# School Mental Health: Improving Developmental Competency

## Algonquin Child and Family Services
## School Mental Health Programs

The original evaluation was made possible through a grant from **The Provincial Centre of Excellence** for Child and Youth Mental Health at CHEO.

Our thanks extends to all **our partners** who engaged in this evaluation to provide data at different levels, enabling an examination of the School Mental Health Programs from an objective perspective.

Services à l'enfant et à la famille
Algonquin
Child and Family Services

# Being Accountable="Having an Impact" "Being Value Added"

Funders

Community & Stakeholders

Clients

ACFS
Algonquin Child & Family Services

# Going Mobile – Beyond the Classroom

What Was?

Algonquin Child and Family Services (ACFS) has a long history of co-delivering self-contained classrooms with Boards of Education across the Nipissing-Parry Sound Districts.

- 2 High School and 2 Elementary classrooms in PS
- 2 Elementary classrooms with the English Catholic Board and 2 Elementary with the Francophone Boards (Catholic and Public)

# Going Mobile – Beyond the Classroom

**Why the transition from section classrooms?**

- Mental health services need to be woven into the fabric of the school culture
- While many children did well in the milieu, efforts to re-integrate were often difficult
- Accessibility in remote areas
- Inability to meet the demands of the latency aged client

# Going Mobile – Beyond the Classroom

- Client stigma of the segregated classroom
- Poor outcomes on client progress
- Partnership challenges –control over entry in the program
- To increase group programming -an evidenced-based approach

# Going Mobile – Beyond the Classroom

Partnering Tips

"Partnering with social agencies is an unnatural act between 2 non-consenting adults"

Jon Vandenburg

# Going Mobile – Beyond the Classroom

**What were we trying to achieve?**

- Provide more localized service to all schools
- To promote greater understanding of the impact of mental health challenges in the school setting.
- Support and assist with building the capacity of all school staff to address barriers to learning and promote healthy development.
- Provide more programming options and services to improve mental health outcomes and school success for at risk students and children with specialized learning needs and social/emotional disturbances.

# Going Mobile – Beyond the Classroom

New Program Model Overview

- Mobile outreach to a designated geographic family of schools
- Augments the existing  school support services of the school board
- Capacity building through joint delivery of service
- Promotion of the Asset Development principles

# Going Mobile – Beyond the Classroom

New Mobile Program Model

3 Streams of Service

1. Consultation and Brief Service – Functional Behaviour Analysis, 4P's and Brief Counselling
2. Group Service – Classroom psycho-education, Child Therapy Groups,
3. Individual Intervention – Long term support and intervention

## Summary of Evaluation

- Initial evaluation suggested evidence that
  - the new program serves a higher proportion of high needs clients
  - the changes lead to improved program effectiveness

- Behavioural outcomes measured suggest that student clients are achieving similar behavioural results under the new and old models.

- More student clients are being seen and a wider variety of client needs are being met under the new model.

- On average, student clients are spending far less time in the program before moving on, presumably freeing SMH Youth Counsellors to deal with other clients.

## Summary: Regional Considerations

- CAFAS scores of student clients entering the program show little difference between rural and urban areas and across regions
- BCFPI data collected for SMH clients show marked differences between some of the regions at first, although this does not appear to be a strictly rural-urban divide.
  - Post evaluation examination of this data reflects less marked findings once adolescent and parent interviews are separated.

# Preliminary Indicators: Increased Program Effectiveness

1. Measurements of client emotional and behavioural dysfunction should show that clients entering the mobile SMH program continue to be those with ***high needs*** (CAFAS Total scores $\geq$ 50) (*process*)

2. Improved emotional and behavioural outcomes under the mobile program model indicated primarily through average net CAFAS scores should show ***improvement on the Total Rating*** Scale for both time periods (pre and post October 1, 2005). *(outcomes)*

3. Statistics should show ***increased number of clients*** served per unit of time under the new program *(process)*

4. Statistics should show a ***decreased amount of time*** that students spend in the program model to achieve program goals *(process)*

5. Staff members of both main partnering agencies should report that the ***programs and the partnerships are working better*** *(outcomes and process)*

## 1. High Needs Clients:

**Clients whose Total CAFAS Rating reflected Severe Emotional Disturbance ($\geq$ 50 point threshold)**

- Almost all (92%) of students who completed the CAFAS assessment and entered the new program are high needs students, compared with 82% in the old program. (It must be emphasized, however, that not all students entering the new program if in group based programs were assessed with the CAFAS instrument).

