Exploring the Landscape:
Mental Health and Wellness in Washington State’s Education System
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Author:

Commissioned by:
The “WHY” of Kaiser Permanente’s Thriving Schools:
When schools inspire and help students, staff, and teachers to be at their physical, mental, and emotional best, learning thrives.
Environmental scan

Evaluate existing resources, services, and programs related to the scope and nature of school-based social, emotional, and mental health and wellness strategies.
KP Service Areas
TEACHER POPULATION
63,500

STUDENT POPULATION
1.1 MILLION

23% Hispanic / Latino
1% American Indian / Alaskan Native
7% Asian
4% Native Hawaiian / Pacific Islander
1% Black / African American
55% White
8% Two or more

SOURCE: OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION 2016
Poverty is associated with poor educational achievement which places children at a higher risk of mental health challenges.

Youth of color are disproportionately affected.

SOURCE: STATE AND COUNTY QUICK FACTS, US CENSUS BUREAU; JULY 1, 2016 ESTIMATES; NATIONAL CENTER FOR CHILDREN IN POVERTY, 2015
Prevalence of mental health disorders

50% begin before age 14
75% are developed by age 24

1 in 5 SUFFER FROM A MH DISORDER

Knowledge:
literature review
Mental health disorders are prevalent among school-aged children, with one in five impacted by a diagnosable mental health or learning disorder.

Schools have a unique opportunity to play a leading role in the universal prevention, identification, and treatment of mental health needs.

School-based mental health services and supports accounts for more than 70% of all mental health services provided to youth.

Source: Burns et al., 1995; Farmer et al., 2003; Rones & Hoagwood, 2000
Wellness needs of staff are often overlooked

Educator wellness is significantly impacted by exposure to secondary trauma, often in the form of compassion fatigue – a unique form of burnout that decreases one’s capacity to empathize with others who are suffering.

Sources: NCTSN, 2017; Sizemore, 2016
“[Staffs’] own emotional needs aren’t met... You know like they say on an airplane, you put your own mask on first and then help those around you. I think that their masks are not on.”

— ESD-level informant.
These best practices work best within a multi-tiered system of supports (MTSS) framework.

MTSS enables: successful prevention, early intervention, and monitoring of adolescents’ mental health and wellness.
MTSS

Tier 1 - Universal:
- Referral process
- Universal screening
- Social-emotional learning
  - Mental health and wellness promotion
  - Positive school climate

Tier 2 - Selective:
- Screening
- Progress monitoring
- Evidence-based small-group/individual interventions

Tier 3 - Intensive:
- Counseling & support teams
- Safety & re-entry plans
- Individual/group therapy
- Referral & follow-up process

Foundation:
- Family-school-community partnerships
- Mental health promotion and awareness
- Staff professional development
- Positive school climate and culture
- Accountability systems
- Data-based decision making
Foundational best practices

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Foundational best practice
family-community partnerships

Most schools / districts had some level of family-school-community partnership in place, but strength varied.

Potential for schools as a community leader.
Most schools / districts conducted some type of campaign to reduce stigma and promote mental wellness.

These efforts lacked:

- consistency
- funding
- buy-in
Schools / districts often conducted staff mental health and wellness training on:

- knowledge and awareness
- practical application of programs/supports

These efforts lacked ongoing training and additional follow-through.
“The concern I have in education is we tend to take an inoculation approach – if we’ve seen it once, it’s good enough... we tend to just do a training and then move on to whatever the next training is instead of stacking upon building blocks.”

– ESD level informant
Foundational best practice
positive school climate and culture

Efforts in this area were reported as improving by **nearly all** informants

Common methods:

- PBIS
- social-emotional learning
- curriculum
- staff development opportunities
- restorative justice
Accountability systems generally focused on academic improvement. Most schools lacked a cohesive, structured accountability system to address social, emotional, behavioral goals.
Foundational best practice

Data-based decision-making

Meaningful data-based decision-making was rare with regard to mental health efforts.

Data varied from district to district.

