TRAILS Needs Assessment: Exploring School Mental Health Within Detroit Public Schools Community District

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Students Rise. We All Rise.

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Agenda

- Student mental health
- TRAILS Program
- DPSCD Partnership
- Preliminary data
- Next steps

Acknowledgements

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Detroit Medical Center Foundation

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Michigan Department of Education

The University of Michigan Department of Psychiatry and Comprehensive Depression Center

The Prosper Road Foundation

The Mackey Family

The Ouida Family

The American Psychological Foundation



Student Mental Health



Prevalence of Mental Illness in Adolescents

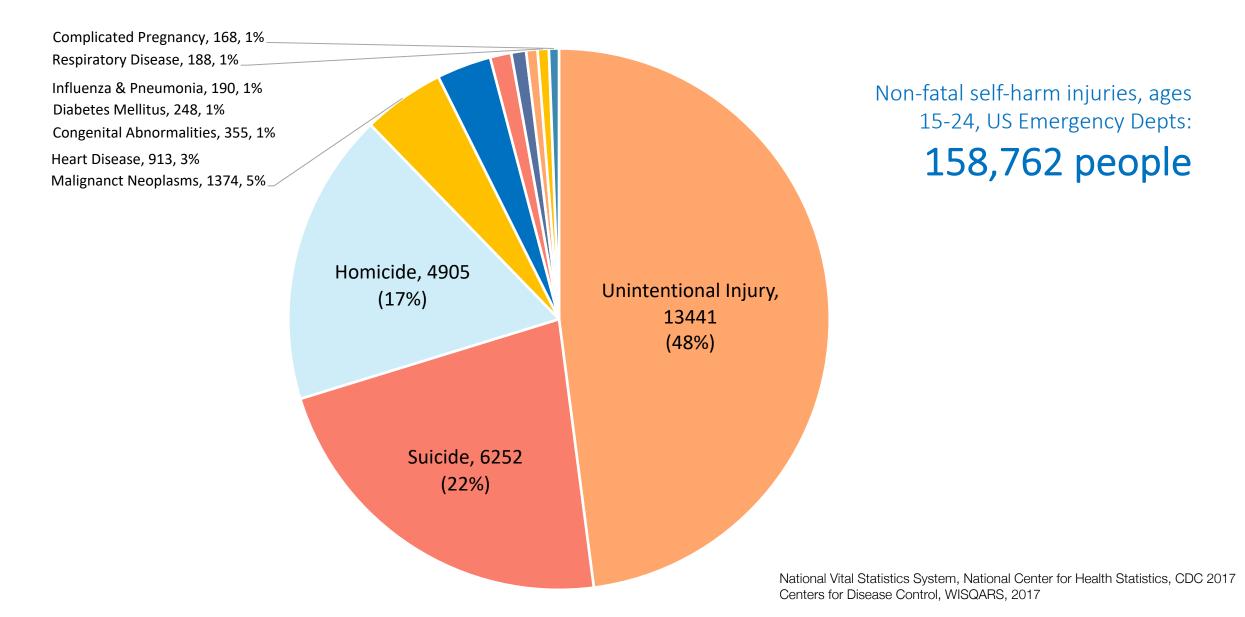
Exposure to trauma:	57%

Any mental illness:	49.5%
Anxiety Disorders:	31.9%
Depressive Disorders:	14.3%
Substance Use Disorders:	11.4%

Comorbid disorders:	20%
Severe Impairment:	22.2%

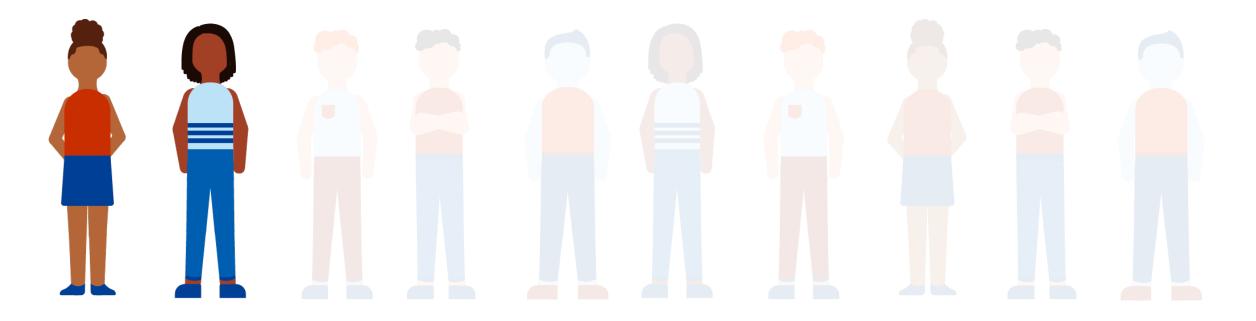
Finkelhor, 2015; Merikangas et al., 2010