- There is some evidence that it may be addressing a greater proportion of high needs students than the previous program model.

# High Needs Clients:
# Still Being Served Under New Program

Table 1: Comparison of average CAFAS intake (pre-intervention) scores in the School Ratings scale and Total Ratings scale, between time periods (October 1, 2005). Higher scores indicate higher level of dysfunction at intake.

| District | CAFAS School Rating at Intake (0-30) | | | CAFAS Total Rating at Intake (>50=SED*) | | |
|---|---|---|---|---|---|---|
| | Time 1 | Time 2 | Difference<br>Time 2-Time 1 and % | Time 1 | Time 2 | Difference<br>Time 2-Time 1 and % |
| Aggregate | 19 | 19 | 0 | 67 | 73 | +6 or 9% |

*Serious Emotional Disturbance

# Improvement at Exit:
# Improvement continues with new service delivery model

Table 3: Comparison of average CAFAS score improvements between time periods. A 20 point difference is required for significant difference to be noted between pre and post CAFAS ratings.

| District | Improvement in average CAFAS Total Rating (Difference between initial CAFAS rating and exit CAFAS) | | |
|---|---|---|---|
| | Time 1 | Time 2 | Difference Time 2-Time 1 and % |
| Aggregate | 25 (92) | 27 (16) | +2 or 8% |

Notes: Sample size is indicated in (brackets); Statistics are for students that had scores for both intake and exit.

Small data sample due to CAFAS data was not collected during pilot phase by management and scores for clients whose intake or exit scores fell into both time periods were not considered as they could not be clearly assigned to a time period.

# Increased Numbers/Decreased Time:

"Significantly more clients are being reached by SMH programs under the new model."

Table 5: Comparison of number of clients served and average program duration between *equal* time periods, before and after change date (October 2005)

| District | Number of SMH cases initiated | | | Average number of days in program per client | | |
|---|---|---|---|---|---|---|
| | Time 1 | Time 2 | Difference (Time 2-Time 1) | Time 1 | Time 2 | Difference (Time 2-Time 1) |
| Aggregate | 43 | 340 | + 297 (690% increase) | 222 | 96 | -126 (230 % decrease) |

Notes: Time 1 refers to the 15 months immediately preceding Oct 1, 2005 (old program model) and Time 2 refers to the 15 months immediately after Oct 1, 2005 (new program model)

## 5. <u>Improved Programming:</u>
## Nature of Client

Comments from SMH Youth Counsellors and School board personnel indicate that the ***nature of the client*** need may be quite different under the new program model. This does not indicate that the *severity* is any less. Comments (paraphrased) include:

- Programs are seeing additionally a different type of student now; many high-achieving students with depression or anxiety issues or situational trauma.

- The change in programs has opened a door for a set of clients that SMH would not have seen previously, not just those with the highest *behavioural* dysfunctions but also with severe emotional disturbance.

# 5. Improved Programming:
## Program Delivery

Additional valuable comments from SMH workers and School Board staff that indicated general improvements in the program delivery and that did not fit in to the initial questions.

