

This edition of Getting Schooled focuses on **Mental Health and School Psychology Services**.

Drs. Zwiers and Crawford have provided us with an overview of Mental Health service provisions within a tiered response model. This is opportune information as School Psychologists are being asked to consult with school staff on how to support students who struggle with mental health wellbeing. Drs. Zwiers and Crawford have outlined a framework for school psychologists on how we can target our support in this area of need. With the Inclusive Education emphasis on providing ALL students with appropriate services, School Psychologists have an opportunity to work with schools to develop, implement and evaluate evidence-based interventions that enhance the mental health wellbeing of Alberta students.

Enjoy the read!!

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Mental Health and School Psychology Services

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Within Alberta, a large number of students experience either transitory or persistent mental health challenges, including anxiety, mood, or disruptive behaviour. It is conservatively estimated that 15% of Canadian children and youth are affected at any given time (Standing Senate Committee, on Social Affairs, Science and Technology, 2006). While some students may require intensive specialized treatment, and many students would benefit from brief, targeted intervention, virtually all students could benefit at one time or another from more proactive, preventative psychological/mental health services. Unfortunately, these services have not typically been provided in an organized and systematic manner (SSC, 2006). Importantly, among students with various learning and/or academic challenges such as LD and AD/HD there is an increased incidence of and need for support to address emotional challenges, such as anxiety and mood disorders (Becker, Luebbe, & Langberg, 2012; Greenham, 1999; Wilcutt & Penington, 2000; Wilson, Armstrong, Furrie, & Walcot, 2009). School psychologists are well positioned to provide both direct and indirect supports to promote mental health within schools and school systems. However, this will require school psychologists to embrace an expanded role within their schools and school divisions.

Setting the Stage

Under the School Act, the mandate of Alberta schools is to educate children and youth. While education professionals are tasked with teaching specific skills such as reading, writing, and math, on a broader level education is expected to prepare children and youth to become productive citizens. This includes developing social, emotional, and problem-solving competencies. Under the Alberta Health Act and a collection of associated legislation, Alberta Health Services has a mandate to promote and protect the health of Albertans while working toward the prevention of disease and injury. Until recently, these two systems (Education and Health) have typically worked in isolation from each other, which did not optimally serve Alberta's youth. On a national level, the Mental Health Commission of Canada (MHCC) identified a need for coordinated child and youth mental health services, work which has since been championed by the Child and Youth Advisory Committee of the MHCC and detailed in their Evergreen Report (2010). In Alberta, these initiatives are echoed in a 10-year strategy titled *Positive Futures – Optimizing Mental Health for Alberta's Children and Youth*, which emphasizes building capacity to promote mental health, reducing risks to well-being, and providing support and treatment to youth and their families. Both the national and provincial frameworks recognize that collaboration is essential between service providers such as schools, community clinics, hospitals, and residential treatment programs.

The need to have integrated psychological/mental health supports within school systems is greater than ever. Across Alberta, numerous mental health programs exist within school systems in an attempt to bridge the gap between services and needs. Unfortunately, psychological/mental health services are often implemented within our school systems in fragmented ways using programs that are insufficient in quality or intensity to produce successful outcomes (Power, 2003). Despite hopeful efforts such as Student Health Partnerships and the Mental Health Capacity Building in Schools Initiative (see Malatest & Associates, 2011), current services remain limited, varied, and haphazard, and the professionals assigned to deliver mental health services vary widely in training and expertise. In addition, the funding for these initiatives is unclear and not secured long-term.

Population-Based Initiatives Offer Hope

Population-based school mental health services have recently been proposed as a model to meet the needs of all students, as they may be tailored to students, classrooms, schools, or even districts based on identified needs (Doll & Cummings, 2008). Strength-oriented approaches are founded on promoting competence and enhancing protective factors within the systems in which children live (Seligman & Csikszentmihalyi, 2000). Such proactive services are ideally provided within contexts that serve healthy children, such as schools, and involve strengthening competencies

and building stronger relationships within families and communities (Power, DuPaul, Shapiro & Kazak., 2003). The population-based model emphasizes the psychological well-being of all students by promoting healthy school environments, providing protective support to at-risk students, and remediating social, emotional and behavioural problems. This framework fits within the three-tier service delivery model advocated by Alberta Education: universal, targeted, and individualized.