Leading causes of death, ages 15-24



Treatment access

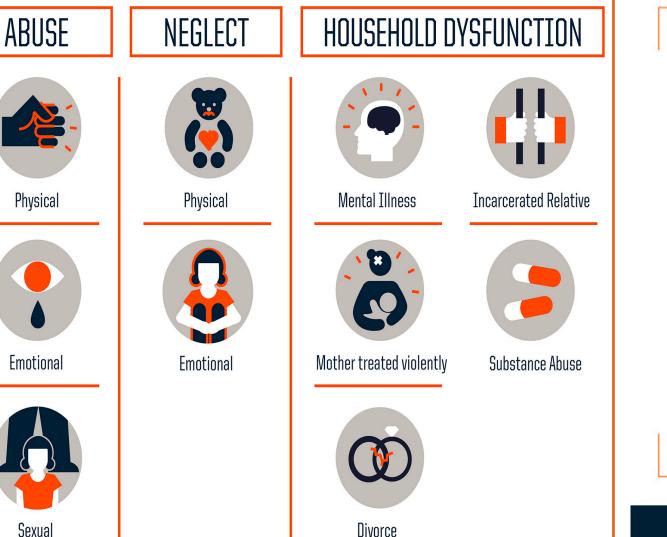
80% of students with a mental illness receive no care

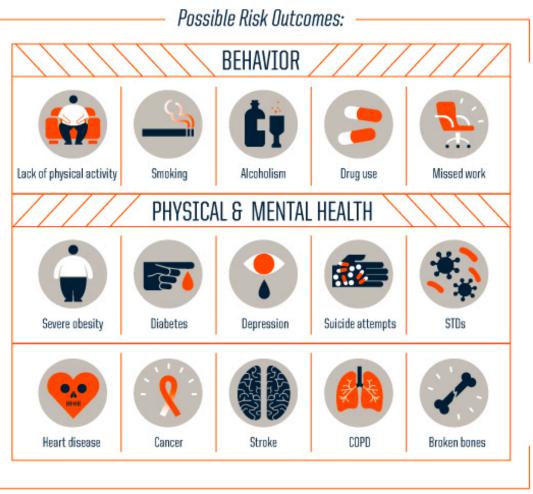


Impact on educational outcomes

- Poor attendance
- Poor academic performance
- Low engagement
- Increased disciplinary involvement
- Increased utilization of staff time / resources
- High drop out
- Disruption due to higher levels of care
- Disruption due to out of school placement

Adverse Childhood Experiences (ACEs)





rwjf.org/vulnerablepopulations

*Source: http://www.cdc.gov/ace/prevalence.htm

Schools as a source of mental health services

"On the strength of the compelling evidence alone, schools have an imperative to attend not just to the academic success of students, but to their social, emotional and behavioral development as well. Schools are a natural and logical setting in which to employ a public health framework that focuses on promoting student well-being and healthy behaviors and preventing mental health problems before they occur." -Advancing Comprehensive School Mental Health Systems, 2019 <u>Traditional</u> model of school staff training





<u>Revised</u> models of school staff training



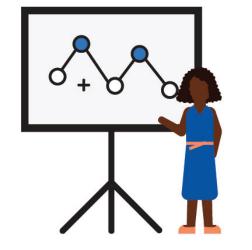


Aarons et al., 2017; Durlak & DuPre, 2008; Fixsen, et al., 2005, Joyce & Showers 2002; Powell et al., 2015; Proctor et al., 2013

TRAILS Program



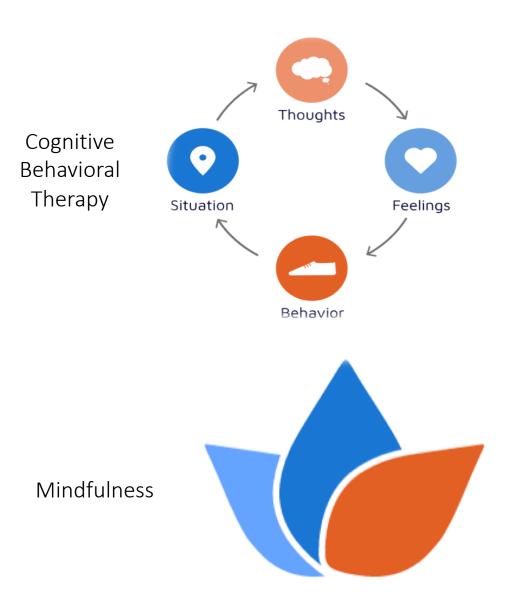
The TRAILS Training Model



Training for school professionals (counselors, social workers, nurses, school psychologists) School professionals paired with TRAILS coaches School professionals & coaches work together to facilitate skills group for students School professionals equipped to serve students independently

1: Training in Evidence-based Mental Health Practices

- Strong empirical support
- Skills-based
- Strength and solution focused
- Impact on meaningful outcomes
 - Health
 - Social
 - Academic
 - Personal
 - Functional



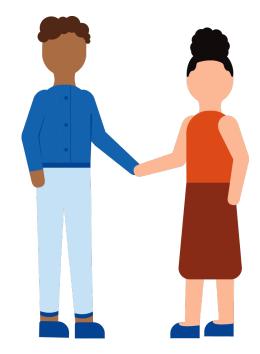
2: Online Resources – TRAILStoWellness.org



