

NETWORK NEWS GOES ONLINE

The Ohio Mental Health Network for School Success (OMHNSS) will be distributing *Network News* online for 2008. In an effort to share the work of the Network more widely, readers will be able to access the newsletter online and via email and have the ability to print and share the information with friends and colleagues.

To find current and past issues of Network News go to:

www.units.muohio.edu/csbmhp/network/network_pubs.html

This issue highlights the **School Support Service Summit** that was held in Cleveland, Ohio last fall. Stakeholders from around the state gathered to participate in a Community of Practice. Eighty-seven diverse stakeholders attended the meeting representing Ohio school administrators, school social workers, counselors, psychologists, community-based mental health providers, pupil personnel professionals, teachers, occupational therapists, academicians, parents, and legislative representatives. The purpose of the Community of Practice was to organize cross stakeholder groups

to start conversations about important components of education and school performance.

This issue also includes some of the upcoming children's mental health trainings throughout the state and a new section featuring youth perspectives on mental health issues.

If you have story ideas or would like to receive future issues of *Network News*, please let us know by sending an e-mail to Amy Wilms, Co-editor (wilmsab@muohio.edu).

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School Support Service Summit: Building Communities of Practice to Advance Mental Health Services in Schools

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Communities of Practice “engage stakeholders as equal partners” in the change process and “organize cross stakeholder groups to start conversations,” explained Joanne Cashman, EdD, Director of the IDEA Partnership. Thus began the first Midwest Student Support Service Summit, developed by the Ohio School Social Worker Association (OSSWA) with the leadership of Kathleen Usaj, LISW, which convened on October 5th in downtown Cleveland. Cashman encouraged a diverse group of 87 stakeholders (Ohio school administrators, school social workers, counselors, psychologists, community-based mental health providers, pupil personnel professionals, teachers, occupational therapists, academicians, parents, and legislative representatives) to imagine what could be accomplished if we decided to “harness the power of the roles represented in the room”.

Kay Rietz, Assistant Deputy Director of Children’s Services, Ohio Department of Mental Health, opened the summit, introduced the panel participants, and set the context for the summit within the Midwest Conference. The Summit featured expert panelists representing states whose education systems are leaders in creating innovative programs that link parents, children, schools, and mental health service providers, including:

George Batsche, EdD, Professor and Co-Director of the Institute for School Reform at the University of Southern Florida. Dr. Batsche has 30 years of experience conducting research, working in and with school districts, and working with students who demonstrate severe behavioral and learning problems.

Nic Dibble, CSSW, CISW, Consultant for School Social Work Services at the Wisconsin Department of Public Instruction. Mr. Dibble provides training, resource development, and consultation in the areas of child abuse, alcohol/drug abuse, adolescent suicide, adolescent pregnancy, confidentiality, professional ethics, mental health, and pupil services teams.

Ken Gaughan, EdD, Supervisor of Social Work for the Hillsborough County Public Schools, Florida. Dr. Gaughan has initiated many school/family/ community partnerships and continues to develop services that address the learning, behavioral, and mental health concerns of students.

Dee Kempson, MSW, LSW, ACSW, School Social Work Consultant for the Office of Student Services for the Indiana Department of Education. Ms. Kempson facilitated a Student Services Advisory Board that developed an initiative to improve the early identification of social/emotional/health and mental health barriers to learning.

Jim Raines, PhD, Associate Professor of Social Work at Illinois State University. Dr. Raines participates in the provision of evaluations for students requiring special education and is author of Evidence-Based Practice in School-Based Mental Health, published by Oxford University Press.

Cindy Shevlin-Woodcock, MA, School-Based Mental Health Specialist for the Minnesota Department of Education. This project was the result of a needs assessment that identified “improved access to mental health services across agencies” as one of 16 priorities. A state-wide leadership committee including school support service professionals, institutes of higher education, parent advocacy groups, and other state agencies developed a strategic plan, including goals and indicators.

