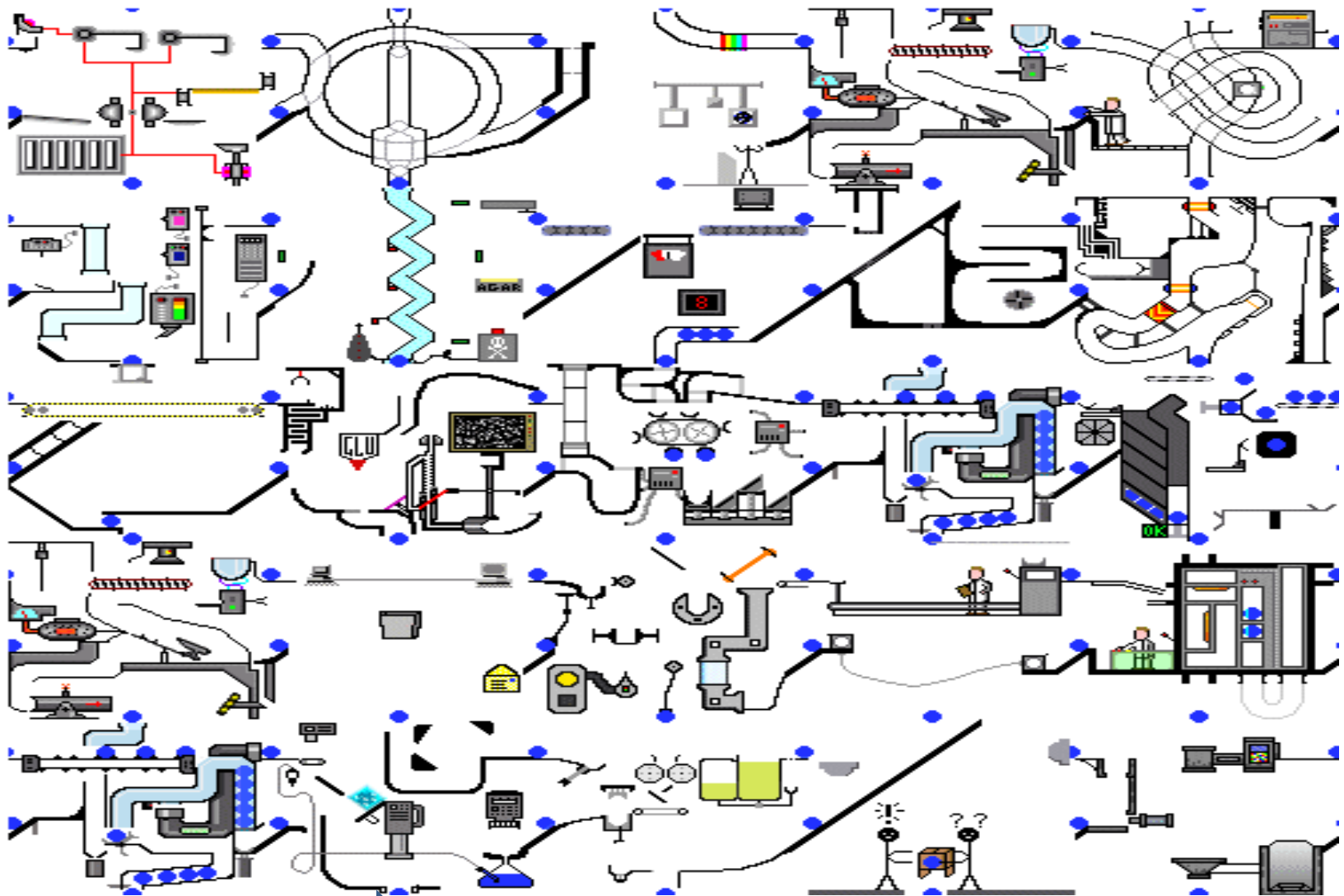
GOAL → Improved Outcomes for children and youth

Mental Health in Schools

- Mental health literacy and stigma reduction
  - universality, accessibility, acceptability
- Promoting mental health (from safe schools to pro-social learning)
- Identification of mental health problems
- Mental health care delivery (onsite/facilitated)
- Schools can be a hard place to work so we need to support the mental health of teachers too!

"School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge."