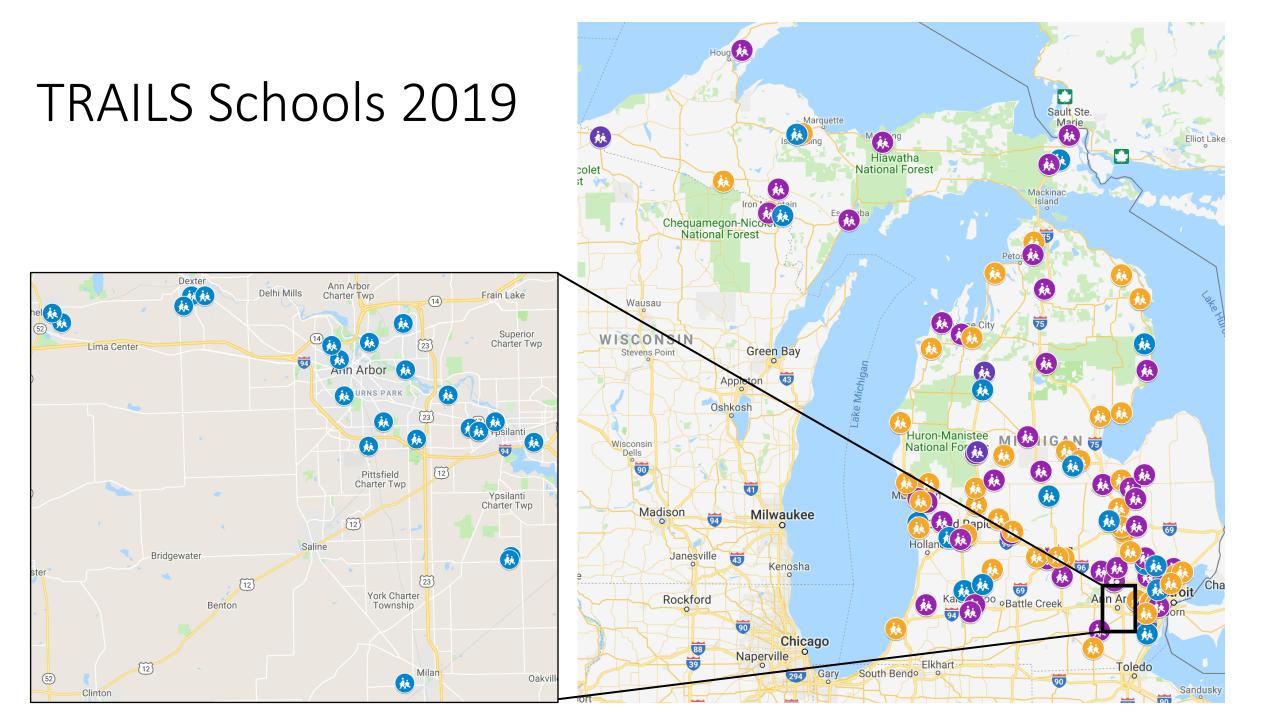
3: In-person support from a Coaching Expert

- TRAILS Coaches paired with school professionals
- Collaboratively plan 10-session student skills groups
- Weekly pre-session support
- Co-facilitation of student groups
- Post-session feedback

Coaches are expert clinicians and former school professionals – they get it!







CASS TECHNICAL HIGH SCHOOL

Partnership

TRAILS



Students Rise. We All Rise.











A 3-TIERED APPROACH

TIER 3 - SUICIDE PREVENTION & INTERVENTION

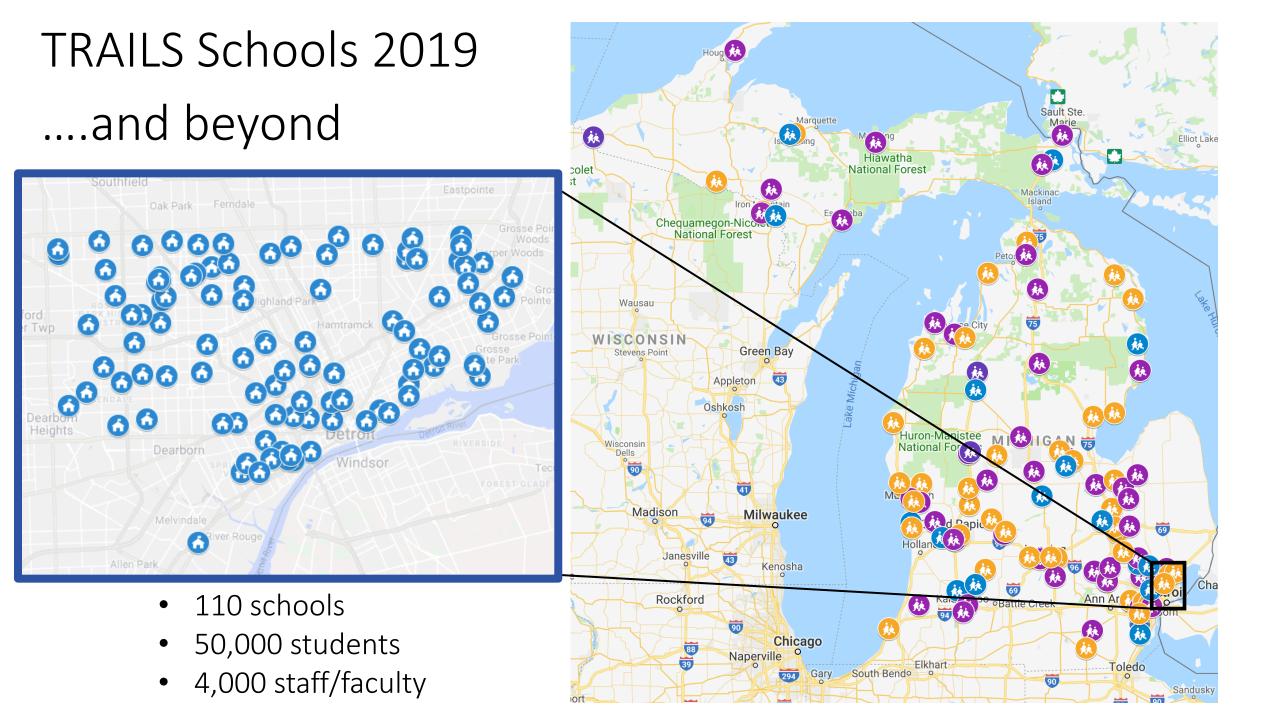
- Student suicide risk identification and management
- Resources for coordination of care