Background to Communities of Practice



Joanne Cashman, (pictured) EdD, Director of the IDEA Partnership at the National Association of State Directors of Special Education (NASDSE), provided the framework for the Community of Practice (CoP) and Dialogue

process. The purpose of CoPs is to organize cross stakeholder groups to start conversations about important components of education and school performance. Communities of practice can be formed along many education-related issues such as school-based mental health services, children in transition stage, general and special education, teacher quality, and early dispute resolution. Dialogues are the foundation for the relationship between stakeholders and are based upon Dialogue Guides, a series of questions to focus stakeholders on a concern and ground the concern “within the group so one stakeholder doesn’t own it” (Cashman).

The Summit Process

Summit participants were organized into 8 groups of 6-12 individuals, representing a cross-section of participating stakeholders. Each group was given four questions and instructed to discuss any or all of them over a two hour period. The questions were selected by the Summit planners from the larger Dialogue Guide (NASDSE, 2007) developed by the IDEA Partnership to address mental health services for students, with input from individuals representing many school and community disciplines and perspectives.

Summit Discussion

Summary

Question 1: How do Mental Health Interventions Improve Educational Outcomes? The following four themes emerged from participants’ responses to this question: **1. Improved Attendance:** Participants suggested that mental health services will increase student attendance at school as mental health issues often cause school absences. Increased attendance will improve academic performance, and

graduation rates. **2. Motivation:** Increasing attention to mental health issues was viewed as central to increasing students' motivation to achieve academically. Increasing accommodations increases motivation, and that improves academic performance. **3. Relationships:** Attending to mental health issues was seen as a way to help build relationships between teachers and parents, and thereby enhance academic achievement. An emphasis on mental health issues will engage teachers more with kids, and perhaps help them learn that relationships are the foundation to a student engaging academically. **4. Help Teachers Manage Mental Health Related Behaviors:** The need for professional development to educate teachers about mental health issues was a strong theme throughout this discussion. It is important for educators to have information, increase their awareness so they can recognize mental health issues, and learn techniques for responding. Participants also felt that improving teachers' ability to manage students' mental health related behaviors would create more time for academic tasks. "You can't approach educational indicators without recognizing mental health as an integral component of academic success" was typical of participants' responses.

Question 2: A. What challenges have you encountered while trying to navigate the educational and mental health systems in your school? Participants easily identified multiple challenges, encompassing six distinct themes. **1. Poor collaboration:** Participants identified fragmented mental health services and educational support services as a barrier. They commented on poor collaboration between professionals of different disciplines (i.e. educators, social workers, psychologists) and different roles (i.e. teachers, parents, community-based, school-based). Poor communication between mental health providers and education providers, and between school-based and community-based professionals was also identified. Poor integration of parents into teams was also a problem. **2. Poor funding for integrated service delivery, and lack of consistent funding** for existing services were identified repeatedly as significant challenges. **3. Lack of service availability** was identified as a challenge. This included

access to emergency mental health services and assessments, lack of services appropriate to a child's developmental needs, lack of group modalities, and denial of services for some kids. **4. Time** was also identified as a barrier to effective service provision. This included time in the academic day for mental health services, teacher professional development, and team meetings designed to link providers. The time challenge was also evident for parents who had difficulty finding time to be involved in meetings with teachers and providers, making it difficult to engage parents. **5. Psycho-social stressors** in children's lives were also identified as a challenge. Participants described the difficulties involved in working with children whose lives lack family, social, and community resources. **6. Stigma** remains a significant barrier to effective mental health services for kids, according to participants. Kids, especially in high school, do not want to meet with outside therapists in school. Sometimes the principal would give detention if a student refused to see the school-based therapist.



B. What evidence do you have that indicates the two systems are collaborating across policies, practices, and people? What underlies an effective system? Cashman explained that "identifying evidence of success gives you the opportunity to compliment people for doing this work and for funding it."