Carnagie Council Task Force on Education of Young Adolescents, 1989

But…..
The mental health of our children should not be <u>solely</u>
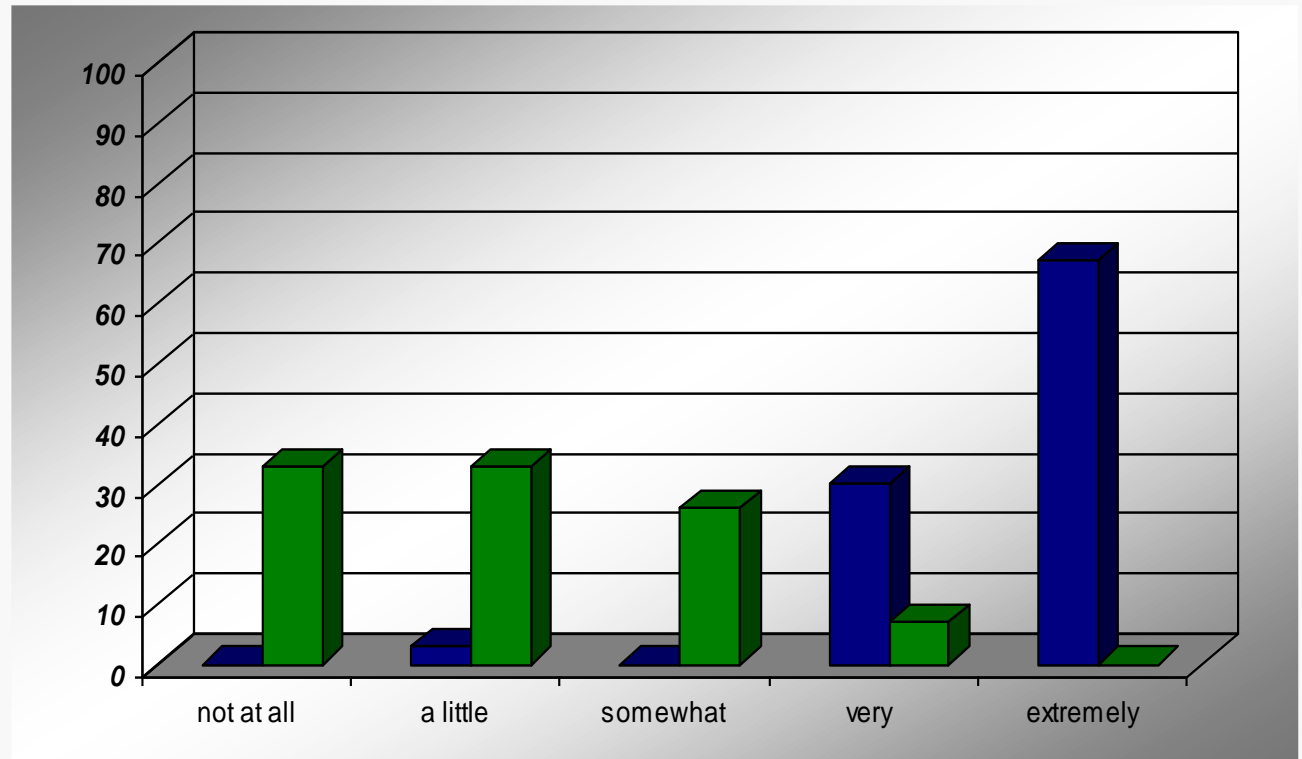**on the backs of teachers or schools!**

School Mental Health

Concern About Mental Health…

FRAYME
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ENGAGE.
TRANSFORM.

Educator Level of Concern…

Educator Preparedness…

Student and Provider Perceptions

- Stigma

  - 70% of students and 51% of service providers feel stigma is a barrier to service use in schools

- Resources

  - 72% of students felt that there are no resources in their school for MH concerns

  - Only 31.5% of students felt teachers were prepared to deal with mental health needs

(Bowers & Manion, 2012)
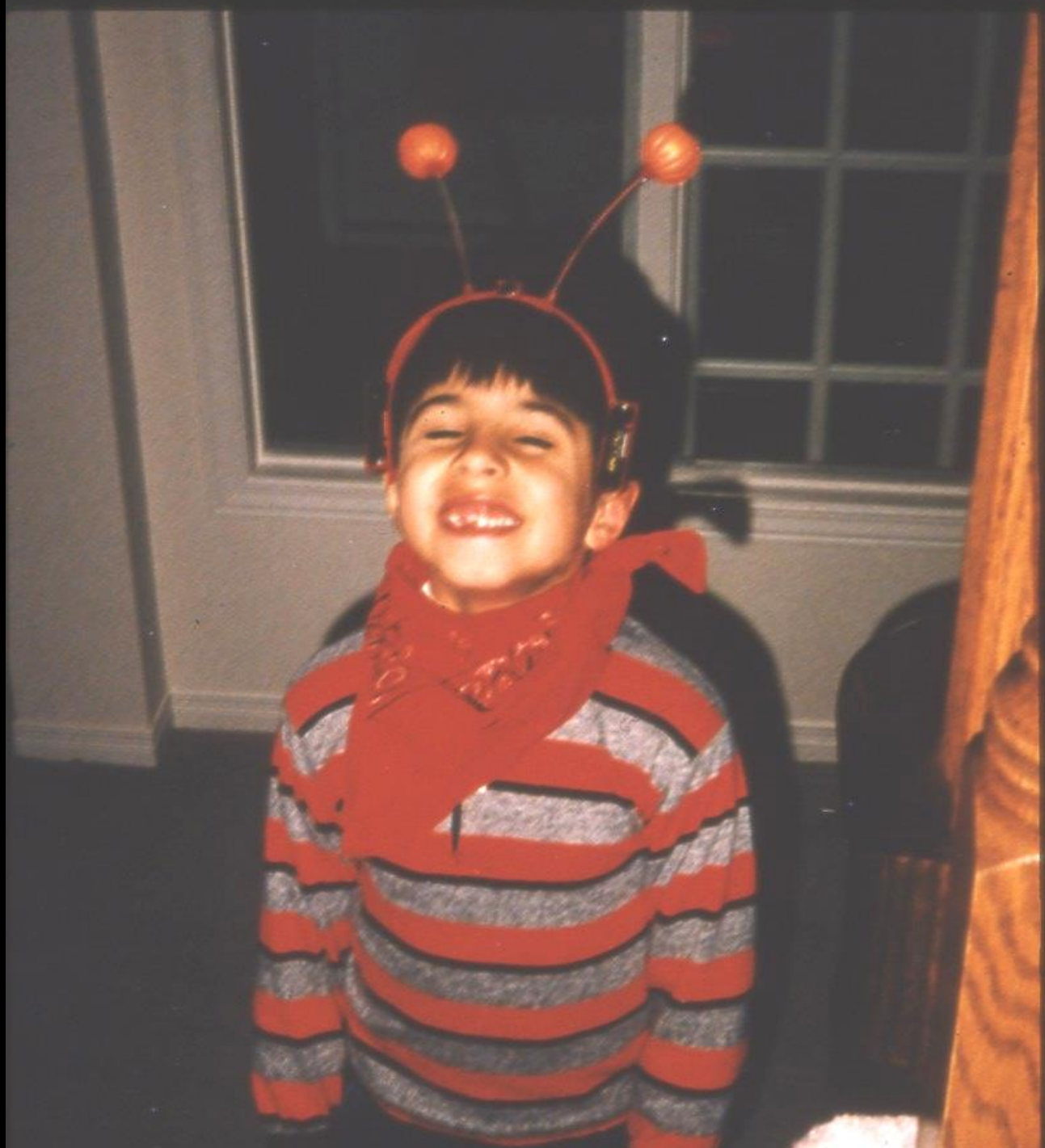
Scanning the Practice Landscape in School-Based Mental Health