Mental health promotion emphasizes the development of universal (district-wide and school-wide) practices to enhance the well-being of all students by developing awareness of healthy lifestyles, actively reducing risks, and increasing protective factors for all students, staff, and to some degree community members. ***Mental health prevention*** programs typically target at-risk groups to increase access to supports. These programs focus not only on characteristics of the child/youth, but also characteristics of the systems in which they develop, such as families, communities, and schools (Masten & Coatsworth, 1998), and work toward both reducing risk factors and enhancing protective factors (Masten, 2001). ***Intervention services*** are typically reactive to emergent problems, such as identified mental health disorders or behavioural disruptions.

Creative Solutions to Reach Those in Need

Children and youth in need of psychological/mental health services are not always able to access them because of identification, awareness, availability, cost, and stigma. Among these barriers, enhancing acceptability of services is an important area for change. Mental health treatment has historically been provided in a reactive, deficit-oriented manner, which can contribute to the potential stigma attached to receiving services. Increasing access and acceptability may involve an understanding of factors that can potentially affect the pattern of help seeking among different groups. For example, some research suggests that individuals from certain minority groups are more likely to seek support through informal networks, such as extended families and neighbourhood organizations, rather than through formal agencies or mental health professionals (McMiller & Weisz, 1996).

Improving the quality, access and acceptability of mental health services provided in schools may include recognition of the assets of specific communities, and utilization of local resources such as caregivers and community-based leaders. In order to provide such services, a strengths-based approach; which identifies competencies and protective factors, builds on these assets, and includes partnerships with community systems and members; may be more effective. School psychologists can play a vital role in promoting such services.

Changing Practices

School psychologists typically find themselves in a more reactive role, responding to referrals for various learning or social/emotional/behavioural concerns. Shifting this practice to include mental health promotion and prevention may be challenging, especially with pressing problems and finite time and resources. However, school psychologists can take a more proactive role by educating school staff and other community members about resilience and protective factors, as well as promoting best practices in the prevention of problems. If we advocate for a multi-level service delivery model spanning universal, targeted, and specialized domains, we will also help school systems to meet their requirements under Inclusive Education mandates (which will be fully in force with the proclamation of the Education Act – expected in 2015).

Universal Supports

Although every community and every school will have unique strengths and needs, it is important to begin with a survey of the target population to better understand risk, resiliency, strengths, and protective factors. Various approaches are available to conduct this evaluation, (e.g., Baker, 2008). When evaluating strengths and supports available to students, it is important to look beyond the school itself to the greater community. Survey results can be used to understand and support existing strengths as well as to plan future initiatives to meet needs.

Targeted Supports

Prevention requires the identification of students at risk. Some students will be identified as at risk based either on challenges they may be facing (e.g., poverty, illness, home alone after school, academic failure), population risk factors (e.g., personal and familial mental health conditions or learning difficulties, cultural diversity, multiple changes in schools), or limitations in their ability to respond to challenges (e.g., skills, supports). However, we must not neglect those who struggle for other reasons (e.g., test anxiety, transition to high school). Although universal initiatives can help to build resiliency and protective factors, some students will benefit from programs that are targeted to increase knowledge and develop skills in specific areas. Prevention also includes the identification and enhancement of strengths and resilience within the individual and the community.