Participants cited evidence that spanned the following categories: **1. Team Work:** Mental health staff being included in planning meetings and ongoing, structured, collaborative coordination between systems were cited as evidence for effective collaboration. **2. Policy:** Recent state policy changes were discussed, including House Bills 289 and 276. Other policy changes that indicated effective collaboration were pre-school 0-3 transition servic-

es-laws and guidelines and the attempts to align policies of both ODE and ODMH related to school mental health services. **3. Leadership:** Effective leadership is key to promoting successful collaboration. Some districts have a coordinator who provides leadership on mental health issues and coordinates services for students who require assistance. **4. Networks:** The Ohio Mental Health Network for School Success and its associated groups, were identified as a significant example of recent collaborative work. Other networks discussed included re-organization of the Ohio Alliance of Pupil Services, OISM/ISM academic and behavioral support systems together, and state support teams integrating general, special ed, and supportive services. **5. Parent Involvement:** Parents being persistent, parent participation increasing, and parents being part of teacher trainings were all cited as examples of effective collaboration. **6. Hiring:** Districts with school-based providers, SAFE schools grant, and the re-hiring of school social workers in some Cleveland school districts indicated increased collaboration for some participants. **7. Research:** There has been increasing research on evidence-based practices and on linking educational outcomes with mental health service provision. Many participants commented on positive change that has occurred in Ohio over the past 10 years.

Question 3: How do we create effective linkages between community agencies, service providers, families and schools to effectively meet the mental health needs? Participants identified multiple avenues for the creation of effective linkages. **1. Collaboration:** Participants had many suggestions to improve collaboration such as including everyone at the table, training everyone as a core team, across disciplines, and cross-disciplinary training, annual conferences, training programs. State agencies with a mission of leading linkages was also identified. **2. Relationships:** Participants suggested that we must build relationships, involve families, use a common language, and understand the cultures of families. Suggestions for improving relationships included: be non-judgmental, recognize commonalities, be respectful and supportive, and build trust/rapport with families.

Participants underscored the importance of educating everyone, including staff, teachers, students, and parents about mental health issues, and to include discussions of strengths and assets as part of this education.

3. Education: Participants commented that educating parents and teachers about available mental health resources was central to establishing linkages. Disseminating information about the ways in which mental health services improve educational outcomes was also discussed as an important component to creating linkages.

4. Evidence-Based practices: The need for “more research” on effective practices in school-based mental health services was discussed by three of the groups. Participants discussed the need for “evidence that services work”. They stated that “We need to use structured models and use programs that work to serve as a model for other programs”. **5. Sustained Funding:** The need for sustained funding, and especially funding to help create, maintain, and “institutionalize” linkages was identified by all groups as a necessary component. **6: Complete System Change:** Some participants suggested that a complete educational system overhaul is required. Suggestions included creating statewide I.D. numbers for kids, privatizing the educational system, and creating education plans for all students, not just those with special educational needs.

Question 4: How can schools move to eliminate the stigma associated with mental health needs to encourage children and families to seek services? Group discussion related to stigma revolved around three main themes: **1. Education:** Participants underscored the importance of educating everyone, including staff, teachers, students, and parents about mental health issues, and to include discussions of strengths and assets as part of this education. **2. Confidentiality:** Participants repeatedly told stories of the ways in which school professionals had violated students’ confidentiality in terms of mental health issues and treatment. Educating staff and teachers about the importance of confidentiality and establishing behavioral norms related to student confidentiality was discussed. **3. Behavior:** Participants commented on the importance of all people “being honest about mental illness in their own lives”. Behavioral changes such as “using the language of illness”, and not using “language that stereotypes” mentally ill individuals were identified as important behavioral changes in helping to reduce stigma. The importance of using data to raise peoples’ awareness of mental illness was also discussed, as a way of reducing stigma.

Next Steps

Action Plans: At the end of the Summit, participants were asked to identify something they would be willing to do in their schools, communities, or with peers to continue these discussions in their own areas. Participants had many creative and innovative ideas for moving the process forward.

Schools: Participants committed to doing the following in their schools:

- * Share the Dialogue Guide and Summit experience with students, parents, teachers, and administrators.
- * Integrate mental health services in their schools into a unified service delivery model.
- * Obtain models from other states to train school staff members about students and mental health issues.
- * Facilitate dialogues in their own service delivery systems.
- * Work with policy-makers to review policies.
- * Engage in stakeholder discussions in their area.

Peers: Participants identified many ways to share Summit results with their peers. These included:

- * Disseminating Summit results with other Summit participants.
- * Working with ODMH and ODE to create an Ohio shared work Community of Practice.
- * Use a new grant awarded for school-linked services to identify strategies for implementing cross stakeholder dialogues.
- * Publish research results about children, mental illness, and stigma.