TIER 2 - EVIDENCE-BASED MENTAL HEALTH CARE

- Programming for students impacted by mental illness
- Resources to identify and refer students in need

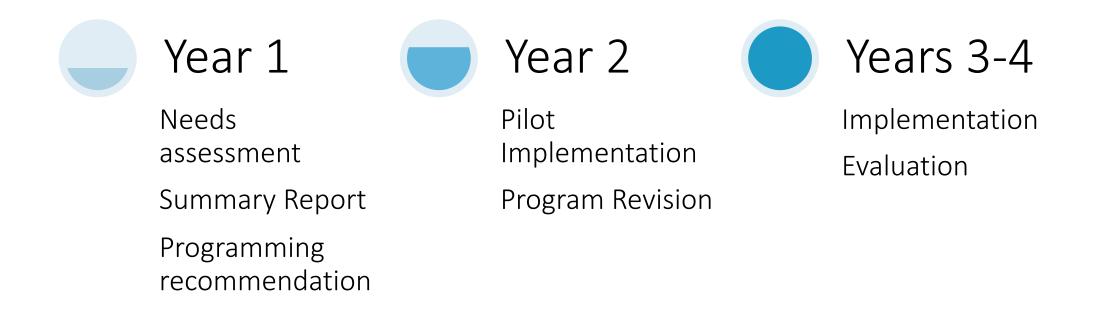
TIER 1 - PREVENTION & STIGMA REDUCTION

- Anti-stigma education and awareness programming
- Social emotional learning for the classroom setting
- Family outreach and engagement



DPSCD Project Summary and Goals

To improve student behavioral health and academic outcomes sustainably, by strengthening the capacity of the district provide evidence-based, culturally relevant emotional and behavioral support services for students and families in all K-12 buildings



Partnership: Year 1



Needs Assessment







We use big data and social science to address pressing social challenges.



We develop, evaluate, and grow strong programs in pursuit of the public good.



We work to support Michigan youth in the context of their families and communities.

TRAILS Logic Model

INPUTS	ACTIVITIES	ουτρυτς	OUTCOMES (Short Term)	OUTCOMES (Intermediate)	OUTCOMES (Long Term)
 Community needs assessment data collection Identification of community goals and programming priorities Collaborative planning between TRAILS and DPSCD teams Development of clinical 	TIER 1 Training and resources to support delivery of a Social Emotional Learning Curriculum to all students	TIER 1 Integration of SEL curriculum materials into the classroom setting by teachers	 TIER 1 Improved student access to accurate information about mental health Increased student utilization of adaptive mental health promotion strategies 	• Improved mental health knowledge in the school community and reduced stigma associated with help seeking and treatment	 <u>SOCIAL / BEHAVIORAL</u> Reduced rates of depression and anxiety among students, including decreased risk of student suicidal ideation <u>ACADEMIC</u> Increased student class- and school attendance Improved student participation in the classroom
 Development of clinical and educational resources for school and community audiences Development of data collection and management systems for tracking program implementation and reach 	TIER 2 Training, resources, and implementation support to increase utilization of evidence- based mental health services by student support personnel	TIER 2 Utilization of evidence- based CBT and mindfulness techniques by student support staff (e.g., social workers, counselors, school psychologists)	 TIER 2 Improved student access to evidence- based mental health services Increased student utilization of effective social and behavioral coping skills 	 Improved utilization of effective self-care and wellness strategies among all students Improved self- regulation among students impacted 	and completion of assignments • Reduced student referrals for disciplinary action
Stakeholderengagement meetingsand eventsEstablishment ofcommunity partnerengagement includingdevelopment of aDetroit TRAILS	TIER 3 Training and resources to increase use of standardized suicide risk screening tools and align all staff on a common risk management protocol	TIER 3 Utilization of standardized suicide risk screening tools and by student support staff, and adherence to a district-wide risk management protocol	 TIER 3 More timely and accurate identification of students at risk for suicide Improved management of students at risk of suicide 	 by mental illness or environmental stress Decreased rates of high-risk behaviors and impulsivity among students 	 EDUCATIONAL OUTCOMES: Improved student academic performance as measured by GPA, achievement test scores Improved student progression through school as evidenced by grade promotion Increased student graduation

DPSCD Staff Survey Completion was a Great Success!