Many prevention programs exist, but not all are effective and few have been effectively researched. Promising programs include the FRIENDS program (Barrett, Ollendick & Dadds, 2006), which has been recognized by the WHO as a successful and effective anxiety prevention program that improves coping skills in youth, while the Reconnecting Youth program (Eggert, Nicholas & Owens, 1995) can help to reduce depression and

dropout rates. The March 2013 issue of the *Canadian Journal of School Psychology* focused on mental health in schools, and highlighted several Canadian programs and initiatives. By utilizing participatory action research, prevention and intervention programs can be developed that are founded on evidence-based models (Nastasi, 2000).

Specialized Supports

No matter how effective our universal and targeted prevention programs and initiatives are, there will always be some students who develop more serious psychological/mental health problems, with associated social, emotional and behavioural manifestations that will affect their functioning in school. Within communities, some of these children may be receiving informal mental health support from a variety of sources, such as friends, family members, sports coaches, faith leaders, and other community members. Helping to educate and partner with these existing supports could better serve the community and help community members to recognize and provide referrals when more intensive services are needed (Power, 2003). It will also be important to partner with provincial health and community mental health service providers, who can be called upon to provide more specialized treatment services when needed, freeing up school psychologists to increase initiatives in mental health promotion and prevention. Of course, accessing these specialized services remains a challenge in most communities.

Future Roles for School Psychologists:

The current model for school psychology includes assessment, potentially leading to diagnosis, followed by debriefing with recommendations. Psycho-education is an important component of this model, as it communicates what the problem is and can help to build motivation to participate in further intervention. This model provides a valuable service, but school psychologists have much more to offer their clients.

To this end, we would like to advocate for an expanded scope of practice for school psychologists based on principles of population school mental health. Although the school system and broader community would need to participate to deliver an effective population health model, this approach offers opportunities for school psychologists to be involved in the evaluation of individual student risk and resiliency factors, in combination with community and school strengths and protective factors to better identify strategies and programs that will create and sustain healthy schools. Within this model, school psychologists could provide a range of services to school staff, parents and students, including: health promotion, education and consultation; psychological/mental health prevention; program evaluation, and psychological/mental health treatment.

Health Promotion: School psychologists are in a good position to advocate for and support the development and implementation of mental health promotion programs. Effective psychological/mental health promotion must be comprehensive and coordinated both within school systems and across greater communities. As a result, both needs and solutions will vary. Effective health promotion programs do not have to be pre-packaged but can extend to any activities that increase social interaction and enhance connectedness, belonging, and physical health. This can include clubs, sports, reading buddies, volunteer initiatives, and transition programs between grades and schools.

Education: School psychologists have training in development, learning, and mental health. They can help school staff, parents, and students better understand the factors that contribute to mental health and psychological illness. They can educate school staff, parents, and community members on the identification of risk factors and signs of emotional distress and mental illness. They can also help to reduce stigma and judgment by teaching people about the connection between stress, learning problems, and secondary mental health problems and behaviour, which are often driven by other needs.

Consultation: School psychologists can offer support on both a formal and informal basis, making recommendations on both school-wide and individualized levels. This can include offering strategies for classroom management, screening for students at risk, and individualizing academic programs to better meet the needs of students.

Mental Health Prevention: School psychologists have the necessary training to deliver effective prevention programs, but are also in a good position to train other professionals to deliver these programs. In order to enhance success, generalization will need to be ensured, which requires all school staff to be aware of key program elements so that they can effectively prompt and reinforce student learning and skill implementation.

Program Evaluation: Evidence-based programs should be implemented in schools; however, this alone will not ensure success, and all programs should be monitored to ensure that they are achieving expected outcomes. School psychologists are trained as scientist-practitioners, which places them in a good position to develop and implement program monitoring and evaluation to help ensure success within the local environment.

Intervention/Treatment: Although school psychologists can provide some direct services to students in need, these interventions are often limited because of the intensity of service required. Specialized intervention services are often provided by community professionals and agencies, so school psychologists need to have strong

links to the community. Ideally, these services will be provided within schools, as recommended in the Kirby Report (SSC, 2006).