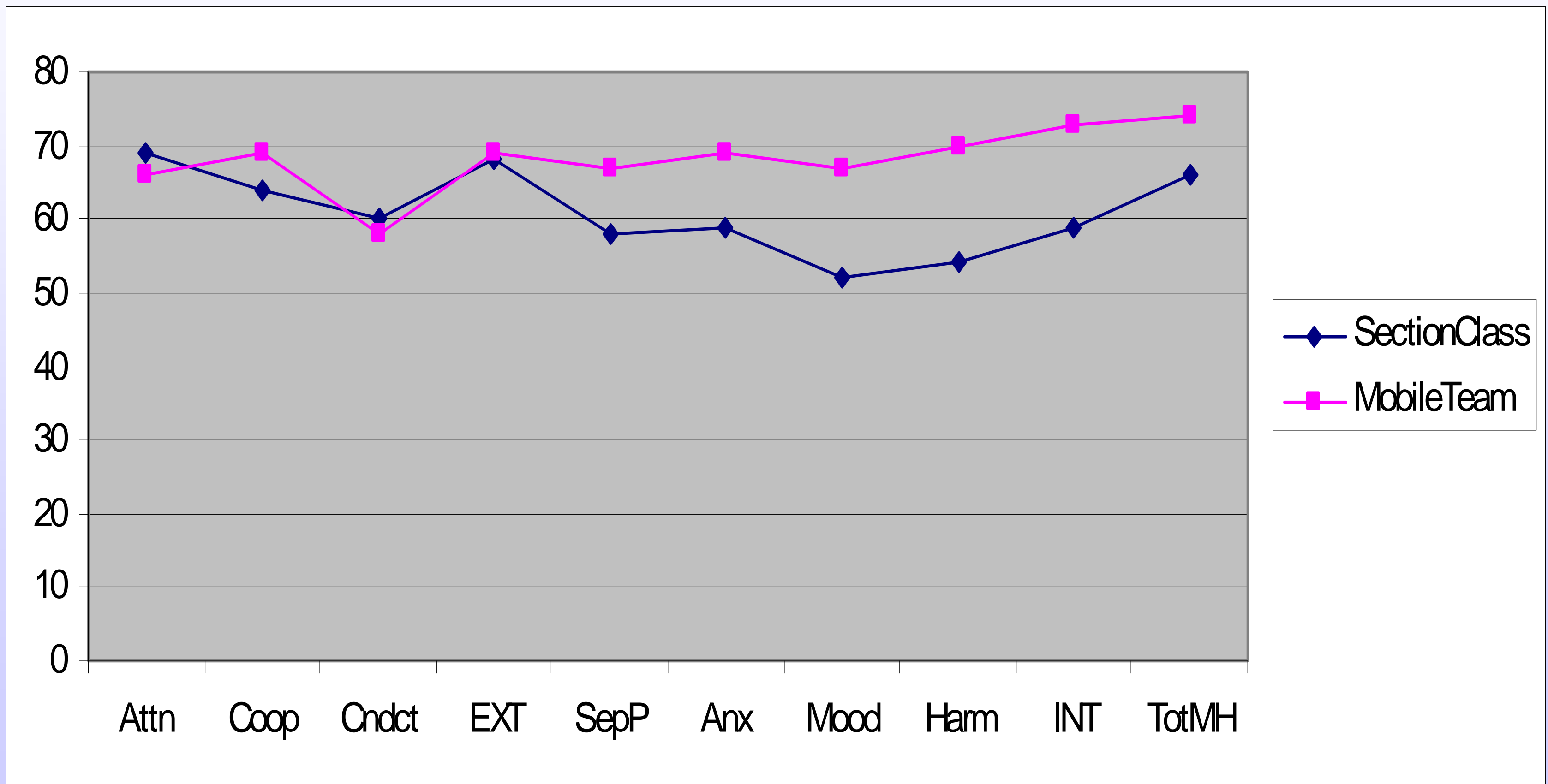
- ***Accessibility*** is improved. Transportation is no longer as big an issue. Service is available within the schools so students can easily walk to their appointments.
- The presence of the SMH Youth Counsellors in the schools leads to a ***less threatening treatment environment***, a greater acceptance of mental health issues and a healthier attitude toward mental health.
- There is ***ongoing support*** for students under the new model.
  - Students can receive help with their immediate problems as needed, or receive “maintenance” support from partnerships formed within the classroom.
  - Group services help students to know they are not alone in facing their problems.
- There is an ***improved socialization and reintegration process*** inherent in the new model.

