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

Michigan Premier Public Health Conference - October 17th 2019

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Elizabeth Koschmann, PhD

Youth Policy Lab Co-Director
Robin Jacob, PhD
Agenda

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

The Ethel and James Flinn Foundation
Michigan Health Endowment Fund
Blue Cross Blue Shield of Michigan Foundation
Metro Health Foundation
Children’s Hospital of Michigan Foundation
Community Foundation for Southeast Michigan
Detroit Medical Center Foundation
The Jewish Fund

Michigan Department of Health and Human Services
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

Unintentional Injury, 13441 (48%)
Suicide, 6252 (22%)
Homicide, 4905 (17%)
Malignant Neoplasms, 1374 (5%)
Heart Disease, 913 (3%)
Congenital Abnormalities, 355 (1%)
Diabetes Mellitus, 248 (1%)
Influenza & Pneumonia, 190 (1%)
Complicated Pregnancy, 168 (1%)
Respiratory Disease, 188 (1%)


National Vital Statistics System, National Center for Health Statistics, CDC 2017
Centers for Disease Control, WISQARS, 2017
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)

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Mother treated violently
- Incarcerated Relative
- Substance Abuse
- Divorce

**Possible Risk Outcomes:**

**BEHAVIOR**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**PHYSICAL & MENTAL HEALTH**
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STIs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

rwjf.org/vulnerablepopulations

*Source: https://www.cdc.gov/ace/prevalence.htm*
“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
Traditional model of school staff training

Graduate School ➔ Professional Development ➔ IMPOSSIBLE!!
Revised models of school staff training

Graduate School  Professional Development  Implementation Strategies

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

1. Training for school professionals (counselors, social workers, nurses, school psychologists)
2. School professionals paired with TRAILS coaches
3. School professionals & coaches work together to facilitate skills group for students
4. 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!
TRAILS Schools 2019
Partnership

Students Rise. We All Rise.
TRAILS CORE FEATURES: 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
TRAILS Schools 2019
....and beyond

• 110 schools
• 50,000 students
• 4,000 staff/faculty
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.

Year 1
- Needs assessment
- Summary Report
- Programming recommendation

Year 2
- Pilot
- Implementation
- Program Revision

Years 3-4
- Implementation
- Evaluation
Partnership: Year 1

- Needs Assessment
- Data Analysis
- Summary Report
- Pilot Proposal
Needs Assessment

- Teaching Staff
- Student Support Staff
- Building Principals
- Behavioral Healthcare Providers
- District Leadership
- Students
- Families / Community
- Local Stakeholders
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**
- Community needs assessment data collection
- Identification of community goals and programming priorities
- Collaborative planning between TRAILS and DPSCD teams
- Development of clinical and educational resources for school and community audiences
- Development of data collection and management systems for tracking program implementation and reach
- Stakeholder engagement meetings and events
- Establishment of community partner engagement including development of a Detroit TRAILS coaching network

**ACTIVITIES**

**TIER 1**
- Training and resources to support delivery of a Social Emotional Learning Curriculum to all students
- Integration of SEL curriculum materials into the classroom setting by teachers
- 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
- Improved utilization of effective self-care and wellness strategies among all students
- Improved self-regulation among students impacted by mental illness or environmental stress
- Decreased rates of high-risk behaviors and impulsivity among students

**TIER 2**
- Training, resources, and implementation support to increase utilization of evidence-based mental health services by student support personnel
- Utilization of evidence-based CBT and mindfulness techniques by student support staff (e.g., social workers, counselors, school psychologists)
- Improved student access to evidence-based mental health services
- Increased student utilization of effective social and behavioral coping skills
- More timely and accurate identification of students at risk for suicide
- Improved management of students at risk of suicide
- Improved student academic performance as measured by GPA, achievement test scores
- Improved student progression through school as evidenced by grade promotion
- Increased student graduation