Short, Ferguson, & Santor, 2009

Taking Mental Health to School: A Policy-Oriented Paper on School-Based Mental Health in Ontario

Santor, Short, & Ferguson, 2009

http://www.onthepoint.ca/products/product_policypapers.htm

School-Based Mental Health and Substance Abuse Consortium

- 40 member organizations from across Canada

- Led by the Ontario Centre of Excellence for Child & Youth Mental Health

- Four key activities:
    - o Systematic Review
    - o National Survey
    - o National Scan
    - o Knowledge Mobilization

SBMHSA Consortium Key Findings
Meta-Synthesis of Reviews

MH Promotion		Prevention	Intervention/ Ongoing Care
School/Class-wide Social Emotional Learning is associated with enhanced pro-social ability and academic achievement	**Internalizing**	Cognitive-Behavior Therapy / Behavior Therapy that is skill-based and builds protective factors can reduce symptoms	CBT/BT focused on core elements like social problem solving, cognitive restructuring, relaxation
	Externalizing	Cognitive-Behavior Therapy / Behavior Therapy that builds conflict resolution and anger management skills can reduce symptoms	CBT/BT focused on core elements like identifying cues for aggression, resisting automatic aggressive impulses, alternative behaviors
	Substance Use	Mixed results – best strategies are interactive and build refusal and life skills	Insufficient evidence

SBMHSA Consortium Key Findings
National Survey of Schools and Districts

Broad Findings
85% of board-level respondents, and 65% of school-level participants, indicated they were concerned or very concerned about student mental health and/or substance use
Over 80% of respondents indicated that there are unmet student mental health and/or substance use needs in their board or school
Most Common – Problems With: attention & learning, anxiety, substance use, social relationships & bullying, oppositional behavior & aggression, depressed mood
Identified need for organizational conditions at the school and district level (board policy, clear service pathways, infrastructure, role clarity, systematic PD)
Inconsistent coverage of the continuum of care in districts and schools. Primary focus on identification and referral, individual intervention and crisis intervention
Implementation Barriers include: insufficient resources in schools/communities, insufficient qualified staff in school boards, need for parent engagement/collaboration, need for promotion/prevention programming, need for systematic PD for educators

SBMHSA Consortium Key Findings
Scan of Nominated Best Practices

| Broad Findings |
|---|
| Report of 147 nominated programs and strategies, from every province |
| Programs were from across the continuum of care |
| Development and adaptation driven by need, resulting in islands of innovation |
| Inconsistent alignment with evidence, inconsistent use of local evaluation |
| **Huge costs, sustainability unclear** |

Bottom Line

- Not using what we already know in school MH
- Patchwork of programs needs to be organized
  - more accessible and strategic links to evidence
  - decision support tools
  - common elements across continuum of care
- Organizational conditions not in place to deliver coordinated, EB strategies across full continuum
- Implementation supports needed to ensure that these conditions in a sequenced and sustainable manner
- All efforts need systematic evaluation