Communities Participants agreed to do the following in their communities:

- * Work with their state policy makers to reform school services.
- * Create and disseminate policy documents regarding school mental health services.
- * Further education on children with mental illness by writing an article for the local newspaper.
- * Use existing data on school based services to educate others.
- * Include web links for mental health services, Dialogue Guides, and Communities of Practice on their websites.
- * Participants also expressed more desire to organize stakeholders through Summits in other locations in Ohio.

Participants were engaged, interested in learning from each other, and committed to moving the process further in their own schools and communities.

Participants will be contacted over the next month via e-mail as a follow-up to the Summit. This summary of the Summit will be sent to all participants. They will be asked to comment on progress with their action plans, as well as on ways in which they have continued discussions begun at the Summit in their own communities, and what elements from the Summit continue to resonate with them.

Summary

The majority of Summit stakeholders had never experienced a guided dialogue process before. Participants were engaged, interested in learning from each other, and committed to moving the process further in their own schools and communities. The diver-

Upcoming Trainings

sity of individuals and stakeholders represented at each table made for a rich learning experience and the generation of creative ideas. The presence of active and engaged parents was also a significant strength. All participants went away with a deeper understanding of and appreciation for the guided dialogue process. While the Summit did not seek to develop a plan for the future, it did build the basis for a plan. Dr. Cashman encouraged participants to consider leading their own dialogues and convening partners throughout the state to collaborate on addressing the barriers, challenges, and opportunities involved in educating children with mental health issues.

If you want to learn more, or become more involved, the following is a list of related articles and websites:

Articles

Frey, A. J. & Dupper, D. R. (2005). A broader conceptual approach to clinical practice for the 21st century. *Children & Schools*, 27(1), 33-44.

Shaffer, G. L. (2006). Promising school social work practices of the 1920s: Reflections for today. *Children & Schools*, 28(4), 243-251.

Addressing barriers to learning (Fall, 2007). Newsletter of the Center for Mental Health in Schools, UCLA Center, 12(4).

Websites

National Association of State Directors of Special Education, Inc. NASDSE is a mission-driven organization dedicated to providing services to state education agencies to maximize educational outcomes for children with disabilities. NASDSE supports principle-centered leadership to ensure a continuing focus on policies and practices aligned to achieving educational outcomes for children with disabilities. www.nasdse.org

IDEA Partnership: The IDEA Partnership is dedicated to improving outcomes for students and youth with disabilities by joining state agencies and stakeholders through shared work and learning. www.ideapartnership.org

Ohio Mental Health Network for School Success: In existence since 2001, the Ohio Mental Health Network for School Success (OMHNSS) consists of action networks spearheaded by affiliate organizations in six regions of Ohio. You may access your local action network through this web-site. www.omhnss.org

Center for School-Based Mental Health Programs: In existence since 1998, the Center for School-Based Mental Health Programs (CSBMHP) at Miami University operates within the Department of Psychology. Faculty, graduate students, and community partners are involved in research, consultation, and clinical service initiatives. www.units.muohio.edu/csbmhp

Ohio School Social Work Association: OSSWA advocates for the development and delivery of effective school social work services in Ohio and facilitates the education and professional growth of school social workers. www.osswa.org

January 2008

29th - Zanesville, Ohio

Mental Health Alphabet Soup: Jim Still-Pepper. Learn to understand the primary mental health diagnoses that impact classroom behavior and how best to help these children succeed in YOUR classroom/school. Additional information can be found at: www.ohiocareteam.com.

February 2008

February 23rd - Cincinnati, Ohio

Living with Autism Spectrum Disorder at Home, at School and in the Community. Facilitated Training by: Shawn Henry, OCALI Executive Director and Donna Owens, Family Services Administrator

This parent focused conference will address: strategies for supporting your child at home, dealing with the behavioral issues, teaching the hidden curriculum, ASD and common IEP issues, and tips for preparing for adulthood and community life. Visit online at www.ocali.org.