Conclusions

Schools are an important community hub, and an ideal place for many population mental health services to be delivered. Although not every school psychologist will have all of the competencies to deliver the key services identified within this article, there is a great need for school psychologists to embrace an expanded role, as we help Alberta's school system make the necessary changes toward a truly inclusive model of education.

References

- Alberta Health and Wellness (2006). Positive Futures – Optimizing Mental Health for Alberta's Children and Youth: A framework for action (2006-2016). Edmonton, AB: Author. Retrieved from: <http://www.health.alberta.ca/documents/Mental-Health-Framework-Child-06.pdf>
- Baker, J. A. (2008). Assessing school risk and protective factors. In B. Doll & J. A. Cummings (Eds.), *Transforming school mental health services: Population-based approaches to promoting the competency and wellness of children* (pp. 43-65). Thousand Oaks, CA: Corwin Press & National Association of School Psychologists.
- Barrett, P. M., Farrell, L. J., Ollendick, T. H., & Dadds, M. (2006). Long-term outcomes of an Australian universal prevention trial of anxiety and depression symptoms in children and youth: An evaluation of the FRIENDS program. *Journal of Clinical Child & Adolescent Psychology, 35* (3), 403-411.
- Becker, S. P., Luebke, A. M., & Langberg, J. M. (2012). Co-occurring mental health problems and peer functioning among youth with attention-deficit/hyperactivity disorder: A review and recommendations for future research. *Clinical Child & Family Psychology Review, 15*, 279–302.
- Doll, B. & Cummings, J. A. (2008). Why population-based services are essential for school mental health, and how to make them happen in your school. In B. Doll & J. A. Cummings (Eds.), *Transforming school mental health services: Population-based approaches to promoting the competency and wellness of children* (pp. 1-20). Thousand Oaks, CA: Corwin Press & National Association of School Psychologists.
- Eggert, L. L., Nicholas, L. J., & Owen, L. M. (1995). *Reconnecting Youth: A peer group approach to building life skills*. Bloomington, IN: National Educational Service.
- Greenham, S. L. (1999). Learning disabilities and psychosocial adjustment: A critical review. *Child Neuropsychology, 5* (3), 171-196.
- Malatest, R. A. & Associates (2011). *Summative evaluation of the mental health capacity building in schools initiative*. Edmonton, AB: Alberta Health Services

- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56, 227-238.
- Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist*, 53, 205-220.
- McMiller, W. P., & Weisz, J. R. (1996). Help-seeking preceding mental health clinic intake among African American, Latino, and Caucasian youths. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1086-1094.
- Mental Health Commission of Canada. (2010). *Evergreen: A child and youth mental health framework for Canada*. Ottawa, ON: Author.
- Nastasi, B. K. (2000). School psychologists as health-care providers in the 21st century: Conceptual framework, professional identity, and professional practice. *School Psychology Review*, 29, 540-554.
- Power, T. J. (2003). Promoting children's mental health: Reform through interdisciplinary and community partnerships. *School Psychology Review*, 32 (1), 3-16.
- Power, T. J., DuPaul, G. J., Shapiro, E. S., & Kazak, A. E. (2003). *Promoting children's health: Integrating school, family, and community*. New York, NY: Guilford.
- Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology. *American Psychologist*, 55, 5-14.
- Standing Senate Committee on Social Affairs, Science and Technology. (2006). *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada* (M. J. L. Kirby, Chair, & W. J. Keon, Deputy Chair). Retrieved from <http://www.parl.gc.ca/content/sen/committee/391/soci/rep/pdf/rep02may06part1-e.pdf>
- Willcutt, E. G. & Pennington, B. F. (2000). Psychiatric comorbidity in children and adolescents with reading disability. *Journal of Child Psychology and Psychiatry*, 41 (8), 1039-1048.
- Wilson, A. M., Armstrong, C. D., Furrie, A., & Walcot, E. (2009). The mental health of Canadians with self-reported learning disabilities. *Journal of Learning Disabilities*, 42 (1), 24-40.

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