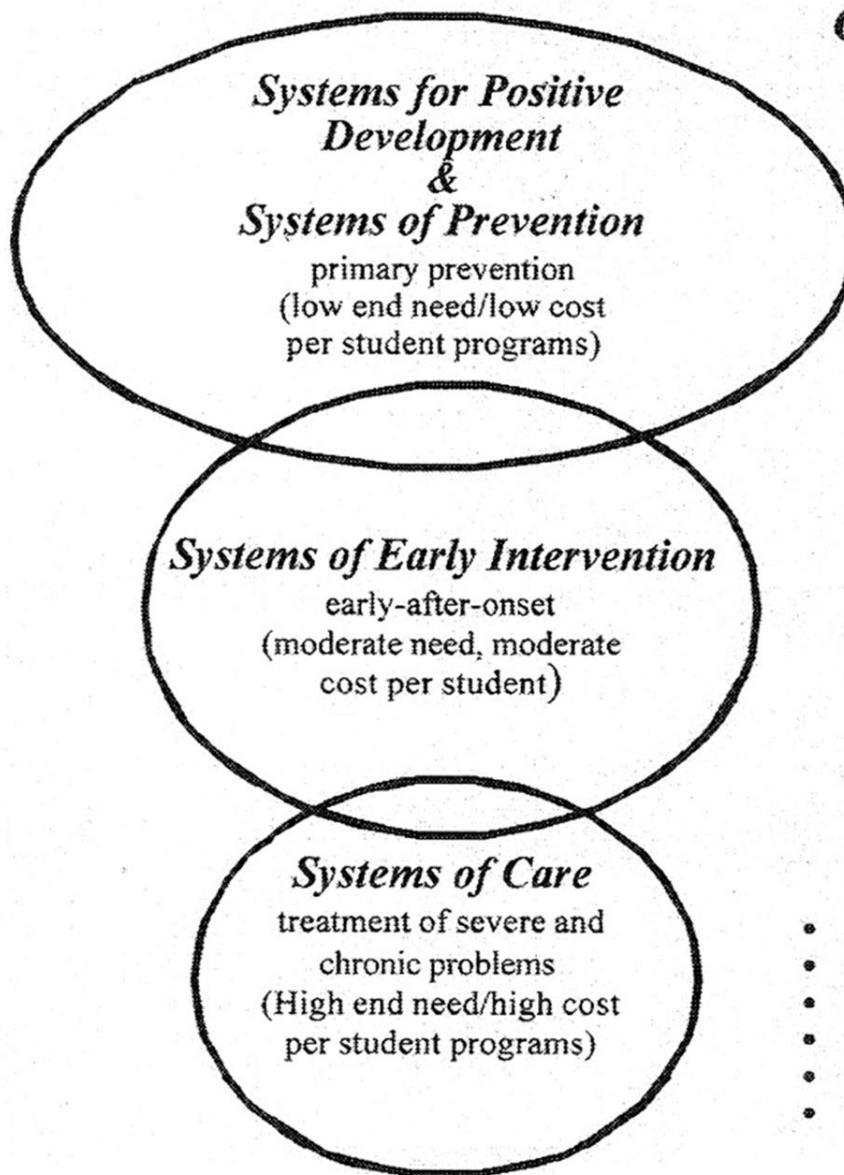What is the role of schools in the whole community continuum of care?
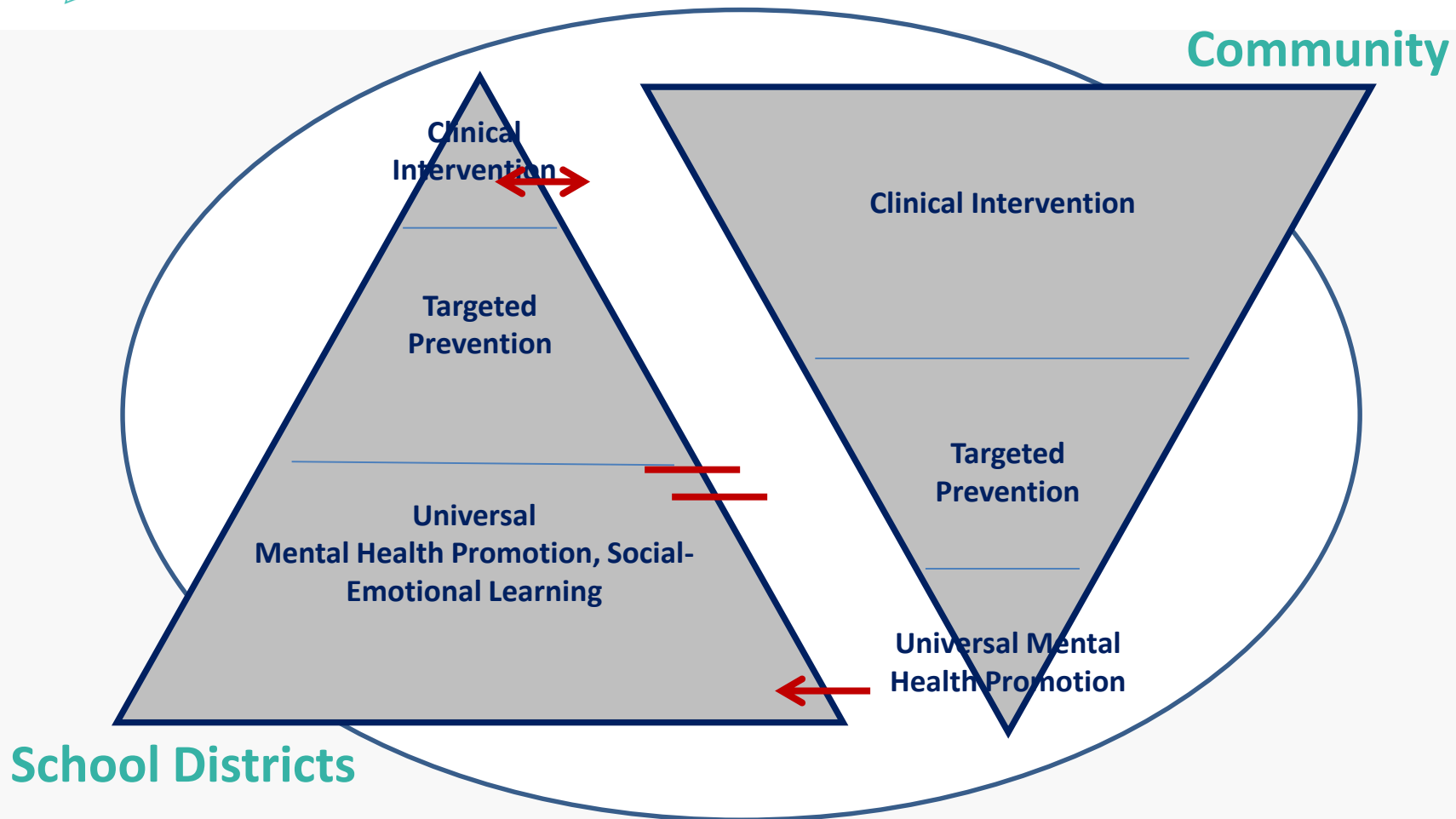
School Resources
(facilities, stakeholders, programs, services)

Examples:

- Enrichment & recreation
- General health education
- Promotion of social and emotional development
- Drug and alcohol education
- Support for transitions
- Conflict resolution
- Parent involvement

- Pregnancy prevention
- Violence prevention
- Dropout prevention
- Learning/behavior accommodations
- Work programs

- Special education for learning disabilities, emotional disturbance, and other health impairments

Systems for Positive Development & Systems of Prevention
primary prevention
(low end need/low cost per student programs)

Systems of Early Intervention
early-after-onset
(moderate need, moderate cost per student)

Systems of Care
treatment of severe and chronic problems
(High end need/high cost per student programs)

Community Resources
(facilities, stakeholders, programs, services)

Examples:

- Youth development programs
- Public health & safety programs
- Prenatal care
- Immunizations
- Recreation & enrichment
- Child abuse education

- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization

COMMITTEE ON SCHOOL HEALTH, Pediatrics, 2004

School – Community Partnerships Are Not New

- School-based mental health / health centres
- Full service schools
- Comprehensive school mental health
- Schools as the hub
- School-linked services
- Integrated school pathways to care
- Expanded school mental health

What Gets in the Way?