3,908 DPSCD staff surveys completed!

2,797 Instructional staff surveys

 $331 \ {}_{\text{Building admin surveys}}$

780 Student support staff surveys

Topics covered:

- Perceptions of student mental health in building
- \circ Professional development
- o Burnout
- \circ Stigma
- Expertise in and perceptions of evidence based mental health practices

Instructional Staff (N=2,561)

Female:	75%
Male:	17%
Prefer not to answer:	7%
American Indian:	0.4%
African American/Black:	51%
Asian:	1%
Hispanic/Latinx:	3%
Middle Eastern &	
North African:	0.4%
White:	22%
Multiracial:	4%

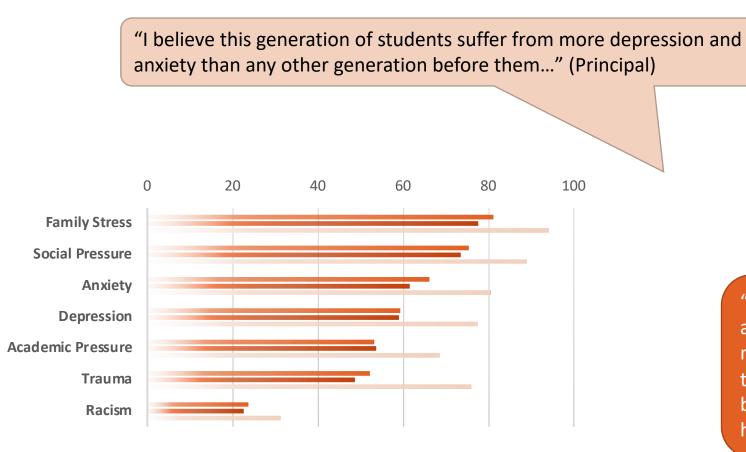
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North African:	0.4%
White:	22%
Multiracial:	4%
High school/GED:	3%
Associate's Degree:	5%
Bachelor's Degree:	20%
Master's Degree:	64%
PhD:	4%
Teacher:	68%
Special Ed. Teacher:	14%
Para Professional:	8%
Substitute:	3%

Support Staff	Female:	80%
(N=633)	Male:	13%
	Prefer not to answer:	7%
	American Indian:	0.2%
	African American/Black:	62%
	Asian:	0.5%
	Hispanic/Latinx:	3%
	Middle Eastern &	
	North African:	0.3%
	White:	10%
	Multiracial:	4%
	High school/GED:	15%
	Associate's Degree:	19%
	Bachelor's Degree:	19%
	Master's Degree:	36%
	PhD:	1%
	110.	170
	Counselor:	15%
	Social Worker:	8%
	Nurse:	1%
	OT/PT:	4%
	Security:	1%
	Academic Interventionist:	18%
	Clerical:	21%
	Other:	31%

Administrative Staff	Female:	55%
	Male:	40%
(N=286)	Prefer not to answer:	5%
		570
	American Indian:	0.4%
	African American/Black:	75%
	Asian:	0.4%
	Hispanic/Latinx:	6%
	Middle Eastern &	
	North African:	0.4%
	White:	5%
	Multiracial:	3%
	High school/GED:	4%
	Associate's Degree:	1%
	Bachelor's Degree:	10%
	Master's Degree:	58%
	PhD:	21%
	Dean of Culture:	29%
	Principal:	33%
	AP/Vice Principal:	24%
	Dean of Students:	13%

Perception Staff: What are the Biggest Health Concerns Impacting Your Students?



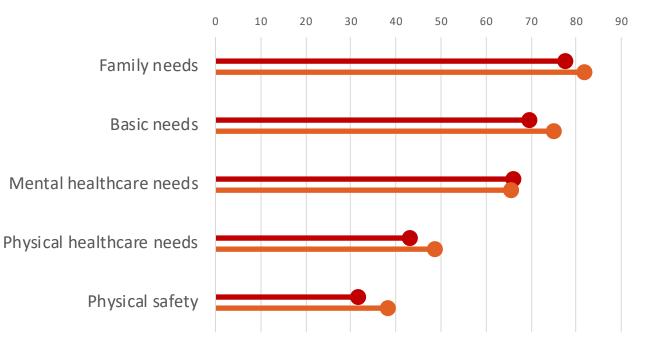
"I think many of our students suffer from trauma, witnessing violence, not having basic needs met, and other factors that affect their mental health, and teaching them ways to manage their emotional reactions is not a focus in school." (School Social Worker)

"Mental health issues are not appropriately addressed or taken seriously by many staff members of my school. Many of the newer teachers are taking these issues very seriously, but are impeded by others or not fully trained to handle students' issues." (Teacher)