Informants stated that data were collected but rarely analyzed.
Multi-tiered system of supports (MTSS)

The majority reported some type of Tier 1 (universal) and Tier 2 (selective) programs

65% reported program level supports were underdeveloped or inadequate
Multi-tiered system of supports (MTSS)

Internal capacity to develop sufficient school-based mental health programs, supports, and services generally lacked

Common barriers: referral systems, screening, insurance, stigma, parental consent
Coordination and integration

Informants regarded coordination and integration across systems as often:

underdeveloped inadequate inconsistent
Informants reported **increased access** to mental health services

Program success depends on:

- buy-in
- adequate funding availability of services
- trust and communication
Pockets of excellence

Key informants at every level identified regions, districts, or individual school buildings that were successfully implementing a multi-tiered system of supports (MTSS) framework.

All of the “pockets of excellence” had something in common: a foundational structure.
Barriers & challenges

Source: created at https://wordart.com
Navigation:
the pathway forward
Fund pilot sites

Focus on implementation of the foundational pillars of support

Build capacity to deliver culturally, developmentally, and linguistically appropriate services across the tiered levels of supports

Recommendation #1

Build capacity to implement a comprehensive, multi-tiered, school-based mental health system of programs, services and supports
Identify workforce barriers and implement strategies to dismantle these.

Consider alternative credentialing options for graduate and/or professional programs.

Use graduate students to deliver services while completing their degree program’s practicum requirement.

Recommendation #2

Collaborate with other state level partners to expand access to a stronger, qualified, and culturally competent mental health workforce.
Move knowledge to practice through sustained training and technical assistance.

Identify a team of subject matter experts.

Develop a set of modules that outline the steps forward.

Collaborate with identified partners.

Recommendation #3

Build a common language around MTSS and School-Based Mental Health.
Utilize **existing school staff** such as Prevention / Intervention Specialists, Education Advocates, or para-educators to build internal capacity to deliver services.

Provide the necessary **training** to increase skill levels among identified staff and ensure adequate supervision, monitoring and oversight as appropriate.

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**Recommendation #4**

**Identify others in the school system to deliver Tier 1 and Tier 2 services.**
Provide models for replication and/or access to SMEs to **build capacity** in the development of this work.

“Some districts do family game nights, most of the districts have back to school BBQs, parent nights, that sort of thing. So I think they’re doing a pretty job about that.”

― County level informant

**Recommendation #5**

**Advocate for meaningful family and youth engagement**
Reconsider insurance and/or billing criteria

Change reimbursement structures

Identify Point-of-Contact systems navigator in the schools

Consider use of technology as an option for service delivery (e.g., telemedicine)

Recommendation #6

Reduce access barriers to care
Facilitate care coordination between community-based and school-based providers

Provide opportunities for each system to learn from each other

Identify common cross-systems barriers

Provide training and technical assistance related to the development of a systems of care model

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Recommendation #7

Integrate and coordinate care across systems
Champion the inclusion of social emotional learning and self-care as part of the pre-service curriculum in all higher education degree programs.

Recommendation #8

Normalize mental health in the academic education system.

- whole child
- SEL curriculum
- adolescent brain development
- trauma
- ACEs
bring partners together
dismantle silos
merge parallel work
build a cohesive network of champions
use political power to bring awareness to this issue

Recommendation #9
Act as a Convener
Conduct developmentally and culturally appropriate statewide awareness campaigns to reduce stigma and promote mental health & wellness

Develop and conduct self-care campaigns for education staff with a focus on reducing stress, anxiety, burnout and compassion fatigue

Recommendation #10

Be the Champion of Mental Health Promotion and Awareness
“Children are hurting. Adults are hurting. The needs are clear. The time to act is now.”
Next Steps for Thriving Schools:

- 18-19 Way to Wellbeing **Workshop Series** (Staff focus)
- Workforce Wellness*
- **Funding** opportunities (Resiliency in the School Environment and Healthy Eating, Active Living)*
  - Ongoing: Grants, Sponsorships
  - RFP: School-based Mental Health and School-based Health Centers
- Educational Theater Program*
- Alliance for a Healthier Generation*
- Advancing our learning about where we can have the greatest impact in partnership with others

* Available only to districts at >50% FRL residing in counties served by Kaiser Permanente
Questions and Comments
More information about Thriving Schools

www.thrivingschools.kaiserpermanente.org

https://wa.kaiserpermanente.org/html/public/about/community

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