- Lack of integrative policy

- The "we are unique/different/special" phenomenon

- Edu-centric thinking (can marginalize other players)

- Thinking in terms of school board resources and not community assets (lack of a whole-community strategy/vision)

- Asynchronous transformation efforts

- We tinker and don't transform (lack long term vision)

- Everyone can point to something good suggesting "we already do this!!"

- Lack of system literacy or true cross-training

- Schools as unionized workplaces

School or Community

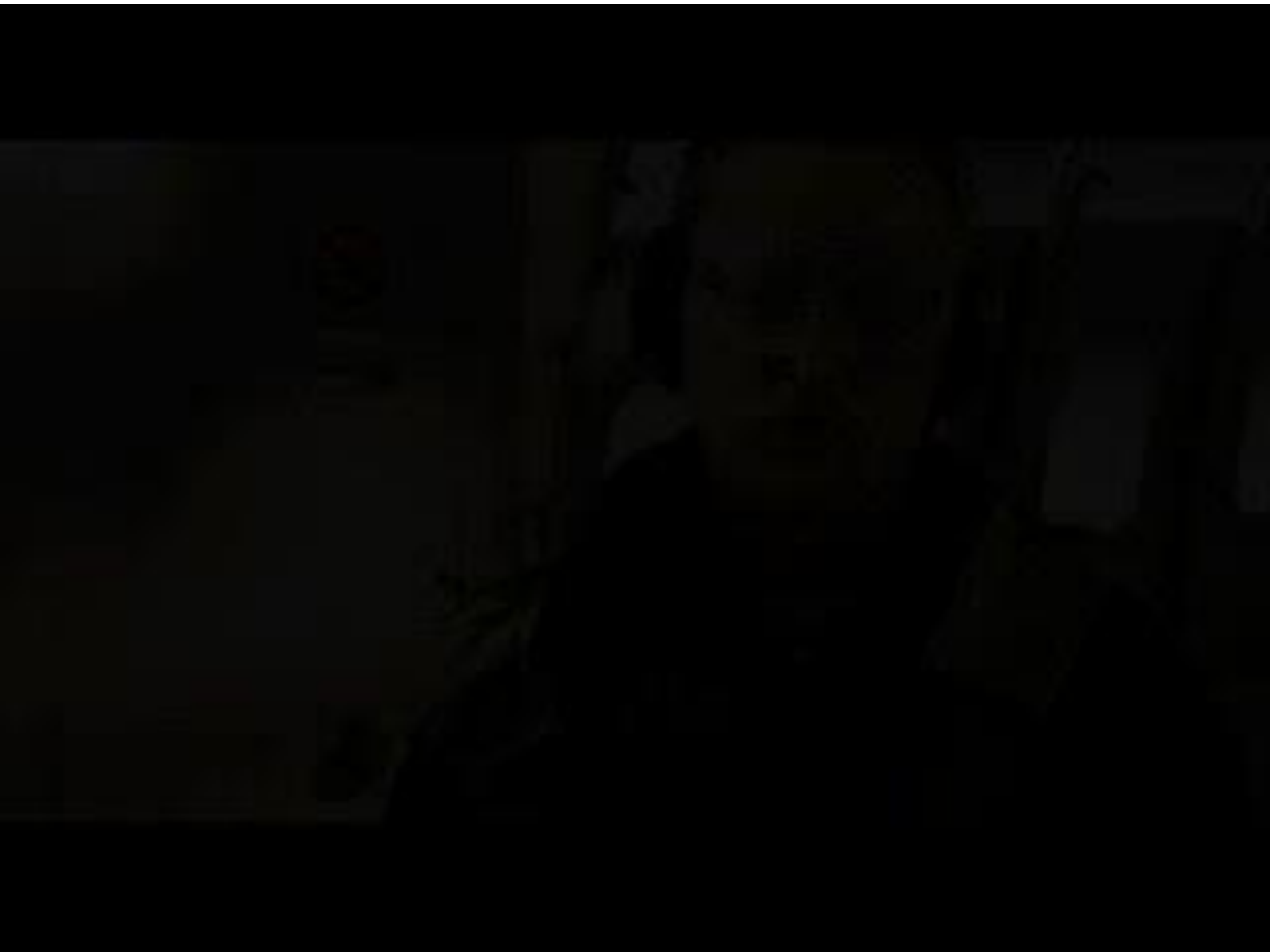School and Community

School is Community

Reality Check

"The fact is that mental health goes beyond health care services. No major public health threat has ever been reversed by treating people one-on one after it has already taken hold."

Rob Santos, 2013

We can't treat our way out of this problem!

What Will it Take?

- Courageous leadership

- Political will

- Long term vision

- Change readiness

- Willingness to collaborate and not compete

"Collaboration is a prerequisite to the sustainability of interagency programs."

(Perkins, 2002)

Stages of Collaboration

- **Coexistence:** limited mutual awareness, independent decision-making

- **Communication:** awareness, loosely defined roles, limited communication, independent decision-making

- **Cooperation:** share information, better defined roles, formal communication, independent decision-manking

- **Coordination:** share info and resources, defined roles, frequent communication, some shared decision-making

- **Coalition:** shared ideas, shared resources, frequent and prioritized communication, equal vote on all decisions

- **Collaboration:** all belong to one system, frequent communication based on mutual trust, consensus reached on all decisions

Adapted from Frey (2006) and Houge (1993)

Collaboration
is not about gluing together
existing egos. It's about the
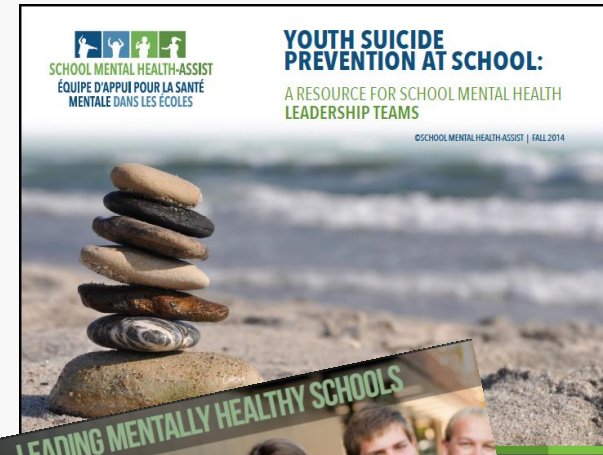ideas that never existed until
after everyone entered the room.