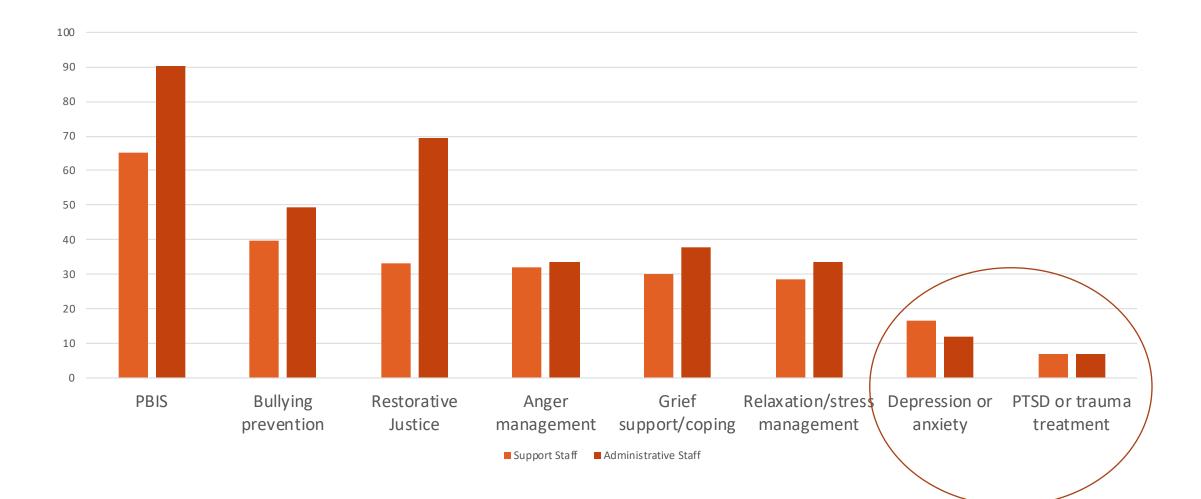
Perception Staff: What are the Greatest Needs of your Students?

"Many students are experiencing mental health issues that are not being addressed at school nor at home. Without a sense of urgency for treatment, students normalize behavior without efficient coping skills and mental health stigma is preventing students and families from seeking treatment due to weak or non-existent referral process. " (Support Staff)

"More services need to be provided to address the mental needs of students." (Instructional Staff)



Available Programs in Schools



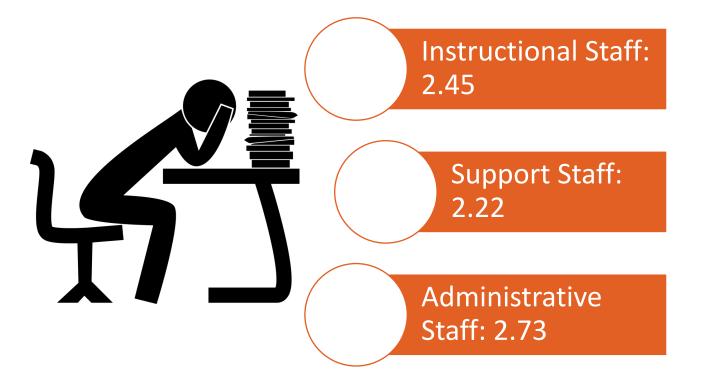
Perception Staff: Mental Health Priority

- More than half of all respondents mentioned the lack of resources and training to support students' social or emotional needs
- Data reflected different perceptions among administrators and instructional staff regarding priority on addressing students' mental health needs and teaching students strategies to manage their stress levels

"I strongly believe we don't have all the resources we need to attend to the needs of students struggling with mental health concerns. Our two behavioral specialists are overloaded with intervening on situations that arise in the building. We don't have a place for students to release their emotions and energy. We don't have enough social work support. This is an issue that is most imperative to our school and to the success of our students." (Support Staff) "I worry that some of our students will not be productive later in life and will miss out on opportunities because no one is willing to hear them or help them. We don't have the resources to address their needs and some will continue to suffer without getting mental help. " (Instructional Staff)

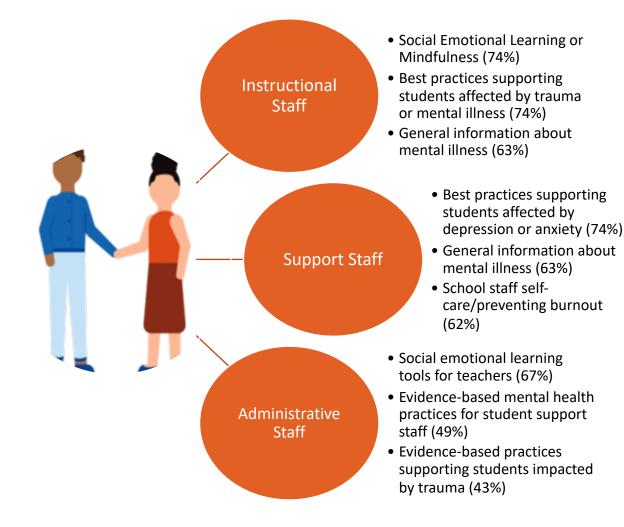
Burnout: Exhaustion

"Teachers are unable to cope with and/or resolve mental triggers that may affect students' ability to function in the learning environment of the school. Inexperience and lack of training for teachers create the biggest problems for general education teachers who are already overwhelmed with massive work loads, expectations and mandates from direct administrators, district, state and federal entities that are key for schools to exist. Expectations for staff, especially teachers are HUGE; yet, resources, supplies, and equipment to help teachers are BARE at best."