**TIER 3**
- Training and resources to increase use of standardized suicide risk screening tools and align all staff on a common risk management protocol
- Utilization of standardized suicide risk screening tools and by student support staff, and adherence to a district-wide risk management protocol
- More timely and accurate identification of students at risk for suicide
- Improved management of students at risk of suicide
- Reduced rates of depression and anxiety among students, including decreased risk of student suicidal ideation
- Increased student class- and school attendance
- Improved student participation in the classroom and completion of assignments
- Reduced student referrals for disciplinary action

**OUTPUTS**

**OUTCOMES (Short Term)**

**OUTCOMES (Intermediate)**

**OUTCOMES (Long Term)**

**SOCIAL / BEHAVIORAL**

**ACADEMIC**

**EDUCATIONAL OUTCOMES**
DPSCD Staff Survey Completion was a **Great Success!**

- **3,908** DPSCD staff surveys completed!
- **2,797** Instructional staff surveys
- **331** Building admin surveys
- **780** Student support staff surveys

**Topics covered:**
- Perceptions of student mental health in building
- Professional development
- Burnout
- Stigma
- Expertise in and perceptions of evidence based mental health practices
### Instructional Staff (N=2,561)

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

“I believe this generation of students suffer from more depression and anxiety than any other generation before them...” (Principal)

“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

- PBIS
- Bullying prevention
- Restorative Justice
- Anger management
- Grief support/coping
- Relaxation/stress management
- Depression or anxiety
- PTSD or trauma treatment

Support Staff
Administrative Staff
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

Instructional Staff
- Social Emotional Learning or Mindfulness (74%)
- Best practices supporting students affected by trauma or mental illness (74%)
- General information about mental illness (63%)

Support Staff
- Best practices supporting students affected by depression or anxiety (74%)
- General information about mental illness (63%)
- School staff self-care/preventing burnout (62%)

Administrative Staff
- Social emotional learning tools for teachers (67%)
- Evidence-based mental health practices for student support staff (49%)
- Evidence-based practices supporting students impacted by trauma (43%)

“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

Instructional Staff

- Work schedule/work load (56%)
- Personal schedule (45%)
- Content not relevant (29%)

- Paid time off to attend (76%)
- Topic more relevant (55%)
- Credits provided (54%)

Support Staff

- Content not relevant (44%)
- Work schedule/work load (39%)
- Personal schedule (20%)

- Paid time off to attend (72%)
- Topic more relevant (70%)
- Opportunity for promotion or raise (42%)
Mental Health and Stigma

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...

- **Administrative Staff**
  - Disagree
  - Unsure
  - Agree

- **Support Staff**
  - Disagree
  - Unsure
  - Agree

- **Instructional Staff**
  - Disagree
  - Unsure
  - Agree
Support Staff
CBT: Awareness

Familiarity with the Term "Cognitive Behavioral Therapy"

- Clerical Staff (N=26)
- Academic Interventionist (N=72)
- Other (N=182)
- Security (N=4)
- DHHS Worker (N=1)
- OT/PT et al (N=25)
- Nurse (N=3)
- School Social Worker (N=47)
- Counselor, etc. (N=94)
• 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 socio-economic backgrounds
Support Staff
CBT: Expertise and Implementation

### Expertise

- Relationship of situation, thoughts, ...
- Age appropriate psychoeducation
- Measuring thoughts, emotions, and...
- 3-5 relaxation or physical coping...
- Goals of mindfulness and demonstrating...
- Recognizing automatic thoughts
- Challenging unhelpful or illogical...
- Replacing automatic thoughts with more...
- Definition and rationale for exposure
- Design and build a Fear Hierarchy or...
- Implementing exposure plan and...
- Creating and using a Behavioral...

### Implementation

- Very low/low
- Moderate
- High/very high

- Never
- Rarely
- Rarely Often
- Always
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.”
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.

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- Summary Report
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Year 2
- Pilot Implementation
- Program Revision

Years 3-4
- Implementation Evaluation
Questions?
Thank you!

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Katja Robinson
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