Learning from elsewhere

~~SMH ASSIST Services (Ontario)~~
School Mental Health Ontario

- Provincial Leadership in School Mental Health
  - Systematic, collaborative, intentional, explicit, nuanced, creative, evidence-based

- Implementation Coaching
  - Province, Region, Board

- Resource Development
  - Awareness, Literacy, Expertise

YOUTH SUICIDE PREVENTION AT SCHOOL: A RESOURCE FOR SCHOOL MENTAL HEALTH LEADERSHIP TEAMS
©SCHOOL MENTAL HEALTH-ASSIST | FALL 2014

LEADING MENTALLY HEALTHY SCHOOLS
A RESOURCE FOR SCHOOL ADMINISTRATORS

ANXIETY
Supporting Minds

Integrated Service Delivery (NB)

- Goal:
    - Streamline access to the services for the benefit of the child or youth and their family.
- Partnerships:
    - Education and Early Childhood Development, Social Development, Health, Public Safety, school districts and regional health authorities).
- ISD Child and Youth (C&Y) Teams:
    - A variety of services are available, and may be delivered in schools and community settings.
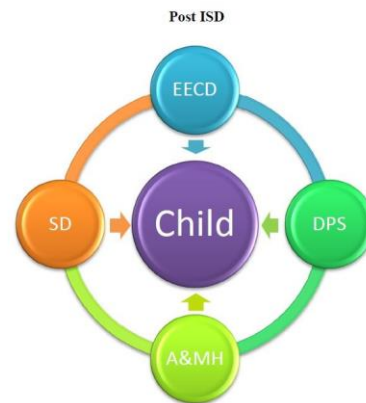   - Stepped care

Figure 2: Integrated delivery of child and youth services (collaborative team-based, child/youth-focused and family centered approach).

GETTING
TO
WE!

SchoolPlus in Nova Scotia

SchoolPlus is:
- a comprehensive, collaborative, integrated delivery of services
- sharing of information and resources between agencies
- timely and effective services
- accountability and use of evidence-based best practices
- service beyond the school day
- family-friendly schools

SchoolsPlus promotes use of school facilities by students, families, and the community through:
- Social work, health, justice, recreation, and mental health services offered at the school site,
- Early Years centres, family resource centres, and youth health centres located within schools.

SchoolsPlus sites supported by a facilitator + community outreach worker.
- Act as liaisons between the school and community and advocate, coordinate, and expand services for students and families.
- Help families with system navigation

Important focus on youth and family engagement

Cross-Sectoral Approach Across Ministries

- Lead ministry (Ministry of Education and Research)
- Central government budget for youth policy
- Gemensam beredning (joint preparation procedure)
- Evidence-based policy
- Commitment to evaluation of implementation of the policy
  - Access to national dataset
- Technical assistance: The Swedish Agency for Youth and Civil Society (government agency)

Transforming Children and Young People's Mental Health Provision: a Green Paper

- Legislated for parity between CY physical and mental health

- Additional £1.4 billion for CYMH over next 5 years

- Recruit 1,700 & train 3,400 in EBT's

- Additional 70,000 children and youth served by 2020-21

- Additional £70 million for eating disorders, 70 new teams

- Funding for 8 areas to test different crisis approaches (New Care Models)

- Published cross-agency Local Transformation Plans for CYMH in every area in the country

Green Paper (cont'd)

- Incentivise every school/college to identify a Designated Senior Lead for Mental Health

  - All CYMH services identify a link for schools

- Mental Health Support Teams (supervises by the NHS) linked to schools and colleges

- Four-week waiting time for access to specialist NHS

- Trailblazer areas

  - Not one size fits all

  - Developmental evaluation

The System of Care Handbook

Transforming Mental Health Services for Children, Youth, and Families

Beth A. Stroul
Gary M. Blau

A System of Care Is…

A Community and Statewide Partnership among families, youth, schools, and public and private organizations to provide coordinated mental health services. Partners may include:

- Juvenile justice
- Child welfare
- Education
- Mental health and substance abuse professionals

- Families
- Primary health care
- Faith-based organizations
- Other community organizations

The Iceland Model

- Theoretically grounded, evidence-based approach to community adolescent substance use prevention.
- Collaboration between policy makers, behavioural scientists, field-based practitioners and community residents in Iceland.
- Intervention focuses on reducing known risk factors for substance use, while strengthening a broad range of parental, school and community protective factors.
- Significant outcomes (self-reported being drunk 46% to 5%; greater family time)
- Several programs:
  - Stop Youth Drinking (parent supports)
  - Drug Free Iceland (school contract)
  - Regular data
  - Live Your Life (supports for municipalities)
  - Leisure activity cards
  - Policy changes (curfews, age to purchase alcohol)
- Planet Youth coming to a community near you!