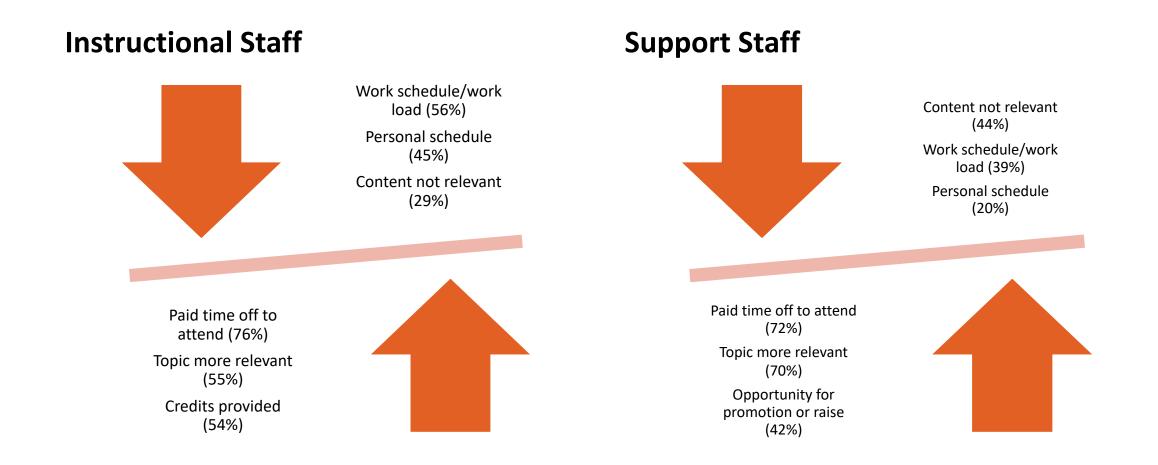
We need more staff, more resources, training, and equipment to effectively respond. My colleagues and I are stretched so thin that all we can really address are crises. There is no time for prevention planning nor the people to do it. Everyone agrees on what should be done. I wish the District would develop a team that actually brings prevention programming into the building. We have experienced staff leaving, long illnesses and no programming.

Professional Development: Top 3 Needs/Wants/Wishes



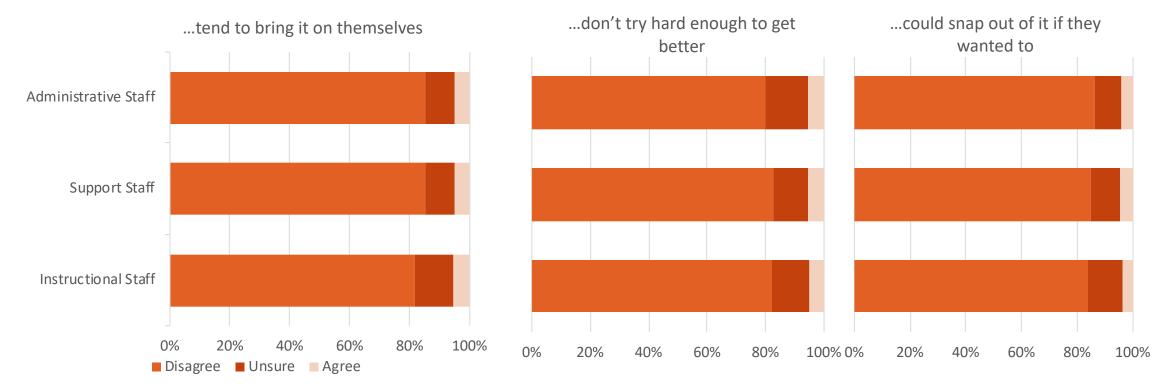
"We have students who suffer from various mental illness. Because of that, I believe all educators should strive to be familiar with students and notice the mental health of their students. I believe all teachers should implement Social Emotional Learning strategies into the school day. I also believe support staff should continually grow in their knowledge of and service provided for mental health." (Administrative Staff)

Professional Development: Top 3 Barriers and Motivators



Mental Health and Stigma

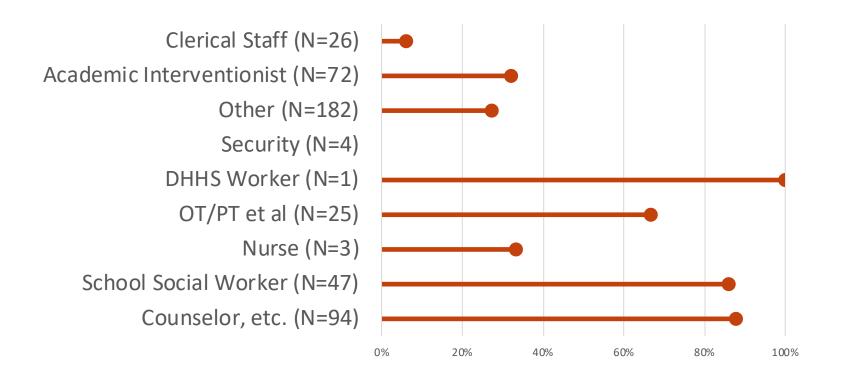
- C Stigmatized beliefs that people are individually responsible for their depression or anxiety is low across all participants.
- **!!** However—think about how many students interact with one teacher, support staff, or administrator!