March 2008

March 13th - Bowling Green, Ohio

Children with Bipolar Disorder: Dr. Mary A. Fristad. This conference will provide a comprehensive overview of the phenomenology, course, assessment, and biopsychosocial treatment of bipolar spectrum disorder in children. Differential diagnosis and comorbidity will be reviewed. A description of how depressive and manic symptoms appear in children and adolescents will be presented, with a focus on differentiating symptoms of mania from ADHD. For more information go to <http://pace.bgsu.edu/container.php?x=ullman>.

March 27-29th - Highland Hills, Ohio

Youth and Conflict: Global Challenges – Local Strategies: International Conference on Conflict Resolution Education. The root causes of conflict and the methods to prevent and intervene in conflict situations are interdisciplinary. So too is the need to address them collaboratively in both global and local communities. From child soldiers in Africa and the Americas to gangs in North America, collaboration is necessary to resolve these challenges with cultural and contextual sensitivity. For more information, go to www.CREducation.org.

April 2008

April 1-2nd - Cincinnati, Ohio

Bridges Out of Poverty, Dr. Ruby K. Payne: Dr. Ruby Payne, best selling author of *Frameworks of Poverty and Bridges Out of Poverty*, is coming to Cincinnati for a 1 ½ day seminar bringing the message of understanding economic diversity to community leaders, educators, social workers, and other service providers. This seminar will help participants redesign programs and work within their local communities to improve outcomes for people who live in poverty. For more information go to www.healthfoundation.org/rubypayne.

YOUTH PERSPECTIVE PAGE



"Me"

There is a young lady seen in the hall
Her reputation in school casts a pall
Her words are blunt, she speaks her mind
Many students think her the fighting kind

She learned at a young age the world is rough
Sometimes the only answer is to be tough
Smiling and playing the game is not enough
She has little patience with high school stuff

For she has those who need her you see
She is someone who is not about "me"
You can find the real girl if you bother
She is home taking care of her father

Her eyes are passionate like a rose
She has a beautiful gem that sticks out of her
nose

Her smile has a way of lighting up a room
Hopefully she finds herself a fantastic groom

Written by Miranda SanMiguel who is 18 and is a senior at Northwood High School.



Matt's Thoughts On...

School



I have been through a lot with my schooling. Teachers often just don't understand these illnesses. They haven't learned about these things in school. They think that you are choosing to just be bad. I didn't want to be a bad kid. It was my reactions to things. I didn't have enough energy to handle things and I would react badly. People acted

as if I had a choice about this. I didn't choose this. Who would choose this? I am just trying to deal with what I have given to the best of my ability. I missed nearly 60 days of school a year. It was all I could do just to stay alive. My depression gets worse in the winter when there is less sunlight. I would start to get depressed in September or so, and by my birthday in October I was often in the hospital, having ECT, or at home. My school days would start as full days in the fall. As I would get more depressed we would shorten my school day. Usually by around Christmas my day was less than half a day. I would often go on home instruction for part of the year. One year I was on home instruction from January until June. One year I was so sick in the fall I couldn't do any school at all for nearly 3 months. All I could do was sit and stare and watch movies. I barely ate or talked. My mom and doctor talked about what we could do the next fall because they said they could never let me get that sick again. The next fall I started Electro-shock treatments, ECT.

As you can imagine, when you are this sick it is hard to focus on math. I didn't barely have enough energy to keep myself alive, let alone learn. I was in a partial hospitalization program through a local mental health agency for about 1½ years. I have been in a day treatment school, self-contained classes, home instruction, no instruction..but now I am so well I am back in public school for a special education English class and then on a work-study job the rest of my day. I will graduate with my class and am on the honor roll.

The teachers want to help. They just don't seem to know how. We need education to every single teacher about these illnesses and how to help us. This is critical. The things they do with us in the classroom stress us out and make our illnesses worse. They don't mean to do it. They just don't know how to help us.

Matt is 18 years old and a senior in high school. Matt was diagnosed with Bipolar Disorder at age 8 and has been through a lot in his young life. He has been blessed to have transformed his life into great success. It is his life goal to use his experiences to help other children who are experiencing the types of things he has struggled with. Matt feels he has been placed on this earth to use his experience to help others and he is devoting his life to purpose. Matt serves on The State of Ohio Transformation Working Group, a cabinet level group who will work to evaluate and improve the state's approach to mental health care.