# After the First Evaluation: Section Classroom or Mobile Team?

Who should go where?

BCFPI Exercise

# Presentation of Clients at Intake: Intervention Environment [BCFPI Results]



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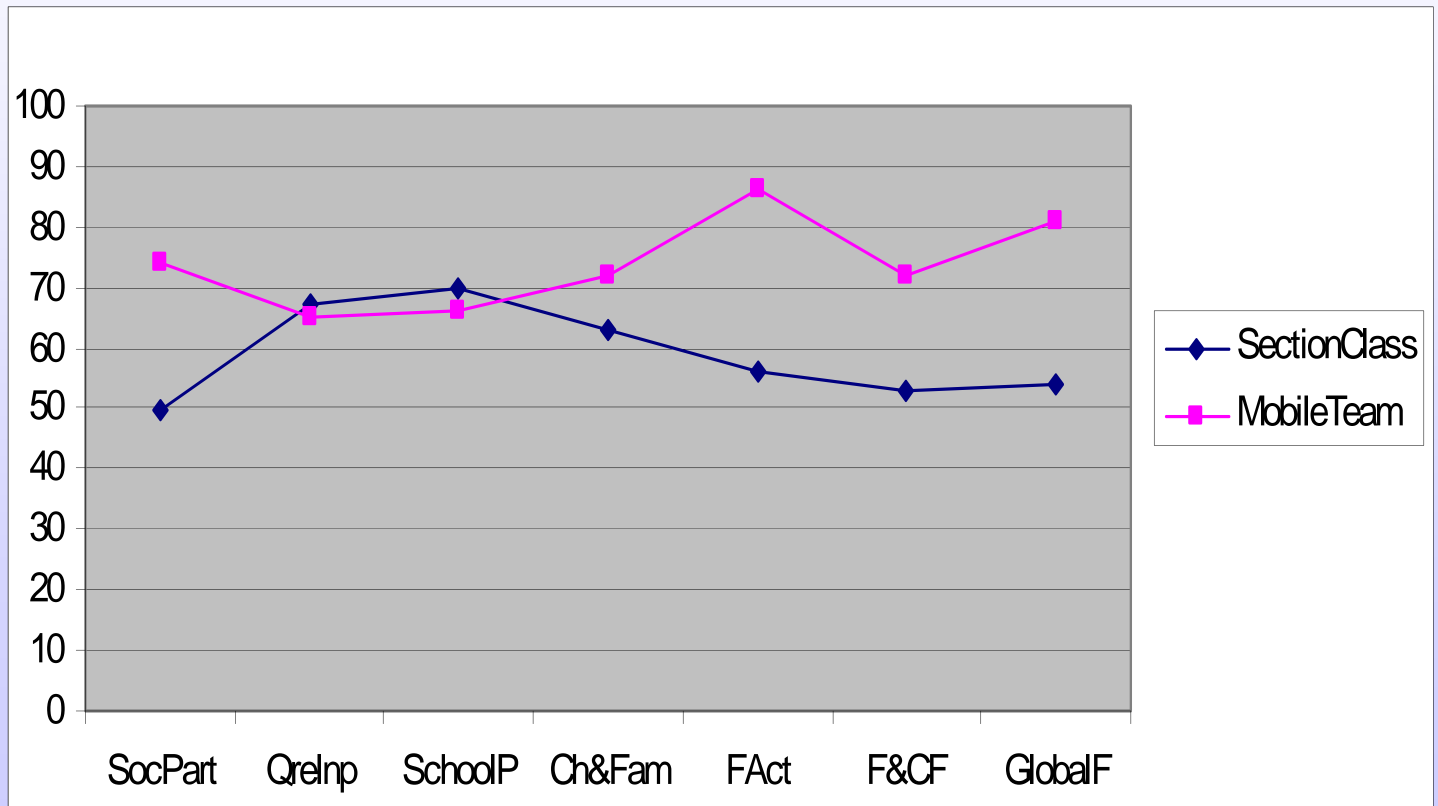
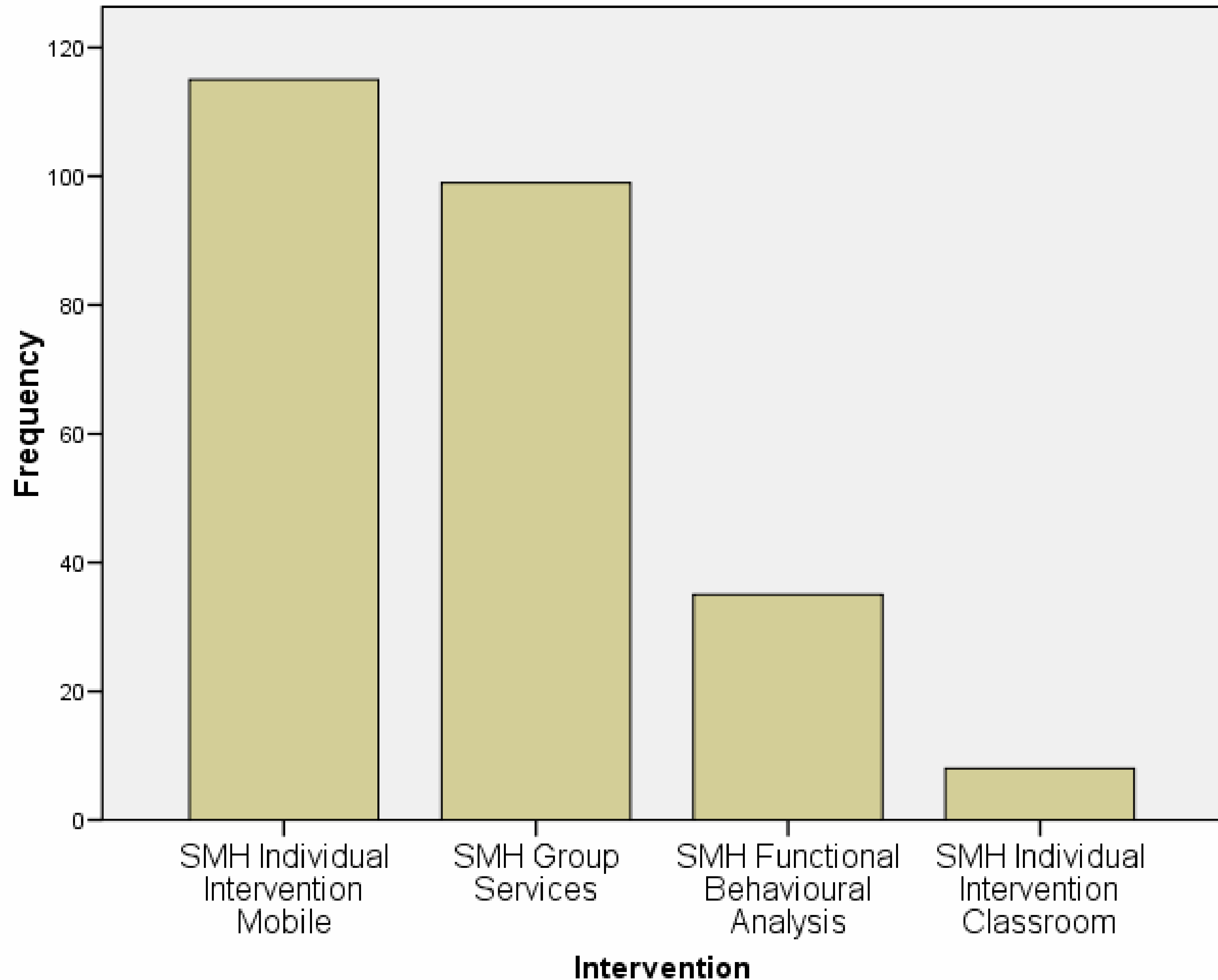