People struggling with depression or anxiety...

Support Staff CBT: Awareness

Familiarity with the Term "Cognitive Behavioral Therapy"



Support Staff CBT: Sentiment & Interest in Community Support

- More than 70% of social workers and school counselors depicted a positive sentiment towards CBT use with students in schools
 - Effective approach for students with depression, anxiety, severe trauma
 - Improves average clinical outcomes
 - Appropriate for a wide variety of ethnicities, cultures, and socioeconomic backgrounds

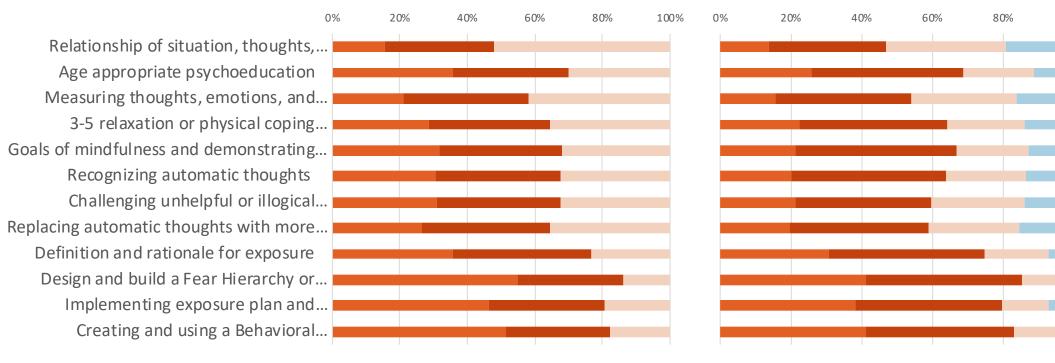
Interest in Community Support



Support Staff CBT: Expertise and Implementation

Expertise

Implementation



■ Very low/low ■ Moderate ■ High/very high

■ Never ■ Rarely ■ Rarely Often ■ Always

100%

What Comes to Mind When You Think About the Mental Health of Students in Your School?

- Almost 3,000 participants (n=2,925) chose to respond to the open-ended text.
- More than a thousand respondents (n=1,253) confirmed that students in their school were impacted by certain health concerns, such as mental health in general, anxiety, depression, trauma and more.
- The voices of the support staff, instructional staff, and administration depicted a variety of themes predominantly:
 - affirming the mental health problematic in schools,
 - the need for support for students, families, and staff,
 - the lack or need of resources,
 - students' needs for training and or coping skills,
 - insufficient staff,
 - behavior issues,
 - the negative impact on academic achievement,
 - stigma
 - mental health needs prioritization and more.

From DPSCD staff:

- Social Worker "There needs to be more training for teachers & administration about teen mental health, especially with understanding how depression, anxiety & stress affects them. Parents need more education about this topic as well. Improving student test scores is a priority & something everyone should strive to accomplish. However, if the student is not in the right state of mind this cannot be accomplished!"
- Teacher "Mental health has always been a concern in our school. Our students don't have enough resources to help understand and cope with what they are feeling."
- Administrator "If our district seeks higher student achievement, we need to invest in mental health services (Tier 1, 2, & 3) to support kids."

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Next Steps

Student Survey – October 2019!

Metrics

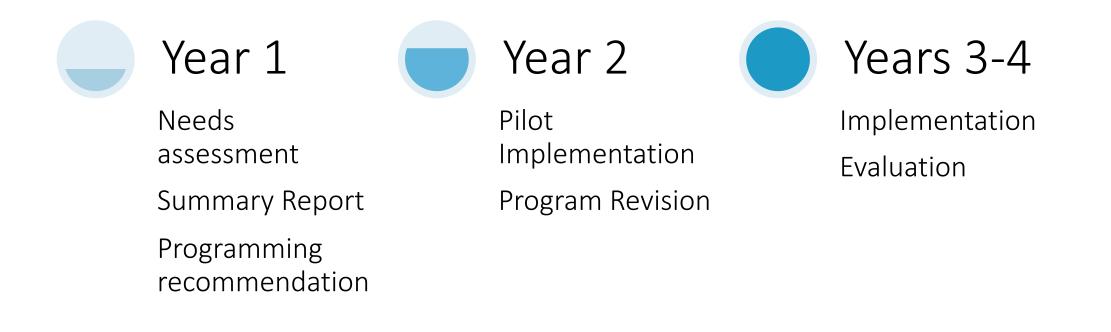
- Perceptions/knowledge of mental health
- Stressors and coping strategies
- Mental health clinical indicators:
 - PHQ-9T (Depression)
 - GAD-7 (Anxiety)
- ACEs
- Access to mental health services
- Perceptions of school climate
- Living environment

Distribution

- Anonymous links no identifying info collected
- Qualtrics computer or mobile
- All students grades 8-12
 - ~18,000 students
 - ~100 schools

DPSCD Next Steps

To improve student behavioral health and academic outcomes sustainably, by strengthening the capacity of the district provide evidence-based, culturally relevant emotional and behavioral support services for students and families in all K-12 buildings





Questions?

Thank you!

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