Substance use prevention for adolescents: the Icelandic Model. Inga Sigfúsdóttir, Thorolfur Thorlindsson, Álfgeir Kristjánsson, Kathleen Roe, John Allegrante, *Health Promotion International*, Volume 24, Issue 1, 1 March 2009, Pages 16–25, https://doi.org/10.1093/heapro/dan038

First Nations Mental Wellness Continuum Framework
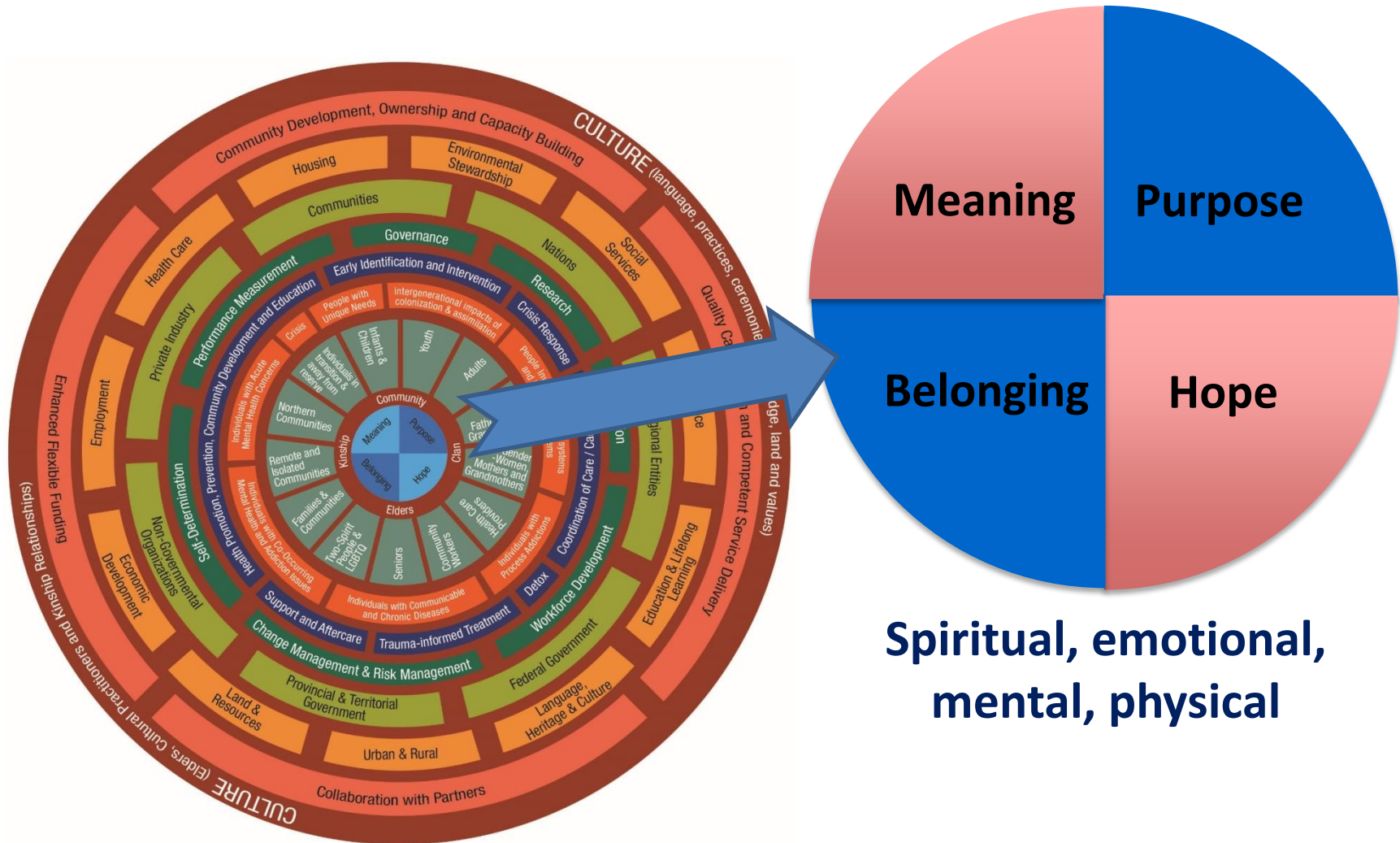
Youth Engagement Promotes Health and Decreases Risk

Armstrong & Manion, 2007; 2013

"The more meaning found in engagement, the less likely youth were to report suicidal thoughts in spite of risk factors"

INTENTIONAL

EXPLICIT

SYSTEMATIC

Sustainability
vs.
Planned Abandonment
vs.
Evolutionability

Tying it all Together!

- To share and make better use of what we already know
- To help with implementation
- To establish and maintain partnerships
- To align across jurisdictions
- To evolve the knowledge base collectively over time
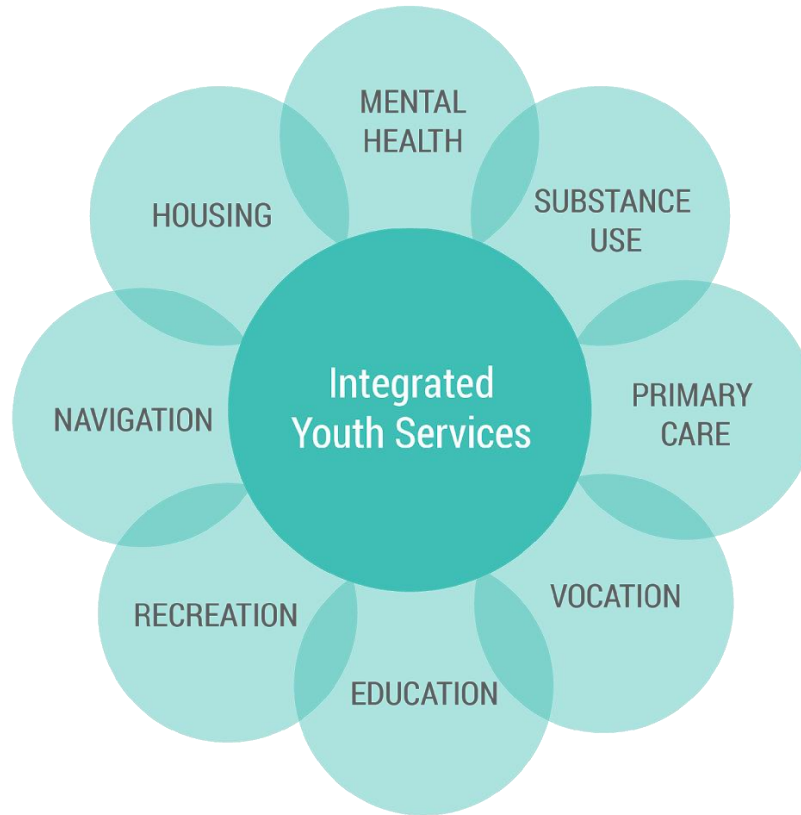- To inform policy
- To ensure true system change

Enter Frayme

An international knowledge mobilization network in youth mental health and substance use services.