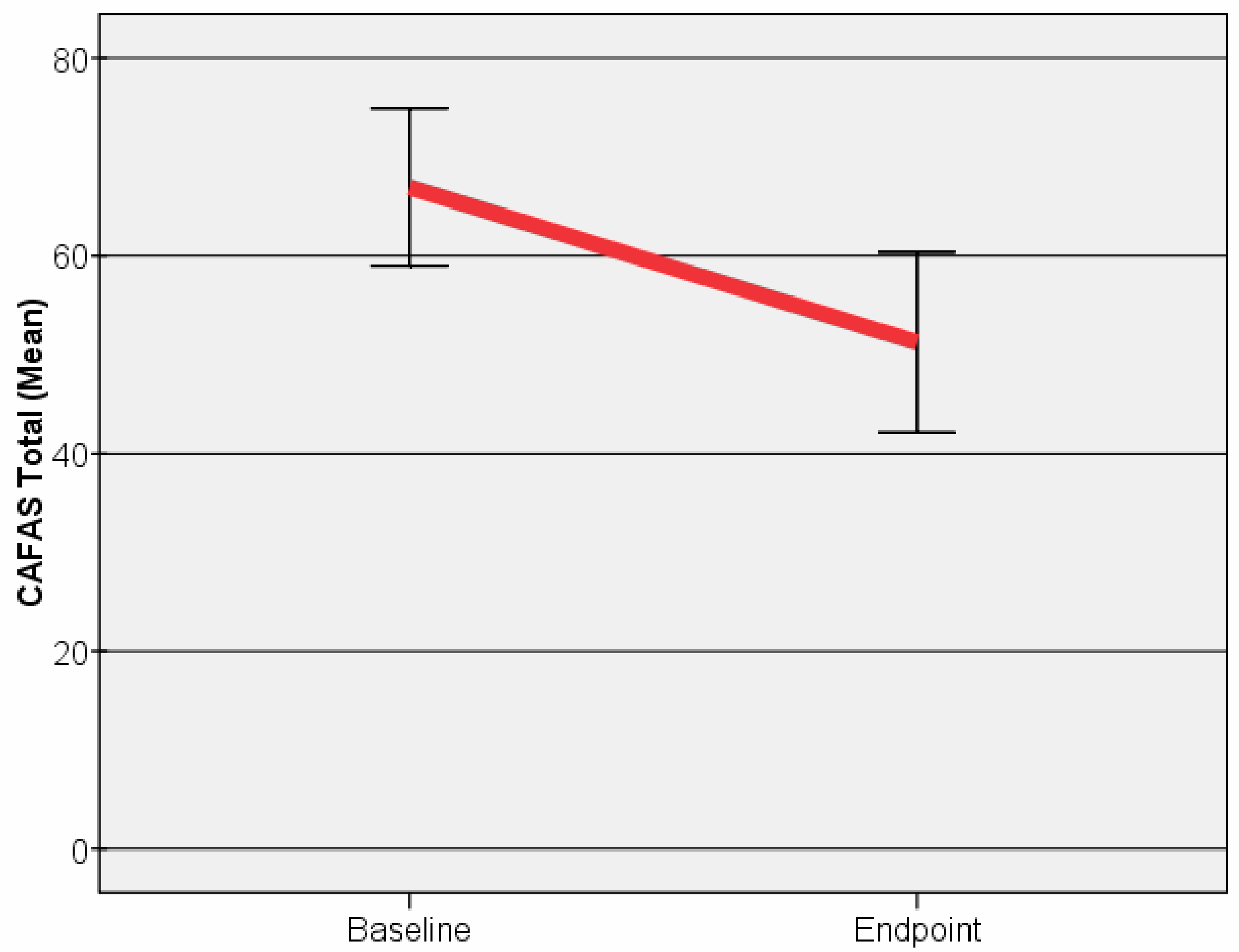
# CAFAS Outcome Data

**First update since original grant**

- 272 cases were examined
- 81 cases were identified with 2 CAFAS assessments (pre and post SMH treatment) between August 2006 and August 2007
- No significant differences between programs in outcome scores were noted following an analysis of variance.

# CP3D SMH Data: Frequency of Intervention




80
60
40
20
0
CAFAS Total (Mean)
Baseline
Endpoint

## Brief Response:

- The reported quality of partnerships and the program as a whole show a trend toward strengthening.
- Improved functioning occurs for clients with similar level of dysfunction at entry, regardless of program provided.
- More children can be served for mental health needs using this model.
- There is still a preference expressed by principals to have a classroom where the teachers and students get a break from this student. While this is understood within an educational framework, it may not best assist with behavioural skill development nor move the student to improved health, emotionally or educationally.

# 5. Improved Programming:
# Are the partnerships more effective?

Key points include:

- It is much easier for Principals and Teachers to access the services now.
- Youth Counsellors assist schools more in meetings with families.
- Families appear to be more involved in the solutions.
- SMH Youth Counsellors are able to educate and train school staff in their areas of expertise.
- Teachers appear more willing to try new ideas now that SMH Youth Worker support is more available on a regular basis.
- There appears to be greater community awareness of mental health issues.
- All parties involved appear to work more closely as a community of practice.
- The partnership has been extended to rural schools that did not previously have services because of transportation and access issues.
- Now schools can refer directly to the SMH program, rather than having parents refer children.
- More families are introduced to the ACFS through this service; it acts as a way of opening the door to other ACFS services.

## Cautions and Concerns

School staff identified through interviews, the following concerns:

- The segregated classes served students with a specific need for “in-depth” handling. Where those programs are no longer available, some students with those needs have simply “dropped out” or been placed on shortened days. Do shortened days have to be interpreted as less successful?

- The intake process initially took too long in some regions. Our aim is to universalize our programming across all 6 Boards with whom we are partnered.

# Cautions and Concerns

SMH Youth Counsellors identified an additional concern:

- School Board Educational Assistants (E.A.) can provide valuable support to students in their regular classrooms when the mobile SMH Youth Counsellor cannot be there. However, School Board funding does not provide a dedicated E.A. for each classroom in every school, so this potential support is limited in some cases.

- Paradox-how to serve more children with fewer resources and promote the maximum degree of mental health improvement.

## Measurement of Success

- There had been a few high needs clients who had not been successful even in the segregated program.
- While not fully integrated, they have been successfully partially re-integrated. This has improved esteem of child, parents and of staff who have tried many varied interventions over time. There has been expressed a sense of accomplishment to see a child succeeding even on a part time basis.
- Do we pressure one another by measuring success as full time, even if improvements are not noted in the Section classroom? Can success be considered if the child is successful part time with supports from the partners and an emotional/behavioural plan in place?

# Are There Still Gaps?

- Not every program is an absolute solution.
  - Data from Emotion Regulation/Social Skills Program
  - The development of group readiness

- There will continue to be an occasional student who requires an alternative classroom but due to demographics (geography as well as numbers) this requires further consideration.
  - Cultivating creative partnerships

# Sharing the Research With Our Partners

- Who should be identified as additional audiences?
- What is the best medium for sharing information and inviting feedback?
- Are there questions that have not been answered, pertinent to student mental health support?

# Sharing the Research With Our Partners

- Principals are the gatekeepers of their schools and it has been important to remain committed to building relationships here.
  - Some who were concerned about the new direction, are now key partners. It is important that their communication be heard by their peers. One of the principals indicated that being interviewed for the evaluation increased their perception that they were a valued stakeholder.
- CMH programs need the flexibility to focus on mental health issues and to assist their clients in achieving improved mental health. With increased health, goals can refocus on the renewal of achieving academic classroom goals.

# Continued Evaluation

Being responsive to the feedback

- We are engaging in partnership with University of Noising to continue examining one of our Evidence Based interventions this last year.
- SNAP
  - consider effectiveness of providing group services for more severe behavioural needs
  - compare school versus office based interventions of SNAP.
- Quality Assurance data from stakeholders, specific to SMH, needs to be collected to inform service over time.

# We highly recommend **GOING MOBILE!**

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