What are Integrated Youth Services?

Integrated Youth Services

With the Integrated Youth Services Model, youth and family members are at the core of the service decision-making process, creating smoother transitions between care and components and more flexible engagement overtime. Services are provided by multi-sectoral partners that can address youth needs across multiple domains of their lives.

Peter Cornish, 2019

Where are Integrated Youth Services?

383 sites so far!

The interactive IYS map is hosted on our website at the following address:
https://www.frayme.ca/news/mapping-iys-around-world

How Frayme Works
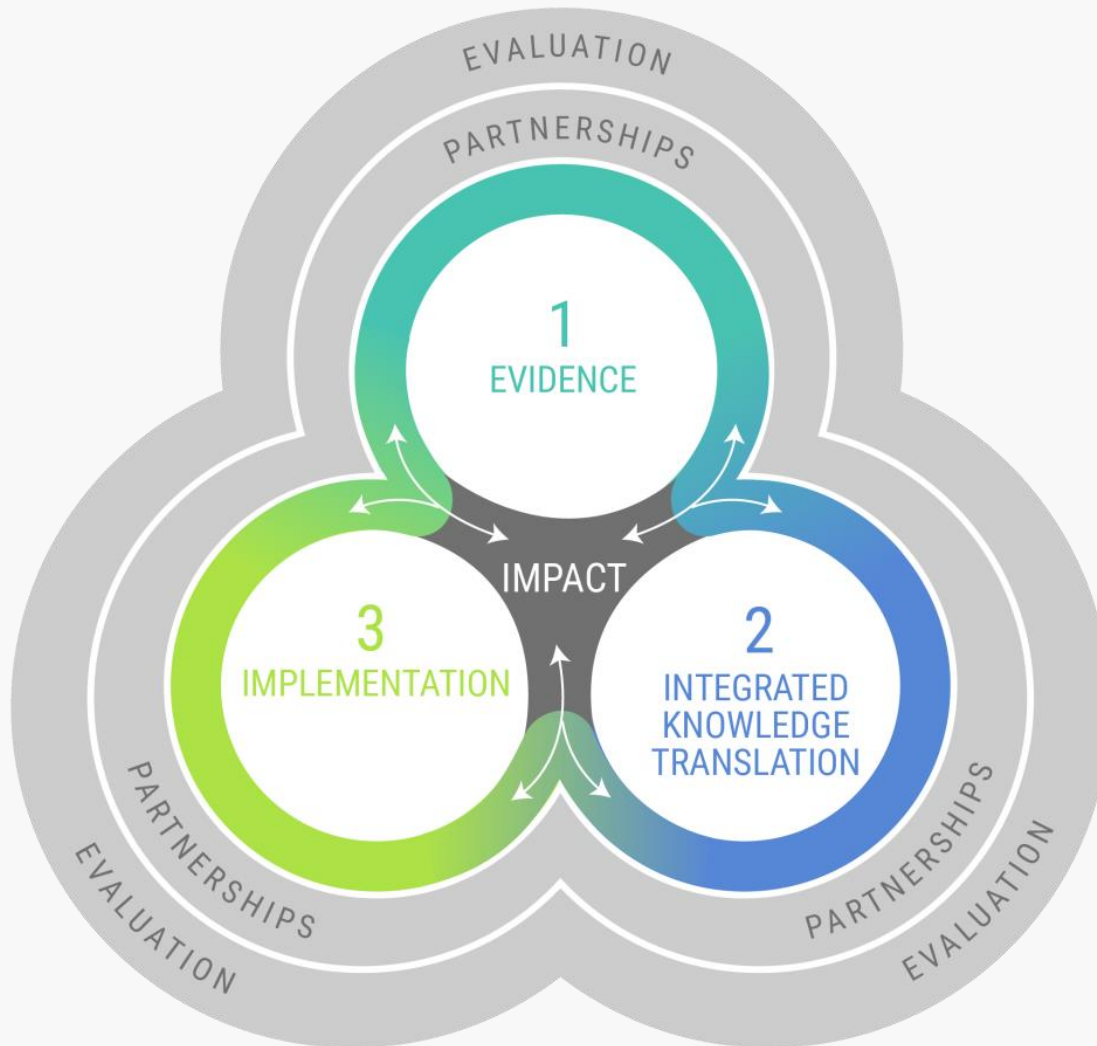
Priority Projects

- Best Practices in ISCM
  - Literature review
- Pathways
  - Scan of IYS & SC pathways
- Data collection
  - Minimal core data set
  - Common platform
- Detailed scan of IYS services
- Gap analysis of evidence in IYS and SC models
  - Pending publication of partner-led scoping reviews
- Peer Support Curriculum

INTEGRATED STEPPED CARE MODELS

DATA INTEGRATION

COLLABORATION

Priority Projects

- Technology for IYS
  - Scan and best practices
- Indigenous strategy
  - Identify and engage Indigenous partners
  - Synthesize model adaptations for Indigenous communities
- Vocational supports as part of IYS
- School and post-secondary based and linked IYS services
- Youth engagement synthesis and policy
  - Synthesis in process
  - Policy co-created with youth

This is Very Messy Business!

Be Prepared to Step Outside of Your Comfort Zone!

Working together, we will contribute to the creation of caring and supportive environments that maximize learning and well-being and strengthen young people, families, schools, and communities…

Stay Connected

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Presenter: XXX

Email: XXX